



John Della Bosca MLC
Minister for Health
Minister for the Central Coast
Leader of the Government in the Legislative Council

Ms Lynn Lovelock
Clerk of the Legislative Council and
Clerk of the Parliaments
NSW Parliament
Macquarie Street
SYDNEY NSW 2000

Dear Ms Lovelock

I refer to the Inquiry into the Management and Operations of the Ambulance Service of NSW which was undertaken by the Legislative Council General Purpose Standing Committee No.2 (GPSC2) in 2008.

Enclosed is the NSW Government's response to the GPSC2 Report 27 – October 2008.

Yours sincerely


John Della Bosca MLC

- 4 MAY 2009

Received at 5.30pm

Monday 4/5/09

Lynn Lovelock
Clerk of the Parliaments

NSW Government Response to the
Legislative Council General Purpose
Standing Committee No.2 inquiry into the
Management and Operations of the
Ambulance Service of NSW

May 2009

Introduction

The Legislative Council General Purpose Standing Committee No 2 (GPSC2) inquiry into the management and operations of the NSW Ambulance Service ran for six months. During this time a number of planned initiatives were commenced by NSW Health with new initiatives informed by committee deliberation and witness statements.

As an example a public communications campaign on the appropriate use of ambulances was launched in November 2008 together with a campaign to tackle assaults and threatened violence against paramedics. During the Inquiry staffing to support improved grievance processes was enhanced and subsequently a dedicated pharmacist has been engaged by the Ambulance Service to strengthen security, access and recording of Schedule 8 drug usage.

The GPSC2 announced its inquiry in May 2008 with the following terms of reference:

That General Purpose Standing Committee No.2 inquire into and report on the management and operations of the NSW Ambulance Service, and in particular:

- a. *Management structure and staff responsibilities*
- b. *Staff recruitment, training and retention*
- c. *Staff occupational health and safety issues*
- d. *Operational health and safety issues*
- e. *Any other related matter.*

The Inquiry was initiated following concerns raised by some ambulance officers about the operation of the Ambulance Service, including recruitment and occupational health and safety issues.

Membership of the Inquiry Committee was the Hon Robyn Parker, MLC (Chair); the Hon Christine Robertson MLC (Deputy Chair); the Hon Greg Donnelly MLC; The Hon Tony Catanzariti MLC; the Hon Ms Lee Rhiannon MLC; Revd the Hon Dr Gordon Moyes MLC and the Hon Marie Ficarra MLC.

The GPSC2 handed down 45 recommendations in its report released on 20 October 2008, related to culture and management; bullying and harassment; suicide; staffing, pay and award conditions; chief executive and legislation.

Of note, at the time, three of the six GPSC2 committee members held serious concerns about the content and recommendations handed down in the report and their dissenting statements are included at Appendix 6 of the report. In total there were eleven recommendations that were not supported by those committee members.

Significantly the dissenting statements outlined that:

- many issues were raised at the time of a major industrial case being heard by the NSW Industrial Relations Commission (IRC) and this set the tone of both submissions and evidence;
- claims made in the report were perceived by committee members through submissions as there was no evidence for support and claims were not tested;

- evidence provided in the NSW Health submission was ignored and the Ambulance Service was not afforded the opportunity to respond to the key information that apparently formed the basis for the Committee conclusions;
- official and independent analysis was ignored, such as the Auditor General's Report 2001 and the positive follow-up report of 2007 and there was no acknowledgement that the Ambulance Service has undergone extensive clinical and operational changes since release of that Report;
- inappropriate emotive language was used in several places in the GPSC2 report and there was a lack of balance in the reporting, with evidence and witness statements used selectively;
- assurances given by the Director-General of Health and the Ambulance Service Chief Executive Officer that concerns were being addressed were not recognised in the conclusions, and
- conclusions were drawn from one side of the information presented to the Committee.

Caring Together: The Health Action Plan for NSW was released on 30 March 2009, providing the Government's response to the Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals. It responds to recommendations specifically related to ambulance officer positions and responsibilities; decision making with regard to non transport; Ambulance Matrix functionality; location of ambulance stations; and non emergency transport.

In addition, *Caring Together* includes work to be undertaken by NSW Health as a whole which will impact on the management and operation of the Ambulance Service of NSW.

In addressing the GPSC2 Report recommendations, consideration was given to consistency in response to other issues raised in relation to the Ambulance Service, by the Final Report of the Special Commission of Inquiry 2008, as well as the Auditor General Report 2001 and Department of Premier and Cabinet Performance Review 2008.

