

General Purpose Standing Committee No. 2

The management and operations of the Ambulance Service of NSW

Ordered to be printed 20 October 2008 according to
Standing Order 231

New South Wales Parliamentary Library cataloguing-in-publication data:

New South Wales. Parliament. Legislative Council. General Purpose Standing Committee No. 2

The management and operations of the NSW Ambulance Service : [report] / General Purpose Standing Committee No. 2. [Sydney, N.S.W.] : the Committee, 2008. – xxii, 223 p. ; 30 cm. (Report / General Purpose Standing Committee No. 2 ; no. 27)

Chair: Hon.. Robyn Parker MLC.

“October 2008”.

ISBN 978192128285

1. New South Wales. Ambulance Service.
2. Ambulance service—New South Wales.
 - I. Title.
 - II. Parker, Robyn.
- III. Series: New South Wales. Parliament. Legislative Council. General Purpose Standing Committee No. 2. Report ; no. 27

DDC 362.188 (DDC22)

How to contact the Committee

Members of the General Purpose Standing Committee No. 2 can be contacted through the Committee Secretariat. Written correspondence and enquiries should be directed to:

The Director

General Purpose Standing Committee No. 2

Legislative Council

Parliament House, Macquarie Street

Sydney New South Wales 2000

Internet: www.parliament.nsw.gov.au

Email: gpscno2@parliament.nsw.gov.au

Telephone: 9230 3367

Facsimile: 9230 3416

Terms of reference

The terms of reference for the Inquiry are:

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, and
- e. any other related matter.¹

These terms of reference were self-referred by the Committee.

¹ LC Minutes No. 14, 15 May 2008, Item 4, p 605

Committee membership

The Hon Robyn Parker MLC	Liberal Party	<i>Chair</i>
The Hon Christine Robertson MLC	Australian Labor Party	<i>Deputy Chair</i>
The Hon Greg Donnelly MLC	Australian Labor Party	
The Hon Tony Catanzariti MLC	Australian Labor Party	
Ms Lee Rhiannon MLC	The Greens	
Revd the Hon Dr Gordon Moyes MLC	Christian Democratic Party	
The Hon Marie Ficarra MLC	Liberal Party	

Table of contents

	Chair's foreword	xi
	Summary of key issues	xiii
	Summary of recommendations	xvii
	Glossary	xxii
Chapter 1	Introduction	1
	Terms of reference	1
	Terminology	1
	Conduct of the Inquiry	1
	Submissions	1
	Hearings	3
	Site visit	3
	Recent reviews of the Ambulance Service of NSW	4
	Report structure	6
Chapter 2	Workplace culture and management	7
	Ambulance Service culture	7
	Corporate culture surveys	8
	Attrition survey	9
	2001 Performance Audit	9
	The Head Review	10
	Ambulance Service Management	10
	Criticism of managers	10
	Old boys club	12
	Factors influencing the culture of the Ambulance Service	12
	The changing nature of ambulance work and increased demand	12
	Emphasis on budget and key performance indicators	13
	Generational differences	13
	Conclusion	14
Chapter 3	Grievances, Bullying and Harassment	17
	Terminology	17
	Occurrence of bullying and harassment within the Ambulance Service	19
	Impact on victims	21

	Causes of bullying behaviour	24
	Management of complaints	25
	Increased victimisation	25
	Breaches of confidentiality	27
	Complaints are ignored	29
	Professional Standards and Conduct Unit	31
	Role of the Unit	31
	Perception of the Unit	31
	Timeliness and communication	33
	Matters dealt with by the Unit	34
	Changes to the Unit	35
	Transparency and accountability	36
	External investigations	38
	What is the Service doing about grievances, bullying and harassment?	39
	Bullying and Harassment Taskforce	40
	Training and simplification of guidelines and procedures	40
	Management training in grievance handling	41
	Which procedures apply	43
	Increase in Station Managers	44
	Other issues	44
	What if the grievance is about the manager?	44
	Adherence to policies	46
	Conclusion	47
Chapter 4	Recruitment, Promotion and Training	49
	Recruitment	49
	Transparency and accountability	49
	Appeals and reviews	51
	Selection panels	52
	Psychometric testing	53
	Training	55
	Overview of career progression	55
	Supervision of trainee officers	55
	Certificate to Practice	58
	Clinical Training Officers	60
	Frequency of recertification	63
	Performance appraisals	64
	New protocols	66
	Registration of paramedics	67
	Conclusion	69

Chapter 5	Staffing and Award Conditions	71
	Staffing levels	71
	New South Wales	71
	Central Coast	74
	Planning capacity	76
	Remuneration	78
	Work Value Case	80
	Professional rates	81
	Fatigue management	82
	Overtime	82
	Rosters	85
	Meal and rest breaks	86
	Leave entitlements and flexible work practices	89
	Annual and Long Service Leave	89
	Suitable Alternative Duties	91
	Family friendly hours	93
	Conclusion	95
Chapter 6	Rural Issues and Transfers	97
	Rural postings	97
	Rural relief	99
	Lack of incentives	100
	Transfers	102
	Local recruitment	104
	Skills in rural areas	105
	Intensive Care paramedics	105
	Advanced Life Support paramedics	106
	Rural on-call	108
	Single on-call	109
	Conclusion	110
Chapter 7	Occupational Health and Safety	113
	Physical health and safety	113
	Station conditions	113
	Violence against officers	114
	Physical injuries	117
	Psychological health and safety	118
	The level of suicide in the Ambulance Service	118

	Staff support services	119
	Employee Assistance Program	119
	Peer support officers	119
	Chaplaincy	120
	Review of staff support services	120
	Management response after traumatic events	120
	What is critical incident stress debriefing?	121
	Officers need 'time out' after traumatic incidents	122
	Comparison with other agencies	122
	Concerns about the peer support officer system	123
	Notification of peer support officers	123
	'Red flag' incidents	124
	Training and support for peer support officers	125
	Conclusion	126
Chapter 8	Operational Issues	127
	Rescue	127
	Demand Management	130
	Non-emergency patient transport	130
	Inappropriate use of ambulances	132
	Extended Care Paramedic Program	134
	Hospital block	136
	ProQA	137
	Single officer ambulance crews	139
	Station infrastructure	141
	Sydney	141
	Bundeena	143
	Nelson Bay	144
	Drugs	145
	Theft of S8 drugs	146
	Drug supply	147
	Drug storage	148
	Other issues	149
	Satellite Navigation Units	149
	Portable radios	150
	Station administration	151
	Conclusion	151
Chapter 9	Structural Issues	153
	Management structure	153

	Top heavy management	153
	Paramilitary style	153
	Chief Executive	155
	Reporting to NSW Health	157
	Board of Directors	158
	Health or Emergency Services?	159
	Legislation	161
	Conclusion	164
Appendix 1	Submissions	165
Appendix 2	Witnesses	173
Appendix 3	Tabled documents	175
Appendix 4	NSW Industrial Relations Commission decision	176
Appendix 5	Minutes	186
Appendix 6	Dissenting statements	218

Chair's foreword

The Ambulance Service of NSW has been under the spotlight numerous times over the past decade, as a result of various reviews and inquiries into the operational aspects of the Service. However, none of those reviews focused on the key issues that have been brought to light during this Inquiry – namely the Service's management and culture, and in particular the occurrence of bullying and harassment within the organisation.

The Committee was distressed to hear the depths of despair experienced by some paramedics as a result of bullying and harassment by their colleagues and managers, which in numerous cases has contributed to depression, anxiety, self-harm and even suicide. Of significant concern is the way in which management has handled (or failed to handle) these matters. The drawn out process of grievance and complaints handling within the Service has exacerbated many of these situations, which has resulted in some becoming almost irreconcilable.

The fragile psychological state demonstrated by some participants during the Inquiry prompted the Committee to establish a mental health support plan, in consultation with an independent clinical psychologist, to offer appropriate support to some of the more aggrieved participants.

While it is clear that paramedics love their work, the joy of helping people and saving lives has been clouded by the indifference of some Ambulance managers toward their employees, and their inability to foster a safe and healthy work environment. This has resulted in high levels of unresolved conflict within the Service, and a level of morale so low that it could not appear to get any worse.

There are extremely serious cultural problems within the Ambulance Service. This was demonstrated by the fact that the majority of the authors of the 261 submissions received by the Committee requested that their submissions remain confidential or partially confidential, for fear of negative repercussions from management should their participation in the Inquiry be revealed.

The performance of the senior executive team, particularly that of the current Chief Executive, was criticised by a substantial number of inquiry participants, who further condemned the nepotistic 'old boys club' culture that pervades the Service.

This report makes a number of key recommendations designed to address these issues, and to shift the focus of management from budgets and performance indicators to its key asset – its people. We have made recommendations to strengthen accountability within the Service, and have emphasised that it is the responsibility of the NSW Minister for Health and Director General of NSW Health to ensure that the Service's senior executive are competently fulfilling their duties.

The Committee expects the Government to take immediate and decisive action in response to these recommendations, starting with senior management, in order to bring about cultural change. We are not prepared to have this report swept under the rug. For this reason, in October 2009 we will institute a review of the recommendations of this report, where we will focus on the Service's progress in breaking down the culture of bullying and harassment.

I would like to thank all of the participants in this Inquiry for sharing your experiences with the Committee. I know for some this was very personal and emotional, and I am sincerely grateful for all of the contributions that have been made.

I am also grateful to my fellow Committee members for the hard work they have undertaken during this Inquiry. On their behalf I would also like to thank the Committee secretariat: Beverly Duffy, Teresa Robinson, Sam Griffith, Cathryn Cummins, Christine Nguyen and Merrin Thompson.



Hon Robyn Parker MLC
Committee Chair

Summary of key issues

On 15 May 2008, the General Purpose Standing Committee No. 2 self-referred an inquiry into the management and operations of the Ambulance Service of NSW (the Service). The Committee received a large volume of submissions: 261 (including 45 supplementary submissions). In most cases submission authors requested full or partial confidentiality to protect their identity, as they feared that participating in the Inquiry may result in negative repercussions from Ambulance Service management.

The Committee also received a number of anonymous phone calls from ambulance officers who were eager to contribute to the Inquiry, however – even with the option of full confidentiality – they decided against making a submission as they were still afraid of management learning of their participation. The Committee also received several anonymous submissions by post or fax that were not counted in the total number of submissions, as the secretariat was unable to process these without contact details.

The Committee conducted three days of hearings, involving representatives of the Ambulance Service, NSW Health, the Health Services Union and the Department of Premier and Cabinet. It also heard evidence from former or currently serving ambulance officers (17 of whom gave evidence in-camera).

This summary provides a broad outline of the key issues raised during the Inquiry, which are considered in this report.

Culture and management

Ambulance officers painted a bleak picture of their workplaces during the Inquiry. They described highly dysfunctional environments characterised by low staff morale, unresolved conflict and a nepotistic ‘old boys club’.

While many inquiry participants acknowledged the inherently stressful nature of their occupation, they suggested that management inadequacies were largely responsible for creating their difficult working environments. The Committee was told that some managers are inept and uncaring, that they ignore staff problems and Ambulance Service policies, and that they care more about budgets and performance indicators than they do about their employees.

It is also apparent that a significant number of managers have been appointed to their positions as a result of length of service or advanced clinical skills, rather than their ability to manage people. This has been one of the key factors contributing to the problems existing in the Service’s management today.

Concerns about the way ambulance officers are managed are not new: the Service has known for at least eight years through Auditor General reports, culture and attrition surveys, and more recently the *Performance Review – Ambulance Service of NSW*,² that many ambulance officers are extremely unhappy about their workplaces and managers.

To date, the Chief Executive of the Ambulance Service of NSW has failed to implement much needed reforms to solve fundamental cultural and management problems within the Service, even though he

² NSW Department of Premier and Cabinet, *Performance Review: Ambulance Service of NSW*, June 2008

has been aware of these problems for nearly a decade. The inaction of the senior executive team has also played a significant role in the current state of the Service's affairs.

The Minister of Health and the Director General of Health have a key role to play in ensuring that the Chief Executive and senior executive team of the Service are adequately fulfilling their duties. The Committee has therefore recommended that the Minister and Director General meet with the Chief Executive on a regular basis to review the Chief Executive's performance, and to report to Parliament. It has also recommended that all senior executive managers undergo rigorous performance reviews to assess their suitability for their current positions.

Bullying and harassment

The incidence and mismanagement of bullying and harassment was a major impetus for this Inquiry. The Committee was distressed by the evidence received regarding the level of bullying and harassment that has been allowed to persist within the Ambulance Service, which may have resulted in depression, anxiety, self-harm and even suicide amongst ambulance officers. Major changes must occur as a matter of urgency to address these serious matters.

People are more likely to behave inappropriately toward each other if they are under stress. Improving ambulance officers' working conditions is critical to reducing the level of bullying and harassment within the Service. Management at all levels within the Service needs to take responsibility for these problems.

The Health Services Union should also play a key role in ensuring that the Service is free from bullying and harassment, not only by supporting members who are victims of this behaviour, but by ensuring that support is not given to those who bully and harass.

Significant concerns were raised regarding the Professional Standards and Conduct Unit (PSCU), which ambulance officers perceive to be biased and unaccountable. The Committee has therefore recommended that an independent process be established to enable Ambulance Service staff to appeal decisions by the PSCU.

Suicide

While it is not possible to establish if the level of suicide in the Ambulance Service is higher than comparative occupations, it is clear that some officers have thought about or attempted suicide, and that they feel that the way they are managed is a major contributor to their poor mental health.

While the necessary infrastructure and policies exist to provide effective emotional support to employees, many managers do not encourage officers to make use of staff support services. There are two reasons for this: inadequate staffing often means that managers are placed under inordinate pressure to put distraught officers back on the road before they are ready; while other managers simply lack the skills and empathy required to recognise that their staff may require psychological support. Improving both staffing levels and the quality of Ambulance Service managers will be necessary to address this state of affairs.

Staffing, pay and award conditions

Inadequate staffing levels, dissatisfaction with pay rates, and outdated and inflexible award conditions were key themes raised during this Inquiry. These have had a concomitant impact on fatigue and morale within the Service.

An increase in staffing is required to meet the increase in demand for ambulance services in NSW (which has risen by over 25.7 per cent in the last five years).³ Not only will this directly improve roster conditions and reduce fatigue; it would also have a spill over effect on other aspects of the Service such as leave, training, and even bullying and harassment.

