

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

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**Submission from the
HEALTH SERVICES UNION**

**to the
Legislative Council
General Purpose Standing Committee
No 2**

**Further Inquiry into the management
and operations of the NSW Ambulance
Service**

22 January 2010

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OVERVIEW

The Health Services Union ('HSU') is an industrial organisation for employees representing approximately 36,000 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.

As was noted during the initial *Inquiry into the Management and Operations of the NSW Ambulance Service* undertaken by the Legislative Council Standing Committee No 2 - that investigation occurred against a backdrop of considerable and prolonged dissatisfaction and disputation by HSU members regarding the way that the Ambulance Service was being managed. This disquiet was readily demonstrated to the Inquiry, both in the volume and content of submissions then made. This volatile situation was exacerbated at that time by the decision of the then Minister for Health to withdraw at a moment's notice ambulance rescue services at eight locations in NSW where the Ambulance Service had been the traditional and longstanding primary provider of such services.

In addition, considerable weight was also attached by the Ambulance Service and the Department of Health to outcomes then arising from a Major Industrial Case before the Industrial Relations Commission of NSW involving the relevant award for ambulance employees to alleviate other workplace concerns held by its employees.

This review based on establishing progress by the Ambulance Service toward implementing recommendations made by the initial Inquiry is timely as in the view of most HSU members the Ambulance Service has not embraced the recommendations in a practical or constructive way.

Feedback received directly from individual members; dialogue and discussion with HSU workplace representatives; and information provided via an extensive telephone survey undertaken by the HSU, indicates - in general - a majority view that nothing much has changed, or indeed some of the less attractive practices continue to be demonstrated.

Sadly, the feedback - and in some instances the reluctance for HSU members to even participate in a survey which was based on assurances around maintaining individual anonymity - reflected a range of emotions, including a continuing and burning anger, a lessening in any faith that things are on the 'mend', to a sense of 'what's the use, it will never change'.

HSU Survey 2009/2010

Methodology

To assist the HSU in compiling its submission (something that would then in turn assist the Committee in its deliberations), it was determined by the HSU to undertake a telephone survey of ambulance members. A series of questions were established based around the original recommendations made that in the main sought responses from members regarding the progress of their implementation and subsequent effectiveness if so implemented.

The basis of the survey was as follows:

- A random selection of members working in the Ambulance Service was obtained from the HSU membership system.
- No caveat or qualification or stipulation was made by any HSU officer upon the members that should or should not be included.
- The telephone contact and completion of the survey was not directly undertaken by HSU employees but rather using call centre staff engaged via a third party provider.
- The telephone survey was conducted from Monday, 21 December 2009 to Friday, 15 January 2010.
- 545 members were contacted successfully as part of the survey.
- Of these, 381 (70% of those spoken to) completed the entire survey.
- Of the remaining 164 (30%), some chose not to participate fully whilst others chose not to participate at all for a variety of reasons.
- Of those who completed the entire survey, the classification profile (as demonstrated in Table 2 in Appendix 1 of this submission) would seem to reflect an accurate representation of the Ambulance Service's employment profile.
- Of those who completed the survey, their duration of employment (as demonstrated in Table 1 in Appendix 1 of this submission) would seem to generally reflect an accurate representation of the Ambulance Service's employment profile.

Accordingly, the HSU would contend that the survey results are statistically sound and representative of broader opinion and experience.

Appendix 1 to this submission contains the responses received from the survey.

HSU Submission

Presentation style

The HSU acknowledges that the Terms of Reference established by the Committee are as follows:

That General Purpose Standing Committee No 2 inquire into and report on the implementation of the recommendations of the Inquiry into the management and operations of the Ambulance Service of NSW.

Accordingly, the HSU submission will be structured so that its comments appear under the relevant recommendation, along with the NSW Government response from March 2009.

For the purposes of collating and providing HSU members feedback, it would seem important to not only identify what the Committee recommended but the actions identified as to be implemented by the Ambulance Service in response.

HSU Submission

22 January 2010

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 1

That as a matter of urgency, the Minister for Health and Director-General of Health meet with the Chief Executive of the Ambulance Service of NSW to review the Chief Executive's performance, particularly in relation to bullying and harassment in the Service, and report to Parliament on this progress.

NSW GOVERNMENT RESPONSE - 4 March 2009

(Extract)

"The Government is already addressing the issues in relation to this recommendation. Health Executive Service positions are already subject to an annual performance agreement with reviews undertaken at a meeting on an annual basis. The Ambulance Service of NSW Chief Executive's performance was reviewed by the Director-General of Health on 15 January 2009. Progress in relation to the management of bullying and harassment within the Ambulance Service was given as a priority in the Chief Executive's performance agreement.

In addition, a committee has been established to assist the Chief Executive with the major change program for the Ambulance Service, ensuring that the program is well targeted, comprehensive and addresses cultural change issues."

HSU SUBMISSION AND COMMENT - Recommendation 1

HSU members cannot comment definitively regarding meetings held or the role played by the committee established to assist the CE with the changes required. However, it is noted that the NSW Government response concedes that progress " ... in relation to the management of bullying and harassment within the Ambulance Service was given as a priority in the Chief Executive's performance agreement."

For further comments on this latter aspect, please see comments under recommendation 3.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 2

That the Director General of Health undertake rigorous performance reviews of all senior executive managers within the Ambulance Service of NSW as a matter of priority.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation. Second Tier Performance Reviews are conducted by the Chief Executive of a Health Service. The Director-General undertakes performance reviews of all Chief Executives.

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "it is appropriate for the line manager to conduct performance reviews and therefore it is the function of the Chief Executive Officer of the Service" (p 222)."

HSU SUBMISSION AND COMMENT - Recommendation 2

HSU members cannot comment definitively regarding how frequent or rigorous reviews of senior executive position holders have been.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 3

That the Minister for Health and Director General of Health meet quarterly with the Chief Executive of the Ambulance Service of NSW to review progress, particularly in relation to reducing bullying and harassment within the Service, and report on this progress to Parliament.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation. Health Executive Service positions are already subject to regular performance review. Reviews of both the Ambulance Service of NSW and the Chief Executive's performance are undertaken by the Director-General of Health. The Minister for Health is kept advised of activities within the Ambulance Service of NSW (see Recommendation 1 above).

In addition, the Director-General and senior Department Executives have regular and ongoing discussions with all Chief Executives regarding the administration, management and services of Health Services within NSW Health.

It should be noted that in Caring Together: The Health Action Plan for NSW, the Government has committed to workplace culture improvement and improvements to the management of grievances and bullying. NSW Health will embark on a culture change process that includes a training program, improved procedures for managing bullying and complaints, with dedicated front line advisors in Area Health Services, and a central grievance advisory service. Success will be evaluated through staff and patient surveys. Audits will be conducted with reporting through the NSW Health Annual Report.

Already over 3000 Ambulance Service staff have attended Respectful Workplace Training."

HSU SUBMISSION AND COMMENT - Recommendation 3

HSU members cannot comment definitively regarding meetings held and their frequency/nature.

However, they can comment directly upon the success or otherwise of the strategies to reduce bullying and harassment. Feedback received unfortunately does not lead one to believe that any significant improvement has been achieved in this area.

The HSU Survey established that 96% of respondents confirmed that they had attended the *Respectful Workplace Training* mentioned in the NSW Government response (Table 14 in Appendix 1). However, this attendance does not seem to have translated to positive results. However, 68% of respondents did NOT believe that this training would modify behaviour positively and reduce bullying (see Table 15 in Appendix 1).

The HSU Survey identified that 65% of respondents believed that bullying in the ambulance service had NOT been reduced (Table 12 in Appendix 1).

The same response was also received in relation to the harassment of officers, with 68% identifying NO improvement (Table 13 in Appendix 1).

A number of observations were also made about the *Respectful Workplace Training*. Such views can be neatly captured in the following observations made by HSU members:

"... the Service has acted with a knee jerk reaction to addressing workplace bullying and harassment by providing training in respectful workplace ideas. The problem is that management themselves are so entrenched in how to attack officers and whilst it is blatant to us on the lower levels they believe that they are doing it for the right reasons....."

OR

"..the 'Respectful Workplace Training' was very good. But, has it made a difference in the ASNSW? No, definitely not. In fact I have seen an escalation in the lack of respect in the Service....."

OR

"... Duty crews [operational ambulance crews rostered on duty and part of minimum operating levels] were taken off the road for 4 hours simply so the CE could meet his obligations [in having employees attend Respectful Workplace Training] yet we don't get released for 5 minutes to do training on Satellite Navigation Units or 305 stretchers or clinical matters...."

OR

"Training, such as the 'Respectful Workplace Training' - this was a good vent but achieved nothing as it targeted the wrong staff...."

Another HSU member who wishes to remain anonymous for fear of reprisal gave an account as to how they were bullied into signing a false declaration:

"....days later, I was asked by the S/O [Station Officer] to sign a file note stating that I have been interviewed and reprimanded for [delete reference to allegations] I had not been interviewed or reprimanded. The Station Officer stated I know, but I have been instructed by Sector Office that you are to sign this and a copy put on your personal file..."

A HSU member with 24 years experience who also wished to remain anonymous reflected previous submissions to the Committee that the manner that disciplinary matters are investigated can of themselves become vehicles for behaviour viewed as being bullying and harassing:

"..After an internal investigation...I was cleared.... after a long battle..... I was treated as a criminal by the ASNSW Professional Standards and Conduct Unit and needed counselling to help me overcome the stress....."

OR

".....I was made out to be guilty and financially punished and disadvantaged without being given an opportunity to answer any accusation I have been humiliated amongst my work colleagues as it was apparent to all that my work restrictions impacted upon them ... My work colleagues have not been informed of my innocence and as such my reputation has been tarnished unfairly...."

It has also been identified that the Deloitte's assessment utilised by the Independent Panel - *Caring Together* - Examination of Stage 1 Progress released in November 2009, identifies that the Ambulance Service has at best commenced implementing (in August 2009) or at worst only begun planning better Bullying Complaints Management systems (page 73). The experience of members would seem that whilst the target of having employees attend a four hour course has been achieved, that of itself has not and cannot be used to conclude that the culture and processes within the Ambulance Service has undergone the *sea change* identified by the Committee as being required.

Accordingly, what is of some consequential concern is that the Independent Panel notes the " ... *Ambulance Service's experience in implementing a comprehensive program to prevent and manage bullying and grievance handling gives some idea of the investment required in terms of time and resources.*" This commitment is later identified in the same Report as being at least \$1m in the direct costs of consultants, staff and management training to implement the program in a year.

Based on outcomes and feedback to date much more care would need to be taken prior to using the Ambulance Service experience as either an *exemplar* or the basis of a framework to be adopted throughout public health.

It is also unclear accordingly on what basis the Department of Health or the NSW Government can be satisfied that the CE of the ASNSW has adequately managed bullying and harassment, which it identified as being " ... *a priority in the Chief Executive's performance agreement.*"

LEGISLATIVE COUNCIL - Committee No 2**Recommendation 4**

That General Purpose Standing Committee No. 2 conduct a review of the recommendations of its 2008 Report into the Ambulance Service of NSW, in October 2009.

NSW GOVERNMENT RESPONSE - 4 March 2009

"A review one year from the release of the report is supported given the complex nature of some of the recommendations."

HSU SUBMISSION AND COMMENT - Recommendation 4

Agreed as being both timely and necessary.

LEGISLATIVE COUNCIL - Committee No 2**Recommendation 5**

That NSW Health amend its Grievance Resolution Policy to provide greater emphasis on the confidentiality provisions. The provisions should be updated to reflect that breaches of confidentiality are serious issues that are subject to remedial or disciplinary action.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Department of Health will undertake a review to identify supporting procedures which ensure the policy is implemented correctly including in relation to confidentiality issues. This will be completed by August 2009."

HSU SUBMISSION AND COMMENT - Recommendation 5

Feedback to the HSU can be reflected in the following comment by a member:

"I can say that the Service is not following any of the recent guidelines that they have published about harassment or grievances I am presently living through a nightmare that has been poorly managed ..."

Further comment is provided regarding grievance procedures under Recommendations 7 and 8.

LEGISLATIVE COUNCIL - Committee No 2**Recommendation 6**

That the NSW Government increase resources allocated to the Professional Standards and Conduct Unit and establish an independent process to appeal the Unit's decisions

NSW GOVERNMENT RESPONSE - 4 March 2009

(Extract)

"The Government is already addressing the issues raised by the Inquiry in relation to the efficiency of the Professional Standards and Conduct Unit (PSCU). As the GPSC2 was advised during the course of the Inquiry and as noted in its report at 3.112 (p 35), the resources allocated to the PSCU were increased with a further two investigation staff to ensure that matters are dealt with quickly."

The Ambulance Service of NSW has new fair and transparent procedures for dealing with various types of issues and concerns that may arise in the workplace.

The standard operating procedure on "Raising Workplace Concerns", issued on 1 April 2009 (refer also to recommendation 7), acknowledges and promotes healthy workplace responsibilities and behaviours. These outline local procedures for the implementation in the Ambulance Service, of the NSW Health Policy Grievance Resolution (Workplace): for the Dept of Health and Public Health Organisations (PD2005_584).

Procedures, roles and responsibilities for staff and managers, forms and helpful flowcharts on the steps to be taken, are all part of the guide. Posters with the flowcharts are being produced for display in stations and other locations. This means the process is clearly articulated and prominently displayed to promote transparency.

The PSCU has now been re-focussed to deal with serious staff misconduct. The increase in resource support will ensure that the PSCU concentrates on and responds in a timely way to serious misconduct matters

As noted at recommendation 3, in Caring Together: The Health Action Plan for NSW, the Government has committed to a NSW Health wide culture change and improvement program, including a comprehensive training program and support for staff with improved procedures for managing bullying and complaints. Success will be evaluated through staff and patient surveys. Front line advisors in Area Health Services will be dedicated to complaints management with a central grievance advisory service to be established. Audits will be conducted with reporting through the NSW Health Annual Report.

Already over 3000 Ambulance Service staff have attended Respectful Workplace Training."

HSU SUBMISSION AND COMMENT - Recommendation 6

The manner that matters are investigated by the Professional Standards and Conduct Unit ('PSCU') within the Ambulance Service remains a subject of continual complaint by HSU members. Indeed these have over the last 12 months resulted in the HSU again seeking assistance and relief from the Industrial Relations Commission of NSW.

These disputes generally have the following consistent characteristics, as identified in a dispute notification made in November 2009 by the HSU:

"PSCU is unable to conduct and complete investigations into allegations in a timely manner.

The delay in concluding such investigations creates significant hardship for the Officers subject to the investigations.

Currently at least three separate Officers: are subject to significant and, HSU submits, unreasonable, delays in concluding such investigations.

(i) *The hardship created for these Officers include an inability to contribute to the local community.*

(ii) *Details of the hardships referred to above:*

- *.... prohibited by the Ambulance Service from participating in his secondary employment as a Volunteer Captain in the Rural Fire Service;*
- *..... has been stood down on minimum pay without access to shift or weekend or overtime (which comprise a significant proportion of Paramedic Officers' remuneration) for a considerable period,*
- *..... has been assigned to alternate duties, which has led to him losing shift, Weekend penalties & overtime which would normally be available to him."*

Unreasonable delays continue to occur. As observed recently by a judicial member of the Industrial Relations Commission of NSW when dealing with a dispute regarding PSCU investigations, delays are to be avoided:

" that time lines be adhered to and enforced, for all the obvious reasons, it does give rise to potential unfairness if investigations are to proceed in a somewhat unregulated fashion. And my recollection is that certainly at first instance the level of this Commission and perhaps Full Bench level observations have been made by judges where there has been delay occasioned in respect of an application that ultimately is brought pursuant to section 84, in other words unfair application, it is a matter that judges can take into account in the exercise of their discretion as to whether the dismissal is harsh, unfair or unjust, that these are matters that need to be generally kept in mind by any organisation when it is conducting an investigation into misconduct.

His Honour Justice Staff
16 November 2009
IRC1792 of 2009

Typical of the problems that still confront ambulance employees is exemplified graphically in the following feedback received, although anonymity requested:

"....I was to be investigated and stood down from On-Call and Planned Overtime opportunities. This course of action took approximately 21 weeks. The Service at no time adhered to their own policy which states that after 12 weeks the person being investigated must be furnished with a letter of progress each week. I have had to employ the services of a Solicitor to obtain information about my case as the Service has totally ignored me

I was made out to be guilty and financially punished and disadvantaged without being given an opportunity to answer any accusation.

I have been humiliated amongst my work colleagues as it was apparent to all that my work restrictions impacted upon them. My work colleagues have not been informed of my innocence and as such my reputation has been tarnished unfairly. I have requested via my Solicitor copies of reports from the independent investigator and letters of explanation of proceedings from the Service and have been ignored...."

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 7

That, as part of its undertaking to clarify and simplify grievance procedures, the Ambulance Service of NSW should create and distribute one page, plain-English fact sheets on grievance management and disciplinary matters

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation, with guides drafted and training underway. A standard operating procedure on "Raising Workplace Concerns" was issued on 1 April 2009 and contains simple one page guides. Training will be completed by June 2009."

HSU SUBMISSION AND COMMENT - Recommendation 7

Feedback from the HSU Survey indicates that 95% of respondents did know there was a standard operating procedure on 'How to Raise a Workplace Concern' (Table 16 in Appendix 1).

However, 24% of respondents said that they did NOT have a poster displayed in their workplace listing 'How to Raise a Workplace Concern' (Table 17 in Appendix 1)

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 8

That NSW Health provide contact officers within the Ambulance Service of NSW to provide impartial advice to staff on grievance and complaint policies and procedures

The contact officers should be available at all levels of the Service, of different genders, and from both rural and metropolitan areas. The role of these officers should be set out clearly for all staff within the Service

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation. A contact officer role is consistent with NSW Health policies and procedures. It is part of ensuring that employees have good access to the complaint and grievance process."

Expressions of interest have recently been advertised for Ambulance Service contact officers to provide impartial advice to staff on grievance and complaint policies and procedures. The demographics will be dependent on the interest amongst ambulance officers although efforts will be made to encourage interest from all levels of the Service, different genders and from both rural and metropolitan areas. Training of officers is scheduled for completion by July 2009."

HSU SUBMISSION AND COMMENT - Recommendation 8

Feedback from the HSU Survey indicated that 62% of respondents did NOT know who their local Grievance Contact Officer was (Table 18 in Appendix 1).

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 9

That NSW Health, as part of its review of Ambulance Service of NSW selection processes, establish clear guidelines for selection panel members which emphasise that selections must be based on merit. The guidelines should emphasise that conflicts of interest and corrupt conduct are breaches of NSW Health policy, and can lead to disciplinary action.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation with the Department of Health reviewing current policies on recruitment, selection and appointment for all staff. The review will include consideration of the processes for trainee paramedic selection and the resulting policy will reinforce standards for selection based on merit, and provide guidance on avoiding or managing conflicts of interest and corrupt conduct in all selection, recruitment and appointment actions across NSW Health. This review will be completed by June 2009.

In the interim, guidelines are already in place and updated training on recruitment processes is regularly conducted by the Ambulance Service of NSW. The current NSW Health policy, Recruitment and Selection Policy and Business Process - NSW Health Service (PD2006_059) directs the application of selection on merit processes. This policy applies to the Ambulance Service of NSW and its appointment of all permanent positions, with a three person committee including an independent from outside the Ambulance Service of NSW, undertaking the interviews. NSW Health already has a Code of Conduct, which applies to the Ambulance Service of NSW. The NSW Health Code of Conduct reminds staff of their responsibilities in relation to reporting corruption, maladministration, public health issues and criminal matters. The Code of Conduct also requires staff to report staff who breach the Code of Conduct.

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "this is a redundant recommendation as the Committee was informed by the Department of Health of the existence of these guidelines and policies within the Service in answers to questions on notice" (p 222)."

HSU SUBMISSION AND COMMENT - Recommendation 9

Feedback from the HSU Survey identified that 68% of respondents felt that the recruitment and selection of staff was NOT a transparent and fair process (Table 19 in Appendix 1).

LEGISLATIVE COUNCIL - Committee No 2**Recommendation 10**

That, as part of its review of psychometric testing, the Ambulance Service of NSW consider other psychometric tests which better identify the attributes of an effective ambulance officer. This review should be completed by October 2009.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation with the review of psychometric testing to be completed in August 2009.

Psychometric testing can be useful as one element in assessing suitability for particular work roles. The Ambulance Service of NSW uses psychometric testing for trainee paramedic mass recruitment.

The Ambulance Service is currently reviewing the administration of psychometric testing for new recruits because of the large number of intended recruits in 2008/09. The Ambulance Service uses a standard psychometric test developed by the Australian Institute of Forensic Psychology. The test was developed in 2004 and is updated by the Institute. Options being considered include outsourcing the administration of the psychometric test component of the recruitment process.

The review will consider current practice against industry best practice and will implement any changes that are indicated."

