

**Submission
No 156**

INQUIRY INTO EMERGENCY SERVICES AGENCIES

Name: Mr John Larter
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1. NSW Ambulance management repeated failure to follow policy and procedure. Inconsistent decision making and processes leading to widespread staff morale issues, service decline and poor governance.
2. Poor communication with evidence of senior management failing to respond to correspondence and issues. Emails are routinely ignored or not answered within reasonable timeframes. I wrote to the CE on 28th June 2016 regarding a number of serious issues. I was emailed a letter from a senior manager on 8th July 2016 ***"I am writing to advise you that the letter you addressed to the Chief Executive dated 28th June 2016 and associated documents have been referred to me for initial review. As I am sure you will appreciate, I will need time to consider the information provided and may need to seek further advice on specific issues."*** There has been no further correspondence other than letters I have sent complaining and seeking a response. I have been sent correspondence from other staff members outlining similar concerns regarding poor communication. It appears there is a lack of functionality within senior managerial departments which are having an impact on staff and service delivery. Common sense decisions are not timely and this is having a handbrake effect on the organization.
3. For staff dealing with, waiting on, or at point where management aren't progressing issues there is no useful point of contact or arbitration other than a union representative. It is my experience that matters of importance to service delivery are often ignored, not approved or held up for months waiting for decisions when a more expeditious process should be available. An independent person should be appointed to assist staff in the progression or review of any matter they feel are serious and not been adequately addressed.
4. Internal complaints that are raised that don't find jurisdiction with the Professional Standards & Conduct Unit lack rigor and impartiality. Managerial practices that are questioned or raised through chain of command are often ignored or immediately refused. Evidence of such issues would be rostering single staff on afternoon including female officers. Management has refused to change staff rosters on the basis of a modelling tool. Cold weather clothing for paramedics is still an ongoing issue, but it took Ben Fordham from radio 2gb and The Sydney Morning Herald to too get the Minister to intervene on an otherwise simple management decision.
5. Poor equipment such as Electronic Medical Record hardware that consistently fails and will not work. Inadequate communications equipment, car radios that are intermittent and inadequate portable telecommunications equipment and coverage.
6. No consistency with regard to allocation of specialist skills and resources on the basis of needs. For example our township has extreme weather events including severe flooding and bushfires, alpine response in addition to attending mountainous difficult access terrain surrounded by national parks and state forest, however, staff are not trained or given access to specialist skills. Snowy 2.0 commenced and access is foremost by helicopter or with remote access skills. The decentralizing of such specialist skill sets needs urgent attention. Paramedics in regional settings can spend hours accessing and transporting patients to hospitals that don't have any neurosurgical or cardiothoracic facilities available at tertiary hospitals in metropolitan Sydney. This is an essential reason the skills available to paramedics in regional areas should be comparable with metropolitan areas. Paramedics at our station can't even get the

rescue/special operations boots because we are told they are only for paramedics with the skills to walk in the bush. I am not sure what they think we do here.

7. NSW Ambulance also fails to consult with staff either directly or via union representation. An example of this is the recent decision to commence a blended volunteer model at Coolamon. This has been done without adequate consultation or endorsement from paramedics. The only people who appear to approve of this model are senior managers. This model if it proceeds will have serious implications on service delivery now and into the future. The question needs to be asked why the same model isn't being applied as announced at (Berry) in the budget.
8. Staff development appears to be inequitable and at best poorly managed. There appears to be a bias towards back of house opportunities for staff and a lack of paramedics actually conducting frontline medical work. Zone managers and above don't have mobile data terminals in their work vehicles and therefore don't appear as an available resource on the CAD system in the control centre. Why are highly trained managers, many of whom are Intensive Care Paramedics isolated from our core role? Why do we engage Intensive Care Paramedics to manage business continuity plans or jobs that require specialist skills other than being a paramedic and divert resources from our frontline? Some of these paramedics have been trained to the highest level which staff in regional areas could only dream of to provide a higher clinical care to our patients.
9. There also requires review of the 000 calls which are diverted to a call centre (HAC) and are not given an ambulance response. My experience shows that the majority of 000 calls are not as described in the call. The severity of the case is not always as indicated in the notes or call. In a system where we are on call after hours there would appear to be a financial constraint on the resources allocated. Call attempt lists for off duty staff have been removed and the attempt to find the closest appropriate resource is not always followed. Recently an elderly lady who had collapsed onto ground remained on concrete until we had finished a non-urgent transfer. The 000 call was allocated approximately 1 hour after the initial call. The next closest ambulance 20 minutes away was not dispatched and no off duty paramedics were contacted to assist. This is an example of the sub-standard practice which happens far too often. Only days ago a person was trapped by the legs in machinery and the closest ambulance was 1 hour away. No off duty paramedics were called.
10. There appears to be a great deal of window dressing when it comes to staff welfare. The majority of staff I have spoken with doesn't approve the waste of government money being poured into inappropriate marketing like sending us tea bags or Chinese made pens. I am sure there is a better way to spend public money and a more productive way to go about addressing the serious issue of staff welfare. Perhaps some thought should be directed to a military style pension, flexible work practices, holidays, rostering or making improvements to areas such as salary sacrificing. Providing all staff with an IPAD or similar that will be able to be used as an EMR. Develop a focus back on patients rather than focusing on ticking every box for a manager who hasn't worked as a paramedic for 20 years. The hospitals are the same, too many KPI's, too many politically correct documents to tick and flick and not enough emphasis on the patient.
11. NSW Ambulance has a stronghold on any employee being critical of the organization. There is no encouragement for self-reflection, no willingness to admit we might be making mistakes and certainly no willingness to embrace change unless it's imposed on them by Ray Hadley or Alan

Jones. The ambulance media is far too focused on us as a brand rather than what we are there to do (care for patients). If we are getting it wrong we need to know. It's not about protecting a corporate identity or brand it's about caring and providing the best frontline treatment we can. If we do this and we are able to critique our performance by communication of any means this should be viewed as a positive for the organization. Most people who are complaining only want to ensure that the next time we respond we do it better and learn from our previous mistakes. Ambulance media should be encouraging staff via a letter to the editor style of text to voice concerns or positive stories which will have a positive impact. Let the staff ask questions and start giving us some honest answers rather than the weekly diatribe that flows out with the usual selfies. It's really not good enough.

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