

**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: 21/01/2010

Partially Confidential

SUBMISSION TO THE:

GENERAL PURPOSE STANDING COMMITTEE No 2:

INQUIRY INTO THE MANAGEMENT AND OPERATIONS OF THE AMBULANCE SERVICE NSW

The following comments having made a submission in the initial enquiry are based on information sort, issued and implemented by the Service, from my perspective as an Officer from the "on road level".

It is my intention to briefly list all recommendations and place a short comment in regards to each, at the conclusion I will make a short closing statement, stating the issues that are of most important and most pressing to both my colleges and myself.

Recommendation 1: This is unknown to the Officers on the road if this has occurred, it is noted that the CE is employed under the award and conditions of the State Executive Service (unknown by the majority of Officers) and such is bound by the appropriate code of conduct and conditions contained within.

Recommendation 2: It is not know whether or not this has occurred however, Senior Executive Managers some of which are SES Employees are bound by performance based contracts which at times may not be beneficial to staff due to the financial incentives provided if cost savings are reduced or made, this would be becoming increasingly difficult due to relatively static yearly budgets and increasing workload which are disproportionate to each other.

Recommendation 3: There has been to date no public report that I am aware of that reflects the outcome of this recommendation.

Recommendation 4: N/A

Recommendation 5: There (at my level) appears to be an increase in the appropriate and confidential way in which grievances and complaints are handled, however this has only improved since a change of Management has occurred within this Sector.

Recommendation 6: The Professional Standards and Conduct Unit has seen a minimal staffing increase, however the role of that unit has changed to reflect the handling of the more serious breaches of discipline and conduct which in practice has placed the less serious issues back to the relevant Sector, this is seen as a step forward.

Recommendation 7: The Grievance Policy has been simplified with the use of flow charts and a reduced document to reflect that of the main comprehensive policy.

Recommendation 8: The Service has in place a Peer Support system as well as the option to seek Professional Counselling Services, however this is not well known by a great number of Officers and there should be more information available to reflect the same.

Recommendation 9: Until recently there was much controversy over the selection of staff in relation to positions and or promotions within this Sector, once again the recent change in the Management structure in this Sector has alleviated these issues reflecting the correct procedures and policies finally being implemented to ensure a non discriminative process.

Recommendation 10: Unable to pass comment

Recommendation 11: I have not seen or witnessed and form of training incentive in relation to the review, Officers have sort some form of remuneration for this task as are applicable in other areas of Government and the Public Sector. To this end the Sector Management have provided a fast track to Service based courses which may assist in this area, as far as I am aware this may only be applicable to this Sector.

Recommendation 12: The Service continues to offer stream 1 training, however there was a cut off date which was by course number, having said this Officers from other Sectors have applied to convert to a stream 1 that have been after the "cut off" date but still have been accepted under the stream 1 system.

Recommendation 13: Excluding CTP leave for the on road Officer there continues to be no paid training time incorporated into rosters; this is not the case for the few whom are members of Special Operations. This group of staff have pre allocated paid training times incorporated into their rosters. With the dynamic changes seen to Pre Hospital Care over the past years it is essential that the Service revisit this issue to include all on road staff.

Recommendation 14: The three year recertification cycle is still very much in its infancy. The reason to extend the time frame from two years is based on staffing numbers, due to inadequate numbers many Officers were unable to attain points within the acquired timeframe placing potential pressure on the Service to remove them from the road until all the recertification points were achieved.

Recommendation 15: To my knowledge there is still no appraisal system for on road Officers, the current and prior recertification system is an insufficient indicator of true on road performance. Performance issues usually are only highlighted as a result of an adverse event or outcome. This is unsatisfactory as this is usually a performance issue that has not been addressed or overlooked for some time. Clinical Performance issues need to be referred to the relevant Education Section via the Team Leader, as Non Clinical issues via the Sector Management, this very rarely occurs as this requires one Officer reporting another.