Reference is made throughout this report to the Special/Work Value Case that was before the NSW Industrial Relations Commission (NSW IRC). The NSW IRC handed down its judgment on 12 September 2008, well into the drafting of this report.

As a result, a new Operational Ambulance Officers (State) Award has been created, with a number of changes which affect this report. These changes have been updated and footnoted where applicable throughout this document, and in summary are as follows:

- Frequency of recertification has changed from two years to three years (p 63)
- Rates of pay have increased by 2 per cent for Patient Transport Officers, 8.5 per cent for Paramedics, 12-13 per cent for Paramedic Specialists and 12-15 per cent for front line managers. Employees in Operations Centres received a 4 per cent interim increase, pending the parties making further application (pp 78-81)
- Maximum length of shifts will be 12 hours (p 85)
- Unpaid meal breaks have been replaced with paid crib breaks (pp 86-89)
- Greater employment flexibility has been awarded through the introduction of casual employees and some variations to the provisions effecting part time and temporary employees (pp 93-94)
- The Service's trial remote incentive scheme will be trialled over a three-year period (pp 100 – 103)

The full NSW IRC decision is attached at Appendix 4.

Chief Executive

Many inquiry participants, particularly the Health Services Union, demanded that the head of the Service should be a uniformed Commissioner. While this has been promoted as a solution to the Service's problems, the Committee maintains that this will not change the culture of the Service. In fact, this may further entrench the damaging 'boys club' culture that exists today.

The effective management of the Service is dependent upon the particular individual who fills the leadership position, rather than whether or not that person wears a uniform. However, it is critical that the head of the Service is held accountable for their decisions and performance. The Committee has made a number of recommendations to facilitate this. In addition to the Minister for Health and Director General of Health regularly reviewing the Chief Executive's performance, the Committee has

³ Submission 141, NSW Health, p 7

recommended that this include a particular focus on reviewing the progress in reducing bullying and harassment in the Service. This is essential to ensure that the psychological distress experienced by ambulance officers who have been subject to this behaviour is addressed.

To further improve accountability, the Committee has also made key recommendations to establish a direct reporting line to the Minister for Health, and create a new Board of Directors to provide checks and balances on executive decisions.

Overall, these recommendations are designed to ensure that the Ambulance Service has an executive that recognises the value of its people, that listens to its employees, and that is held accountable for its actions and *inactions*. The Minister for Health has a key role in ensuring that the Chief Executive is fulfilling their duties, and must take appropriate steps if these duties are not being met.

Legislation

NSW is one of the only jurisdictions in Australia without its own Ambulance Act. Although there are legislative provisions regarding the Service under the *Health Services Act 1997* (NSW) and the *Ambulance Service Regulations 2005*, these are deficient, confusing and outdated.

The Committee recommends establishing a new *Ambulance Services Act* for NSW, to enshrine many of the recommendations it has made throughout this report. A new statute would provide greater protection to ambulance officers, particularly in relation to disciplinary and professional conduct issues, and in ensuring greater accountability of the Chief Executive. The proposed statute would also serve to increase protection for members of the public.

Conclusion

The Committee is committed to ensuring that its recommendations are implemented and that changes occur. For this reason, in October 2009 it will institute a review of the recommendations of this report. The Committee will invite the Minister for Health and the Director General of Health to appear before this review to report on the new Chief Executive's progress in creating a healthy work environment for ambulance officers, with a particular focus on the progress in breaking down the culture of bullying and harassment within the Service.

Summary of recommendations

Recommendation 1

Page 15

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.

Recommendation 2

Page 15

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.

Recommendation 3

Page 15

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.

Recommendation 4

Page 16

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.

Recommendation 5

Page 29

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.

Recommendation 6

Page 38

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.

Recommendation 7

Page 41

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.

Recommendation 8

Page 46

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.

Recommendation 9

Page 53

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.

Recommendation 10*Page 54*

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.

Recommendation 11*Page 58*

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.

Recommendation 12*Page 60*

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

Recommendation 13*Page 62*

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.

Recommendation 14*Page 64*

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.

Recommendation 15*Page 66*

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.

Recommendation 16*Page 67*

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.

Recommendation 17*Page 68*

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

Recommendation 18*Page 74*

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.

Recommendation 19*Page 76*

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.

Recommendation 20*Page 78*

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.

Recommendation 21*Page 93*

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.

Recommendation 22*Page 104*

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

Recommendation 23*Page 106*

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

Recommendation 24*Page 108*

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.

Recommendation 25*Page 114*

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

Recommendation 26*Page 116*

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

Recommendation 27*Page 117*

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

Recommendation 28*Page 118*

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

Recommendation 29*Page 124*

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.

Recommendation 30*Page 124*

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.

Recommendation 31*Page 125*

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.

- Recommendation 32** *Page 126*
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.
- Recommendation 33** *Page 129*
That all rescue incidents require paramedics to be involved in the coordinated response.
- Recommendation 34** *Page 134*
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.
- Recommendation 35** *Page 137*
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.
- Recommendation 36** *Page 141*
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.
- Recommendation 37** *Page 144*
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.
- Recommendation 38** *Page 145*
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.
- Recommendation 39** *Page 149*
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.
- Recommendation 40** *Page 150*
That all Ambulance vehicles be equipped with Satellite Navigation Units by the end of 2009.
- Recommendation 41** *Page 151*
That the Ambulance Service of NSW provide portable radios for all ambulance officers by the end of 2009.
- Recommendation 42** *Page 152*
That NSW Health address the operational issues raised in Chapter 8 and incorporate them into the current changes to operations and performance review processes.
- Recommendation 43** *Page 158*
That the Ambulance Service of NSW report directly to the NSW Minister of Health.

Recommendation 44

Page 159

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.

Recommendation 45

Page 163

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

Glossary

ACAP	Australian College of Ambulance Professionals
ACP	Australasian Council of Paramedicine
ALS	Advanced Life Support
CE	Chief Executive
CTO	Certified Training Officer
CTP	Certificate to Practice
ECP	Extended Care Paramedic
HCCC	Health Care Complaints Commission
HSU	Health Services Union
NSW IRC	NSW Industrial Relations Commission
MOL	Minimum Officer Levels (or Minimum Operating Levels)
MPDS	Medical Priority Dispatch System
NSWFB	NSW Fire Brigades
PSCU	Professional Standards and Conduct Unit
PTS	Patient Transport Service
SAD	Suitable Alternative Duties

Chapter 1 Introduction

This chapter provides an overview of the Inquiry process and the structure of this report. It also includes a summary of several recent reviews of the Ambulance Service of New South Wales.

Terms of reference

- 1.1 The Inquiry terms of reference were adopted on 15 May 2008, under the Committee's power to make a self-reference, and are reproduced on page iv. The terms of reference required the Committee to examine the management and operations of the Ambulance Service of NSW, including its management structure, staff responsibilities, recruitment and training, and occupational health and safety issues.

Terminology

- 1.2 Until recently, the term 'ambulance officer' was used to denote an officer with basic clinical skills, while the term 'paramedic' referred to an officer with more advanced clinical skills. This changed several years ago so that now all ambulance officers in NSW are referred to as 'paramedics', while those paramedics with additional clinical skills are referred to as 'intensive care paramedics'. Throughout this report, in keeping with the way many inquiry participants have employed the terminology, the Committee refers to 'ambulance officer' and 'paramedic' interchangeably.⁴

Conduct of the Inquiry

Submissions

- 1.3 The Committee called for submissions through advertisements in the *Sydney Morning Herald* and *The Daily Telegraph* on 28 May 2008, and by writing to key stakeholders and interested parties.
- 1.4 The Committee received a total of 261 submissions. This includes 45 supplementary submissions (received from individuals who had already made a submission to the Inquiry). Submissions were therefore received from **216** individuals or agencies, including:
- 148 from ambulance officers currently employed by the Ambulance Service of NSW
 - 35 from former ambulance officers
 - Nine from family members of ambulance officers

⁴ Since the drafting of this report, the terminology has again been changed as a result of the NSW Industrial Relations Commission decision on the Operational Ambulance Officers (State) Award. The NSW IRC has changed the Award's classification structure to now have 'trainee paramedics', 'paramedic interns', 'paramedics' and 'paramedic specialists'.

- Eleven from government and non-government organisations (including NSW Health and the Health Services Union), and
- Thirteen from members of the public.

1.5 The Committee also received a number of anonymous phone calls from ambulance officers who were eager to make a submission to the Inquiry, however who chose not to due to fear of negative repercussions from Ambulance Service management. It also received several anonymous submissions by post or fax that were not counted in the total number of submissions, as the secretariat was unable to process these without contact details.

Publication status of the submissions

1.6 Of the 261 submissions and supplementary submissions received by the Committee:

- 148 were partially confidential
- 70 were fully confidential
- 43 were fully public.

1.7 Confidential submissions have been kept confidential in their entirety. Partially confidential submissions are those where some of the information contained is suppressed while the remainder is published. A large proportion of submissions, particularly those from ambulance officers, contained highly sensitive information. This included serious allegations about colleagues or managers, as well as private information about their own or their colleagues' mental health problems.

1.8 Many submission authors requested that their submission remain confidential or partially confidential because they feared they would be disadvantaged if the Service became aware that they had participated in the Inquiry. With this in mind, the Committee wrote to the Chief Executive (CE) of the Ambulance Service, Mr Greg Rochford, in July, acknowledging that his office had sent a circular inviting staff to participate in the Inquiry, and emphasising that it was vital to ensure that employees feel able to come forward freely to participate without fear of repercussion, and that pre-existing disputes between management and staff did not become enmeshed into the parliamentary proceedings.⁵

1.9 The Committee gave careful consideration to the most appropriate approach to publishing submissions, seeking to balance the public interest in releasing this material with the rights of individuals to privacy and natural justice.

1.10 In some instances the Committee resolved to keep all or parts of submissions confidential even if the author was happy for their submission to be made fully public. Material commonly suppressed by the Committee included information that reflected adversely on another person.

1.11 Once the Committee had determined the publication status of each submission, those that were public and partially confidential were uploaded to the Committee's website, in the latter case with relevant material suppressed. Public and partially confidential submissions are

⁵ Correspondence from the Chair to Mr Greg Rochford, Chief Executive, Ambulance Service of NSW, 8 July 2008

available on the Committee's website at www.parliament.nsw.gov.au/gpsc2. A full list of submissions is at Appendix 1.

Mental health support plan

- 1.12 In light of the disclosure by several submission authors of serious mental health issues, including suicidal thoughts or actual suicide attempts, the Committee sought advice from NSW Health to determine the best course of action in relation to inquiry participants who demonstrated significant personal distress.
- 1.13 Professor Debora Picone, Director General, NSW Health, advised the Chair that Professor Beverley Raphael, from the Medical School at the University of Western Sydney would be prepared to assist the Committee to determine the best course of action in relation to such participants. Professor Picone arranged for a Clinical Psychologist working with Professor Raphael to prepare a 'Support Plan' for dealing with inquiry participants who demonstrated a risk of self harm or suicide.
- 1.14 This plan provided an opportunity for the Committee Director to consult with the relevant professionals about the most appropriate response to such persons. The response plan was utilised in relation to 11 individuals over the course of the Inquiry.

Hearings

- 1.15 The Committee held three public hearings at Parliament House on 4, 22 and 28 July 2008. During these hearings, the Committee took evidence from representatives of the Ambulance Service, NSW Health, the Health Services Union and the Department of Premier and Cabinet, as well as former or currently serving ambulance officers.
- 1.16 The Committee took *in-camera* evidence from 17 witnesses, most of whom were currently serving ambulance officers. The majority of witnesses who appeared *in-camera* subsequently agreed to allow their evidence to be published with potentially identifying information suppressed. As with submissions, in some instances the Committee decided to keep all or part of the evidence confidential despite witnesses' preference for their evidence to be made fully public.
- 1.17 A list of witnesses is set out in Appendix 2 and published transcripts are available on the Committee's website. The list of documents tabled at the public hearings is provided at Appendix 3.
- 1.18 The Committee is grateful to all the individuals, agencies and non-government organisations who contributed to this Inquiry either by making a submission or by appearing at a hearing. We especially acknowledge the contribution of present and past ambulance officers and their families.

Site visit

- 1.19 The Committee conducted a site visit to the Penrith Ambulance Station and the Sydney Ambulance Centre at Eveleigh on 1 July 2008. At Penrith the Committee was briefed on the Extended Care Paramedic pilot program. At Eveleigh it received a briefing on ambulance

operations in NSW and the 000 Call Centre, before observing 000 calls being processed and dispatched. It was then given information on the Aeromedical and Retrieval Service. In addition, the Committee inspected an ambulance and a rapid responder vehicle.

- 1.20 The Committee thanks representatives of the Ambulance Service and NSW Health for facilitating the site visit.

