

## INQUIRY INTO EMERGENCY SERVICES AGENCIES

**Name:** Name suppressed

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Partially  
Confidential

## **Inquiry into Emergency Services Agencies**

I am writing this submission so my experiences of bullying, harassment and discrimination can be considered within the scope of this inquiry. I am writing with an emphasis on Work Health and Safety (WHS).

I have worked as a paramedic for Ambulance NSW (ANSW) for    years.

Firstly, my experiences as a paramedic                    have demonstrated to me that there is a systemic and deeply rooted culture of bullying, harassment and discrimination within the ANSW. I also have experienced the ineffective protocols, and procedures of complaint management, risk management, WHS, senior management accountability, ethical governance and due process.

For simplicity, I have highlighted the issues into topics and where possible finished with a recommended fix or course of action.

### **Work Health and Safety.**

WHS is managed with 'tick the box approach'. The very bare minimum WHS management is applied to running ANSW, enough to appear to be meeting the requirements of the WHS Act 2011. But in reality, continuing to operate the ANSW in a sometimes risky and dangerous manner. ANSW management strategically isolate, bully, harass then smother anyone who raises a WHS concern. As I found out, "Shoot the messenger approach" is a legitimate management strategy. Some examples

## **Recommendations**

Ensure all WHS matters are taken seriously

Provide digital access to HSRs so that monitoring of WHS can be completed in a timely and transparent manner.

Improve the support and culture for identifying and reporting WHS concerns.

Remove all ANSW management who breach the WHS Act, or are involved in bullying or harassment of staff. This includes turning a blind eye to matters.

## **Control Centre**

Control Centre dispatches bully, harass and intimate staff every shift. Management bully, intimidate and harass staff so operational requirements can be met. Every shift paramedics are forced to miss their award entitled crib breaks, and then are forced to complete hours of extension of shift overtime. Most of these dispatch decisions are outside normal SOPs, and contrary to the State Award.

Why does it happen? Well there is no one to complain to. No one in senior Ambulance management will take a complaint in relation to dispatch and operational requirements. Paramedics are basically voiceless, with no avenue to rectify the issues. So as a result Control centre do anything they want with out any fear of the consequences. If you did attempt to complain, you would just be harnessed with extensive work load to teach you a lesson. Control centre staff have a term “the shaft car” the ambulance vehicle you want punish so they get dispatched, resulting in a very heavy work load.

You can miss all your breaks, then compete several extra hours overtime on top of your 12 hour and 15 minute standard shift. This is expected to be completed without a word of complaint. As you can see the WHS Act 2011, State Award is totally ignored in relation to fatigue, or consultation.

### **Recommendation**

An extensive and robust complaint system is implemented to give paramedics a voice in relation to giving feed back and or complaint in relation to Control Centre dispatch decisions.

Ensure SOPs are followed and NSW State Award is followed in relation to crib breaks and extension of shift overtime.

Discipline any employee who is involved in harassment, bullying or intimating any staff within the control system.

### **Off stretcher button**

The off stretcher button is a button we press on the ambulance mobile Data terminal (MDT) when we have physically off loaded the patient from the stretcher to the care of the hospital. We then clean, restock, complete paper work etc and press the “Available” button when we are complete and ready for the next case. This system was introduced to monitor, transfer of care times for the Health Department. Sounds like a good idea, maybe? If only ambulance didn’t misuse it.

The “off stretcher” button (which we must press or face disciplinary action) is now routinely used by control as the new “available” button. Therefore, we offload a patient and straight away we can get the next case. Unfortunately, we are not completed and are not ready to go on the next case. The vehicle and equipment need to be decontaminated, drugs restocked and accounted for, clinical documentation needs to be completed. Clinical documentation is a vastly importance patient safety function. It should be completed at the time of treatment and handed to the hospital at the time of transfer of care. Any other time, like several hours later, puts enormous risk onto the patient. Unfortunately, for KPIs (see below) control bullies crews by dispatching the next case before they are complete and available. This occurs hundreds of times every shift, every single day.

### **Recommendations**

Do not use the “Off Stretcher “ button as the “Available” button. Crews will press the “Available” button when they are complete and ready for the next case.

Put a KPI on the written clinical handover delivered at the time of transfer of care.

Monitor control and make sure crews are not being bullied and are receiving crib breaks and fatigue management.