Recommendation 16: Whilst in the past number of years Ambulance Education has changed to evidence based practice system and more in line with an institutionalized facility the number of Clinical Training Officers requires some form urgent review. When initially established the Education System implemented a ratio of one Educator to every 75 on road staff in this figure however was included the Paramedic Educator whose role is primarily class room education and ensuring that all staff are currently certified. As a result my Sector has one CTO for 167 staff, a ratio that is unacceptable. The Service needs to revisit the Education structure and move toward a ratio of one CTO to every 75 staff (not unlike the rest of Australia) to ensure that there is an effective education support base, timely and

appropriate liaison with on road staff, especially trainees, perform on road evaluations and adequate CTOs to educate on new and changed Protocols etc.

Recommendation 17: The registration of Paramedics seems like an issue that is too difficult for Australian Governments to pursue; there has been much discussion over a great number of years regarding the same with no forward movement.

Recommendation 18: In this Sector (Central Coast) Minimum Officer Levels are, unless of an adverse unpreventable event are always met. However crewing levels especially night shift remain as they were some 20 years ago. (Refer to Recommendation 19).

Recommendation 19: There has been to my knowledge a review of numbers on the Central Coast; this has not been made public. As stated crewing levels on nights are the same as 20 years ago, The CE most years appears on the media stating that workload is increasing by 6% a year, if this figure is correct it would see an increase of 120% over this time frame yet the demand / staffing ratio is a gross mismatch (a meeting attended by myself in 2004 at Gosford Hospital chaired by Dr Martin Palace stated that ambulance presentations for that year alone had increased by 42%). At a public accounts committee enquiry in 2003 the CE stated that the Central Coast had a gross demand / mismatch ratio and decided to allocate an extra 26 staff to this area. He then went on to state that these staff would be utilized to boost frontline services and not all be utilized for relief this was not the case however with 85% plus placed onto relief providing no impact to frontline services. The final figure was some 40 staff at the end of the enhancement which provided a net gain of two afternoon shift crews, had they been utilized correctly it had the potential to increase the crews by five 24 hours a day which would have been close to sufficient numbers.

I have been personally involved in three staffing reviews for this area of none have had any form of tangible outcome, this one will be much the same. The restructure of the Ambulance Rescue in this area (as stated by the then Health Minister Reba Maher) would provide an additional crew (IRC transcript) 24 hours a day seven days a week, this was the case for a few months and it has now been taken away and replaced by two rapid responders whom are only rostered from 0700-2200 and whose rosters are not maintained are unable to transport providing a further dilution to frontline services. The gross lack of resources not only has a poor outcome for patients it also increases Officer Fatigue with some stations on the Coast having the highest sick leave numbers in the Division. **It would appear yet again that the State Government is in disarray, and, not unlike the 3 prior reviews I have been involved with no outcome will be achieved, the time is drawing close for both myself and colleges to highlight the lack of staffing that directly can be contributed to poor patient outcome and or death in the media.**

Recommendation 20: The Service has already some form of planning unit, however little is known about its purpose and if it provides any benefit to the Service. One issue is noted though the Service from time to time advises both the public and staff of its capital works

programs and monetary rates it places into infrastructure whilst this may provide information to the stakeholders and staff in real terms there has been very few new stations built within the last ten years. When using the term new I am referring to extra stations and not the "knock down replacement" to which the Service refers.

Recommendation 21: The current Workcover system allows for alternate duties to be carried out, within this Sector there appears to be no issue, the only complication to this if there are no suitable duties within this Sector staff will then have to travel some distance and periods exceeding 60 minutes to another location this fortunately occurs very rarely.

Recommendation 22: The Service in the past has recruited staff from rural areas in the view that these Officers will return to their place of origin, I am unsure if they still adopt this policy.

Recommendation 23: The Service is currently undergoing a review titled "Station profiling" which views the type and frequency of workload that requires Intensive Care Paramedic intervention; it is progressing albeit slowly, there is some training of Intensive Care Paramedics that are being placed in these identified locations.

Recommendation 24: The Service under the new award has omitted the Advanced Life Support Level. Over the past eight years it has implemented a new level of training that has become the baseline or standard for all Officers, this Clinical Level known as P1 has sufficient knowledge and skill to provide more than adequate care to nearly all patients most of the time.

