

**REVIEW OF THE IMPLEMENTATION OF THE
RECOMMENDATIONS OF THE INQUIRY INTO THE
MANAGEMENT AND OPERATIONS OF THE AMBULANCE
SERVICE OF NSW**

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General Purpose Standing Committee
No.2

Review of the Implementation of the
Recommendations of the Inquiry into the
Management and Operations of the
Ambulance Service of NSW

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NSW **HEALTH**

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Ambulance submission to General Purpose Standing Committee No2

Introduction

The program of reform within Ambulance has been underway for ten years and has focused on changing and upgrading clinical practice and structural changes to operations, implementing new technology and improving management practice and support to staff.

Many of the reforms associated with staff support arrangements and management practice received additional momentum from the recommendations from the Legislative Council's General Purpose Standing Committee No. 2 issued in October 2008.

Ambulance is under the same pressures as all NSW health services: the impact of an aging population, the increased number and complexity of illnesses managed in community settings and the development of sophisticated medical interventions at major referral hospitals. Demand for Ambulance services, in the form of Triple Zero emergency calls and inter-hospital transfers, continue to grow faster than the population.

This program of reform and development must continue if the Ambulance Service is to respond effectively to the changing needs of the community.

This submission sets out the major reform strategies and key activities being undertaken by the Ambulance Service to address the existing and future challenges. An implementation report, setting out action against the recommendations from the previous Inquiry, is provided at Appendix A.

The current major reform strategies are set out in the Ambulance Service's *Excellence in Care: Future Directions for Ambulance 2009-2012* (see Attachment 1)

The four key strategies identified in this document are:

Management Practice and Support for Staff: strategies to ensure the Ambulance develops a management culture to promote best practice and a supportive working environment for staff.

Clinical Capability: strategies to ensure that Ambulance staff are trained for best practice, that Ambulance has the right mix of skills and that we are measuring and improving quality of care.

Operational Performance: strategies to ensure that Ambulance's operational procedures and work practices are geared to delivering quality care.

Technical Capability: strategies to ensure that Ambulance has the equipment, fleet, bases and communication and information systems to operate at contemporary best practice standards.

In implementing these strategies the Ambulance Service has a number of major programs of work including the Healthy Workplace Strategies program; improvements in clinical skills and changes to patient referral process; the Operations Centres Redesign project; and focusing emergency ambulances on emergency cases. Details of these programs are set out below.

Healthy Workplace Strategies

Overview

Ambulance employs over 4200 people at around 300 locations across New South Wales. Ambulance staff are universally characterised by a strong commitment to patient care yet also bring to their workplace a range of differing values, attitudes and cultural and social perspectives. Over the past decade, the Ambulance Service has grown by 50% which has lead to a significant change in the demographic profile of its workforce, bringing in younger highly educated employees.

While the vast majority of Ambulance employees work well together and behave appropriately it is not possible to directly manage every individual's attitude and workplace interactions to ensure that there are no instances of friction and/or grievances; however, bullying or harassment in any workplace is unacceptable. People who work together come into conflict for many reasons and the key to a respectful workplace is to recognise and respect differences and to give all staff the tools and support to resolve workplace conflict and issues positively. This requires an ongoing investment in strategies to maintain a healthy workplace.

The Healthy Workplace Strategies Program

The Healthy Workplace Strategies Program was commenced in 2007 to address, amongst other things, concerns raised by both staff and managers about resolving workplace concerns. The Program was given additional impetus following reviews by the Department of Premier and Cabinet and Inquiry by the General Purpose Standing Committee No.2. The Healthy Workplace Strategies Program is designed to

- improve the workplace environment;
- help staff members resolve workplace issues;
- simplify policies and procedures for managing workplace concerns; and
- improve communication and ability to handle workplace change.

In September 2008, a Manager, Healthy Workplace Strategies (HWS) was appointed to oversee this Program.

There has been an extensive range of activities as part of the Healthy Workplace Strategies Program including:

- provision of Respectful Workplace Training for all staff in use of the *Straight Talk* tool;
- new simplified Standard Operating Procedures for *Raising Workplace Concerns* and *Preventing and Managing Workplace Bullying*;
- continuing workshops, forums and surveys to discuss and promote *Our Values*;
- an enhanced staff induction program which includes Respectful Workplace Training;
- review and strengthening of support services for staff;
- the appointment of Grievance Contact Officers;
- access to trained mediators if issues cannot be readily resolved at a local level;
- inclusion of staff relationships as a standing item on staff and management meetings to ensure that staff issues are being dealt with appropriately;
- a new training DVD on grievance management (to be released early in 2010);

- additional skills and training for frontline managers through the Ambulance Management Qualification; and,
- including the implementation and application of healthy workplace strategies management accountabilities in all managers' annual appraisals.

These initiatives support the existing training on the Code of Conduct and Workplace Behaviour and help create and maintain a respectful workplace by supporting a healthy approach to resolving issues that arise in any workplace.

In late 2009 Ambulance engaged Deloitte to independently review the implementation of the Healthy Workplace Strategies with a particular focus on recommendations from GPSC No2 and the review by Department of Premier and Cabinet¹. Deloitte found that Ambulance had implemented 16 of the 18 strategies (with the final two strategies in progress²) and had moved from the implementation phase to the operational phase.

Deloitte noted that '[c]hanging the "workplace culture" is a long-term endeavour'. Deloitte recommended that further evaluation of the progress made within Ambulance toward changing workplace culture should not occur until late in 2011.

Handling Grievances

The Healthy Workplace Strategies Unit (HWSU) is responsible for coordinating services to manage and monitor the swift resolution of staff grievances, complaints and workplace conflict through restorative and mediation policies, procedures and programs. The HWSU does not deal with serious reactions by staff to stressful events or complaints of serious misconduct, these are referred directly for the relevant clinical or investigative action.

Staff are encouraged to resolve issues at a local level and when this happens no formal records are kept. Where a grievance can not be resolved locally it is escalated to a Manager who formally records the grievance. To date only 4 grievances have been reported by Managers under these new procedures since their introduction in April 2009.

In addition 18 Grievance Contact Officers (GCOs) have been appointed and trained to support staff. GCOs can:

- provide confidential advice to staff seeking information on workplace grievances;
- assist parties involved in the grievance to generate options to resolve their grievance;
- direct both parties to appropriate Ambulance policies, procedures and staff support services;
- provide support in relation to the impact of the concerns on the affected parties;
- recognise the need and referring colleagues who may benefit from professional assistance; and
- arrange professional support from the Employee Assistance Program.

Handling serious allegations

Serious allegations, including those involving corruption or criminal conduct are referred to the Professional Standards and Conduct Unit (PSCU). Resources at the PSCU were increased early in 2008 with 2 additional investigator positions and a computerised case management system introduced late in 2009.

¹ *Healthy Workplace Strategies – Progress Review December 2009*, Deloitte Audit Team (Attachment 2)

² One is the development of the DVD on grievance management, which is now complete but not distributed and the other is the inclusion of grievance accountability measures in all Position Descriptions

As a result of increased workplace awareness, clearer referral procedures and focus, an increased number of serious allegations are being reported. In the 2008-2009 financial year, the PSCU finalised 176 matters, of which 17% (30 matters) involved serious allegations. Despite the significant increase in the number of serious allegations, the average time for completion remains at 6 months.

In the 2009-2010 financial year, 78 matters are currently open and 64% (50 matters) involve serious allegations. In the first 6 months of the current reporting year, 27 serious matters have been finalised with 23 being sustained or proved at court. Of these 14 resulted in disciplinary action, including 8 officers whose employment was terminated or ceased as a direct result of the disciplinary proceedings. Currently, the average time for finalisation of serious misconduct matters is 5 months with half of all matters completed in 3 months or less.

Developing managers

The Ambulance Management Qualification (AMQ), which began development in 2007, is now well established. The AMQ provides managers with the skills, competencies and confidence to manage their teams and operational requirements successfully in a rapidly changing and challenging environment. The course was developed and is jointly presented by Ambulance and the Australian Institute of Management (AIM). Completion of the course is mandatory for staff currently in a frontline operational management position.

As at January 2010, 349 managers have commenced the training and 400 managers are expected to have completed training by July 2010. As currently appointed frontline operational managers complete the program, the AMQ will be made available for technical and corporate managers and those aspiring to frontline operational management roles across the Service from 2010.

Ambulance has also made changes to its governance structure to ensure all senior leaders and staff have access to information and explanations about major changes occurring across the organisation. The Service Improvement Office (SIO) was established in November 2008 to manage or oversee and coordinate all major strategic or reform projects and to improve communications with all staff. The SIO also provides targeted information to support managers in engaging staff in reforms and changes to work practices.

Culture and Values

In early 2009, the Senior Leadership Team, managers and staff commenced working together to develop an organisation wide statement of values, known as '*Our Values*'. During April 2009, a focus group was held with 41 staff across the four divisions and levels and in May 2009 a culture and values survey was conducted with 1000 employees representing a cross section of all employees. 400 employees described behaviours that they had seen across Ambulance in the last 12 months. This information was used to by the Ambulance Senior Leadership Team (the 20 most senior managers and Executive leaders) to produce *Our Values* which was issued in August 2009.

There has been strong support for the values of:

- professional standards of behaviour;
- acting responsibly and being accountable;
- promoting and encouraging teamwork; and
- showing care and respect.³

⁴ *Our Values* poster. Ambulance Service of NSW 2009. (Attachment 3)

⁵ This study was undertaken by Peter Berry Consultancy

⁶ Note this is an increase from 66% who reported an awareness of Respectful Workplace policies prior to the Respectful workplace training (from Proactive Solutions report on the Respectful Workplace Training, August 2009)

Our Values sets out, in every day language, the values and behaviours that employees in the organisation expect from each other. Further feedback is being gathered from meetings currently occurring across the State, as each Ambulance workplace discusses ways to ensure the new values can become part of normal employee behaviour.

Next steps

The Healthy Workplace Strategies Program is approaching the end of its implementation phase and has been very successful in building a high level of awareness of standards and avenues of redress when those standards are breached or other workplace concerns arise.

Preliminary results from a recent survey of staff and managers⁴ confirms a high level of awareness (approximately 97%) of the Respectful Workplace training and associated procedures⁵. As expected, actual use of the new approaches or knowledge of them having been used in response to workplace concerns was less widespread (with two thirds of respondents neutral or positive). Nonetheless, the proportion of staff and managers who do report use of new interventions is encouraging given the program is still in the early stages.

Staff now have a wider range of mechanisms to discuss and report grievances confidentially, and managers have clearer guidelines and responsibilities on what to do in responding to them. Most managers now have additional skills and knowledge to help them respond appropriately, although training will not be completed until mid 2010.

The next few years will focus on the uptake and consolidation of these strategies to ensure practices are embedded at all levels in the organisation. Future Healthy Workplace Strategies activities include:

- implementation of the remaining recommendations from the review of Staff Support Services (continuing to improve co-ordination, training, policy development, consultation with staff and managers and resource allocation for Peer Support Officers, Chaplains and the Employee Assistance Program);
- development of location-based risk assessments for early identification of higher risk areas eg remote locations with low workloads. Further workshops for management are planned in 2010 to promote the *Preventing and Managing Workplace Bullying* SOP and those forums will be used to introduce the risk assessments;
- internal mediation services to be expanded to improve supports to managers and staff;
- professional development and training will continue for frontline and middle managers as part of the Ambulance Management Qualification and the implementation of the Executive Development Program for senior managers will cover grievance handling, prevention of bullying and harassment, performance management, leadership, promotion of positive workplace culture and implementation of staff support issues;
- implementation of a database to improve records management of workplace concerns and support provided by Grievance Contact Officers, Peer Support Officers, Chaplains and the Employee Assistance Program;
- *Our Values* documentation will continue to be promoted, and our Code of Conduct will be revised to incorporate this information and relevant training and information sessions will be conducted;
- a program of extensive visits by the Executive will continue to meet staff at Ambulance workplaces throughout the State,

- the Performance Development Program, a revised appraisal and development initiative, will be implemented for remaining staff during 2009/10. Performance management guidelines for dealing with unsatisfactory performance will be reviewed and relevant training and information provided to managers and staff; and
- in line with the recommendations of the Manager Healthy Workplace Strategies and from Deloitte, the overall Healthy Workplace Strategies program will be evaluated in 2012.

Clinical Skills and Patient Referral

Overview

The nature of Ambulance work is changing significantly. The changing needs of patients and service expectations for both the low and high urgency groups, combined with increasing demand, has meant that Ambulance has had to move towards new models of delivery over several years.

Some of the key changes in the health care environment include

- demand for ambulance services increasing ahead of population growth;
- rising levels of chronic disease in the community;
- fewer out-of-hours GP services and other workforce shortages;
- a rise in the number and proportion of elderly people using ambulance services, with 51% of callers now over 61 years and 20% greater than 80 years; and
- a greater focus on effective management of chronic disease.⁶

It is estimated that somewhere between five and 10 percent of all Triple Zero calls could be safely managed by telephone assessment and appropriate health referral advice only, and that a further 20-30 percent might benefit by referral after physical assessment by a paramedic on scene. This represents large numbers of patients and has the potential to provide more appropriate services to low urgency cases, free up emergency ambulances to be available to respond quickly to life-threatening cases and take pressure off emergency departments.

For low urgency callers to Triple Zero, Ambulance is developing strategies to redirect some patients to other health services. This approach is also utilised by Ambulance Victoria and the majority of Ambulance Services in England. One of these strategies, *Hear and Refer*, involves assessment over the telephone and where appropriate referral to another health service. The second strategy, *See and Refer*, involves both assessment over the telephone and attendance by a paramedic with additional training, who may advise referral to another health service after physical assessment and treatment. In order to implement this second strategy, Ambulance has established two new training courses to enhance the skills and knowledge of paramedics to ensure that referral decisions are safe.

For the high urgency patients, the systems approaches to cardiac, stroke, and major trauma patients has seen new emphasis on getting patients to the right destinations within certain timeframes. This means that paramedics have to be able to identify those patients on scene who would benefit from fast tracking to specialist care. Thus paramedics have to be able to undertake more detailed patient assessments and may have to care for critically ill or injured patients over longer times and distances as they transport them to the most appropriate destination.

The changes in demographics and models of care described above, illustrate the rapidly changing nature of the Ambulance environment. Over the last decade it has moved from the

⁶ NSW Health *Future Directions*

traditional model of attending all Triple Zero calls with lights and sirens and conveying patients to emergency departments, to prioritising calls into several levels of response. No matter where patients are in the spectrum of urgency, paramedics are progressively having to be able to make increasingly complex decisions that require more education and training, more detailed record keeping, and more responsibility and accountability.

Operations Centre Redesign: *Hear and Refer*

Ambulance Operations Centres play an important and central role in both demand management and prioritising cases. However it is important to note that Ambulance does not operate the Triple Zero emergency service. This national service is operated Telstra who conduct an initial assessment before referring the call on to the most appropriate emergency service which may be Police, Fire or Ambulance.

Once the Triple Zero call is received by Ambulance the call is further assessed and the most appropriate resources are sent to the scene of the emergency. While the ambulance is on the way the caller may also be provided with extra advice including first aid instructions and further information is obtained about the nature of the emergency. As this telephone assessment becomes more effective it will inevitably become more complex.

Ambulance has been planning major redesign of Operations Centre for many years. The current project, which focuses on systems of work and training, began early in 2009 to align with a major technology upgrade.

During May and June 2009 Ambulance worked intensively with NSW Health and PriceWaterhouseCoopers on a major clinical redesign of the Operations Centre to develop a new operating model based on world's best practice. The redesign project aimed to complement the upgraded technology and take into account the recommendations of the inquest into the Death of Mr David Iredale⁷ and the changing roles and responsibilities for paramedics and non-paramedic Operations Centre staff in an increasingly sophisticated Ambulance communications environment.

The first phase of the redesign project involved detailed research on Ambulance Operations Centres in Australia, United Kingdom, Canada and New Zealand and extensive consultation with staff and stakeholders.

The aim of the redesign project is to:

- improve the timeliness and accuracy of the handling of emergency Triple Zero calls to ensure a prompt response and to allow early activation of specialised treatment systems; and,
- to enable calls that are clearly less serious and not urgent to be referred directly to non-emergency health services such as the Health Direct telephone health advice line or self care instead of dispatching an emergency ambulance.

This will require a number of significant reforms, which have been well supported by staff, and include:

- improving training, education and ongoing support for staff
- providing staff with a clearly defined career paths
- improving workflows, including separating the handling of non-emergency calls from emergency Triple Zero calls; and,
- Implementing new technology supports.

⁷ Immediate changes to address Coronial recommendations included new procedures and training for dealing with lost people.

The implementation of the redesign project will involve further extensive consultation and negotiation with employees and employee associations. NSW Health has commissioned expert advisors to oversight and support the redesign of these services. The project design period has been completed. Consultation and implementation commenced in early 2010.

See and Refer

The Clinical Assessment and Referral program (CARE) provides paramedics with non-transport alternatives (including self-care with advice and referral) for patients identified as low risk and for whom transport to an Emergency Department is not necessarily the best care option.

Any authorised paramedics who have successfully completed the relevant training can implement CARE. Training includes a focus on enhanced patient assessment and history taking as well as medico-legal issues including documentation and consent. After a successful trial, implementation plans are now being developed to install CARE training in core paramedic training programs. CARE paramedics form part of normal Ambulance crews.

The Extended Care Paramedic (ECP) program is an additional specialist qualification for experienced paramedics to increase the level of initial assessment and treatment decision for non-urgent patients. ECP training also improves identification of patients with high-risk presentations that may not be initially apparent so they can be transported to the emergency department.

Those patients assessed as low-risk will not be taken to a hospital emergency department but offered alternatives which may include referral to community GPs (or deputising service if after hours), co-located GPs, hospital based (non-emergency department) services or community based services.

Focusing emergency ambulances on emergency cases

The full separation of Ambulance emergency and non-emergency services was a key recommendation of the Department of Premier and Cabinet Performance Review of the Ambulance Service. International and national best practice is that emergency and non-emergency services are completely separate and that emergency vehicles are not used for non-emergency patient transport.

In NSW emergency ambulance availability is reduced as emergency vehicles are diverted to support non-emergency patient transport services (provided by the Ambulance Service and Area Health Services). With increasing demand on Ambulance from emergency cases it is crucial that non-emergency transport services do not use emergency ambulance vehicles and staff.

NSW Health is overseeing a project to improve the management and coordination of non-emergency patient transport that incorporates implementation of the full separation of Ambulance resources. Ernst & Young has been commissioned to undertake a scoping study on implementing full separation of Ambulance emergency and non-emergency services.

As a first step, in 2010, Ambulance plans to separate call handling for emergency and non-emergency calls and to arrange alternate providers for the estimated 50,000 non-emergency patients currently conveyed by emergency ambulances in Sydney.

Implementation of the Government's response to the recommendations

The Government did not support 10 of the 45 recommendations from the report of the General Purpose Standing Committee No.2 issued on 20 October 2008. For the 35 recommendations which were supported, all have either been implemented or progressed in line with the NSW Government Response to that report which was issued in May 2009.

As outlined in this submission, in many cases Ambulance actions are far broader than the focus of the specific recommendations of the Committee. In the relation to Recommendation 39, the Medications Security Working Group, comprising senior Operational and Clinical managers and the Ambulance Pharmacist, considered current practice within Ambulance and more general issues of handling and administration of medications that are emerging in all health systems. A copy of Working Group report is attached (see Attachment 4).

An Advisory Committee comprising Ms Jan McClelland, Professor Beverly Raphael and Mr Robert McGregor supported the Ambulance Service in this work.

An implementation report is provided at Appendix A.

Recommendation 1

That as a matter of urgency, the Minister for Health and Director-General of Health meet with the Chief Executive of the Ambulance Service of NSW to review the Chief Executive's performance, particularly in relation to bullying and harassment in the Service, and report to Parliament on this progress.

This recommendation was supported in part. Progress in relation to the management of bullying and harassment within Ambulance is a priority in the Chief Executive's performance agreement.

Recommendation 2

That the Director General of Health undertake rigorous performance reviews of all senior executive managers within the Ambulance Service of NSW as a matter of priority.

This recommendation was not supported.

Recommendation 3

That the Minister for Health and Director General of Health meet quarterly with the Chief Executive of the Ambulance Service of NSW to review progress, particularly in relation to reducing bullying and harassment within the Service, and report on this progress to Parliament.

This recommendation was not supported.

It should be noted that in *Caring Together: The Health Action Plan for NSW*, the Government has committed to workplace culture improvement and improvements to the management of grievances and bullying. NSW Health has embarked on a culture change process that includes improved training and procedures for managing bullying and complaints, with dedicated front line advisors in Area Health Services, and a central grievance advisory service. Success will be evaluated through staff and patient surveys.

Ambulance strategies are well advanced and described in the body of this submission. The Independent Panel⁸ monitoring the implementation of *Caring Together: The Health Action Plan for NSW* cited the Ambulance Services as a case study for 'implementing cultural change' in its most recent report and noted that

The [Ambulance] Service has successfully implemented a major change program to deal with previously identified 'caring culture' issues, and this may be a model for wider application.

⁸ The Independent Panel is chaired by John Walsh and is tasked with reporting to the Minister for Health on a six-monthly basis on progress in the implementation of *Caring Together*.

Recommendation 4

That General Purpose Standing Committee No. 2 conduct a review of the recommendations of its 2008 Report into the Ambulance Service of NSW, in October 2009.

NSW Health welcomes the opportunity to provide a submission to this review.

Recommendation 5

That NSW Health amend its Grievance Resolution Policy to provide greater emphasis on the confidentiality provisions. The provisions should be updated to reflect that breaches of confidentiality are serious issues that are subject to remedial or disciplinary action

This recommendation has been implemented. The Department of Health has reviewed the *Grievance Resolution (Workplace): for the Dept of Health and Public Health Organisations* (PD2005_584). This Policy Directive includes a clear statement requiring Health Services to maintain appropriate confidentiality as well as making confidentiality mandatory for staff.

