Submission
No 32

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

Name: Name suppressed

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Firstly I would like to thank the Committee and staff that were involved in this Inquiry that has led to the development of many first class recommendations. Obviously some recommendations will not have a direct impact on me as they are specific in their nature, but I was pleased that they covered a variety of issues. If the Government, the Department and Service are to respond to them adequately I can see the possibility of positive change for staff and the people of NSW. To be blunt I think there is room for more recommended improvements but I can say it is a terrific starting point.

After the Inquiry took place we had Senior Management moving appropriately and strategically to introduce programs through the Healthy Workplace Department with the addition of one day training with Straight Talk™. We found it interesting that the healthy workplace training (Straight Talk™) has been the only training the Service has rolled out with such conviction. We also had further movement with the adoption of new policies such as "Raising Workplace Concerns", "Workers Compensation and Injury Management Policy and Procedures" and "Preventing and Managing Workplace Bullying". There has been the introduction of AMQ (management) training and the implementation of Grievance Officers as a point of contact to assist with advising staff on raising workplace issues.

Despite the above implementations, I am embarrassed for Senior Management as they necessitated a Parliamentary Inquiry and the use of experts to assist them get their job done. In other words this Inquiry has forced the Senior Management to do what they are paid to do and should be committed to on a daily basis. However in their defence, I can understand that many healthy workplace initiatives require a substantial fiscal investment which Management may not have had the funding to introduce. I can understand that running this organisation at a standard the staff and NSW public deserve may require a substantial initial outlay. Nonetheless, do we really have to wait for an Inquiry, or in other situations await an Industrial Relations Commission ruling, or worse still a Coroner's Court to reach a finding.

To be frank, I was very disappointed with the Government's response to these recommendations with so many responses to recommendations being "The Government is already addressing the issues". One would think if the Government, the Department or the Service were effectively implementing recommendations we would have already noted a significant improvement by now which sadly is not the case. I get the feeling the Government, the Department and the Service would do anything possible to sweep these matters under the carpet. I will produce evidence to support my claim. To be specific I am particularly disappointed with a number of the Government's responses to the recommendations and they are as follows:

Recommendation 2

It is noted in the "Response to Recommendations" that the Director-General undertakes performance reviews of all Chief Executives. There would seem to be an issue here as there have been so many official inquiries, numerous bad reviews and reports, complaints from staff and even a possible link to suicides as a result of bad management practices within the Service. This raises the question as to why we are in the position we are if these performance reviews are being done well.

Obviously I am not privy to all the information concerning performance reviews but one should question the competency of the CEO and other senior managers for that matter. It would appear ironic that we have a very sick organisation attempting to look after the health matters of the people of NSW. As Murray states managers in the health sector have a

responsibility, not only to the staff but the public as well to create and maintain a workplace free from bullying and harassment.[1]

These issues have been going on for years in an escalating fashion and obviously performance reviews have been going on for years as well. If these matters are included in the performance reviews I ask the question why are we in this situation?

I do understand management have a particularly complex job in the public sector and in particular our labour intensive service. This type of system with reference to our organisation makes for a difficult situation for managers as they have little control of outgoings other than the (significant) cost of labour.[2]

So when you have a manager possibly seeking promotion or attempting to keep his/her current job on a performance contract with a bonus pay structure with little control over anything other than labour costs a problem arises. To increase productivity one must as a manager entice the staff to work harder. In much of the private sector an incentive scheme is used however in public sector management this is not normally available. Unfortunately the only means the manager has to increase productivity is usually by oppressive means.[3]

In my experience this oppressive behaviour usually leads to managers covertly breaking rules such as not passing on Award entitlements. For example, not complying with roster agreements, or staff being bullied by the way of threats and intimidation into doing things they are not required to do as part of their employment. This of course is not the only reason why bullying occurs and certainly does not give managers that are under pressure to deliver the right to undertake such destructive behaviour in the workplace.

Recommendation 11

It is suggested that "all Ambulance Paramedics are required to contribute to the on-road training component of trainee paramedics". This statement alone shows there are serious problems surrounding the training of Trainee Paramedics. It is obvious that not everyone is capable, interested or has the skills, knowledge and attitude to undertake this role. It really is a specialist role where Trainers should be appropriately utilised, have the necessary qualifications and be rewarded as such. When one takes on a Trainee Paramedic (if you do the job properly) a lot of extra time and effort is invested. It is also a large responsibility with increased stress to take on such a role.