Recent reviews of the Ambulance Service of NSW

- 1.21 The Committee notes that several other relevant reviews of the Ambulance Service of NSW have been conducted over the past decade.
- 1.22 The **NSW Auditor-General** conducted a **Performance Audit in March 2001**, which examined the efficiency and effectiveness of staff deployment practices and systems within the Service. The audit considered the extent to which resources are managed to meet variations in demand for services. It also included consideration of resource modelling, rostering, training, structural matters and governance. The audit found that considerable work was required to improve resource management methods and improve the Service's responsiveness. The report recommended that the Service should develop management capabilities, review recruitment strategies and address issues relating to culture and ethics.⁶
- 1.23 The **NSW Legislative Assembly's Public Accounts Committee** conducted a follow-up inquiry to the Auditor-General's report, and tabled its own report in **June 2004**. The Committee reviewed the extent to which the Service had implemented the Auditor-General's recommendations and made further recommendations to support future implementation such as improving the governance framework of the Service, developing performance indicators and improving training and development opportunities. The Committee also examined the value of the audit report in terms of accountability and performance of government.⁷
- 1.24 In a **Performance Audit** tabled in **July 2004**, the **NSW Auditor-General** examined how the Service and public hospitals respond to and treat emergency patients. The report found that Ambulance response times had decreased to below target levels, and that the Service often assumed responsibility for emergency patient care during times when emergency departments were overwhelmed. The report recommended that to reduce the pressure on the Service, priority assessment of incoming calls should be implemented, and that there should be improved planning and coordination between the Service and hospitals.⁸
- 1.25 The **NSW Auditor-General** conducted a **Performance Audit in July 2005** to examine the efficacy of the coordination authority for the five NSW rescue providers, the State Rescue Board. The report made no findings regarding which agency or agencies should provide rescue services, nor did it evaluate the performance of any of the rescue providers. The report

⁶ NSW Audit Office, Performance Audit, *Readiness to Respond: Ambulance Service of New South Wales*, March 2001

⁷ NSW Legislative Assembly Public Accounts Committee, *Inquiry into the NSW Ambulance Service: Readiness to Respond*, Report 3/53 (146), June 2004

⁸ NSW Audit Office, Performance Audit, *Transporting and Treating Emergency Patients: NSW Department of Health/Ambulance Service*, July 2004

did recommend that the Board develop a strategic approach to rescue by introducing service standards and enhancing accreditation criteria.⁹

- 1.26** In **November 2005**, the **Independent Pricing and Regulatory Tribunal** conducted an inquiry into the revenue and charging structure of the Service. While the report found that the running costs of the Service were comparable with other jurisdictions, it was recommended that a more effective charging regime be introduced to reflect the different types of ambulance responses. The report also recommended that the hardship policy be clarified and that the rate of bad debts be reduced.¹⁰
- 1.27** In **June 2007**, the **NSW Auditor-General** also presented a follow-up report of its 2001 Performance Audit. The 2007 report examined the Service's progress in implementing the recommendations of the 2001 audit report; and changes in performance that have occurred as a result of implementing the recommendations. The report found that the Service had implemented all of the recommendations from the 2001 report, with the exception of the one recommendation that was outside its powers. The report also noted that the Service had implemented additional initiatives to improve performance.¹¹
- 1.28** In **June 2008**, the **Performance Review Unit** of the **NSW Department of Premier and Cabinet**, on the request of the Minister for Health, conducted a review of the performance of the operational and management systems of the NSW Ambulance Service. The report was released after this Inquiry began, and made findings and recommendations in relation to a number of key aspects of the Service including the current operating environment, funding and resources, demand management, corporate governance, workforce management, education and training, complaints handling and grievances, rescue, service planning, and business systems and processes.
- 1.29** The report made a number of recommendations that can be broadly categorised as:
- streamlining operations to manage demand growth
 - working with the community to improve knowledge of the Service
 - improving culture and staff morale
 - strengthening governance and business systems
 - strengthening and focussing the workforce.¹²
- 1.30** The findings and specific recommendations from the Review are referred to in relevant sections of the Committee's report.

⁹ NSW Audit Office, Performance Audit, *Coordination of Rescue Services: State Rescue Board of New South Wales*, July 2005

¹⁰ Independent Pricing and Regulatory Tribunal, *Review of Financial Aspects of the Ambulance Service in NSW: Report to the Minister for Health on Revenue and Charging Structures*, November 2005

¹¹ NSW Audit Office, Performance Audit, *Readiness to Respond: Ambulance Service of New South Wales – Follow-up of 2001 performance audit*, June 2007

¹² NSW Department of Premier and Cabinet, *Performance Review: Ambulance Service of NSW*, June 2008. Throughout the chapter this report will be referred to as the Head Review.

Report structure

- 1.31** Chapter 2 provides an overview of the culture and management of the NSW Ambulance Service and of the factors that have contributed to this culture. It explores the pervasive view among inquiry participants that the Service is characterised by low staff morale and unresolved conflict and that management inadequacies play a disproportionate role in creating difficult working environments.
- 1.32** Chapter 3 addresses grievances, bullying and harassment within the Service, a major theme in this report and the impetus for the Inquiry. The chapter explores the impact of such behaviour on victims, as well as the adequacy of the Services' present systems for complaints handling, including the role of the Professional Standards and Conduct Unit.
- 1.33** In Chapter 4 the Committee explores concerns raised during the Inquiry about recruitment, promotions and training. These include the transparency and accountability of recruitment processes, and the adequacy and effectiveness of training provisions and practices within the Ambulance Service. It also considers the movement towards the registration of paramedics.
- 1.34** Chapter 5 examines staffing levels and award conditions, notably: pay, rosters, overtime, and flexible working conditions.
- 1.35** In Chapter 6 the Committee discusses service provision in rural areas including rural postings, transfers, local recruitment, officer skills and on-call duties.
- 1.36** Chapter 7 considers a number of OH&S issues such as station conditions, violence against ambulance officers, manual handling, self-harm amongst ambulance officers and employee support services.
- 1.37** Operational issues including demand management, station coverage, single officer ambulance crews and rescue services are considered in Chapter 8.
- 1.38** The final chapter, Chapter 9, reviews the management structure of the Ambulance Service, and considers whether or not the Service should be led by a Chief Executive or a Commissioner. It also discusses the legislative provisions that apply to the Service.

Chapter 2 Workplace culture and management

This chapter provides an overview of the culture and management of the Ambulance Service and the factors that have contributed to this culture. Those ambulance officers who made submissions painted a bleak picture of their workplaces during the Inquiry. They described dysfunctional environments characterised by low staff morale, unresolved conflict and bullying and harassment. While many inquiry participants acknowledged the inherently stressful nature of their occupation, they suggested that management inadequacies were largely responsible for creating their difficult working environments.

Serious concerns about the culture and management of the Service raised during this Inquiry have been identified by several reviews over the past decade. These problems have not been adequately addressed by the current Executive Management of the Ambulance Service. Decisive action is required to ensure that the recommendations of this and other reports are not ignored, and that ambulance officers in NSW are able to work in the healthy and safe workplace to which they are entitled.

Ambulance Service culture

- 2.1** The overwhelming majority of the 261 submissions received by the Committee were from ambulance officers who were extremely unhappy about the environment in which they worked. Inquiry participants attributed the low morale characteristic of many parts of the Service to poor management, rather than the intrinsically stressful nature of paramedical work:

Sitting in the car with your partner is the easy thing and doing the job is the easy thing. It is coping with all the bureaucracy that we find difficult.¹³

The underlying problem is that managers at all levels appear totally unaware of how poor-quality Human Resource management impacts staff ... The result is that staff feel taken for granted, uncared for, and undervalued.¹⁴

- 2.2** Witness F told the Committee that while a critical incident may be the ‘straw that breaks the camel’s back’, these incidents are not the primary cause of officers’ stress, most of which is ‘organisation based and cumulative’.¹⁵
- 2.3** The concerns about workplace culture and management identified by participants to this Inquiry are reflected in several surveys commissioned by the Ambulance Service over the past seven years, a 2001 performance audit by the Auditor-General, as well as the findings of the performance review conducted by the Department of Premier and Cabinet in 2008 (Head Review). The Committee notes the reference to implementation of the Auditor General’s 2001 recommendations referred to in 1.27.

¹³ Witness J, Published in-camera evidence, 22 July 2008, p 10

¹⁴ Submission 68a, Name suppressed, p 2

¹⁵ Witness F, Published in-camera evidence, 22 July 2008, p 3

Corporate culture surveys

- 2.4** The Ambulance Service has commissioned regular corporate culture surveys since 2000. According to the CE, Mr Greg Rochford, the results of the first survey in 2000 described an organisation ‘where the challenges and opportunities were many’.¹⁶ While the 2002 survey indicated ‘small’ improvements, low scores were generally recorded in relation to the various human resources dimensions tested by the survey, including ‘Concern for Employees’, ‘Commitment to Training and Development of Staff’ and ‘Recognition based on Achievements’.¹⁷
- 2.5** The 2005 survey similarly identified low ratings in relation to these dimensions. For example, the average rating for the ‘Concern for Employees’ dimension in 2005 was virtually unchanged from the result in 2002, indicating ‘that Ambulance Service employees still feel extremely undervalued when compared to other organisations’.¹⁸
- 2.6** Commenting on the results of the fourth survey in 2007, the CE noted ‘as with previous years, communication and support for staff remains a priority’ and that ‘Ambulance employees still feel extremely undervalued when compared to employees in other benchmarked organisations’.¹⁹
- 2.7** Several inquiry participants referred to the generally negative results of the culture surveys. The author of Submission 94 noted that:
- The results of the annual cultural surveys exemplify that there is a deep mistrust of management. Management decisions and initiatives are regarded with suspicion and mistrust, hardly a positive or harmonious environment.²⁰
- 2.8** Participants also commented on the failure of management to respond effectively to the issues raised by these surveys, demonstrated by the fact that there has been little change to the survey results over time. As Witness A suggested: ‘There is barely any difference between them [culture surveys] across the seven or eight years’.²¹
- 2.9** This perception may explain the downward trend in survey response rates. In 2007, the CE noted the poor response rate for the 2007 survey: only 236 responses were received out of 1000 people surveyed. This compares with 520 responses in 2002 and 605 responses in 2000. While the CE surmised that the low response rate may reflect ‘completion fatigue’ or other avenues for staff feedback, evidence to the current Inquiry suggests that officers’ cynicism about the utility of the surveys may be partly responsible for the downward trend.

¹⁶ Ambulance Service of NSW, *Staff Survey 2002 Results*, May 2003, p 1

¹⁷ Ambulance Service of NSW, *Staff Survey 2002 Results*, pp 1-2

¹⁸ Ambulance Service of NSW, *Corporate Culture Survey Results 2005*, September 2005, p 3

¹⁹ Ambulance Service of NSW, *Corporate Culture Survey Results 2007*, June 2007, pp 2-4

²⁰ Submission 94, Name suppressed, p 2

²¹ Witness A, Published in-camera evidence, 4 July 2008, p 3

Attrition survey

- 2.10** It is generally assumed that organisations with an unhappy workplace culture will have a high level of staff turnover (attrition). Mr Rochford said that the average Ambulance Service attrition rate of approximately 4.5% over the past eight years was considered to be ‘very low’ and compares favourably with other government agencies in NSW.²² However, several inquiry participants suggested that the attrition rate should not be interpreted as an indication that all is well with the Service, but rather, that there are few alternative employers of paramedics in NSW. The author of Submission 177 also alleges that the attrition figures were deflated by the practice of defining people who resigned from the Service then gained another public sector position as ‘transferred staff’, and thus not including them in the official attrition figures.²³
- 2.11** A survey on workforce turnover and attrition undertaken by the Service in March 2002 similarly revealed serious concerns about Ambulance Service management amongst a sample of former operational staff who had resigned from the Service in the past four years.²⁴ Eighteen per cent of respondents nominated ‘Management’ as the primary reason for leaving the Service, citing such factors as ‘Poor management skill’, ‘incompetent senior managers’, ‘old boys club’ and ‘being harassed and bullied by ranking officers’.²⁵

2001 Performance Audit

- 2.12** The 2001 Performance Audit by the Auditor-General suggested that the Ambulance Service should place a high priority on addressing issues relating to workplace culture and ethics. The report recommended that the Service increase its ethics training and awareness activities, and review and update previous risk assessments and controls.²⁶
- 2.13** The report stated that ‘[o]ngoing efforts are needed to entrench ethical culture’.²⁷ The report acknowledged that while the Service has taken steps to reduce the number of formal complaints received from officers concerning inappropriate workplace behaviour:

... during the audit there were indications of continuing concerns from some quarters within the Service. This does not detract from the efforts made to date, but does reinforce the need for ongoing work to continue to address the underlying causes of allegations. Without such action, continuing unrest (whether justified or not) has the potential to undermine the credibility of the Service with the community, with stakeholders and with its employees.²⁸

²² Mr Greg Rochford, Chief Executive, Ambulance Service of NSW, Evidence, 4 July 2008, p 2

²³ Submission 177, Name suppressed, p 5

²⁴ Ambulance Service of NSW Internal Briefing Note, 19/03/02

²⁵ Ambulance Service of NSW Internal Briefing Note 19/03/02, Tab B and Tab C

²⁶ NSW Audit Office, Performance Audit, *Readiness to Respond: Ambulance Service of New South Wales*, March 2001, p 8

²⁷ NSW Audit Office, *Readiness to Respond: Ambulance Service of New South Wales*, March 2001, p 17

²⁸ NSW Audit Office, *Readiness to Respond: Ambulance Service of New South Wales*, March 2001, p 17

The Head Review

- 2.14** The Head Review also identified significant problems with the management culture in the Ambulance Service, many of which are discussed in later chapters of this report. The Review reported that:

Consultations with staff (up to and including station-officer level) indicated a staff perception of an overwhelmingly negative management culture, where contact with management regarding performance occurred only when staff had (or were perceived to have) done the wrong thing. This direct feedback confirmed findings in corporate culture surveys undertaken by the Ambulance Service in recent years.²⁹

Ambulance Service Management

- 2.15** The following section provides an overview of inquiry participants' main concerns about the way they are managed. It is not a comprehensive account: specific concerns about management within the Service are addressed in most of the remaining chapters of this report. For example, chapter 3 looks specifically at the management of allegations of bullying and harassment.

Criticism of managers

- 2.16** Almost without exception, ambulance officers complained of feeling undervalued by their managers, whom they consider to lack even the most basic level of empathy. They were especially critical of the existence of an 'old boys club' which rewards its own members while penalising those who do not belong. They were also critical of the apparent unwillingness or incapacity of managers to deal effectively with difficult situations or people.

- 2.17** Ambulance officers remarked on management's lack of appreciation for their employees:

Staff are in no way made to feel valued by their employer, and this contributes to the poor morale and work ethic of the employees.³⁰

The Service fails to recognise that its most valuable asset is its staff.³¹

- 2.18** One inquiry participant expressed the view that management values Ambulance Service vehicles far more than the paramedics who drive them.³² Another reported that they never hear praise from their managers, rather that they only hear from management 'if something goes wrong or if they are in trouble'.³³

²⁹ NSW Department of Premier and Cabinet, *Performance Review: Ambulance Service of NSW*, June 2008, p 63. Throughout the chapter this report will subsequently be referred to as the 'Head Review'.

