

Supplementary
Submission
No 68a

**THE MANAGEMENT AND OPERATIONS OF THE NSW
AMBULANCE SERVICE**

Name: Suppressed
Date received: 29/07/2008

Partially Confidential

The Director, General Purpose Standing Committee No 2,
Parliament House,
Macquarie Street
Sydney NSW 2000

27th July 2008.

**Re: INQUIRY INTO THE MANAGEMENT AND OPERATIONS
OF THE NSW AMBULANCE SERVICE**

This supplementary submission is forwarded with the aim of:

1. providing brief but enhanced responses to specific questions I may not have answered well on the hearing day (see PART A), and more importantly
2. providing the committee with suggestions for what I believe is world's best practice, policy and planning in addressing issues of occupational health and safety/ poor morale and stress in ASNSW staff (see PART B).
Specific recommendations include: i) enhanced and accredited education and an associated move to registration and better regulation; ii) the introduction of a risk management approach in tackling employee stress and improving organisational and staff wellbeing*; and iii) within the latter, significant improvements in the current ASNSW Peer Support/ stress management program.

*This approach was adopted by the UK Health Department in 2004-5 and has proven successful for NHS Ambulance Service Trusts in the UK. (Due to time constraints I did not have time to present these specific recommendations on the hearing day but alluded to them in comments to Ms. Lee Rhiannon when I spoke about replacing culture surveys with quality of work life surveys).

PART A:
ENHANCED RESPONSES TO SPECIFIC QUESTIONS
RAISED AT THE IN CAMERA HEARING

Regarding question on 'replacing CEO with a commissioner' (by Hon Christine Robertson MLC)

To attempt to regain some trust and confidence amongst staff, your committee may consider the need to sacrifice the current CEO. However replacing the CEO with a commissioner will not fix the multitude of problems that currently exist. In fact many of these problems trace to the hundreds of staff below the CEO and the top-down, militaristic and control-command management structure of the ASNSW.

It is well known that leadership style models the behaviour within organisations and determines the shape and culture of the organisation. Current issues in ASNSW result from systemic problems and a culture that pervades all levels of the organisation. In order to address these problems all ASNSW managers need to be better educated in their roles. Improvements can also be made by decreasing the top-down management style, reducing bureaucracy, and increasing transparency and accountability. Major gains would be made from improvements in Human Resource (HR) management; particularly the implementation of modern HR approaches targeted at improving staff and organisational wellbeing (see suggestion of 'Improving Quality of Work Life Program' described in Part B).

Regarding question on 'occupational health and safety guidelines in ambulance' (by Ms Lee Rhiannon MLC)

I believe that at some level ASNSW managers are aware of their responsibilities under OH&S legislation. The underlying problem is that managers at all levels appear totally unaware of how poor-quality Human Resource management impacts staff. They are also unaware of the subsequent real and hidden financial and other costs to individuals and the organisation. As a result of this knowledge gap, ASNSW managers at all levels, are unwilling or unable to fix the problem(s). The result is that staff feel taken for granted, uncared for, and undervalued. The response from the union is to adopt a defensive and often antagonistic stance. As a result energy is expended in management and the unions fighting each other rather than working together to resolve issues and treat the underlying cause. The union also sees the solution to the problem as increasing wages (pay for suffering) and increasing staff numbers. However the solution lies not just in increasing staff numbers but ALSO improving the quality of work life of all staff and enhancing total organisational wellbeing.

Regarding overall picture of ASNSW as being negative/worst in the world in regard to management and stress management (by Hon Tony Catanzariti MLC)

Having only worked for ASNSW, as an employee I cannot draw a reliable comparison between ASNSW and similar interstate or overseas organisations. I suspect that across Australasia ASNSW is 'better than some but worse than several others'. However, I don't see the value in

making comparison to other services. Instead I believe it is more important to look at gaps and strategies for improvement. With my stress expert hat on here, I have no doubt in saying that 'there is a huge gap between ASNSW and world's best practice in relation to *good resource management, its link to employee and organisational health, and improvements in service delivery*'. This is what we need to target and I include some suggestions to address this below. If these recommendations are taken up wholeheartedly then ASNSW has the potential to become the 'model' ambulance employing organisation in Australia.

**PART B:
RECOMMENDATIONS FOR FUTURE PRACTICE, POLICY AND PLANNING
THAT ADDRESS ISSUES OF OCCUPATIONAL HEALTH AND SAFETY,
AND STRESS IN ASNSW STAFF, AND THAT ALSO LEAD TO IMPROVED
SERVICE DELIVERY AND RETENTION/RECRUITMENT OF STAFF.**

i) Shift to tertiary sector and Council of Ambulance Authorities accredited programs and registration of paramedics as allied healthcare professionals.

This will better educate and empower both on-road and managerial staff to carry out their roles more effectively.

The registration of ambulance paramedics aligns with Commonwealth government moves for accreditation and registration of Allied Health Professionals. (Please note: At present paramedics who intubate, administer drugs and defibrillate patients are not included in the list of allied health professionals, but podiatrists are included). Registration allows for better regulation. It also allows for easier transferability of employment across states, provides greater work choices and competition for prospective employees across services. As a result registration also encourages organisations to become 'best practice' and 'model' employers. (Current research shows that in recent years the trend is for many Charles Sturt University paramedic students to actively seek employment interstate. In addition many of the applicants rejected by ASNSW are eagerly taken up into employment by interstate Ambulance Services).

ii) Introduction of a risk management approach in tackling employee stress, enhancing staff and organisational wellbeing, and improving the quality of health service provision.

