Submission
No 55

THE MANAGEMENT AND OPERATIONS OF THE NSW AMBULANCE SERVICE

Organisation: Health Services Union

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Position: General Secretary

Date received: 25/06/2008

25 June 2008
MW:DR:A037981

The Hon Robyn Parker MLC
Committee Chair
Legislative Council
General Purpose Standing Committee No 2
Parliament House
Macquarie Street
SYDNE NSW 2000

By Hand Delivery to Ms Teresa Robinson, Senior Council Officer, Level 1. 139 Macquarie Street, Sydney

Dear The Hon Ms Parker MLC

Please find following a submission from the Health Services Union that hopefully will in some way assist the Committee in its deliberations and hearings.

Any further contact in the short-term should be directed to Mr Dennis Ravlich (telephone 9229 4923) or Mr Bob Morgan (telephone 9229 4924) from the HSU.

Yours sincerely

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YOUR HEALTH UNION

Submission from the HEALTH SERVICES UNION

to the

Legislative Council General Purpose Standing Committee No 2

Inquiry into the management and operations of the NSW Ambulance Service

25 June 2008

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Ambulance Station - outstanding capita works in North Coast NSW (completed by North Coast Ambulance Sub-Branch, HSU)

Attachment A
'Submission to the Independent Pricing and Regulatory Tribunal', Review of Financial Aspects of the Health Services Union, **Health Services Union**, June 2005

Attachment B
'Submission from the HSU: Inquiry into the Auditor-General's Report into the Ambulance Service of NSW (Public Accounts Committee)', **Health Services Union**, October 2003

OVERVIEW

The Health Services Union ('HSU') is an industrial organisation for employees representing approximately 38 000 workers in the public and private sectors of the health, aged care, and disability services sectors in NSW.

As part of this representation, the HSU represents all uniformed officers in the Ambulance Service of NSW (including senior uniformed positions), along with a number of 'non-uniformed' positions, including those involved in a wide range of support and managerial activities.

HSU membership density within the Ambulance Service of NSW ('the Service') is over 95%.

It should be noted that the Legislative Council *Inquiry into the Management and Operations of the NSW Ambulance Service* follows considerable and prolonged dissatisfaction and disputation by HSU members regarding the way that the Ambulance Service was and is being managed. This disquiet was readily demonstrated by a mass meeting of HSU ambulance members in Sydney on 1 September 2007, with members travelling from all over NSW to attend.

This submission is largely directed toward the (mis)management of the Ambulance Service. It does not seek to provide a comprehensive analysis of all matters affecting the Ambulance Service as many of these are well documented and identified in a procession of recent (yearly) reviews of the Ambulance Service. HSU members believe that the plethora of internal and external reviews is strongly suggestive of an organisation that either is poorly managed (and lacks direction) and/or one that the NSW Government is lacking in confidence about the Ambulance Service's capacity to effectively manage these important services.

The position of the HSU on many of these matters (if not all) has been articulated to previous reviews, including the current Department of Premier and Cabinet Review (report unreleased at the time of writing this submission); the Public Accounts Committee Inquiry 2003; and the IPART Review 2005. The HSU submissions provided to those these latter two processes are attached to this submission as remaining valid examples of the malaise afflicting the Ambulance Service. (As the submission to the Department of Premier and Cabinet Review was only made by the HSU in March 2008, this is not included as much of that material is consistent with the contents of this submission.)

Executive Summary

The HSU and its members would contend that existing growth in demand can reasonably be expected to escalate in the years ahead. A number of the contributors to current demand growth are those that will continue to have a disproportionate effect. These include the aging profile of the NSW community; the growing trend toward community based care; the continued difficulty in accessing a doctor and bulk billing; and a greater recognition of the care and assistance that can be provided by ambulance officers.

In 2002, the Ambulance Service adopted a number of performance measures, the most obvious being response times. The ORH report in 2002 recommended, which was subsequently adopted by the Ambulance Service, that 61% of all emergency work should have an ambulance arrive within 10 minutes. This threshold was to increase eventually to 65%. Unfortunately, the Ambulance Service has not achieved this target, and largely languishes at levels below 2002 standards.

Such failure is in large part due to the lack of staff and proper planning undertaken by the Ambulance Service. The inability and/or lack of appropriate resources to plan strategically and convincingly for the future has been identified by a number of reviews and the Industrial Relations Commission of NSW itself as a significant failing of the Ambulance Service.

Despite the NSW Government increasing resources to the Ambulance Service in both the Metropolitan Sydney and Rural NSW settings - especially over the last five years - such resources have unfortunately often been 'consumed' by the shortfalls currently in place and do not deliver the anticipated improvement in performance.

Planning is a tough but NECESSARY task but something that has proved beyond the Ambulance Service. The HSU and its members believe that modelling technology with the required level of sophistication is available and used by other states, most notably the Metropolitan Ambulance Services in Melbourne.

The HSU and its members believe that the Ambulance Service must adopt such sophisticated and rigorous techniques for modelling service delivery needs, underpinned by a subsequent reconsideration as to how it should structure and deliver its operational activities. An increased emphasis on the retrieval/transport arm of its activities is essential. Synergies can be obtained by removing the current dysfunctional interaction between the Ambulance Service and Area Health Services in regards to coordinating and undertaking patient transfers/transports.

Executive Summary - continued

For some ten years the problems confronting the Service's poor performance have often been deflected as being problems beyond its control. On the standards set by the CEO if an employee had demonstrated the same poor performance they would have been subject to investigation and/or charge.

As seen at a mass meeting of HSU members on 1 September 2007, it is time that same standard was applied to those responsible for the continuing malaise within the Service itself, and the manner it has (mis)managed its own affairs.

It is not good enough for the Service and Department to simply respond by adopting an approach and blinkered mindset to dwell on the symptoms (ie inability to provide and comply with existing meal conditions and the penalties that so accrue, reliance on overtime, inability to maintain minimumstaffing levels) in isolation rather than dealing with the cause of such problems, which are a manifestation of the lack of staffing and the Service's inability to manage and plan effectively.

The Health Services Union wishes to submit the following in regard to the Inquiry being undertaken.

INTRODUCTION

It should be noted at the outset that the HSU ambulance members hold the view that the NSW Government and the Ambulance Service have continually underestimated the frustration felt and concerns identified by its own workforce. In large part this was amply demonstrated in the open hostility and industrial disputation in the period of July/September 2007.

This culminated in a state-wide mass meeting of HSU ambulance members in Sydney on 1 September 2007. At that meeting, the following position was unanimously endorsed by some 500 people in attendance:

1. *This Mass Meeting has absolutely no confidence in the senior management of the Ambulance Service, and in particular the current Chief Executive Officer. The crisis in management is demonstrated on a daily basis in a variety of ways, as is the lack of regard it has for its own employees and the services they deliver to the community. Why is it that the 'most trusted profession' is so singularly insulted by this CEO?*

2. *Accordingly, this Mass Meeting calls on the NSW Government to agree to undertake an appropriate review of the senior management of the Ambulance Service, with particular attention to:*

    - *developing the most effective senior management structure and mechanism for the Service;*
    - *appropriate performance management framework and indicators with which the activities of the senior management structure can be monitored and measured;*
    - *the services that the community has a right to expect and performance targets for their delivery;*
    - *resources required to provide and maintain such targets; and*
    - *the planning capacity to develop and implement strategies for service delivery for the next five to ten years.*

The position of the HSU and its members were further clarified and demonstrated to the Minister for Health directly on 12 September 2007. At this meeting, workplace representatives cogently and passionately illustrated what the HSU subsequently described as follows:

"... the need for a specific and 'targeted' Inquiry into the Service was further demonstrated to you at a meeting held with some twenty workplace representatives undertaken on 12 September 2007. I believe that the sense of disillusionment and frustration felt as to how the Service was being managed was conveyed to you, with numerous specific examples provided."[1]

The Review subsequently announced by the NSW Government, to be undertaken by the Department of Premier and Cabinet, was not what HSU members had wanted or agitated for in relation to the topics to be traversed.

For the next month or so, the HSU participation in that Review remained at best a moot point and at worst openly opposed. Indeed frustrations again hit boiling point and on 3 December 2007, a further day of action was instituted by HSU ambulance members. The position of the HSU and its members at that time can be summarised as follows:

"A State-wide Ambulance Delegates Meeting openly expressed hostility toward the NSW Government and the Minister for Health, the Hon Reba Meagher MP, because they have refused to establish the forensic and focused review needed of the senior management of the Ambulance Service of NSW, as called for by the Mass Meeting of Ambulance Officers on 1 September 2007.

The review announced seems more preoccupied with reviewing Ambulance Officers and their conditions of work rather than the crisis in senior management that the Mass Meeting identified as being barriers to performance, along with the lack of respect they show to their own employees .....

Delegates were hopeful that any review would lead to the establishment of a management structure where the CEO is an Ambulance Officer - leading and representing Ambulance Officers from the front and not from behind a desk, not unlike other comparable uniformed services such as the Police and Fire Brigade .....

An example of the mismanagement that bedevils the Service is the planned media event about a new uniform for Ambulance Officers to be unveiled on Monday, 3 December at Darling Harbour. This new uniform has only taken the Ambulance Service some 15 years to develop and finally bring on line ..... which must be a record of some sort ....

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1 Correspondence to the Minister for Health from the HSU, 16 November 2007.