The Department has included, in a revised policy directive to replace PD2005_584, the statement that 'inappropriate release of information relating to a grievance, to any third party, will be dealt with in accordance with NSW Health policy for managing misconduct (Section 4.4 Confidentiality) and the explicit requirement to maintain confidentiality in the sections of the policy that relate to the responsibilities of staff (section 4.3 and appendix 6.1)'. The revised policy directive will be issued in early 2010. The Department will also develop further support material for managing complaints in 2010, to ensure the continued improvement in practice across NSW Health.

In April 2009 Ambulance implemented a new Standard Operating Procedure (SOP) *Promoting a Respectful Workplace: Raising Workplace Concerns* (SOP 2009 – 011). This SOP sets out the local procedures and responsibilities of staff under the NSW Health Policy Directive 2005_584. In addition, the Ambulance's Code of Conduct addresses use of official information and consequences of misuse.

Recommendation 6

That the NSW Government increase resources allocated to the Professional Standards and Conduct Unit and establish an independent process to appeal the Unit's decisions

This recommendation has been implemented in part. Two additional investigation staff have been allocated to the PSCU bringing the total staffing levels in this Unit to seven (FTE) investigative and case management staff as well as two (FTE) administrative support staff.

The PSCU has now been re-focussed to deal with serious staff misconduct. The increase in resource support will ensure that the PSCU concentrates on and responds in a timely way to serious misconduct matters. In addition, a comprehensive case management tool *Resolve* has been introduced to assist in managing workflow and timeframes in the unit

Resolve facilitates the tracking and monitoring of matters within the unit. This software assists with document management and case workflow and allows for detailed tracking and reporting of the PSCU workload and status of matters. More importantly, the case management system facilitates detailed reporting of trends relating to issues and areas of concern, information that can be applied to broader systems improvements.

New procedures are in place for dealing with various types of less serious issues and concerns that may arise in the workplace. Ambulance's Workforce Unit now has responsibility for the management of issues arising from staff complaints and grievances, including grievances of bullying and harassment, and for dealing with bullying and harassment on a systemic or organisation wide basis. A Healthy Workplace Strategies section has been established to manage this.

The Government's view is that adequate independent appeal processes already exist.

Recommendation 7

That, as part of its undertaking to clarify and simplify grievance procedures, the Ambulance Service of NSW should create and distribute one page, plain-English fact sheets on grievance management and disciplinary matters

This recommendation has been implemented. *Promoting a Respectful Workplace: Raising Workplace Concerns (SOP 2009 – 011)* acknowledges and promotes healthy workplace responsibilities and behaviours. It includes procedures, roles and responsibilities for staff and managers, forms and helpful flowcharts on the steps to be taken. Posters of the flowcharts have been produced for display in stations and other locations (see Attachments 5 & 6). This means the process is clearly articulated and prominently displayed to promote accessibility and understanding.

Recommendation 8

That NSW Health provide contact officers within the Ambulance Service of NSW to provide impartial advice to staff on grievance and complaint policies and procedures

The contact officers should be available at all levels of the Service, of different genders, and from both rural and metropolitan areas. The role of these officers should be set out clearly for all staff within the Service

This recommendation has been implemented. Eighteen Grievance Contact Officers (GCOs) have now been recruited, trained and are in place across the State. GCOs are an important part of Ambulance's framework for strengthening the management of grievances including concerns about potential bullying and harassment.

The GCOs were selected on merit as part of an expression of interest process. They are located throughout the State (in eleven country and seven metropolitan locations) and include staff from all levels and both women (28%) and men (72%).

Recommendation 9

That NSW Health, as part of its review of Ambulance Service of NSW selection processes, establish clear guidelines for selection panel members which emphasise that selections must be based on merit. The guidelines should emphasise that conflicts of interest and corrupt conduct are breaches of NSW Health policy, and can lead to disciplinary action

This recommendation has been implemented. Ambulance applies the principles of merit to all selection processes. All frontline Ambulance managers, as part of the new Ambulance Management Qualification (AMQ) now complete specific training in front line staff management, including merit selection.

A revised NSW Health recruitment and selection policy and minimum standards (to replace PD2006_059) is being finalised and is expected to be released in the early part of 2010. The revised policy provides

- clear direction to selection panels on the role and the process of assessing applications;
- the requirement for conflicts of interest to be declared and discharged;
- that merit must be adhered to when recruiting, selecting and appointing all staff;
- that failure to comply with the mandatory standards will be managed in accordance with the NSW Health policy for managing misconduct; and
- includes a web link to the current misconduct policy.

Recommendation 10

That, as part of its review of psychometric testing, the Ambulance Service of NSW consider other psychometric tests which better identify the attributes of an effective ambulance officer. This review should be completed by October 2009

This recommendation has been implemented in line with the Government response. Psychometric testing was reviewed by Ambulance in 2009. The review considered four providers of psychometric testing and their products. The review was analysed by an independent academic psychologist⁹ with organisational psychology experience. The review recommended that current arrangements for the psychometric assessment for Trainee Paramedic recruitment remain in place.

⁹ Dr Barbara Griffin of Macquarie University

Recommendation 11

That officers who undertake responsibility for training and supervision should receive recognition or incentives.

These officers should be reviewed every six months to assess their performance. Unsatisfactory performance should result in performance management, and where necessary the termination of supervisory or training responsibilities

This first element of this recommendation was not supported.

In respect of the second element, a revised Performance Development Program (PDP) is currently in use at the manager level and will be progressively implemented to all levels in the organisation from 2010. The PDP provides for a review of the supervision or training duties, where an officer has these responsibilities (refer also to implementation of recommendation 15).

Recommendation 12

That if the Ambulance Service of NSW intends to continue offering CTP Stream 1, management should allow Paramedics to undertake this option if requested

This recommendation has been implemented. CTP Stream 1 is still provided and paramedics can undertake this option.

In 2008, less than 7% of those who undertook CTP chose Stream 1 and in 2009, the number of paramedics choosing this option continued to decline with only a little over 1% of students undertaking Stream 1. Stream 1 will continue to be available in 2010.

Recommendation 13

That the Ambulance Service of NSW incorporate regular designated, paid training times into rosters, so that Paramedics can meet with Clinical Training Officers for uninterrupted training.

This recommendation has been implemented. Ambulance and the Health Services Union have agreed on a new scheduling model to optimise the efficiency and effectiveness of training opportunities. This model was introduced from 1 July 2009 and provides for the release of paramedics for Certificate to Practice (CTP) and mandatory training workshops. A review of the model has found it to be effective with some implementation issues being addressed.

Recommendation 14

That NSW Health introduce performance indicators as a measure to evaluate the impact of the implementation of the new three-year recertification interval. These should include clinical indicators

This recommendation was not supported.

Recommendation 15

That the Ambulance Service of NSW implement an annual performance appraisal system by the end of 2009 for all on-road officers. This system should incorporate training for Station Officers in how to conduct performance appraisals.

This recommendation is being implemented. The Performance Development Program (PDP) is a revised appraisal and development initiative being introduced, initially for all positions with managerial responsibilities and team leaders in 2009/10, before being implemented for all staff in 2010/11. Managers are currently being trained in its implementation as part of the Ambulance Management Qualification program. Other information and training sessions have been held and will continue to be arranged as needed. Information will also be provided as part of induction processes and the planned Executive Development Program.

Recommendation 16

That the Ambulance Service of NSW ensure that Clinical Training Officers follow-up all ambulance officers in an appropriate manner after the distribution of updated protocols and pharmacologies, in order to ensure that officers understand the new changes

This recommendation has been implemented in line with the Government's response. Most protocol changes are straightforward and can be adopted by Paramedics by simply providing them with the relevant information. Complex or major clinical changes are subject to mandatory training by Clinical Training Officers and certification procedures.

Recommendation 17

That the NSW Minister for Health initiate discussions with the Council of Australian Governments to explore the option of national registration of Paramedics

This recommendation has not been implemented and is the subject of further national level consultations.

Recommendation 18

That NSW Health increase the number of Ambulance Service of NSW staff to meet Minimum Officer Levels, as determined by the NSW Industrial Relations Commission

This recommendation has been implemented. Since the decision of the Industrial Relations Commission in 1995 concerning minimum operating levels the numbers of paramedics has significantly increased from 2,200 in 1995 to over 3,300 currently.

Since the Committee's review 236 new Paramedics were engaged in 2008/9 and are progressing through the required training. A further 88 full-time equivalent (FTE) staff have been re-deployed from rescue roles to special operations and single officer rapid response duties.

Ambulance is now further developing structured service plans to provide evidence based analysis of options for the effective deployment of ambulance resources and the concept of effective operational deployment levels to achieve improved resource demand matching.

Recommendation 19

That the NSW Government update and complete its review of operational numbers required for the Central Coast and Hunter by October 2009, and that the results be made public

Staffing arrangements in these areas are subject to ongoing proceedings before the Industrial Relations Commission (IRC).

In the Hunter two additional transport ambulances have been deployed on a temporary basis through an IRC ruling on the rapid responder trial. Evaluation results indicate that these ambulances will be converted to rapid response roles upon completion of the trial. This matter is before the IRC again in February 2010 for report back.

On the Central Coast changes include

- 16 additional FTE Paramedic positions created in April 2009 as a result of roster reform and in line with IRC recommendations;
- three Extended Care Paramedics (ECPs) positions created in June 2009; and
- a trial of two Rapid Responders and one transport ambulance crew, arising from the deployment of staff formerly engaged in rescue.

Recommendation 20

That the Ambulance Service of NSW should rely less on external consultants for planning by establishing an internal planning unit to provide long-term strategic planning. The unit should be operational before the end of 2009

This recommendation is being implemented. An internal service planning unit has been established.

Recommendation 21

That the Ambulance Service of NSW amend its Suitable Alternative Duties policy to allow Paramedics the choice to undertake alternative duties at their home station, where travel to other stations may generate health and safety concerns

This recommendation has been implemented. A new Standard Operating Procedure *Workers Compensation and Injury Management Policy and Procedures*, released in May 2009 allows for suitable duties to be undertaken within an officer's substantive position or location, where possible and appropriate.

Recommendation 22

That the Ambulance Service of NSW investigate the feasibility of rural recruitment drives

This recommendation has been implemented. As part of a broad recruitment strategy, Ambulance has produced extensive promotional recruitment material, including Aboriginal and Torres Strait Islander specific material, and has distributed it to rural and regional areas. Ambulance has also forged close links with Charles Sturt University, a rural university with mainly rural students in its Paramedic courses.

Currently Ambulance is able to fill all rural vacancies through these processes and systems. Regular reviews of rural vacancies will be undertaken and additional strategies developed as needed.

Recommendation 23

That the Ambulance Service of NSW provide Intensive Care Paramedic training in additional rural locations

This recommendation has been implemented. Provisions for better geographic spread of Intensive Care Paramedics (ICPs) are part of Ambulance's Clinical Profile Plan. The Industrial Relations Commission has supported the approach that leads to better distribution of Intensive Care Paramedics based on community need.

Recommendation 24

That the Ambulance Service of NSW reinstate training to Advanced Life Support level for Paramedics in rural and remote areas. Rural officers should be given priority of training

This recommendation was not supported.

Current ALS officers are being offered the opportunity to upgrade to Intensive Care Paramedics and this is largely occurring in rural areas. In 2008/9, 45 ALS officers commenced or completed the upgrade to the Intensive Care Paramedic. Two upgrade courses were conducted in 2009 and 30 ALS officers attended these courses. Two courses are scheduled for August and October 2010 with 20 places available in each course.

Recommendation 25

That the NSW Government increase the capital works budget for the upgrades and repairs of Ambulance Service stations across NSW

This recommendation has been implemented in line with the Government's response. Since January 2005, 21 new ambulance facilities have been completed at a cost of approximately \$17 million, including at Walcha, Dubbo, Junee, Ryde, Batlow Bombala, and the most recent at Deniliquin.

In 2009, Ambulance co-located into three new multi-purpose service facilities at Bingara, Wyallda and Merriwa with Coonamble planned for construction in 2010/11 as part of the MPS facility. At Narrabri a new ambulance station is in planning as part of the new hospital development project

In 2010 Ambulance is planning to commence construction of new replacement stations at Batemans Bay and Nelson Bay. Planning studies have recently been completed for new ambulance stations at Byron Bay, Murwillumbah, Kingscliff, and Cessnock for staged inclusion in the Capital Works Program.

Recommendation 26

That the Ambulance Service of NSW develop procedures to provide information to officers about potential violence when responding to call-outs

This recommendation has been implemented. As previously advised, Ambulance has an automated system in place, within the Computer Aided Dispatch System, where a warning about known or potential violence can be relayed to responding crews. The system is regularly reviewed and updated.

In addition, Ambulance has developed a Preventing and Managing Violence and Aggression in the Ambulance Workplace program with NSW Health, the Violence Taskforce and the Centre for Mental Health. The program has been conducted in Ambulance since July 2007 and approximately 510 staff have participated. Further evaluation of the effectiveness of this program will be undertaken over the next 12 months.

Recommendation 27

That the Ambulance Service of NSW modify its new uniform so as to clearly identify its on-road staff as Paramedics

The issues addressed in this recommendation have been implemented. The new ambulance service uniform already clearly and safely identifies operational ambulance paramedics consistent with other emergency service uniforms. The uniform shows "Ambulance" in large lettering on the back with distinctive roundels on each sleeve.

Recommendation 28

That the Ambulance Service of NSW provide OH&S guidelines to ambulance officers to maintain their health, strength and fitness

This recommendation is being implemented. A Health and Wellness Program for paramedics, established under the Death and Disability Award, has been designed and will commence on 1 July 2010. This preventative health program will include medical and psychological testing of staff every 3 years resulting in a comprehensive individual report, as well as access to individual health and wellness counselling sessions.

Recommendation 29

That the Ambulance Service of NSW explain to all staff why formal critical incident stress debriefing is no longer recommended, and encourage employees to utilise the Service's existing support services after traumatic incidents

This recommendation has been implemented. In addition to the network of staff support and co-ordination, publications addressing trauma and the services provided to assist those affected have been developed and distributed in hard copy and via the intranet. These publications confirm for all employees that one on one incident debriefing has replaced group support sessions.

Co-ordination of these support services is undertaken by the Peer Support Team Co-ordinator, the Senior Chaplain and the Aboriginal Employment and Support Co-ordinator who provide support, information and training on appropriate debriefing techniques and promote staff support services for all staff.

Recommendation 30

That the Ambulance Service of NSW examine provision for special leave for officers following traumatic incidents as part of the forthcoming review of staff support services

This recommendation has been implemented with existing leave provisions accommodating special leave for this purpose.

Recommendation 31

That the Ambulance Service of NSW establish a database to record traumatic incidents, and a formal system to ensure all major incidents are notified to peer support officers within 48 hours

This recommendation was not supported. It is impractical to record all traumatic incidents as personal tragedy and trauma are an inherent part of ambulance work. A routine incident for one paramedic may be perceived as traumatic by another depending on personal circumstances and feelings at the time.

As part of Ambulance's Healthy Workplace Strategies a new emphasis is placed on managers supporting staff at work and additional support services are in place arising from the review of staff support services. All operational managers are required to follow up major incidents with appropriate support (see Recommendation 32).

Recommendation 32

That the Ambulance Service of NSW examine how to support and reward peer support officers as part of the forthcoming review of staff support services

This recommendation has been implemented in part and the review of Staff Support Services has been completed. Actions planned arising from the review include improving resources, information and training to all those involved in Staff Support Services. Recognition of Peer Support Officers will be provided through additional networking and professional development activities and through provision of appropriate resources.

The position of Peer Support Team Co-ordinator has been created and a staff member was appointed in December 2009, to provide support for Peer Support. This position is responsible for the leadership, coordination and promotion of the Peer Support Team and the Employee Assistance Program, which are available to support ambulance staff and volunteers following traumatic workplace incidents. This role works in conjunction with the Senior Chaplain and the Aboriginal Employment and Staff Support Co-ordinator.

Recommendation 33

That all rescue incidents require Paramedics to be involved in the coordinated response

This recommendation has been implemented. Ambulance attends all rescues involving or likely to involve a person in need of medical care. The State Rescue Board Policy states that '[t]he Senior Ambulance Officer at the scene will determine the priority for release of the trapped patient(s).' Paramedics are the designated authority on all aspects of the patient's clinical care and safe extrication.

Recommendation 34

That the Ambulance Service of NSW undertake further community education programs as a priority. The Service should consider successful communication strategies used by other Ambulance Services, such as the London Ambulance Service, in the development of its future programs

This recommendation has been implemented. A range of public communication campaigns have been conducted or planned:

- on the appropriate use of ambulances (*not a taxi*) was launched on 23 November 2008, using newspaper articles, website information, the distribution of posters to doctors' surgeries, hospital emergency departments and pharmacies and two commercials distributed to all radio stations across NSW;
- a poster campaign targeting the rural community (*don't drive yourself to hospital*) was rolled out in 2009 and was disseminated through doctors' surgeries, hospital emergency departments, pharmacies and local community groups;
- the Minister for Health launched a community campaign to tackle the number of assaults and threatened violence against Ambulance Paramedics as part of the first annual *Thank a Paramedic Day* on 20 November 2008. A similar media campaign was undertaken in August 2009;
- a hoax call campaign commenced in December 2008 and received wide media coverage with a similar campaign is planned for early 2010;
- *Life Live It...Save It* targets adults 55+ providing advice on the medical emergencies that may be faced by this age group and has been presented to over 10,000 community members to date;
- *Be an Ambulance Hero* targets NSW primary students aged 5 to 8 with campaign materials including a teachers booklet, flash cards, children's take home packs have been distributed to all NSW government, catholic and independent schools;
- launched in early 2009 *Emergency Helpers* is a web based campaign which provides tips for early Childhood teachers to inform their students of the number to call in a medical emergency;
- *First Steps* campaign was launched in September 2009 and provides new parents with the information required if calling for ambulance assistance. Cards have been distributed to new parents through the Bounty 'New Mother Bags' (in both public and private hospitals);
- the *Access for Life* workplace awareness campaign, launched in December 2009, informs NSW workplaces of the appropriate steps to take when faced with a medical emergency. The Medical Emergency Plan Poster is a free resource that has been distributed to all 50,000 WorkCover registered businesses throughout NSW and is available on the WorkCover and Ambulance websites;
- during May 2010 Ambulance will trial the *Learn & Live* school excursion. Over two weeks 900 year 10 students will hear the key messages relevant to them including drug and alcohol abuse, dangerous driving, the triple zero call process, inappropriate calls as well as career opportunities;
- an annual communication plan with a focus on Extended Care Paramedics and safety messages has been developed and implemented; and
- comprehensive information about fees is also available on the website.

Recommendation 35

That should NSW Health continue the Extended Care Paramedic program, it increase the level of recurrent funding for the program and provide additional staffing to the Ambulance Service of NSW

This recommendation has been implemented. Funding has been provided to engage an additional 25 ECPs, with 12 having already been trained, one accredited via Recognition of Prior Learning and another 12 commence training in late January 2010. Once these positions are in place there will be a total of 41 ECPs located in Sydney (23), the Central Coast (5), Hunter (5), Mid-North Coast (4), Shoalhaven (2) and Wagga Wagga (2). In addition four Paramedics are being trained to act as relief ECPs as necessary.

In *Caring Together: The Health Action Plan for NSW*, the Government has committed to training additional Extended Care Paramedics for rural areas. The identification of appropriate locations for ECPs will be undertaken by the planning unit being established (see recommendation 20).

Recommendation 36

That the Ambulance Service of NSW ensure that all on-duty crews in the Hunter region consist of two ambulance officers by 30 June 2009

This recommendation was not supported by the Government. The specific issues for the Hunter are the subject of ongoing proceedings before the Industrial Relations Commission.

Recommendation 37

That the Ambulance Service of NSW provide a dedicated ambulance service in Bundeena, consisting of an ambulance station or a car stationed with 24 hour rostered cover

This recommendation was not supported.

A community first responder program has been established for Bundeena and Maianbar in partnership with NSW Fire Brigades. This program started on 9 August 2008 and operates 24 hours a day, seven days a week. This will ensure that a sustainable long term service is provided to the community.

Arrangements are in place for on-call services to be provided by three Ambulance Paramedics who live in the area when available. A standard Ambulance Patient Transport unit and a four-wheel drive utility vehicle is also available.

Recommendation 38

That the Ambulance Service of NSW review its proposed site for the new station at Nelson Bay and consider whether it is the best location to respond to the existing (and future) community

This recommendation has been implemented. NSW Health has recently approved the purchase of vacant NSW Housing land at 192 Salamander Way Nelson Bay for the new Ambulance station.

This new site meets all the criteria for a new station at Nelson Bay. Planning studies have also been submitted to NSW Health for approval to construct a new larger facility to meet the community's long term needs. A development application, with NSW Housing consent, was previously lodged with Council and there has been ongoing negotiation to finalise the application. Concurrently, pending the anticipated approvals, Ambulance has been finalising documentation for tendering to proceed in late January 2010. Construction has been programmed to commence in April 2010 for completion in November 2010.

Recommendation 39

That the Ambulance Service of NSW review its procedures in relation to Schedule 8 drugs, to identify how to improve the supply, delivery and secure handling of these drugs. The findings of this review should be reported by the end of June 2009

This recommendation has been implemented.

Procedures have been reviewed and the standard operating procedure has been updated to include:

- limiting authorisation to carry and administer restricted medications to paramedics who are rostered to operational response duties;
- requiring stronger routine and shift hand-over checks;
- strengthening of existing security arrangements;
- introduction of new record keeping arrangements specific to Ambulance requirements;
- clear guidelines for the disposal of unused portions of medications; and
- setting maximum and minimum stock levels for each area appropriate to expected usage.