Recommendation 25: Many stations within my Sector are of a reasonable standard with the exception of Wyong, Hawkesbury River and Toukley, which all require reconstruction / relocation. The Service unlike the NSW Fire Brigade have a tendency to let their structures decline in quality and have no formal maintenance program, population figures on the Central Coast have out grown estimated predictions and is currently some 17 years ahead of its projected population prediction. Unlike the NSW Fire Brigade whom over the past ten years has forecasted and placed some five new stations within the Sector area the Service has failed to identify this exceptional growth and failed to react. At the very least this Sector would require the relocation of two stations (both Wyong and Toukley) and the construction of a minimum of one additional station within the Kincumber area; this is in addition to the extra staff that is required to cope with the increasing demand at the current stations.

Recommendation 26: Whilst the facility to mark or place a caution on an address is sometimes used this is only as current as the system is updated. Most Officers can make some form of assessment whilst reading the notes of the case whether or not the case is high risk. There is a policy in place for this type of high risk case but is grossly let down by

the NSW Police Force. The policy clearly states (memorandum of understanding between NSW Police, NSW Ambulance, Dept Health) that in all high risk situations that the Police attend first, then make an assessment to see what resources are required and then dispatch them accordingly. Current practice see a dual response by both NSW Police/Ambulance with the Ambulance waiting for periods of up to 2 hours waiting for Police attendance, at times during this period the Police have attended but neglected to inform that an Ambulance is not required.

Recommendation 27: The new uniform in most Officers opinion was a failure right from the start, labelled as "workshop clothes", "cheap Chinese rubbish" it falls apart, the embossing washes off, it's very hot to wear, the press studs fall off and it is two tone blue when the new shirts that were issued are worn. It is an extremely poor and pathetic effort from a Service that portrays itself as a professional organisation. This issue has been a substantial waste of the Governments money and the current uniform requires urgent re-evaluation with the view to replacement in the very near future. Officers are indicating a style that reflects King Gee cargo pants with either a white or green shirt.

Recommendation 28: With the recent change to the failed Death and Disability Award the Service now requires its Officers to attend a Medical Assessment every three years. This review is to assess an individual's health and fitness to carry out their day to day tasks on road. Should an Officer fail for any reason the cost must be met by that Officer to rectify whatever issue exists to return to the appropriate fitness, this is seen as unsatisfactory by many Officers who feel that the Gym equipment that was in all stations be returned and a fitness program not unlike the NSW Fire Brigade be implemented to assist with Officer fitness.

Recommendation 29: The Service has over the past 12 months placed written education materials both on the intranet and on station notice boards pertaining to the counselling services offered, however it also states that whilst the initial consultation maybe in work time further consultations should or must be booked in the Officers own time. Stress or issues of a physiological nature that can be attributed to the nature of employment should be attended to in work time.

Recommendation 30: As far as I am aware there is no provision (other than the current Workcover system) that has the provision of special leave for this purpose. The primary concern of staff both suffering mental or physical injury that under current worker legislation if an Officer is off work for a period of greater than six months his/her rate of pay drops considerably to the statutory rate of approx \$ 398.00 per week, this figure in this climate is far from sufficient to maintain the Officers financial commitments. This is unlike the NSW Police whose pay rate continues infinitely.

Recommendation 31: At this point I am unaware of an existence of a database that records traumatic incidents, having contacted a Peer Support Officer in regards to this recommendation he/she states the same, as for the notification within 48 hours of a traumatic incident, this is not occurring either. However at the time of writing I was also informed that the policy is being rewritten as to what it will reflect is still uncertain.

Recommendation 32: This recommendation links with 31 in the fact there appears to be no forward movement on this recommendation either.

Recommendation 33: The coordinated response in regards to rescue incidents is and always has been in place. The wording ALL rescue incidents may not however be the correct terminology. Many rescue incidents do not require the attendance of trained medical staff and will all incidents appropriate resources are dispatched.

Recommendation 34: This recommendation is one of vital importance as it pertains directly to the appropriate and correct use of Ambulance Services. Whilst a less than adequate campaign was put into place there should have been an ongoing and intense education or re-education to the public on this topic. Further to this the education should also be targeted at Aged Care Facilities, Local Medical Practitioners and Retirement Villages. Whilst there has been much comparison with the London Ambulance Service the Management of this Service need to realise that they are two distinct Services and what may suit one Service will not necessary suit or work in the other.