Yet as Delegates again noted, this form of pedestrian and non-responsiveness is the overwhelming characteristic of Ambulance Service senior management, whether it be a complete inability to achieve necessary staffing numbers or reduce the blockages and delays at Emergency Departments or meet and exceed its own performance targets for the benefit of the community ....."[2]

However, on 14 December 2007, and following a further State-wide Ambulance Delegates Meeting, the HSU ambulance members reluctantly determined to co-operate with the Review, albeit still expressing concerns of the necessity of the Review " ... *of examining some matters that the HSU and its members may more appropriately characterise as being symptoms - rather than the problem itself.*

Notwithstanding this, in part this decision to recommend engagement with the Review is a reflection and acceptance of your assurances to Delegates, for example, that the Review will very carefully examine the broad management and governance arrangements of the Ambulance Service. It also reflected acceptance of other assurances regarding confidentiality and that individual comments or feedback would not be attributed ...."[3]

The Review outcome is currently awaiting release.

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2 *Media Release*, HSU, 2 December 2007

3 Correspondence to the Deputy Director-General (Performance Review) Department of Premier and Cabinet, from the HSU, 14 December 2007

Legislative Council General Purpose Standing Committee No 2 Inquiry

Submission by the Health Services Union addressing the terms of reference in general

1. The (in)ability to plan

The Ambulance Service of NSW ('the Service') operates without it seems the appropriate systems or support in place to forecast changes in workload demands - whether this be in the short or long-term. This not only includes the increase in overall demand but also the profile of such demand, in both emergency and non-emergency workload. Surely it is best practice to not only quantify demand but also to be able to identify (or predict) where such demand will arise and what profile of cases can be expected to occur. Such information would be vital to allow evidence based or informed decision making regarding the allocation of resources ie staffing numbers, clinical mix of ambulance officers; relief requirements; training requirements; and the necessary infrastructure, including stations, vehicles and equipment.

(a) Growth in demand

All indicators have established a clear and persistent growth in the demand on ambulance services. For example, the data provided within the Ambulance Service Paper ('Service Paper') to the IPART Review indicates that incidents were up by an average of 11% over the last three years, and that over the same period responses increased by an average of 14%[4]. However, it should be noted that emergency work rose by 16% over the same three year period (an average of 5.4% pa), with non-emergency work rising by 9.7% during the same period (an average of 3.2% pa)[5]. There is little to doubt that such growth will not only continue but also increase at possibly accelerated levels.

For example, the Service Paper notes that:

"The Ambulance Service predicts that strong growth in ambulance usage is likely to continue at a level greater than expected from population increases and ageing factors alone. The community will use ambulances for a wider range of emergency "pre-hospital" treatments and the health system will make greater use of ambulance to move patients to and from highly specialised services as these services are developed in larger hospitals."[6]

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4 See Table 1 and Table 2, *Service Paper*, IPART Review, pages 7 & 8.

5 See Table 2, *Service Paper*, page 8.

6 *Service Paper*, page 4.

Other drivers of demand also includes social factors (less family supports and more single households); accessibility of alternative services (ie out of hours assistance, difficulties associated with rural and remote locations); lack of access to doctors who bulk bill; an increase in managing chronic conditions within a residential setting and away from a 'bricks and mortar' approach; and continuing trends that increases the emphasis on community reliant provision of care[7].

These views are also reflected in the IPART Issues Paper and the Final Report of IPART, in that key drivers include the increase in population; the aging of the population (which has and will continue to see a dramatic change in the age demographics); changes in the hospital system; and the unavailability of after-hours service from GPs and other care providers[8].

Another component that certainly the HSU and its members would concur with is the recognition that demand in part is recognition by the community and health profession of *"the rising level of medical competencies among ambulance officers related to training and improved equipment."*[9]

This is a point seemingly also accepted by the NSW Department of Health and the NSW Government[10].

The HSU and its members note that in determining future trends, such factors that contribute to demand could be expected to impact differentially throughout NSW and that some of these factors will also potentially lead to an exponential growth in such demand. For example, whilst the increase in population will always impact on demand, the aging of the population and how society as a whole meets that challenge will have a significant impact on demand for ambulance services. Current road transports (rather than responses) undertaken by the Service for those aged 61 years and over already account for something like 51% of all such transports. [11]

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7 *Service Paper*, page 9.

8 *IPART Issues Paper*, page 16, and *Final Report of IPART*, November 2005, page 8-9.

9 *IPART Issues Paper*, page 15.

10 See for example, *"Ambulance officers replacing GPs after hours"*, *Sydney Morning Herald*, Friday, 24 September 2004, page 5. This article advanced the premise that *"ambulance officers are increasingly being used as a de facto after hours doctor service that is cost-free to patients"*. The article indicates support for this proposition by the current Minister for Health, the Hon Morris Iemma MP, in that *"as after hours access to GPs disappeared, some people were turning to ambulance officers, who were trained clinicians ..."*

11 See for example, Table 3, *Service Paper*, page 8.

On that basis, and with the undoubted increase in the age profile of the population, it is difficult to anticipate anything other than a significant increase in the number of transports that will be required in the short-to-medium term. It could also be reasonably anticipated that this will also give rise to an increase in the community of those persons with varying degrees of chronic conditions with changing degrees of acuity and onset of conditions/symptoms. It is also difficult to imagine as to why ambulance officers will not continue to play an increased role in the community in assisting the management of such conditions.

It is also important to note the existing differential trends within the current increase in demand for such services. For example, such data would already indicate that averaging the increase in demand that has occurred in Rural NSW may understate the significant increase that has occurred in emergency responses as part of an averaged figure, as compared with say Metropolitan Sydney which was the reverse situation[12].

Accordingly, growth in demand is not only well established but can also clearly be expected to increase. It can also be expected that the growth in reports and commentary regarding poor staffing levels; unsatisfactory response performance; excessive overtime; and poor delivery of services to patients will also increase.

(b) How has the Ambulance Service responded?

(i) Ad hoc approach

The HSU and its members have a long history when it comes to raising concerns over the failure of the Service to manage the changing workload trends and the many associated problems that have occurred as a result of its inability to properly analyse and forecast for these changes. It is important to recognise this history so that a clear picture of the long term failure of the Service to plan, manage and achieve the adequate funding required for these operational needs can be seen - it is this long term failure that has led to much of the frustration of the HSU and its members.

The approach by the Service to planning has essentially (and traditionally) been ad hoc and sporadic. Recent reviews that have been instigated have generally followed either HSU representation to the NSW Government or outcomes 'falling' from the Industrial Relations Commission of NSW ('the Commission') or following a negative report by a government agency, such as the Auditor-General.

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12 See for example, Table 4, *Service Paper*, page 10.

This view was accepted by IPART, when the Service conceded it "*....has not published demand projections or future service plans and that past enhancements to the Service have largely come in response to existing demand pressures rather than forecast future needs.*"[13]

In the absence of previous planning and projections being undertaken and provided, and the serious reservations that the HSU and its members hold in relation to the planning capacities of the Service, the Service at the time of the IPART Review promoted a view that that additional resources should be premised on projected annual growth in overall demand of 4% over the next five years[14]. This would appear to be premised on a growth target determined at the 'mid-point' between the average annual increase in incidents (3.5%) and responses (4.7%) over the last three years[15].

However, the Service also conceded at that time that any funding made available would also need to accommodate and adequately address outstanding needs "*... in the areas of clinical equipment, information technology and building maintenance and replacement. In addition, service expansion in vehicles and staff in both metropolitan and rural areas has led to many current building facilities being over-stretched.*"[16]

(ii) A missing planning capacity

This repeated and consistent identification of a missing planning capacity is a continuing malaise that has long 'held' the Service back. The HSU on behalf of its members made the following submissions to the Public Accounts Committee of the NSW Parliament in October 2003, which not only provides a glimpse of the frustration felt by HSU members then, but also the legacy of this lingering malaise still felt within the Service from its inactions commencing in the 1990s:

The Report correctly identifies that a number of bi-partisan reviews were undertaken between the Service and the HSU during the decade of the 1990s to 2000. These were important initiatives and clearly reflected an unambiguous view held by the HSU and its members that staffing levels were not adequate in largely three ways.

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13 *Service Paper*, page 12.
14 *Service Paper*, page 13.
15 *Service Paper*, pages 7-8.
16 *Service Paper*, page 25.

Firstly, the Service for various reasons had systematically been unable to maintain the substantive number of Officers it had been funded for; secondly the number of EFT positions funded for - even if all such positions were filled - would be inadequate to underpin the rosters that were currently in place throughout NSW. Lastly, the relief factor in place was woefully inadequate.

Despite all these bi-partisan reviews clearly identifying significant shortfalls in required staffing levels - even in Metropolitan Sydney where a 'faulty' lower relief figure had been factored into calculations in error - these were not, for whatever reason, effective in achieving the additional staff required or even better maintaining and filling the existing EFT positions available to the Service.

Indeed whereas the review of Rural staffing levels identified that some 240 additional EFT positions were optimally required, only 108 additional positions were achieved. It is little wonder that exceptionally difficult decisions were involved in determining the optimal location of less than half the number of positions identified as being required for Rural NSW.

The Report notes that these additional resources focussed - in part - on lessening the reliance on single officer responses and those Ambulance Stations with a high incidence of overtime. This submission would note that the first factor is an entirely appropriate goal.