³⁰ Submission 100a, Name suppressed, p 1

³¹ Submission 91, Name suppressed, p 1

³² Submission 153, Name suppressed, p 1

³³ Submission 71, Name suppressed, p 5

- 2.19** Several inquiry participants³⁴ referred to the Service's treatment of ambulance officers simply as numbers rather than individuals: '[A]s long as they have bums on seats and the jobs are done they don't care about the people on the road'.³⁵ Witness J agreed with this view, and noted that it would be relatively simple for managers to improve their relationships with staff by employing some 'simple courtesies' and by taking time out to get to know their staff.³⁶
- 2.20** Officers complained about not receiving any positive feedback about their performance but being criticised or 'punished' for perceived transgressions. (Performance appraisals are discussed in chapter 4).
- 2.21** Inquiry participants were also frustrated by the tendency for Ambulance managers to ignore difficult issues or people. This incapacity or unwillingness to deal with difficult people or situations has allowed incidents of bullying and harassment to go unchecked within the Service, as will be demonstrated in chapter 3.
- 2.22** Additionally, officers were critical of managers' lack of empathy following difficult cases, for example paediatric deaths. Of particular concern is the claim by several officers that managers' lack of empathy contributes to the number of successful and attempted suicides within the Service. These issues are discussed in chapter 7.
- 2.23** Despite their strong criticisms of the management culture, many officers commented that they love being a paramedic:

Being an Ambulance Officer is one of the most rewarding professions and vocations that anyone can perform. To ease pain, and provide comfort to the injured and dying, to assist in the delivery of life, to help others that are in duress or discomfort, is not just a job but a calling to help those in need. It is a tragedy that the Service's management does not apply this to its staff.³⁷

The Service takes advantage of the good natured dedication we have to our job, to the patients we care about with little regard to the impact this has on our health and families.³⁸

- 2.24** Although there was a general negative depiction of managers in evidence, it is important to acknowledge that there are undoubtedly some managers within the Service who do treat their staff with compassion. For example, during her 12 years as an operations manager with the Ambulance Service, Louise Hennessy offered support to many vulnerable officers:

I am well aware that some of them have got to the brink of being suicidal or very depressed, partly through some of their personal issues but a lot of it because of the anxiety and stress the job brings. That makes those personal issues more difficult for them to deal with. I have spent a lot of time counselling. I actually found the job very

³⁴ For example, Submissions 83, 100a, 109, 113 and 152

³⁵ Submission 152, p1

³⁶ Witness J, Published in-camera evidence, 22 July 2008, p 2

³⁷ Submission 91, p 1

³⁸ Submission 93, Name suppressed, p 10

fatiguing, because you are working on it all day and all night, both with staff and having to be available.³⁹

Old boys club

- 2.25** A common complaint about Ambulance Service management raised during the Inquiry was the existence of a nepotistic ‘old boys club’:

The management culture is one of nepotism, elitism and cronyism, where poor performance of managers is covered up and individual positions protected and where poor performers are promoted beyond their level of competence.⁴⁰

- 2.26** Members of the ‘club’ enjoy many advantages, while non-members may be severely disadvantaged:

For those that were in the boys club they would get preferential treatment. If they were training they would be put with the highest clinical level officers so that they were getting the best experience and the best training. Again being in the boys club gave you a better position on the roster which could in fact mean a higher income as you would more likely be called out for off duty jobs. You would also get less relief, which means you would not be sent away to another station to do relief if you did not want to. However if you are not in the boys club you would get sent away more often than others. One officer, not in the boys club, was sent away constantly even when his wife was expecting a baby.⁴¹

Factors influencing the culture of the Ambulance Service

- 2.27** The following section refers briefly to some of the factors that have affected Ambulance Service culture in recent years. This includes increasing demand for Ambulance Services, a greater focus on meeting budgets and performance targets, the rapid pace of clinical and technical change, and the professionalisation of the Service. As some inquiry participants have pointed out, on their own these factors do not necessarily account for the unhappy environments in which many ambulance officers work; rather it is the way these changes have been managed – or not managed – that explain many of the cultural problems that beset the Service.

The changing nature of ambulance work and increased demand

- 2.28** The nature of ambulance officers’ work has changed dramatically over the past decade, from a traditional role of transporting patients to hospital, to a provider of modern emergency healthcare.⁴² One of the key drivers for change during this period has been increased demand

³⁹ Ms Louise Hennessy, Superintendent, Ambulance Service of NSW, Published in-camera evidence, 4 July 2008, p 8

⁴⁰ Submission 130, Name suppressed, p 2

⁴¹ Submission 32, Name suppressed, pp 2-3

⁴² Submission 141, NSW Health, p v

for ambulance services (demand for emergency and urgent incidents has increased by 25.7 per cent over the past five years).⁴³ Many participants argued that the resources provided to the Service have failed to match this demand and that inadequate resourcing, particularly in relation to staffing, is at the heart of many of the management problems afflicting the Ambulance Service. Staffing is discussed in chapter 5.

Emphasis on budget and key performance indicators

- 2.29** Many officers claim that as a result of the mismatch between demand and resources, managers are far more focused on balancing budgets and meeting key performance indicators than on managing their staff appropriately:

The over-riding emphasis guiding management decisions appears to be on saving money and the operational needs of the Service while the needs of road staff are disregarded.⁴⁴

Today's senior managers are so budget focused that they seem to have forgotten that road staff are a group of caring human beings, working in difficult circumstances, to provide care to the growing number of sick, infirmed, and injured people.⁴⁵

Generational differences

- 2.30** Inquiry participants suggested that a major source of tension in many ambulance stations arises from the disparity between the younger, more qualified officers, and the older generation of officers who may have more experience but are less 'qualified' than the younger officers:

Disparity of training levels and currency of that training of some long standing officers in some stations has lead to conflict when new, more up-to-date officers try to execute their knowledge of current best practice ... In some cases that lead to officers feeling frustrated, confused and unable to do their job using what they were taught as best practice.⁴⁶

- 2.31** Professor Debora Picone, Director General, NSW Health, drew comparisons with the transformation of nursing over the past two decades and commented on how far behind the Ambulance Service was by contrast.⁴⁷ The challenge of catering for the needs of both 'generations' within the Service was acknowledged by the CE:

When I travel through the Service and talk to the younger and newer generation of highly qualified staff and I talk to the older experienced management work force they both recognise that there is a generational dynamic change in people's attitude and approach to their working lives — their approach to supervision and their approach

⁴³ Submission 141, p 7

⁴⁴ Submission 161, Name suppressed, p 1

⁴⁵ Submission 95, Name suppressed, pp 4-5

⁴⁶ Submission 176, Name suppressed, p 3

⁴⁷ Professor Debora Picone, Director General, NSW Health, Evidence, 4 July 2008, p 10

to direction. The young and the experienced alike in the Ambulance Service talk openly about the difficulties that those changes and interactions present. I suspect that they present difficulties for all of us in many aspects of our lives.⁴⁸

- 2.32** Mr John McDonald, whose company Proactive ReSolutions provides consultancy services to the Ambulance Service, suggested that generational differences within the Service need not be a significant problem if managed wisely:

Our experience is that younger staff are often better educated clinically than more long-term staff. This is not a problem; that is just the way it is ... Again these differences are not the problem, it is having someone in the station who has the capacity to pull those two together and use it as an instructive opportunity rather than a destructive opportunity.⁴⁹

Conclusion

- 2.33** The Ambulance Service has acknowledged the pressing need to address the management issues raised by this Inquiry and the Head Review, in order to build a resilient, healthy and respectful workplace culture:

What is clear to us from the feedback we are getting from ambulance officers is that there is a need now to focus our reform agenda on the arrangements we have in place to support paramedics in their workplace ... I want to emphasise that we are taking these issues very seriously ... our priorities need to be focussed more on the way we provide, as an organisation, support to paramedics and other staff in their workplace ...⁵⁰

- 2.34** The problem is that the Ambulance Service has been acknowledging these problems for many years and has so far failed to address them. As this chapter and the remaining chapters of this report demonstrate, concerns about the way ambulance officers are managed are not new: the Service has known for at least eight years through Auditor General reports regular culture surveys, an attrition survey, and more recently the Head Review, that many ambulance officers are extremely unhappy about their workplaces and managers.

- 2.35** Ambulance officers' patience is virtually spent. Mr Wayne Power, an Ambulance Officer, told the Committee that during his 23 years of service:

... I have heard that things are being progressed on a number of occasions — too many occasions to count — so I am naturally sceptical, as probably 90 per cent of the staff are on anything the Ambulance Service puts out, unfortunately.⁵¹

- 2.36** The Committee is not prepared to have this report swept under the carpet like so many other reports, or to ignore the pleas from hundreds of ambulance officers who have contributed to this Inquiry:

⁴⁸ Mr Rochford, Evidence, 4 July, p 11

⁴⁹ Mr John McDonald, Director, ProActive ReSolutions, Evidence, 22 July 2008, p 7

⁵⁰ Mr Rochford, Evidence, 4 July 2008, pp 5-7

⁵¹ Mr Wayne Power, Ambulance Service of NSW, Evidence, 4 July 2008, p 34

My wish is that this inquiry and this Committee can achieve what no other inquiry, audit or investigation of the Ambulance Service has done: that it can see through the spin, the carefully worded promises and the personal agendas, and give a voice to the Christine Hodders, who are telling you, "It's not just me: there is something intrinsically wrong with the Ambulance Service of New South Wales".⁵²

- 2.37** To date, the Chief Executive of the Ambulance Service of NSW has failed to implement much needed reforms to solve fundamental cultural and management problems within the Service, even though he has been aware of these problems for nearly a decade. The inaction of the senior executive team has also played a significant role in the current state of the Service's affairs.
- 2.38** The Committee believes that urgent reform is necessary in order for the Service to regain the confidence of its employees. Our first two recommendations are designed to ensure that the senior executive team is held fully accountable for their performance, and that the Minister for Health and Director General of Health are kept abreast of the much-needed action in relation to bullying and harassment.

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.

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.

- 2.39** It is important that the review of Service's progress in dealing with bullying and harassment within the Service not be a one-off event. Our next recommendation is designed to ensure that this is an ongoing process.
-

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.

- 2.40** The Committee will maintain its vigilance over the Service. In October 2009 the Committee will institute a review of the recommendations of this report. The Committee will ask the

⁵² Witness N, Published in-camera evidence, 28 July 2008, p 2

Minister for Health to appear before this Committee to report on the progress of the Service in creating a healthy work environment for ambulance officers.

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.

Chapter 3 Grievances, Bullying and Harassment

The Committee received many reports of grievances, bullying and harassment within the Ambulance Service. While bullying and harassment is a significant issue for many ambulance officers, of even more concern is the inability – and in some instances complete lack of empathy – of many managers in addressing these problems. These issues may have contributed to depression, anxiety, self-harm and even suicide amongst ambulance officers.

Inquiry participants have expressed further disappointment and frustration with their dealings with the Professional Standards and Conduct Unit, which is perceived to be biased, unaccountable and inefficient. The Committee will examine these issues in this chapter.

Terminology

3.1 The majority of submissions to the Inquiry referred to incidents of ‘bullying’ and ‘harassment’. However, it has been suggested that many of these incidents could more correctly be defined as ‘grievances’.⁵³ The way that both are dealt with are different, and will be discussed later in this chapter.

3.2 The difference between a ‘grievance’ and ‘bullying and harassment’, according to NSW Health policy, was outlined in the NSW Health submission which defined grievances as relatively minor workplace issues or concerns:

[A] written or oral statement made by an employee regarding a concern arising in the workplace. Examples may include, but are not limited to, interpersonal conflict, the way work is allocated or managed, interpretation of people management policies, or a perceived unfairness in the workplace. The grievance usually involves some concern or personal distress, and will usually, though not always, involve other people.⁵⁴

3.3 Bullying and harassment is defined in the health system as ‘unreasonable, undesirable behaviour in the workplace, or in the course of employment, that will generally meet all of the following criteria:

- It is repeated;
- It is unwelcome and unsolicited;
- The recipient considers the behaviour to be offensive, intimidating, humiliating or threatening; and
- A reasonable person would consider the behaviour to be offensive, intimidating, humiliating or threatening’.⁵⁵

⁵³ Mr Greg Rochford, Chief Executive, Ambulance Service of NSW, Evidence, 4 July 2008, p 13; Supplementary submission 136a; Submission 211

⁵⁴ Submission 141, NSW Health, p 21

⁵⁵ Submission 141, pp 21-22

- 3.4** Slight variations exist to these definitions across workplaces and in academia. For example, in evidence to the Inquiry, Dr Carlo Caponecchia, Lecturer, School of Risk and Safety Sciences, University of New South Wales, defined workplace bullying as ‘repeated unreasonable behaviours that cause, or have potential to cause, harm to the individual who is the target of those behaviours’.⁵⁶
- 3.5** Similarly, workplace bullying is defined by WorkCover as ‘behaviour that is usually repeated, that is inappropriate, unreasonable and possibly aggressive and that creates a risk of physical and/or psychological harm’.⁵⁷
- 3.6** Dr Caponecchia distinguished ‘bullying’ from ‘harassment’. He defined harassment as ‘humiliating, offensive or intimidating behaviour that is unsolicited’ that occurs on anti-discrimination grounds such as ethno-religious status, marital status, sexuality and so forth.⁵⁸
- 3.7** He clarified that unlike bullying, harassment does not have to be repeated, and one single event can be classed as harassment. Dr Caponecchia stated that while the two are related, they do not necessarily always occur together; and emphasised their differences:
- It is also very important to note that bullying and harassment are not one and the same. We often treat them as the same, and in some of the submissions – I have read most of the submissions and the transcripts and this is not intended to be insulting in any way – despite there being policy definitions all these issues are mashed up. Bullying, harassment, violence, conflict and even misconduct are all together ...⁵⁹
- 3.8** The apparent confusion amongst ambulance officers surrounding terminology was also raised as a concern by NSW Health. In evidence to the Committee, Professor Debora Picone, Director General, NSW Health, stated:
- Often you will hear a person say, "I've been bullied by somebody" when, in fact, they have not met the technical definition of bullying. What has happened is that someone has been absolutely rude or acted like a pig.⁶⁰
- 3.9** Professor Picone added ‘very deep conflict actually does not involve bullying. Sometimes conflicts are never resolved between the two parties. The feelings are so deeply held that these conflicts go on for a very long time, but there may not have been any bullying in that’.⁶¹
- 3.10** A similar view was expressed by a member of the Professional Standards and Conduct Unit (PSCU) in Submission 211, who advised the Committee:

⁵⁶ Dr Carlo Caponecchia, Lecturer, School of Risk and Safety Sciences, University of New South Wales, Evidence, 28 July 2008, p 1

⁵⁷ WorkCover NSW, *Preventing & Dealing with workplace bullying - A Guide for Employers & Employees*, 2008, p 5

⁵⁸ Dr Caponecchia, Evidence, 28 July 2008, p 2

⁵⁹ Dr Caponecchia, Evidence, 28 July 2008, p 1

⁶⁰ Professor Debora Picone, Director General, NSW Health, Evidence, 4 July 2008, p 13

⁶¹ Professor Picone, Evidence, 4 July 2008, p 14

In some instances complaints of bullying and harassment ... [are] based on a misunderstanding of what constitutes bullying and harassment. For example, the issuing of a lawful instruction by a senior officer and the undertaking of investigations do not constitute bullying and harassment.⁶²

- 3.11** This was reiterated by Dr Caponecchia who explained: ‘Bullying is not reasonable managerial action undertaken reasonably’.⁶³ Dr Caponecchia told the Committee that ‘reasonable managerial action undertaken reasonably’ can include things such as reasonable disciplinary action; reasonable action that counsels an employee on their performance; reasonable and justified decisions not to promote someone, and so forth.⁶⁴
- 3.12** However, workplace bullying *can* include unfair use of workplace systems such as unreasonable overtime; unfair rostering or allocation of work; lack of workplace flexibility; unfair denial of leave; unfair denial of promotional or training opportunities; and being excessively supervised or criticised.⁶⁵
- 3.13** As mentioned earlier, the importance of understanding the distinction between a ‘grievance’ and ‘bullying and harassment’ is that the processes for resolving the two are very different. Additionally, managers that actually understand the concepts and behaviours (as opposed to ‘just being able to quote the words’) can see the warning signs, and can therefore help to prevent incidents from occurring before they arise.⁶⁶
- 3.14** The processes for resolving grievances and bullying, and the need for clarification of the terminology, will be discussed later in this chapter.