HSU SUBMISSION AND COMMENT - Recommendation 10

The HSU received no feedback on this matter.

LEGISLATIVE COUNCIL - Committee No 2**Recommendation 11**

That officers who undertake responsibility for training and supervision should receive recognition or incentives.

NSW GOVERNMENT RESPONSE - 4 March 2009

"These officers should be reviewed every six months to assess their performance. Unsatisfactory performance should result in performance management, and where necessary the termination of supervisory or training responsibilities

All Ambulance Paramedics are required to contribute to the on-road training component of trainee paramedics. This process is seen as part of the mentoring role of paramedics. Generally, senior officers who have completed Certificate IV training are utilised. Given the spread of senior paramedics and the number of trainees it may be the case that a trainee has exposure to both senior and more recent graduands during their training.

The supervision of on-road trainees in relation to clinical development remains with the on-road Clinical Training Officers (CTOs). This process engages the station manager, training officer, CTOs and trainee paramedics as a joint effort in the ongoing development of the trainee.

While the contribution of staff to supporting new officers is acknowledged it would not be appropriate to introduce such schemes for one class of employee only. A unified scheme of performance management is currently in use and can be progressively implemented to all

service levels after consultation with unions. It is anticipated that this would include a review of the supervision or training provided, where an officer has these responsibilities (refer also to recommendation 15 regarding performance appraisals)."

HSU SUBMISSION AND COMMENT - Recommendation 11

Feedback to the HSU supports the tenor of the Committee recommendation and does not accept the NSW Government response to date.

The allocation of mentoring roles to Paramedics is usually ad hoc and not, as suggested in the NSW Government response, done on some systematic basis.

The role and capacity of the CTO contribution is dealt with under Recommendation 13.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 12

That if the Ambulance Service of NSW intends to continue offering CTP Stream 1, management should allow paramedics to undertake this option if requested

NSW GOVERNMENT RESPONSE - 4 March 2009

The Government is already addressing the issues in relation to this recommendation.

The Ambulance Service provides a program of continuing professional development for paramedics through the Certificate to Practice program (CTP). CTP Stream 1 is still provided and paramedics can undertake this option.

HSU SUBMISSION AND COMMENT - Recommendation 12

See comments under Recommendation 13.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 13

That the Ambulance Service of NSW incorporate regular designated, paid training times into rosters, so that paramedics can meet with Clinical Training Officers for uninterrupted training.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation, as opportunities for training are already available with rosters accommodating up to 30% relief capacity which is inclusive of designated training requirements.

The Ambulance Service and the Health Services Union have recently agreed a new operational scheduling model which it is anticipated will optimise the efficiency and effectiveness of training opportunities.

Of note, there was no consensus within the Committee with regard to this recommendation

and it was noted that "the importance of training is recognised however, this specific issue is only one component of the whole process of training paramedics and needs to be considered within that context" (p222)."

HSU SUBMISSION AND COMMENT - Recommendation 13

The HSU Survey indicated that 41% had received some paid training in the previous 18 months (Table 10 in Appendix 1). This would seem inadequate to support the Certificate to Practice stream.

Feedback included the following comments from HSU members:

"... Duty crews [operational ambulance crews rostered on duty and part of minimum operating levels] were taken off the road for 4 hours simply so the CE could meet his obligations [in having employees attend Respectful Workplace Training] yet we don't get released for 5 minutes to do training on Satellite Navigation Units or 305 stretchers or clinical matters...."

AND

"In the absence of 'real' training A/Os [Ambulance Paramedics] are regularly asked to sign 'acknowledgement' forms for new rules/procedures/information without fully understanding the implications this procedure is clearly just to protect some people who should be conducting the training or those responsible for managing the Service"

AND

"....This [uninterrupted training and paid training time] has not been achieved, or to my knowledge even attempted. CTOs are still forced to adopt an ad hoc approach to training and catch staff whenever/wherever they can, either during crib breaks or at Hospitals."

AND

"It is nearly impossible for CTOs to conduct any beneficial practical training, or clinical discussions as the paramedics are always being called away. One example is LP 15 training. CTOs are required to urgently train paramedics in this machine as the roll out is progressing rapidly. Constant issues with rosters and accessing staff for this mandatory training hamper CTO efforts, as well as insufficient training time to conduct proper assessments or scenarios."

AND

" Operations Centre regularly contacts the station during training sessions to enquire if staff are available to respond. With the introduction of such an important yet potentially dangerous piece of equipment [LP 15] this issue demonstrates a failure of the ASNSW to understand or act upon this recommendation..."

AND

"This recommendation will be impossible for CTOs to achieve. With the low numbers of Sydney CTOs, an increasing number of Sydney paramedics and 4x5 rosters, it can take months for CTOs to talk face to face with all paramedics in his or her zone. Without appropriate action on recommendation 13, a better management understanding of the logistical difficulties CTOs face in accessing staff for quality training or clinical discussions, and an increase in CTO numbers to reduce educator/staff ratios; Sydney CTOs will never be able to ensure all paramedics are competent with protocol and pharmacology changes."

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 14

That NSW Health introduce performance indicators as a measure to evaluate the impact of the implementation of the new three-year recertification interval. These should include clinical indicators.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation, as the Ambulance Service has reviewed its approach to certification and updating. Paramedics will be required to engage once each 18 months as part of the three-year cycle and the Certificate to Practice (CTP) program is continually monitored to ensure compliance and relevance. In addition, the Ambulance Service already has a wide range of clinical indicators which are reviewed for relevance annually. While clinical indicators are not able to be directly linked to recertifications, measurement of recertification compliance is in itself a key performance indicator which is regularly monitored by the Executive Management Board."

HSU SUBMISSION AND COMMENT - Recommendation 14

The HSU received no feedback regarding this recommendation.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 15

That the Ambulance Service of NSW implement an annual performance appraisal system by the end of 2009 for all on-road officers. This system should incorporate training for Station Officers in how to conduct performance appraisals.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation. Performance Appraisal is already in place for Executives, Senior Managers and their direct reports.

It is important for front line supervisors to complete relevant training to ensure a consistent approach to performance appraisal and sensitive implementation of a higher level of accountability.

Management training will be well advanced by December 2009, supporting performance agreements for Station Officers (now titled Station Managers and Team Leaders) and performance appraisal for all officers as part of a formal system."

HSU SUBMISSION AND COMMENT - Recommendation 15

The HSU received no feedback regarding this recommendation. It is not believed that this has occurred or been implemented.

LEGISLATIVE COUNCIL - Committee No 2**Recommendation 16**

That the Ambulance Service of NSW ensure that Clinical Training Officers follow-up all ambulance officers in an appropriate manner after the distribution of updated protocols and pharmacologies, in order to ensure that officers understand the new changes.

NSW GOVERNMENT RESPONSE - 4 March 2009

The Government is already addressing the issues in relation to this recommendation and protocol update procedures were revised in July 2008 to reflect the need for robust version control and timely updates.

Most protocol changes are straightforward and can be adopted by paramedics by simply providing them with the relevant information. Paramedics who may have problems or enquiries concerning any aspect of the changes are encouraged to contact Clinical Training Officers who will follow-up with face-to-face support.

The Ambulance Service incorporates complex or major clinical changes into mandatory training. It is anticipated that the effectiveness of this approach will be enhanced with the introduction of the new operational scheduling model to optimise training opportunities, which has recently been agreed with the Health Services Union.

HSU SUBMISSION AND COMMENT - Recommendation 16

Feedback to the HSU is suggestive of an approach less than ideal or as straightforward as noted in the NSW Government response.

Feedback received can be usefully demonstrated with the following comments:

"This recommendation will be impossible for CTOs to achieve. With the low numbers of Sydney CTOs, an increasing number of Sydney paramedics and 4x5 rosters, it can take months for CTOs to talk face

to face with all paramedics in his or her zone. Without appropriate action on recommendation 13, a better management understanding of the logistical difficulties CTOs face in accessing staff for quality training or clinical discussions, and an increase in CTO numbers to reduce educator/staff ratios; Sydney CTOs will never be able to ensure all paramedics are competent with protocol and pharmacology changes."

AND

"Currently in Sydney, the ratio is approximately 1 CTO per 250 staff...."

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 17

That the NSW Minister for Health initiate discussions with the Council of Australian Governments to explore the option of national registration of paramedics.

NSW GOVERNMENT RESPONSE - 4 March 2009

"In 1995, the Australian Health Minister's Advisory Council (AHMAC) adopted a series of criteria for professions seeking registration. The test for registration of a particular group of service providers is warranted to protect the public. At the time the criteria was established it was determined that paramedics did not meet the criteria.

Ambulance courses facilitated by the Ambulance Service of NSW are accredited by the Vocational Education and Training Accreditation Board (VETAB). Issues of qualifications, professional standards, competence and discipline can be readily addressed within that employment context. Further to this, paramedics are not registered in any state or territory within Australia. Given this, the Government's view is that paramedics employed in the NSW Ambulance Service would not meet the prescribed AHMAC criteria.

It is expected that the new national registration scheme (approved to commence in 2010) will retain the current AHMAC criteria to test the appropriateness of regulating new professional groups. The Intergovernmental Agreement has provisions for new groups of professions to be included in the National Registration and Accreditation scheme if they fulfill the criteria, which is then subject to a process of approval by the Australian Health Ministers' Council (AHMC)."

HSU SUBMISSION AND COMMENT - Recommendation 17

HSU members have long considered registration of their profession was both desirable and essential. This latter point is especially so as the Ambulance Service of NSW does not retain an exclusive monopoly of all services being provided in NSW by stated "paramedics" or "intensive care paramedics". This lack of regulation leaves the community and the profession diminished.

National registration would facilitate cross-border movements of these professionals, and would by necessity establish national criteria for minimum

clinical requirements (and educational qualifications) for the profession.

As was noted by members, the current National Registration and Accreditation Scheme due to formally commence on 1 July 2010 with ten professional groups is largely about re-regulating those professions who by and large already have strong state based regulation (and accordingly community protections).

Ambulance Paramedics and Intensive Care Paramedics undertake clinical assessment and procedures that are equal to or higher than a number of other professionals already subject to regulation – and they undertake these significant clinical responsibilities in uncontrolled environments. That would of itself surely meet any test if registration and accreditation was in large part to afford comfort and protection to the community - especially in an arena with growing non-government service provision.

National registration is a key agenda item to be progressed by the National Council of Ambulance Unions ('NCAU') - a body formed at the initiative of HSU state branches in 2007/08 to create a national approach to ambulance employee issues and professional concerns.

Another matter raised by members was that the reluctance of employers and Governments to embrace national (or state based) registration was the 'fear' that this would inevitably lead to a successful 'professional rates case'. The attitude of the Ambulance Service and NSW Government from its own submissions to the Committee would seem to reinforce this view, in that in a number of recommendations, it does not accept *per se* that proper or additional remuneration is a way of recognising skills and attributes - rather it should be solely by way of a "... recognition of contribution."

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 18

That NSW Health increase the number of Ambulance Service of NSW staff to meet Minimum Officer Levels, as determined by the NSW Industrial Relations Commission.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government has already addressed the issues in relation this recommendation, with actual staffing levels exceeding Minimum Officer Levels, which are the subject of local agreements.

Since 1995/96, there have been 891 additional paramedics recruited, with 171 of these already recruited in 2008/09. In 1995, there were 2,220 clinical staff. Today this number exceeds 3,300.

In light of the increases in staffing levels and further enhancements that are due in 2008/9, the operational capacity of the Ambulance Service is greatly enhanced."

HSU SUBMISSION AND COMMENT - Recommendation 18

This remains in the view of HSU members a continuing area of bitter contention and debate, and one where little or no improvement is stated to be evident. Indeed some members argue that the number of double officer crews being 'put out' by rosters in a number of locations currently is less than when the Committee commenced its original Inquiry.

The HSU Survey identified that 67% of respondents stated that Minimum Operating Levels (or their equivalent) were NOT met on a daily basis (see Table 29 in Appendix 1).

Further, the HSU Survey identified that 67% of respondents confirmed that these MOL arrangements had remained unchanged since 2002 (see Table 30 in Appendix 1).

The HSU Survey further revealed that 54% of respondents identified staff vacancies on their station's roster; with nearly half of these claiming that three (3) or more positions were vacant (see Table 7 in Appendix 1). Worryingly, 9% of all respondents (or 17% of those respondents indicating vacancies) identified that MORE THAN five (5) positions were vacant on station rosters.

The HSU Survey also confirmed that 73% of respondents could not identify that any additional staff had been employed at their station (see Table 8 in Appendix 1).

In short, nothing has changed since the last Inquiry by the Committee in that despite the fact that funded substantive positions have undoubtedly increased, they have not produced the increase to ambulance crew numbers put out by rosters on a daily basis beyond those set nearly ten years ago - and that is on a good day.

This can be demonstrated in a number of ways.

Firstly, in a current dispute before the Industrial Relations Commission of NSW, the Ambulance Service has sought to 'downplay' the role of MOLs and indeed to date has been reluctant to provide any information regarding its on-going compliance with the same.

Earlier this month (8 January 2010) the HSU had cause to seek the following information from the Ambulance Service:

1. AMBULANCE CREW LEVELS

Data is requested that will identify the following:

- (a) *Actual ambulance double officer crews working per shift and per day for the period. This should be provided if possible by station; sector; and Division (or part thereof).*
- (b) *The corresponding minimum officer-crew levels maintained per shift per day prior to the introduction of the SRU trial. This should be provided if possible by station; sector, and Division (or part thereof) (ie the figures provided for the number of crews maintained should include the now disbanded rescue units previously part of any MOL or like arrangement.)*

2. SRU LEVELS

Data is requested that will identify the following:

- (a) *Actual Special Response Unit vehicles staffed and working per shift and per day for the period. This should be provided if possible by station location; sector; and Division (or part thereof).*
- (b) *The corresponding Special Response Unit vehicle numbers that were rostered to be available per shift per day for the period. This should be provided if possible by station; sector, and Division (or part thereof).*
- (c) *The number of Single Responder Units operating in the relevant locations per shift per day prior to the introduction of the Special Operations Responders. This should be provided if possible by station; sector, and Division (or part thereof).*

At the time of writing no response has been received from the Ambulance Service.

The HSU Riverina Sub-Branch had cause to recently correspond with their Divisional/Sector management as follows:

"The ASNSW in this area cannot provide staffing to meet service provision levels designated as Minimum operational levels set in 2002, before the government funded enhancements were provided. For the roster commencing 16th January 2010 there are the following:

- *A number of stations have 1 officer on-call for up to 20 nights out of 28*
- *Day relief is used at a number of stations reducing the minimum operational levels at the relieving stations*
- *Wagga station has 24 overtime shifts, plus 12 further shifts required to cover the extended care training.*

- *Continual SMS overtime messages being received by off duty staff a number of times a day.*
- *Riverina zone has 37 roster lines with 41 available staff, (8.1%)*
- *Murrumbidgee zone has 28 roster lines with 31 available staff (10.7%)*
- *Southern Slopes zone for our sub-branch area has 15 roster lines with 16 available officers (6.6%)*

This has a negative effect on both staff welfare and safety. Officers are unable to fill all the overtime shifts required to meet the MOLs of the area; evidenced by Wagga 15th Jan 2010 only having 1 officer on night shift and today 2 dayshifts not covered despite the service attempts to replace the position. The 15th duty personnel were required to stand by at the Wagga races again due to the service inability to obtain staff by overtime. Both points detracted from the daily service provision to the community.

While the service refuses long service leave based on service provision, the ASNSW is endorsing a reduction in service by introducing extended care paramedics to the area with out pre-filling the positions. With short notice, officers are to be withdrawn from rosters to attend the extended care training.

ASNSW advocates service provision as an absolute requirement by all officers yet staffing levels have been eroded to a point where we do not have the ability to provide this service. Officer welfare issues are being ignored by the service due to the lack of staffing. The service identifies long continuous hours of work can undermine safety and the health of those who work them (Memorandum F/009 27/07/09)"

The Ambulance Service at the time of writing has not responded in the requested timeframe.

The HSU Outer Hunter Sub-Branch has also had cause to raise issues as follows:

"As for vacant positions across the Outer Hunter that Dennis requested we have the following at the moment.

Bulahdelah 1 position vacant.

Tea Gardens 1 position vacant

Gloucester 1 position vacant

Singleton 2 positions vacant."

It can and does go on. HSU representations made to the previous Inquiry remain as valid today as they were in 2008. A selection of these submissions is reproduced in Appendix 2.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 19

That the NSW Government update and complete its review of operational numbers required for the Central Coast and Hunter by October 2009, and that the results be made public.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government will be addressing the issues in relation to operational numbers for the Central Coast and Hunter by introducing a new system of rostering both through the new Operational Ambulance Officer State Award 2008 and a rural rostering program.

A review of operational numbers required for the Central Coast and Hunter was completed however the new Award and rural rostering program will allow for different rostering arrangements in these areas.

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "there was insufficient information within this Inquiry to comment on this Review" (p 222)."

HSU SUBMISSION AND COMMENT - Recommendation 19

Feedback to the HSU essentially noted the following points.

After the conclusion of the MIC 2008 and establishing the new Operational Ambulance Officers (State) Award, the Ambulance Service recanted on its previous submissions to the Industrial Relations Commission of NSW (and to this Committee) to introduce a 4 x 5 roster schema. It was only after the intervention of the HSU via dispute proceedings and the further involvement of a Full Bench of the Industrial Relations Commission of NSW that the Ambulance Service was held to account.

As one member accurately described it:

"...the Service made various attempts to avoid implementing the 4x5 roster in March 2009. It issued an Admin Bulletin on the very morning that the matter was being heard in the IRC in an attempt to pre-empt the IRC's decision. Only the intervention of the IRC saw the 4x5 introduced...."

The 4 x 5 roster schema accordingly commenced in Metropolitan Sydney from 2 May 2009 and Central Coast shortly afterwards.

If any such review has been undertaken on the Central Coast and the Hunter, its outcomes are unknown to members. HSU members would again press that its supplementary submissions via Questions of Notice from the Committee in relation to the Central Coast remain valid in relation to the parlous staffing situation and the Ambulance Service's inability to maintain minimum officer levels in the Central Coast.

As noted in the HSU response to recommendation 18, HSU members suspect that with the rescue vehicle in the Central Coast being disbanded, the number of double officer crews being regularly put out by rosters has reduced and not increased - hence the request for specific data on the intersection between double officer crew levels being maintained and Special Operations Responders.

In addition, a demonstration of the rural rostering model to HSU workplace representatives in the latter part of 2009 served to reveal its limitations although in the vast majority of situations did validate that existing rosters by and large could not be improved upon (and accordingly service levels to the community) without an injection of additional staff.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 20

That the Ambulance Service of NSW should rely less on external consultants for planning by establishing an internal planning unit to provide long-term strategic planning. The unit should be operational before the end of 2009.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation. An internal service planning capacity will be in place by December 2009."

HSU SUBMISSION AND COMMENT - Recommendation 20

HSU members have long submitted that the Ambulance Service did not and could not plan - a matter the Service has conceded to previous reviews.

The HSU is however of the understanding from the Ambulance Service that the full panoply of planning services and resources will not be available till later this year (2010).

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 21

That the Ambulance Service of NSW amend its Suitable Alternative Duties policy to allow paramedics the choice to undertake alternative duties at their home station, where travel to other stations may generate health and safety concerns.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the health and safety concerns in relation to this recommendation with a Standard Operating Procedure drafted that details that suitable or selected duties may comprise components of the injured workers substantive position."

The overriding principle is to select the most appropriate safe work place option which may at times be away from the normal workplace. Ideally an injured worker will be provided with suitable or selected duties at their normal work location."

The Standard Operating Procedure has been finalised. It provides for consultation with related employers, including hospitals, to accommodate Ambulance Service staff members.

When an injured worker's medical restrictions do not permit them to undertake duties within their substantive position or location, duties may be found within the Ambulance Service or externally with another employer. These arrangements are industry 'best practice'.

All arrangements are agreed to by the injured worker, their manager, the Injury Management Coordinator and union (if appropriate). Suitable or selected duties are not permanent transfers from the injured workers substantive position but are for a period specified on the Return to Work Plan to accommodate medical restrictions. Each period of selected duties shall not exceed a 12 week placement."

HSU SUBMISSION AND COMMENT - Recommendation 21

No specific feedback received by the HSU although alternative duties for Paramedics at or near their home station - especially in rural and regional settings - remain problematic.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 22

That the Ambulance Service of NSW investigate the feasibility of rural recruitment drives.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation and positions are already constantly advertised in a wide variety of rural papers in order to attract rurally based candidates.

The feasibility of additional rural recruitment strategies to recruit local people in rural areas will be considered as part of a broader recruitment strategy currently being investigated."