However, the Report does not seem to overtly recognise that the levels of overtime in Rural NSW are often the manifestation of inadequate staff deployment to community demand, often resulting in an unacceptable reliance on Officers responding to calls when off duty but 'on-call', or even less desirable and indeed outside the award framework, when Officers are on days off completely. The lack of consultation with the HSU has not allowed the Report to adequately reflect this unsatisfactory reliance on non-rostered work.

The obvious, and unfortunate, consequence that has never been fully understood by the HSU and its members as to why, the Service and its management at that time allowed itself to drift - by design or accident - towards a reliance on overtime to fill such levels. This was at the expense of diverting its attention to a much more rigorous workforce planning regime to ensure optimal recruitment and training that at least improved the likelihood of substantively employed Officers underpinning required staffing levels rather than an increasing reliance on a decreasing number of off duty Officers willing to undertake overtime shifts.

Without MOLs or ARLs being in place, which at least sought to establish a safety net that should not be breached, the delivery of services to the public by the Service would have collapsed. The mismanagement of this issue by the Service over the previous decade will remain the most powerful and pervasive influence on the Service's ability (or indeed inability) to train Officers and enhance clinical levels to the degree required for the foreseeable future."[17]

Much of this remains as valid today as it did some five years ago .....

(iii) So far behind in staffing numbers ....

How far behind the Service was is amply verified by a bi-partisan audit undertaken by the Service and HREA (the predecessor of the HSU) in 2001, which became known as the Marks-Wray Report[18]. This audit was completed on 3 May 2001, and undertook an operational audit of staffing and relief. The completed Report, subsequently made available to the Commission during dispute proceedings (IRC 5448 of 2000), identified that the Service - through vacancies and an inadequate relief factor - was 300 plus ambulance officers short to fully staff existing roster lines.

When this Report was made available to the Commission, and the clear and unambiguous view it portrayed of the appalling crisis in staffing levels, the Service's only response was to seek the reduction of previously agreed or recommended minimum staffing levels required for the community and provision of services.

At the conclusion of those proceedings, the Commission would not countenance such a move, and recommendations were reiterated that " ... *minimum officer levels in metropolitan Sydney agreed before me in November last year and the agreed roster levels for rural NSW will continue to apply."*[19]

Such an approach by the Service was not only counterproductive, it seemingly was at complete odds with all given facts and data held at the time. It also unfortunately appeared to exhibit - rightly or wrongly - a lesser regard to patient outcomes than overtime expended or balancing the budget. This action led to a palpable and significant erosion in the standing of senior management of the Service held by members of the HSU[20].

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17 *Inquiry into the Auditor-General's Report into the Ambulance Service of NSW 2001*, Submission from the Health Services Union to the Public Accounts Committee, *Health Services Union*, October 2003, pages 4-5.

18 *Marks-Wray Report*, 3 May 2001.

19 *HSU Submission to the Public Accounts Committee*, October 2003, pp 7-8

20 Ibid, pp8.

The inevitable consequence of the Service's tardy approach has been that operational Ambulance Officers (often via the HSU) have had to drive the debate in an effort to ensure provision of a satisfactory service to the community.

(iv) The current situation

In current proceedings before a Full Bench of the Industrial Relations Commission of NSW, the Service and Department of Health have attested and placed on the public record that the increase in full time equivalent ('FTE') positions in the period 1995/96 to 2006/07. This increase is identified as being equivalent to a 44.5% increase in FTE positions.

Whilst at face value that appears an impressive increase, the HSU in these same proceedings have identified that considerable care is required with such superficial analysis of staffing number.

For example, the data for that ten year period identifies that from the year 1999/00 to 2001/02 no increase in FTE positions occurred at all (ie 2,585 FTE in 1999/00 to 2,587 FTE in 2001/02). Subsequently from 2001/02 to 2006/07, there was a recorded increase of 562 FTE positions. At face value that may seem impressive. However, coming off a base of no increase in the previous two financial years, the 'real' situation of the staffing in the Service was parlous.

This is even more so as the previously mentioned Marks-Wray Report has already identified a significant existing shortfall in numbers. As previously indicated, The completed Report, subsequently made available to the Commission during dispute proceedings (IRC 5448 of 2000 [before His Honour Justice Boland]), identified that the Service - through vacancies and an inadequate relief factor - was 300 + officers short to fully staff existing roster lines.

Accordingly, the increase since 2001/02 of 562 FTE positions has to be considered in the context of:

(i) an effective staff freeze;
(ii) the significant shortfall in 'actual' or required FTE numbers to adequately staff then existing rosters (ie 562 less 300 plus FTE positions); and
(iii) the continuing concurrent increase in demand for services.

This chronic and persistent staff shortages in the Services and the consequential affect on employees and service levels have been well documented by the HSU in submissions to a variety of Inquiries/Reviews.

For example, in its formal submission to the Department of Premier and Cabinet Review on 12 March 2008, the HSU noted the following:

"Service provision and response performance are directly linked to providing the correct number of crews, the correct clinical mix - at the right times and in the right place - to meet the demand levels. The different operational reviews over the years have attempted to forecast these levels, or set the EDLs with recognition that these levels will sometimes need to be maintained by Officers on overtime. The ORH Report predicted a dropped shift rate of no more than 2.5%.

[In regional and rural NSW these are often referred to as Agreed Roster Levels ('ARLs')]

However over the past 5 years there is clear evidence that to maintain the EDLs in Sydney, there has been a need for a consistently high level of overtime, at levels far exceeding the suggested 2.5%. This is due to inadequate staffing levels to fill current roster lines. As a result of the increased reliance on consistently maintaining the EDLs through overtime, officers have become fatigued with overtime lists regularly exhausted with an increasing number of occasions where Sydney falls below the agreed EDLs.

While the Service is aware of this problem at all levels, there seems to be little being done about it, an example of this was when the matter was discussed at a Sydney JCC in August 2007 by HSU workplace Delegates - with data supplied by HSU showing in July 2007 that:

- *On 43 occasions Sydney Sectors were not able to meet their EDLs.*
- *On only 9 occasions were the EDLs met in all 3 Sydney Division Sectors.*
- *On the 6th of July nightshift, only 72 crews of the 85 required rolled out.*

If the Service is aware of this data and the effects that lower crew levels have on response performance and ultimately patient care, why have they firstly allowed this situation to arise and secondly, what remedies have been sought to rectify this obvious demonstration (again) of inadequate staffing levels.

These are EDLs established some years ago which have not been routinely increased to keep pace with the continuing explosion in demand. The Service cannot provide to the community the minimum crew levels established in about 2003, minimum crew levels it initially resisted as being irrelevant as it was absolutely sure it would never for all practical purposes fall below those crew levels on any given day."[21]

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[21] Submission by the HSU to the Department of Premier and Cabinet, 12 March 2008

2. How the problems in Sydney were fixed ... not!

(a) The 1990s

In the mid 1990s, the HSU and its members recognised that increased industrial disputation on issues such as poor staffing levels; station closures; poor staff morale; and unreasonable workloads was being caused in the main by the failure of the Service to plan and manage the increasing workload over the preceding years. Unfortunately this manifested itself, for example, in increasing response times.

Following an extended industrial campaign in 1996, it was agreed by the Service and HSU to undertake a review of the Service, resulting in an Operational Staffing Review of Sydney. The Review conducted in Sydney included consultation with HSU by way of direct participation on the team, which undertook a review of both emergency and non-emergency workloads.

Recommendations of this review included:

- Additional Ambulance Officer positions and an increase in Paramedic numbers to match both the increasing workload and clinical requirements, as well as providing the appropriate staff relief numbers to ensure maintenance of operational rosters.

- The introduction of a Patient Transport Service in recognition of the effect that non-urgent cases had on emergency crew availability.

- Proposed additional Stations.

- Additional vehicles and support services.

While many of these recommendations, (including additional staff, increased paramedic numbers, and the opening of one additional station) were implemented, by 2000 it was again recognised by the HSU and its members that issues such as poor staff numbers, inadequate relief numbers and increasing workload were once again leading to increased response times and a decline in the delivery of service to the patient.

The causes for this at the time were linked to a failure of the Service to gain full funding for all the recommendations of the 1996 Report. Most staffing increases did not match what had been identified as being necessary. The Service also failed to undertake regular reviews of the operational requirements for Sydney to match staffing levels with the changes in demand.

(b) The Auditor-General Report 2001 and the subsequent ORH Report

Following the release of a critical Auditor-General's Report in March 2001, an international tender was awarded to Operational Research in Health Limited (UK) and Deloitte Touche Tohmatsu (Aus) to undertake another Operational Review in 2001. This review, referred to as the ORH Report, is extensively dealt with in the previous HSU submissions attached[22].

Included in its recommendations for Sydney released in 2002, was the following:

- Initial changes to rosters and staff numbers to improve response times within current budget.
- Increased staff numbers to meet demand increases and to meet the required relief component.
- Increases in Patient Transport staff to meet increases in demand and to meet the required relief component.
- Increased Paramedic numbers.
- Introduction of a Rapid Response tier.
- Introduction of skill mixed ambulance crews.

Concerns with this review were voiced early by HSU, particularly with the decision to provide the initial recommendations for change based on a 'doing better with what we've got concept'. This short sighted approach was not a part of the stated Terms of Reference and resulted in recommendations that called for reconfigured roster. These rosters would have resulted in staff moving from areas that had some of the best response times (even though these were still below response targets) to support areas that were well below the response targets. It also recommended many poorly designed roster configurations.