Occurrence of bullying and harassment within the Ambulance Service

- 3.15** The majority of inquiry participants told the Committee that they have either experienced bullying and harassment within the Service firsthand, or witnessed it occur to a colleague.
- 3.16** The incidents reported to the Committee allegedly occurred in a variety of ways, ranging from subtle actions to overt verbal and physical abuse, and were perpetrated by both colleagues and managers.
- 3.17** For example, the author of Submission 123 claimed that management in their local area are ‘well known for being biased and calculating in the way they target and bully certain staff members’,⁶⁷ stating:

This ranges from subtle harassment such as not offering certain staff overtime, being inflexible with their rostering whilst favouring the same staff over and over, blocking promotions/courses and placing certain staff with inappropriate partners to much

⁶² Submission 211, Name suppressed, p 2

⁶³ Dr Caponecchia, Evidence, 28 July 2008, p 6

⁶⁴ Dr Caponecchia, Evidence, 28 July 2008, p 6

⁶⁵ Public Service Association of NSW, Bullying Fact Sheet 1, p 1

⁶⁶ Dr Caponecchia, Evidence, 28 July 2008, p 2

⁶⁷ Submission 123, Name suppressed, p 1

more glaring bullying tactics such as direct comments and gossip spread amongst area staff by management.⁶⁸

3.18 It was suggested in one submission that managers have also used bullying and harassment tactics 'to harass staff who rang in sick to make people too nervous to take sick leave (and make sure the rosters stayed full)'.⁶⁹

3.19 Less subtle incidents were illustrated by the author of Submission 32, who told the Committee:

I witnessed verbal abuse of Officers by the Station Managers, threats and swearing at staff for trivial things such as lying in a position greater than 45 degrees before 1700hrs. I was sworn at by my Training Officer and got to a point that I hated going to work.⁷⁰

3.20 In addition to verbal abuse, the submission author claimed that they had also been subject to physical abuse by colleagues, having been 'hit in the head by cupboard doors, keys thrown so hard at my face that I have cut my hand in an attempt to protect my face, sworn at and discriminated against'.⁷¹

3.21 The Committee also heard evidence of bullying and harassment extending outside of workplace, particularly in small rural towns. For example, Mr Michael Taylor, a Paramedic, said that after he complained about bullying and harassment at his station:

The staff stepped up their campaign and started telling civilian people they knew in the town that I was a trouble maker which then caused my family to start being snubbed at public events and by some of the same people we knew. Everybody was now watching everything my family and I did as I had reports from some of the people that knew us and that they had heard things. This was unbearable for all my family...⁷²

3.22 Several submissions from female ambulance officers claimed that they have been treated differently and discriminated against purely because they are female.⁷³

3.23 The Committee heard many more detailed incidents of bullying and harassment within the Ambulance Service, many of which cannot be discussed due to requests for confidentiality.

3.24 In evidence to the Inquiry, Professor Picone acknowledged the problem of bullying and harassment within the Service, however expressed the opinion that the issue is 'in pockets rather than widespread'.⁷⁴

⁶⁸ Submission 123, p 1

⁶⁹ Submission 87a, Name suppressed, p 1

⁷⁰ Submission 32, Name suppressed, p 2

⁷¹ Submission 32, p 5

⁷² Submission 35, Michael Taylor, p 5

⁷³ For example, Submissions 32, 70, 120 and 205

⁷⁴ Professor Debora Picone, Director General, NSW Health, Evidence, 28 July 2008, p 8

- 3.25** There does not appear to be any data regarding the prevalence of bullying and harassment within the Service compared to other organisations. However, it is well known that workplace bullying is under-reported:

Across the board it is very difficult to get a handle on how often this happens. We know that people under-report bullying for a bunch of reasons, including that they fear retribution, they do not know who to report it to, they do not know what the behaviour is and whether they can do anything about it as a problem. They do not trust that anything will be done.⁷⁵

- 3.26** The issue of under-reporting and the reasons for it are not specific to the Ambulance Service; they apply equally to all organisations.⁷⁶ These issues will be examined later in this chapter.

Impact on victims

- 3.27** Workplace bullying can lead to psychological and/or physiological injury. Psychological injuries may include stress, anxiety and depression; while physiological injuries may include muscular tension, headaches, nausea, stomach disorders, skin rashes and insomnia.⁷⁷

- 3.28** A significant number of inquiry participants outlined the effect that bullying and harassment has had on them. For example, one ambulance officer spoke of the impact of repeated verbal abuse from a colleague:

The time came where I could no longer tolerate these outbursts and they started to affect my personal well being and home life. I was consumed with not wanting to go to work, with constant stiff necks and upper back and shoulder aching and at times feeling physically ill.⁷⁸

- 3.29** Many inquiry participants have sought professional counselling and therapy to help them cope with the stress and injuries caused by bullying and harassment. The author of Submission 209 commented:

Throughout the whole ordeal, I sought out professional counselling to assist me in coping with the tremendous stress I was under. I was diagnosed with a major depressive illness as a result of harassment and bullying within the workplace. I suffered with sleep disturbances, nightmares, fatigue, memory loss and lack of concentration, anorexia, stomach and abdominal cramping, and eczema.⁷⁹

- 3.30** The impact on victims of bullying and harassment within the Service has, in extreme cases, led to cases of self-harm and suicide. The Committee received more than 10 submissions from people who admitted to having suicidal thoughts, or had attempted suicide as a result of their experiences in the Service, such as Submission 209:

⁷⁵ Dr Caponecchia, Evidence, 28 July 2008, p 3

⁷⁶ Dr Caponecchia, Evidence, 28 July 2008, p 3

⁷⁷ Public Service Association of NSW, Bullying Fact Sheet 3, p 1

⁷⁸ Submission 69, Name suppressed, p 2

⁷⁹ Submission 209, Name suppressed, p 1

I was mentally and physically beaten and spent 5 months in a deep depression. I developed suicidal thoughts and acted out in attempts to self-harm. Had it not been for regular counselling sessions and the support of my immediate family, I would have taken my own life.⁸⁰

- 3.31** The occurrence of, or even risk of, such cases within the Service was recognised by the Committee, who felt compelled to develop a mental health response plan for inquiry participants (as outlined in chapter 1).
- 3.32** The Committee heard that many of the suicides or attempted suicides within the Service are a result of bullying and harassment and lack of support from management, rather than because of what paramedics ‘see on the road’.⁸¹ This view was enunciated in Submission 158: ‘We see some of the most horrific incidences that you can imagine and yet it is the harassment in our workplace that has the most impact!’⁸² (Suicide is discussed further in Chapter 7 – Occupational Health and Safety).
- 3.33** As well as having a direct impact on victims, bullying and harassment also has a broader impact on organisations. According to WorkCover, workplace bullying can also lead to loss of productivity, increased absenteeism, reduced performance, and ‘disruption to work when complex complaints are being investigated’ which ‘may end in costly workers compensation claims or legal action’.⁸³
- 3.34** The impact on learning was raised by the author of Submission 177, who outlined their experience of being bullied as a trainee:

I was yelled at, faces pulled at me if I made a mistake and told that I should just shut up and do what I was told and watch otherwise what I put on your report will stay with you for the rest of your career – so do what I say and we won't have a problem. There is nowhere to go when faced with this kind of attitude – you are told by other members of staff that there really is no escaping this ... You can't learn when you are scared to even try.⁸⁴

- 3.35** In his submission to the Committee, Mr Ray Bange, Probity Consultants, noted that the problems and effects of workplace bullying within the health care sector are not confined to NSW, they have been recognised internationally. Mr Bange referred to an article written for the lead accrediting body for health care organisations in the US, which outlined the potential effects of bullying on organisations as well as patients:

Intimidating and disruptive behaviours can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care,

⁸⁰ Submission 209, p 1

⁸¹ Submission 32, p 6

⁸² Submission 158, Name suppressed, pp 4-5

⁸³ WorkCover NSW, *Preventing & Dealing with workplace bullying - A Guide for Employers & Employees*, 2008, p 3

⁸⁴ Submission 177, Name suppressed, p 2

and cause qualified clinicians, administrators and managers to seek new positions in more professional environments.⁸⁵

Case study: Christine Hodder

Mrs Christine Hodder was an Ambulance Officer employed at Cowra Station, beginning her employment there in 1999 as the first female officer to be employed at the station. Christine, the mother of a young daughter, took her own life on 16 April 2005 'after a long-standing unresolved period of harassment and bullying by other Cowra Ambulance Officers with whom she worked'.

The treatment suffered by Christine included personal taunts and insults, ostracism, sexual discrimination, degrading treatment, and being constantly discredited in front of patients. Despite lodging two official complaints about workplace bullying and harassment in 2001 and 2005, the victimisation continued, causing a great deal of distress to Christine and her family. In her submission to the Inquiry, Christine's mother-in-law described the effect of the ongoing mistreatment:

Christine initially laughed off the harassment from her fellow officers, but it was relentless and when it continued over the years, it became very hard to bear. She often said "What is wrong with me? Why do they hate me so much?" There were so many incidents perpetrated against Christine, it is hard to remember which happened and when.

Following Christine's first complaint in 2001, the Service initiated a grievance process. According to Christine's mother-in-law, the parties involved were not told of the outcome of that process. In February 2005, shortly before she made her second complaint, a memorandum was sent to Christine by the sector manager advising her that '[a]ll staff are reminded of their obligation to ensure the workplace is free from all forms of harassment, bullying and intimidation'.

After Christine's death, the Service conducted an inquiry into her complaints about the treatment she received at Cowra station. While the inquiry report recommended that no female officer be posted to Cowra Ambulance Station for six months, no disciplinary action was taken against any of the officers mentioned in Christine's complaints.

An external dispute resolution firm was also engaged by the Service to examine the issues at Cowra station. The firm made a number of recommendations, some of which were acted on and others which were not. The firm acknowledged that 'Cowra was a mess and a very complex and difficult system of relationships'.

The inquiry report and its recommendations were also reviewed by the Independent Commission Against Corruption, which declined to further investigate the matter. In addition, the local Coroner reviewed the report, and chose not to hold an inquest.

The inability of the Ambulance Service to satisfactorily resolve her issues, combined with the

⁸⁵ Sentinel Event Alert, 'Behaviors that undermine a culture of safety', Joint Commission, Issue 40, 9 July 2008, p 1

ongoing victimisation, was a source of much anguish for Christine. Her supporters feel that her suicide was the result of '[t]he constant harassment, bullying and intimidation by the staff, the callous indifference, inaction and abandonment by the service, the lies, isolation, financial pressures and rumours ...'

* Submission 108, MsCarolynn Hodder; Mr John McDonald, Director, ProActive ReSolutions, Published in camera evidence, 22 July 2008; Submission 49, Mr Phil Roxborough

Causes of bullying behaviour

3.36 There are a number of factors that contribute to the culture of bullying behaviour within the Service, which include the stressful nature of paramedic work, fatigue, inadequate resources and poor management.

3.37 In evidence to the Committee, Dr Caponecchia advised that a widely known factor that increases the likelihood of bullying is stress. He stated that it is therefore not surprising that bullying and harassment has occurred within the Service, given the stressful work and conditions faced by paramedics daily.⁸⁶

3.38 According to one healthcare article, once fatigue and certain personality types are added to the mix, such behaviour is likely to flourish:

The inherent stresses of dealing with high stakes, high emotion situations can contribute to occasional intimidating or disruptive behavior, particularly in the presence of factors such as fatigue. Individual care providers who exhibit characteristics such as self-centeredness, immaturity, or defensiveness can be more prone to unprofessional behavior. They can lack interpersonal, coping or conflict management skills.⁸⁷

3.39 Dr Caponecchia further suggested that the impact of reduced resources may contribute to the level of bullying and harassment within the Service, stating: 'When resources are scarce people start to protect themselves'.⁸⁸

3.40 One inquiry participant expressed the view that bullying and harassment 'is the only way management can get the job done'.⁸⁹ In their submission they declared:

... no other way will staff be motivated to do that extra overtime, drive that long transfer, wait at hospital for hours, miss out on meals etc ... management has the perfect environment to continue to harass and intimidate because they control your career. Management approves your leave, completes your roster, approves your transfers, investigates your complaints, basically has the power to make your working life a living hell and they do!!!⁹⁰

3.41 A similar view was expressed by Witness N in evidence, who stated simply: 'Bullying is the tool that bad managers use to achieve compliance'.⁹¹

⁸⁶ Dr Caponecchia, Evidence, 28 July 2008, p 3

⁸⁷ Sentinel Event Alert, 'Behaviors that undermine a culture of safety', Joint Commission, Issue 40, 9 July 2008, p 1

⁸⁸ Dr Caponecchia, Evidence, 28 July 2008, p 6

⁸⁹ Submission 167, Name suppressed, p 1

⁹⁰ Submission 167, p 1

⁹¹ Witness N, Published in-camera evidence, 28 July 2008, p 1

- 3.42 Much of the evidence received during this Inquiry referred to the ‘bullying culture’ of the Ambulance Service. It was suggested that bullying behaviour is so prevalent, and that so little is done about it, that it is almost viewed as acceptable by some officers. One participant commented, ‘[b]ullying is a cultural behaviour in adults: we do to others what we believe has been done to us. And when the boss does not seem to mind this, it feels permissible’.⁹²
- 3.43 This view was reiterated by Witness G, who discussed the behaviour that occurred at Cowra station:
- ... it was very clear that someone came in and began acting in an inappropriate way, an unlawful way some would say. Others may have initially thought that behaviour was unacceptable but over time when you are constantly exposed to that kind of behaviour you begin to believe it is acceptable and you begin to normalise it.⁹³
- 3.44 Not only may such behaviour become normalised, research suggests that organisations that fail to address unprofessional behaviour through formal systems may in fact be indirectly promoting it.⁹⁴ A more immediate management response may have avoided this problem.
- 3.45 Initiatives to address and prevent bullying and harassment within the Service will be discussed later in this chapter.