In the longer term a range of actions are proposed including

- update Ambulance Station design guidelines to include specifications for safe storage and access through personal electronic access cards for all new buildings and major renovations; and
- establishing regular high level review and updating of medications management systems as a standard part of clinical governance systems.

Recommendation 40

That all Ambulance vehicles be equipped with Satellite Navigation Units by the end of 2009

This recommendation has been implemented. A State-wide roll out of Satellite Navigation Units commenced in August 2009 and was been completed in December 2009.

Recommendation 41

That the Ambulance Service of NSW provide portable radios for all ambulance officers by the end of 2009.

This recommendation was not supported. Additional portable radios have been purchased for the Sydney region to improve access and availability.

Recommendation 42

That NSW Health address the operational issues raised in Chapter 8 and incorporate them into the current changes to operations and performance review processes

See responses to recommendations 33 – 41 which address the issues raised in Chapter 8.

Recommendation 43

That the Ambulance Service of NSW report directly to the NSW Minister of Health.

This recommendation was not supported.

Recommendation 44

That the NSW Government re-establish an Ambulance Service of NSW Board of Directors based on the former Board of Directors. The new Board should include at least one director who has been directly elected by members of the Ambulance Service.

This recommendation was not supported.

Recommendation 45

That the NSW Government introduce a new Ambulance Services Act to provide comprehensive regulation of the Ambulance Service of NSW. The following provisions should be considered for inclusion:

- a direct reporting line from the Chief Executive to the Minister for Health
- a Board of Directors
- management and conduct of performance provisions that apply to the Chief Executive
- clear definitions and prescriptive provisions
- registration of Paramedics

This recommendation was not supported. It should be noted that the *Ambulance Services Regulation 2005* will be reviewed in 2010. In addition, it is proposed to review Part 5A of the *Health Services Act 2007* in conjunction with the review of the regulation.



**Ambulance Service
of New South Wales**

excellence in care

excellence in care

future directions for Ambulance
2009 > 2012

December 2009

future directions for Ambulance Service 2009 > 2012

VISION

Excellence in Care

MISSION

To provide quality
emergency medical care
to the NSW community

Excellence in Care

Foreword

In 2007 the Ambulance Service of NSW (Ambulance) published the initial edition of *Excellence in Care*, an overview of key strategies to be implemented by Ambulance between 2007-2012.

This edition summarises key achievements over the last two years and presents a revised and expanded range of strategies. The changes and additions to the original range of strategies reflect significant developments in this period; in particular actions implemented by Ambulance to address recommendations of the Special Committee of Inquiry into Acute Health Care and reviews conducted by the Department of Premier and Cabinet and the General Purpose Standing Committee No 2.

Growth in demand for ambulance services is set to continue and we must continue to refine and adjust our organisation in response.

In embracing change we have clearly shown the Ambulance Service to be a capable and confident organisation where our commitment to do the best for our patients is reflected in our core values: professional standards of behaviour; teamwork; care and respect; responsibility and accountability.

The core strategies for the next five years are presented under four headings:

Management Practice and Support for Staff

Strategies to ensure that we develop a management culture to promote best practice and a supportive working environment for our staff.

Clinical Capability

Strategies to ensure that we are trained for best practice, that we have the right mix of skills and that we are measuring and improving quality of care.

Operational Performance

Strategies to ensure that our operational procedures and work practices are geared to delivering quality care.

Technical Capability

Strategies to ensure that we have the equipment, fleet, bases and communication and information systems to operate at contemporary best practice standards.

Excellence in Care should not be seen as a distant goal. Ambulance paramedics currently deliver excellent care to patients on hundreds of occasions daily throughout the State. The *Excellence in Care* strategies are aimed at ensuring that staff are effectively equipped and supported to attain and maintain the highest standards of clinical and operational performance.



Greg Rochford
Chief Executive

Management Practice and Support for Staff

THE CHALLENGE

Achievements 2007 – 2009

In the past two years we have taken some significant steps to enhance our management practice and build a healthy, supportive work environment, including:

- > Strengthening management support for on-road staff through the establishment of 46 new frontline management positions.
- > Development of the Strategic Workforce Management Plan to guide and prioritise initiatives to promote a healthy working environment and effective recruitment, retention and training strategies.
- > Delivery of the Respectful Workplace training program.
- > Appointment of 18 Grievance Contact Officers.
- > Publication of 'easy guides' for complaint and grievance processes.
- > Delivery of the Ambulance Management Qualification (AMQ) program, designed specifically for frontline Ambulance managers.
- > Development and implementation of the Risk Management Plan.
- > Extension of the performance appraisal program to Assistant Divisional Manager level.
- > Engagement with the community through the community e-newsletter and campaigns such as *Be an Ambulance Hero: Dial Zero Zero Zero* and *Emergency Helpers*.
- > Promoting communication between management and staff through annual senior executive visits to all operations sectors and introduction of the Staff Bulletin Board.

The Task Ahead

In the three years ahead we will continue to build a management culture characterised by: open communication; fair and equitable treatment of individuals; delegation of authority to the most effective level; greater management accountability; effective development of managers; responsiveness to the community we serve; and effective representation of the interests of Ambulance.

Having implemented the Ambulance Management Qualification for frontline managers, a major priority in 2010 will be the development of a corresponding program of training and development for our senior managers.

Within the framework of the Strategic Workforce Management Plan, Ambulance will continue to build a workplace in which staff are respected, supported and well prepared for the demanding nature of their work.

Management Practice and Support for Staff

KEY STRATEGIES 2009 > 2012

Communication	We will maintain the annual program of senior executive visits to all operational sectors. The executive and managers at all levels will report regularly to staff on progress on key strategies and major issues.
Management Development	Ambulance (in partnership with the Australian Institute of Management) will continue implementation of the Ambulance Management Qualification program with the aim of providing training to all frontline managers by June 2010. Ambulance will develop and implement a corresponding development program for senior managers by December 2009.
Healthy Workplace	<p>To ensure a clear and continuing focus on building a supportive working environment for all staff, we have consolidated a range of initiatives under the banner of the Healthy Workplace strategy.</p> <p>Key elements of the strategy are: the development of <i>Our Values</i>, Respectful Workplace training, grievance management training and access to grievance contact officers; the employee assistance program; access to peer support officers; mediation services and the chaplaincy service; and recognition of achievement through In-Service awards and nomination for State and National honours.</p> <p>To promote a safe and healthy working environment for staff we will continue to implement the Risk Management Plan with the immediate priorities being completion of the OH&S training for all relevant staff and enhancement of risk management strategies at the workplace level.</p>

Performance Management	A new appraisal system known as the Performance Development Program (PDP) is being introduced from September 2009 for all positions with managerial and team leader responsibilities. The PDP incorporates <i>Our Values</i> , and clearly describes what each position is to do and how it is to be done through behavioural and supportive individual performance and training objectives.
Community Engagement	Ambulance will continue to promote community engagement through: consumer representation on the Ambulance Advisory Council, Clinical Governance Committee and the Divisional Clinical Quality Committees; the community e-newsletter; and specific campaigns to promote community awareness of the services we offer and of how to respond to medical emergency situations.

Clinical Capability

THE CHALLENGE

Achievements 2007 – 2009

Major initiatives in the last two years to enhance our clinical capability included:

- > Implementation of and evaluation of the Clinical Assessment and Referral (CARE) project in three proof of concept locations.
- > Implementation of the first phase of the Extended Care Paramedic (ECP) program, with ECPs now operating effectively in Western Sydney, the Mid North Coast and the Central Coast.
- > Implementation of the pilot program in advanced cardiac care in the Outer Hunter.
- > Implementation of a pilot program in four rural and remote sites to assess the potential to work collaboratively with Area Health Services or rural and remote health services (in collaboration with Greater Southern AHS) to expand the clinical role of paramedics in rural and remote communities.
- > Development and implementation of clinical key performance indicators for medication management, intubation and the deteriorating patient.
- > Establishment of the Health Access Coordination Centre.
- > Implementation of a refined scheduling model for the Certificate to Practice (CTP) program.

The Task Ahead

In 2009, the Government established the Ambulance Research Institute (ARI), with annual funding of \$3 million to staff the Institute and to provide scholarships for paramedics to participate directly in clinical research.

The establishment of the ARI provides us with the opportunity for national leadership in research and innovation in pre-hospital care. Ambulance will use the ARI to strengthen capacity to achieve the goals set in 2007 for enhancing our clinical practice.

Strengthening our clinical practice will include:

- > Making clinical review processes central to the management of our operations.
- > Ensuring that the projects aimed at improving the models of care and quality of practice translate into sustained and universally applied changes in our operations.
- > Ensuring that our clinical skills are developed in line with patient need, best evidence and complexity of clinical care delivery.

Clinical Capability

KEY STRATEGIES 2009 > 2012

Clinical Governance	<p>We will continue to strengthen Ambulance's clinical governance structure, with emphasis on:</p> <ul style="list-style-type: none"> > Continued support and development of the Divisional Clinical Quality Committees as a key mechanism for the implementation and monitoring of clinical care improvements > Continued support and development of the Ambulance Clinical Advisory Committee and Clinical Governance Committee > Implementation of the Quality Systems Assessment Improvement Plan, including the establishment of Sector Clinical Forums to engage staff in the clinical governance process > Achieving and maintaining compliance with current certification to practice for all paramedics
Services Planning	<p>A model for an internal service planning unit has been adopted and will be implemented to bring rigour and substance to our planning activities and our planned future directions for service delivery.</p>
Research and innovation	<p>The Ambulance Research Institute will drive evidence based clinical practice reform through a research program covering five broad areas:</p> <ul style="list-style-type: none"> > Pre-hospital clinical practice > Potential roles of Ambulance in the community > Medical retrieval and inter-facility transport > Systems and operational research > Workforce and educational research

Clinical Enhancement Programs	<p>We will continue the implementation of effective clinical enhancement programs including:</p> <ul style="list-style-type: none"> > State-wide implementation of the Clinical Assessment and Referral (CARE) project > Expansion of the Extended Care Paramedic program > Continued roll out of cardiac reperfusion interventions > In collaboration with Area Health Services extend integrated care projects > Continued improvement of Ambulance's role in integrated systems for time critical patients, eg including major trauma > Response to and management of behaviourally disturbed patients
Training	<p>Major training projects to be completed in or continued over the next two years will include:</p> <ul style="list-style-type: none"> > Training of all paramedics in mental health management skills > Upgrading of advanced life support paramedics to intensive care paramedics level aligned to the clinical profile > Training of all paramedics in the use of the Primary Survey assessment tool

Operational Performance

THE CHALLENGE

Achievements 2007 – 2009

Key achievements in enhancing our operational performance in the last two years included:

- > Implementation of the revised Medical Priority Dispatch System to reduce emergency response times.
- > Enhancement of the existing Sydney based rapid response capability through establishment of additional rapid responder positions in Wollongong, Central Coast and Newcastle.
- > Completion of the review phase of the State Operation Centre Redesign Project.
- > Implementation of new contractual arrangements for all Ambulance helicopter and fixed wing aero-medical operations delivering an enhanced retrieval capability across the State.
- > Completion of the business plan for the future development of volunteer ambulance services.

The Task Ahead

Despite the implementation of numerous operational reforms, significant expansion of the paramedic workforce and the strong commitment of staff to deliver emergency care as quickly as possible, we are not achieving a sustained improvement in emergency response times.

The continual increase in demand over the previous years for Ambulance services is, of course, a major factor in limiting our capacity to improve emergency response times. But there are aspects of our current internal structure and deployment of resources which impede improvement in response times.

We know from detailed analysis that we will not maintain response performance into the future from our current metropolitan station network and that a more effective configuration of stations in Sydney has the potential to deliver substantial improvement in response times. But this improvement will not flow automatically from the new configuration of stations. The re-building of the infrastructure (as outlined in the section on Technical Capability) will need to be combined with innovative practice in the allocation of resources and operational management beyond the traditional resourcing models.

The provision of routine patient transport services by emergency response crews also limits our capacity to improve emergency response times. A key objective for Ambulance in the next two years will be to achieve the management and operational separation of the emergency response and patient transport functions.

We will continue to give priority to enhancing operational performance in the Rural Divisions within the framework of the Ambulance Rural Plan.

Another immediate priority will be the review of Standard Operating Procedures (SOPs). In an environment where we need to continually re-assess and upgrade operating procedures, the current practice of expanding operational requirements by the addition of individual SOPs is no longer adequate to provide effective guidance to staff and ensure consistency of practice across Ambulance.

Operational Performance

KEY STRATEGIES 2009 > 2012

Sydney Infrastructure Strategy	As a central component of the implementation of the Infrastructure Strategy for Ambulance Operations in the Sydney Area, Ambulance will undertake a comprehensive review of operational practices, deployment and rostering to maximise the potential benefit from the new station network.	Patient Transport Service	In the next three years, Ambulance (in collaboration with NSW Health) will complete the process of the separation of routine patient transport and emergency response operations, establishing a separate or dedicated governance structure for the management and delivery of patient transport services where it is appropriate and practical to do so.
Enhancing Rural Operations	<p>Ambulance will implement a range of strategies to enhance its operations in Rural NSW within the framework of the Ambulance Rural Plan. Key initiatives to be implemented in the three years ahead will include:</p> <ul style="list-style-type: none"> > Upgrading of the skill base in Rural Divisions in accordance with the clinical profile > Implementation of the recommendations of the Rural Roster Review > Implementation of the Volunteer Ambulance Services Business Plan to promote and expand first responder and volunteer support in rural areas 	Standard Operating Procedures	In 2009-2010, the Ambulance will review all current Standard Operating Procedures (SOPs), streamline procedures by removing redundant directives and consolidate into a single accessible format. The current practice of issuing SOPs as stand alone directives will be replaced by a process of addition/ amendment of the SOP Manual in response to changing operational requirements.
Operations Centre Redesign	In the next two years we will complete and implement the recommendations of the recent review of the structure, function and staffing of the Operations Centres. Implementation of the State-wide Operations Centre Redesign Project will result in integration of the dispatch function across Ambulance and the enhancement of professional practice and development within the Operations Centres.	Counter Disaster Capability	Ambulance will continue to place priority on the development of disaster planning and response capability through the Counter Disaster Unit and the Special Operations Unit.

Technical Capability

THE CHALLENGE

Achievements 2007 – 2009

The Total Asset Management Plan for Ambulance was reviewed in 2008. We have established a robust asset management process based on a ten year planning horizon. Enhancements to our fleet and equipment in the last two years included:

- > Deployment of 180 twelve lead defibrillators under the defibrillator replacement program.
- > Deployment of mechanical restraining devices for all vehicles.
- > Deployment of two Megalift vehicles for use in bariatric and special operations.
- > Replacement of the off-road fleet with heavy duty vehicles with enhanced patient support capability.
- > Deployment of 70 new stretchers under the stretcher replacement program.

A revised Information and Communication Strategy Plan was completed in June 2009. Significant achievements in developing our communications particularly in the last two years included:

- > Completion of Ambulance planning for implementation of the Ambulance Electronic Medical Record system.
- > Development of the systems to support an integrated State-wide CAD capability.
- > Upgrade of the Rural Data Radio System to Next Generation technology.

The business case for the Infrastructure Strategy for Ambulance Operations in the Sydney area was submitted to Government in 2008 and funding has been allocated to proceed to detailed planning for the implementation of the Strategy.

Enhancement of our facilities in rural and regional areas in the last two years included commissioning of the new Deniliquin station and MPS facilities at Bombala, Batlow, Junee, Tottenham, Nyngan, Walcha, Bingara, Wyallda and Merriwa.

The Task Ahead

Having established a strong platform for the planning of our future fleet, equipment and infrastructure needs, it will be critical that we regularly review and update our Total Asset Management Plan in line with changes in projected demand and development in technology and service delivery.

The impending implementation of the NSW Health Shared Corporate Services program in Ambulance has brought the deficiencies of our current corporate support systems into sharp focus. Implementation of updated financial and human resources management systems is an individual priority for the Service.

Implementation of the Infrastructure Strategy for Ambulance Operations in the Sydney Area will be the most extensive and challenging project ever undertaken by Ambulance, combining accelerated capital investment in the re-design and restructure of the Sydney ambulance station network and comprehensive review of our operational deployment and practice. At the same time we need to continue to address the needs of rural areas with ongoing station upgrades and replacement.

Technical Capability

KEY STRATEGIES 2009 > 2012

Fleet and Equipment Priorities	<p>During 2009-2010 new medical equipment and fleet replacement programs and businesses cases will be developed to fund these core programs over the next 10 years. Priority projects for 2009-2012 will include:</p> <ul style="list-style-type: none"> > Completion of defibrillator replacement program > Completion of the stretcher replacement program
IT and Communication Priorities	<p>Priority IT and Communication projects for 2009-2012 will include implementation of the:</p> <ul style="list-style-type: none"> > Ambulance Electronic Medical Record System > State-wide CAD System > Aero-medical CAD and database > New financial and human resources corporate support systems
Sydney Infrastructure Strategy	<p>Detailed planning for the implementation of the Infrastructure Strategy of Ambulance Operations in the Sydney Area will be completed in 2010. Subject to Government approval and funding, accelerated programs of capital investment in the redesign and restructure of the Sydney station network will commence in the 2010-11 financial year.</p>

Rural Infrastructure Priorities	<p>Priority infrastructure projects in Rural NSW will include replacement of Albury, Bateman's Bay, Byron Bay, Cessnock, Murwillumbah and Nelson Bay stations and an MPS facility at Coonamble.</p>
Education Centre and Headquarters	<p>The development of a strategy for the future location of our Headquarters, Education Centre and student accommodation has been held up by delays in the resolution of the Callan Park master plan. The development of the long-term solution for these facilities remains a high priority.</p>
Aero-medical Facilities	<p>A strategy for the future location of fixed wing aero-medical operations will be developed in the context of the upgrade of Sydney airport and the expansion of the fleet. Ambulance will continue to investigate options for a permanent base for helicopter operations in Sydney.</p>

Ambulance Service of New South Wales

Our Values



**Ambulance Service
of New South Wales**

These are the professional and personal values
and behaviours that we as employees of the
Ambulance Service of New South Wales uphold

Professional standards of behaviour

Professionalism	Professionalism is not
<ul style="list-style-type: none"> > Taking pride in the Ambulance Service and your work > Dedication to the job – going the extra mile > Being a role model > Being honest and acting with integrity > Maintaining your skills and knowledge > Being conscientious and dependable 	<ul style="list-style-type: none"> > Acting contrary to the interests of the Ambulance Service > Abusing rank or entitlements > Behaving unethically, theft or dishonesty > Poor performance or shifting blame > Running the job down

Act responsibly and be accountable

Responsibility	Responsibility is not
<ul style="list-style-type: none"> > Doing your job to the best of your ability > Following policy and procedure and the Code of Conduct > Acting in the best interests of the Ambulance Service 	<ul style="list-style-type: none"> > Being careless or reckless > Breaking rules or breaching the Code of Conduct > Avoiding difficult tasks
Accountability	Accountability is not
<ul style="list-style-type: none"> > Being answerable for your actions > Knowing the rules and the right way to do things > Stepping up in difficult circumstances 	<ul style="list-style-type: none"> > Being ignorant or apathetic > Taking short cuts > Ignoring the rules > Hiding or ignoring issues

Promote and encourage teamwork

Teamwork	Teamwork is not
<ul style="list-style-type: none"> > Sticking together and helping each other > Mentoring – sharing knowledge and skill > Being cooperative, reliable and supportive > Recognising the achievements of others 	<ul style="list-style-type: none"> > Claiming credit for another's work > Shirking work or leaving work for others to do > Excluding or isolating colleagues > Putting blame on others

Show care and respect

Respect	Respect is not
<ul style="list-style-type: none"> > Listening to others and acknowledging differences > Being sensitive to individual needs > Accepting decisions gracefully > Providing encouragement and feedback 	<ul style="list-style-type: none"> > Being rude or judgemental > Intimidation, bullying or aggression > Arguing about or questioning decisions > Running the Ambulance Service down
Care	Care is not
<ul style="list-style-type: none"> > Showing compassion and understanding > Being courteous > Acknowledging the feelings of others > Supporting others – particularly in difficult situations 	<ul style="list-style-type: none"> > Ignoring the needs of others > Running your colleagues down > Playing favourites > Putting up barriers that prevent positive outcomes

Ambulance Service of NSW

Healthy Workplace Strategies – Progress Review

December 2009

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This report is intended solely for the information and internal use of the Ambulance Service of NSW in accordance with our signed terms of reference of 1 June 2009. It is not intended to be and should not be used by any other person or entity. No other person or entity is entitled to rely in any manner or for any purpose on this report. We do not accept or assume responsibility to anyone other than Ambulance Service of NSW for our work, for this report, or for any reliance which may be placed on this report by any party other than the Ambulance Service of NSW.

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1. Executive Summary

Introduction

As part of the 2009/10 Internal Audit Plan provided to the Ambulance Service of NSW (The Service), Deloitte Touche Tohmatsu (Deloitte) has examined the Service's progress in implementing a program called Healthy Workplace Strategies (HWS) announced in 2008.

The Healthy Workplace Strategies were introduced to respond to concerns about the Service's management of staff, including the management of bullying and harassment, grievances and complaints.

This internal audit examines the coverage of HWS, their planning and management arrangements, and progress on implementation. More details of the scope and methodology of our work are included in our terms of reference dated May 2009, a summary of which is included in Appendix A.

The results and findings arising from the performance of our procedures should be read in conjunction with the Statement of Responsibility provided at Appendix C. For the avoidance of doubt, the procedures performed do not constitute an assurance engagement as defined in Australian Standards for Assurance Engagement, and no audit opinion is expressed.

Background

In 2008, three reports were published that examined management arrangements in the NSW Ambulance Service and in the wider NSW Health Service. These reports were:

- The Department of Premier and Cabinet's Review of the Ambulance Service in NSW, June 2008 (DPC Report)
- The General Purpose Standing Committee of the Legislative Council Report on the Management and Operations of the NSW Ambulance Service, October 2008 (GPSCLC Report)
- The Special Committee of Enquiry into Acute Care Services in NSW Hospitals, November 2008 (Garling Report).