Other areas of concern arose as a result of the use of certain 'assumptions' by the ORH Report. These included changes that led to recommendations based on:

- Changes to the clinical skill mix without completing a clinical review of the workload data.
- The introduction of rapid responders for their potential to improve emergency response times and reduce the amount of responses.
- That improvements to Hospital Block times, from those in 2001, would occur.
- The relief factor used was adequate to improve on road staff numbers.

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22 For example, see pages 8 onwards, *HSU Submission to PAC 2003*, and pages 8-14, *HSU Submission to IPART Review 2005*.

Despite the introduction of many of the recommendations from the ORH Report, disputes continued over concerns with the rosters, the inability of the Service to reach optimum crew levels across Sydney and achieve the stated response targets set out in the ORH Report.

Following representation in the Commission by the HSU, which included data showing worsening response times and increasing hospital delays, and despite the fact that staffing levels were higher than those recommended in the ORH Report as a result of HSU intervention, the Commission recommended in February 2003 that a bi-partisan audit of these areas be undertaken.

This report was known as the Sydney Roster Trial Audit and was completed in April 2003 with this audit finding that during the review period:

- Activity was slightly above that predicted by ORH.
- There was an improvement to average mobilisation time within the predicted range used in the ORH report.
- Staff establishment figures were well above those used by ORH to predict the expected response targets.
- There had been a deterioration in turn around times (hospital block) from those predicted in the ORH report.
- Emergency response performance had deteriorated during this period.
- The report also recognised that several components of the ORH recommendations had not yet been implemented.

As a result of the deterioration in response performance one of the recommendations from this bi-partisan report was:

'*That the Peak Consultation Group consider the extent of analysis of performance, activity and staffing data associated with this Audit. While the data reviewed is limited, the results show deterioration in response performance. Therefore the underlying assumptions for achieving a performance standard of 61% needs further investigation.'*

Despite continual representation by HSU over this matter, these recommendations failed to be properly investigated - with the Service continually arguing in the Commission that they were not reaching the agreed response targets as not all of the recommendations of the ORH Report had been implemented. As such the Service would not at that stage countenance that the underlying assumptions were at fault.

During the following year, disputation continued between the Service and the HSU over worsening turn around times (hospital block), the inability of the relief component to maintain on-road staff numbers without large amounts of overtime and ultimately the continual failure to achieve the stated response targets used in the ORH Report. This decrease in response performance occurred even though the remainder of the ORH recommendation, including further increases to staff numbers, the introduction of skill mix and a rapid response tier, had been introduced.

Representation to the Commission during 2004, again brought into question the 'underlying assumptions' used in the ORH modelling tool which the HSU believed failed to allow for the accurate modelling of demand on ambulance services, was unable to adapt to the current environment, had no transparency and therefore failed to provide accurate forecasting of both current and future service activity.

During this period the Service seemed to take a position of protecting the ORH document and its recommendations at all costs - with senior officers of the Service appearing in the Commission strongly opposing any suggestion that the modelling tool and data being used were wrong in any way.

Finally in August 2004, as a result of continuing poor response performance, the Service effectively 'walked away' from the ORH document and its recommendations, when it notified the HSU (and Commission) that:

" *.... the major contributing factors in not reaching the response time improvements were a number of external and environmental influences, such as* ***ED delays, hospital role changes, changes to workload and population demographics. These were not fully anticipated or considered during the Operational Review*** *....* [23] " (our emphasis added)

This is an extra-ordinary admission of failure of the ORH Report, and a view shared by a disappointed Commission, when during subsequent further proceedings in the Commission, His Honour Justice Boland IRC noted:

"During 2001 a significant dispute was brought before this Commission concerning staffing levels and other matters. Arising from that dispute certain recommendations were made by this Commission and the Ambulance Service commissioned a review. This review culminated in the ORH Report, undertaken by international consultants. This appeared to provide an opportunity to establish a blueprint for the way ahead.

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[23] Correspondence to the HSU from the Ambulance Service (undated), received 18 August 2004.

Unfortunately during these proceedings it has become apparent the ORH Report has not provided a fulsome strategy for implementing a sustainable plan. After some two years of work this is a disappointing outcome.[24]"

Following the Service finally walking away from the ORH Report and its targets, the HSU has pursued the Service about what their plans are for the future, what these plans are based on and if they will be funded adequately. There does not seem to be a clear State plan for the future.

One of the reasons that the ORH review failed was that only the private company that supplied the modelling tool knew what formulas were used in it and these could only be changed by the same company, each time at a cost. This did not allow for an independent review to be easily undertaken or for the Service to easily alter any changes to the pattern of service demand and therefore analyse the results properly.

While the ORH document set clear targets with the E10 response target not being achieved in the years 2002/3 until 2004/5 and, in fact, initially worsening after its introduction, the Service did not or would not investigate the reasons for this. This resulted in the Service failing to challenge the underlying assumptions being used and therefore never validating its ability to achieve its stated goals. The decisions on whether or not to investigate the concerns held clearly lay at a State level and ultimately with the CEO.

(c) Bi-Partisan Working Group

During further appearances to the Commission over staffing level issues, recommendations were made which resulted in a Bi-Partisan Working Party (BPWP) reviewing a modelling tool used by Melbourne's Metropolitan Ambulance Service (MAS).

Following this visit, the BPWP released a report in February 2005 noting that, while there was a similar emergency workload to Sydney, MAS had an improved response time performance. The better response performance could be put down to some operational differences such as:

- An almost exclusive use of its front line ambulances for '000' calls while Sydney uses these same crews on a relatively high number of medical/routine cases.
- A more comprehensive Patient Transport Service than Sydney supported MAS.

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[24] Matter No IRC3115 of 2004, Boland J, *Statement and Recommendation*, 10 September 2004, paragraph 6.

- An increase in stations locations by 50 since 1996 to just over 100 in Melbourne with Sydney increasing its station numbers by just one in the corresponding period to a total of 46 stations.

Many of these changes had been implemented in Melbourne over the previous ten years as a result of a consistent and detailed approach, which were mainly based on comprehensive information provided by the Siren modelling tool.

Recommendations from this report included:

- The SIRENS modelling tool used by MAS be further investigated.
- A full assessment of the current modelling tool used in Sydney.
- A review of the "Service Planning" resources available to the ASNSW.
- An analysis of the emergency and non-emergency workload demands.
- Review the benefits of improved response time performance by increasing the number of stations in Sydney [25].

Again, despite many representations to the Service, and continually raising the matter in the Commission, there was little if any action taken by the Service on these recommendations. During 2004/2005 there was continued poor response performance with the predicted response targets in the ORH Report being 61% for E10 and 87% for E15 when in fact the achieved targets stated in the annual report were 52.6% for E10 and 83% for E15.

(d) Future planning for Sydney

When the issue of future planning is raised with Sydney Divisional Management, HSU workplace Delegates are told this was a State responsibility and yet when raised at the peak State JCC level there seemed to be no clear planning department or process in place, or even deflection back to a Divisional level.

Sydney is still using the same modelling tool provided by ORH (SAM), despite it being discredited in the IRC and disowned by the Service, as it had been unable to cope with the changing demands placed on the Service over the preceding five years. Again it must be asked how has Ambulance management allowed this to happen, especially considering all the evidence to suggest that the previous approach to planning had failed.

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25 See pages 22-29 of the *HSU Submission to the IPART Review* for a more comprehensive extract from the Report prepared by the Bi-Partisan Working Party.

While the demand for ambulance services increases at higher than predicted levels, with recognised changes to the mix of this workload and the continued impact on the ability to respond as a result of hospital block, there is no creditable modelling system that is able to deal with the constant changes to demand on ambulance services, both urgent and non-urgent workload.

There appears to be no single department or section within the Service with the requisite resources and knowledge (along with corporate commitment) to analyse and plan what needs to be done. It is accepted that this involves a critical analysis of current staffing and the problems that arise at an organisational and political level when such shortages are identified, but it is imperative that these are done.

The lack of a clear future direction and ability to plan from a State perspective has resulted in the Divisions apparently being either unable or unwilling to introduce further changes in an attempt to move with the demand patterns. In the Sydney Division this has resulted in what appears to be little or no movement away from the direction recommended in the ORH Report - with many of the same issues that led to the disputes in 2001 still being the major issues today.

(e) Metropolitan Sydney 2008-09

The NSW State Budget 2008 recently announced confirmed that 75 FTE positions would be increased in metropolitan Sydney in the financial year 2008-09. This is the last year 'tranche' of staffing increases announced for metropolitan Sydney - as part of a four year plan announced by the then Minister for Health (and now Premier) in 2005. The purpose of this four year plan and increase in staffing was to attempt to maintain pace with service demands and increase the number of rostered staff available to be deployed.

This figure of 75 has subsequently been confirmed as being 95 FTE, as twenty some FTE positions as part of the four year plan were not delivered in the year 2007-08 - hence a carry over.[26] (See further chapter on the lost staffing numbers.)

Setting aside that this again indicates a 'sloppiness' in approach and the Service yet again falling behind on staffing numbers (which the HSU would argue are insufficient anyway for the task expected), the 95 FTE currently on offer for 2008-09 would appear - in the current Full Bench proceedings previously referred to – the Service and Department would appear to seek to 'divert' these FTE positions for an alternative purpose.