HSU SUBMISSION AND COMMENT - Recommendation 22

The HSU and its members have for some years indicated to the Ambulance Service that a vigorous or targeted recruitment for rural locations held considerable merit. HSU members understood from this recommendation that local applicants (especially in isolated and difficult to recruit to areas) could be offered employment on the basis of remaining (after training) in their 'home town'.

Considering recruitment and retention strategies should remain a pivotal issue for the Ambulance Service as like most organisations it is about to be subject to a significant erosion in its employment base with the exit of 'baby boomers' The HSU Survey identified that 32% of respondents had been with the Ambulance Service for over 20 years (see Table 1 in Appendix 1).

It is well reported that younger generations are more mobile; have more jobs in a lifetime than previous generations; and are less likely to remain in

employment if unhappy. This is a significant challenge to an organisation that remains bedevilled with claims and incidents of unsatisfactory organisational behaviour and culture, with accordingly low staff morale.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 23

That the Ambulance Service of NSW provide Intensive Care Paramedic training in additional rural locations.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation.

Provisions for better geographic spread of Intensive Care Paramedics is part of the Ambulance Service's Clinical Profile Plan. The Industrial Relations Commission has supported the plan which leads to better distribution of Intensive Care Paramedics based on community need. The Service has already implemented the new system in rural areas and continues to consult the Health Services Union through existing joint consultative arrangements in respect of metropolitan positions.

Training of Intensive Care Paramedics to occupy the designated positions is prioritised within the operational and educational capacity of the Service (refer also to recommendation 24)."

HSU SUBMISSION AND COMMENT - Recommendation 23

An opportunity for existing Advanced Life Support Officers to upgrade to Intensive Care Paramedic clinical status continues to be implemented.

However, the Ambulance Service is also increasingly seeking to employ ambulance professionals from overseas or interstate rather than providing clinical career pathways (that require training and resources) to existing employees.

The NSW Government response includes the comment that actions to date will lead to "... better distribution of Intensive Care Paramedics based on community needs." What does that mean? At the volition of the Ambulance Service during the MIC 2008, it was successful in changes to the Award that would result in - for example - a fully qualified Intensive Care Paramedic who was successful in obtaining a position in rural or regional NSW being prevented from exercising their full EXISTING clinical skill set within their community. HSU members remain very concerned as to the practical consequences of such a change.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 24

That the Ambulance Service of NSW reinstate training to Advanced Life Support level for paramedics in rural and remote areas. Rural officers should be given priority of training.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation.

The Advanced Life Support qualification has been superseded by developments to core paramedic training and the additional Intensive Care Paramedic training and dispersal of these specialist positions across rural locations.

The clinical profile for designated specialist positions in rural areas has been completed and further consultation is being undertaken with the Health Services Union for urban locations. The changes will result in an increase in rural stations with Intensive Care Paramedic positions from 19 to 49 stations.

Current Advanced Life Support officers are being offered the opportunity to upgrade to Intensive Care Paramedics and this is largely occurring in rural areas."

HSU SUBMISSION AND COMMENT - Recommendation 24

Little demonstrable progress on these matters. It also remains unclear whether any location identified as warranting an increase in Intensive Care Paramedic numbers and skills will have those opportunities afforded via training in the first instance to locally based Paramedics. Relying solely on internal recruitment from the pool of officers with those existing clinical levels will inevitably disadvantage rural and regionally based Paramedics.

See also comments under recommendation 23.

LEGISLATIVE COUNCIL - Committee No 2**Recommendation 25**

That the NSW Government increase the capital works budget for the upgrades and repairs of Ambulance Service stations across NSW.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation, with 13 new ambulance facilities currently in planning or at various stages of construction. Since January 2005, a total of 14 new ambulance facilities have already been completed at a cost of approximately \$16 million, including at Walcha, Dubbo, Junee, Ryde, Batlow and Bombala.

In 2009, three of the facilities currently in construction will be completed at Bingara, Wyallda and Merriwa. Ongoing Ambulance infrastructure needs will be assessed against Health and other Government priorities.

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "the Committee was provided with material from the recent Head Review which outlined the extensive capital investment made in the Ambulance Service since 2004/2005. This included \$19 million allocated in 2006/2007 and \$15.7 million allocated in 2007/2008 for fleet replacement, station upgrades and maintenance and equipment" (p 222)."

HSU SUBMISSION AND COMMENT - Recommendation 25

HSU members have long battled to be part of any early planning process or identification of needs for stations etc. Unable to comment on specific allocations or decisions as to how such monies utilised.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 26

That the Ambulance Service of NSW develop procedures to provide information to officers about potential violence when responding to call-outs.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government has already addressed the issues in relation to this recommendation.

The Ambulance Service has an automated system in place where a warning about known hazards, such chemicals or potential violence can be relayed to responding crews. The system is regularly reviewed and updated."

HSU SUBMISSION AND COMMENT - Recommendation 26

Last year the then Minister for Health confirmed that there had been a 60% increase in assaults on Ambulance Paramedics. In October 2009, the HSU wrote to the Ambulance Service in the following terms:

I write following recent confirmation by the then Minister for Health regarding the 60% increase in assaults on Ambulance Paramedics.

Since that time, HSU could reasonably have expected that the Ambulance Service of NSW would have given due consideration regarding this alarming statistic. Accordingly, can I seek any information that the Service has completed. This should include any audit of the reported assaults undertaken to identify any patterns that may arise in relation to factors that may have contributed to the assaults.

For example, did such an audit identify and profile the clinical presentations for such cases or any other distinguishing factors (including environmental) that may allow trends or predisposing factors to be identified?

If the Ambulance Service has not undertaken such an audit the HSU would formally request that such be completed.

The HSU has not received a response, least of all access to any review or audit undertaken.

The HSU has also made representations to the NSW Government regarding at least the initiation of an investigation of the utility of having specific offences for the assault of Ambulance Paramedics being created.

The HSU Survey identified that 30% of respondents had been injured on the job due to violence (see Table 20 in Appendix 1).

The HSU Survey identified that 62% of respondents felt that there had been NO change or improvement in their operational health and safety (see Table in Appendix 6).

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 27

That the Ambulance Service of NSW modify its new uniform so as to clearly identify its on-road staff as paramedics.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government has already addressed the issues in relation to this recommendation.

The new Ambulance Service uniform already clearly and safely identifies operational ambulance paramedics consistent with other NSW emergency service uniforms. The clinical skill level of paramedics are also clearly identified on epaulettes attached to the new uniform. The uniform shows "Ambulance" in large lettering on the back with distinctive roundels on each sleeve. In addition all operational staff are issued individual safety vest with distinctive ambulance markings."

HSU SUBMISSION AND COMMENT - Recommendation 27

The longstanding Ambulance Service-HSU Uniform Committee was unilaterally disbanded without warning by the Ambulance Service in April 2008. After numerous representations by the HSU, it was agreed by the Ambulance Service to re-establish this important consultative mechanism.

That 'concession' occurred in June 2009 although after several further representations its first meeting is currently being scheduled for later this month (January 2010).

This is a highly unsatisfactory way to consult with staff and their representatives.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 28

That the Ambulance Service of NSW provide OH&S guidelines to ambulance officers to maintain their health, strength and fitness.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation, with

all ambulance officers undertaking compulsory manual handling training and being given general guidelines on induction. Re-certification also includes refreshers on occupational, health and safety issues.

NSW Health is pursuing a Health and Wellness Program through arbitration in the Industrial Relations Commission. The Death and Disability Award for paramedics contains a Leave Reserved Clause providing for arbitration of a proposed Health and Wellness Program. However, the Health Services Union is currently opposed to the Health and Wellness Program proposed by NSW Health."

HSU SUBMISSION AND COMMENT - Recommendation 28

The HSU Survey identified that 57% of respondents did NOT believe that there had been any change or improvement to staff occupational health and safety issues (see Table 5 in Appendix 1).

The HSU Survey also identified that 62% of respondents felt that there had been NO change or improvement in their operational health and safety (see Table 6 in Appendix 1).

In relation to the proceedings noted in the NSW Government response as being before the Industrial Relations Commission of NSW, the following summary can be provided (an extract from a HSU update distributed to all members on 9 September 2009):

"At the conclusion of proceedings, the Full Bench felt sufficiently apprised of the issues to make known to the parties its decision and orders in this matter. The following is a summary of that decision and orders

- A Health and Wellness Program will be developed and implemented by the parties - consistent with the Program that was modified during the proceedings before the IRC. It will be Annexure D to the ASNSW Death and Disability (State) Award.*
- The Health and Wellness Program (containing both a compulsory Health Assessment check and a support program) **will commence to be implemented from 1 July 2010**. Such a program will be consistent with the modified Annexure D arising from these proceedings.*
- The parties will commence further consultation on Annexure D to establish the operational and practical application of that framework, and if any difficulties continue to separate the parties then they should be returned to the IRC no later than two months before 1 July 2010.*
- It should be noted that these discussions and implementation from 1 July 2010 will not be permitted to result in any additional claim or give*

rise to any additional payment, allowances/financial benefit or additional leave to officers.

In relation to the Health Assessment required to be undertaken by officers, the IRC confirmed that these would occur on the following basis:

- *These will occur every three years and be by a nominated accredited/independent Health Assessment Provider (WorkCover accredited for example).*
- *Attendance at a nominated Health Assessment Provider will occur in or be considered work time.*
- *If transport is not provided by the ASNSW to attend the Health Assessment, reimbursement of all reasonable transport costs will be made.*
- *All costs associated with the Health Assessments, and indeed all costs associated with the Health and Wellness Program (unless expressly stated otherwise), will be paid for solely by the ASNSW.*

WHAT DOES THIS MEAN IN SIMPLE TERMS?

- ✓ *A Health and Wellness Program will be established.*
- ✓ *The Program will have two broad components - health assessments and support programs/mechanisms.*
- ✓ *The Program will not commence until 1 July 2010.*
- ✓ *The IRC has confirmed that the ASNSW is responsible for the cost of the Program.*
- ✓ *Attendance at these Health Assessments (once every three years) will be work time.*
- ✓ *If the ASNSW does not provide transport to a Health Assessment, reasonable costs will be paid.*
- ✓ *The Support Program will be designed to provide comprehensive support to officers in their efforts to improve personal health outcomes and will also need to be ready to begin from 1 July 2010.*
- ✓ *The IRC accepted that a great deal of detail still needs to be 'thrashed out' and expects the parties to get to work and sort it out.*

- ✓ *The parties can seek further assistance from the IRC if required.*
- ✓ *This gives the parties several months to get things right."*

The "great deal of detail" identified still remains to be "thrashed out" regarding the Support Program for Ambulance Paramedics.

The HSU is unaware of what progress has been made to establish independent health assessments to be in place by 1 July 2010.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 29

That the Ambulance Service of NSW explain to all staff why formal critical incident stress debriefing is no longer recommended, and encourage employees to utilise the Service's existing support services after traumatic incidents.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation, with the commencement of a review of its staff support services. Approaches to supporting staff following critical incidents will be considered as part of the review, which will be completed in June 2009.

The Employee Assistance Program provides traumatic incident support which includes provision for a counsellor to provide staff support for trauma incidents. Information about the Program is available to all staff through the Ambulance Service intranet and 1300 numbers are published on the Human Resources intranet page.

In addition, the Ambulance Service has a trauma support brochure titled: Have you or someone you know been involved in a traumatic event? The brochure is distributed at incidents that are likely to invoke traumatic reactions from those who are involved, including witnesses and bystanders."

HSU SUBMISSION AND COMMENT - Recommendation 29

The HSU Survey identified that 35% of respondents had used EAP (see Table 22 in Appendix 1).

However, the HSU Survey revealed that 55% of respondents felt that they were NOT supported well after a traumatic incident at work (see Table 23 in Appendix 1).

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 30

That the Ambulance Service of NSW examine provision for special leave for officers following traumatic incidents as part of the forthcoming review of staff support services.

NSW GOVERNMENT RESPONSE - 4 March 2009

The Government is already addressing the issues in relation to this recommendation as existing leave provisions can accommodate special leave for this purpose. The need for

further information about access to leave for stressful incidents will be considered as part of the review of staff support services, which will be completed in June 2009.

HSU SUBMISSION AND COMMENT - Recommendation 30

The HSU and its members are unaware as to what progress has been made in any such review by the Ambulance Service.

Members welcome the Committee's recommendation.

This is especially important as the HSU Survey revealed that 55% of respondents felt that they were NOT supported well after a traumatic incident at work (see Table 23 in Appendix 1).

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 31

That the Ambulance Service of NSW establish a database to record traumatic incidents, and a formal system to ensure all major incidents are notified to peer support officers within 48 hours.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government will respond to the issues in relation to this recommendation by examining whether it can configure the existing Integrated Incident Management System (IIMS), which can record staff, visitor and contractor 'incidents', to allow specific incident types to be forwarded to peer support officers within 48 hours.

The need to more actively follow up with staff following traumatic incidents will also be examined as part of the staff support services review, which will be completed in June 2009."

HSU SUBMISSION AND COMMENT - Recommendation 31

See comments provided under recommendations 29 and 30.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 32

That the Ambulance Service of NSW examine how to support and reward peer support officers as part of the forthcoming review of staff support services.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation, with the commencement of a review of its staff support services. Support for the Peer Support Officer role will be considered as part of the review of staff support services, which will be completed in June 2009. The usual way to support this type of role is by recognition of contribution."

HSU SUBMISSION AND COMMENT - Recommendation 32

HSU members welcome the recommendation by the Committee.

They accordingly believe that the actions of the Ambulance Service and response by the NSW Government to be totally unsatisfactory.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 33

That all rescue incidents require paramedics to be involved in the coordinated response.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation where clinical need requires the deployment of paramedics to rescue incidents. State Rescue Board Policy already highlights that the clinical needs of a trapped patient take precedence over the actual rescue. Paramedics are the designated authority on all aspects of the patient's safe extrication.

The introduction of a new Access qualification utilising Rescue Paramedics in the first instance will enhance the Service's ability to access and treat patients who are trapped or within confined spaces. This will add further value to delivery of patient care to the trapped patient, by having more paramedics able to utilise specialised access skills. It will also provide the former Rescue Paramedics with the capacity to continue to utilise their specialised skills."

HSU SUBMISSION AND COMMENT - Recommendation 33

In relation to the decision by the then Minister for Health to withdraw Ambulance primary rescue services from eight locations, HSU members make this unfortunate last point.

During the subsequent debate and disputation following that decision, the HSU and its members were in large part ridiculed for attempting to politicise an independent process of accreditation (ie by seeking to have the eight ambulance rescue units re-accredited). If that is political interference then a decision by a government minister to unilaterally withdraw that service at eight locations - which had NOT been sought or instigated by the State Rescue Board - is the height of political interference. This is especially so when the State Rescue Board had only months before enhanced the accreditation of one of the disbanded units (Parramatta).

The NSW Government response also dwells upon the establishment at those eight locations, a Special Operations Response capacity. It is especially noted that the NSW Government response states that:

" ... add further value to delivery of patient care to the trapped patient, by having more paramedics able to utilise specialised access skills. It will also provide the former Rescue Paramedics with the capacity to continue to utilise their specialised skills."

This is a matter currently before the Industrial Relations Commission of NSW.

A preliminary Report prepared by the Ambulance Service on the effectiveness of the trial some six months on was tabled to the Commission on 24 December 2009. The contents of that Report - at the request of the Ambulance Service - is currently subject to a blanket prohibition on its divulgence or publication by the HSU (who has a copy) to its members. The Committee can fairly speculate as to why the Ambulance Service may be sensitive about its publication or its details being subject to wide scrutiny.

HSU members throughout this dispute have and continue to hold the concern that at worst, the Ambulance Service has at times maintained NEITHER the pre-dispute double officer crew levels or the new Special Operations Responders - thus reducing without question the ambulance resources available to that community.

In part this is why the HSU has sought the following information from the Ambulance Service as part of the above dispute:

1. AMBULANCE CREW LEVELS

Data is requested that will identify the following:

- (a) *Actual ambulance double officer crews working per shift and per day for the period. This should be provided if possible by station; sector; and Division (or part thereof).*
- (b) *The corresponding minimum officer-crew levels maintained per shift per day prior to the introduction of the SRU trial. This should be provided if possible by station; sector, and Division (or part thereof) (ie the figures provided for the number of crews maintained should include the now disbanded rescue units previously part of any MOL or like arrangement.)*

2. SRU LEVELS

Data is requested that will identify the following:

- (a) *Actual Special Response Unit vehicles staffed and working per shift and per day for the period. This should be provided if possible by station location; sector; and Division (or part thereof).*
- (b) *The corresponding Special Response Unit vehicle numbers that were rostered to be available per shift per day for the period. This should be provided if possible by station; sector, and Division (or part thereof).*
- (c) *The number of Single Responder Units operating in the relevant locations per shift per day prior to the introduction of the Special*

Operations Responders. This should be provided if possible by station; sector, and Division (or part thereof).

At the time of writing this has not been provided.

It should also be noted that the Ambulance Service ceased some years ago its previous practice to provide such details regarding its compliance with MOLs - despite continual requests by the HSU.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 34

That the Ambulance Service of NSW undertake further community education programs as a priority. The Service should consider successful communication strategies used by other Ambulance Services, such as the London Ambulance Service, in the development of its future programs.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation, with a public communication campaign on the appropriate use of ambulances launched on 23 November 2008. It includes newspaper articles, posters sent to GPs and hospitals, and 2 radio commercials, distributed to all stations across NSW.

The Minister for Health also launched a community campaign to tackle the number of assaults and threatened violence against Ambulance paramedics. This was launched as part of the first annual 'Thank a Paramedic Day' on 20 November 2008. A hoax call campaign commenced in December 2008 and received wide media coverage.

An annual communication plan with a focus on Extended Care Paramedics and safety messages has been developed and implementation commenced.

A review of emergency agencies' communication strategies, including those of the London Ambulance Service, has already commenced and is ongoing."

HSU SUBMISSION AND COMMENT - Recommendation 34

The HSU received no specific feedback on this recommendation from members.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 35

That should NSW Health continue the Extended Care Paramedic program, it increase the level of recurrent funding for the program and provide additional staffing to the Ambulance Service of NSW.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government will respond to the issues in relation to this recommendation following completion and assessment of an evaluation of the Extended Care Paramedic program, expected by the end of June 2009.

It should be noted that in Caring Together: The Health Action Plan for NSW, the Government has committed to training additional extended care paramedics for rural areas.

The nature of the expansion of the Extended Care Paramedic program will be based on the results of the evaluation of the program and enhanced funding arrangements.

Data during the proof-of-concept phase has given strong indications that the service provided by Extended Care Paramedics is relevant to patients whose needs are not urgent and care can be delivered to this group of patients appropriately in the non-hospital setting."

HSU SUBMISSION AND COMMENT - Recommendation 35

The response and actions of the Ambulance Service and NSW Government in relation to Expanded Care Paramedics, as noted by HSU members, seems to exist in two conflicting 'parallel universes'.

There is no question that the NSW Government - through its Caring Together response to the Special Commission of Inquiry - emphasises the role and need to expand the Extended Care Paramedic functionality and resource. In any review of these action plans and responses, it is not only here to stay but will play an increasing role in reducing demand on emergency departments.

However, whenever the HSU accordingly seeks to discuss the more formal recognition of Expanded Care Paramedics industrially and professionally the response from the Ambulance Service includes that it is a trial; it is too early to tell; it is subject to receiving adequate funding - in fact in the view of HSU members any excuse to prevent formalising the position on a sound professional and industrial footing.

The new Award arising from the MIC 2008 outcomes makes express provision to resolve work value and special case aspects of the trial of Extended Care Paramedics (clause 46).

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 36

That the Ambulance Service of NSW ensure that all on-duty crews in the Hunter region consist of two ambulance officers by 30 June 2009.

NSW GOVERNMENT RESPONSE - 4 March 2009

"Ambulance responses involving a single officer are integral to the provision of a comprehensive Ambulance Service. Single officer responses may be supported by the dispatch of the duty crew. In addition Police, community first responders or an Ambulance helicopter may provide additional back up if required.

The level of operational coverage and the allocation of ambulance deployments (staffing) is determined by the demand for services and the resources available. It is modern ambulance practice to use single officer responses in areas of low demand and, for example, if there are a small number of calls occurring after hours. Parts of the Hunter Sector experience low

levels of demand compared to the higher populated urban areas. Single officer responses are only utilised in the Hunter as an initial response to a call, with a second crew in support. This obtains greater efficiency while ensuring that community needs continue to be met.

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "the Committee does not have the clinical knowledge and expertise to make such an operational recommendation" (p 222)."

HSU SUBMISSION AND COMMENT - Recommendation 36

The issue of single officer responses (in lieu of double officer crewing) remains a live issue at several parts of the state. Continual disputation and industrial action occurs even at the time of writing in relation to single officer responses at Mungindi and Barraba.