All three reports referred, amongst other things, to issues associated with the management of staff; to concerns about bullying and harassment and about the management of staff grievances and complaints. All made recommendations for improvement in these management arrangements; some of them overlapped.

The Service had already started to reinforce staff management and grievance handling arrangements before the last two reports were released. In September 2008 the Service appointed a Manager to develop and coordinate a program of work called Healthy Workplace Strategies (HWS). This program was designed to address the recommendations made in the three external reports that were accepted by the Service and by NSW Health.

In October 2008, in its response to the GPSCLC report, NSW Health outlined actions it would take in response, noting many initiatives were already in progress or planned by the Service to address grievance handling issues. It also identified a number of recommendations made by GPSCLC that it did not support.

In March 2009, in *Caring Together*, its response to the Garling Report, NSW Health reinforced the steps the Ambulance Service had already taken and announced additional measures to be adopted by the health service as a whole in NSW, including the Ambulance Service, to strengthen staff management and grievance handling processes.

The scope of our internal audit engagement includes examining those parts of HWS that relate specifically to key recommendations in the DPC Report, the GPSCLC Report and the Garling Report. These 12 recommendations were (see Appendix B for specific wording and the Service's response):

- DPC Report – Recommendations: 11, 13, 15, 16
- GPSCLC Report – Recommendations: 5, 6, 7, 8, 9
- Garling Report – Recommendations: 42, 43, 44

These 12 general recommendations each contained a number of components. In total they generated 18 specific strategies in HWS as well as some outside of this program. These strategies were designed to build the infrastructure for improved staff and grievance management through clearer policies, procedures and responsibilities, reinforced by extensive training and support programs for staff.

The main fieldwork for this review was undertaken between June and August 2009 by which time the Service had planned to have most of this infrastructure in place. A draft report was produced in September and subsequently updated in October and December to reflect continuing progress in implementation. The current report (dated December 2009) reflects the position at the end of November 2009.

Summary of Findings

Progress on Implementation of HWS

By the end of November 2009, the Service reported 16 of the 18 HWS strategies as complete. Progress on each is summarised below. More details are in Section 4 and Appendix B.

Strategies	Planned Completion Date	Actual Completion Date
Rollout of the Respectful Workplace training (RWT) program.	May 2009	June 2009
Management to be trained as a priority	October 2008	October 2008
Develop and implement one page Grievance Resolution Flowchart	January 2009	April 2009
Develop and implement one page Raising Workplace Concerns Flowchart	January 2009	April 2009
Include grievance handling accountability and performance measures in position descriptions and performance agreements	November 2008	Work In Progress
Management representatives to open RWT sessions	Ongoing	June 2009 Ongoing
Establish grievance handling KPIs	November 2008	April 2009
Report issues arising from RWT to relevant managers	Ongoing	June 2009 Ongoing
Implement NSW Health Grievance Resolution Policy and flowcharts	January 2009	April 2009

Strategies	Planned Completion Date	Actual Completion Date
Articles in Siren	Ongoing	Ongoing
Establish Grievance Contact Officers (GCOs) to support staff	March 2009	August 2009
Enhance local grievance handling capacity	February 2009	April 2009
Implement Bullying Guidelines	March 2009	November 2009
Develop model charter “our values”	March 2009	August 2009
Create specific guidelines which outline management responsibilities to address performance related issues	April 2009	September 2009
Establish a reporting framework to record grievances and internal complaints, including bullying and harassment	August 2009	April 2009
Provide training to GCOs	May 2009	August 2009
Develop DVD on Grievance Management	July 2009	Work In Progress

The original timetable that the Service prepared, anticipated implementation of all elements of the HWS framework by August 2009. There has been minor slippage to this timetable however nearly all elements of the framework defined by the Strategy were in place by September 2009 (12 months after the strategy was agreed). The two exceptions were;

- the (linked) issues of universal implementation of position descriptions, performance agreements and performance management guidelines which are part of longer-term initiatives and are dependent on negotiations with staff representatives;
- the implementation of the case management system, currently in progress at Professional Standards and Conduct Unit (PSCU) and the reporting/auditing of performance on the handling of complaints that it will allow.

HWS Coverage of the Recommendations

We examined the coverage and “fit” of the Service’s action plans under HWS with the 12 related recommendations from the three reports. With the exception of one recommendation that the Government disagreed with (related to establishing an independent appeals process, GPSCLC Rec #9), all other recommendations in our scope were being responded to by the Service’s Healthy Workplace Strategies or by related developments in the Service or at NSW Health.

On two recommendations, the Service’s response does not address the specific detail of the confidentiality provisions included in the recommendations, as indicated below.

Report	#	Recommendation and Action
GPSCLC Report	5	<p>This recommendation called for NSW Health to amend its Grievance Resolution Policy to provide greater emphasis on confidentiality provisions and that breaches are serious issues subject to remedial or disciplinary action.</p> <p>The Service’s amended Grievance Resolution Policy was issued in April 2009. It refers to the confidentiality required in the process and the confidential advice available. However it does not include specific reference to the</p>

Report	#	Recommendation and Action
		<p>consequences if breaches in confidentiality occur.</p> <p>The Service argues that these are adequately laid out in the Code of Conduct and in the NSW Health Grievance Resolution Policy.</p>
Garling Report	43 (f)	<p>This recommendation called for NSW Health to formulate protocols for, and mechanisms to protect, confidentiality during investigations of bullying complaints, clearly identifying where confidentiality will not be kept (e.g. if a person discloses self-harm or a criminal offence)</p> <p>The Service's policy: <i>Promoting a Respectful Workplace – Preventing and Managing Workplace Bullying.(S.O.P.2009-063)</i> was implemented in November 2009. The policy states that all complaints of bullying or harassment are required to be dealt with in a confidential manner. However, it does not include specific reference to circumstances where confidentiality will not be kept.</p> <p>The Service has informed us that these circumstances are adequately covered in PSCU procedural guidelines.</p>

We suggest that an explanation is documented for each element of the original recommendations not specifically addressed and signed off, to minimise any residual risk involved.

Planning and Management Arrangements

The Service has invested considerable time and effort in HWS: approximately \$750k in establishing and managing Healthy Workplace Strategies, most of it in developing staff training and in its delivery. The costs to provide cover for staff involved in training added approximately \$300k.

The Service has set timetables for delivery of all major components of HWS and logistics support have provided plans/databases to ensure all stations and staff are reached. The HWS Manager reports progress on implementation monthly to the Executive.

The HWS program has now reached the end of its implementation phase. Staff now have a wider range of mechanisms to discuss and report grievances confidentially, and management have clearer guidelines and responsibilities on what to do in responding to them.

The program now moves into its “operational” phase which should be focused less on project management and more on supporting the take-up of the new processes and ensuring that they operate as they were intended, to reduce inappropriate workplace behaviours.

One of the risks in such projects is management focusing on the grievances that are reported. That may give a false impression of the adoption of healthy workplace behaviours state-wide. A proactive approach is needed that focuses on workplaces at greater risk. To support this, we suggest the Service should consider the following:

- A risk assessment of the characteristics of stations/positions more at risk from bullying and harassment and/or from poor management of grievances (e.g. small rural stations or specialist units or high workload stations).
- Publicising examples of good practice in the use of the new grievance handling procedures.
- Seeking feedback from the new performance appraisal process annually, to understand where management (and later paramedics themselves) feel more support is needed, and

- Managing unsatisfactory performance through the new performance appraisal process, in the longer term.

Monitoring and Evaluation

Monitoring to date has focused, rightly, on progress in implementation of the specific Healthy Workplace Strategies. Monitoring going forward will focus more on the take-up of the new opportunities created by the infrastructure now in place and the impact of the whole HWS program on workplace behaviours.

HWS now has a broader range of information sources to draw upon for monitoring purposes because of the new initiatives. In addition to the number of formal complaints available previously, the measures reported include:

- the number of grievances reported (their type and their resolution)
- the number of enquiries made of Grievance Contact Officers (and their type)
- the number of people trained in Respectful Workplace Training
- the number of front line supervisors who have completed the Ambulance Management Qualification.

Together with information from the new performance management system, these can provide a framework for the Service to monitor and evaluate the impact of the Healthy Workplace Strategies over time. However, a long-term perspective is needed as changing behaviours takes time and experience as well as commitment. It is suggested the Service should not consider formal evaluation of the impact of HWS strategies for at least two years.

In the meantime, it should encourage the completion and collection of information from the above sources as part of its management efforts in 2009/10 so that by the end of the year, a more complete and stable baseline of grievance activity can be measured, and used to compare against trends going forward. The current low reporting rates on new information sources (GCO contacts, grievances reported) do not provide a reliable indicator to judge the current position or to compare it with previous years.

Acknowledgement

We wish to place on record our appreciation of the assistance and cooperation received from the management and staff at the Ambulance Service of NSW.

Report Clearance

The contents of this report have been discussed with Louise Ashelford, Phil Keene and Michael Landsbergen.



Pamela Robertson-Gregg
Partner
December 2009

2. Background

In 2008, three reports were published regarding management issues in the NSW Ambulance Service and the wider NSW Health Service. These reports included:

- The Department of Premier and Cabinet's Review of the Ambulance Service in NSW, June 2008 (DPC Report)
- The General Purpose Standing Committee of the Legislative Council Report on the Management and Operations of the NSW Ambulance Service, October 2008 (GPSCLC Report)
- The Special Committee of Enquiry into Acute Care Services in NSW Hospitals, November 2008 (Garling Report).

The DPC Report covered a wide range of management and governance issues and made recommendations in a number of areas including to strengthen measures for prevention and management of complaints and grievances, bullying and harassment.

The GPSCLC Report was based on evidence received from 261 submissions, including a number from serving ambulance officers. It focused on the Service's management of staff and its handling of bullying and harassment allegations. It made 45 recommendations, many in similar areas to those in the DPC report. One of its recommendations was to review progress in implementation a year after handing down its report (i.e. in October 2009).

The Service had already started to strengthen staff management and grievance handling arrangements before the last two reports were released. In September 2008, the Service appointed a Manager, to develop and coordinate a program of work called Healthy Workplace Strategies (HWS). This program of work was designed to address, amongst other things, the recommendations made in the three external reports that were accepted by the Service and by NSW Health.

In October 2008, in its response to the GPSCLC report, NSW Health outlined actions it would take in response, noting many initiatives were already in progress or planned by the Service to address grievance handling issues. It also identified a number of recommendations made by GPSCLC that it did not support and would not implement.

In March 2009, in *Caring Together*, its response to the Garling Report, NSW Health reinforced the steps the Ambulance Service had already taken and announced additional measures to be adopted by the health service as a whole in NSW, including the Ambulance Service, to strengthen staff management and grievance handling processes.

This engagement examined the progress on the implementation of the healthy workplace strategies that were designed to address the recommendations that were noted in the DPC Report, the GPSCLC Report and the Garling Report. The 12 recommendations subject to follow up include:

- DPC Report – Recommendations: 11, 13, 15, 16
- GPSCLC Report – Recommendations: 5, 6, 7, 8, 9
- Garling Report – Recommendations: 42, 43, 44.

The Service developed 18 strategies and initiatives to address the above recommendations. They were:

- Pilot and rollout Respectful Workplace Training (RWT)
- Management to be trained as a priority
- Develop and implement one page Grievance Resolution flowchart
- Develop and implement one page Raising Workplace Concerns flowchart
- Include grievance handling accountability and performance measures in relevant position descriptions and performance agreements
- Management representative to open each session of RWT
- Establish grievance handling KPIs
- Report issues arising from RWT to relevant managers to address in consultation with affected staff
- Implement NSW Health Grievance Resolution Policy in conjunction with flowcharts
- Articles in Siren to demonstrate the commitment of the organisation's executive leadership regarding Respectful Workplace strategies
- Establish Grievance Contact Officers across the Service to support staff
- Enhance local grievance handling capacity by expanding the internal mediation process
- Implement Prevention and Management of Workplace Bullying: Guidelines for NSW Health
- Develop and implement model Charter of Respect (now renamed "our Values")
- Create specific performance management guidelines which outline the responsibilities of each level of management to address performance issues relating to conduct and behaviour
- Develop system to record grievances and internal complaints, including bullying and harassment, and monitor incidence and trends
- Provide training to Grievance Contact Officers
- Develop DVD on Grievance Management.

The Service and NSW Health also initiated parallel developments in the PSCU (new case management system) and in Workforce (recruitment and selection processes review) to support elements of the recommendations.

3. Coverage of Strategies

3.1 Healthy Workplace Strategies and Initiatives

In September 2008, the Service began actively reviewing its approach to grievance management to address the 12 recommendations arising in the DPC Report, the GPSCLC Report, the Garling Report, and the Proactive Resolutions Report. The major action plans and initiatives developed include:

- The state-wide rollout of the RWT program. As at end June 2009, 96% of existing staff have attended and completed the RWT.
- The state-wide rollout of the AMQ program for front-line managers. This course commenced in November 2008 and includes practical training on how to resolve workplace conflict and management responsibilities.
- Developing policies and procedures to build a respectful workplace and to prevent or minimise bullying and harassment. Prevention and Management of Workplace Bullying - Standard Operating Procedure (SOP) was submitted to the Executive Team in August 2009.
- Developing policies and procedures for an initial response to concerns and grievances raised by staff, dealing informally and locally with the individuals involved. The Raising Workplace Concerns SOP was implemented in April 2009 and provides a broad outline of the steps for staff to raise workplace concerns such as complaints, conduct issues and staff grievances. The SOP also included a one page Raising Workplace Concerns Flowchart and a one page Grievance Resolution Flowchart. These flowcharts are designed to identify easily pathways for raising various types of workplace concerns, including grievances and bullying and harassment matters. They also provide expected timeframes for action at each stage to manage expectations and monitor timeliness of response.
- Developing systems to record grievances and internal complaints, including bullying and harassment. Grievances requiring the assistance of a manager need to be reported using the Grievance Reporting Form. The form should be completed by the relevant manager once the matter has been completed and forwarded to the Manager, HWS.
- Enhancing local grievance handling capacity by expanding the internal mediation process. This has included promoting the early resolution of workplace conflict at a local level. Staff have been encouraged to speak directly to the other person involved. If staff are not able to resolve the concern with the other person or are unable to resolve the concern, the concern should be discussed with the immediate Manager. Only serious misconduct issues should be referred to the Professional Standards and Complaints Unit (PSCU).
- Establishing Grievance Contact Officers (GCO) across the Service to support staff. The GCO positions were advertised across all Divisions and key areas. Interviews for the position were conducted in mid 2009 and 18 successful applicants attended a two day training programme in August 2009. The GCO Policy was also approved and implemented in August 2009.
- Developing and implementing a Statement of Professional and Personal Values and Behaviours referred to as “Our Values” which was rolled out in August 2009.

Details of the Service’s response and the initiatives that have been designed to address each recommendation can be found in Appendix B of this report.

3.2 Strategies vs. Original Report Recommendations

During our review, we examined whether the action plans implemented or in progress address all recommendations as noted by the external bodies.

The Service did not provide an action plan for recommendation six of the GPSCLC Report. This recommendation suggested that the service establish an independent process to appeal the PSCU's decisions. In the response to the GPSCLC Report, the Government did not accept this recommendation noting that the new procedures for dealing with various types of grievance issues were fair and transparent and that this recommendation was addressed by the following action plans:

- Appointment of a Manager Healthy Workplace Strategies to coordinate mediation processes, procedures and programs to address staff grievances and complaints, including workplace conflict, bullying and harassment.
- Implementation of policies and procedures to promote healthy workplace responsibilities and behaviours. This includes providing workplaces with poster-sized copies of the Grievance Resolution Flowchart and the Raising Workplace Concerns Flowchart for display.
- Enhancing local grievance handling capacity by expanding the internal mediation process. This includes establishing the GCO role and encouraging staff to resolve issues at a local level.
- Re-focusing the PSCU's role to deal with serious staff misconduct only. The PSCU has an investigative and advisory role and all decisions may be appealed to the Government and Related Employee Appeal Tribunal and the Industrial Relations Commission. NSW Health also provides an additional independent mechanism for review of individual decisions of the Service in respect of staff grievances or other human resource matters.

All other recommendations in our scope were being responded to by the Service's Healthy Workplace Strategies or by related developments. On one recommendation, the Ambulance Service is awaiting further advice from NSW Health before making changes, believing current arrangements are adequate:

Report	#	Recommendation and Action
GPSCLC Report	9	<p>This recommendation called for NSW Health, as part of its review of Ambulance Service selection processes, to establish clear guidelines for selection panel members which emphasise that selections must be based on merit. The guidelines should emphasise that conflicts of interest and corrupt conduct are breaches of NSW Health policy, and can lead to disciplinary action.</p> <p>In its response the Government indicated that a review of current policies on recruitment, selection and appointment was underway and would address any weakness identified. It also noted that selection on merit was already clearly established in the current NSW Health policy; Recruitment and Selection Policy and Business Process – NSW Health 2006. The Ambulance Service Code of Conduct also lays out staff responsibilities for reporting conflicts of interest or conduct.</p>

On two other recommendations, it appears the Service's response does not specifically address all elements of the recommendations made.

Report	#	Recommendation and Action
GPSCLC Report	5	<p>This recommendation called for NSW Health to amend its Grievance Resolution Policy to provide greater emphasis on confidentiality provisions And that breaches are serious issues subject to remedial or disciplinary action.</p> <p>The Service's amended Grievance Resolution Policy was issued in April 2009. It refers to the confidentiality required in the process and the confidential advice available. However it does not include specific reference to the consequences if breaches in confidentiality occur.</p> <p>The Service argues that these are adequately laid out in the Code of Conduct.</p>
Garling Report	43 (f)	<p>This recommendation called for NSW Health to formulate protocols for, and mechanisms to protect, confidentiality during investigations of bullying complaints, clearly identifying where confidentiality will not be kept (e.g. if a person discloses self-harm or a criminal offence)</p> <p>The Prevention and Management of Workplace Bullying.S.O.P. was published in November 2009. The policy states that all complaints of bullying or harassment are required to be dealt with in a confidential manner. However, it does not include specific reference to circumstances where confidentiality will not be kept.</p> <p>The Service indicates that these are adequately covered in PCSU procedural guidelines.</p>

The Service's response and the strategies that have been designed to address each recommendation can be found in Appendix B of this report.

3.3 Suggestions for Action

If the Service does not intend to follow some of the specifics of the recommendations made in the three reports, we suggest that an explanation is documented for each and signed off by the CEO to minimise any residual risk involved.

3.4 Management Response

Ambulance will update its internal recruitment and selection policy to ensure the consistency of terminology is in accordance with the soon-to-be released NSW Health Policy. The Ambulance Service Code of Conduct remains in place and stipulates staff responsibilities for reporting conflicts of interest or conduct. All staff receive training in the Code of Conduct and their obligations.

The Healthy Workplace Strategies program has been a significant investment in staff development, training programs and dedicated roles to implement a comprehensive program of communication and educational initiatives across the Service. Ambulance completed the rollout of Respectful Workplace Training at the end of June 2009 and 96% of staff were trained during this period. The remaining 4% were people unavailable and/or on extended leave and are trained as they return to work and courses are scheduled in their local area. Completion of the rollout was originally scheduled for May 2009 but was extended an additional month because of the operational impact of the Victorian bush fires and North Coast floods.

From April 2009, Trainee Paramedics and other new staff have been provided with Respect & Raising Workplace Concerns training during induction. This training incorporates the principles of the Respectful Workplace Training program and is delivered by the Healthy Workplace Strategies team.

As noted above, confidentiality provisions are set out in the Code of Conduct. There is also reference to relevant provisions in other documents namely the Grievance Contact Officer SOP and the Preventing and Managing Concerns of Workplace Bullying.

Ambulance has also reviewed the Promoting a Respectful Workplace- Raising Workplace Concerns SOP and considers that the confidentiality provisions will be strengthened by including specific prohibitions and consequences for potential breaches. The timing of the SOP changes will be further informed by the review being undertaken by NSW Health to identify supporting procedures and the SOP will be amended when that Health review is finalised

Ambulance is well advanced in implementing Healthy Workplace Strategies. The Preventing and Managing Workplace Bullying Policy was approved in November 2009. Investigation of bullying complaints is undertaken by the Professional Standards and Conduct Unit in accordance with the Procedural Guidelines for Misconduct which are made under the Ambulance Services Regulation 2005. The Regulation is due for review in 2010 and the Procedural Guidelines, including the confidentiality provisions, will be reviewed at that time.

It should be noted that employers have a general duty of care to all employees and will refer staff to health professionals if concerns about self harm exist. Paramedics are trained to assess suicide risk and are well placed to identify risks and report concerns about their colleagues. Grievance Contact Officers provide support to staff dealing with workplace concerns and are trained to report concerns about the risk of self harm to the employee's senior manager and the Manager, HWS.

Ambulance will be more explicit in its responses to those aspects of any recommendation that it does not accept or intend to follow through on. These will require approval by the CE.

Actions	Responsibility	Time frame
R1. Documentation and sign-off for any element of the recommendations in the three reports that the Service does not intend to implement.	Director, Executive Support	31 Jan 2010

4. Progress on Implementation

4.1 Implementation of Strategies

The three external reports did not provide specific completion dates for the recommendations made. However, the Manager HWS developed an action plan to address the recommendations that included an expected completion date and the manager responsible for implementing the initiative. All were due for completion before August 2009. As at the end of November 2009:

- 16 of the 18 action plans had been implemented
- Two of the 18 action plans were in progress and have yet to be completed. They included the following initiatives:
 1. Develop a DVD on Grievance Management - Work on developing a training DVD on grievance management commenced in July 2009. It is anticipated that this DVD will be presented to Operational and Corporate management before the end of 2009.
 2. Include grievance handling accountability and performance measures in relevant position descriptions and performance agreements
 - All new position descriptions established since June 2009 have these measures included. The Service has indicated that all other position descriptions are under review to ensure consistency.
 - A performance development program is in place for all management above Assistant Divisional Manager level. Position descriptions have been updated accordingly. The program is being rolled out to Station Managers and Team Leaders in 2008/09 and to all staff by the end of 2009/10.