This document provides the NSW Government's response to the report's recommendations. The NSW Government is already responding or has responded to a majority of the issues raised. New activity will be initiated in response to remaining recommendations. In a small number of cases recommendations do not align with modern ambulance practice, are inconsistent with current service directions or have limited cost benefit.

Response to Recommendations

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.

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. It comprises of Ms Jan McClelland, former Director-General, Department for Education and Training; Professor Beverly Raphael AM, Professor of Population Mental Health and Disasters and Director of Science of Mental Health and Adversity (SCIMHA), University of Western Sydney; Mr Robert McGregor, former Deputy Director-General, Health System Support, NSW Health and former Chief Executive, Ambulance Service of NSW; and Ms Jeanette Evans, Director, Corporate Governance and Risk Management, Department of Health.

The Minister for Health is kept advised of activities within the Ambulance Service of NSW.

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.

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).

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.

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.

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.

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

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

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.

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

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.

The Ambulance Service's Workforce Unit now has responsibility for the management of issues arising from staff complaints and grievances, including grievances of bullying and harassment, and for dealing with bullying and harassment on a systemic or organisation wide basis. A Healthy Workplace Manager has been engaged to manage this.

Confidential support and advice is available for all staff from the Workforce Unit, where there is concern about raising an issue locally. Further encouragement to raise and deal with workplace concerns will also be provided by the recruitment of local grievance contact officers (refer also to recommendation 8) who will play a key role in timely and efficient, and therefore fair, processes;

- Providing confidential advice to staff seeking information on workplace grievances, including concerns about potential bullying and harassment;
- Assisting parties involved in the grievance to generate options to resolve their grievance;
- Directing both parties to appropriate Ambulance Service policies, procedures and staff support services;
- Providing support in relation to the impact of the concerns on the affected parties;
- Recognising the need and referring colleagues who may benefit from professional assistance; and
- Arranging professional support from the Employee Assistance Program provider.

Complaints about clinical practice can be made via the Incident Information Management System (IIMS) and a system is in place to respond with training and support on clinical issues.

The Government supports the principle that there is independence in relation to the management of complaints and disciplinary matters. To note, the PSCU has an investigative and advisory role only; however it is possible in some cases to appeal matters which have been dealt with by the PSCU via the Government and Related Employees Appeal Tribunal and the Industrial Relations Commission. These bodies can reverse or modify decisions of the Ambulance Service in respect to staff discipline and this process is independent of the Ambulance Service of NSW.

NSW Health does provide an additional independent mechanism for review of individual decisions of the Ambulance Service in respect of staff grievances or other human resource matters.

Where a complaint is made to the Department of Health that the conduct of a grievance or disciplinary matter by the Ambulance or any other Health Service is not consistent with NSW Health policy, the Department will review the action of the relevant Health Service to assess whether they are in accordance with policy. If they are not, the Department will direct that corrective action occur. This may include appointing an independent external expert to reconsider the matter.

There are also a range of external bodies that possess appropriate powers and responsibilities to pursue matters falling within their respective jurisdictions.

If an individual believes the actions of the Ambulance Service amount to corrupt conduct within the meaning of the Independent Commission Against Corruption Act 1998, they can make a complaint to the Independent Commission Against Corruption (ICAC).

If an individual believes there has been maladministration that might fall within the jurisdiction of the NSW Ombudsman, they can make a complaint to the Ombudsman.

If an individual believes they have been discriminated against on the grounds of carers' responsibilities, sex, pregnancy, marital status, race (including colour, ethnic background, descent, national identity and ethno-religion), homosexuality, disability, transgender and age, they can make a complaint to the Anti-Discrimination Board of NSW.

These processes will be more formally recognised in publications being developed by the Ambulance Service to ensure staff are aware of the appropriate avenues of review.

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.

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

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.

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

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.

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

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).

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

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.

Recommendation 11

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

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).

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

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.

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.

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).

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

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.

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.

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.

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

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.

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

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).

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

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.

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

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).

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

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

An internal service planning capacity will be in place by December 2009.

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

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.

Recommendation 22

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

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.

Recommendation 23

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

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).

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

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

The Advanced Life Support qualification has been superceded 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.

Recommendation 25

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

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, Warialda 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).

Recommendation 26

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

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.

Recommendation 27

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

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.

Recommendation 28

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

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.

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

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.

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

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.

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

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.

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

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.

Recommendation 33

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

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.

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

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.

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

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.

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

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).

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

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).

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

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.

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

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.

Recommendation 40

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

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.

Recommendation 41

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

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

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.

Recommendation 43

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

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).

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.

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 reinstated 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.

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

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".