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[26] Letter to the HSU from the CEO of the Ambulance Service, 3 June 2008

The Service and Department seek to vary longstanding rosters in Metropolitan Sydney and the Central Coast, which requires an additional 111 FTE positions simply to maintain existing Ambulance deployments. If this is correct, the 95 additional FTE positions would be diverted to roster 'destruction' and leave the number of available Ambulances the same in 8-9 months time as today. This is quite simply deplorable (if an accurate reflection of the situation) and a questionable approach to monies allocated as part of a four year plan to increase services. The HSU currently continues to seek such answers in the current Full Bench proceedings.

3. The Central Coast - the staffing review that went missing

The absolutely parlous state of staffing levels on the Central Coast was graphically demonstrated in 2004 by figures made available by the Service. The Service Memorandum issued in 2004 identified the presentation figures for those hospitals for the month of May in 2002, 2003, and 2004. The Memorandum made the plain point that ambulance presentations to Gosford Hospital had over the period in question doubled.

A summary of the data is presented in the table below.

Hospital Presentations by Ambulance

Month and year	**Presentations by ambulance**	
	Gosford Hospital	**Wyong Hospital**
May 2002	734	500
May 2003	1,018	522
May 2004	1,543	684

A considerable proportion of patients requiring transportation from Central Coast hospitals, facilities or residences will - due to the need for a higher degree of care or the receipt of specific treatment regimes - result in transportation to centres in Metropolitan Sydney or the Hunter.

Due to the relative geographical isolation of the Central Coast, vehicles absent from that area transporting patients to Sydney or the Hunter are unavailable for often several hours. This has a significant impact when on some occasions only 13 crews may be available on a dayshift to provide all ambulance coverage required for the Central Coast environs.

It would be trite to say that everyone recognised that resources had not kept pace with such demands. Any increase in staffing (which has been minimal) had not resulted in increased crew levels but had been largely utilised to increase the appallingly low relief factor of then rostered crew arrangements.

The NSW Government recognised this parlous state and as part of the state budget process, the then Minister for Health, the Hon Morris Iemma MP, announced a review of the operational needs for the Central Coast for the 2005/06 financial year. This was in addition to staffing increases that would be made available to the Sydney Division.

The Service subsequently established a working group to examine the Central Coast, but insisted that it should include the Inner Hunter, as an acknowledged inter-dependence was in evidence. The following representations made by the HSU to the Service amply demonstrate a lethargy and non-compliance with NSW Government commitments:

"I write following a State-wide Ambulance Delegates Meeting undertaken on 28 November 2006, which amongst the items discussed, considered the current status of the Urban Strategic Review Project ('USR') and its intended outcomes for the Inner Hunter and the Central Coast.

Feedback received prior to and at the Delegates Meeting indicates that the USR process has - in effect - collapsed, with no tangible sign of progress or indication that it will provide the outcomes sought. This is frustrating for members and you may recall that this issue was in part canvassed at the extra-ordinary PCC undertaken in August of this year.

The primary objective of the USR process was to "... provide .... a clear Service Delivery Plan (SDP) for the future resourcing requirements for the central coast and the inner hunter areas. The overall objective is to deliver an agreed plan that will meet projected demand ....." The intention was to have identified outcomes and resource needs, for example, ready for implementation in the 2006/07 financial year.

Clearly this has not occurred. Nor is there any indication as to whether any resource requirements for these areas will be the subject of submission to the NSW Government for the 2007/08 financial year.

This is especially disappointing as the then Minister for Health (and now Premier) when announcing the additional officer positions for metropolitan Sydney in 2005, indicated in the associated media release that ".....NSW Ambulance Chief Executive Greg Rochford said there would also be an appraisal of the operational staffing requirements for the Central Coast." This was something directly discussed with the then Minister's Office and the HSU at that time[27]*."*

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[27] Correspondence to the Service from the HSU, dated 1 December 2006.

The *"appraisal"* or review of operational numbers required for the Central Coast (and Inner Hunter) disappeared, and remains an unexplained and unfulfilled objective of the CEO and the NSW Government. What remains clear is the hopelessly inadequate crew levels for the Central Coast and near-by Hunter region.

4. Staffing numbers outside Metropolitan Sydney 2008-09

The NSW State Budget 2008 announced **not a single extra position** to any area of NSW - outside metropolitan Sydney for 2008-09. This is untenable and is captured in a media release issued by the HSU on 4 June 2008:

"General Secretary of the Health Services Union, Michael Williamson says that the increase in spending for the NSW Ambulance Service falls short of what is needed to sustain the largest ambulance service in the country, which is under constant pressure from increasing demand from the community and health system.

"Whilst the Budget included a number of positive announcements - including the funding for four revamped Ambulance Stations at Auburn, Liverpool, Ryde, and Deniliquin - the staff freeze in all areas outside of metropolitan Sydney is both disappointing and operationally unsound" commented Mr Williamson. "We still have Paramedic Officers responding to critical cases in some locations on their own, which is not the basis of a sound professional and comprehensive clinical response" added Mr Williamson.

"The increases in metropolitan Sydney barely keeps pace with increased demand, and the whole budgetary approach of effectively delivering a real wage reduction to Paramedic Officers due to the 2.5% ceiling on pay increases is unsustainable" noted Mr Williamson. "This is from an employer who is currently - during a work value case - attempting to reduce and eliminate conditions of employment that will also have the effect of reducing take home pay in some instances for Paramedics" commented Mr Williamson."[28]

5. We seem to have lost twenty or thirty funded positions ....

The many different reviews have continued to recommend additional staffing and other resources, with assurances that these should be fully funded. However is not always the case as the final on-road staff numbers regularly fall short of the recommended levels. The result is that a game of catch up on staff numbers is played, which places more pressure on response times.

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28 *"NSW Budget delivers disappointing outcome for the community and Ambulance Paramedic Officers,* HSU Media Release, 4 June 2008

The most recent example of this has been with the roll-out of staffing that arose from the State Budget of 2005, which announced a four year roll-out of additional funded positions. The assurances provided to the HSU as part of the roll-out plan was that some 30 additional ambulance officer positions would come on-line in 2007-08. Subsequently, ten (10) of the committed staff have been seen on-road, there remains more than 20 positions yet to be filled. This issue was taken up at a Sydney JCC by HSU workplace Delegates, as part of the consultative process, at which time they were told there was a problem with funding and as such this was a State issue.

When this issue was raised at the peak State JCC on 8 October 2007, the CEO informed the HSU that although this was subject to clarification and debate, the funding for the anticipated and planned for thirty (30) plus additional positions may now be as little as thirteen (13).

Members frequently ask, and are entitled to do so, as to whether this is demonstrative (again) of the mismanagement of the Service or the NSW Government reneging on budgetary commitments? Setting aside that thirty new positions is woefully inadequate for what is clearly needed, to 'lose' about twenty is almost negligent.

[The next chapter in this saga is reflected at pages 26-27 section 2*(e) Metropolitan Sydney 2008-09* of this submission.]

6. We don't have those funded positions ... sorry we now do.

As part of the then Carr NSW Government election commitment, a roll-out of additional staffing for rural NSW commenced in some year ago. These additional funded positions - ie the global figure - were successfully discussed by the Service and HSU to establish a proposer and measured roll-out strategy over the four years. Agreement was reached on priority stations and locations.

The location and placement of additional staff became publicly acknowledged and noted to the respective communities. In 2007 a number of additional positions that had been agreed and identified for the Riverina region went missing, with the Service indicating that no funding was available for these announced and projected enhancements.

This led to initial industrial disputation. The Service then advertised the positions but subsequently refused to appoint anyone, again citing lack of funds.

Coincidentally, the matter was raised at the meeting with the Minister for Health by HSU workplace Delegates on 12 September 2007. Within 24 hours the Service seemed to have found the funds for the positions .....

7. The funds for ambulances were spent on other vehicles.

Arising from previous commitments of the NSW Government, additional funding to increase staffing levels has been associated with funds to increase ambulance vehicles. This is self-evident.

However, in a number of regional areas, the increase in ambulance vehicles have not occurred, which has resulted in difficulties at times in responding to cases. Whilst this was debated at various Divisional forums, it was also raised at a peak level. The CEO at the peak State JCC on 8 October 2008 meeting confirming, along with other senior officers, that some of these funds had been spent on alternative administrative or rapid responder type vehicles. Accordingly, a review would be undertaken on the number of ambulance vehicles required and additional (further) funding would be sought from the NSW Government.

Whilst the use of 'sedan type' vehicles can be of some assistance in freeing up ambulance vehicles, especially in areas were on-call or relief is routinely required, the necessity of seeking funding for additional ambulances vehicles after the receipt of additional staffing (rather than the obvious concurrent roll-out of human and physical resources) is perhaps difficult to sustain. The HSU presumes that such additional funding for vehicles were not specifically 'tied' to an increase in ambulance vehicles, and accordingly the Service was able to utilise these funds on alternative vehicles.

8. Essential Deployment Levels (EDLs)

See this submission at page 13 for a summary of this issue.

The HSU reiterates that these EDLs were established some years ago which have not been routinely increased to keep pace with the continuing explosion in demand. The Service cannot provide to the community the minimum crew levels established in about 2003, minimum crew levels it initially resisted as being irrelevant as it was absolutely sure it would never for all practical purposes fall below those crew levels on any given day.