## **Key Performance Indicators**

If I was to blame one management tool for single handedly destroying the moral of the average paramedic it would be the KPI. The KPI is the one management tool that is responsible for fuelling the bullying and harassment fire.

Ambulance will do anything to meet their KPIs, so a little bullying here or there, is of no consequence to them. Unfortunately, it is not a little bullying it is a lot, every day every shift to nearly every on road paramedic.

KPIs are above all laws, State Awards, common sense and I have witnessed more than once the laws of physics.

For some strange reason there are no KPIs on safety matters, eg, number of crib breaks taken by paramedics, limits on extension of shift over time, number of or distance travelled on urgent cases and even completing written clinical handovers as a patient safety measure.

The one KPI that Ambulance is more than happy to breach is the time to investigate serious matters by the Professional Standards Unit (PSU). This KPI is routinely missed and as a result staff, have to wait longer to have any potential disciplinary action resolved. If you are on restricted duties that can have a big impact on your mental health and career. It is a form of endorsed harassment by ANSW management.

## **Recommendations**

Cease the obsession with KPIs, if ambulance are going to use them make sure they are used properly and do not have an inadvertent effect on staff or patients.

Have KPIs specific for the performance being issued. So no circumnavigation of the tool can be used to attempt to meet the KPIs. This is currently very common, at the root of the bully and harassment issues.

Have a "Golden KPI" which states that any attempt to interfere or mislead the collection of KPIs will forfeit all KPIs for the patient/incident. This KPI will be used as an oversight KPI to ensure ethical compliance.

## **The "C" word and then "F" word**

I mean *Crib break* and *fatigue*. These 2 words will result in a very negative backlash from management if raised. Management will actively deny there are any issues with either staff access to their crib breaks or any fatigue related work stress.

There is a very strong culture within management to water down any staff concerns about these two issues. Management will use buying and harassment strategies to attempt disrupt, any staff complaints, or railroad any real staff concerns.

Ambulance management has been so successful in demonising staff that bring up concerns in relation to crib breaks or fatigue. Staff, have given up complaining formally. Staff understand that their concerns or complaints will not be taken professionally or seriously. As a result few staff make any complaints.

In this case no news is not always good news.

### **No news is good news (Dark figure of reporting bullying and harassment within the ASNSW).**

You will find the dark figure of under reporting of many issues and concerns with ANSW. This of course includes bully and harassment concerns. The fact is no one knows the real prevalence of this issue with ANSW as the reporting systems and managerial systems and procedures are being used against the staff who may want to report an issue.

It is all too convenient for ANSW that the reported level of bullying and harassment appears low. Management does not support paramedics who report abuse, and in many cases have standard operating procedures (SOP) that promote and sustain a bullying and harassment culture.

The system is broken and encourages management to bully and harass staff. The reporting and support systems are also broken and ineffective so staff do not report any real concerns. Win; win for management when reporting to the Health Dept or Premiers Office.

Of course all the data is false, and we do not know the real rate of bullying and harassment but I can guarantee you that it is considerably higher than the levels reported.

### **IIMS**

Incident Information Management System (IIMS). As the sole reporting system for ANSW, is difficult to use and has a poor user interface. E.g you do not receive a copy of the report, and you need to manually write the report number down. The reports are time consuming, when we are short of time due to heavy workloads. Also the IIMS system can only be assessed on certain Ambulance computers, so we are unable to assess at Hospital or home, remotely. Limiting, assess to the reporting system.

I have very grave concerns about the ethical management of the IIMS system. Reports do not appear to be reported in the correct classification, investigated or resolved to a high standard. I am aware of IIMS categories being down graded, to make the issue less of a concern. Investigations are poor or non existent ( investigations being closed without staff interviews). Conclusion and outcomes are also poor and in most cases non existent. Therefore if you put in an IIMS report you will never know if it was investigated or what was the conclusion. Feed back is extremely poor. And in my experience fabricated, incorrect or non existent.

As a result the IIMS system is very under utilised and many incidents, concerns or near misses are simply not reported. Going into my last topic of the dark figure of under reporting.

## **RECCOMENDATIONS**

That the IIMS system be over hauled, and improved. Including user interface, system availability (remote access) and access to conclusions, feedback.

That any changes or editing to IIMS reports be documented and feedback given to original author.

An investigation in the previous IIMS submitted and if any unethical, incorrect or fraudulent activity has been committed by ANSW management. Disciplinary actions to be initiated.