A summary of the action plans and the completion status of each initiative are listed in the table below:

Strategies	Planned Completion Date	Actual Completion Date
Rollout of the RWT program.	May 2009	June 2009
Management to be trained as a priority	October 2008	October 2008
Develop and implement one page Grievance Resolution Flowchart	January 2009	April 2009
Develop and implement one page Raising Workplace Concerns Flowchart	January 2009	April 2009
Include grievance handling accountability and performance measures in position descriptions and performance agreements	November 2008	Work In Progress Performance measures for all staff are expected to be implemented by end of 2009/2010

Strategies	Planned Completion Date	Actual Completion Date
Management representatives to open RWT sessions	Ongoing	June 2009
Establish grievance handling KPIs	November 2008	April 2009
Report issues arising from RWT to relevant managers	Ongoing	Ongoing
Implement NSW Health Grievance Resolution Policy in conjunction with flowcharts	January 2009	April 2009
Articles in Siren	Ongoing	Ongoing
Establish GCOs to support staff	March 2009	August 2009
Enhance local grievance handling capacity	February 2009	April 2009
Implement Bullying Guidelines	March 2009	November 2009
Develop and implement model “Our Values”	March 2009	August 2009
Create specific performance management guidelines which outline management responsibilities to address performance related issues	April 2009	September 2009
Establish a reporting framework to record grievances and internal complaints, including bullying and harassment	August 2009	April 2009
Provide training to GCOs	May 2009	August 2009
Develop DVD on Grievance Management	July 2009	Work In Progress The DVD on Grievance Management is being developed

A detailed summary of all agreed actions and the status of each initiative can be found in Appendix B.

4.2 Testing Progress of Strategies

During our review, we tested the implementation of action plans associated with the Respectful Workplace Strategy across the Service. We visited four locations within NSW and noted the following:

- Staff at all four locations had attended the Respectful Workplace Training. Staff and managers confirmed that a Management Representative introduced and opened the RWT sessions.
- Each location had received the poster sized copies of the Grievance Resolution Flowchart and the Raising Workplace Concerns Flowchart. These posters were displayed in common staff areas. At the time of the review, we noted that one of the four managers had not yet discussed the Raising Workplace Concerns SOP and the flowcharts with staff.
- One of the four managers interviewed was not aware that a Grievance Reporting Form needs to be completed for all grievances requiring the assistance of a manager. We note that the number of grievances reported in the first few months of the new reporting process was very small (two by August 2009)
- Two of the four managers commented that some staff remained sceptical about the impact that the recent changes in processes and training would have on workplace behaviour and on the “culture” of the organisation. These managers spoke of some staff’s views, reflected in submissions to the Parliamentary Committee, show a lack of confidence that
 - management will be able to assist in resolving grievances
 - management will deal with grievances promptly or effectively
 - confidentiality will be maintained
- They noted that grievance management training has been included in the Ambulance Management Qualification Program that all station managers and team leaders are attending, and were concerned that there is no specific grievance management training scheduled for more senior operational (or corporate) managers at this stage. (Management have subsequently informed us that planning is underway to provide such training to all managers, commencing before the end of 2009)

We would be surprised, given the views expressed to the Parliamentary Committee, if such perceptions were not present at this stage. We also recognise that these are the perceptions of a very small sample.

Changing the “workplace culture” is a long-term endeavour. Much now depends on how the new frameworks and processes are translated into practice and how management and staff are supported in taking up the new opportunities to address inappropriate workplace behaviours. This is the subject of the next two sections of the report.

5. Planning and Management

5.1 Project Management

In September 2008, the Service appointed the Manager, Healthy Workplace Strategies (HWS). The Manager, HWS is responsible for coordinating mediation processes, procedures and programs to reduce the risk of bullying and harassment in the Service and to address the recommendations noted by the external bodies. The position has been supported by:

- A budget of \$750k in 2008/9 for staff, for the development and delivery of training and for supporting communication material: posters; training materials, etc
- Staff resources equivalent to \$300k to provide backfill for staff involved in training
- Logistics support to track the coverage of training across all staff state-wide
- Coordination of all peer support services to staff under one structure including: Grievance Contact Officers, Chaplaincy, Aboriginal Coordination, Senior Project Officer for the prevention and management of workplace bullying. etc.

The Manager HWS and the Director Workforce have been responsible for:

- Coordinating the development and implementation of strategies, action plans and material to address the recommendations, with timetables, resources and responsibilities to match
- Providing the Senior Executive Team with a Healthy Workplace Program Status Report each month. This report includes the following details:
 - Progress on activities and initiatives for the reporting period.
 - A summary of the initiatives that will be implemented over the next month
 - Critical risks and issues, including feedback from staff and managers
 - Expenditure, including total expenditure to date against budget
 - Project completion date.
- Recruiting consultants (*Proactive ReSolutions*) to help develop and implement the training
- Recruiting and training Grievance Contact Officers to provide an additional avenue for staff seeking advice on grievances
- Integrating this program with wider workforce initiatives already in progress including the roll-out of the Ambulance Management Qualification (AMQ) for front-line managers and the performance agreement/performance appraisal system which, working down the organisation from senior management, will involve all supervisors and managers in 2009/10 and all remaining operational and support staff in 2010/11.

Operational planning and management has focused on ensuring all stations and staff have easy access to policies, procedures, training and guidance about the ground rules for appropriate behaviour in the workplace. It has included distributing posters and letters to all stations outlining the organisation's values; along with posters and forms to support new procedures for grievance handling and reporting, dispute resolution arrangements; plus training in their use and the expectations on all parties, both management and staff, when these values are not respected.

All station managers have been sent copies of the material prepared and all stations we visited had such information displayed. This has been a major logistics exercise organised by the Manager HWS and supported by staff from the Service Improvement Branch to organise the training program and maintain records of those trained. Sector / Divisional management were responsible for organising

training dates and locations localised. Once finalized, front line managers were responsible for staff rostering and ensuring that all staff attended the training. In most cases, senior management from the Division or Sector introduced the course to reinforce its significance.

The first round of RWT sessions were completed at the end of June 2009 with 96% of existing staff participating in the program. At the time of our fieldwork in August, the Service was collating information on employees who were unable to attend RWT during the first round so that they could be covered in follow-up arrangements, by the end of 2009/10

We have identified no major issues with the planning and management of the HWS program to date.

5.2 Planning and Management going forward

The HWS program has reached the end of its implementation phase. With the completion of new procedures and guidance, plus the great majority of staff trained in respectful workplace procedures including Grievance Contact Officers, the program moves into its “operational” phase. The management focus in this phase moves to one of supporting the take-up of the new processes and ensuring that they operate as they were intended. This is something that will take at least a year, given the range of circumstances in different stations across the State.

The Service has bolstered the resources of HWS with a new project officer position for 12 months to support the next phase. This role together with the role of Grievance Contact Officers will develop both informal and formal sources of information on how well the respectful workplace infrastructure is understood and being used by those who come forward. The Manager HWS will continue to be called upon to help support and resolve disputes that arise, so she will have first-hand knowledge of the application of the new framework in specific circumstances and how its use might be improved.

One of the difficulties in these situations is finding an appropriate balance between reactive and proactive management. Reacting only to the grievances that do get reported may give a false impression of the total picture state-wide on the adoption of healthy workplace behaviours. The successful use of grievance handling procedures to resolve issues locally may be less well-reported. Equally, it is possible that staff in some locations may not feel empowered to speak up when a problem occurs, even with the new procedures in place. So a proactive approach is necessary especially in locations at greater risk.

5.3 Suggestions for Action

To support this proactive approach, and recognising HWS resources are limited, we suggest the Service should consider going forward:

- A risk assessment of the characteristics of stations/positions more at risk from bullying and harassment and/or from poor management of grievances (e.g. small rural stations or specialist units or high workload stations). The higher risk areas should be subject to more HWS management attention; including unsolicited contact from Grievance Contact Officers. The risk classification can be used to categorise the grievances that are reported to give some indication of whether the new procedures are being taken up in vulnerable areas.
- Publicising examples of good practice in the use of the new grievance handling procedures. This could extend to encouraging managers and staff to submit case studies of good (and bad) resolution of grievances using the new procedures. It could be an assignment for managers attending the Ambulance Management Qualification. It could also become universal as part of the performance development program, as it rolls out to staff at station manager (this year) and paramedic level (2010/11). These case studies can be used in follow-up and remedial training for staff in positions at risk or staff who seek more help.

- The new performance development program for managers and its supporting position descriptions are important tools to reinforce the skills required in grievance management and to document how frequently such skills are used now; and whether more support is needed. The Manager, HWS, should seek feedback from the process annually, to understand where management (and later paramedics themselves) feel more support is needed.

5.4 Management Response

The Preventing and Managing Workplace Bullying SOP includes a supervisor assessment checklist designed to assess the risks of potential bullying on staff and the workplace. A location based risk assessment would complement this checklist and enhance the early identification of higher risk areas. Workshops for management are planned in 2010 to promote the new SOP and those forums can be used to introduce the risk assessments.

Already a number of high risk areas have been identified and are the subject of more Healthy Workplace Strategies management attention. A survey has been developed on RWT and knowledge of Healthy Workplace Strategies policies to help identify problems and categorise targeted assistance and/or possible new procedures/policies.

The assessment tasks for the AMQ have already been determined and for consistency, varying those is not supported. However, the Grievance Management for Managers training provided as part of the AMQ includes examples of good and bad resolution of grievances and participants benefit from sharing experiences. Publishing these examples and communicating these in a variety of ways, in a de identified format in Sirens or other suitable mediums, will be beneficial to inform other staff.

Information regarding compliance with the Performance Development Program is collected by the Workforce Unit. Surveys are structured to seek information regarding the use of grievance management skills and used to identify development and support needs. The model Performance Development Program for team leaders and managers contains performance indicators regarding grievance management. Although not mandatory at this time, senior managers will be encouraged to use these indicators to assess the skills of team leaders and station managers in this area for further learning and development needs.

Actions	Responsibility	Time frame
<i>R2. Risk Assessment</i>	<i>Manager, HWS</i>	<i>June 2010</i>
<i>R3 Publicising examples of good practice</i>	<i>Manager, HWS</i>	<i>End 2010</i>
<i>R4 Use performance development program to monitor and assess staff confidence with grievance management</i>	<i>Director, Workforce Manager, HWS</i>	<i>End 2010</i>

6. Monitoring and Evaluation

6.1 Observation

Monitoring to date has focused, rightly, on progress in implementation of the specific Healthy Workplace Strategies. The monthly reporting to the Executive Team has provided that monitoring against time and budget expectations, supported by information from the databases of staff trained; documentation delivered and courses held. The Executive also receive informal feedback from managers and staff on their reactions to the new initiatives.

Monitoring going forward has a broader range of information sources to draw upon because of the new initiatives. In addition to the number of formal complaints available previously, the measures to be reported include:

- the number of grievances reported to managers (their type and their resolution)
- the number of enquiries made of Grievance Contact Officers (and their type)
- the number of people trained in Respectful Workplace Training
- the number of front line supervisors who have completed the AMQ

The roll-out of performance management systems to all supervisors in 2009/10 (with KPIs that include grievance handling) and to all staff in 2010/11, offer the potential for more, and more universal, information on the use of the new initiatives, although this is likely to be at least a year away.

Together these can provide a framework for the Service to monitor and evaluate the impact of the Healthy Workplace Strategies over time. However, we would wish to urge a long-term perspective. Changing an organisation's culture takes time. The new HWS initiatives are likely to take a year or more to bed down and get tested by management and staff in enough situations to be able to judge their acceptability to staff and to management. It will be longer still before all supervisors are AMQ-qualified and the performance development program reaches its full potential.

With this in mind, we suggest the Service should not consider formal evaluation of the impact of HWS strategies for at least two years. It should encourage the completion and collection of information from the above sources as part of its management efforts in 2009/10 so that by the end of the year, a more complete and stable baseline of activity can be measured, and used to compare against trends going forward¹. The current low reporting rates on new information sources (GCO contacts, grievances reported) do not provide a reliable indicator to judge the current position or to compare it with previous years.

We have not suggested at this stage, that the Service undertake a specific staff opinion survey of the HWS changes and their impact on workplace behaviour. In our experience such surveys need to be used sparingly with their outputs used to monitor general trends rather than specific changes. Until such time as most staff have used the procedures in operation, the opinions they generate in relation to

¹ The release in August 2009 of *Annual Performance Audit Tool – Bullying Complaint Management Systems*, by NSW Health, may provide a useful checklist of what baseline information might be feasible to collect.

HWS and related changes will have a limited basis in experience and thus offer limited insights for development.

6.2 Suggestions for Action

We suggest the Service:

- should not consider formal evaluation of the impact of HWS strategies for at least two years
- should collect information on key indicators of capability, activity and outcomes (e.g. grievances reported and resolved; enquiries made of Grievance Contact Officers; people trained in Respectful Workplace Training; front line supervisors who have completed the Ambulance Management Qualification) in 2009/10 so that by the end of the year a more complete and stable baseline of activity can be measured, and used to compare against trends going forward.

6.3 Management Response

Ambulance agrees that it would be premature to undertake a formal evaluation of the impact of HWS strategies until 2011. Cultural change to a large extent relies on behavioural change which in turn impacts on attitudes and morale. Ambulance will review evaluation methods over the next 12 months.

In the meantime, Ambulance has determined to undertake a preliminary survey of staff and managers regarding their use and understanding of RWT in the workplace and knowledge of associated policies given the importance of this strategy. This will be undertaken during December 2009 and will be used to inform related strategies during 2010.

Data collection on grievance key indicators, enquiries made of GCOs, staff trained in RWT or equivalent and completion rates for the AMQ have already commenced and will continue during 2010. It is anticipated that this will provide useful baseline information against which future trends can be measured.

Ambulance will also be involved in the initiative being developed within the Health portfolio of a centralised Grievance Advisory Service which will inform the Sector more generally.

Actions	Responsibility	Time frame
<i>R5. No formal evaluation of HWS in operation until 2012; but preliminary survey of staff at end of 2009 to inform strategy development in 2010</i>	<i>Manager, HWS</i>	<i>June 2010</i>
<i>R6 Information collection during 2009/10 to provide baseline going forward.</i>	<i>Manager, HWS</i>	<i>June 2010</i>

Appendix A: Terms of Reference

Objectives and Scope

The objective of this engagement is to examine progress on the implementation of healthy workplace strategies designed to address the risk of bullying and harassment in the Service and the recommendations of external bodies in this area in 2008.

The scope of our work will cover:

- A comparison between the healthy workplace strategies, their objectives and coverage, the recommendations of the Department of Premier and Cabinet, the Parliamentary Review and the Garling Report, and the Government's response to these recommendations
- An assessment of progress reported on implementation of the strategies to the end of May 2009, and planned, against the timetables set by the Service and any deadlines set by the Department of Premier and Cabinet, the Parliamentary Review, the Garling Report, or by the Government in response to these recommendations
- An examination of the planning, management and resourcing arrangements for implementing the strategies
- An examination of the monitoring and evaluation processes planned to assess the inputs, outputs and outcomes of the strategies going forward, and the performance measures and baseline data available to support them.

Methodology

The methodology supporting our work in each of these areas will include:

1. Strategies versus Recommendations

- Collate and group recommendations from DPC Report, GPSCLC Report, Garling Report by subject area
- Document in a table and include any responses by the Service, by NSW Health or by the Government to signify they agree/do not agree; they will take action or not.
- Map the Service's strategies onto these recommendations
- Identify any gaps or partial coverage and check with Service's management for any other initiatives or responses that address those recommendations (include any responses to take no action)

2. Progress on Implementation of Strategies

- Examine timetables for implementation of all strategies and their components, including any reference to deadlines set in DPC Report, GPSCLC Report, Garling Report and in the Service's or the Government's response to these reports.
- Examine progress reported against these timetables.
- Test progress reported at end of May 2009 against information sources for key initiatives (viz. Respectful Workplace Training, policies and procedures, management responsibilities and performance measures, establishment of Grievance Contact Officers)

3. Planning, Management and Resourcing Arrangements

- Document planning, management and resourcing arrangements for the strategies including
 - i. project timelines and responsibilities, both centrally and in regions
 - ii. financial planning and management, including staff and overtime
 - iii. operational planning and management, including rosters for trainees and trainers, handling of staffing issues at local, regional and executive levels
- Test these arrangements in operation in 3 locations:
 - i. Headquarters
 - ii. Sydney region and 1 sector in Sydney – Western Sector, Parramatta and Auburn
 - iii. A Rural region and 1 sector in that region – North Coast and Coffs Harbour

4. Monitoring and Evaluation Arrangements

- Document current monitoring and progress reporting arrangements and the information sources that support them
- Examine the Service's plans for evaluating the strategies, and the information needed to support them, including pre-implementation baseline, "current state" data and "future state" expectations, and information on inputs, outputs and outcomes, to the extent feasible

Appendix B: Summary of Actions and Status - Nov 2009

The DPC Review of the Ambulance Service of NSW (June 2008)