A hearing before the Industrial Relations Commission last year resolved to implement trial rosters in Cessnock and Nelson Bay.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 37

That the Ambulance Service of NSW provide a dedicated ambulance service in Bundeena, consisting of an ambulance station or a car stationed with 24 hour rostered cover.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government has already addressed issues to ensure that Bundeena has proper and sustainable access to emergency care. The provision of ambulance services in Bundeena has already been assessed against the extent of ambulance coverage in the area and competing priorities across NSW.

The Ambulance Service has now put in place arrangements to ensure that the communities in Bundeena and Maianbar have access to 24 hour a day, seven days a week emergency care. This is supported by the on-call services of three Ambulance paramedics who live in the area, with a standard ambulance patient transport unit and a four wheel drive utility vehicle available.

A community first responder scheme for Bundeena has already been established, consistent with services in similar communities. This is being provided in partnership with the NSW Fire Brigades in Bundeena and has been in place since August 2008. This will ensure that a sustainable long term service is provided to the community.

Community First Responders do not replace paramedics; they provide timely clinical intervention for patients while the nearest ambulance is dispatched to the scene. Ambulance resources are controlled centrally and resources are fluidly deployed to areas of greatest demand. If the paramedic on call is responding as a single responder and a person requires transport, the Fire Brigade First Responders can drive an ambulance to the hospital, while the paramedic attends to caring for the person. As with other areas, NSW Health will monitor the need for service changes in Bundeena and Maianbar.

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "endorsing the introduction of new individual ambulance stations in a geographic area without any analysis of the need or current coverage is outside the terms of reference of this Committee" (p223)."

HSU SUBMISSION AND COMMENT - Recommendation 37

HSU members remain bitterly disappointed with the Ambulance Service and NSW Government response. In their view it equates to walking away from their sacred responsibility to provide an effective ambulance service to all parts of the community - regardless of their geographical location and/or isolation. Increasingly the Ambulance Service is prepared to utilise or delegate its responsibilities to other providers.

Further, in a highly populated area such as the Eastern Suburbs, an alternative or complimentary ambulance service operates, with the sanction of the Ambulance Service. It remains a mystery to most HSU members how this operates and what guidelines are in place. It is understood that this service (Hatzolah) have Ambulance Service ID Cards, and are part of the dispatch dynamic of the Ambulance Service.

All of the above reinforces the issue that the Ambulance Service does not retain a monopoly of such services in NSW (see recommendation 17).

LEGISLATIVE COUNCIL - Committee No 2**Recommendation 38**

That the Ambulance Service of NSW review its proposed site for the new station at Nelson Bay and consider whether it is the best location to respond to the existing (and future) community.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation. A planning study is considering suitable sites for a new Ambulance Station, subject to funding availability. The planning study work is expected to be completed by the end of May 2009 provided that Port Stephens Council and the Department of Lands confirm the availability of a site currently under consideration."

HSU SUBMISSION AND COMMENT - Recommendation 38

A new site has been identified which has been met with a positive response from the local HSU Sub-Branch.

LEGISLATIVE COUNCIL - Committee No 2**Recommendation 39**

That the Ambulance Service of NSW review its procedures in relation to Schedule 8 drugs, to identify how to improve the supply, delivery and secure handling of these drugs. The findings of this review should be reported by the end of June 2009.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation and has seconded a Pharmacist to the Ambulance Service for 12 months from the

Pharmaceutical Services Branch (PSB) of the NSW Department of Health. The Standard Operating Procedure has been reviewed and found to comply with the current legislation. The Pharmacist will review procedures on an ongoing basis and consult with the PSB as required ensuring compliance with legislation.

A procedure for handling and storage of Schedule 8 drugs was re-issued in May 2008 and a further review of the amended procedure will be undertaken and completed by June 2009 utilising assistance from the PSB.

Standard Operational Policy (SOP2008-014) strengthened policy through enhanced key security, access and the recording of Schedule 8 drug usage. The Policy also addressed the issue of delivery of Schedule 8 drugs to remote or rural areas through the introduction of a High Risk Freight delivery process where delivery is not complete until such time as the Schedule 8 drugs are signed for and proof of delivery is recorded. Second to this, a trial will be launched within Sydney Division for the installation of a network of safes that will require fingerprint access to enable access and subsequent closure of the safe containing Schedule 8 drugs.

The Ambulance Service of NSW has Standard Operating Procedures, Drug Management (May 2008), for the management of Restricted and Non-Restricted drugs which complies with the NSW Poisons and Therapeutic Goods Regulation 2002. The Ambulance Service is licensed by the Pharmaceutical Services Branch of NSW under the provisions of the Poisons and Therapeutic Goods Act to supply by wholesale Schedule 4 and Schedule 8 drugs from the Service's store. This licensing is to ensure that the distribution of drugs to Ambulance stations complies with the Poisons and Therapeutic Goods legislation and the TGA's Code of Good Wholesaling Practice."

HSU SUBMISSION AND COMMENT - Recommendation 39

A new operating procedure relating to the handling of medications was released by the Ambulance Service on 21 January 2010. This has not occurred with any consultation with the HSU although noting that HSU members support processes providing adequate protections and compliance with legislation. Already in the 24 hours that has elapsed it is clear that the practical application of the new policy will need to be subject of discussion, as certain aspects may have unintended consequences or hamper timely responses to calls.

LEGISLATIVE COUNCIL - Committee No 2 Recommendation 40

That all Ambulance vehicles be equipped with Satellite Navigation Units by the end of 2009.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing the issues in relation to this recommendation and the Ambulance Service will shortly be going to tender, with implementation planned for completion in mid 2009.

An Ambulance Service working party has already reviewed all the options for the implementation of Satellite Navigation into ambulance vehicles across the state as part of a trial program of six units – two in the metropolitan area and four in rural areas.

The trial provides the opportunity to establish training requirements and operating protocols for the units in double crew vehicles. The Ambulance Service has also used Satellite

NSW Government Response to the GPSC2 Page 18 of 21 Inquiry into the Management and Operation of the NSW Ambulance Services, May 2009 Response to Recommendations

Navigation Units in Rapid Response single officer vehicles for some time and it has proved to be beneficial.

The proposal for linking Satellite Navigation units with Mobile Data Terminals is under further investigation and review."

HSU SUBMISSION AND COMMENT - Recommendation 40

The HSU Survey identified that 90% of respondents had been issued with a personal satellite navigation unit (see Table 24 in Appendix 1).

However, the HSU Survey identified that 84% of respondents do NOT believe that the satellite navigation unit has assisted them in making a more timely response to calls (see Table 25 in Appendix 1).

Member feedback included:

"These units are of a very low quality and they were introduced without training. The SNU's being used have several problems including examples where they have guided officers in the opposite direction of the location set...."

AND

"Examples where one instructed the driver to turn where a turn is not allowed."

AND

"A bigger problem is that the devices obey road rules, delaying emergency responses when normally-illegal turns are allowed."

AND

"They don't recognize T-ways, which ambulances can use."

AND

"Long term, these will definitely promote deskilling of newer officers who won't see the need to learn their local areas or how to use street directories."

AND

"The money wasted by issuing one to every officer, instead of one to each vehicle, seems a clear attempt by the Service to shift responsibility for these devices onto officers and not the Service itself."

It is perhaps then no surprise that the HSU Survey identified that 81% of respondents do NOT believe that the money spent on personal satellite navigation units was well spent (see Table 27 in Appendix 1). Rather, 77% of respondents indicated that spending such monies on ensuring every individual Paramedic had access to a portable radio at work would have been a better way to use scarce resources (see Table 28 in Appendix 1) if both could not be funded.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 41

That the Ambulance Service of NSW provide portable radios for all ambulance officers by the end of 2009.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Ambulance Service already provides one portable radio per crew, including single officer responders. The provision of a portable radio for each individual ambulance officer is currently the subject of Industrial Relations Commission proceedings."

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "no detailed evidence of actual current radio coverage or the specific need for one radio unit per paramedic was provided to the Inquiry" (p 223)."

HSU SUBMISSION AND COMMENT - Recommendation 41

The HSU Survey indicated that 12% of respondents still did not have regular access to portable radios (see Table 26 in Appendix 1).

This remains a subject of on-going debate with the Ambulance Service. HSU members could not readily understand the logic of issuing personal satellite navigation units (rather than installing in each vehicle) but have an important (and sole) medium of communication not issued to each working Paramedic.

See further comments under recommendation 40.

LEGISLATIVE COUNCIL - Committee No 2

Recommendation 42

That NSW Health address the operational issues raised in Chapter 8 and incorporate them into the current changes to operations and performance review processes.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government will address the issues raised in Chapter 8 as outlined in response to recommendations 33-42 above.

Operational reforms will be delivered in line with NSW Health and government policy."

HSU SUBMISSION AND COMMENT - Recommendation 42

During the previous Inquiry, one of the justifications advanced by the Ambulance Service for changes to rostering and meal arrangements being sought as part of the MIC 2008 outcomes was to ensure Ambulance Paramedics had timely access to breaks for rest and substance.

The HSU Survey identified the following facts about crib breaks:

- 13 % ALWAYS feel that their need for proper meal and rest breaks are ignored on the majority of their shifts.
- 35% REGULARY feel that their need for proper meal and rest breaks are ignored on the majority of their shifts.
- 38% SOMETIMES feel that their need for proper meal and rest breaks are ignored on the majority of their shifts.

(See Table 32 in Appendix 1)

Accordingly, 86% of respondents were in varying degrees dissatisfied with the provision of meal and rest breaks at work.

Further, the HSU Survey identified that 38% of respondents regularly or always missed out on crib breaks (see Table 31 in Appendix 1).

Further, the HSU Survey identified that 51% of respondents felt the situation of accessing timely meal breaks was now WORSE than prior to the MIC 2008 outcomes (see Table 33 in Appendix 1).

LEGISLATIVE COUNCIL - Committee No 2**Recommendation 43**

That the Ambulance Service of NSW report directly to the NSW Minister of Health.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The current reporting arrangements are supported. Ambulance services are provided by the Director-General of the NSW Department of Health under Chapter 5A of the Health Services Act 1997. The Director-General reports to the Minister for Health.

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "this proposal would isolate the Ambulance Service from the mainstream Health Services" (p 223)."

HSU SUBMISSION AND COMMENT - Recommendation 43

HSU members remain committed to the view that the head of the Ambulance Service should be dealt with in a manner similar to the Commissioner of Police or Fire Brigades. What makes the Ambulance Service so different an emergency service that it does not deserve the same level of recognition and reporting lines?

The HSU Survey identified that 76% of respondents considered that the management of the Ambulance Service WOULD be improved if the Chief Executive was a uniformed officer with previous operational and clinical experience (see Table 11 in Appendix 1).

LEGISLATIVE COUNCIL - Committee No 2 Recommendation 44

That the NSW Government re-establish an Ambulance Service of NSW Board of Directors based on the former Board of Directors. The new Board should include at least one director who has been directly elected by members of the Ambulance Service.

NSW GOVERNMENT RESPONSE - 4 March 2009

"The Government is already addressing issues in relation to the provision of 'checks and balances' and representation of ambulance officers on governance structures. An Ambulance Advisory Committee already exists which includes staff members who have been appointed to the Committee on nomination to ensure effective representation of ambulance officers."

It should be noted that in Caring Together: The Health Action Plan for NSW, the Government supports the recommendation of the Final Report of the Special Commission of Inquiry into Acute Care Services that boards of directors are not reinstituted to govern the various area health services. Consultation to assist the development of Caring Together supported continuance of the current Area Health Service governance structures."

HSU SUBMISSION AND COMMENT - Recommendation 44

The HSU received no feedback from members on this recommendation.

LEGISLATIVE COUNCIL - Committee No 2 Recommendation 45

That the NSW Government introduce a new Ambulance Services Act to provide comprehensive regulation of the Ambulance Service of NSW. The following provisions should be considered for inclusion:

- a direct reporting line from the Chief Executive to the Minister for Health
- a Board of Directors
- management and conduct of performance provisions that apply to the Chief Executive
- clear definitions and prescriptive provisions
- registration of paramedics

NSW GOVERNMENT RESPONSE - 4 March 2009

Ambulance services are currently regulated under the Health Services Act 1997 with specific provisions relating to the conduct and performance of staff being addressed by the Ambulance Services Regulation 2005. The GPSC2 report suggests adopting a legislative model based on the Nurses and Midwives Act 1991. This is not supported. The Nurses and Midwives Act is a professional registration Act, which is designed to regulate the conduct and professional practice of individual health service providers. This type of legislation is therefore not designed for, or appropriate to regulate, broader government service provision.

In relation to the specific provisions suggested for consideration by the GPSC2:

The current reporting arrangements for the Chief Executive are supported (refer also to recommendation 43).

An Ambulance Advisory Committee already exists which includes staff members who have been appointed to the Committee on nomination to ensure effective representation of ambulance officers (refer also to recommendation 44).

Health Executive Service positions are already subject to an annual performance agreement with reviews undertaken at a meeting on an annual basis (refer also to recommendation 1).

Given the detail in relation to the conduct and performance of Ambulance Service staff is contained within the Ambulance Services Regulation 2005, any need for greater clarity and prescription can be addressed in the regular five year review of the regulation, required under the Subordinate Legislation Act 1989. The next review is required by 1 September 2010.

The registration of new professional groups, such as paramedics, must also be approved by the Australian Health Ministers' Advisory Council (AHMAC), having regard to a set of criteria agreed by the AHMAC in 1995. Unlike all other registered health professionals, paramedics are employed by a single government entity. Issues of qualifications, professional standards, competence and discipline can be readily addressed within that employment context (refer also to recommendation 17).

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "a review of the Ambulance legislation would be valuable however not in this prescriptive form".

HSU SUBMISSION AND COMMENT - Recommendation 45

HSU members continue to believe that there is merit in the recommendation made by the Committee to at least discuss and investigate such outcomes.

See previous comments regarding registration under recommendation 17.

Again it is an antiquated view to believe that all those persons in NSW providing 'paramedic' or so described services are solely directly employed by the Ambulance Service.



**Submission from the
HEALTH SERVICES UNION**

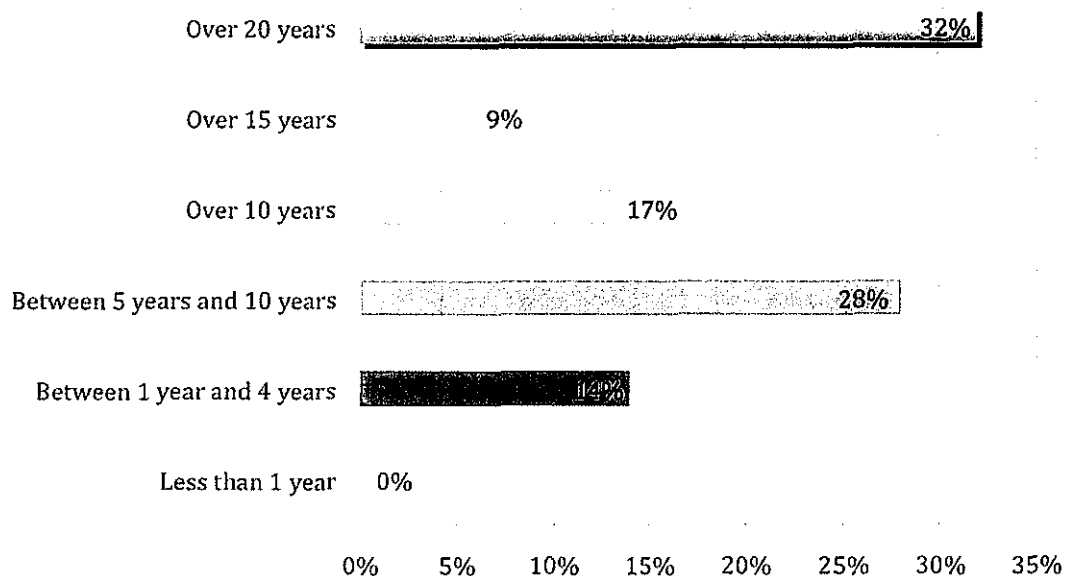
**to the
Legislative Council
General Purpose Standing Committee No 2**

**Further Inquiry into the management and operations
of the NSW Ambulance Service**

APPENDIX 1

TABLES



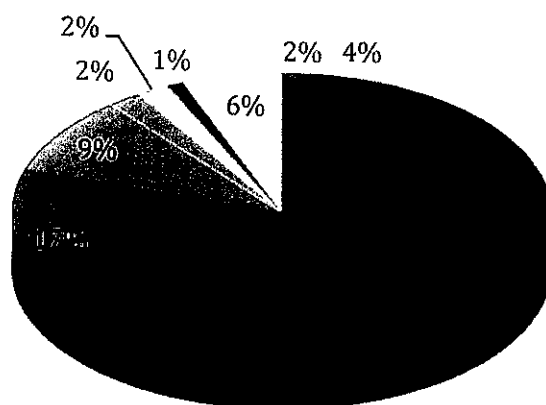
Length of Service**Table on the length of service of participants in the NSW Ambulance Service.****RESULTS: TABLE 1**

Classifications of participants

Table on the Award classifications of participants.

RESULTS:

TABLE 2



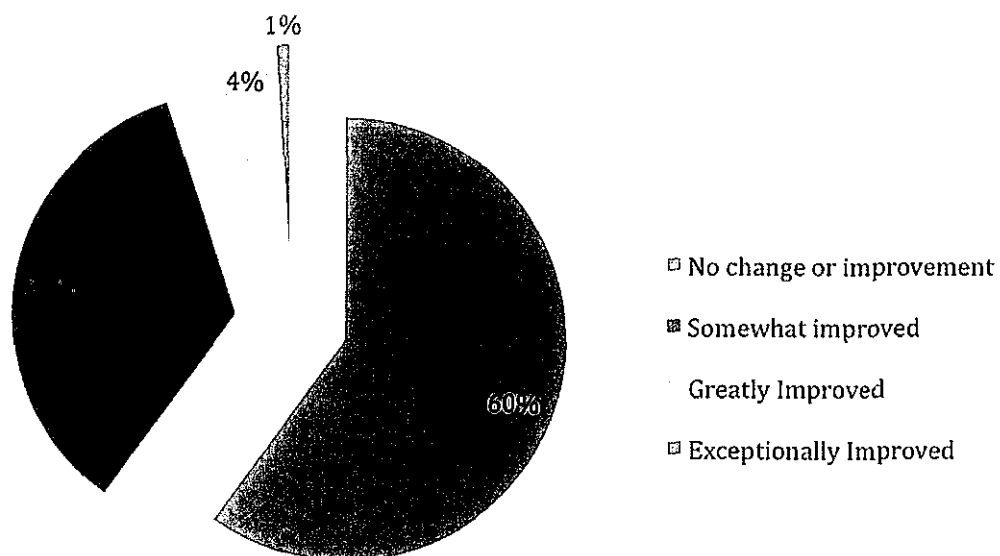
- Patient Transport Officer
- Trainee Paramedic
- Paramedic
- Intensive Care Paramedic
- Team Leader
- Station Manager
- District Officer
- Superintendent
- Other

Core Issues

1. Do you think that the management structure and staff responsibilities have improved in the past 18 months?

RESULTS:

TABLE 3

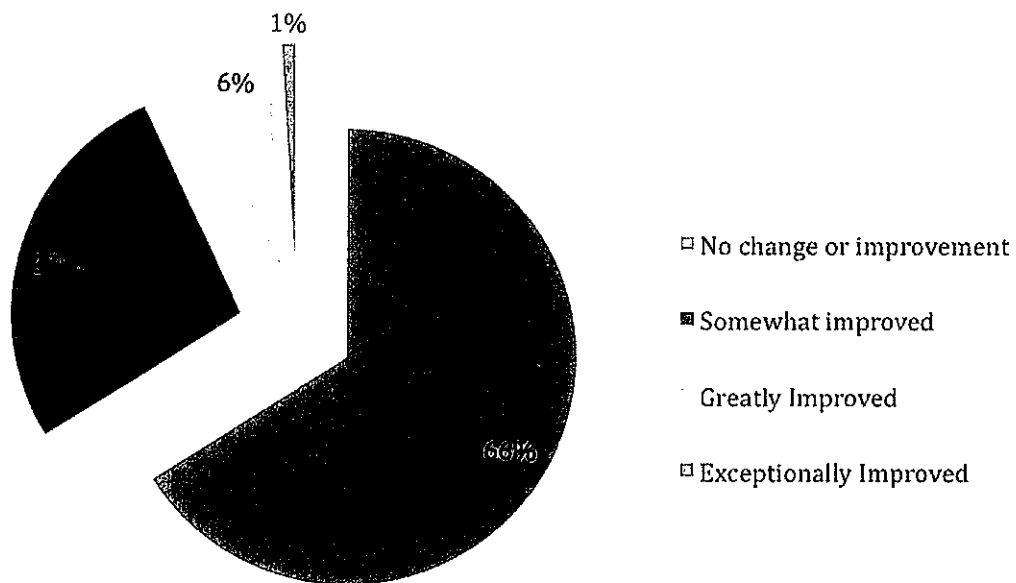


Core Issues

Do you think that staff recruitment, training and retention has improved in the past 18 months?