A Trainee Paramedic initially spends time gaining knowledge at the training school in Rozelle. After that they are assigned to a station/s where they team up with a Paramedic for approximately ten weeks. From my experience in providing significant training to trainees one receives very little assistance from their team leader (station manager) or the Clinical Training Officer (CTO) - not through neglect but usually because they are too busy performing their own work.

As a particular example, I have not even received a thank you from the Service for training numerous Trainee Paramedics over the years so to say in the Inquiry's report that "the contribution of staff to supporting new officers is acknowledged" is farcical. When anyone takes on extra work or more responsibility in the workplace they should be rewarded.

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[1] J.S. Murray, Workplace Bullying in Nursing: A Problem That Can't Be Ignored. *MEDSURG Nursing,* (2009). 18(5) 275-276.

[2] M. Ironside and R. Seinfert, Tackling Bullying in the Workplace: the Collective Dimension (2003) 388.

[3] Ibid 388-389.

If the Service were to train Trainee Paramedics comprehensively there should be a significant fiscal outlay. Once again, Management takes advantage of experienced Officers' good will with no thanks. For example, I found that my trainer skills needed improvement so proactively and at my own expense attended a Cert IV course in training that to my knowledge the Service does not offer to on road staff in order that I might feel confident that I was doing "the right thing" by the numerous Trainee Paramedics that I encounter.

On another related matter, because the Service has no knowledge or database of what skills and education staff members possess (other than a select few) how are they able to determine who has the relevant qualifications such as Cert IV in Training and Assessment?

Recommendation 15

Personally I am all for a performance appraisal system. However, at the present moment with the current issues surrounding bullying and harassment a performance appraisal system is just another tool that could be used against staff. However on the other hand the Service may use a performance appraisal system against a Bully to abolish bad behaviour. This step is great in theory but Bullies have been and are still been protected by the Service making it impossible for them to be made accountable.

Recommendation 18

Recommendation 18 fails to address the need to increase staffing levels in line with demand. This is an excellent indicator that the Service has inadequate staffing levels. When staff in metropolitan areas regularly go without rest breaks and even lunch there is a serious problem.

Recommendation 30

I am not one hundred percent clear on this recommendation as I am unsure as to what existing leave provisions the Government is referring to. However, we should not be expected to use our FACS leave, sick leave etc to access time off after a traumatic event.

It was interesting to note that the NSW Police Force have provision to stand their employees down without loss to the employee as they have in our local area in the past. However we do not have the same conditions when we attend similar or the same incident/s.

Recommendation 34

The media campaign that was launched on 23 November 2009 appeared to be quite unsuccessful although I only managed to see the poster in our Hospital Emergency Department, one doctor's surgery and inside our Ambulance Station. Unfortunately I do not have any data to substantiate my claim however my Team Leader informs me that demand for services in our area has increased dramatically over the last few months.

Two years ago I completed an internship program at the local Hospital where I spent a lot of my time in the Emergency Department. It was interesting to hear responses from patients as to why they had called an ambulance or why they had not. Some patients had called an ambulance because they didn't have a car, or felt the Emergency Department was a one stop where they could obtain blood tests, x-rays etc whereas at the surgery they will give you

a request form and it is up to the patient to run around town. Other reasons for the attendance at Hospital is that it is free by ambulance whilst others thought they got better care from ambulance officers or got in to receive medical treatment quicker.

Interestingly, people did not call an ambulance when it was appropriate to do so because it cost too much money as they did not have private cover and others thought that their illness was not serious enough to call an ambulance when in fact they were unwaryingly gravely ill.

I am relieved to note that a formal study will commence at the end of this month regarding the reasons why people go to Hospital via ambulance and whether their needs could be better met elsewhere.

Recommendation 36

The response to this recommendation is absurd and simply driven by money. This issue has been going on for years where the Service has used every option to delay the process and avoid making a decision. It has gone backwards and forwards to Sector Management, Divisional Management and to State Management where each region blames or affirms that it is the others problem.

This is an example of one area where the Service falls down, there is little leadership. One would think that this problem would be handled by the CEO. But no, the Union has to continue to fight it out at each region and now the matter has gone to the Industrial Relations Commission.

The Service's risk management is appalling in many areas but is particularly bad when it comes to single officer deployments in the Outer Hunter. There has already been one incident where a paramedic has been assaulted and a risk study/assessment indicating alarming issues has been forwarded to the Service which they choose to ignore. I have to ask do we wait for another adverse event to occur and then react or worst still await the outcome of a coronial inquest before the right decision is made?