Management of complaints

- 3.46 Key concerns were raised during the Inquiry regarding the way in which management has handled (or failed to handle) grievances, bullying and harassment.
- 3.47 As mentioned previously, these issues are largely under-reported across all organisations. Some of the key reasons cited in evidence deterring ambulance officers from reporting complaints to their managers include a fear of increased victimisation; breaches of confidentiality; and poor handling by management.
- 3.48 This section will deal with management’s handling of minor grievances. Issues regarding more serious complaints that should be handled by the PSCU, and issues with the PSCU itself, will be discussed in later sections.

Increased victimisation

- 3.49 Several inquiry participants expressed a fear of being further victimised if they report incidents of bullying and harassment.⁹⁵ For example, the author of Submission 32 said that after making a complaint about a colleague and subsequently being bullied by management, ‘I was too

⁹² Witness N, Published in-camera evidence, 28 July 2008, p 1

⁹³ Witness G, Published in-camera evidence, 22 July 2008, p 7

⁹⁴ Sentinel Event Alert, ‘Behaviors that undermine a culture of safety’, Joint Commission, Issue 40, 9 July 2008, p 1

⁹⁵ For example, Submissions 71, 160 and 176

afraid to put complaints in writing as I believed that I would become a victim of even more vicious attacks'.⁹⁶

3.50 Another participant declared that 'the repercussions of speaking up often leads to isolation, more bullying, harassment, intimidation, using IPS against the officer, "health questing" them, and any other hoops they can throw at them to make life difficult'.⁹⁷

3.51 Similarly, Submission 31 claimed: 'In some cases those who have the courage to speak out have been persecuted and bullied into leaving'.⁹⁸

3.52 The Committee heard that victims who complain are usually treated as troublemakers by management.⁹⁹ This view was supported in Submission 176, which also suggested that bullying often escalates once an officer makes a complaint:

Instead of the problems being addressed effectively, the reporting officers appeared to be identified as the problem and the perpetrators were able to continue unchallenged to ridicule, harass and undermine the officers at work and in the community at large ... Officers have been left feeling unheard, unsupported and even demonised by such responses from management at the station level and higher.¹⁰⁰

3.53 One inquiry participant told the Committee that after being bullied and harassed, they chose to resign rather than fight, as they had previously witnessed the kind of treatment meted out to colleagues who have fought or complained:

I have seen one family almost destroyed following a complaint of bullying by an ambo, and the perpetrators of that ... bullying, harassment and intimidation were protected by the ... Sector Office at every turn. I have seen a grown man brought to "mental breakdown" because of the treatment he was given when he made a complaint ... I have talked with one officer who was told when he attempted to make a complaint, that the perpetrator was "untouchable" and that this man, the victim, was just making trouble in any case. These incidences are not isolated, they are simply the most severe that I have seen, and they each worsened after the complaint was made.¹⁰¹

3.54 The impact of such treatment on victims has been described as 'heartbreaking and degrading'.¹⁰² The author of Submission 36 commented that officers are 'reluctant to lodge or raise such cases for fear of reprisals and absolutely no protection'.¹⁰³

3.55 To make matters worse, inquiry participants suggested that the perpetrators of the bullying and harassment are often rewarded. For instance, one paramedic who was bullied by their manager told the Committee:

⁹⁶ Submission 32, p 2

⁹⁷ Submission 71, Name suppressed, p 4

⁹⁸ Submission 31, Name suppressed, p 13

⁹⁹ For example, Submissions 87a, 160, 176 and 177

¹⁰⁰ Submission 176, Name suppressed, p 1

¹⁰¹ Submission 70, Name suppressed, p 4

¹⁰² Submission 70, p 4

¹⁰³ Submission 36, Brett Campbell, p 1

... I was later informed that this manager had physically pushed an officer and had a history of striking patients. As this person has recently been promoted it would seem that his style of management is not only condoned but rewarded.¹⁰⁴

3.56 Similarly, the author of Submission 109 declared: 'It is often mentioned by ambos that 'anyone who does the wrong thing gets promoted'.¹⁰⁵ Promotions are considered in chapter 4.

3.57 Another type of 'reward' raised in evidence is that the perpetrator might be given a transfer 'to the very station he/she has been waiting for for years'.¹⁰⁶ It was suggested that the reason for these rewards is due to poor management practices, which opt to promote or move difficult staff rather than deal with the issues.¹⁰⁷

Breaches of confidentiality

3.58 Another major deterrent for ambulance officers reporting bullying and harassment is the fear that confidentiality will be breached by management. According to one participant, '[t]he supposed confidentiality is non-existent, and documents are often found in possession of colleagues leading to trial by "chinese whispers". This leaves the officer concerned isolated and vulnerable'.¹⁰⁸

3.59 Another paramedic who lodged a complaint told the Committee: 'I have noticed that even though the information should be confidential, that a lot of people know of my situation ... There is distrust within the Service and I feel my confidentiality is never assured'.¹⁰⁹

3.60 The distrust of management was also highlighted by an ex-ambulance officer, who noted in their submission:

When working as an Officer, I often observed District Officers who stopped in at Ambulance stations; disclose personal and confidential information to all who were on station. I learnt from this never to trust them or tell them anything ... Every officer was aware of this, or learnt the hard way, hence learning not to trust management.¹¹⁰

3.61 In evidence to the Committee, Mr Phil Roxburgh, Station Officer, declared that 'the confidence of some of our managers has for a long time left a lot to be desired'.¹¹¹ Mr Roxburgh was Christine Hodder's Station Officer, who escalated Christine's matter to a higher authority within the Service for it to be dealt with appropriately. He told the Committee that as soon as he did this, her confidentiality was 'blown right out of the water'.¹¹²

¹⁰⁴ Submission 161, Name suppressed, p 2

¹⁰⁵ Submission 109, Name suppressed, p 7

¹⁰⁶ Submission 160, p 1

¹⁰⁷ Submission 42, Name suppressed, p 1

¹⁰⁸ Submission 179, Name suppressed, p 1

¹⁰⁹ Submission 3, Name suppressed, p 2

¹¹⁰ Submission 71, p 4

¹¹¹ Mr Philip Roxburgh, Station Officer, Ambulance Service of NSW, Evidence, 4 July 2008, p 28

¹¹² Mr Roxburgh, Evidence, 4 July 2008, pp 28-29

3.62 Mr Roxburgh informed the Committee that he was unaware of any disciplinary action taken against the person who breached confidentiality. This was also a common theme heard in evidence, and is another key deterrent for ambulance officers making complaints.

3.63 NSW Health advised that its Grievance Resolution Policy¹¹³ contains a confidentiality provision, stating that information regarding grievances should only be provided on a ‘need to know basis’, and should not be provided to third parties.¹¹⁴ The Department outlined the circumstances in which the information may need to be disclosed:

In a number of circumstances where a complaint is made against another person, it may be impossible to properly investigate without disclosure to ensure both robust investigation and procedural fairness. However, each time this type of complaint is made, the complainant should be advised that their identity will need to be disclosed to the respondent in order to fully and fairly investigate their concerns.¹¹⁵

3.64 NSW Health informed the Committee that minor breaches of confidentiality may be appropriately resolved by an apology; whereas serious breaches may require investigation and sanctions. The Department provided an example of a letter of caution being issued by the Chief Executive to an offender where a breach of confidentiality warranted action.¹¹⁶

Committee comment

3.65 The Committee believes that breaches of confidentiality are very serious matters, with the potential for devastating consequences – as exemplified in the case of Christine Hodder.

3.66 We note the example provided by NSW Health of an action that has been taken against someone who breached confidentiality as ‘a letter of caution’, and are of the view that firmer sanctions and a clearer policy need to apply to deter Ambulance Service management from breaching confidentiality.

3.67 The Committee is of the opinion that the current confidentiality provision in the NSW Health grievance policy is inadequate, and believe that the policy should be enhanced to provide greater emphasis on this provision.

3.68 Further, we believe that breaches of confidentiality fit under the definition of ‘unsatisfactory professional conduct’ in the *Ambulance Services Regulation 2005* (NSW), and should therefore be subject to remedial or disciplinary action. This should be emphasised in the revised policy.

¹¹³ NSW Health, *Effective Workplace Grievance Resolution Policy and Better Practice for the Department of Health and Public Health Organisations*, April 2005

¹¹⁴ Answers to additional questions on notice 4 July 2008, NSW Health, Question 3, p 1

¹¹⁵ Answers to additional questions on notice 4 July 2008, NSW Health, Question 3, p 1

¹¹⁶ Answers to additional questions on notice 4 July 2008, NSW Health, Question 3, p 1

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.

Complaints are ignored

- 3.69** In cases where officers have decided to lodge a complaint of bullying and harassment, they have often felt that their complaints were either ignored or inadequately dealt with by management.¹¹⁷ The author of Submission 31 stated: '[m]anagement has never attempted to rectify any of the many problems presented to them; in fact they have ignored them and swept them under the carpet hoping they will go away'.¹¹⁸
- 3.70** One participant told the Committee that when they tried to complain about a colleague's inappropriate behaviour, '[m]y attempts to address her comments and complaints of me fell on deaf ears. I approached the area management who advised me "that's just who she is" and to accept it'.¹¹⁹
- 3.71** A similar response was received by the author of Submission 161, who complained about being verbally abused by a manager. According to the author, '[w]hen I made a complaint to management I was advised that the manager in question "is a bit like that"'.¹²⁰
- 3.72** Likewise, another ambulance officer was told that complaints from their station were 'put in the bin as there is nothing that can be done about them'.¹²¹
- 3.73** Submission 209, written by an ex-ambulance officer, told of issues at one station which senior management had acknowledged was a 'known long-term problem'. The ex-officer stated that the only solution offered to them was to relocate or resign, as management were unwilling to deal with the problem officers.¹²²
- 3.74** The general lack of care or concern by management in these situations was heavily criticised by inquiry participants, such as the author of Submission 69:

Being an Ambo is at times hard enough on people in their profession and on raising a family without the abuse dished out by our own colleagues and lack of support and inaction taken by our managers at all levels. Being thought of as a sook and not a man because you are unable to cope with workplace bullies is an absolute blight on the Ambulance Service of NSW.¹²³

¹¹⁷ See for example Submissions 37, 62 and 87a

¹¹⁸ Submission 31, p 13

¹¹⁹ Submission 113, Name suppressed, p 3

¹²⁰ Submission 161, p 2

¹²¹ Submission 32, pp 5-6

¹²² Submission 209, p 1

¹²³ Submission 69, p 4

- 3.75** Evidence received by the Committee indicates that many managers simply do not know how to deal with such complaints.¹²⁴ This issue will be discussed later in this chapter.
- 3.76** It was also suggested that some managers only deal with complaints when it suits them. Submission 37 contended that complaints against middle managers often go nowhere, whereas complaints against road officers are always followed through, often with ‘penalties that don’t fit the complaint’.¹²⁵
- 3.77** This inconsistency was also raised by Witness F during an in-camera hearing, who expressed the view that the complaints handling process is not uniform for all officers:
- Often it comes down to whether the manager or the person investigating has a vested interest in the outcome of the inquiry or whether they like the officer who has had the complaint against them or not. If it is someone they like or are a buddy with they will look after them and quieten it down. If it is someone they do not like they will set out to destroy their career. It can be as bad as that.¹²⁶
- 3.78** Structural factors undoubtedly contribute to the inability of frontline managers to deal with complaints. Currently there is only one Station Manager per station. While some stations may have three or four staff, others have up to 60.¹²⁷ Combined with ‘four on - four off’ rosters and Station Managers performing on-road duties; the result is that some managers rarely see their staff and are therefore unable to effectively manage such issues.¹²⁸
- 3.79** The potential impact of this on conflict and grievances that arise between staff members was highlighted by Witness P in evidence:
- They are unable to deal with it directly between themselves for whatever reason so they report it to their station managers ... and that person will not be on shift for another four days. Even within that short period of time conflict can escalate and it can become incredibly difficult for that first-line manager to deal with.¹²⁹
- 3.80** Witness P noted that such relatively minor grievances are often escalated up to the PSCU as a result. This phenomenon has been acknowledged by the Service and NSW Health. The PSCU will be discussed later in this chapter, as will the steps being undertaken to overcome the structural barriers to effective frontline management.

Committee comment

- 3.81** The Committee is very concerned by the amount of evidence detailing management ignoring officers’ concerns, or even worse – victimising the complaining officer.

¹²⁴ Submission 158, p 4; Witness P, Published in-camera evidence, 28 July 2008, p 2

¹²⁵ Submission 37, Name suppressed, p 4

¹²⁶ Witness F, Published in-camera evidence, 22 July 2008, p 4

¹²⁷ Submission 61, Name suppressed, p 5

¹²⁸ Witness P, Published in-camera evidence, 28 July 2008, p 2

¹²⁹ Witness P, Published in-camera evidence, 28 July 2008, p 2

- 3.82** While Ambulance Service employees need to be encouraged to speak out against bullying and harassment, this does not appear to be feasible in the current climate of the Service. We acknowledge the range of deterrents preventing employees from submitting complaints, and note that many of these will be addressed later in this chapter.

Professional Standards and Conduct Unit

- 3.83** The Professional Standards and Conduct Unit (PSCU) was the subject of significant criticism among inquiry participants. Issues with the unit will be considered below.