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
11	<p>That the Ambulance Service review all policies and procedures on complaints handling, grievance handling, and bullying and harassment for consistency with updated NSW Health policies. Revised processes should, at a minimum, contain the following elements:</p> <p>a) A clearly articulated process wherein complaints about staff (whether from other staff or members of the public or allied health professionals) are properly assessed and handled, according to clearly defined procedures, by the right people. The role of the PSCU in handling only those matters where serious misconduct has been alleged should be spelled out clearly;</p> <p>b) An up to date Code of Conduct,</p>	Pilot and Rollout of Respectful Workplace Training (RWT) to all existing staff	May 2009	<p>Implemented</p> <p>The RWT was rolled out to existing staff and was completed in June 2009. About 96% of staff had attended the training sessions by June 2009 with the remainder to be picked up as part of induction and follow-on training.</p>
		Management to be trained as a priority	October 2008 – Ongoing	<p>Implemented</p> <p>Management were trained as a priority by participating in pilot RWT training in September – October 2008.</p>
		Management Representatives to open each session of RWT	October 2008 – Ongoing	<p>Implemented</p> <p>The RWT was facilitated by conflict management experts, Proactive Resolutions. A management representative (i.e. Assistant Divisional Manager) opened and introduced each RWT session to attendees.</p>
		From June 2008, provide all new staff with RWT of equivalent	June 2009 - Ongoing	<p>Implemented</p> <p>The RWT was incorporated into the induction training for corporate and operational employees from May 2009.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
	<p>defining and prohibiting bullying and harassment by Ambulance Service staff;</p> <p>c) A clear policy on the Ambulance Service position on the prevention and management of bullying and harassment;</p> <p>d) Amended position descriptions requiring all Ambulance Service staff to comply with the Code of Conduct and related policies;</p> <p>e) Mandatory training for all supervisory/management positions on the policy and related procedures; and</p> <p>f) Information sessions for all staff in the service about the Code, related policies and procedures and their rights and responsibilities.</p>	<p>Develop and implement a one page Grievance Resolution Flowchart and Raising Workplace Concerns Flowchart</p>	January 2009	<p>Implemented</p> <p>The Service's policy: <i>Promoting a Respectful Workplace – Raising Workplace Concerns (S.O.P.2009-011)</i> was issued in April 2009. The Service's policy: <i>Promoting a Respectful Workplace – Preventing and Managing Workplace Bullying.(S.O.P.2009-063)</i> followed in November 2009.</p> <p>The policies define bullying and harassment and provide an outline of the steps for staff to take if they want to complain or raise workplace concerns..</p> <p>The policy includes a one page Raising Workplace Concerns Flowchart and a one page Grievance Resolution Flowchart.</p> <p>In April – May 2009, each workplace and Manager was provided with poster sized copies of the flowcharts. It has been the Division / Station Manager's responsibility to roll out the flowcharts to staff.</p>
		Report issues arising from training to relevant managers to address in consultation with affected staff	December 2008 - Ongoing	<p>Implemented</p> <p>Proactive Resolutions provide the Service with a report for each training session that was scheduled. This report includes feedback and statistical information that was collated from participants prior to and following each session.</p> <p>Reports are reviewed by the Manager, HWS and recurring and critical feedback is communicated to the Senior Leadership Team and the relevant Divisional / Sector Manager.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
		Implement NSW Health Grievance Resolution Policy in conjunction with flowchart	January 2009	<p>Implemented</p> <p>The Service's policy: <i>Promoting a Respectful Workplace – Raising Workplace Concerns (S.O.P.2009-011)</i> was issued in April 2009. It refers to the NSW Health Grievance Resolution Policy</p>
		Articles in staff magazine Sirens	Ongoing	<p>Implemented</p> <p>In March 2009, an article was published in the staff magazine, Sirens to promote the Healthy Workplace Training (article titled – “What happens when staff don't act respectfully?”)</p>
		Establishing and implementing Grievance Contact Officers (GCO)	May 2009	<p>Implemented</p> <p>The GCO role was implemented in August 2009.</p> <p>Approval was obtained from the Chief Executive to seek Expression of Interests for the GCO role.</p> <p>The GCO positions were advertised across all Divisions and key areas. Interviews for the position were held in mid 2009 and 18 successfully applicants attended a two day training programme in August 2009.</p> <p><i>The Grievance Contact Officer Policy (SOP2009-052)</i> was published in August 2009. The policy includes the roles and responsibilities of the GCOs and how the GCO program will operate.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
		Develop and implement model Charter of Respect	March 2009	<p>Implemented</p> <p>Staff are required to comply with the NSW Health Code of Conduct which requires staff to treat all people in the workplace with dignity and respect and never to engage in or encourage bullying behaviour.</p> <p>The Charter of Respect, which is named “Our Values” was implemented and rolled out to the Service in August 2009.</p>
		Develop system to record grievances and internal complaints, including bullying and harassment, and monitor incidence in trends	April 2009	<p>Implemented</p> <p>Grievances requiring the assistance of a Manager will need to be reported using the Grievance Reporting Form.</p> <p>The Grievance Reporting Form should be completed by the relevant Manager once the matter has been finalized. Once completed, the form should be forwarded to the Manager, HWS.</p> <p>Grievances and internal complaints are also discussed at the Significant Allegations Assessment (SAA) Committee meetings each week. Divisional Managers are required to report on the number of cases that are being managed at Divisional and Station levels.</p>
		Implement Prevention and Management of Workplace Bullying Guidelines for NSW Health	March 2009	<p>Implemented</p> <p>The Service’s policy: <i>Promoting a Respectful Workplace – Preventing and Managing Workplace Bullying</i>. (S.O.P.2009-063 was published in November 2009</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
		Provide grievance handling training during Ambulance Management Qualification (AMQ)	April 2009 - Ongoing	<p>Implemented</p> <p>The AMQ program includes training on grievance management and continues to be rolled out to all front line managers and team leaders (i.e. Station Managers and District Managers).</p>
		Develop training DVD on Grievance Management	July 2009	<p>Work In Progress</p> <p>Work on developing a training DVD on grievance management for all managers commenced in July 2009.</p>
		Enhance local grievance handling capacity by expanding the internal mediation capacity	February 2009	<p>Implemented</p> <p>The Service has expanded the internal mediation capacity by encouraging staff to resolve minor issues at a local level:</p> <ul style="list-style-type: none"> • Staff are encouraged to speak directly to the other person involved. If staff are not able to resolve the concern with the other person, the concern should be discussed with the immediate manager. • Serious concerns about conduct or repeated concerns about an employee's conduct should be dealt with by a Senior Divisional / Corporate Manager • Only serious misconduct issues to be referred to the PSCU <p>Internal mediation capacity has also been expanded by introducing the Manager, HWS, the Special Projects Officer (Grievance and Mediation) and the Peer Support Team Coordinator, as well as the GCO positions.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
		Establish grievance handling KPIs	November 2008	<p>Implemented</p> <p>KPIs regarding grievance handling are outlined in the Raising Workplace Concerns- SOP.</p> <p>There is currently no process in place for monitoring incidence and trends and measuring compliance with these KPIs.</p>
		Amended position descriptions requiring all Ambulance Service staff to comply with the Code of Conduct and related policies	June 2009	<p>Work In Progress</p> <p>Position descriptions for all new positions established since June 2009 make reference to these policies and align with approved format and organisation structure. All other position descriptions are currently under review to ensure consistency.</p>
13	That, in order to continue to promote the welfare of staff, the Ambulance Service, by the end of 2008, evaluate its program of staff support services (including the list of available programs) and take action on the findings of the evaluation by mid-2009.	<p>Evaluate the Staff Support Services Program. This includes:</p> <ul style="list-style-type: none"> • Reviewing and reporting on the ASNSW's Staff Support Services • Providing recommendations to resolve issues and constraints raised in the report • Taking action on the recommendations by mid-2009 	Mid 2009	<p>Implemented</p> <p>The Staff Support Services program was evaluated and a report prepared in April 2009. This report included recommendations to resolve the issues and constraints raised during the review.</p> <p>In August, a new organisation structure for Staff Support Services was implemented under the management of Healthy Workplace Strategies. It brought together the new GCO role as well as the Chaplaincy and the Aboriginal Employment Coordinator. A new Peer Support Officer Coordinator position was established.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
15	<p>That, in order to ensure that Ambulance Service managers are well supported in undertaking their roles, the Service undertake:</p> <p>a) a review of all position descriptions for executive/management/supervisory positions to ensure that key accountabilities and management competencies are properly articulated against business requirements;</p> <p>b) an assessment of current management capabilities against revised position descriptions; and</p> <p>c) a training and development program to assist managers to deal with any issues raised in the assessment.</p>	Include accountability and performance measures regarding grievance handling for managers in relevant position descriptions and performance agreements	November 2008	Work In Progress A performance development program is in place for all management above Assistant Divisional Manager level. Position descriptions have been updated accordingly. The performance development program was rolled out to Station Managers and Team Leaders in 2008/09 and is expected to be introduced to all staff by the end of 2009/10.
		Assessment of management capabilities will occur over time as part of the Ambulance Management Qualification (AMQ) and in line with the content of position description	Ongoing	Implemented Completion of the AMQ program will expand management capabilities and allow for further capability development in the future as required.
		Provide grievance handling training during Ambulance Management Qualification	April 2009 – Ongoing	Implemented The AMQ Program includes training on grievance management and continues to be rolled out to all front line managers and team leaders - i.e. Station Managers and District Managers The AMQ content will be revised as new training needs are identified. This will allow additional issues raised to be dealt with.
		Create specific performance management guidelines which outline the responsibilities of each level of management to address performance issues for conduct and behaviour	April 2009	Implemented Performance Planning, Development and Review Program Policy and Procedure was implemented in September 2008.

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
16	<p>That, taking account of the previous recommendation, Ambulance Service design and implement a management development initiative targeting those people in operational roles who wish to move into management. This initiative should focus on:</p> <p>a) assessing the suitability of officers to move from operational roles into management positions; and</p> <p>b) for suitable candidates, providing training in a number of core areas: financial management; human resource management; conflict resolution; putting the Code of Conduct into practice.</p>	Include accountability and performance measures regarding grievance handling for managers in relevant position descriptions and performance agreements	November 2008	<p>Work In Progress</p> <p>Position descriptions for positions established since June 2008 align with approved format and organisation structure. All other position descriptions are currently under review to ensure consistency.</p>
		Provide grievance handling training during Ambulance Management Qualification	April 2009 - Ongoing	<p>Implemented</p> <p>The AMQ training and development program started in 2008 and was initially rolled out to 460 managers. These managers are expected to complete the course by early 2010.</p> <p>The AMQ program includes practical training on how to assist staff to resolve workplace conflict and management responsibilities.</p>
		Enhance local grievance handling capacity by expanding the internal mediation capacity	February 2009	<p>Implemented</p> <p>The Service has expanded the internal mediation capacity by encouraging staff to resolve minor issues at a local level. For example:</p> <ul style="list-style-type: none"> • Staff are encouraged to speak directly to the other person involved. If staff are not able to resolve the concern with the other person, the concern should be discussed with the immediate manager. • Serious concerns about conduct or repeated concerns about an employee's conduct should be dealt with by a Senior Divisional / Corporate Manager • Only serious misconduct issues should be referred to the PSCU

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
				Internal mediation capacity has also been expanded by introducing the Manager, HWS, the Special Projects Officer (Grievance and Mediation) and the Peer Support Team Coordinator..
		Develop training DVD on Grievance Management	July 2009	<p>Work In Progress</p> <p>Work on developing a training DVD on grievance management commenced in July 2009. This DVD is expected to be presented to all managers.</p>

The GPSCLC Report on the Management and Operations of the NSW Ambulance Service (October 2008)

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
5	That NSW Health amends its Grievance Resolution Policy to provide greater emphasis on the confidentiality provisions. The provisions should be updated to reflect that breaches of confidentiality are serious issues that are subject to remedial or disciplinary action.	The Department of Health will undertake a review to identify supporting procedures which ensure the policy is implemented correctly including in relation to confidentiality issues. This will be completed by August 2009.	The GPSCLC will review the progress in October 2009	<p>Partially Implemented</p> <p>The Service's policy: <i>Promoting a Respectful Workplace – Raising Workplace Concerns (S.O.P.2009-011)</i> was issued on 1 April 2009. The policy provides a broad outline of the steps for staff to raise workplace concerns such as complaints, conduct issues and staff grievances.</p> <p>This policy states that confidential advice and assistance is available for all staff from their immediate Manager or the Workforce Unit. Furthermore, it is the Manager's responsibility to treat all workplace grievances seriously, impartially and confidentially.</p> <p>The policy does not include specific reference to the consequences (i.e. remedial or disciplinary action) for breaches of confidentiality by Managers. The Service argues that these are already covered in other documents such as the Code of Conduct.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
6	That the NSW Government increase resources allocated to the Professional Standards and Conduct Unit and establish an independent process to appeal the Unit's decisions.	<p>The Government is already addressing the issues raised by the Inquiry in relation to the efficiency of the Professional Standards and Conduct Unit (PSCU). As the GPSC2 was advised during the course of the Inquiry and as noted in its report at 3.112 (p 35), the resources allocated to the PSCU were increased with a further two investigation staff to ensure that matters are dealt with quickly.</p> <p>The PSCU has now been re-focussed to deal with serious staff misconduct. The increase in resource support will ensure that the PSCU concentrates on and responds in a timely way to serious misconduct matters.</p> <p>The Ambulance Service's Workforce Unit now has responsibility for the management of issues arising from staff complaints and grievances, including grievances of bullying and harassment, and for dealing with bullying and harassment on a systemic or organisation wide basis. A Healthy Workplace Manager has been engaged to manage this.</p> <p>Confidential support and advice is available for all staff from the Workforce Unit, where there is concern about raising an issue locally. Further encouragement to raise and deal with workplace concerns will also be provided by the recruitment of local grievance contact officer who</p>	The GPSCLC will review the progress in October 2009	<p>Agreed Action Plan Implemented; not all recommendation agreed with.</p> <p>A broad outline of the steps staff should follow to raise workplace concerns such as complaints, conduct issues and staff grievances are noted in the Raising Concerns Workplace - SOP. The Raising Workplace Concerns Flowchart and the Grievance Resolution Flowchart also provide guidance on how to raise concerns and what action staff and managers will take</p> <p>The Service has expanded the internal mediation capacity by encouraging staff to resolve the majority of issues at a local level rather than referring minor issues directly to the PSCU. Only serious misconduct issues should be referred to the PSCU.</p> <p>The Government did not agree with the recommendation to establish an independent process to appeal the PSCU's decisions; it argues in its response that there are already independent review and</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
		<p>will play a key role in timely and efficient, and therefore fair, processes.</p> <p>The Government supports the principle that there is independence in relation to the management of complaints and disciplinary matters. To note, the PSCU has an investigative and advisory role only; however it is possible in some cases to appeal matters which have been dealt with by the PSCU via the Government and Related Employees Appeal Tribunal and the Industrial Relations Commission. These bodies can reverse or modify decisions of the Ambulance Service in respect to staff discipline and this process is independent of the Ambulance Service of NSW.</p> <p>NSW Health does provide an additional independent mechanism for review of individual decisions of the Ambulance Service in respect of staff grievances or other human resource matters.</p> <p>Where a complaint is made to the Department of Health that the conduct of a grievance or disciplinary matter by the Ambulance or any other Health Service is not consistent with NSW Health policy, the Department will review the action of the relevant Health Service to assess whether they are in accordance with policy. If they are not, the Department will direct that corrective action occur. This may include appointing an independent external expert to reconsider the matter.</p> <p>There are also a range of external bodies that possess appropriate powers and responsibilities to pursue matters falling within their respective jurisdictions.</p>		<p>appeal processes available; in NSW Health and in external bodies, such as the Government and Related Employees Appeal Tribunal on staff discipline matters and the ICAC for corruption cases.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
7	That, as part of its undertaking to clarify and simplify grievance procedures, the Ambulance Service of NSW should create and distribute one page, plain-English fact sheets on grievance management and disciplinary matters.	The Government is already addressing the issues in relation to this recommendation, with guides drafted and training underway. A standard operating procedure on "Raising Workplace Concerns" was issued on 1 April 2009 and contains simple one page guides. Training will be completed by June 2009.	The GPSCLC will review the progress in October 2009	<p>Implemented</p> <p>The Raising Workplace Concerns Flowchart and the Grievance Resolution Flowchart are one page fact sheets which provide guidance on how to raise concerns and what action staff and managers will take.</p> <p>In April-May 2009, each workplace and Manager was provided with poster sized copies of the Raising Workplace Concerns Flowchart and the Grievance Resolution Flowchart. It is the Division / Station Manager's responsibility to roll out the flowcharts to staff.</p>
8	That NSW Health provides contact officers within the Ambulance Service of NSW to provide impartial advice to staff on grievance and complaint policies and procedures. The contact officers should be available at all levels of the Service, of different genders, and from both rural and metropolitan areas. The role of these officers should be set out clearly for all staff within the Service.	<p>The Government is already addressing the issues in relation to this recommendation.</p> <p>A contact officer role is consistent with NSW Health policies and procedures. It is part of ensuring that employees have good access to the complaint and grievance process.</p> <p>Expressions of interest have recently been advertised for Ambulance Service contact officers to provide impartial advice to staff on grievance and complaint policies and procedures. Training of officers is scheduled for completion by July 2009.</p>	The GPSCLC will review the progress in October 2009	<p>Implemented</p> <p>GCO roles were implemented in August 2009.</p> <p>The GCO positions were advertised across all Divisions and key areas. Interviews for the position were conducted in mid 2009 with the 18 successful applicants attending a two day training program in August 2009.</p> <p>The GCO Policy was also approved by the Executive and implemented in August 2009.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
9	That NSW Health, as part of its review of Ambulance Service selection processes, establish clear guidelines for selection panel members which emphasise that selections must be based on merit. The guidelines should emphasise that conflicts of interest and corrupt conduct are breaches of NSW Health policy, and can lead to disciplinary action.	<p>The Government is already addressing the issues in relation to this recommendation with the Department of Health reviewing current policies on recruitment, selection and appointment for all staff. The review will include consideration of the processes for trainee paramedic selection and the resulting policy will reinforce standards for selection based on merit, and provide guidance on avoiding or managing conflicts of interest and corrupt conduct in all selection, recruitment and appointment actions across NSW Health. This review will be completed by June 2009.</p> <p>In the interim, guidelines are already in place and updated training on recruitment processes is regularly conducted by the Ambulance Service of NSW.</p> <p>The current NSW Health policy, Recruitment and Selection Policy and Business Process - NSW Health Service (PD2006_059) directs the application of selection on merit processes. This policy applies to the Ambulance Service of NSW and its appointment of all permanent positions, with a three person committee including an independent from outside the Ambulance Service of NSW, undertaking the interviews.</p> <p>NSW Health already has a Code of Conduct, which applies to the Ambulance Service of NSW. The NSW Health Code of Conduct reminds staff of their responsibilities in relation to reporting corruption, maladministration, public health issues and criminal matters.</p>	The GPSCLC will review the progress in October 2009	<p>Work in Progress</p> <p>The NSW Health has yet to issue revised guidance following its review of recruitment, selection and appointment of all staff.</p> <p>The Ambulance Service believes the current NSW Health policy adequately supports selection on merit.</p>

The Special Committee Enquiry into Acute Care Services in NSW Hospitals (the Garling Report)

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
42	In order to implement meaningful and long-lasting improvement to its workplace culture, NSW Health, as a key priority, embark immediately on a workplace culture improvement program based on "Just Culture" principles, that clearly identifies acceptable behaviours in the workplace and that is linked to NSW Health corporate values.	<p>Commissioner Garling noted that NSW Health had a "zero tolerance" policy about bullying in the workplace...a comprehensive suite of policies and guidelines designed to eliminate bullying from the workplace (page 22, 1.136).</p> <p>In 2004, legislation was amended to support improved protected disclosure safeguards for health professionals to ensure the protected identity of complainants with Area Health Services supporting implementation. As an example Campbelltown Hospital has undertaken significant work to engage clinicians in local decision making, ensure more transparent grievance processes and provide training in patient/client communication. NSW Health will build on this work as part of Caring Culture, a state-wide culture change and improvement program</p>	N/a	<p>Implemented</p> <p>Initiatives include the appointment of a Manager, Healthy Workplace Strategies in September 2008 to develop a coordinated response that included:</p> <ul style="list-style-type: none"> • Conflict Management experts, <i>Proactive Resolutions</i> facilitating and presenting the Respectful Workplace Training to ASNSW staff. The training focused on developing a culture which encouraged staff to behave respectfully toward others in the workplace. Participants also received training in the steps to follow in order to raise workplace concerns (i.e. complaints, conduct issues and staff grievances). • The Service's policy: <i>Promoting a Respectful Workplace – Raising Workplace Concerns (S.O.P.2009-011)</i> which includes the Grievance Management Flowchart and the Raising Concerns Flowchart were rolled out to the Service in April 2009. Each Workplace and all Managers were provided with poster-sized copies of the flowcharts. Managers were encouraged to display these posters in their office and in staff common areas. • The Service's policy: <i>Promoting a Respectful Workplace – Preventing and Managing Workplace Bullying.(S.O.P.2009-063)</i> was published in November 2009 and the Charter of Respect ("Our Values") was implemented in August 2009.

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
43	<p>NSW Health should:</p> <p>(a) engage external expertise to develop the "Just Culture" program;</p> <p>(b) ensure that all of its senior management personally champion "Just Culture" principles and regard the program as a key priority area for reform;</p> <p>(c) implement a comprehensive training program for all staff and managers in "Just Culture" principles, to be completed within 3 years;</p> <p>(d) introduce new procedures for the management of bullying complaints, characterised by fair and reasonable treatment of complainants and respondents, the introduction of timeframes within which complaints need to be resolved and reporting to senior management on the progress of conflict resolution processes;</p>	<p>NSW Health will embark on a culture change process that includes a comprehensive training program and support for staff with improved procedures for managing bullying and complaints and evaluation of success through staff and patient surveys. Audits will be conducted with reporting through the NSW Health Annual Report.</p> <p>Front line advisors in Area Health Services will be dedicated to complaints management with a state-wide grievance advisory service established</p>	N/a	<p>(a) Implemented</p> <p>The Service engaged conflict management experts, <i>Proactive Resolutions</i> to develop a Respectful Workplace culture. This included:</p> <ul style="list-style-type: none"> • Providing an overview of the ASNSW's current strategies for managing bullying, harassment and workplace conflict • Assessing the effectiveness of those strategies • Making recommendations for changes <p><i>Proactive Resolutions</i> were also responsible for facilitating and presenting the Respectful Workplace Training to ASNSW staff. The training sessions focused on developing a culture which encouraged staff to behave respectfully toward others in the workplace. Participants received training in the steps for staff to raise workplace concerns and how to identify policies in their workplace that are directly relevant to workplace issues.</p> <p>(b) Implemented</p> <p>Executive management were trained as a priority and participated in the pilot RWT sessions in September-October 2008. The training was subsequently rolled out to staff and was completed in June 2009. A management representative opened and introduced each RWT session to attendees.</p> <p>Each Workplace and all Managers were provided with poster sized copies of the Raising Workplace Concerns Flowchart and the Grievance Resolution Flowchart. They are responsible for introducing these flowcharts to staff and displaying posters in common areas.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
	<p>(e) review existing resources for the management of bullying complaints and implement steps to ensure sufficient numbers of staff are able to handle and resolve complaints in a timely manner</p> <p>(f) formulate protocols for, and mechanisms to protect, confidentiality during investigations of bullying complaints, clearly identifying where confidentiality will not be kept (e.g. if a person discloses self-harm or a criminal offence); and</p> <p>(g) establish a grievance advisory service to provide independent, objective advice to complainants and respondents in relation to bullying complaints.</p>			<p>(c) Implemented</p> <p>Respectful Workplace Training (RWT) was presented to all staff. Participants received training in the steps for staff to raise workplace concerns (i.e. complaints, conduct issues and staff grievances) and how to identify policies in the workplace that are relevant to workplace issues.</p> <p>Executive management were trained as a priority and participated in the pilot RWT sessions in September-October 2008. The training was subsequently rolled out to all staff.</p> <p>As at the end of June 2009, approximately 90% of staff have attended the training sessions. Information is being collated on staff that were unable to attend RWT during the state-wide rollout and alternative options are under consideration.</p> <hr/> <p>(d) Implemented</p> <p>The Service's policy: <i>Promoting a Respectful Workplace – Raising Workplace Concerns (S.O.P.2009-011)</i> was issued on 1 April 2009. The policy provides a broad outline of the steps for staff to raise workplace concerns such as complaints, conduct issues and staff grievances.</p> <p>A one page Raising Workplace Concerns Flowchart and a one page Grievance Resolution Flowchart were developed and rolled out to the Service. The flowcharts are one page fact sheets which provide guidance on how to raise concerns and what action staff and managers will take.</p> <p>The Service's policy: <i>Promoting a Respectful Workplace – Preventing and Managing Workplace Bullying.(S.O.P.2009-063)</i> was published in November 2009.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
				<p>(e) Implemented</p> <p>The Service has expanded the internal mediation capacity by providing clear processes for staff and management to resolve minor issues at a local level, with support from the Manager, HWS and the GCOs. Staff are encouraged to speak directly to the other person involved. If they are not able to resolve the concern, it should be discussed with the immediate manager.</p> <p>Serious concerns about conduct or repeated concerns about an employee's conduct should be dealt with by a Senior Divisional / Corporate Manager.</p>
				<p>(f) Partially implemented</p> <p>The Service's policy: <i>Promoting a Respectful Workplace – Raising Workplace Concerns (S.O.P.2009-011)</i> was issued on 1 April 2009.. It refers to confidential advice and assistance available for all staff from their immediate Manager or the Workforce Unit. It is the Manager's responsibility to treat all workplace grievances seriously, impartially and confidentially.</p> <p>The Service's policy: <i>Promoting a Respectful Workplace – Preventing and Managing Workplace Bullying.(S.O.P.2009-063)</i> was published in November 2009 The policy states that all complaints of bullying or harassment are required to be dealt with in a confidential manner.</p> <p>Neither of these policies include specific reference to circumstances where confidentiality will not be kept (i.e. for self-harm/criminal offenses).</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
				<p>g) Implemented</p> <p>The GCO positions were advertised across all Divisions and key areas. Interviews for the position were held in June-July 2009 and 18 have been appointed.</p> <p>GCO Guidelines and training for the GCOs were completed in August 2009.</p>
44	<p>In order to ensure the successful implementation of the "Just Culture" program, I recommend that NSW Health:</p> <p>(a) implement annual audits to monitor the performance of complaint management systems and compliance with agreed targets; and</p> <p>(b) measure its success in implementation by reporting on its progress in its annual report.</p>	<p>NSW Health will embark on a culture change process that includes a comprehensive training program and support for staff with improved procedures for managing bullying and complaints and evaluation of success through staff and patient surveys. Audits will be conducted with reporting through the NSW Health Annual Report.</p>	September 2009	<p>a) Work in Progress</p> <p>The PSCU is introducing a case management system to provide management information, including for audit purposes, information about case progress and outcomes. NSW Health has requested annual audits using such information to be reported annually starting in 2010 and PSCU is planning accordingly</p> <p>b) Work in Progress</p> <p>The PSCU provides a summary of complaints activity for the Ambulance Service's annual report each year. This will be extended with information from the new system above in 2010.</p>

Appendix C: Statement of Responsibility

Management's Responsibility

The management of the Ambulance Service of NSW is solely responsible for establishing and maintaining an effective system of internal control over its operations, staff management and grievance-handling processes, including, without limitation, systems designed to assure achievement of its control objectives, its compliance with applicable laws and regulations and its implementation of healthy workplace strategies.