Recommendation 35: The Extended Care Paramedic program in the Central Coast Area has seen exceptional results. At the time of writing this area has only just increased the operational level of ECPs to two. There is sufficient work at this level for the ECPs to be used as a primary response to those incidents. Where the system is being let down is that ECPs are also being utilized as primary responders to casualty cases this is due to insufficient staffing numbers in transporting (stretcher equipped and double crewed) ambulance vehicles. A move forward to ensure correct utilization of the ECPs would be to reconfigure the type of vehicle used to reflect a type that was not equipped with emergency devices by way of lights and sirens but would however allow them to carry out case specific jobs that fit their criteria, further to this members of the public place calls for this type of work 24 hours a day, the Service should review the hours with a view to extension of the same.

Recommendation 36: There has been for some years issues raised regarding double crewing in the Hunter,

, the Service

was aware of this issue in 2004, I am told that this issue is still outstanding.

Recommendation 37: Unable to pass comment.

Recommendation 38: Unable to pass comment.

Recommendation 39: The S8 drug issues have been addressed with no drugs of this category being sent by mail. There is however issues within the Service that involve theft of these medications. Personnel experience in this area where it has happened in the past the correct procedure had not been followed, this was under the prior Management of this Sector.

Recommendation 40: The Service conducted a costing into placing GPS units fitted to the vehicles, I was told that this was between \$4000.00- \$5000.00 per vehicle. As a result they trialled a number of portable units with the view of making them a personal issue item. The selected unit was the Navman S150 which as received nothing but complaints since its inception. The unit freezes during operation, takes on many occasions considerable time to acquire a satellite signal and does not contain many streets. The accompanying instruction requires the Officer to remove the unit on each and every occasion he or she leaves the vehicle, this is not practical. As a result most Officers in my Sector have placed it in their locker and refuse to use it; some have attempted to return it without success not wanting the responsibility for it. There are many other units on the market that are and were far superior to this product.

Recommendation 41: This is nearly one of the most important recommendations made by this enquiry and personal issue or a portable per Officer ensures constant communication when separated and more importantly provides a means of duress activation should the unfortunate need occur. The Service has not made any forward movement on this recommendation.

Recommendation 42: In relation to this recommendation the Service stated (Mr Willis) they were going to introduce an additional level of Management. Many Officers I have spoken to asked or stated they required another Station Officer (Team Leader) working an opposing roster to their counterpart to enable the 24 hour contact with their Team Leader. The Service has attempted to rectify this recommendation during the recent award however has I believe not met the requirement as requested by the staff. They have created a position titled a Station Manger (which was the old Station Officer Grade 2) this position in the Northern Division will not be a 24 hour position but will cease at 2300 most days, this sees a gap of 8 hours without contact for staff, this is different however in Sydney where they it is 24 hour position. The formula used to attain the correct number of these positions is also grossly floored. It was decided that for every double module there is a requirement for one Station Manager, eg if a station had two 9 line rosters (total 18 staff) it would qualify, however if the station had one 18 line roster (18 staff) it would not qualify. As a result there is an abundance of these positions in Sydney (due to roster structure) but this is not reflected or proportional in the Central Coast Sector, it would appear that the Service thinks its responsibilities cease when it goes north of the Hawkesbury River. I have been told we are soon to receive 4 of these positions plus one Resource Manager where the figure should reflect 6 of these positions and one Resource Manager.

Recommendation 43: It is in the opinion of many Officers that the current structure of the Service does not require a Chief Executive but should like the NSW Fire Brigade and the Police have a Commissioner of Ambulance, this has not occurred. Adding to this that the Service change Governmental portfolio to move to the Emergency Services.

Recommendation 44: Many Officers I have spoken with feel that reestablishment of the Board would be a negative move as it would be seen as yet another obstructive pathway and unnecessary. The preference for a Commissioner of Ambulance is overwhelmingly supported.

Recommendation 45: This recommendation contains a number of inclusions most of which have been covered in this document.