Role of the Unit

- 3.84** The way in which minor grievances and serious complaint matters are dealt with are different. Minor grievances should be dealt with by immediate managers, and escalated up through management if not resolved. Serious complaint matters that may constitute misconduct (including serious bullying, harassment or discrimination) should be dealt with by the PSCU.¹³⁰
- 3.85** The role of the PSCU is to investigate and manage disciplinary matters, which are defined in the NSW Health submission as:

... matters that involve allegations of misconduct, serious performance issues or inappropriate behaviour by Ambulance Service staff, usually involving breaches of NSW Health policy, which, if proven, would lead to the staff member being formally disciplined.¹³¹

- 3.86** In evidence to the Committee, the CE of the Service, Mr Greg Rochford, reflected that the PSCU was established to provide an independent complaints handling unit that was a 'place you can trust'.¹³²

Perception of the Unit

- 3.87** It is clear from evidence that the PSCU is certainly not trusted by a number of ambulance officers, with many paramedics expressing the opinion that it is prejudicial and biased. One submission declared:

The Professional Standards and Conduct Unit within the Ambulance Service is an absolute joke. It is there purely to make decisions that show the least impact on the Ambulance Service, not to discover the truth and resolve the issues. Any staff member who pushes for the truth is victimized by the Ambulance Service. That is probably why the PSCU is often called "Pathetic Standards and Cover Up".¹³³

¹³⁰ Submission 141, p 22

¹³¹ Submission 141, p 23

¹³² Mr Rochford, Evidence, 28 July 2008, p 16

¹³³ Submission 83, Name suppressed, p 4

- 3.88** The Health Services Union (HSU) suggested that many of the issues investigated by the Unit ‘are prejudicial in nature; inconsistent in application; and protracted in duration’.¹³⁴
- 3.89** Mr Cyril Brown, a solicitor who used to work within the Unit, stated: ‘I am convinced that the PSCU is actually more a ‘tool of abuse’ by the CE rather than a responsible professional Unit that should conduct itself without bias and with fairness’.¹³⁵ Mr Brown further remarked, ‘[i]n my view, the PSCU holds a biased attitude and arrogance that imposes mounting and prolonged pressure on investigated officers’.¹³⁶
- 3.90** Similar comments were made Mr Steve Hogeveen, Station Officer, in his submission to the Committee:
- The Professional Standards and Conduct Unit appears to act as a “Special Unit” to work for the higher management levels of the Service. It appears to take instruction from the higher levels, who determine such things as, which complaints will be investigated, which complaints will be properly investigated and given due process and particularly doesn't interview staff who have made a complaint about Senior Staff.¹³⁷
- 3.91** One allegation, made in Submission 179, is that cases against management made by on-road officers that reach the PSCU are often ‘tweaked’ in favour of management, to further support their case.¹³⁸
- 3.92** The general distrust of the PSCU was commented on by Mr Brett Campbell, an Intensive Care Rescue Paramedic, who observed that the Unit has ‘created much fear and unrest due [to] their inefficiencies and at times peculiar and inappropriate investigations. This unit seems to be a tool of instilling fear and division amongst all who work for the Service...’¹³⁹
- 3.93** Criticism was also expressed by Mr Roxburgh, who maintained that in his experience: ‘Everything they said they would do, not one thing was honoured’.¹⁴⁰ Mr Roxburgh further maintained that ‘[t]he only thing they give the appearance of doing well is protecting the service executive and themselves from scrutiny and accountability’.¹⁴¹
- 3.94** The Committee also received positive evidence about the PSCU from Mr John McDonald, a conflict resolution consultant, who commented on the skills of the employees within the Unit: ‘We found them pretty impressive in terms of their skill level’.¹⁴²

¹³⁴ Submission 55, Mr Michael Williamson, General Secretary, Health Services Union, p 32

¹³⁵ Submission 117, Mr Cyril Brown, p 2

¹³⁶ Submission 117, p 2

¹³⁷ Submission 216, Mr Steve Hogeveen, p 12

¹³⁸ Submission 179, Name suppressed, p 2

¹³⁹ Submission 36, p 2

¹⁴⁰ Mr Roxburgh, Evidence, 4 July 2008, p 27

¹⁴¹ Submission 49, Mr Philip Roxburgh, p 3

¹⁴² Mr John McDonald, Director, ProActive Resolutions, Evidence, 22 July 2008, p 8

Timeliness and communication

- 3.95** A significant number of inquiry participants complained about the protracted length of time that the PSCU takes to deal with complaints. This was also raised in the Head Review, which noted that cases commencing in 2006/07 took an average of 24 weeks to complete. The Review also found that case times ranged from five weeks up to 78 weeks.¹⁴³
- 3.96** The author of Submission 65 articulated: ‘Dealing with the PSCU can be best described as a bad experience. The timeline from start to finish was somewhat like a major case being heard in the Supreme Court, it seemed like eternity’.¹⁴⁴
- 3.97** Ambulance officers also complained about the lack of acknowledgement from the Unit when a complaint is lodged. In answer to questions on notice, NSW Health advised that all matters relating to misconduct where action is commenced under the *Ambulance Services Regulation 2005* (NSW) should be acknowledged, either by writing or by phone, within five days.¹⁴⁵
- 3.98** However the Committee heard of a number of instances where this has not occurred, such as in Submission 32, where an ambulance officer lodged a complaint with the PSCU but did not receive notification of receipt of the complaint until six weeks later.¹⁴⁶
- 3.99** Other inquiry participants complained about the lack of communication from the Unit. In her submission, Mrs Kylie Lamey, Ambulance Officer, told the Committee that she made a complaint about discrimination, bullying and harassment against a senior manager to the PSCU in February 2008. She has since received one short letter acknowledging receipt of the complaint but no other contact has been made. Mrs Lamey declared: ‘Communication is non-existent’.¹⁴⁷
- 3.100** There are several reasons why complaints handling by the PSCU can take so long. One of the obvious reasons is resourcing – the Unit has been understaffed for some time. Up until recently, it has only had five permanent positions, supported by one full-time administration officer and one part-time administration officer.¹⁴⁸
- 3.101** Another reason, raised by a member of the PSCU, relates to procedural fairness. The member noted, ‘[w]hile somewhat of an irony, the very procedures designed to assist staff under investigation in terms of ensuring procedural fairness for eg, invariably mean that timeframes will be extended’.¹⁴⁹

¹⁴³ NSW Department of Premier and Cabinet, *Performance Review: Ambulance Service of NSW*, June 2008, p 99. Throughout the chapter this report will subsequently be referred to as the ‘Head Review’.

¹⁴⁴ Submission 65, Name suppressed, p 6

¹⁴⁵ Answers to additional questions on notice 4 July 2008, NSW Health, Question 1, p 1

¹⁴⁶ Submission 32, p 6

¹⁴⁷ Submission 62, Mrs Kylie Lamey, p 3

¹⁴⁸ Answers to additional questions on notice, 14 August 2008, NSW Health, Question 6, p 1

¹⁴⁹ Submission 118, Name suppressed, p 2

3.102 This point was echoed in Submission 211, written by another member of the PSCU, who discussed the delays that occur as a result of the Unit complying with the requirements of natural justice:

The relevant policies require the Service to provide the respondent with opportunities to make submissions at various stages of the disciplinary process, including the right to respond to the allegations, the investigation report, the Chief Executive's view as to whether misconduct occurred and the proposed penalty. Respondents are also offered an opportunity to meet personally with the Chief Executive where a decision has been made to take disciplinary action. Regrettably, this takes time.¹⁵⁰

3.103 Another delaying factor discussed in that submission is agitation from the HSU. According to the author, in many instances the HSU will attempt to 'influence the Service to discontinue dealing with matters under the disciplinary provisions of the NSW Ambulance Services Regulation 2005'.¹⁵¹ It was suggested that the purpose of this is either to have the disciplinary matters dealt with remedially or, in some cases, according to the Operational Ambulance Officers (State) Award (the Award).

3.104 The author stressed that '[s]uch unhelpful agitation from the HSU actually prolongs investigations unnecessarily to the detriment of both the officers who have lodged the grievance and the respondent/s'.¹⁵²

3.105 Issues relating to pursuing disciplinary matters using the award as opposed to using internal policies will be discussed later in this chapter.

Matters dealt with by the Unit

3.106 Another major factor lengthening the complaints handling process is the fact that many issues that are referred to the PSCU should have been dealt with by local managers. This point was illustrated by Witness P, a member of the Unit:

It extends to the fact that many matters that could be dealt with at the lowest level – that is, on a station basis – have not been dealt with at that level. So they have been escalated up to the Professional Standards and Conduct Unit because there simply was not anywhere else or any other way in which those matters could be dealt with.¹⁵³

3.107 The reasons why many matters aren't dealt with by immediate managers were outlined earlier, and include inaction from management and structural barriers. Additionally, it was suggested in Submission 118 that another reason why frontline managers may not handle grievances effectively is due to an uncertainty as to how they should do so:

... management often refer matters that could be dealt with at a local level. I consider that this occurs because managers are reluctant to intervene early and have difficulty

¹⁵⁰ Submission 211, p 5

¹⁵¹ Submission 211, p 4

¹⁵² Submission 211, p 4

¹⁵³ Witness P, Published in-camera evidence, 28 July 2008, p 2

assessing issues and knowing which is the best approach to take. This means that many matters are referred to the PSCU which could have been resolved locally.¹⁵⁴

3.108 The impact of this tendency is that the PSCU becomes overloaded with cases. Many of these cases have started out at the station level as relatively minor; low-grade; single-issue grievances; that by the time they reach the PSCU have escalated in scope, intensity and complexity.¹⁵⁵

3.109 The author of Submission 118 contended that by this time, all responsibility to resolve these matters (including addressing the pre-conditions) is also transferred to the Unit:

By the time the PSCU becomes involved, the number of ‘parties’ has increased, positions have become entrenched, staff have become factionalised, memories have become eroded, and evidence is compromised. Compounding this problem is the fact that frequently earlier attempts, if any, by local management to resolve the matter have not been properly documented.

By this stage, mediation is no longer viable and the PSCU is left with a virtually impossible situation to resolve.¹⁵⁶

Changes to the Unit

3.110 The issues discussed above were previously identified in an internal review undertaken by the Service of the PSCU in November 2007, which made a number of recommendations (including increasing resources) to address these problems.¹⁵⁷ Additionally, to improve timeliness, the Head Review recommended that the PSCU only handle matters of serious misconduct.¹⁵⁸

3.111 As a result of these reviews and recommendations, the Service has undertaken to implement a number of changes to the PSCU. For example, to address the issue of the Unit handling too many minor complaints, referrals will now be limited to matters of serious misconduct. To help facilitate this, the role of the Service’s Workforce Unit is being expanded to take responsibility for handling grievances, and providing advice and support to managers involved in grievance resolution.¹⁵⁹

3.112 The Service has increased staffing by adding two (temporary) investigation staff to speed up the processing of matters.¹⁶⁰ The importance of this was acknowledged by Professor Picone, who stated ‘[s]wift resolution is very important, not only for the individuals involved but for the morale of the entire workforce’.¹⁶¹

¹⁵⁴ Submission 118, p 2

¹⁵⁵ Submission 211, p 2

¹⁵⁶ Submission 211, pp 2-3

¹⁵⁷ Head Review, p 98

¹⁵⁸ Head Review, p 99

¹⁵⁹ Submission 141, p 24

¹⁶⁰ Answers to additional questions on notice 28 July 2008, NSW Health, Question 14, p 1

¹⁶¹ Professor Picone, Evidence, 4 July 2008, p 2

3.113 NSW Health further advised that to assist in the timeliness of complaints handling, the Service has already:

- refined its case management practices to include increased involvement of operational managers and personnel from workforce;
- engaged IT consultants to develop a case management system to streamline case processing in the PSCU; and
- been working on delivering better organisational responses to workplace conflict and complaints of bullying and harassment.¹⁶²

Transparency and accountability

3.114 Arguably the key issue regarding the PSCU relates to the transparency and accountability of the Unit. Allegations of bias were outlined in earlier sections, with inquiry participants expressing the view that the Ambulance Service ‘investigating itself’ is not good practice.¹⁶³

3.115 These allegations were refuted by the author of Submission 211, a member of the PSCU, who pointed out that the Unit is subject to oversight from ‘a plethora of external watchdog bodies and review agencies’, including:

... the ICAC, Ombudsman, HCCC, the Industrial Relations Commission, the Anti-Discrimination Board & the Human Rights Commission, the Administrative Decisions Tribunal as well as the Health Department’s own Employment Screening and Review Branch.¹⁶⁴

3.116 However even with these watchdog bodies in place, there is still an inherent mistrust in the PSCU, with a significant number of submissions calling for its abolishment.¹⁶⁵ Many inquiry participants have requested that an independent body be placed in its stead,¹⁶⁶ including Mr Roxburgh in evidence to the Committee:

... it would be my most fervent recommendation that an independent body located separate to state headquarters be established to manage serious complaints into employees or the service. People are intimidated and cynical of the current “in house” state of affairs.¹⁶⁷

3.117 Similar comments were made by Mr Hogeveen, who stated ‘I believe that the PSCU must be made a separate unit of the ASNSW, similar to the police integrity unit. It must not be directly under the control of the upper levels of the ASNSW’.¹⁶⁸

¹⁶² Answers to additional questions on notice 28 July 2008, NSW Health, Question 1, p 1

¹⁶³ Submission 47, Name suppressed, p 2; Witness N, Published in-camera evidence, 28 July 2008, p 5

¹⁶⁴ Submission 211, p 6

¹⁶⁵ See for example Submissions 115, 55 and 201

¹⁶⁶ See for example Submissions 2, 150, 190, 191 and 201

¹⁶⁷ Submission 49, p 3

¹⁶⁸ Supplementary submission 216, p 12

3.118 Likewise, the author of Submission 83 declared:

This Unit should be closed down immediately and a private independent company, with no Political, Union, Mason or Ambulance Service ties, should be hired to investigate issues within the Ambulance Service. Serious issues that should be reported to the police do not get reported, which to me, makes the Ambulance Service a law unto itself.¹⁶⁹

3.119 Submissions from the Australian College of Ambulance Professionals (ACAP) and Australasian Council of Paramedicine (ACP) also support the establishment of an independent complaints mechanism. ACAP criticised bodies that investigate themselves, stating:

A system of quasi-regulation where the employing agency sets the rules, processes complaints and determines the outcomes across both professional issues and employment is fundamentally conflicted and contrary to natural justice.¹⁷⁰

3.120 The ACP recommended that the role of the PSCU be modified to deal with customer and internal complaints, and the role of investigating professional behaviour and practice be moved to an 'independent Paramedic Registration Board'.¹⁷¹ This is linked to the theme of registration of paramedics, which will be considered in chapter 4 – Recruitment and Training.