RESULTS:

TABLE 4

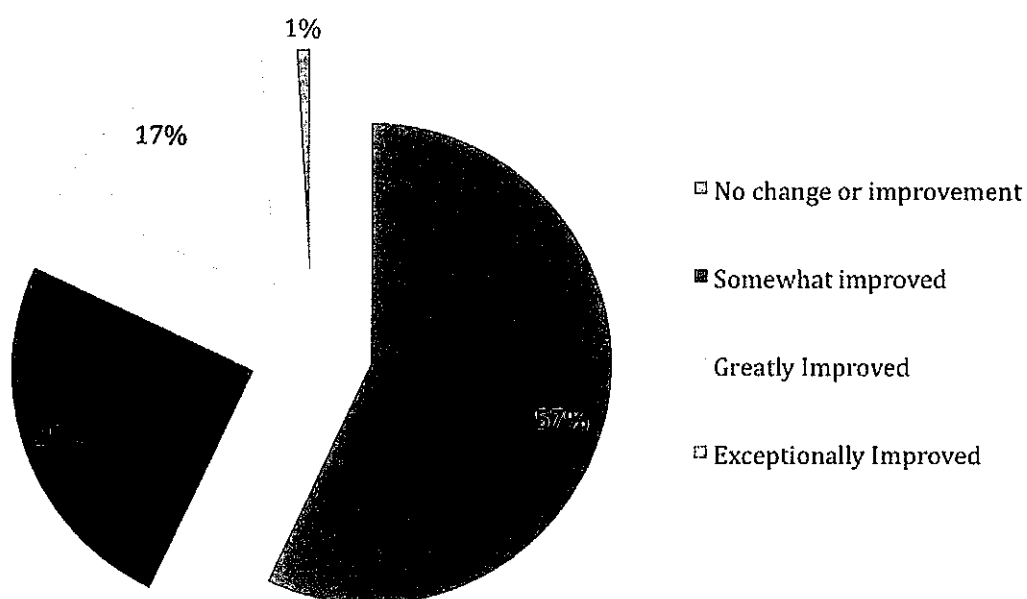


Core Issues

Do you think that staff occupational health & safety standards have improved in the past 18 months?

RESULTS:

TABLE 5

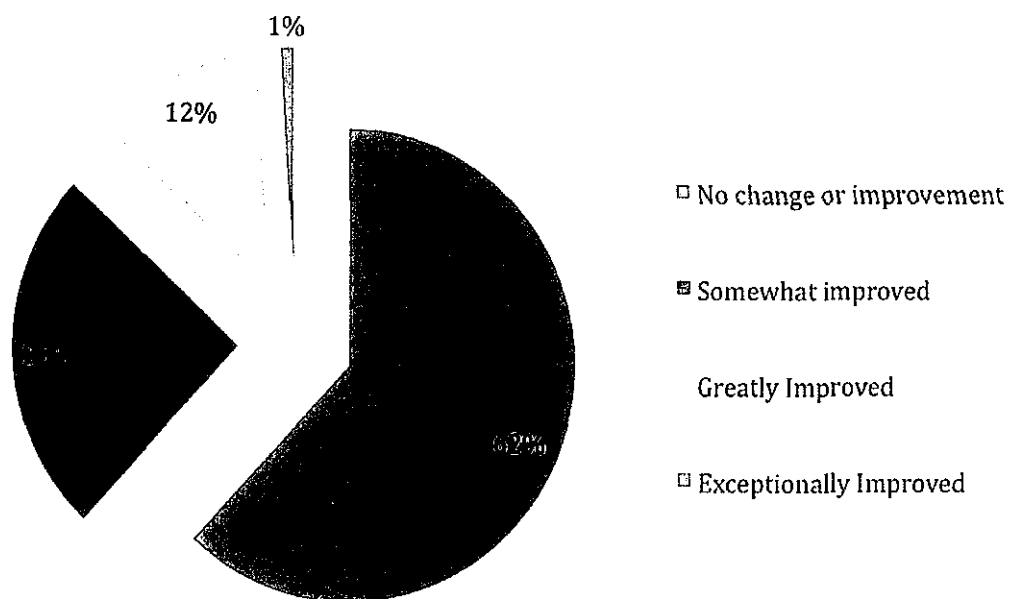


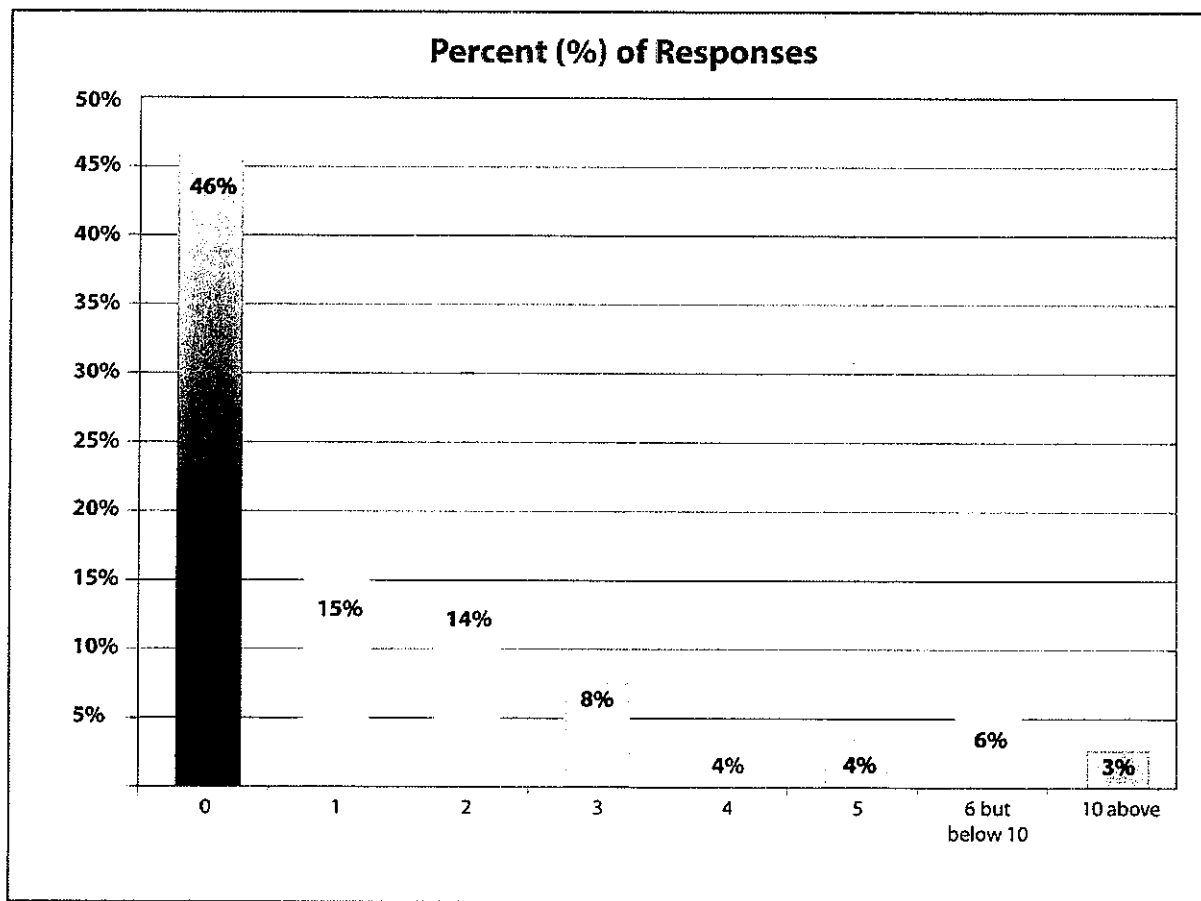
Core Issues

Do you think that operational occupational health & safety standards have improved in the past 18 months?

RESULTS:

TABLE 6



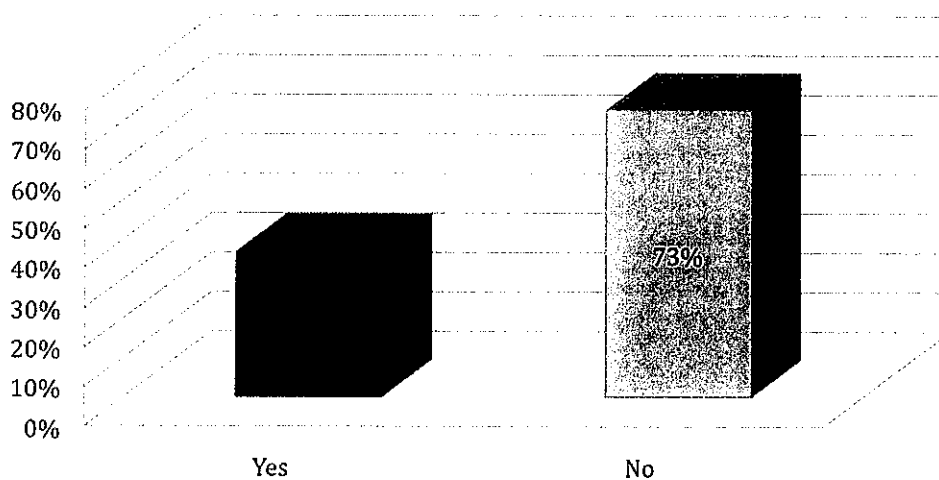
Staffing**Responses regarding staffing shortages****RESULTS:****TABLE 7****Staff (below roster level)**

Staffing

Participants who have reported additional staff employed in their workplace.

RESULTS:

TABLE 8



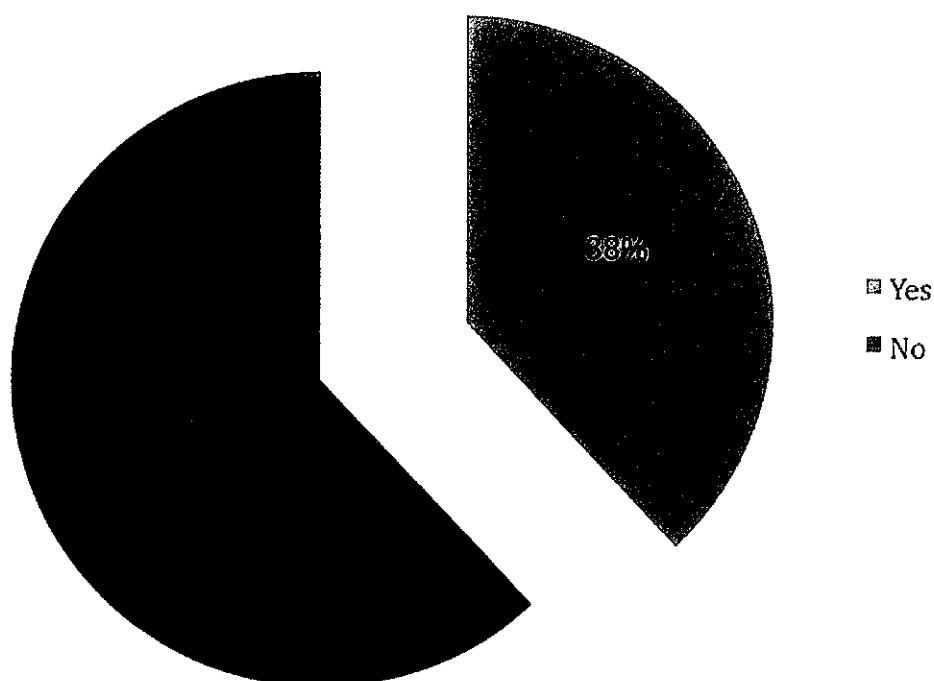
Have you had any additional staff in your station employed?

Training

Staff who have received some training in the past 12 months.

RESULTS:

TABLE 9

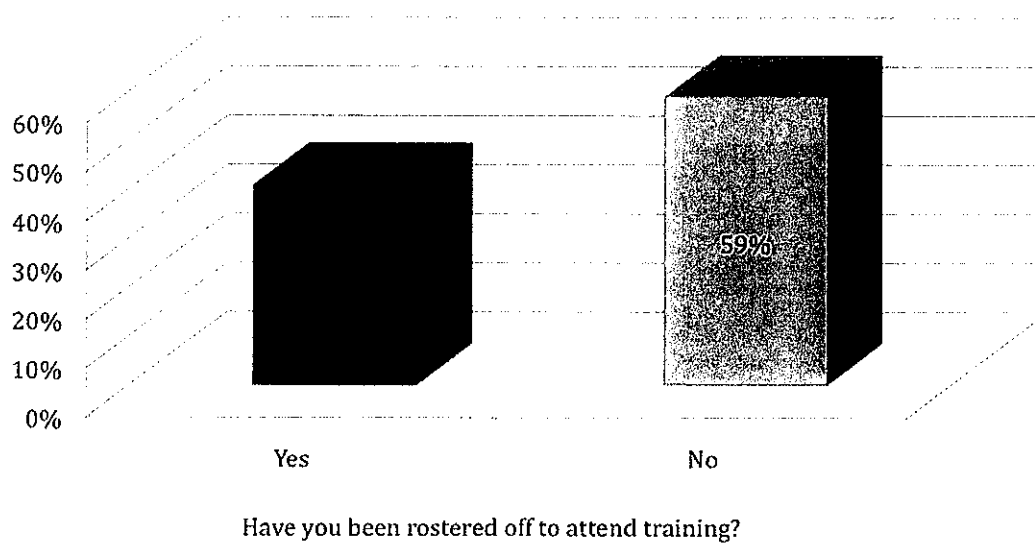


Training

Paramedics who have been rostered off to attend training in the past 18 months.

RESULTS:

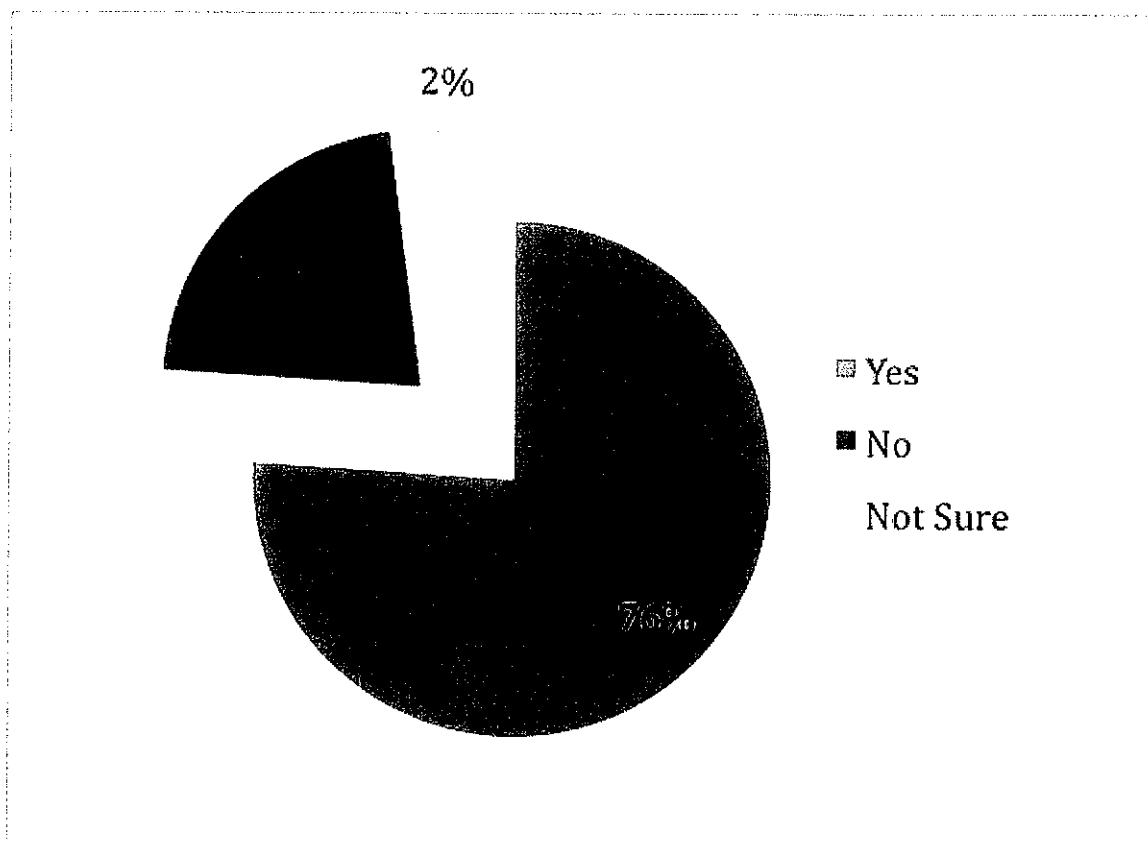
TABLE 10



Chief Executive

Paramedics who think that the Ambulance Service would be improved if the Chief Executive (the CEO) was a uniformed paramedic with operational experience.

RESULTS: TABLE 11

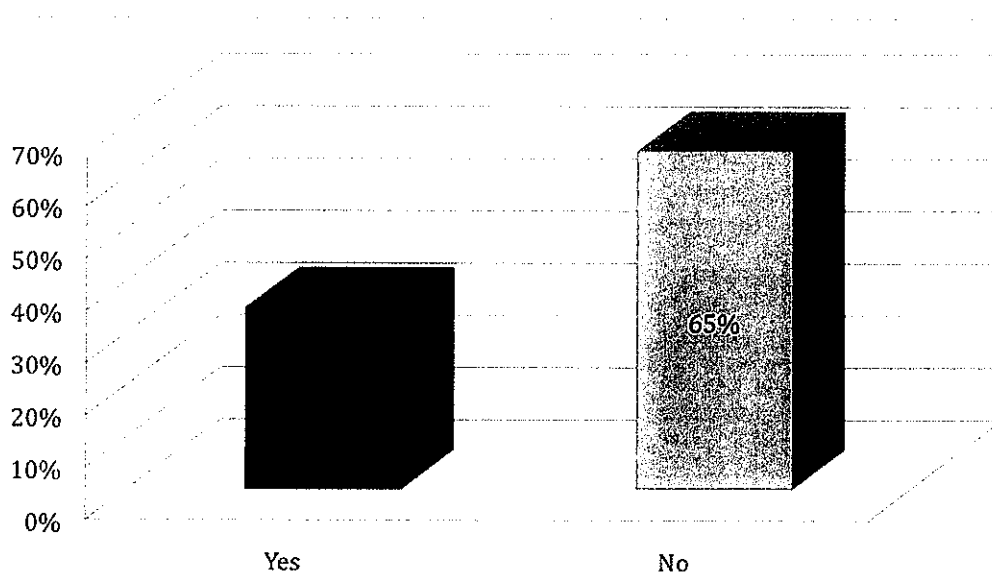


Bullying

Reduction of bullying in the Ambulance Service

RESULTS:

TABLE 12



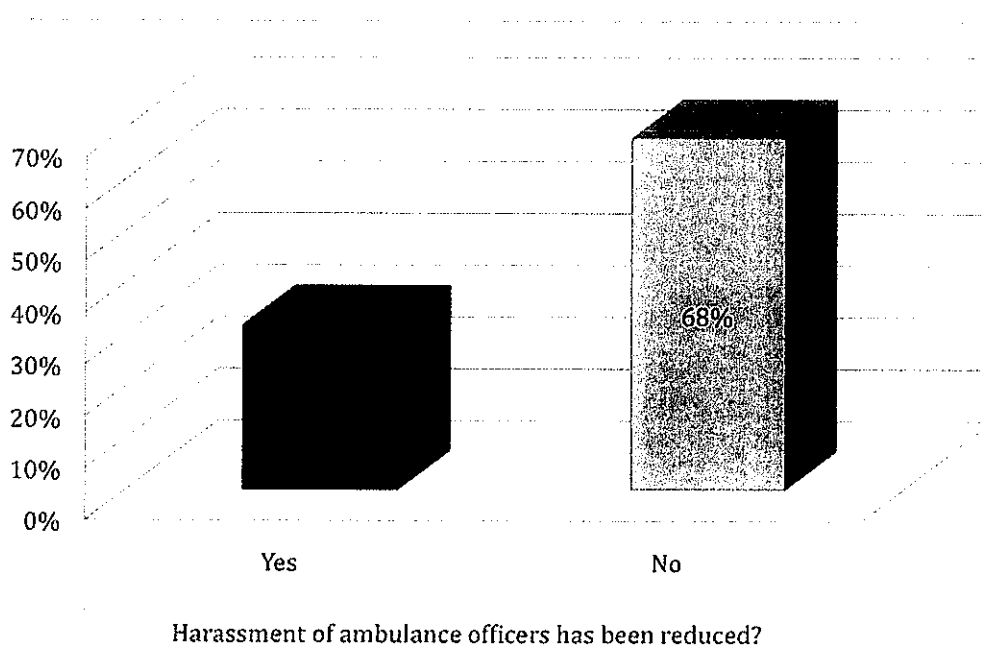
Bullying in the ambulance service has been reduced