Under this approach, ongoing monitoring/ reporting processes could flow from ASNSW employees to Human Resources managers, Unions, the Ambulance CEO (or equivalent), and then to the Health Minister.

In 2004-5 an 'Improving Working Lives for Ambulance Staff' program was adopted by the UK Department of Health and NHS Ambulance trusts to cut absenteeism, avoid disputes, harness goodwill, improve staff morale, staff commitment and effectiveness and improve patient care. A similar program could be adopted within ASNSW.

The program is family friendly, stress reducing and addresses issues of skill shortage, retention and attraction of staff.

The program involves audits; focus group evaluation; risk assessment and identification of controls; development of action plans and risk registers; regular monitoring of action plans and registers; and review of effectiveness of current strategies via staff surveys, focus groups and analysis of key stress performance indicators.

Six stressors are focused on – ‘demands’ (workloads, work patterns and environment), ‘control’ (ability to complete/undertake work), ‘relationships’ (interpersonal and professional interaction, avoidance of conflict and unacceptable behaviour), ‘change’ (organisational change, management and communication), ‘roles’ (clearly understood and non-conflicting roles) and ‘support’ (encouragement and enhancement of the individual).

Organisational wellness strategies adopted within the program include: ‘Flexible Working Patterns’ (part time, job share, flexible retirement, meal breaks, team-based self-rostering) to address work-life balance; ‘Professional and Career Development’ (time off for training, personal development plans, easy access to educational programs that include communication and leadership skills, continuing professional development for on-road staff and managers); ‘Extended Paramedic Roles’ (development of community paramedics, paramedic practitioners); ‘Improvements in the Working Environment’ (decreasing violence and threatening behaviour); ‘Occupational Health Management’ (including multiple strategies to decrease stress); ‘Equality and Diversity’ (anti-harassment policies, 24 hour phone line, meeting EEO targets via recruitment, education, spiritual and pastoral support); ‘Child Care’ (coordinated approach in child care provision); and improvements in ‘Communication and Staff Involvement’ (via technology and increased consultation).

Within this program managers are encouraged to understand, prevent and address work related stress when it occurs. Proven benefits of stress reduction include decreased absence, increased morale, increased performance, decrease in errors, decrease in fear of reprisals for errors, decrease in PTSD and other stress claims, increased retention and recruitment and decreased costs for replacement, recruitment, induction and training.

(Documents outlining the UK ‘Improving Working Lives for Ambulance Staff’ program are attached).

iii) Improvements to current ASNSW Peer Support Program

Multifaceted stress management programs

These should operate at organisational, professional and personal levels, and occur before, during and after triggering events. Programs should be proactive and preventative rather than reactive. Programs also need to deal with ALL forms of stress and not just critical incident stress (eg: Improving quality of working lives program).

Educational programs covering stress

These should teach all staff about common causes, effects, warning signs/ markers of stress, and also when and how to seek support or professional help. Paramedics should be educated to avoid proven maladaptive coping strategies such as substance abuse, learned helplessness, denial, detachment, avoidance and withdrawal. Programs should encourage self and other monitoring; the enhancement of teamwork, social support and other buffering mechanisms, and assist individuals to seek and gain referral to appropriate support.

Stress management after a disaster or large scale event

Interventions should include defusing and psychological first aid rather than critical incident stress debriefing (CISD). There should also be significant other support services for families and children, and follow up services and professional referrals need to be provided when required.

Demonstrated commitment to, and improvements in the current Peer Support program

Enhanced initial and ongoing training (Current Peer Support Officers feel 'thrown in at the deep end', 'unsupported' and 'left to their own devices'. Employee Assistance Program (EAP) psychology providers have requested more ongoing training but this has been refused by ASNSW).

Initial and follow up training at employer's time and expense (This shows employer commitment to Peer Support Program and support of Peer Support Officers)

Improvements in notification procedures/ communications (current notifications lacking/ hit and miss across the state).

Better counseling-supervision and support (Current provider reported to Peer Support Officer that they were limited to one outcall to PSOs every 6 months)

Compensation for time/ costs in undertaking peer support role (This shows employer commitment to Peer Support Program and genuine support of their Peer Support Officers).

In conclusion

As a _____, I have seen the need for change across _____ years, and varied ambulance management structures and political parties in government. It has taken _____ for me to reach this point of 'opportunity for change and betterment' in my profession.

Advanced education, Paramedic Registration, and 'Improving Working Lives' programs are valuable tools in enhancing the wellbeing and healthcare outputs of all ASNSW staff. Indeed, this is a model that could be used across all facets/ employee groups in Health and the Public Sector! (I have attached key documents relating to the UK program for your perusal).

The implementation of improved Quality of Work Life programs would be a shift towards world's best Human Resource practice, and the greatest legacy that I (through your committee) could leave to my profession, all current and future ASNSW employees, and the people of this state.

Thank you for your valuable time in hearing my in camera evidence, and reading my submissions. Please do not hesitate to contact me if you need any further information, or if you think that I could be of any assistance in this or any other matters in the future.

Yours sincerely

Attached documents

- Improving Working Lives of Ambulance Staff
- Putting Stress Into Context: Guidance for UK NHS Ambulance Services
- ASA Risk Audit Template for Stress in the Workplace: Risk Factor and Controls Identification
- ASA Making a Safer Place to Work