Correct, prompt and accurate feedback from the IIMS reporting system. For staff to improve confidence and assure staff that the system is robust and supportive.

## **PROFESSIONAL STANDARDS UNIT**

Is in fact anything but.....The PSU has an incredibly poor record of being professional while investigating staff. Investigators frequently, make basic errors in laws that ensure the investigation will fail, or be extensively long. If a staff member is on restricted duties then this can have a very negative effect. In fact it is like an unwritten punishment prior to conviction. There appears to be a poor attitude to procedural fairness and nature law.

So the PSU investigates staff, but fails to be professional in doing so. The word that comes to hand it oxymoron. Staff confidence with the unit is extremely poor.

The PSU frequently, appears to be siding with senior ANSW management, and again appears to be one of the tools used by management to bully, harress and discriminate staff.

## **RECCOMMENDATIONS**

The Occam's razor approach to the unit. The unit needs to be disbanded. Any staff involved in unethical behaviour and or poor performance be removed.

In it's a place a independence, proactive, open, transparent investigation unit that assist staff and management and promotes ethical governance and professional behaviour.

## **DUTY OPERATIONS MANAGERS (DOM)**

DOMs are a middle management level, that are supposed to support operational staff in the daily operations of the ANSW. Also their role involves being the front line "eyes and ears" of the ANSW management chain. A conduit in fact for information to

flow both ways. Any issues or concerns should be reported to them by staff (reactive), also any issues they became aware themselves, should also be reported up the chain (proactive).

Unfortunately, DOMs are not always proactive or reactive with issues that concern staff like constant bully or harassment of staff by the control centre. In fact, instead of being an advocate for front line staff they become the NSW first round of road blocks, attack dogs.

Issues reported to DOMS are seldom investigated or referred up the chain of command in an appropriate manner. Issues are frequently, dismissed at a verbal level, without reports or IIMS being submitted. Investigations are rarely initiated or followed through.

In my experience, DOMS have been the initiator of abuse, and harassment while attempting to report concerns up the chain of command.

Many issues or concerns do not make it past the DOM level of management, although some should be managed at a local level others should not be dismissed so quickly and need further consultation with more senior management.

The end result is a poor report system that has poor confidence to be used by staff, and therefore is under utilised.

## **RECOMMENDATIONS**

An independent, efficient and receipted reporting system for operation staff to use to report issues or concerns up the chain of command.

Increased oversight upon NSW management to make ensure compliance with NSW “Our Valves” and SOP and the current legislation.

Increased training for staff and management to understand the WH&S role and the preventative strategies to decrease victimisation, and poor reporting standards.

A more proactive role for DOMS to identify and manage issues, and concerns by staff. The current reactive management is not working.

Frequent management review and feedback by operational staff on the performance of their local and senior management staff.

## **PROACTIVE VS REACTIVE**

The current state of affairs has the NSW utilising the reactive management of matters concerning bullying and harassment. The weight is on the victim to report the matter before anything can be initiated. To rely on this level of reporting is both problematic and will guarantee poor results. As stated throughout this document currently, there is very little staff confidence in the management, investigation or prevention of bully and harassment style complaints or concerns.



## **RECOMMENDATIONS**

That ANSW management at all levels be forced to take a proactive approach to managing bully and harassment concerns or issues. This will ensure individual staff will have a management advocate with them while dealing with complaints.

Under this model issues should be picked prior to any impact upon staff, eg control centre misusing staff, or preventing access to lawful crib breaks. Management, will be come aware, identify the issue and implement a remedy. It will be their responsibility, and not operational staff whom are always in poorest position to affect any change.

## **MEDALS**

Senior Management staff appear to receive medals and citations more frequently than junior operational staff. I am aware of senior staff receiving awards that were reaccommodated by other managers. I am aware of several questionable management staff whom received medals, where the conduct or circumstances of the staff member would pose reservations. The apparent “nepotistic” medal system is not lost on hard working operational staff.

The system helps reinforce management and disempowered operational staff.

## **RECOMMENDATIONS**

Review of the medal system and any unethical conduct or bias towards certain staff members is corrected.

## **Conclusion**

I do have some fears that my submission will result in adverse attention from ANSW. So I am requesting as far as possible that my submission be kept confidential. Unfortunately, due to the current work environment I feel that many staff have been fearful in submitting to this enquiry.

I am more than happy to expand, clarify or present more details information if asked to do so. I am committed to assisting this enquiry in every way possible.

Thank you for reading my submission.