Harassment

Reduction of harassment in the Ambulance Service

RESULTS:

TABLE 13

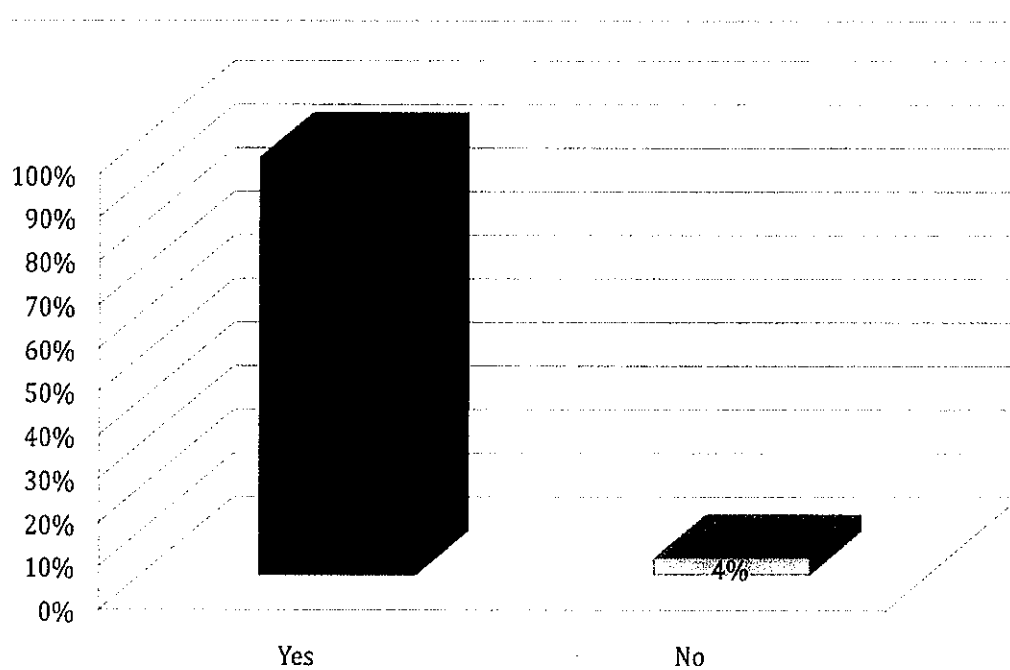


Respectful Workplace Training

Paramedics who have completed the 'Respect in the Workplace' training

RESULTS:

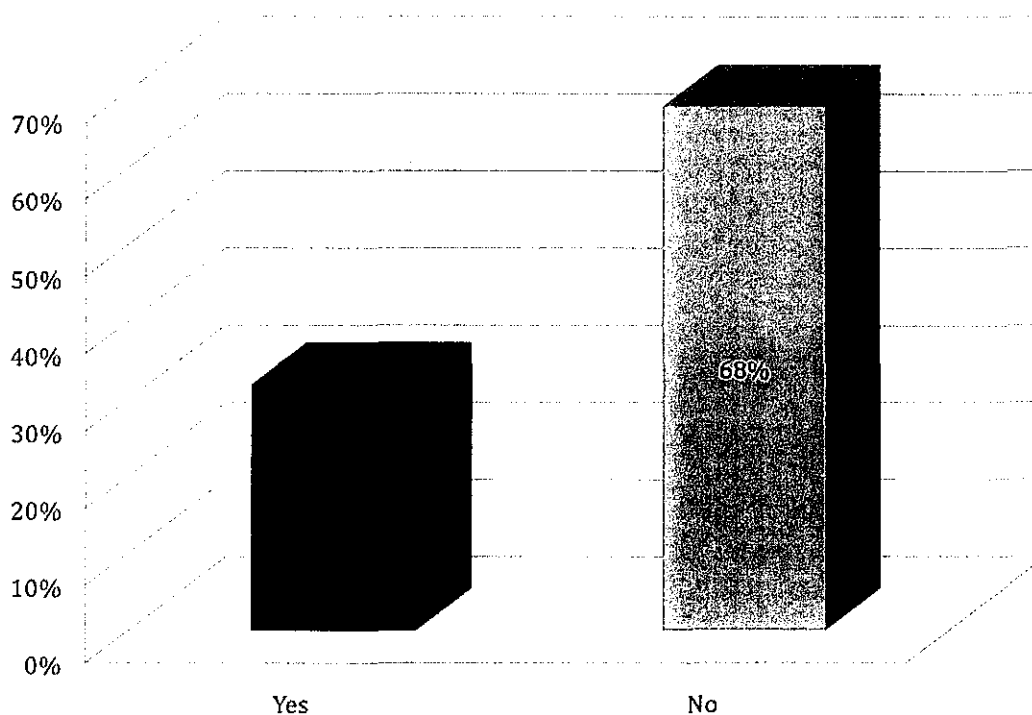
TABLE 14



Have you attended 'Respectful Workplace Training'?

Respectful Workplace Training

Paramedics who have completed the 'Respect in the Workplace' training and who believe that it has modified unacceptable behaviours in the workplace.

RESULTS:**TABLE 15**

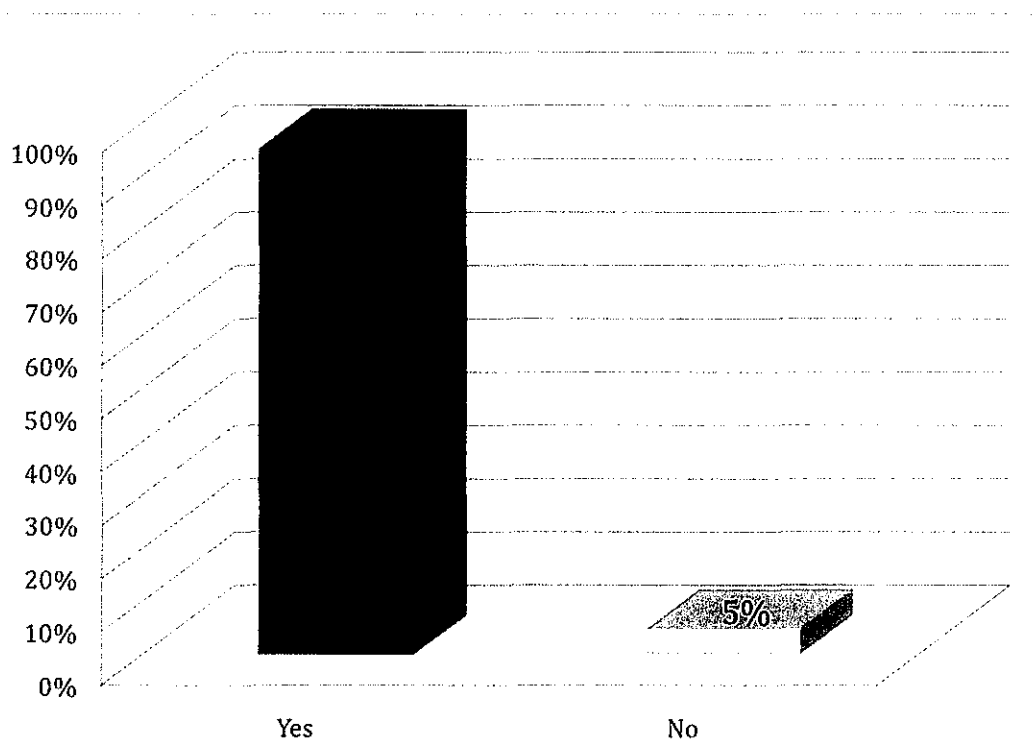
Do you think the Respectful Workplace training has modified unacceptable behaviours in the Service?

Workplace Concerns Awareness

**Paramedics who know there is a standard operating procedure on
'How to Raise a Workplace Concern'**

RESULTS:

TABLE 16



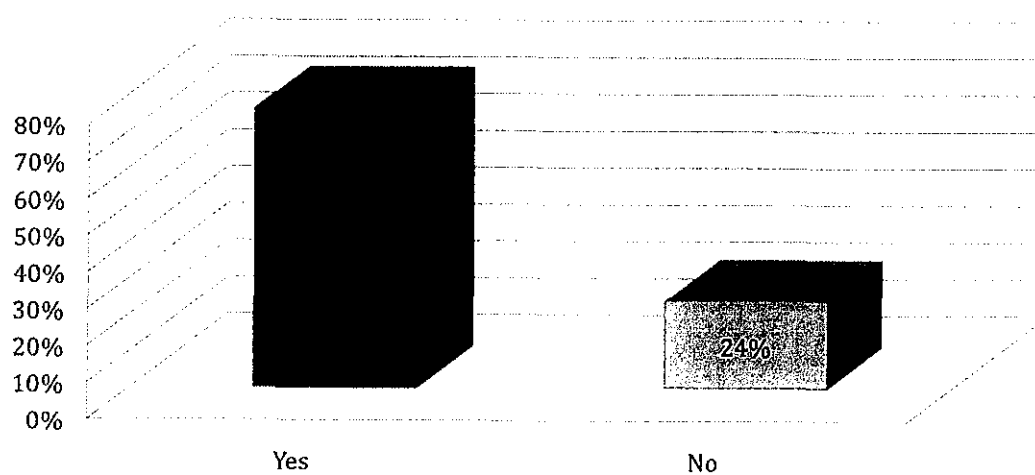
Did you know there is a standard operating procedure on
'How to Raise a Workplace Concern'?

Workplace Concerns Awareness

Paramedics who have a poster displayed in their workplace on 'How to Raise a Workplace Concern'

RESULTS:

TABLE 17

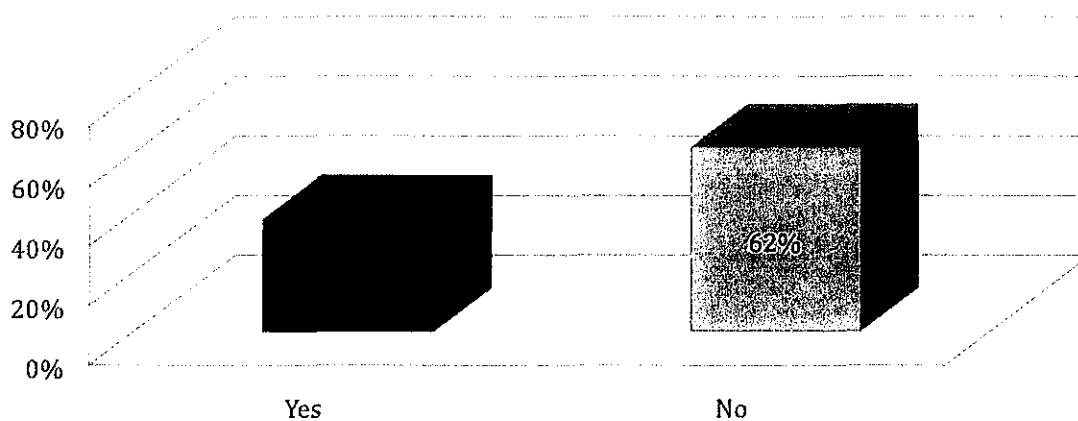


Have you got a poster displayed in your workplace with information on 'How to Raise a Workplace Concern?'

Grievance Contact Officer

Paramedics who know who their local grievance contact officer is.

RESULTS: **TABLE 18**



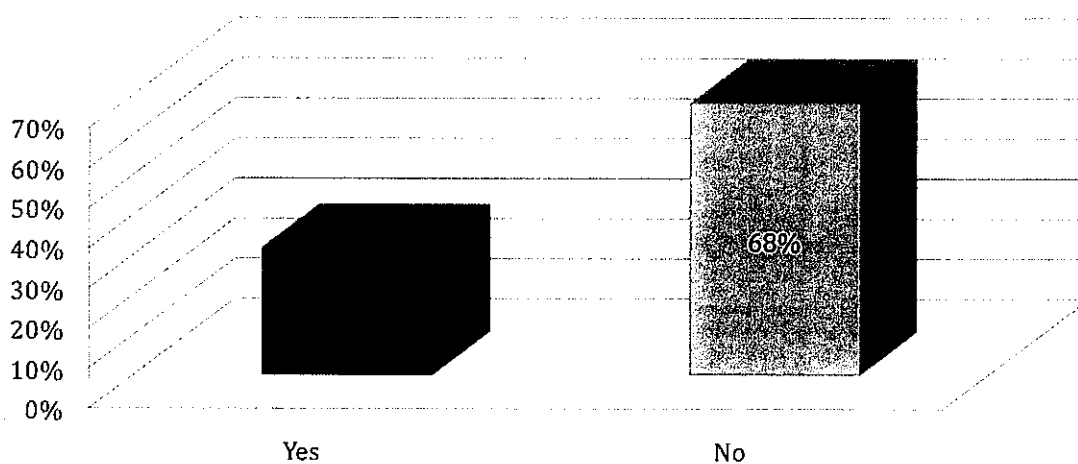
Do you know who your local Grievance Contact Officer is?

Staff Recruitment

Paramedics who think that the staff recruitment and promotion process is transparent and fair.

RESULTS:

TABLE 19



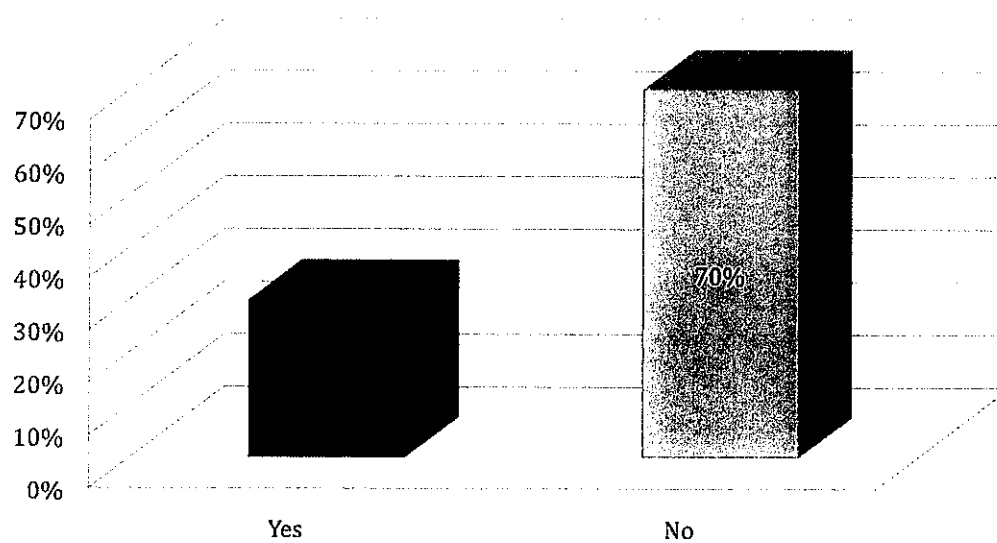
Do you think that the recruitment and selection of staff is a transparent and fair process?

Violence at Work

Participants who have been victims of violence at work

RESULTS:

TABLE 20

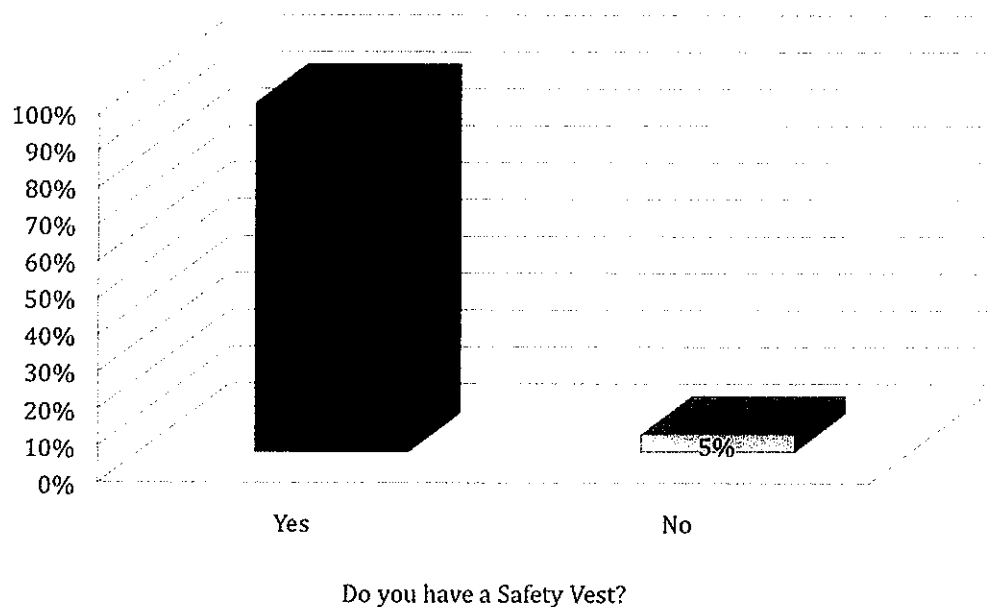


Have you ever been injured on the job due to violence?

Safety at Work

Participants who have a safety vest

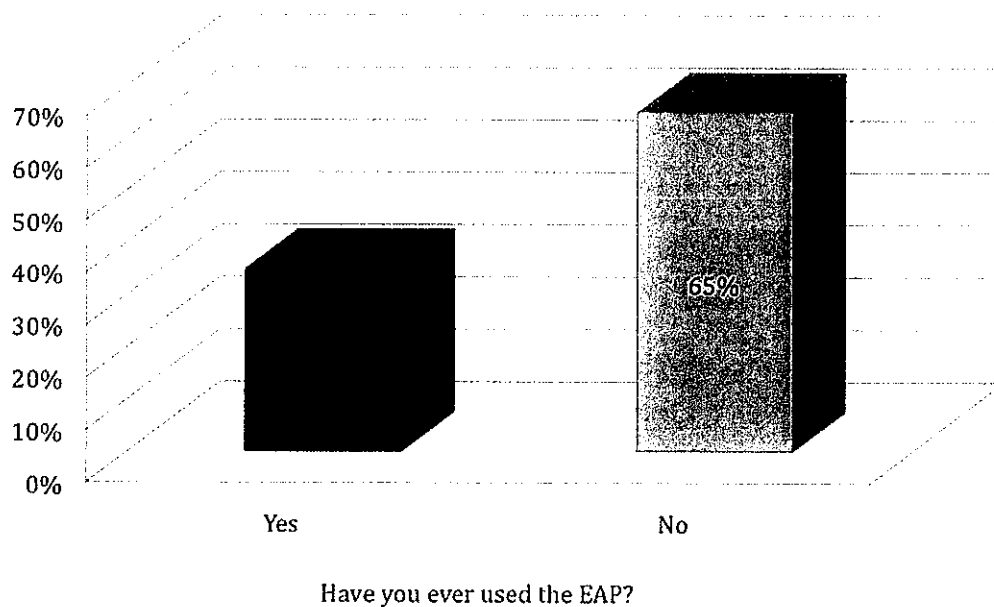
RESULTS: TABLE 21



Assistance at Work

Participants who have used the Employee Assistance Program (EAP)

RESULTS: TABLE 22

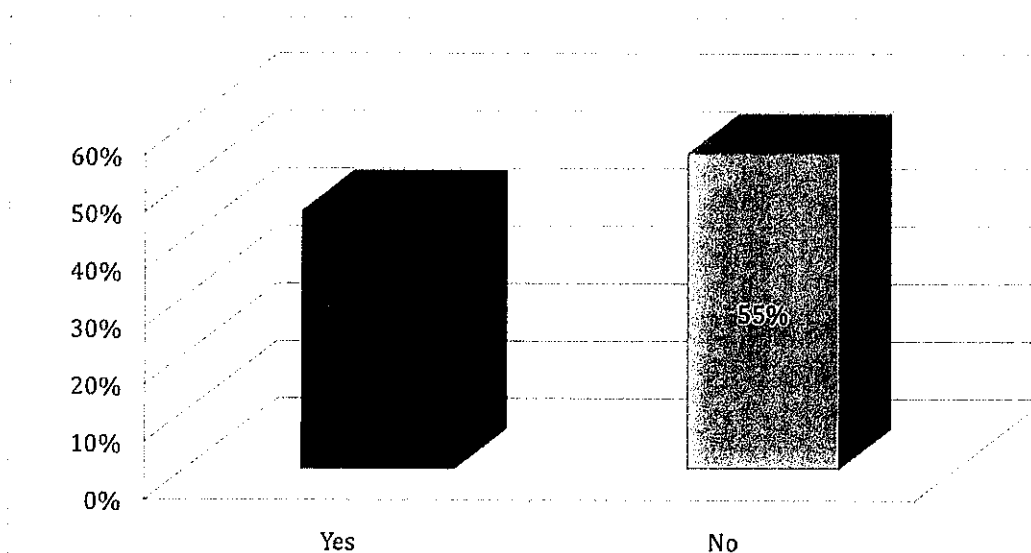


Safety at Work

Participants who believe they have been well supported after a traumatic incident at work

RESULTS:

TABLE 23



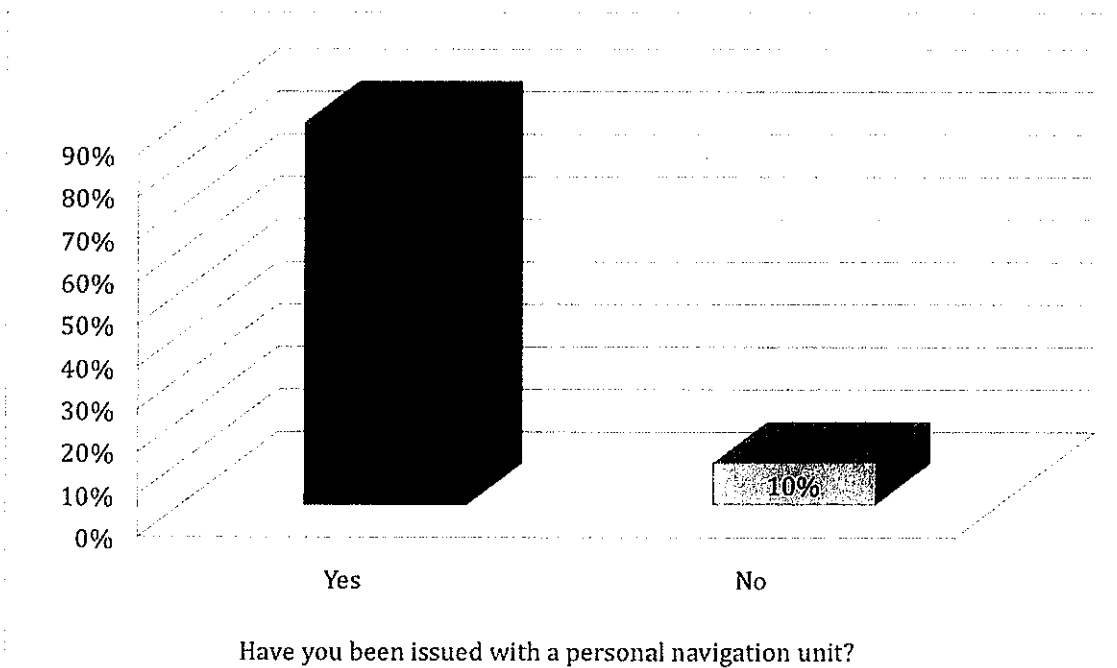
Do you believe you have been supported well after a traumatic incident at work?