9. Relief Levels

It is an agreed practice that to ensure the required number of front line crews you need to provide a certain level of relief. This is another area of constant dispute between the Service and the HSU. While in Sydney the relief levels were increased following the ORH Report and again following an increase in the annual leave component, there has been consistent evidence that this level is not adequate to deliver the required on-road crew numbers. Similar experiences are demonstrated in regional and rural NSW.

The inability to achieve the EDLs without high levels of overtime for many years is overwhelming evidence of this. Other evidence of the relief factor being inadequate, which directly affect the skills available to patients, include Officers not being able to obtain time off the road for training to complete their Certificate To Practice components or to be upgraded in new skill levels such as P1 so that EDLs can be maintained.

At the Sydney Division JCC in November 2007 when these issues were raised (again) by HSU workplace Delegates, it was agreed there was a problem in this area - highlighted by the fact that even though Sydney Division was operating some 50 Officers above its agreed establishment levels, there was still a consistent high number of occasions of being below the agreed EDLs. While a major cause of poor on-road crew numbers was recognised as an ineffective relief component, there has been no action on this issue. Inevitably HSU workplace Delegates were informed that the relief factor was a State area of responsibility and as such beyond their scope to act.

10. Additional Stations

While the Service clearly recognises that there has been a larger than expected increase in demand, along with the increasing population and subsequent sprawl of the metropolitan area of Sydney, 'seeping' into regional and rural centres, it subsequently appears inexplicable as to why they have not planned and provided for additional station locations in the last ten years.

The evidence has been available for many years, with a number of reports having made recommendations or provided data that recognised this fact. These go back to the 1996 Sydney Operational Review that noted that areas in the South West and West of Sydney were already under pressure at that time and would require additional stations in the future.

The ORH review of 2002 also recognised that the current configuration was not optimal, and also called for a 'planning strategy' for this area, giving a time frame of some 10 years.

A further report noted that the Melbourne Ambulance Service recognised that one clear way to reduce response times and improve the delivery of emergency Ambulance care to the public was to provide additional locations for Ambulance crews, with some 50 additional locations provided when compared to Sydney, despite a similar emergency workload.

As late as November 2007, at a Sydney Division JCC when discussing future staff enhancements, Service representatives stated there were no plans for additional stations as this was seen as a State responsibility. Discussions at this meeting on proposed enhanced staff levels, based on demand data gathered by Sydney Division, were hindered by the fact that, as some of these stations did not have adequate room, these additional staff may have to be placed at neighbouring stations. This can hardly be seen as either an effective or efficient way to meet demand or manage the workforce.

This issue was raised at the peak State JCC on 8 October 2007, with the Service providing the 'reassuring' news that a preliminary review on station locations was being undertaken - however no information has so far been provided. This is some six years after the ORH Review and 12 years after the Sydney Staffing Review.

(a) And even when they rebuild a Station, they get it wrong ....

In real terms this lack of a coordinated plan has led to some questionable decisions on funding for ambulance stations. On 14 December 2007, the Minister for Health, the Hon Reba Meagher MP, issued a media release about the re-building of Ryde ambulance station at a cost of $2.3 million. This media release stated that

"The new ambulance station will provide state of the art facilities for up to 20 staff and six ambulances".[29]

It probably will but that would be a shame as at an earlier Sydney JCC held in November 2007, the Sydney Division had recommended an additional five staff at Ryde ambulance station for 2007-8, which would bring the total staff for this station to 25 officers (and presumably additional vehicles).

The station is not built yet and already it is too small for the projected number of staff. Or perhaps these additional staff will become unfunded and go missing as well .....

(b) Missing infrastructure

HSU members routinely identify shortfalls in capital expenditure and upgrades to maintain existing Ambulance Stations to an acceptable level. This is amply demonstrated by the submission provided by the North Coast Ambulance Sub-Branch submission provided to the Legislative Council Inquiry, a copy which is also affixed to this submission. This is a reasonable reflection of the state of the Service's 'brick and mortar' asset base.

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29 *Media Release*, Minister for Health, Hon Reba Meagher MP, 14 December 2007

11. Rapid Responders

Rapid Response Vehicles (RRV) were introduced from recommendations in the ORH Report, with the objective of simply improving response times within budget, as opposed to meeting specific targets for response time and responding skill level by type of call. While call prioritisation has been introduced since 2005, there has only been limited evaluation of this response tier since.

The only evaluation presented to the HSU has been limited to their response performance compared to dual crewed ambulances, with a shorter than average response time. In part this is not surprising as they are largely unaffected by hospital block.

Evaluation of the effectiveness or efficiencies of this tier on important areas such as whether they have resulted in getting the right skill to the right patient, or how they affect the overall transport time of the patient has been affected or what effect they have had on the overall number of ambulance responses has not occurred.

Accordingly whilst the HSU does not dismiss this initiative, it remains somewhat moot as to the evidence and analysis that has been undertaken to ensure optimal outcomes are being achieved from a clinical and operational view. In part this was acknowledged by the ORH Report, in that it identified that tendency may arise to use RRVs instead of ambulance vehicles (crews) solely as a supplementary quick response. As a result, RRVs are often being utilised as the primary response to all types of cases, even at times when dual crewed ambulances may be closer.

12. Patient Transport Service ('PTS')

The Patient Transport Service (PTS) is one area that is strongly supported by evidence from many sources as being one way to improve the availability of ambulance crews to respond to emergencies. This transport tier can provide efficiencies clinically by improving the availability of ambulances to emergency cases as well as improving the ability to dispatch the right crew to the right patient. There are also cost efficiencies as the PTS tier has lower costs when compared to ambulance crews.

[See especially pages 40-42 of the HSU Submission to IPART 2005.]

In that submission, the seeming growth of ad hoc responses and arrangements was perfectly captured by a comment of a HSU member:

"It's a funny system. We now have ambulance officers caring for patients in emergency departments because of a lack of nurses and doctors. We then have hospital transport services using these supposed scarce resources of nurses or doctors to escort patients because the Ambulance Service presumably can't provide the service. We now also have a push to replace paramedics on helicopter retrievals with doctors - doctors that the system doesn't have enough to staff hospitals or to keep emergency departments at Camden and Bulli hospitals open ..... if you can work out how that benefits the community and the public health system, please let me know ....." [30]

It must be said that the HSU understood that a specific committee was established in 2004 by the then Minister for Health to specifically analyse how the public health system could coordinate and centrally manage patient transport services. The CEO of the Service is believed to have been the chair of such a Committee. Any outcomes of this work - or efficiencies delivered - have never been evident or reflected in operational activities.

The HSU would contend that the Service is uniquely placed to manage and provide these services across the state, and in a way (as suggested in the HSU submission to IPART) that could be innovative and extend to the transfer and management of complex clinical conditions.

13. Start but never finish .....

The HSU and its members recognise the importance of getting operational issues resolved and, in an attempt to move forward, have pushed for and been willingly involved in many working groups - on a bi-partisan basis. Unfortunately, many of these issues have either stalled or completely collapsed and accordingly the issue remains unresolved.

Some examples include, but are certainly not limited to, the following:

- *Fatigue and Management committee 2004*
  Members attended a three-day conference at the Service's invitation, subsequently meet three times and then following the chairperson moving to another position, the committee was abandoned.

- *Permanent Part Time committee 2006/07*
  Met five times with draft document nearing completion, chairperson moved to another position and committee abandoned.

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30 *HSU Submission to IPART 2005*, page 40.

- *Sydney workforce planning meeting 2007*
  Met once to discuss best placement of anticipated staff enhancements. Staff enhancements never materialised (ie the Sydney's 30+ anticipated staff went missing). No further meetings scheduled.

- *Rapid Response Committee (Change management committee) 2003*
  Met a number of times during 2003 and formulated implementation policy, agreed that further meetings would take place to review policy and procedures, along with a monitoring function. The committee never met again following the chairperson being tasked to different duties. The Service subsequently changed original guidelines/agreements. This continues to be an area of disagreement at Divisional JCC meetings.

- *Urban Strategic Review Project ('USR')*
  As per previous comments, the USR process - in effect - collapsed.

14. How should the Service be governed?

The HSU in its submission to the Public Accounts Committee made the following comments in October 2003:

"For most members of the HSU - reconfirmed at the Annual Conference of the HSU in March 2003 - it is a source of significant irritation as to why the effective head of the Service continues to be a non-uniformed Officer. This is seen as a significant departure to the situation in most emergency services where uniformed officers continue to play the role equivalent to that currently undertaken by the Service's CEO - who unfairly or otherwise - is characterised as a health bureaucrat. It is difficult to imagine the Police Commissioner or the Commissioner of Rural Fire Services being a non-uniformed Officer. Nor could it currently be imagined that such a bureaucrat would improve upon the current incumbents in these roles." [31]

HSU members continue to strongly believe that the reporting and governance arrangements for the Service, as well as the operational directions required to be grappled with, would benefit from a Commissioner/uniformed officer being in charge of the service, with a direct reporting line to the Minister for Health. Members of the HSU believe that such a change would not only be of significant symbolic importance but would also reflect in a more properly balanced perspective, where operational outcomes and service delivery figure more strongly and transparently in all considerations and discussions [32].

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31 *Submission by the HSU to the Public Accounts Committee 2003*, HSU, October 2003, page 9.

32 *HSU Submission to IPART 2005*, page 39.