Deloitte's Responsibility

Our responsibility is to provide advice and recommendations, based on our experience and knowledge of the subject matter. For the avoidance of doubt, the procedures performed in carrying out this project did not constitute an assurance engagement in accordance with Australian Standards for Assurance Engagements, nor did it represent any form of audit under Australian Standards. We have therefore not expressed any form of assurance opinion on the findings, and none should be inferred from any comments in the above report.

Inherent Limitations

Our Work is subject to the following limitations:

- Because of the inherent limitations of any internal control structure, it is possible that errors or irregularities may occur and not be detected. Our procedures were not designed to test the operation of management actions agreed or their effectiveness.
- The matters raised in this report are only those which came to our attention during the course of performing our procedures and are not necessarily a comprehensive statement of all the weaknesses that exist or improvements that might be made or management actions taken. We cannot, in practice, examine every activity and procedure, nor can we be a substitute for management's responsibility to maintain adequate controls over all levels of operations and their responsibility to prevent and detect irregularities, including fraud. Accordingly, management should not rely on our report to identify all weaknesses that may exist in the procedures under examination, or potential instances of non-compliance that may exist.

Limitations on use

This report is made solely to the Audit and Risk Committee of the Ambulance Service of NSW in accordance with our engagement letter dated September 2008. It is for the purpose of examining progress and coverage of the Service's Healthy Workplace Strategies. It should not be quoted in whole or in part without our prior written consent. We disclaim any assumption of responsibility for

any reliance on this report to any person other than the management of the Ambulance Service of NSW, or for any purpose other than that for which it was prepared.

We disclaim all liability to any other party for all costs, loss, damages, and liability that the other party might suffer or incur arising from or relating to or in any way connected with the contents of our report, the provision of our report to the other party, or the reliance on our report by the other party.

Independence, Competence, and Experience

All professional personnel involved in this engagement have met the independence requirements of the Australian professional accounting bodies. Our team has been drawn from our Risk Services – Business Process Improvement Practice and has the required competencies and experience for this engagement.

Ambulance Service of New South Wales

Our Values



**Ambulance Service
of New South Wales**

These are the professional and personal values and behaviours that we as employees of the Ambulance Service of New South Wales uphold

Professional standards of behaviour

Professionalism	
Professionalism is	Professionalism is not
<ul style="list-style-type: none"> > Taking pride in the Ambulance Service and your work > Dedication to the job – going the extra mile > Being a role model > Being honest and acting with integrity > Maintaining your skills and knowledge > Being conscientious and dependable 	<ul style="list-style-type: none"> > Acting contrary to the interests of the Ambulance Service > Abusing rank or entitlements > Behaving unethically, theft or dishonesty > Poor performance or shifting blame > Running the job down

Act responsibly and be accountable

Responsibility	
Responsibility is	Responsibility is not
<ul style="list-style-type: none"> > Doing your job to the best of your ability > Following policy and procedure and the Code of Conduct > Acting in the best interests of the Ambulance Service 	<ul style="list-style-type: none"> > Being careless or reckless > Breaking rules or breaching the Code of Conduct > Avoiding difficult tasks

Accountability	
Accountability is	Accountability is not
<ul style="list-style-type: none"> > Being answerable for your actions > Knowing the rules and the right way to do things > Stepping up in difficult circumstances 	<ul style="list-style-type: none"> > Being ignorant or apathetic > Taking short cuts > Ignoring the rules > Hiding or ignoring issues

Promote and encourage teamwork

Teamwork	
Teamwork is	Teamwork is not
<ul style="list-style-type: none"> > Sticking together and helping each other > Mentoring – sharing knowledge and skill > Being cooperative, reliable and supportive > Recognising the achievements of others 	<ul style="list-style-type: none"> > Claiming credit for another's work > Shirking work or leaving work for others to do > Excluding or isolating colleagues > Putting blame on others

Show care and respect

Respect	
Respect is	Respect is not
<ul style="list-style-type: none"> > Listening to others and acknowledging differences > Being sensitive to individual needs > Accepting decisions gracefully > Providing encouragement and feedback 	<ul style="list-style-type: none"> > Being rude or judgemental > Intimidation, bullying or aggression > Arguing about or questioning decisions > Running the Ambulance Service down

Care	
Care is	Care is not
<ul style="list-style-type: none"> > Showing compassion and understanding > Being courteous > Acknowledging the feelings of others > Supporting others – particularly in difficult situations 	<ul style="list-style-type: none"> > Ignoring the needs of others > Running your colleagues down > Playing favourites > Putting up barriers that prevent positive outcomes

MEDICATIONS MANAGEMENT REPORT

1. INTRODUCTION

There have been significant reforms in Ambulance over the last decade. Of particular note, is the establishment of clinical governance responsibilities and processes throughout the organisation and Ambulance's integration and obligations with NSW Health and its commitment and requirements to patient safety and clinical quality programs and initiatives.

The safe handling and administration of medications has emerged as a key area for attention in patient safety programs across all health services. Concurrently, there has been a paucity of quality evidence in pre-hospital care regarding pain management which has presented challenges to identify the most effective medications whose patient benefits outweigh the risks which inevitably accompany all medications to varying levels.

This report summarises the main drivers, actions, and future directions for Ambulance in relation to medications management in general and those that fall under the Schedule 8 (S8) category in particular.

2. BACKGROUND

The misuse of medicines may represent significant risks to patients in terms of clinical outcomes and problems to employers and employees through productivity losses. The Ambulance Service is committed to providing a safe workplace for all staff and ensuring that the public of NSW can rely on its quality of service. In pursuing these aims, activities related to medications management in Ambulance can be categorised under three main origins which in combination have resulted in the current position which will be described later in this report:

2.1 Pain management: an essential aspect of pre-hospital patient care which has seen several medications introduced over the last decade all of which carry some level or type of risk but in each case, these risks are considered to be outweighed by the benefits to patients. Pain medications include methoxyflourane; intranasal fentanyl; and morphine. Whilst studies within Ambulance have identified intranasal fentanyl as providing particular patient benefits in the pre-hospital environment, the same agent has since its introduction in 2005, proved problematic in terms of its presentation and packaging. This issue is described in more detail in a later section.

2.2 Incident reporting: due to the complexity of protocols, procedures, and pharmacology, health services place significant reliance on reporting of adverse incidents and clinical review. Ambulance's internal review processes have frequently identified issues associated with medications management which have been addressed through either systems improvements or supportive and corrective actions with individual clinicians. In the wider health system, medications management has been identified as a priority in reports by the Clinical Excellence Commission (CEC) and has comprised a key strand of enquiry in the CEC's 2008-09 Quality Systems Assessment.

2.3 Review recommendations: The General Purpose Committee No.2 Report 27 of October 2008 entitled "The Management and Operations of the Ambulance Service of NSW" recommended that:

"..the Ambulance Service of NSW review its procedures in relation to Schedule 8 drugs, to identify how to improve the supply, delivery and secure handling of these drugs"
(Recommendation 39)

3. PAIN MANAGEMENT

Ambulance services employ a range of pain management regimes. In Australia over recent years the most common interventions have included methoxyflourane, intranasal fentanyl, and morphine. In NSW, methoxyflourane underwent a substantial process of review in the context of OH&S which has seen its use limited to some extent due to concerns by administering clinicians in its application in confined spaces.

An additional challenge in NSW has been to provide patients in all areas with the best possible pain relief as standard procedure for base-level paramedics. In 2005, Ambulance introduced intranasal fentanyl (INF), a S8 medication available from a single provider in Australia. Paramedics (P1 level) were given authorisation for INF under protocol. In 2008 a further S8 medication, morphine, was authorised for P1 administration.

During 2009, the Ambulance Research Institute (ARI) undertook what is believed to be one of the largest retrospective studies of pain relief for pre-hospital care patients.

In a study of more than 42,000 adult patients the ARI has concluded that "Inhaled methoxyflurane, intranasal fentanyl and intravenous morphine are all effective analgesic agents in the out-of-hospital setting. Morphine and fentanyl are significantly more effective analgesic agents than methoxyflurane. Morphine appears more effective than intranasal fentanyl however the benefit of intravenous morphine may be offset to some degree by the ability for intranasal fentanyl to be given without the need for intravenous access."

And in a study of more than 3,000 paediatric patients (aged between 5 and 15 years), the ARI has concluded that "Intranasal fentanyl and intravenous morphine are equally effective analgesic agents in paediatric patients with moderate to severe acute pain in the out-of-hospital setting. Methoxyflurane was significantly less effective in comparison to both morphine and fentanyl, but is an effective analgesic in the majority of children."

In summary, the conclusions by the ARI support the use of S8 medications in the pre-hospital setting as the most effective options available the present time and pending further evidence regarding other agents.

4. INCIDENT REPORTING

Half-yearly IIMS reports by the CEC have confirmed that medications management is a significant issue throughout the health system. In four reports covering periods from January 2007 until December 2008, the CEC has noted ~40,000 (~10,000 each half-year) reports made in IIMS under the category of medications management. In its most recent report, medications management can be seen to be the second most frequently reported type of incident.

Since incident reporting commenced in 2004, Ambulance's internal reviews are summarised as follows:

- 1272 incidents have been subject to Clinical Review;
- 322 of the incidents reviewed have been related to medication.

- 165 of these incidents have been related to paramedic error or deliberate variation to practice which have been followed up with individual paramedics; and,
- System improvements made (at Appendix A)

Since the introduction of INF, Ambulance has been in frequent correspondence with the manufacturers regarding its packaging and presentation which on occasion have also involved the Therapeutic Goods Agency (TGA) and the Pharmaceutical Services Branch at NSW Health.

Concerns relating to packaging were prompted by reports that the blue cap could easily become loose prior to administration, thus casting doubt over the integrity of the medication. The presentation of 900mcg in 3mL frequently resulted in unused medication and thus presented risk in regards to safe disposal of unused INF.

Ambulance recognised the growing complexity and challenges in the safe management of medications and in 2008 appointed a full-time Pharmacist. This has been designed to provide expert advice to medical advisers and Ambulance managers on medication options and compliance with legislative requirements.

Between 2007 and late 2009, Ambulance investigated IIMS reports on the basis of potential manufacturing issues or tampering, with the latter becoming confirmed in two cases of individual paramedics during 2009 which are under Police investigations. Advice was received from expert panels in relation to these incidents. An internal panel advised that INF should not be removed from Ambulance clinical practice and an external independent panel advised that the risk of harm to patients was extremely low thus look-back was not necessary.

Ambulance then commissioned independent sampling of a group of INF vials that showed evidence of tampering and a group that were randomly taken from every ambulance station across the state.

Further action will be taken to strengthen oversight of medications management in the review of the Clinical Governance committees in Ambulance. A dedicated Medications Management Committee will be established with terms of reference that ensure there are direct links and accountabilities in the Operational divisions.

In late 2009, the INF manufacturer confirmed it was making significant changes to its packaging, which would include heat-sealed shrink-wrapping, and the presentation of the medication, which would be 600 mcg in 2mL. These changes will take effect from February 2010 and incur \$18,000 additional annual costs for Ambulance.

5. GPSC No.2 RECOMMENDATION

The recommendation from GPSC No. 2 was considered by the Medicines Security Working Group (MSWG). The Group is chaired by the Divisional Manager Sydney and comprises senior clinical and operational staff along with the Ambulance Service Pharmacist.

The Group considered a range of information, including the issues outlined above and current practices on ambulance stations. The Group developed a series of proposed actions and a revised Standard Operating Procedure.

The recommendations are summarised at Section 7 of this report and a copy of the action plan is at Appendix B.

6. CHANGES IN AMBULANCE PRACTICE

Actions implemented in Ambulance practice subsequent to the developments and ongoing work outlined in sections 3 to 5 above, can be summarised as follows:

- Clinical Safety Notice 22/09: Fentanyl 900mcg 3mL Vial Integrity of Packaging and Presentation advising how to check for and detect tampering;

- Clinical Safety Information 35/09 advising procedural checks to avoid error with "Look alike sound alike" drugs (CSI 35/09 August 2009).
- Clinical Safety Notice 15/09 recalled batch No 8995 as a matter of urgency.
- Secured agreement from manufacturer to supply INF in smaller 600mcg in 2mL tamper evident vials with delivery from February 2010.
- Clinical Safety Alert 11/09 recalling batch No 9624 following detection of *pseudomonas fluorescens* in one vial from the sample of 215.
- Reviewed and prepared DRAFT medicines SOP to ensure that management of Restricted and Non-Restricted medicines is strengthened and complies with the *NSW Poisons and Therapeutic Goods Regulation 2008*. The draft policy directive specifically sets out the handling, storage, disposal, record keeping and checking requirements for 'Restricted Medicines' and 'Non-Restricted Medicines'. This policy will be progressed to Executive Management for approval in early 2010.
- Operations introduced more frequent checking and inspection of all S8 medications.
- Established Medication Safety Steering Committee and Medication Safety Working Group as interim governance measures.

7. FUTURE ACTIONS TO BE UNDERTAKEN

A range of immediate and longer term actions are proposed to improve access, control and checking of restricted medicines to better align with the practicalities of ambulance practice and to strengthen clinical governance arrangements.

In the short term the existing Standard Operating Procedure should be update to include:

- Limiting authorisation to carry and administer restricted medicines to paramedics who are rostered to operational response duties (including on-call officers). Provision may be made for specific additional authorisation to be considered for other roles actively involved in direct patient care on a daily basis, for example for paramedics educators deployed to on road supervision;
- Clearer and stronger routine check requirements in line with recent practice improvements;
- A strengthening of existing security arrangements ,
- Introduction of new record keeping arrangements specific to Ambulance requirements (including replacing current drug registers designed for hospital use);
- Clear guidelines for the disposal of unused portions of medications and,
- Setting maximum and minimum stock levels for each area appropriate to expected usage;

A revised Standard Operating Procedure has been developed and is recommended for immediate introduction once appropriate management briefings have occurred. An information campaign should be mounted to remind all staff of requirements and responsibilities in handling all medicines, to coincide the release of the new SOP.

In the longer term, the program to update design guidelines for ambulance stations currently underway should be amended to include specifications for safe storage and access through personal electronic access cards for all new buildings and major renovations.

The Executive Board should also establish an ongoing system for review and updating of medicine management systems as part of existing Clinical Governance arrangements. This forum would replace the Restricted Medicines Working Group and be responsible, amongst other things, for clearly identify linkages with Operational divisions and accountabilities at all levels of the organisation.

Specific actions recommended by the Restricted Medicines Working Group along with individual responsibilities are set out in the attached Action Plan for endorsement.

IMPROVEMENTS AND ACTIONS RECOMMENDED FOLLOWING CLINICAL REVIEW

25/05/2007	Safety alert on the fact that fluids should be checked like any other drug and that restocking should not come from hospitals.	Complete
20/06/2007	Investigation of the uses of promethazine especially for Urticaria and 'other allergic reactions' as currently stated in pharmacology.	Complete
20/06/2007	Cross-checking of drugs to go to the protocol committee for implementation as formal skills.	Complete
20/06/2007	Drug dose calculator	Complete
20/06/2007	Midazolam for pain management protocol change	Complete
23/01/2008	Recommendation to remove indication for promethazine as being 'for urticaria and other reactions'	Complete
23/01/2008	Safety alert regarding the use of promethazine for anaphylaxis when adrenaline is indicated.	Complete
23/01/2008	Review of 12 month training requirement for intensive care paramedics to use Midazolam and Morphine for patient management.	Complete
26/03/2008	Amendment to protocol to reflect that for exceptional circumstances anginine half dose may be appropriate.	Complete
	Change in protocol to allow P1s to administer Midazolam IM to paediatrics.	Complete
9/04/2008	Protocol Committee to revise the procedure for fluid administration	Complete
May 2008	CSI 15/08 Warming of Fluids	Complete
July 2008	CSI 24/08 Fluid / Drug administration compliance	Complete
March 2009	Fentanyl Review of pharmacology	Complete

(RESTRICTED) MEDICATIONS SECURITY WORKING GROUP

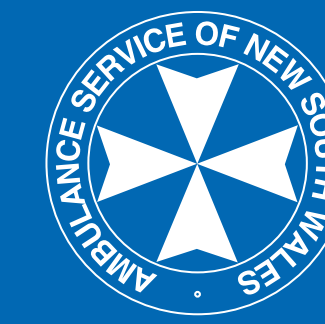
ACTION PLAN

No	Work Practice	Strategy	Owner	Timeline	Status
1	Authority	<p>Revise policy on restricted medicines to limit access authorisation to staff that provide daily front line services to the community; Daily front line services includes and is limited to those only on duty or on-call.</p> <ul style="list-style-type: none"> • Considerations <ul style="list-style-type: none"> ○ Range of restricted medicines to be covered. ○ Geographical/Isolated areas ○ Allow managers to undertake checks irrespective of clinical level. ○ Disposal pathways ○ Requisition form requirements for Inter Station restricted medicine movements. 	General Manager, Clinical Development	13 Jan 2010	
2	Authority	<p>Develop procedure to align authority to administer restricted medications with Certificate to Practice:</p> <p>Letter to all clinicians advising that of authority to administer restricted medicines is incorporated in Certificate to Practice. To incorporate consequences of non-compliance with the legislation and Ambulance policies..</p> <p>Align CTP SOP to authorisation to administer restricted medications</p>	<p>General Manager, Operations</p> <p>General Manager, Clinical Development</p>	<p>4 Feb 2010</p> <p>4 Feb 2010</p>	
3	Supply	<p>Reduce the number of personnel that have access to station restricted medicine stores by changing the code or key locations monthly.</p> <p>Develop governance regarding notification of changes.</p>	<p>General Manager, Operations</p> <p>General Managers, Operations</p>	<p>25 Jan 2010</p> <p>25 Jan 2010</p>	
4	Supply	Develop and implement a formula that can be applied to ensure local min/max levels are determined for storage, carrying (vehicle) and ordering of restricted medicines.	General Manager, Operations	13 Jan 2010	
5	Supply	Develop a process to ensure that restricted medicines obtained through contract manufacturing are regularly reviewed to ensure patient and staff safety and quality assurance.	General Manager Clinical Development	13 Jan 2010	

No	Work Practice	Strategy	Owner	Timeline	Status
6	Storage	Include standard requirements (include proximity cards) for electronic access safes for storage of restricted medicines in building guidelines for new ambulance stations and major refurbishments.	General Manager, Corporate Services	25 Jan 2010	
7	Storage	Explore opportunities for State wide storage of restricted medicines to ensure legislative compliance. <ul style="list-style-type: none"> Define what is included in the term "Restricted Medicines". Consider alternate options (Commercial Pharmacies, Hospitals etc) Consider legislative changes that may be required 	General Manager, Operations (can take advice from Pharmacist on bullet-points)	28 Feb 2010	
8	Disposal	Propose alternate disposal systems to EMB for restricted medications consistent with legislative requirements. <ul style="list-style-type: none"> Goal is to ensure disposal of remaining fluid in sharps containers Ascertain alternate suitable containers (containing absorbent). 	General Manager, Clinical Development	25 Jan 2010	Alternates reviewed
9	Usage	Make proposals to EMB regarding existing restricted medications register system to better fit with ambulance operational practice across all diverse areas. <ul style="list-style-type: none"> Determined that current hospital type register is unsuitable to best meet ASNSW Requirements. Bundy number included in sign off 	General Manager, Clinical Development	29 Jan 2010	
10	Communication	Make proposals to EMB regarding restricted medications training standards to ensure comprehensiveness and compliance to legislative requirements.	General Manager, Clinical Development	25 Jan 2010	Standards reviewed
11	Checking	Develop a tool to facilitate randomised checks to ensure Policy and Legislative compliance.	General Manager, Operations	25 Jan 2010	
12	Communication	Develop communication strategy utilising current channels to disseminate information on supply and management of restricted medicines, and importance of community and staff safety and wellbeing.	Director, Public Affairs	22 Jan 2010	
13	Communication	Develop a restricted medicines communication strategy for specific use for Frontline Managers and any other area responsible for the supply, management and legislative compliance issues.	Director, Public Affairs	22 Jan 2010	
14	Communication	Disseminate NSW Health Look Back Policy to all Executive Board Members for their dissemination to all managers.	General Manager, Clinical Development	22 Jan 2010	

No	Work Practice	Strategy	Owner	Timeline	Status
15	Communication	Develop procedure for reporting and managing drug discrepancies.	General Manager, Operations	22 Jan 2010	
16	Communication	Disseminate letter to all staff highlighting concerns to patient safety and staff welfare.	Director, Public Affairs	22 Jan 2010	

Raising Workplace Concerns Flowchart



**Ambulance Service
of New South Wales**

Respectful Workplace

This guide has been developed to assist you with raising workplace concerns

If you would like more information after familiarising yourself with the types of concerns and how they are handled please feel free to send your query to: concernshelp@ambulance.nsw.gov.au

4 types of workplace concerns

1. Consumer or patient complaints
2. Staff grievances about a work concern/problem
3. Clinical incidents involving patients
4. Conduct of a staff member

How are workplace concerns handled?