Personal Navigation Units

Participants who have been issued with a personal navigation unit.

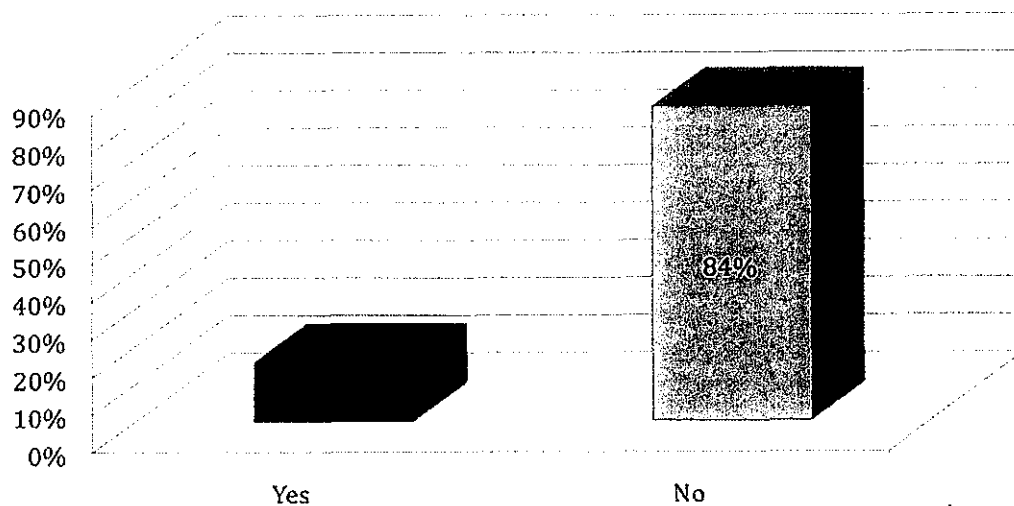
RESULTS:

TABLE 24



Personal Navigation Units

Participants who have been issued with a personal navigation unit and who believe that the units have assisted in the timely response to call outs.

RESULTS:**TABLE 25**

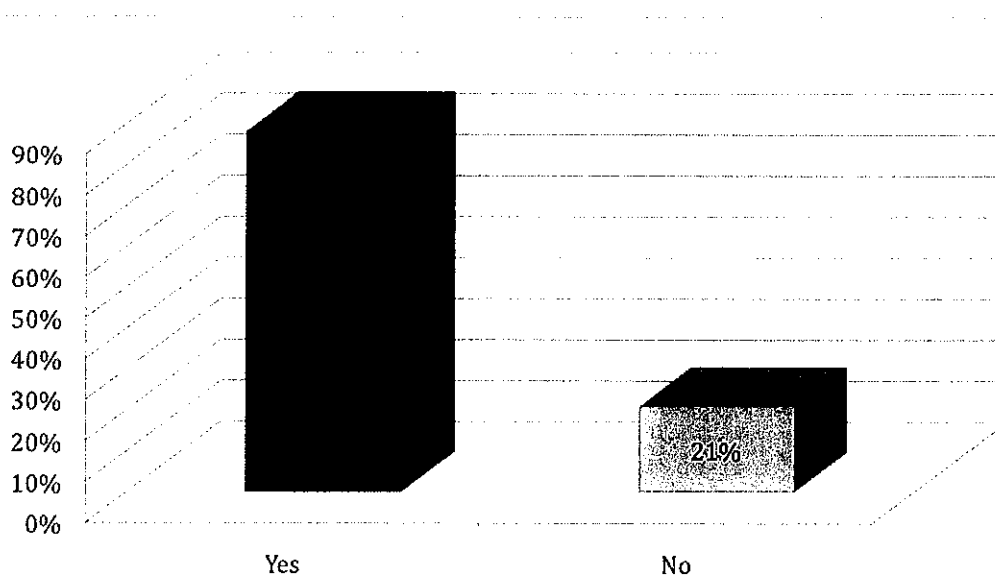
Do you think the navigation unit has assisted in the timely response to calls?

Portable Radios

Participants who have regular access to a portable radio.

RESULTS:

TABLE 26



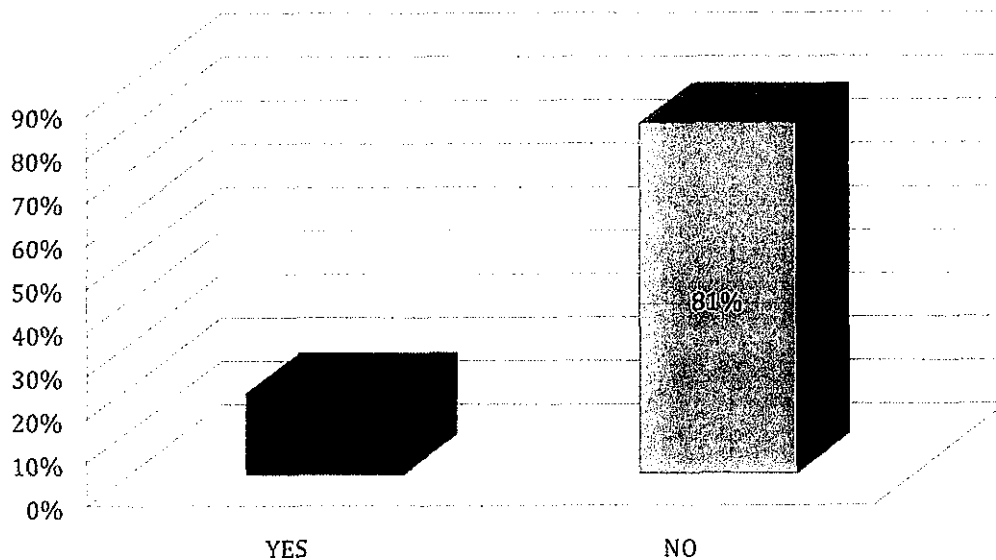
Do you regularly have access to a portable radio?

Personal Navigation Units

Participants who think that the funds used for personal navigation units was 'money well spent'.

RESULTS:

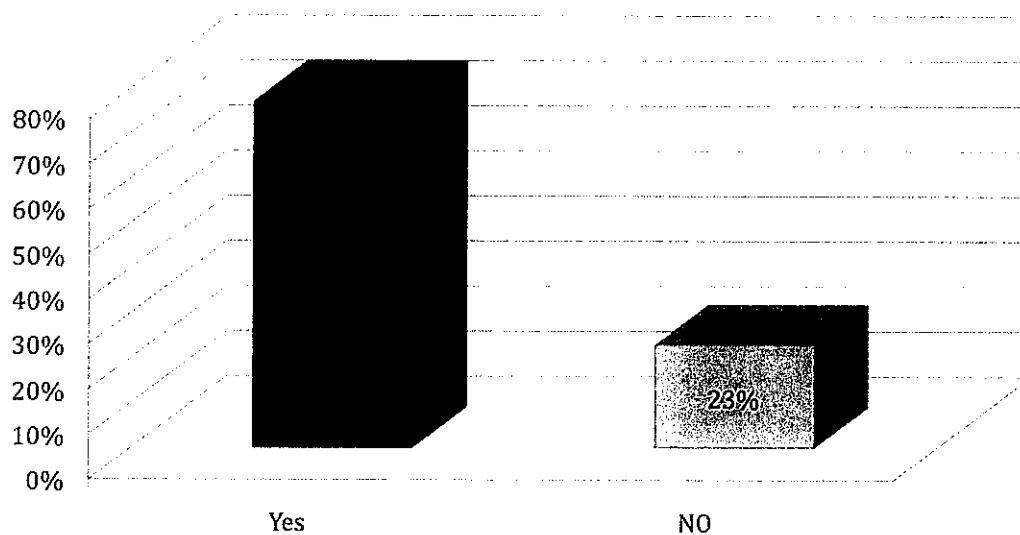
TABLE 27



In your opinion do you think that the funds used for the personal navigation units was money well spent?

Portable Radios

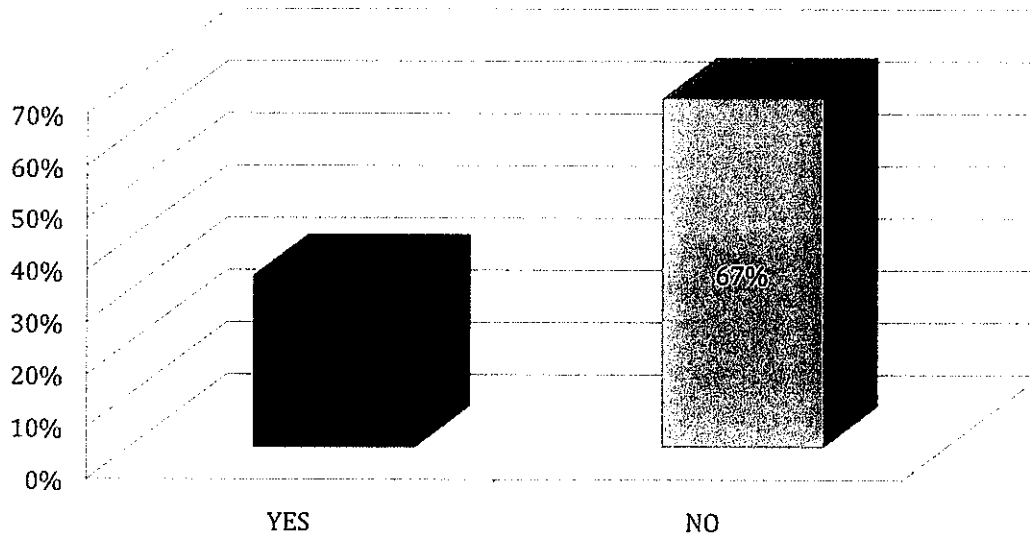
Participants who think portable radios for all employees would have been a better use of the funds used on portable radios.

RESULTS:**TABLE 28**

Do you think that ensuring all on duty officers had access to a portable radio would have been a more efficient use of funds?

Crew Levels

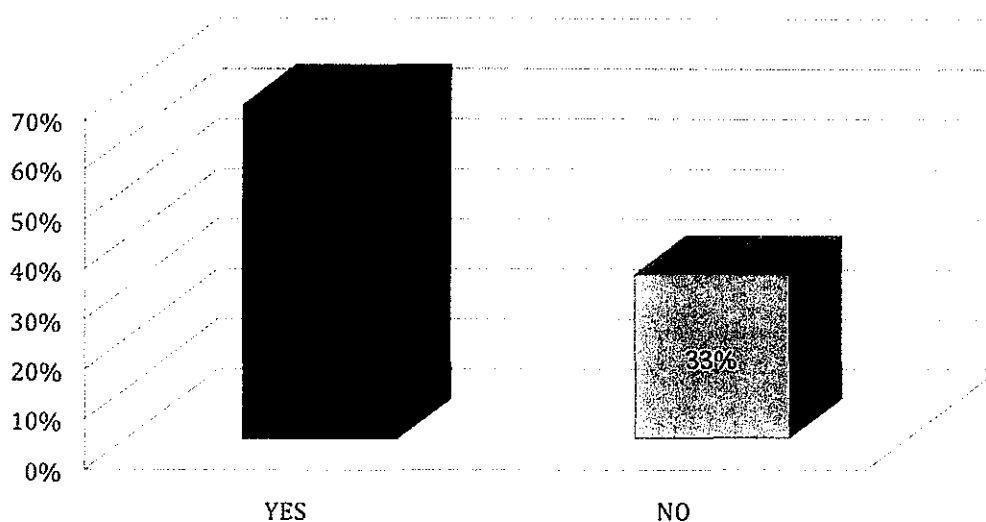
Participants who think that the minimum operational crew levels are met on a daily basis.

RESULTS:**TABLE 29**

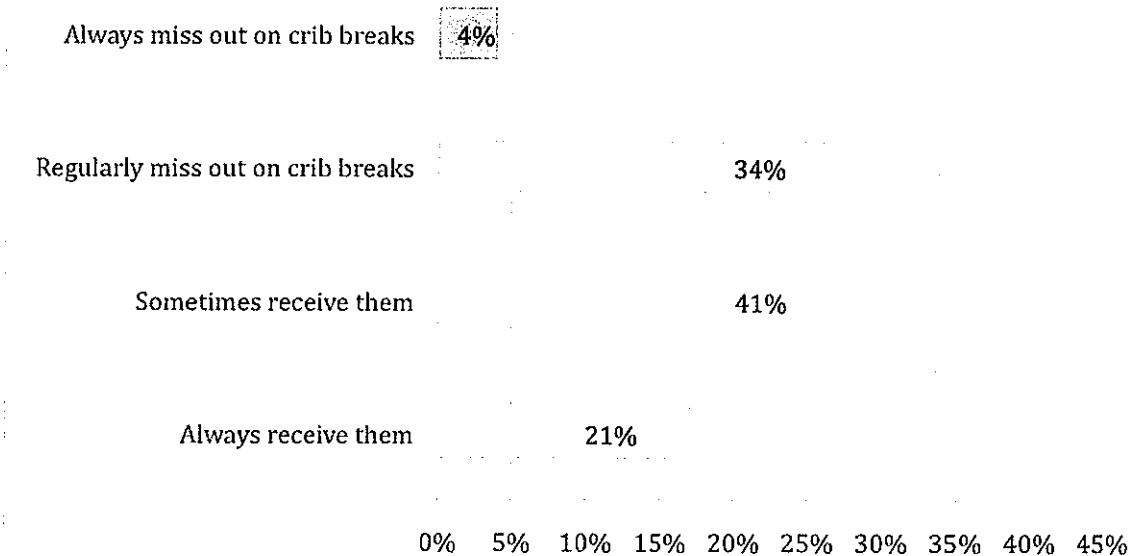
Do you think that minimum operational crew levels (sometimes called MOLs, ARLs, EDLs) are met on a daily basis?

Crew Levels

Participants who think that the minimum operational crew levels have remained unchanged since 2002.

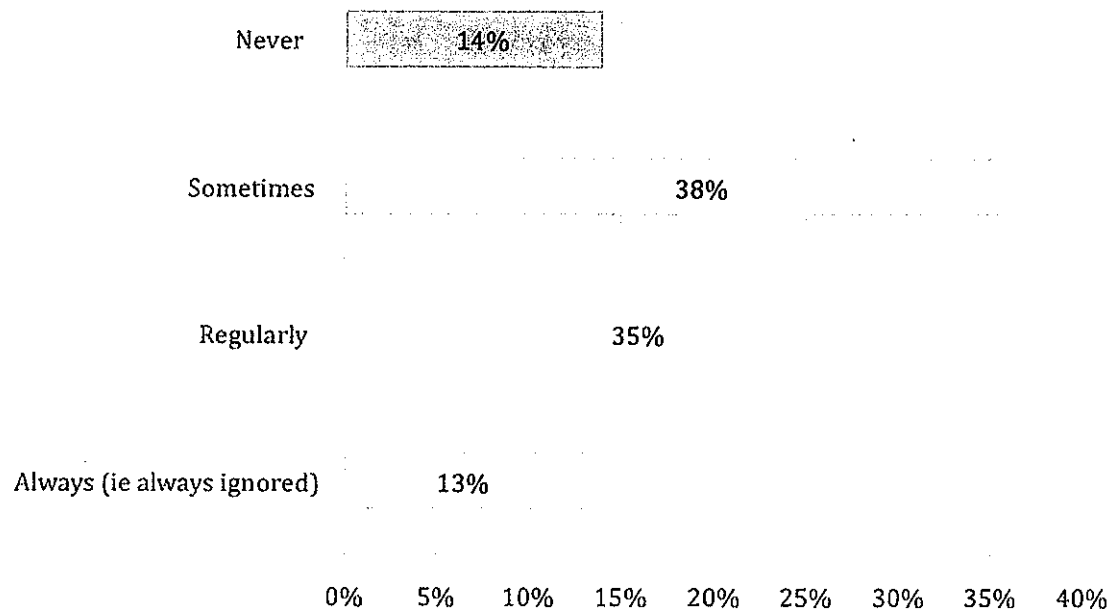
RESULTS:**TABLE 30**

Do you think that these minimum crew levels have remained unchanged since 2002?

Crib Breaks**How often participants access 'crib' breaks.****RESULTS:****TABLE 31**

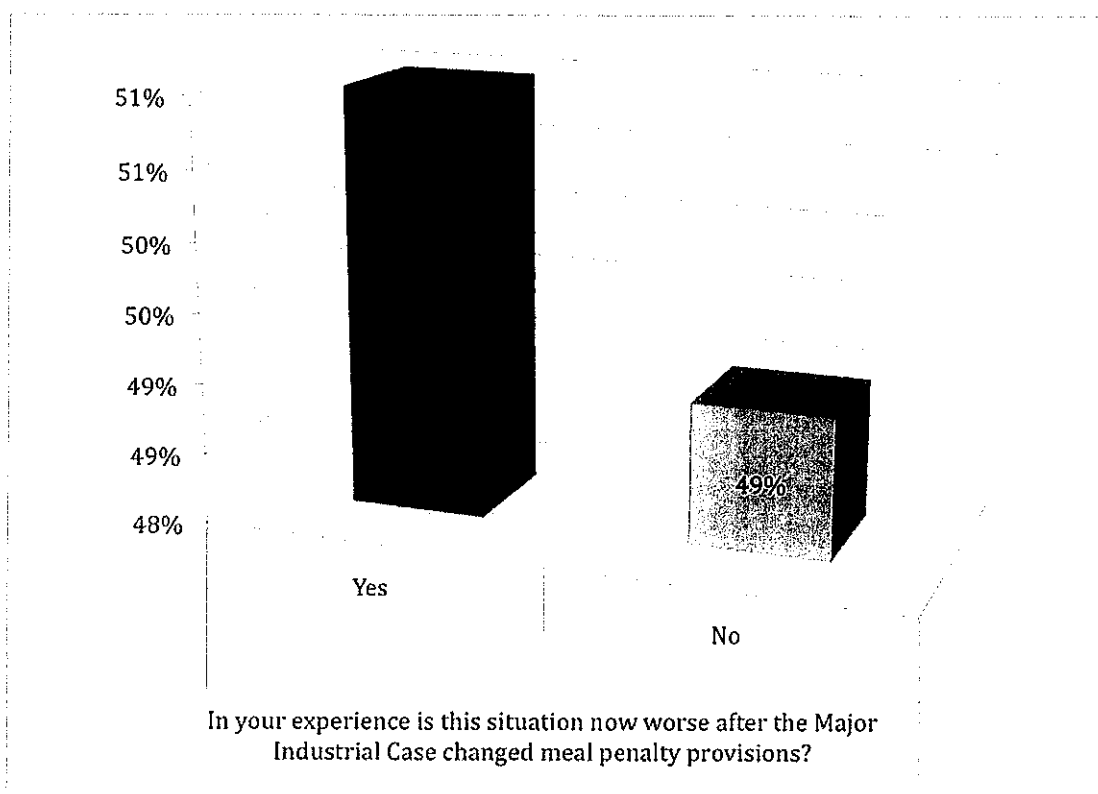
Rest Breaks

How often participants feel that their need to eat and rest are ignored during a shift.

