

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

Name: Name suppressed

Date received: 25/01/2010

Partially Confidential

Review of the implementation of the recommendations of the inquiry into the management and operation of the Ambulance Service of NSW

Thankyou for the invitation to comment on the response from the Ambulance Service of NSW to the above inquiry. I would ask that this submission be treated as partially confidential and my name and other identifying information be protected.

From the outset it would appear, from both the comments made by the ASNSW during the inquiry and the assertions contained in the opening statements of their response, that the stance of the ASNSW has not significantly changed i.e. that negative reports from present and past employees concerning long standing and systemic organisational issues, are merely historical issues that have long since been resolved by policy change and internal review.

Whilst there are some positive aspects in the changes forced by the close scrutiny of the inquiry, there are also some aspects that indicate to me the same old tendency of the ASNSW to create the illusion of a progressive and innovative organisation that cares deeply for its staff. Rhetoric and dismissive language do not prove in themselves that an adequate, effective and sustainable change or improvement has been made to a culture that an overwhelming number of submissions pointed out was (and perhaps still is) in denial as to the real extent and ingrained nature of its problems.

I would urge the committee to ensure that the responses given, have an associated burden of proof requirement.

Specific comment is as follows:

Recommendation 1: The issue with the CEO in relation to performance was that he did not have knowledge or an appreciation of the level or systematic nature of bullying and harassment in his own service. The ongoing cultural issue and the isolation of the CEO from issues will not be resolved by placing issues on his performance agreement.

Recommendation 2: The performance review process in the ASNSW should include all staff. Issues with accountability and performance are hamstrung by the organisation not having an appropriate structure in place that holds staff accountable and provides direction and focus.

Recommendation 3: There is a tendency for the ASNSW to use 'generic' policy and associated training to manage obligations. This was done with

occupational violence and now with bullying and harassment. Token non-industry specific initiatives are cheaper, require less effort and provide an off the shelf 'solution to what really is a much more complex and systemic issue in a unique context. What has been the measured impact?

Recommendation 4: No comment

Recommendation 5: Evidence of completion of this process is required as to evidence of real and workable procedures a the coal face.

Recommendation 6: There seems to have been some progress in this identified area i.e. the involvement of a separate section regarding complaints may, dependant on process, provide a fairer and transparent system. The appointment of a Health Workforce Manager is a positive step, provided they have sufficient authority and discretionary powers.

Whilst clinical issues may be lodged on the IIMS database this is not evidence that systems and processes are in place to ensure that the previous bias in investigation and punitive action has been rectified. The general rule in the past has been that the magnitude or seriousness of the clinical issue is less a determinate of the instigation of appropriate investigation and resultant action; than is the clinical level of rank of the subject i.e. protection of ranking/senior staff.

The opportunity fro staff to raise concerns with the ACCC, NSW Ombudsman or the Anti- Discrimination Commissioner are avenues that have always been open to all employees. This issue is that the treatment of staff who have used these avenues to raise legitimate concerns about senior staff has been disgraceful.

Recommendation 7: No comment

Recommendation 8: This would seem a positive initiative, however confidentiality issues need to be clarified and enforced in any additional layer of grievance management, considering the issues raised with the committee in the past.

Recommendation 9: The consistent issue is with the organisations use of the interpretation of 'merit' in order to manipulate the selection and promotion process. The burden of proof must rest with the organisation to prove the relevance of merit in the context of its decisions. The manipulation of 'merit' is a long standing practice, that has been used to serve policy direction, personal agenda's and elitist activities. More transparent, accountable and more frequently audited processes need to be in place and corruption is a difficult charge to prove without a transparent process.

Recommendation 10: Once again the organisation has taken the cheaper way out and is relying on 'generic' testing to support selection processes. The concept of outsourcing the administration doesn't solve the issue of lack of an industry specific test used, the way it is used and the reliance on the testing.

Recommendation 11: The organisation has failed to provide evidence of change or a functional system. The reality is there is only a small number of staff with the appropriate training and skills to train others. The numbers are low because the organisation wants to take the cheaper path and encourage trainers by paying incentives or providing recognition. The result is that most junior staff receive on-road training by staff who are untrained in training and mentoring and do not possess innate skills to do so – they do so without recognition, but are held accountable for the actions of their charges.

Recommendation 12: No comment

Recommendation 13: The organisation touts 'up to 30% relief capacity' for training and other purposes. The question needs to be asked, where is this true? Designated training time is often cancelled as budgets are squeezed in each region. In a changing and demanding environment training opportunities, especially in metropolitan stations is almost impossible to find.

Recommendation 14: The lack of a widespread performance appraisal system is self-evident as a major ongoing issue.

Recommendation 15: As above

Recommendation 16: See 11. The process of allowing staff to implement a protocol or drug change, when they 'feel comfortable' is not an appropriate process and increases risk to the public, staff and the organisation.

Recommendation 17: This issue has been going on for too long without resolution. The lack of professional recognition of qualifications is an issue that discriminates against and disadvantages paramedics in the health sector.

Recommendation 18: 'Greatly enhanced' means the organisation has been a long way behind. This response is not evidence that staffing levels are sufficient or even meet minimum requirements.

Recommendation 19: No evidence of progress.

Recommendation 20: There is no evidence that the internal planning section has the capacity required. The main issue with external consultants is their use as 'hired guns' to endorse pre-decided actions or directions, unrelated to the focus of the report. E.g. the disbanding of Rescue.

Recommendation 21: No comment

Recommendation 22: No comment

Recommendation 23: Commitment to a wider distribution is required

Recommendation 24: ALS Level IV was a clinical level removed by stealth, despite its success in rural NSW. Misuse of the 'merit' system has discriminated against existing ALS staff for 'up-skilling' to ICP in deference to new staff, despite staff with more than a decade of exemplary service at a higher clinical level.

Recommendation 25: An independent audit of stations and facilities is long overdue.

Recommendation 26: This system mentioned by ASNSW does not have the appropriate level of supportive policy or processes in place to be effective. Review and verification is not routine or appropriate.

Recommendation 27: No comment

Recommendation 28: No comment

Recommendation 29: No evidence of compliance with recommendation

Recommendation 30: The decision to effectively implement this recommendation in practice will be cost driven rather than welfare-based. 'time-out' for staff is operationally difficult when operating at below optimum staffing levels. The issue in the past with this is that management staff have determined need based on personal appraisal of the situation and operation requirements. More often than not, request denied.

Recommendation 31: See 30

Recommendation 32: Long over-due

Recommendation 33: No comment

Recommendation 34: No comment

Recommendation 35: No comment

Recommendation 36: No evidence of compliance just many excuses.

Recommendation 37: See 36

Recommendation 38: No comment

Recommendation 39: No comment

Recommendation 40: A trial is hardly necessary for proven technology. Delays cost lives as does stalling in decision making.

Recommendation 41: This is a safety issue, non-compliance is motivated by cost.

Recommendation 42: No comment

Recommendation 43: No comment

Recommendation 44: No comment

Recommendation 45: No comment