In many regional or rural areas patients have limited access to other health professionals where they have small hospitals, intermittent or limited coverage from doctors, long travelling distances to access other specialist services and difficulty recruiting and retaining appropriate and adequately trained medical staff. To be frank people in these smaller rural areas have inferior health cover compared to those in metropolitan areas or large rural centres.[4]

To assist working towards equity and equality in health care all that is required is the instalment of twelve qualified FTE paramedics at select stations in the Outer Hunter area to achieve optimum coverage. The stations in question are at Bulahdelah, Gloucester, Merriwa, Murrurundi and Stroud.

To suggest that other agencies or the use of the helicopter is adequate as back up on a case is an abomination. Neither of these options are practical as they could be unreliable, untimely, inferior, inefficient and inappropriate.

I have already mentioned issues surrounding the management of risk to paramedics but it would be ineffectual of me not to mention there is a substantial risk also to the patient. In a NSW health document Policy Directive PD2007_027, 6.4.4.10 the document states "When

[4] John Humphreys and John Wakerman, *Primary health care in rural and remote Australia: achieving equity of access and outcomes through national reform, A discussion paper* (2008) 3.

intravenous medication is to be administered by a registered nurse in the **hospital** setting, a second person should check the drug, dose, calculation, IV fluid and the patient's identity prior to administration". In 6.4.4.10 it also mentions "In situations where these staff members are not available, it may be acceptable for an enrolled nurse to carry out this checking function, provided that the hospital has established that the enrolled nurse is competent to do so."[5] Further to this Policy Directive PD2007_027, 6.4.4.11 suggests "When intravenous medication is administered by a registered nurse in the **community** setting, it is acknowledged that a second person may not be available, at the point of administration, to check the medication and its preparation immediately prior to administration.

Notwithstanding the above, a check at an earlier stage in the process should be achievable in most circumstances.

For example, in the case of a nurse obtaining the medication from the hospital or from the community health centre where he/she is based, a check of the medication and fluid selected and of the nurse's calculation may be made by a second person before leaving to visit the client. The person checking should be either a registered nurse, a medical practitioner or a pharmacist (other than as may be provided in 6.4.4.10). The person administering must re-check the medication against the medication order just prior to administration."[6]

So to briefly examine what is set out in Policy Directive PD2007_027, 6.4.4.10 and to draw a comparison with intravenous medication administration it is obvious that the Service in a single officer situation does not comply with this policy. We also need to remind ourselves that Registered Nurses (RNs) are more highly qualified than paramedics so in fact one would think that paramedics would be subject to greater scrutiny than an RN.

It is interesting to note in Policy Directive PD2007_027, 6.4.4.11 RNs in a community setting are required to check drug administration prior to getting on scene at a clients location with another RN, a medical practitioner or a pharmacist yet the Service is satisfied if a lone paramedic is to administer the drugs.

We also need to compare the type of cases a community RN would attend as opposed to that of a lone paramedic. A community RN is likely to attend a pre organised appointment where stress is usually minimal. In contrast the less trained paramedic would be attending an acute and more stressful situation. Barrett states that a stressed worker is more likely to make an error that results in an adverse result to themselves, or colleagues or members of the public.[7]

Then there is the added stress and the horror stories of not having support from a partner when working solo. Some of these matters have been noted on the IIMS system, but nothing happens and others have been submitted to the Union in the hope that action will be forthcoming.

These issues are too important to ignore and requires immediate attention as this is a multifaceted occupational health and safety issue.

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[5] Department of Health NSW, *Medication Handling in NSW Public Hospitals*, PD2007_077 (2007) 55-6.

[6] Ibid 56.

[7] B. Barrett, Stress, operational mistakes and the law, *Stress and Mistake Making in the Operational Workplace, IEE Colloquium on* (1995).

Recommendation 21

A positive step forward with regard to this recommendation was the development of the Standard Operating Policy – "Workers Compensation and Injury Management Policy and Procedures". It includes provision for staff to undertake Suitable Alternative Duties (SAD) at the injured employee's workplace and has included the option (where available) to attend light duties at another place of employment.

This all sounds good in theory and on paper but at our local level it is disastrous. Recently we have had a number of employees off due to work related injuries and on workers compensation. As soon as that employee is injured they are told there are no light duties (or SAD) as relayed from Sector Management.

Injured workers are treated abysmally by Management who fail regularly to meet their obligations and often bully employees into accepting their terms.