RESULTS:**TABLE 32**

Meal Breaks

Are you missing out on more meal breaks since the Major Industrial Case changed the meal penalty provisions.

RESULTS:**TABLE 33**



**Submission from the
HEALTH SERVICES UNION**

**to the
Legislative Council
General Purpose Standing Committee No 2**

**Further Inquiry into the management and operations
of the NSW Ambulance Service**

APPENDIX 2



**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**

EXTRACT

25 June 2008

*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 Report¹⁸. 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 HSU²⁰.

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

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 attached²².

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.

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.

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.

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.

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.

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 time²⁷."

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.

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



SENDER TO KEEP
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7 August 2008
MW:DR:A038095



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

By E-mail and postal delivery to Ms Teresa Robinson, Senior
Council Officer, Level 1, 139 Macquarie Street, Sydney

Dear The Hon Ms Parker MLC

Please find attached a response from the HSU regarding written
questions on notice, which hopefully will in some way further assist
the Committee in its deliberations and report.

Any further contact or assistance should be sought from Mr Dennis
Ravlich (telephone 9229 4923) or Mr Bob Morgan (telephone 9229
4924) of the HSU.

Yours sincerely

for
MICHAEL WILLIAMSON
GENERAL SECRETARY

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QUESTIONS ON NOTICE

Question 1

The recommendations from the June 2008 Performance Review of the Ambulance Service of NSW included all but one of the Health Services Union's recommendations. In light of this, can you explain to the Committee why the Health Services Union is publicly rejecting this June 2008 review?

The view or perception that the Department of Premier and Cabinet Review (DPC Review) comprehended and accepted all but one of the suggested recommendations put forward by the HSU in its submission is incorrect.

For example, the HSU recommendations, which formed part of its submission to the DPC Review were as follows, and under each is a short comment as to how this was (or wasn't) addressed by the DPC Review:

- 1. That the Review 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.***

Rejected by the DPC Review who opted for the current status quo.

The acceptance of the status quo is incongruous for an organisation that the DPC Review itself finds has singularly failed to manage several workplace and operational issues. An organisation that enters into a performance agreement guaranteeing deteriorated performance compared to the previous year does raise questions about its management but also that those responsible are singularly aware of the malaise afflicting the Ambulance Service (DPC Review page 33).

In recent years the Ambulance Service has undertaken a variety of reviews of 'uniformed middle management' that have resulted in significant reductions in uniformed Ambulance Superintendent positions, whilst increasing the number of non-uniformed bureaucrats.

No compelling case or observations were put forward by the DPC Review as to why the Ambulance Service senior structure should differ so markedly from that of, for example, the Police, Fire Brigade, Rural Fire Brigade Services etc in relation to having a uniformed Commissioned Officer as its leader.

The structure that currently exists has the Ambulance Service reportable to a variety of senior bureaucrats within the Department of Health. It is not unusual that in significant matters that the Department of Health 'manages' or leads discussion/debate on a variety of issues or proceedings before the IRC or in wage negotiations. This being the case, we have a senior bureaucrat (non-uniformed) as Chief Executive reporting and responsible to several other senior health bureaucrats.

If the logic of the DPC Review is adopted, there is no reason why the NSW Police and Fire Brigades need to have a commissioned uniformed head - a position that cannot be seriously advanced by any commentator.

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

Rejected. Status quo to remain. See above comments.

3. *That the Review 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.*

The DPC Review seemingly adopts this approach although not engaging in the debate directly as to how this core integral requirement should be 'measured' or 'valued' as part of Ambulance Service performance.

4. *That the Review 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.*

The DPC Review accepts that this should occur, without however detailing to any great degree what the performance management framework should be and how it should be instituted.

5. That the Review 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.

The DPC Review notes the current inadequate or narrow key performance indicators utilised by the Ambulance Service, which currently relies upon reporting response times against CAA benchmarks (see DPC Review page 33). The DPC further asserts that the Ambulance Service does not have publicly stated targets for emergency responses.

That is true - excepting it does not recognise that the Ambulance Service did indeed adopt specific response time targets (arising from the ORH Review 2002-03) but *walked away* from these when they singularly failed to achieve those targets.

This failure is amply demonstrated in the following extract from the HSU submission to the IPART Inquiry in 2005 (and forms Attachment A to the HSU submission to the Legislative Council Inquiry):

"The Metropolitan Sydney Experience"

Any objective review of the data held for Metropolitan Sydney for the years 2002-04 confirm fears as to the state of the current service delivery to the community, and the deterioration in that performance over that three year period. The profound impact that the difficulties in Emergency Department access has upon the capacity and resources of the Service is pronounced.

Such data provided can be considered using three of the performance benchmarks adopted by the Service.

Response Times

*The Performance Benchmark for this item used by the Service on the release of the ORH Report in 2002 and by the Bi-Partisan Working Group has been that **61% of emergency calls have a response time of less than ten (10) minutes**. Response time performance of the Service since 2002 has been sporadic, although largely static or deteriorating. However, it should be noted that the response performance varies between the sectors, albeit all largely below the performance benchmark of 61%.*

For example, the performance in some parts of Southern and Western Sydney are exceedingly poor.

Response Performance by Month

Response time < 10 mins	June 2002	June 2003	June 2004
<i>North Sydney</i>	60.0	58.2	50.1
<i>South East</i>	57.4	59.2	64.9
<i>South West</i>	41.4	43.9	43.5
<i>West</i>	48.1	44.7	45.0
<i>DIVISION</i>	51.8	51.7	52.4
	July 2002	July 2003	July 2004
<i>North Sydney</i>	58.7	56.5	49.8
<i>South East</i>	58.5	58.2	62.4
<i>South West</i>	42.0	40.5	41.5
<i>West</i>	48.5	45.4	43.8
<i>DIVISION</i>	52.2	50.5	50.7
	August 2002	August 2003	August 2004
<i>North Sydney</i>	56.4	51.1	49.0
<i>South East</i>	57.8	55.9	52.4
<i>South West</i>	42.7	37.0	40.8
<i>West</i>	46.3	36.9	38.3
<i>DIVISION</i>	51.1	45.7	45.4

It should also be noted that the data relevant to the months in 2002 was before the wide range of initiatives introduced in Metropolitan Sydney, including but not limited to, amended rosters, altered crew deployments to better match demand, additional relief, rapid responder functionality, changes to the clinical profile of officers, and various initiatives pertaining to the interface with Emergency Departments.

Accordingly, on the basis that such initiatives provided a positive contribution to the capacity of the Service to provide and meet its own performance benchmarks, based on the conclusions of the ORH Report, one can only speculate what the situation would otherwise have been in Metropolitan Sydney, or indeed how 'off the mark' the ORH Report was in its modelling and mapping.

It is important to note that the identified deterioration of response performance from that achieved in all sectors in June 2004 to that achieved in August 2004 have occurred against a backdrop of a deterioration in accessing Emergency Departments that occurred in that timeframe.

It appears clear that the Service has - based on the data available - been unable to meet its own established performance benchmarks in a number of areas. These benchmarks were established to enable the Service to provide a provision of ambulance services to the community that was commensurate with similar such providers within Australia and internationally. The Auditor-General's Report of 2001 was the catalyst for the ORH Report and significant change within Metropolitan Sydney.

Yet despite these changes, and all assurances provided to the community and the IRC during 2002 and 2003, the performance of the Service has been in steady or profound decline on the objective benchmarks it itself established and adopted in 2002."

It should also be noted that it remains unclear from the data contained in the DPC Review (at page 33) regarding CAA benchmarks - obtained from the Productivity Commission - as to how the NSW data prior to 2005 should be viewed. Call prioritisation (referred to as ProQA) was introduced by the Ambulance Service in the first half of 2005. With the use of ProQA, the Ambulance Service can now disaggregate the emergency calls received to identify those cases requiring immediate (lights and siren) response. This constitutes those reported on in tables such as that contained on page 33 of the DPC Review.

However, prior to 2005, the Ambulance Service did not differentiate between emergency calls. All such calls received an urgent (lights and siren) response and were dealt with as life threatening. Accordingly, it is not clear as to whether the figures noted for 2002/03 to 2004/05 on page 33 of the DPC Review is the response performance for *all* emergency calls received by the Ambulance Service or an *arbitrary* figure derived or extracted in some manual way. If the former, then it may have the effect of camouflaging or skewing actual response performance in this category.

6. That the Review recommends that the Service needs a properly resourced 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).

The DPC Review accepts that the Ambulance Service does not plan effectively and should integrate an in-house sophisticated planning functionality. What is disappointing is that the DPC Review does not note that the Ambulance Service has 'admitted' this failing for some years. For example, the IPART Review 2005 noted that:

"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."

It is self-evident that an organisation such as the Ambulance Service should plan - and plan well. Why it has not done so remains unanswered, despite it conceding this point publicly three years ago.

In part this is more disappointing as various Bi-Partisan Reports prepared for the IRC during 2004/05, which clearly identified this need, and compared the NSW experience and modelling capacity unfavourably to the Melbourne Metropolitan Ambulance Service's exceptionally sophisticated modelling capacity, with the essential ability to model the 'what if' questions.

(See pages 22-29 of the HSU Submission to the IPART Review 2005, which is Attachment A to the HSU Submission to the Legislative Council Inquiry.)

7. That as part of Recommendation 6, the Review 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.

The DPC does not address this issue directly. (See above comments as to this being identified by a Bi-Partisan Working group some years ago, and the subject of recommendations by the NSWIRC at that time.)

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

Not directly addressed by the DPC Review.

- 9. That the Review establishes or recommends the interim increase in staffing required as a matter of urgency, along with associated resources, pending the implementation of Recommendations 1-8.**

Not addressed by the DPC Review. The DPC Review barely mentions staffing levels, except to make assumptions and recommendations that are predicated on what the HSU maintains is a fiction. This fiction is neatly captured in the DPC Review comment that ".... the approach to management of demand has been to rely solely on the addition of ambulance crews."

Increasing ambulance crews who can respond to the ever increasing demands of emergencies or medical situations is clearly the most obvious and necessary response but it is one that for practical purposes has not been done by the Service in the last decade.

The number of ambulance crews (as distinct from gross staffing numbers) available in many parts of the state or at certain times have not markedly changed in 10 years, despite demand increasing anywhere between 5-10% every year.

The DPC Review did not comprehend the following underlying and persistent malaise with crew levels, evident for some ten years:

- Between the years 1999-2001, the Service had a staff freeze. The number of Ambulance Paramedics increased by 2 in that period.
- In 2001, a bi-partisan Audit undertaken by the Service and HSU identified that the Service was SHORT more than 300 Ambulance Paramedics to adequately staff EXISTING rosters.

- In 2001, the Industrial Relations Commission of NSW ('the NSWIRC') recommended that Minimum Officer levels ('MOLs') – also referred to as Agreed Roster Levels – be maintained throughout the state to ensure that the Service provided a minimum level of ambulance crews required to service the community in this period of crisis.
- It is not, as is claimed by the DPC Review, that such MOL agreements are based solely on arrangements with the HSU. These are underpinned by the intervention of the NSWIRC at that time - and since - to establish some operational order and protection for the community and ambulance officers.
- In these same NSWIRC proceedings, the Service's response to its own induced staffing crisis was to seek to unilaterally reduce these MOLs (and accordingly its commitment to service levels for the community). This outrageous response by the Service was categorically rebuffed by the NSWIRC.
- In 2001 there was still dependence in a number of communities upon an Ambulance Paramedic responding alone to incidents and reliance on scarce nursing resources being taken out of hospitals to assist in patient transfers by ambulance.
- In 2002 the ORH Review of Operations commissioned by the Service revealed that the relief factor required to ensure that existing rosters could be staffed adequately (without a continuing reliance on overtime for example) were either too low or all but non-existent.
- Extra Ambulance Paramedics began to be employed from 2002 onwards as a response to this overwhelming crisis in staffing numbers. However, despite this increase in staffing since that time and the reduction in the reliance on Ambulance Paramedics responding alone, they have been INSUFFICIENT to overcome the depths of the crisis in staffing and relief evident in 2001 and the concurrent increase in demands every year since.
- For example, the MOLs from 2001 (and underpinned by the NSWIRC at that time) have largely remained unchanged. In other words, the number of ambulance crews required by the Service to be maintained and made available to the community has largely remained unchanged in the last seven years.

- In reality the Service has largely resisted all approaches and attempts by the HSU to increase these MOLs to reflect community demands relevant to 2008. Rather it has fought to remain and be accountable only at 2001 levels.

Even when the DPC Review concedes that the current relief factor is less than ideal in the Central Coast and Illawarra, and notes that the Ambulance Service concedes that the relief factor requires an increase to 34%, it offers no commentary as to the urgency of addressing even these admitted short comings.

- 10. *That the Review 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.***

The DPC Review adopts the thrust of this recommendation, although not making any commentary as to the significant level of dissatisfaction with current processes and outcomes.

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

See above comment.

- 12. *That the Review 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).***

The DPC Review adopts the thrust of this recommendation. The disappointment of members is that the HSU has been making such representations and submissions on the need for the establishment of a comprehensive public health response to patient transport services for several years.

13. That the Review 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.

The DPC Review ignores this recommendation and the issue of accountability for the current malaise.

Additional General Comments

The disappointment of the HSU and members is also fuelled by a number of comments or recommendations that would appear to have been based solely on submissions from the Ambulance Service - for example - which were never sought to be challenged or validated by subsequent discussions with the HSU.

For example, any comments about rescue or the major industrial case are without any benefit of HSU input and capacity to challenge provided data or assumptions. Assumptions about alleged inefficiencies or operational impediments are equally without validation or scrutiny - or without any knowledge divulged of the important role that the HSU and its members undertook in addressing or initiating changes regarding the management of emergency department access issues, developing and assisting the implementation of the patient allocation matrix, or the dialogue and debate that arose from the ORH Review that led to changed roster and deployment patterns in Sydney.

It is also disappointing in that light that the two nominated HSU contacts provided to assist the DPC Review were not contacted and sought out to discuss or validate issues or matters raised outside of the HSU submission.

Question 2

Several submissions from ambulance officers to the GPSC2 Inquiry perceive that the Health Services Union is not supporting ambulance officers, and consider the HSU to be part of the problem. Can you comment on this statement?

The HSU provides a variety of support services to members. At all times it seeks to assist members with issues, although as can be revealed even from the DPC Review, assisting members to navigate the current grievance or disciplinary processes is not without difficulty or frustration.

A number of issues raised by members - either individually or collectively - at times relate to operational issues and concerns for the community. At times these do not lend themselves to resolution via industrial forums - although from previous comments it is evident that the NSWIRC has become involved in operational matters that have outweighed any alternative view proposed regarding what might be termed managerial prerogative.

On the whole the HSU - when adopting issues that affect the whole of the state or a particular sector - does so on the basis of feedback from members obtained via a Sub-Branch and Delegates structure. Membership density of something like 95% plus is indicative that almost all employees see considerable value in being part of the HSU.

It is difficult to comment on allegations that the HSU is "*part of the problem*" without knowing what problem such a comment refers to.

Question 3

In light of an increase in staffing levels since 2001 of 562 positions, what additional staffing levels do you believe are required and why?

Firstly, there is a significant difference between staffing levels and ambulance crew levels. The HSU in all of its submission has always recognised and acknowledged that the current NSW Government has increased gross staffing levels in the Ambulance Service since 2002.

However, that does not preclude the acknowledgment that current ambulance crew levels and deployments have for many parts of the state remained static.

Reference is made to the more extensive commentary provided in the response to Question 1 (re HSU recommendation 9).

Reference is also made to the extensive commentary provided on staffing and crew level issues in the HSU submission to the Legislative Council, along with Attachment A (being its submission to the IPART Review 2005) and Attachment B (being its submission to the Public Accounts Committee 2003).

The Central Coast remains an ideal - if unfortunate - case study of the current malaise affecting many parts of the state.

The Central Coast has and continues to be an area of significant population growth and increasing demands on public health and ambulance services. There has been a boom in the number of families and an equally high increase in the number of aged citizens/retired residents – many who live alone.

According to the Northern Sydney Central Coast Area Health Service, the Central Coast has and will continue to rate highly in all indicators that suggests an increasing reliance on public health and ambulance services.

Whilst not all ambulance crew responses results in a patient being transported to an Emergency Department, it nonetheless remains one of the important indicators of workload demands. Ambulance presentations to Gosford and Wyong Hospitals have been as follows:

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
May 2005	1,593	843
May 2006	1,763	921
May 2007	1,608	1,204
May 2008	1,680	1,203

A number 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.

Transporting patients to Sydney or the Hunter can lead to ambulance crews being unavailable to the Central Coast community for often several hours.

Everyone has recognised that the Central Coast was in 'dire straits' regarding ambulance staffing levels. 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 review was never completed or if it was, it has never been revealed to the HSU and its members.

The number of ambulance crews available to the community in the Central Coast (and the MOLs) has remained largely unchanged since 2000.

	2000		2008	
	The number of ambulance crews the rosters can put out if fully staffed	The MOL required to be maintained by the Service	The number of ambulance crews the rosters can put out if fully staffed	The MOL required to be maintained by the Service
Mon-Fri				
Day shift	17	13	14	14
Afternoon shift	-	-	2	1
Night shift	11	11	11	11
TOTAL	28	24	27	26

In fact, if the current rosters are fully staffed and have the adequate relief factor maintained, the current rosters will produce 1 ambulance crew LESS per 24 hour period (Monday to Friday) in 2008 than it could in 2000.

In addition, this is against a workplace context that even the DPC Review accepted the concession of the Ambulance Service that relief levels in the Central Coast are currently inadequate (page 33 of the DPC Review).

This can be demonstrated vividly in that **this week** in the Central Coast the HSU has received feedback from members indicating that up to 11 or 12 positions on roster lines are vacant - which have been unable to be filled by the current relief capacity. Self-evidently this reduces the capacity of the rosters to produce the above crew levels and/or requires overtime to 'prop up' existing rosters and/or increases pressures on remaining crews.

As the DPC Review accepts the proposition that the current relief factor should be 34%, then the Central Coast is even further behind than most areas of the state.

The problem cannot be denied even if it is apparently ignored. Reference is again made to comments provided by the HSU in its submission to the Legislative Council Inquiry as follows:

"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 time¹."

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."

NOTE:

A specific response also needs to be made regarding the nominated figure of an additional 111 full time positions that the Ambulance Service claims will be made available in the current Major Industrial Case. Whilst loathe to comment on aspects of the Major Case, this must be understood squarely as to what this additional staff will contribute to the operational capacity of the Ambulance Service.

Firstly, this additional 111 staff (for metropolitan Sydney and Central Coast) will not increase by and large the number of ambulance crews available on a day to day basis. None

This is because this additional staff will be fully utilised to facilitate the roster and meal break changes (ie abolish an unpaid meal break) proposed by the Ambulance Service. This \$11 million investment will not enhance the number of ambulance crews produced and made available by the current rosters. It will however abolish unpaid meal breaks and consequential penalties received by staff when they are prevented from accessing their meal entitlement due to inadequate crew levels and increasing workload demands.

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

It chooses not to invest this staff and public monies to increase crew levels or backfill/increase relief or reduce single paramedic responses in parts of the state. The Ambulance Service seeks to address the symptoms rather than the 'disease' - being the chronic malaise that largely contributes to the incapacity to access proper meaningful breaks or respond to cases in a more timely fashion or be able to ensure adequate relief levels to ensure necessary training occurs - inadequate ambulance crew levels.

It must also be understood that this investment of \$11 million (and 111 additional staff) is entirely conditional on the Ambulance Service pushing through with its *one size fits all* roster and meal changes.

Apart from this figure of 111, the NSW State Budget only provides for an additional 75 FTE positions for metropolitan Sydney for 2008/09 (although in reality this is 95 as there was a carry-over of 20 from the year 2007/08). No other additional positions are identified to any other part of the state.

HSU members find the approach of the Ambulance Service now and previously not reflecting the urgency of the situation. As a consequence, members recently endorsed that this financial year requires a surge of 300 Ambulance Paramedic positions and 60 Patient Transport positions.

Consequently, the HSU and its members have also endorsed that discussions need to commence - hopefully with new senior management and with access to the sophisticated modelling required and the structural outcomes of the patient transport tiering review - to facilitate detailed planning for the next five years.