It is hard to imagine that a uniformed head, with operational experience, would not have recognised the effects that an issue such as hospital block was having on service delivery and would then have argued in the Commission that it was not a problem. The question remains that, if a more aggressive and independent approach had been taken many years ago, would we still be experiencing the situation of ambulance crews being tied up at hospitals for thousands of hours each year?

15. Complaint and grievance investigation

The HSU understands that this has been the subject of direct feedback from members and specifically from a meeting undertaken by the current Review Team with the Ambulance State-wide Ambulance Delegates. Suffice to say, the HSU will simply echo such representations and press that the manner and nature that many of these issues are undertaken and investigated are prejudicial in nature; inconsistent in application; and protracted in duration.

It is unconscionable that a member can be found, for example, to have used inappropriate restraint with a patient threatening self-harm and accordingly found guilty of misconduct but when the specific question is put to the CEO and others as to what part of the action undertaken was inappropriate, and accordingly what would have been the appropriate restraint to have utilised in that situation, the question is left unanswered and avoided.

HSU representatives were also present at a meeting with the Service in December 2005 when this case was again discussed and a departmental representative expressed considerable concern that ambulance officers were being placed in a position to restrain patients or even defend themselves with little or no training ..... and yet this particular member was subjected to a process and outcomes that despite their subsequent withdrawal, destroyed a career.

As for what was or wasn't appropriate restraint in this particular case in 2004, the HSU still awaits an answer .....

Members regularly raise with the HSU the following issues:

- Those tasked to investigate such matters varies significantly, in that at time sit may be officers who have no formal (or informal) training or education with regard to the policy and procedures of the Service or the Department or training in basic investigative techniques or alternatively barristers who adopt an excessively legalistic approach and often have little regard to the clinical operating environment

- There is no planned system as to who will conduct fact finding investigations into complaints. Again those conducting the investigation can at times have little experience or clinical insight that may be useful in the investigation of certain complaints.

- There is no apparent consistency as to the way complaints and allegations are handled. Members regularly cite examples how similar complaints are handled in vastly different manners.

- The amount of time taken to conclude matters under investigation is too long. A number of examples where investigations have dragged on for many months (and in extreme circumstances over a year). The financial penalty of 'base' pay (which is often about half of real wages) whilst on suspension is an inordinate immediate punishment prior to any finding or charge being made. This of itself creates enormous financial and family pressures.

- There is a feeling of a presumption of guilt and a need to prove innocence when members are accused of some form of unsatisfactory conduct.

- Even if a police investigation finds no substance to any allegations or claims, the Service often replicates an investigation process for no apparent good effect.

16. What's a Paramedic or Intensive Care Paramedic worth?

As previously mentioned, Full Bench proceedings of the Industrial Relations Commission are currently underway to determine a work value claim advanced for by the HSU. The role and work of ambulance employees in general has not been the subject of arbitral consideration since 1988. The case being advanced by the HSU submits that a skills landslide has occurred in the last 10-12 years that warrants serious consideration of a reworked classification structure and rates of pay for this, regularly voted as the most rusted profession.

The Service and Department have in large part conceded that the work value principles applied by the Industrial Relations Commission have been met, and resulted in an interim 4% increase last year. You can however imagine the disappointment and anger of HSU members when in these current proceedings the Department and Service are seeking significant reductions or variations to working conditions that will in large part or totaly mitigate any work value increase eventually awarded.

This is quite simply unacceptable.

An extract from submissions filed and tendered by the HSU in such proceedings demonstrates this insulting approach to its own employees:

4. *Whilst the Department proposes for most classifications in the two remaining awards work value increases, the HSU contends that these are manifestly inadequate and do not fully comprehend the changes to work and the skills 'landslide' that has occurred.*

5. *Further, in all three applications the Department seeks considerable variation to existing conditions of employment. These variations - in relation to those identified conditions of employment - will limit, reduce or eliminate them.*

6. *The HSU would contend that many of the proposed variations sought by the Department are flawed, ill conceived or demonstrate an approach whereby work value increases are to be effectively negated or 'off-set' by reductions in conditions of employment.*

7. *There is little doubt that the intention of the Department to off-set and reduce entitlements in this way (and reduce or eliminate any work value increase) is a deliberate and systematic approach, in that it has continually reiterated that " ... the wages and conditions issues in this application form a package and cannot be treated as seperate or discrete issues" (Contentions by the Department, paragraph 1.3).*

8. *Such an obstinate approach stymies any genuine attempt to achieve resolution or agreement on these matters as it is inconceivable that the HSU and its members could reasonably agree to - in effect - forgo increases arising from work value/special case proceedings by accepting the loss or reduction of employment conditions. This approach, if maintained by the Department, is both unfair and frankly insulting and does not suggest any genuineness of approach to its own employees.*

9. *The Commission has previously noted that such outcomes are not desirable or appropriate. For example, in IRC 6746 of 2004, 2195 of 2005 [NSWIRComm 34], His Honour Deputy President Grayson made the following observation:*

"... it would be an unusual and to my mind inappropriate outcome of a major industrial case involving work value increases and special case considerations if, in the result, a significant number of employees received no increase or suffered an actual reduction in earnings ... ".

and

63. *The HSU would contend that the offer from the Department falls well short of providing a reasonable offer for the significant work value and special case attributes in these matters. This inadequate response is further mitigated and indeed made unacceptable by the clawing back of a whole series of employment conditions and entitlements.*

64. *Regardless of the view that may be held by the HSU and other public sector unions to the NSW Government's current wages policy, it is clear that agreed reductions in employee related costs were to be 'returned' to employees as part of general wage movements, and not to be 'cashed in' by an employer during a work value/special case claim.*

65. *The Department seeks to reduce employee related costs by these measures in a cavalier disregard to the worth of a set of professionals who are relatively unique in their trainings, scope of clinical practice, the level of independence and responsibility afforded (expected) of such professionals, and the environment they operate within.*

66. *The skills landslide affecting these professionals, along with an increasing role in providing definitive care or referral, has since 1996 not been given any due and proper recognition. It seems a poor and inadequate response from the Department to adopt an approach that would for a number of employees provide little or no benefit or indeed be counter-productive.*

Part of the proposal being advanced by the Service and Department is the eradication of an unpaid meal break in metropolitan Sydney and Central Coast, and replace that with one or two paid crib breaks of 20 minutes duration. These crib breaks can be taken at any Ambulance Station or health facility.

In other words, during an arduous shift, the Service and Department believes it is entirely appropriate to direct such professionals to have a 20 minute crib break at an emergency department of a hospital, and obtain the necessary rest and sustenance. It enforces all such professionals to mandatorily purchase a meal each day (subject to what may be available - if anything) without any recompense. Is it little wonder that HSU ambulance members feel that whilst being the most trusted profession in the eyes of the community, they are so disrespected by their employer.

This is entirely demonstrative of an approach and blinkered mindset to deal with the symptoms (ie inability to provide and comply with existing meal conditions and the penalties that so accrue) rather than dealing with the cause of such problems, which are a manifestation of the lack of staffing and the Service's inability to manage and plan effectively.

Summary

There is little doubt that the environment in which ambulance officers work is and has been changing quickly over the last 10-12 years. As a result we require the processes, structures and leadership that can cope with this rapidly changing environment in place.

The majority of the concerns held with the current system can be resolved by providing a well resourced and dedicated planning unit which has a clear clinical focus with the aim of delivering the best service to the public of NSW. There is also clear evidence that this planning unit must be supported by a modelling tool that can adapt to this environment with an ability to forecast and predict the outcomes of future changes. We know that modelling tools with these abilities exist and are in use today.

The disappearing dollar has seen many a good plan ruined with promised funded positions or equipment never eventuating. This causes managers to either implement part of the original plan or 'borrow' from one area to ensure another can be finished. This game of catch up over the years has led to the continuing pressure on operational staff to cover the increasing workload. The end result of this is evident in the inability to improve response performance over many years with the patient being the one to suffers as a result.

There is also a need to improve the communication and consultative process with front line ambulance officers. These officers more often than not see the change in the work environment and as such are able to provide ideas and options on how best to deal with these changes. As experience has shown over the last 10 years this is not openly recognised by the Service. There have been many examples where the Service have taken an attitude of 'we know best' and that officers 'are just whingeing again' or 'trying to protect their patch'. Yet, when you evaluate the concerns voiced by the HSU and its members over time, many of these have been proven to be true.

There is little doubt that the HSU and its members have a willingness to be involved in the future planning for the Service with this evident by the commitment shown over many years to push for resources that the Service has failed to obtain itself. Further evidence is shown by the willingness to participate in the many working groups and bipartisan reports. Unfortunately, many members consider that the Service demonstrates a fortress mentality, as demonstrated by its futile defence of the ORH Report despite all the evidence against it and without properly investigating these concerns.

It is an overwhelming view amongst front line Officers that having a non-uniformed CEO has contributed to the failure to recognise and deal with the many day to day operational problems currently affecting our ability to perform our core duties - and one with a direct reporting line to the Minister for Health.

For some ten years the problems confronting the Service's poor performance have often been deflected as being problems beyond its control. On the standards set by the CEO if an employee had demonstrated the same poor performance they would have been subject to investigation and/or charge.

As seen at the mass meeting of HSU members on 1 September 2007, it is time that same standard was applied to those responsible for the continuing malaise within the Service itself, and the manner it has (mis)managed its own affairs.

It is not good enough for the Service and Department to simply respond by adopting a 'WorkChoices' style approach to achieve a reduction or elimination of working conditions that cause it difficulties or embarrassment because they have insufficient staffing, planning and management capacity to comply with existing award conditions.