- > **Consumer or Patient Complaints** are discussed with the complainants and the staff and are usually resolved with an explanation or an apology from Ambulance. These are recorded on the Incident Information Management System (IIMS).
- > **Staff Grievances** are generally worked out between the staff who are directly involved. A manager or mediator can provide assistance if required. More serious/complex issues should be referred to a senior manager. The outcomes are recorded in the Workforce Unit.
- > **Clinical Incidents** are usually discussed locally or with clinical educators before being logged in IIMS. Incidents can also be logged anonymously in IIMS. The incident is managed according to the category of clinical issue.
- > **Conduct Issues** may be managed locally or in the division. If the allegation is very serious an investigation is carried out and disciplinary action may be taken. Misconduct matters are managed by the Professional Standards and Conduct Unit (PSCU).

It is important to remember that:

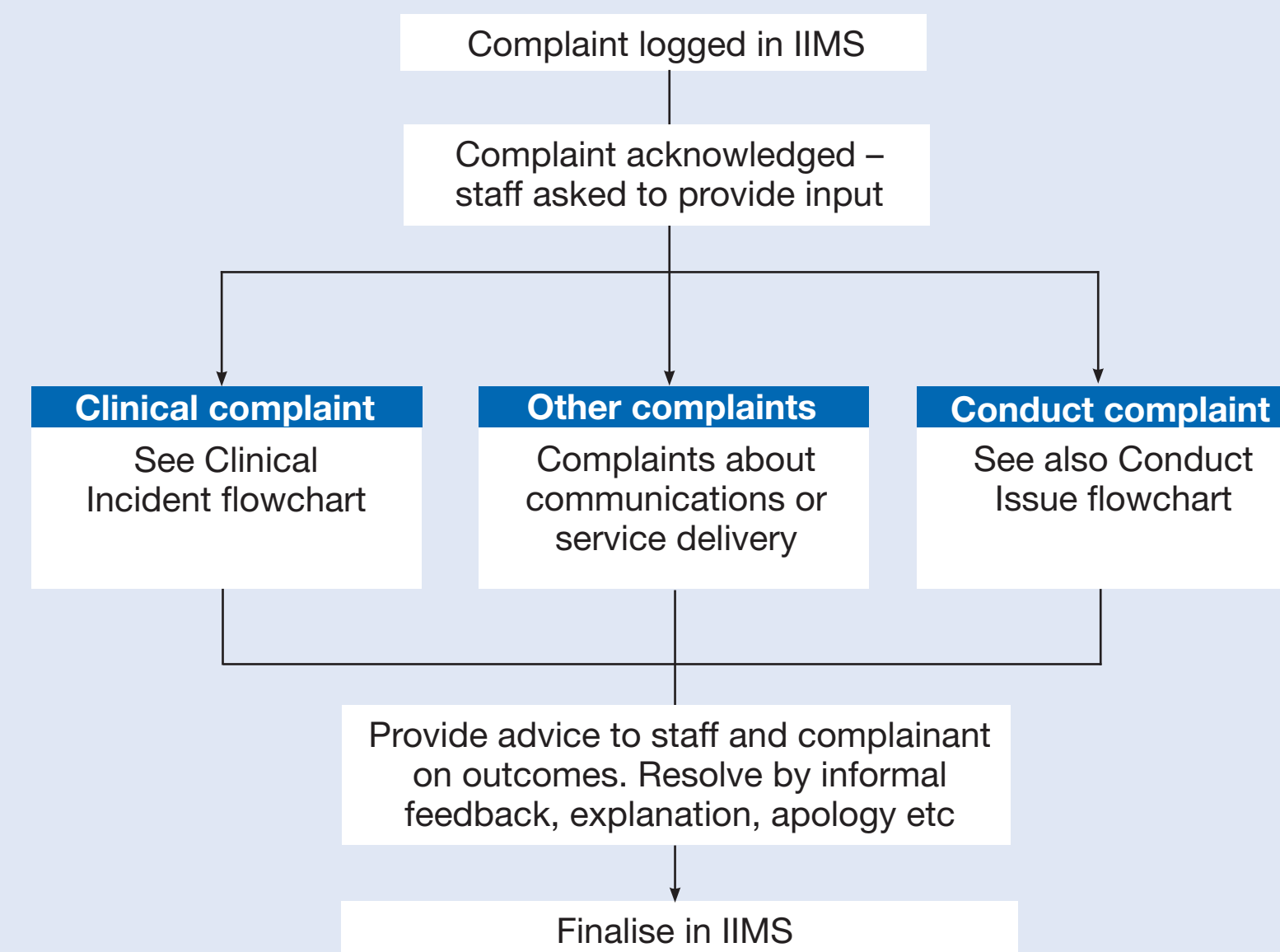
- > All workplace concerns must be treated confidentially and actioned promptly
- > It is important not to pre-judge or speculate about who is right or wrong
- > If you are acting on someone else's concern think about what support they may need
- > Follow through to make sure the concern has been heard and is being actioned
- > Complaints or concerns may be re-classified as we learn more about them

Further information

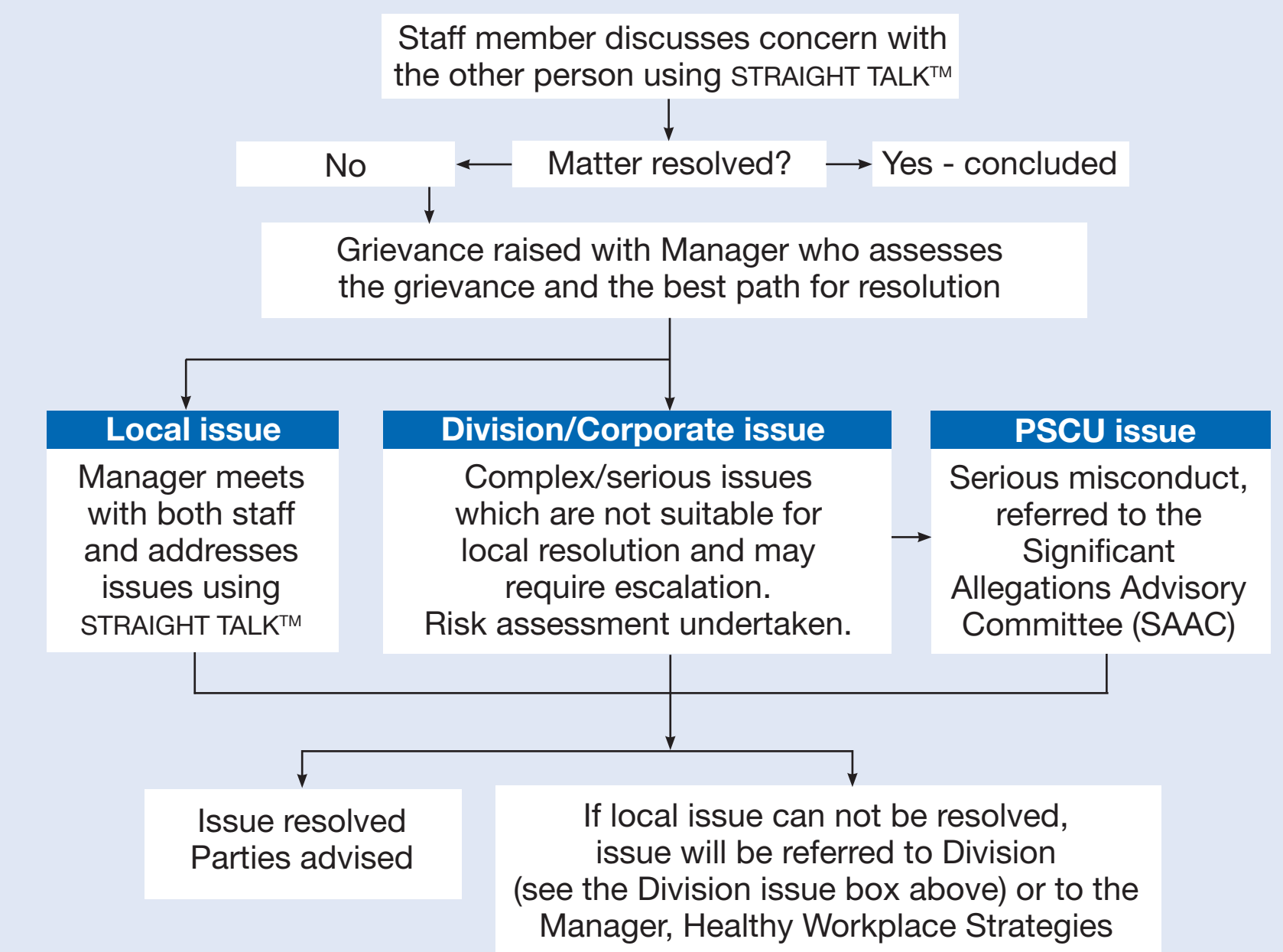
For confidential advice and information about dealing with workplace concerns email: concernshelp@ambulance.nsw.gov.au or contact:

- > The Operations Support Manager in your Division
- > Manager, Healthy Workplace Strategies: 9320 7648
- > IIMS Support: 9779 3818
- > Clinical incidents: 0428 238 423
- > Professional Standards and Conduct Unit: 9320 7785
- > Or find more information on the Ambulance intranet / SOPs

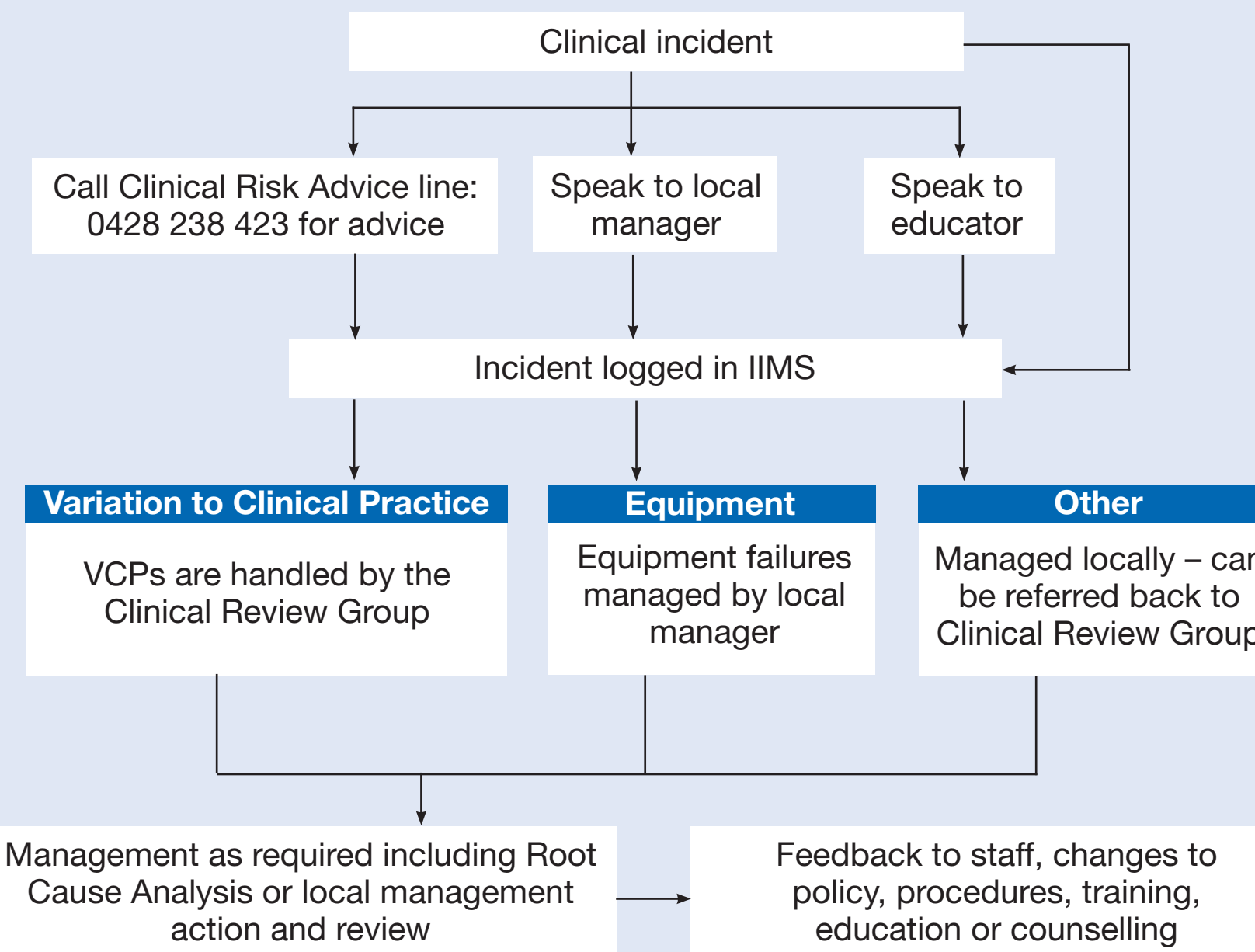
1. Consumer or Patient Complaints



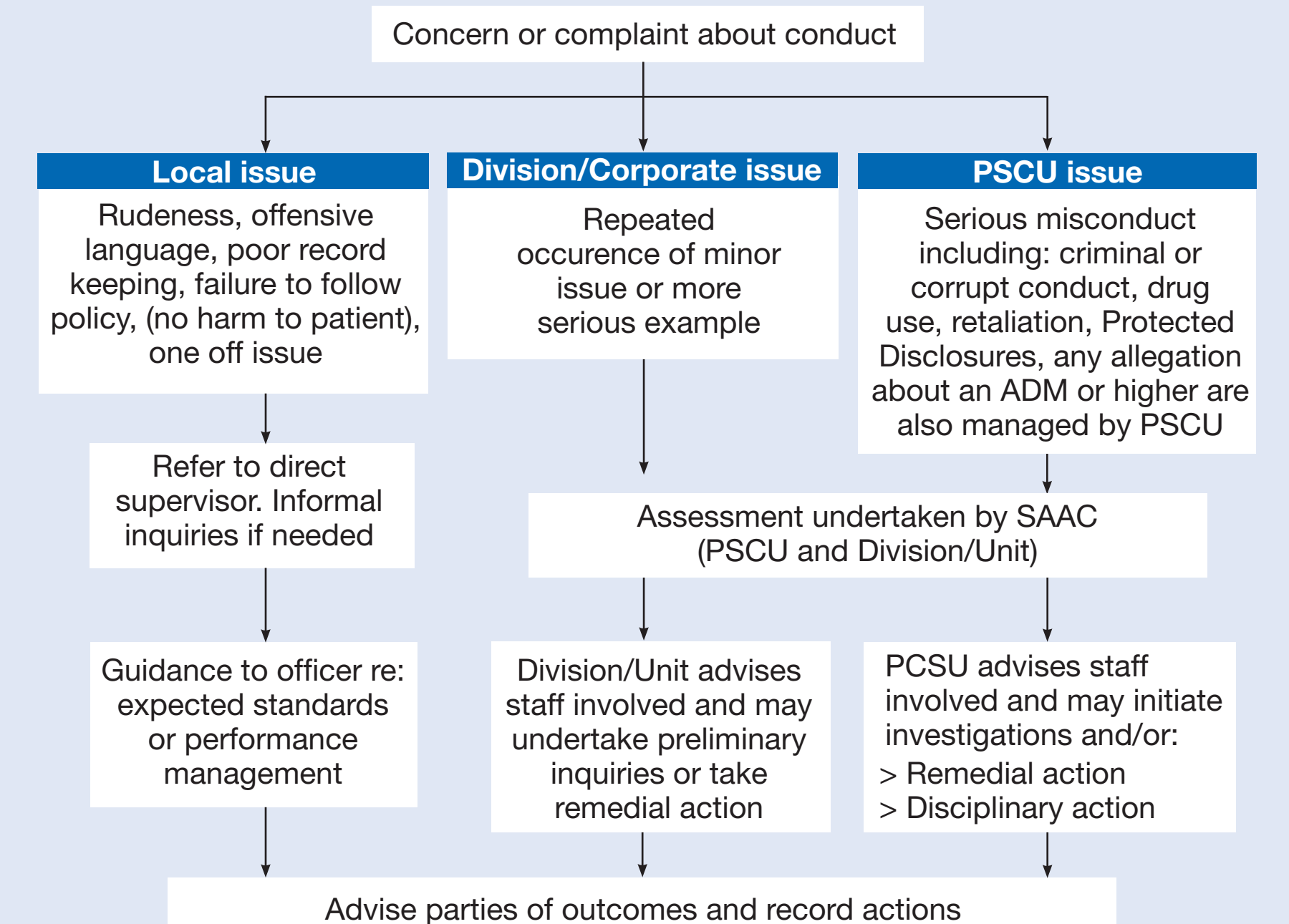
2. Staff Grievances *



3. Clinical Incidents



4. Conduct Issues



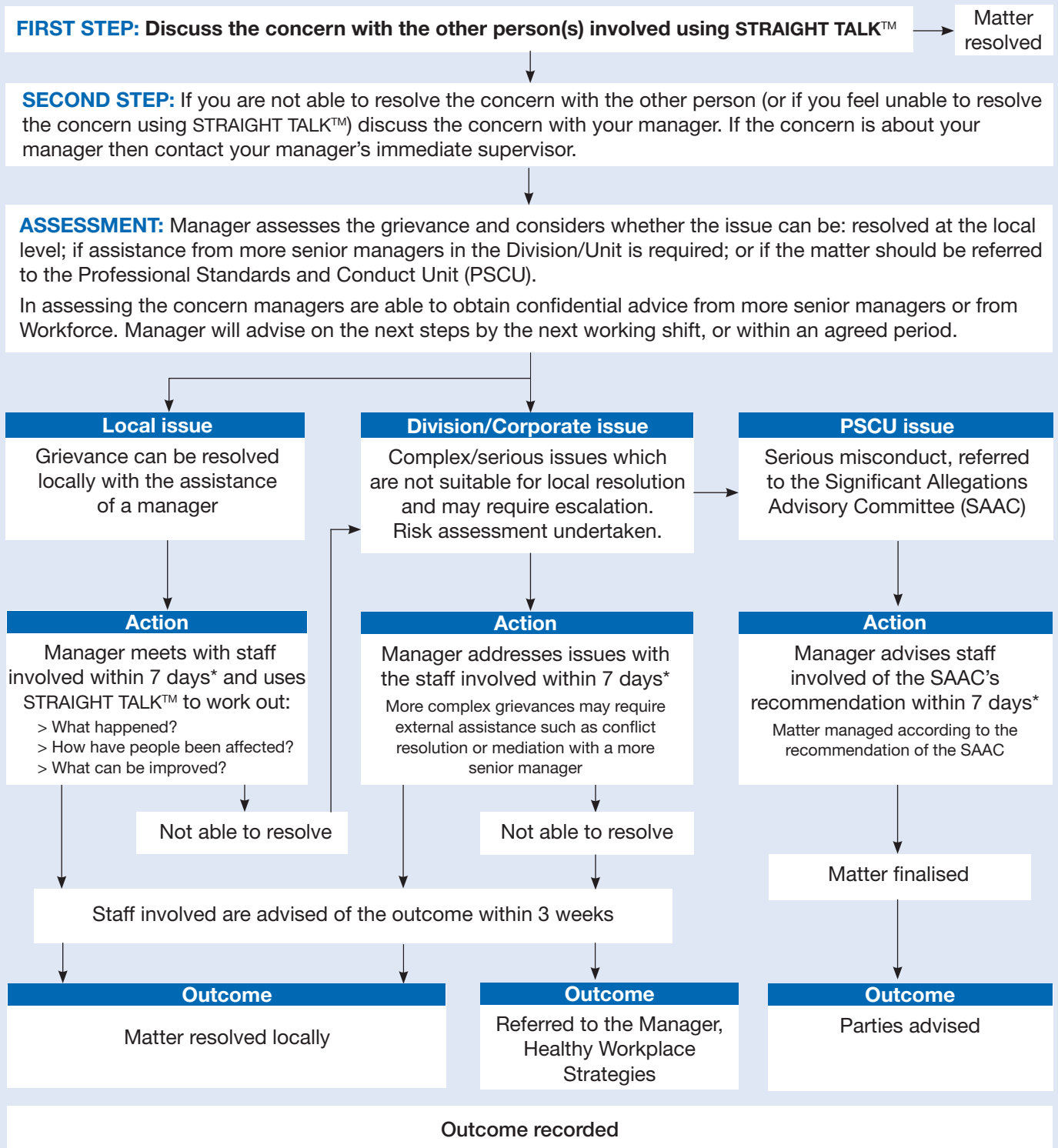
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* See full details on steps and process in the Grievance Resolution Flowchart



Grievance Resolution Flowchart

Respectful Workplace



* If the required action has not been achieved in 7 days due to rostering/staff availability, it should be completed at the earliest opportunity.

Grievances can be about a wide range of matters however many grievances involve some form of interpersonal workplace conflict which can be resolved using **STRAIGHT TALK™** approach. This flowchart summarises the steps in the grievance resolution process. Assessment outlines are found in the Grievance Resolution (Workplace): for the Department of Health and Public Health Organisations PD 2005_584, for further information refer to the Dept of Health website. For more information about **STRAIGHT TALK™** go to the Respectful Workplace pages on the Intranet. [™] denotes the trademark of ProActive Resolutions Inc, used under license by the Ambulance Service of New South Wales.