My Observations

Obviously the Inquiry's intentions are to make recommendations that improve the Service's position to deal with bullying and harassment. Unfortunately at the front line this has not occurred and in some cases at my Station certain staff members have complained of an increase in bullying as reprisal attacks start to occur.

As mentioned previously, on a positive note and a step in the right direction there has been the introduction of new policies that outline a framework for positive change in some areas. As Lowes mentions the first line of defence is the Policy Manual to combat bad behaviour in the workplace.[8] I have been hard on the CEO throughout my submission but I will give credit where credit is due – that is to say that he has made improvement in this area. However, the rest of the CEO's team has let him down severely as they have failed to implement these policies in our local area.

Admittedly I have witnessed gross incompetence by managers in the course of their duties or decision making processes in our Division. I have observed a systemised campaign against dissenters where the so called "dissenters" have done nothing wrong. Like the "seek and destroy" campaigns that Clemmer refers to where managers ask "who" is to blame rather than "what" is to blame.[9] I have also noticed the obsession with budgets that takes precedence over the welfare of staff and staff entitlements. I have witnessed the decline in productivity and the deterioration in the ability of certain paramedics at my station to deliver good patient care due to bullying and harassment. I have seen various coping mechanisms in play amongst our team - some of them destructive and others dramatically life changing in a negative context. It hurts me to see others dealt with so belligerently as soon as they have a problem, ask for help or request a second opinion on a matter.

The question I have always asked myself is why do certain managers bully and harass staff. A staff member at my station that is regularly bullied forwarded an article to me that rings true. Fast and Chen's study revealed those in positions of power (manager) are more likely to lash out if they feel a sense of personal incompetence. It is also noteworthy that

[8] Robert Lowes, 'Is your Office Manager a tyrant?' (2005) *Practice Management, Ophthalmology Times* 112.
[9] Jim Clemmer, *Blame Management for Poor Service* (2001) Management Articles <http://www.managerwise.com/article.phtml?id=263 at 14 January 2010.

subordinates tend to adopt an obsequious manner to counteract the tyrannical behaviour which has a synergistic effect by causing the manager to lose touch with reality.[10]

I have reported these matters to the hierarchy and it would appear there has been little success in reducing bullying and harassment at our station. We have had visits from the Manager of Healthy Workplace in an attempt to quell the problems but the perpetrators continue with their underhanded and devious work unabated. Our team leader is attempting to soak up the blows from superiors in an attempt to cushion the effects on staff, an admirable trait but unfortunately I see a time drawing near where he will no longer be able to continue due to the need for his own self preservation. Others in the workplace drift into a self protection mode and avoid all conflict despite witnessing horrendous bullying behaviour of their colleagues.

Conclusion

If I were to draw up a report card for the Service it would be as follows:

1. Introduction of new policy and procedures to combat bullying and harassment.

   Score: B-

   Comment: A good start, but needs to go further. A shame it has taken an inquiry for it to be implemented. Flow charts are very helpful.

2. Implementation of new policy and procedures to combat bullying and harassment.

   Score: F

   Comment: Implementation at a local area is non-existent. A comment from my Sector Manager after the policies had been out for close to a fortnight was "I haven't read them yet".

3. Introduction of new positions to combat bullying and harassment.

   Score: C

   Comment: New Peer Support Officers are yet to roll out.

4. Introduction of new management positions.

   Score: D

   Comment: A good idea but poorly implemented. The wrong type of people are being employed in these positions. Has increased bullying and harassment in our area.

[10] Nathanael J Fast and Serena Chen, 'When the Boss Feels Inadequate, Power, Incompetence, and Aggression' (2009) 20 (11) *Psychological Science* 1412.

5. Implementation of Healthy Workplace training.

   Score: D

   Comment: I found it quite rudimentary and not a solution for the task at hand. It obviously didn't work for our District Officer as his interpretation of straight talk™ was "I can say what I like without reprisal".

6. The Government's response to the recommendations.

   Score: D

   Comment: Most of it appears to be political spin - you get a sense of denial from the Government. This is very hard to take as it is a serious OH&S matter that requires addressing with real solutions and fast. As a result many of my colleagues have indicated they will never vote for a State Labor Government again.

Once again I thank the committee for the opportunity to express my viewpoint. Personally I look forward to leaving what I see as a backward organisation given I am currently in the hope of gaining employment elsewhere. My inevitable resignation will be directly attributable to the Service's bad management practices and a lack of an even basic understanding of how to keep employees feeling positive and confident in their employment. It is too late for me but I hope that practices change for new recruits and the colleagues I will leave behind.