The enquiry has seen some positive steps by the Service, however issues pertaining to the Central Coast still exist, and the lack of staffing is the main priority that will address the fatigue, duress and pressure endured by Officers in this area for many years. The problem was highlighted by the service in 2003 but has failed in its response. The area now has had four staffing reviews indicating the urgent need for 40 to 45 additional staff (plus vehicles and equipment and concurrent funding) just to cope with current demand. The use of rapid responders have seen a marked improvement in response times however on many occasions the patient transport is delayed for periods greater than 30 minutes due to there being no available ambulance to transport, (the key to successful rapid response is that prior to its implementation it MUST have a sufficient transport base, this sector due to poor staffing numbers has not) this can and does have a adverse effect on patient outcome. As stated the Service will state they have placed additional staff in this Sector during 03/04 but what they omit to tell is that over 85% went straight to relief having no impact on frontline services yet made up for a deficit created by poor Management. In relation to infrastructure a minimum of two additional stations are required and the relocation of two existing ones to enable effective service and response within this area.

I note Mr Willis comment on page 87 (5.100) in relation to meal breaks and made the following comment, asking many staff in my area they state "we have the new rosters but when are the meal breaks going to start" many Officers still do not receive a meal break especially on day and afternoon shifts yet the shifts have been lengthened by two hours, I was under the impression part of fatigue management is adequate rest and nutrition, but this seems not the case. Prior to implementation of these rosters it was strongly indicted to the Service that this would increase fatigue, sick leave and or burnout, this maybe reflected that the Central Coast has the highest sick leave than any other area in the Northern Division, again it comes back to staffing.

I also note on page 81 the comments made by the DG of Health Professor Picone in relation to professional rates, current Industrial Law would not be breached should the Dept of Health place an offer of a professional wage on the table but still no offer has been made in relation to this comment, the recent award was far from sufficient and according to the CE at a statement made during a roadshow at the Hawkesbury River that "Officers should have come out about even" post this award. This highlights the true value placed on staff by the Dept of health and the Service, for the substantial increase in skills and the knowledge associated with these skills.

As the Service and the HSU somewhat agreed to the new award the Service stated to the members of the full bench that the 14 hour night shifts were too long and posed a risk to the Officers working shifts of that duration. As a result it saw a clause in the award state that the maximum shift length is to be no longer than 12 hours, we are now some 12 months post that time and still many stations throughout the Service still are working a 14 hour shift. When questioned about this via the "Ask Greg" email on our intranet I received the following reply:

[Email omitted by Secretariat to maintain confidentiality, as requested by author]

With this being said the Service is still some 12 months later clearly breaching the award on every night that is of greater duration than 14 hours, and it would appear that the areas that were immediately changed being Sydney and the Central Coast lost meal penalties at the same time, whilst the other area whom did not have penalties remain on a 14 hour night shift.

Recent award changes have seen (due to the extension of hours on a day shift) an erosion of the Officers sick leave entitlements. The hours have remained the same per year being 114 hours per annual, but the of shifts have decreased. An example of this is that an Officer working an 8 hour shift would be able to have a maximum of approx 15 shifts per year where as Officers working 12 hour shifts would only be able to take 9. This clause of the award requires some form of attention and reworded to state 15 shifts per year rather than calculating on an antiquated hour format.

Whilst on the subject of sick leave many Officers have issues with the policy that is placed forward by the service the issues pertain to being interviewed and or counselled more than once over the same occasion.

[Following correspondence omitted by Secretariat to maintain confidentiality, as requested by author]

This reply gives me the impression that staff should not be interviewed more than once over the same occasion, however when clarifying this with the Service they stated that the latest sick leave policy issued by the Dept of Health (which on the front cover states it applies to the Ambulance Service) PD2009_050 does not apply to them. Being the Christmas New Year period I intend to phone the undersigned to clarify this, and this not being the case have the Ambulance Service removed from the front of this policy. This places confusion on which policy is applicable to whom especially when Officers are seeking a firm answer, one would of thought that the Service being under this portfolio would governed by it.

In closing if one positive step is implemented from this review it should be staffing in this area, a close look at data will reveal many years of neglect in this area. This may require Mr Rochford accountable for his comments to a public account committee in 2003 where he stated that the Central Coast is the worst area in the state. **This will not require a fifth review to waste more time, all on road Officers as well as Sector Management know where the shortfalls are and the number of additional staff required to address this.**