SUGGESTED RECOMMENDATIONS

1. That the Inquiry establishes or recommends an effective senior management structure for the Ambulance Service, which incorporates an operational/uniformed Commissioner - in lieu of the existing Chief Executive Officer position.

2. That such a Commissioner will have a direct reporting line to the Minister for Health.

3. That the Inquiry recommends that a clinical focus of *"doing what's best for the patient"* be maintained and enhanced, and ensures that this be an integral core requirement or measure of the Ambulance Service.

4. That the Inquiry should establish or recommend the appropriate performance management framework and indicators with which the activities of the Commissioner and senior personnel can be monitored and measured.

5. That the Inquiry establishes or recommends (or commence the dialogue on) the services the community has a right to expect and the performance targets for their delivery, along with the appropriate mechanism for funding such valuable public services.

6. That the Inquiry recommends that the Service needs a properly resource planning department - that is capable of analysing, identifying and planning the future resources required to meet the needs of the NSW community established (arising from Recommendation 5).

7. That as part of Recommendation 6, the Inquiry recommends that the Service acquires a modelling tool that can quickly and accurately analyse current operational data, has an ability to model the *"what if we did this"* scenario and allows for this to be completed by in-house staff.

8. Such a planning department and functionality should be accessible by Divisional Management so that local demand pressures can be analysed.

9. That the Inquiry establishes or recommends an immediate 'surge'/increase in staffing numbers as a matter of urgency to address the plethora of issues demonstrated daily across the state, along with associated resources, pending the implementation of Recommendations 1-8.

10. That the Inquiry establishes or recommends a new approach to the management and investigation of complaints/grievances within the Ambulance Service, which is best practice and that such an approach is adequately resourced.

11. That the Inquiry establishes or recommends a comprehensive implementation plan to ensure that workplaces are free from bullying and harassment.

12. That the Inquiry recommends (or commences the dialogue on) the establishment of a comprehensive patient transport system within the Ambulance Service which can adequately and cost effectively undertake the transport requirements within NSW (including those patients requiring significant clinical management).

13. That the Inquiry identifies why and how there has been a failure to recognise or deal with the growing demands on services, and the other factors that have impacted on response performance, patient care and its own staff.

HSU

Health Services Union.

NORTH COAST AMBULANCE SUB-BRANCH

Ambulance Station Prioritisation Of Capital Works

Far North Coast

Wednesday, 21 May 2008

The following is a priority list of Stations that require long overdue Capital works maintenance. This list is categorised in numerical order with the first stations listed being the highest priority. Each station is further categorised within the listing to show the type of repair i.e OH&S issue, security issue, aesthetic issue, comfort issue, or other issue.

The stations have been prioritised on the basis of considering OH&S, security, length of delay in repairs, and previous money spent on station as the prime concerns for the priority listing. Aesthetics and comfort were then used as a secondary form of priority listing.

The priority listing was compiled from information within documents received from Sector Office which listed individual station maintenance; these documents were generated on 31/08/06. The data from these supplied documents was updated by collecting information when stations were contacted for a current report on the progress of repairs. I have also updated extra repairs that are now relevant that have surfaced in the time since the original reports were written, but these are lower in priority due the necessity for the previous works to be completed first.

Priority One- MACLEAN ($44,700)

OH & S Issues

Plumbing/drainage: during heavy downpours, rain flows in the area near the storage area, which is near the meal room. Slip hazard and potential to cause increase rate of decay. Drainage and lining will address this issue ($3 000)

Non-slip surface for plant room: current plant room floor is slippery when wet. It has had some minor measures undertaken (taping0 to improve the situation in areas where officers generally walk. Fully resurfacing is required ($6000)

Drainage Grate: requires larger grate current one trip hazard ($200)

Electrical Repairs: Electrical audit required. Light in the found to have water in it ($500)

Security Issues

Concrete Apron: extension of current apron to allow for storage of larger vehicles, current plant room will not allow access – possible solution is to close off front entrance. ($5 000)

Aesthetic Issue

Painting: Residence requires painting ($8000)

Painting: Internal and external painting required to Station ($20 000)

Other Issues

Removal of Bowser: bowser currently in use but will need repair. Bunding requirements not met and there is the potential for flows of diesel into river ($2 000)

Priority Two –BONALBO ($41,750)

OH & S Issues

Increased water tank size: the station now has two officers on shift each day, which has increased water usage. Larger water storage would enable supply to be maintained without the need to buy water. (Town water not potable) ($1500)

Guttering to rear shed: There is none, which results in drainage issues and prevents catchment of drinking water ($1200)

Security Issues

Security doors and windows: There are no security screens for either the residence or the station. Apart from the security issues relating to this, it does not afford the Officers or the Station Manager the luxury of keeping windows or doors open for ventilation during summer periods. ($5 000)

Rear door of residence: requires replacement ($250)

Fencing: front and Eastern Side fence require replacement to maintain boundaries ($3000)

Aesthetic Issue

Reroofing: the residence and the station require replacement. Water damage to the ceiling is occurring in both places and a reroof is required to prevent more extensive damage. Unknown if further leakages will affect the electrical wiring ($15 000)

Kitchen refurbishment: The kitchen cabinets and benches are in need of replacement. Officers have painted them to improve the look but the kitchen is <30years old ($2500)

Carpet for residence: the residence carpet, whilst maintained well by current tenants is worn and torn due to age and needs to be replace. ($2500)

Priority Three – URBENVILLE ($14,600)

OH & S Issues

Tiling at front of the station: The tiles at the front of the station become slippery in wet conditions. This is an issue due to rain, frosts and dew. Removal of tiles and replacement with a no- slip surface will minimize slip hazards ($500)

Drainage at rear of station: drainage at the rear of the station needs to be implemented to prevent seepage and water from coming into the station ($500)

Security Issues

Motorisation of Roller Doors: The two plant room roller doors are currently manually operated. The time taken to raise & lower the doors for a 1A response has the potential to affect response time KPIs. ($1 400)

Fencing: The fence on the Eastern side of the station is in disrepair. ($1 000)

Aesthetic Issue

Bathroom renovations for residence: new vanity required as current one has lost laminex coating. Floor waste needs to be lowered – currently water has to defy gravity. ($1 000)

Signage: The ambulance signage needs to be repainted ($200)

External Painting for Residence: The residence is a weatherboard cottage and is in need of sanding and painting to prevent further deterioration ($10 000)

Priority Four – MURWILLUMBAH ($1,250)

Security Issues

Replace Roller Door. Current roller door is crack and motor needs repair. If not repaired, failure of the door may occur resulting in an inability to respond or delay in response. ($3000, motor replacement only $650)

Aesthetic Issue

Replacement Storage Cupboards Oxygen and linen storage cupboards are water damaged and require replacement with a cage and locker system ($600)

Priority Five – BYRON BAY ($43,100)

***** Please note- Byron Bay has been made a lower priority due to the expected replacement of the station within 2 years. The OH&S issues are still regarded as a necessity.**

OH & S Issues

Replacement of roof. During recent heavy rainfalls, water has been found to be seeping down through the ceiling in the residence, plant room and staff areas. An inspection of the roof to see if repairs could halt the leakages revealed that the roof required replacement due to the age of the building and the effects of the salt air environment. The leakages have resulted in electrical shorts which is an OH&S issue – the source of the shorts has not been ascertained ($30 000)

Rewiring of Station. The electrical switch board requires updating. The wiring also needs assessment as it is believed that the wiring is the original wiring for the complex. There is a potential fire hazard and potential electrical/electrocution hazard. ($4 000)

Aesthetic Issue

Internal Painting: The station is in need of internal painting, which will improve the esthetics. There is the potential for the current paint to be lead based ($4 000)

Removal of shed: The shed/garage at the rear of the station is no longer utilised as the residence is now staff amenities. The she is made of asbestos sheeting, which was checked and repaired during a recent audit. Removal of the shed would eliminate further risk. ($4 000)

Repairs to kick board near front steps: minor repairs required ($100)

Comfort Issues

Insulation of roof: The current complex is not insulated. Insulation would result in heating and cooling cost savings and assist in creating a manageable temperature for the officers to work within. ($1 000)

Priority Six – EVANS HEAD ($8,750)

OH & S Issues

Concreting of back paving area: currently paved but this area is uneven and is becoming a trip hazard ($2000)

Aesthetic Issue

Repair of old wooden station: the original station is of historical importance. It requires carpentry and painting. There is a potential area of white ant infestation. ($1750)

Comfort Issues

Replace Kitchen: Officers have repainted but the kitchen is beyond its useful life and requires replacement. In its current form it is a haven for cockroaches ($5000)

New Maintenance

As the reports used for the information in this prioritisation report are almost two years old, Stations were re contacted by phone and asked whether there are any issue that have surfaced since these reports were compiled. The following stations also have work required to be performed after priority 1-6 have been performed. These items do not have quotes at this stage.

Priority Seven- KINGSCLIFF

OH & S Issues
Electrical safety switches
Re roofing
Drainage issues

Aesthetic Issue
Vanity in bathroom

Comfort Issues
Air Conditioning

Other Issues
Internal telephone lines need replacing

Priority Eight - MULLUMBIMBY

Security Issues
Security doors required form inside plant room floor

Priority Nine - KYOGLE

Aesthetic Issue.
Floor needs paintng from original construction