3.121 During an in-camera hearing, Witness G, a lawyer with an Ambulance Service background, stated to the Committee that one option currently available to paramedics is the Health Care Complaints Commission (HCCC). According to the witness, many paramedics do not realise that they can take their issues to the HCCC 'if they feel that it affects their patient care or what they can do for their patients'.¹⁷²

3.122 Witness G added that this option may be preferable for many paramedics, who may not want to have their matters dealt with 'in house' where they could be 'vilified if they take matters to their managers'.¹⁷³

3.123 In addition to this, the witness suggested that the Ambulance Service should establish a tiered approach to complaints handling, similar to the current nursing model. Nurses can have complaints dealt with by a Professional Standards Committee. If they are unsatisfied with the outcome from the Committee, they can appeal to a higher tier of review – the Nurses Tribunal. Witness G explained that the Nurses Tribunal is similar to a court, and that cases from there can be appealed to the Supreme Court.¹⁷⁴

3.124 Provisions for dealing with nurses' complaints, professional misconduct and unsatisfactory professional conduct are provided in the *Nurses and Midwives Act 1991* (NSW). The Act establishes the Professional Standards Committees and Nurses Tribunal and gives them

¹⁶⁹ Submission 83, Name suppressed, p 4

¹⁷⁰ Submission 190, Australian College of Ambulance Professionals, p 38

¹⁷¹ Submission 191, Australasian Council of Paramedicine, p 4

¹⁷² Witness G, Published in-camera evidence, 22 July 2008, p 4

¹⁷³ Witness G, Published in-camera evidence, 22 July 2008, p 4

¹⁷⁴ Witness G, Published in-camera evidence, 22 July 2008, pp 4-5

statutory powers,¹⁷⁵ unlike the PSCU whose composition and powers are conferred by policy. This point was observed in Submission 166:

The Ambulance Service instead has a Professional Standards Unit which has no legislative status and is not required to apply the rule of law to its proceedings particularly in respect to issues of procedural fairness and natural justice.¹⁷⁶

Committee comment

- 3.125** The Committee notes with concern the evidence received from inquiry participants regarding the accountability and transparency of the PSCU. We do not agree with the suggestions to abolish the Unit, as we believe that it is important for organisations to have some sort of internal review process.
- 3.126** We believe that the PSCU requires more resources in order to operate more efficiently. We also agree with inquiry participants that there needs to be some level of independence when it comes to investigating serious complaints, and note that the PSCU currently reports directly to the Chief Executive of the Ambulance Service. The Committee therefore recommends that resources allocated to the Unit be increased, and that an independent process be established to allow Ambulance employees to appeal decisions of the PSCU.

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.

External investigations

- 3.127** The Committee was informed that in some extreme cases, the level of conflict in some of the Ambulance Service's workplaces has been so severe that the Service has found it necessary to hire external consultancies to come in and attempt to resolve the situation.
- 3.128** This has come at a cost to the Service, who disclosed to the Committee that since 2005 the Service has engaged external consultancies to:
- Assist with work-place based conflict resolutions at a cost of \$29,858
 - Provide conflict resolution training at a cost of \$4,795.¹⁷⁷
- 3.129** The Service informed the Committee that it has also hired individual psychologists in some instances to assist in mediating and resolving workplace conflict, and to provide guidance and support to managers in locations where there is conflict.¹⁷⁸ Additionally, the Internal Audit

¹⁷⁵ Sections 50-70

¹⁷⁶ Submission 166, Name suppressed, p 3

¹⁷⁷ Answers to additional questions on notice 28 July 2008, NSW Health, Question 10, p 1

¹⁷⁸ Answers to additional questions on notice 28 July 2008, NSW Health, Question 10, p 1

Bureau has been commissioned to independently investigate some of the Service's workplaces.¹⁷⁹

- 3.130** The practice of hiring external agencies to conduct interventions and investigations was criticised in evidence to the Inquiry. One participant commented on external investigators' lack of understanding of the Service, as well as the Service's failure to implement their recommendations:

Historically, if they decide to do something about it they step outside the system and they employ, at great expense I might add, investigators that have absolutely no background or fundamental understanding of how the system works, how the ambulance service works, what ambulance officers do. I have sat in on a number of those sorts of interviews and they are quite confronting. At the end of it these reports come out and they drop into a big black abyss: they just disappear and there is no result.¹⁸⁰

- 3.131** Mr McDonald, from ProActive Resolutions, discussed his consultancy experience working at Cowra station where the workplace conflict may have led to an officer's suicide. With regard to the follow-up of his recommendations, he told the Committee:

We did make a report. Some of the report was acted on and other aspects of it were not. For us where the difficulties were and often are in workplaces are around areas of leadership. As I recall, it was either at the divisional or regional level that the leadership did not provide the support that we would have expected following an intervention like that.¹⁸¹

Committee comment

- 3.132** The Committee is concerned with the level of conflict that has been reached within the Ambulance Service that has justified hiring external intervention. We firmly believe that conflict within any organisation should never reach this level in the first place, and that management needs to resolve these situations before they get out of hand.

What is the Service doing about grievances, bullying and harassment?

- 3.133** In evidence to the committee, Professor Picone stated that NSW Health has 'zero tolerance' of bullying in the workplace. She advised that the Department has developed a number of key initiatives to prevent this behaviour from occurring, and to effectively and promptly manage grievances, bullying and harassment where they do arise.¹⁸²

¹⁷⁹ Mr Rochford, Evidence, 28 July 2008, p 11

¹⁸⁰ Mr Raymond Tait, Delegate, Health Services Union, Evidence, 22 July 2008, p 8

¹⁸¹ Mr McDonald, Evidence, 22 July 2008, p 2

¹⁸² Professor Picone, Evidence, 4 July 2008, p 3

Bullying and Harassment Taskforce

- 3.134** The Service established a Bullying and Harassment Taskforce in 2007 to provide advice on managing issues relating to workplace bullying and harassment. The Committee heard that the Taskforce has developed and distributed information about preventing bullying and harassment, appropriate workplace behaviour, and guidance in managing these claims at the local level.¹⁸³
- 3.135** The Taskforce also conducted a Healthy Workplace Summit, where 100 members of staff from different occupational groups and levels across the State were invited to participate. The Committee was told that the key recommendations of the Summit were:
- a review of all policies and procedures;
 - training for all staff in managing workplace conflict; and
 - making bullying and harassment a joint responsibility between staff and managers.¹⁸⁴
- 3.136** The Service advised that the recommendations of the Summit are already being implemented. These will be discussed below.

Training and simplification of guidelines and procedures

- 3.137** The Service has given an undertaking to simplify its guidelines and procedures, and provide training to all staff on these documents. The need for policies to be simplified was supported in evidence from Witness P, who suggested that most staff and managers probably do not understand the policies. The witness noted that they are too complex, user-unfriendly, and difficult to navigate:
- My view is that the Ambulance Service should simplify policies for staff – not unlike producing a fact sheet ... It would be pretty much like a flow chart. What type of issue is it? What policy sits under it?¹⁸⁵
- 3.138** In line with the Head Review, the Service will be re-writing and re-designing its procedures for dealing with grievances, with a view to simplifying and clarifying them.¹⁸⁶ The Service stated in its submission that it intends to distribute and promote these new policies and procedures within the next six months.¹⁸⁷
- 3.139** The Service also advised that it will be developing a clearer process to assist managers to decide if grievances should be managed directly by them; referred for clinical advice or review; entered into formal grievance resolution; or referred to the PSCU for investigation.¹⁸⁸

¹⁸³ Submission 141, p 26

¹⁸⁴ Answers to additional questions on notice 28 July 2008, NSW Health, Question 7, pp 1-2

¹⁸⁵ Witness P, Published in-camera evidence, 28 July 2008, p 7

¹⁸⁶ Mr Rochford, Evidence, 4 July 2008, p 7

¹⁸⁷ Submission 141, p 26

¹⁸⁸ Submission 141, p 24

- 3.140** Further, the Service has given an undertaking to review its internal training processes and update its position descriptions in 2008/09 to include the Code of Conduct and related policies and procedures. It stated its intent for all staff, both new and old, to attend regular information sessions on these policies.¹⁸⁹

Committee comment

- 3.141** The Committee welcomes the Service's undertaking to simplify its policies and procedures and provide training to all staff and managers on these processes. We believe that this undertaking should be accompanied by the production of short, plain-English explanations of the revised approaches relating to grievance handling.

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.

Management training in grievance handling

- 3.142** As discussed earlier in this chapter, in most cases it is the role of managers to take the lead in resolving grievances raised by their staff.
- 3.143** The issue with this is that many managers do not know how or do not possess the relevant skills required to manage staff conflict. This is largely to do with the fact that many of the managers within the Ambulance Service are primarily skilled clinicians. This point was observed by Dr Caponecchia:

... as I understand it, a lot of people in management roles do not have a background in management. They have been "on the road" ... and are very qualified and do excellent work. That does not necessarily mean that they have skills in managing staff and knowing what to do when things go wrong.¹⁹⁰

- 3.144** This was reiterated by Professor Picone, who acknowledged that '[b]eing a clinician does not necessarily guarantee that you have got good people management skills'.¹⁹¹ Similarly, the author of Submission 211 stated:

Historically, ambulance officers are promoted to 'front line' management positions, such as Stations Officers, or District Officers seemingly with no real assessment of their capacity to manage people or problematic personalities. The system, as it stands, allows these individuals to be promoted potentially right up to the level of Divisional Manager.¹⁹²

¹⁸⁹ Submission 141, p 26

¹⁹⁰ Dr Caponecchia, Evidence, 28 July 2008, p 6

¹⁹¹ Professor Picone, Evidence, 28 July 2008, p 13

¹⁹² Submission 211, p 3

- 3.145** Inquiry participants stressed the importance of frontline managers having appropriate people skills and conflict management skills, such as Mr McDonald who observed that many people ‘tend to manage conflict by avoiding it’.¹⁹³ He emphasised the need for conflict resolution skills, noting: ‘a crucial part of your job is your people. It is actually not the technical side of the job’.¹⁹⁴
- 3.146** The author of Submission 211 contended that the lack of specialist training and support to junior managers has contributed to the development of bullying and harassment within the Service. Additionally, the author suggested that it may have also developed due to ‘failure of the Service to realistically assess a candidate’s capacity to manage interpersonal conflict amongst staff in the first place’.¹⁹⁵
- 3.147** The Head Review recognised these issues and made recommendations regarding further training and development for current managers, as well as a management development initiative for people in operational roles who wish to move into management.¹⁹⁶ In evidence to the Committee, Mr Head discussed the purpose of both recommendations:
- That recommendation is about really being clear to the organisation about what is expected of managers, what skill sets are required and making sure that managers are supported to properly exercise those skills. There was a second recommendation related to that, which is really about identifying people who are interested in moving to management and making sure they are properly prepared before they enter into those roles.¹⁹⁷
- 3.148** As a result of these recommendations, the Ambulance Service has agreed to expand training for frontline managers, which will include the development and implementation of:
- ‘clearly articulated responsibility for all staff to accept responsibility to act when they become aware of disrespectful behaviour, whether they are involved or not;
 - clearly defined practices to deal with grievances informally between and amongst staff;
 - clearly defined practices that enable local management to handle grievances at the local level; and
 - accountability/performance measures to ensure where appropriate that grievances are dealt with at the local level’.¹⁹⁸
- 3.149** Professor Picone informed the Committee that management training will be compulsory for all current managers, and that 400 operational managers will be trained by the end of 2009.

¹⁹³ Mr McDonald, Evidence, 22 July 2008, p 3

¹⁹⁴ Mr McDonald, Evidence, 22 July 2008, p 3

¹⁹⁵ Submission 211, p 3

¹⁹⁶ Head Review, p 12

¹⁹⁷ Mr Graeme Head, Deputy Director General, Performance Review Unit, Department of Premier and Cabinet, Evidence, 4 July 2008, p 18

¹⁹⁸ Submission 141, p 26

Professor Picone added that the training will eventually be escalated through to senior regional management teams also.¹⁹⁹

Which procedures apply

3.150 It was also clear from evidence that many ambulance officers are unsure of which policies and procedures to follow when they have a complaint. One area of confusion relates to whether the grievance procedures contained in NSW Health policy apply,²⁰⁰ or if it should be the grievance procedures contained in the Ambulance Award.

3.151 NSW Health advised the Committee that the two policies are consistent, however they each have a different focus:

The Award has a focus on application and operation of grievance procedures. The Policy provides greater guidance including on the initial assessment of a grievance, information gathering, confidentiality, and options for resolution.²⁰¹

3.152 Ambulance officers can choose which document they would like to pursue their grievance under. However, Witness P, a member of the PSCU, contended that the dispute provisions under the Award have largely been ineffective at resolving disputes:

... in my experience, the use of the dispute provisions of the award has never helped resolve a matter – not only for the ambulance officer but also for the service. It has served to entrench conflict and ensure that timeframes blow out.²⁰²

3.153 In answers to questions on notice regarding the confusion surrounding which dispute provision to apply, NSW Health advised that it has raised the matter with the HSU with the intention of clarifying the procedures.

3.154 Another area of confusion is the Incident Information Management System (IIMS). IIMS is a system used within the Ambulance Service (and across NSW Health generally) where staff can lodge complaints relating to the safety and quality issues within the workplace.

3.155 Several inquiry participants told the Committee that they have lodged complaints about bullying via IIMS and have never received a reply. However, NSW Health advised that IIMS is not a tool for staff to lodge internal complaints or grievances, and stated that the system is intended to record complaints received from outside of the organisation.

Committee comment

3.156 The Committee welcomes the proposed training to assist managers to deal more effectively with staff grievances.

¹⁹⁹ Professor Picone, Evidence, 4 July 2008, pp 2-3

²⁰⁰ NSW Health Policy Directive PO 2005-584, *Effective Workplace Grievance Resolution: Policy and Better Practice for the Department of Health and Public Health Organisations*, April 2005

²⁰¹ Answers to additional questions on notice 4 July 2008, NSW Health, Question 18, p 1

²⁰² Witness P, Published in-camera evidence, 28 July 2008, p 8

- 3.157** It is crucial that the Service focuses attention on recruiting people to management positions based on their capacity to manage people, not – as we have heard – on the basis of years of experience, clinical skills or membership of the ‘boys club’. This issue is discussed further in chapter 4 – Recruitment, Promotion and Training.
- 3.158** Performance management will also assist in situations where managers are failing to perform their duties. The Committee notes that the Head Review has made a recommendation for a more highly structured performance management system, where managers are held accountable for staff management, and that this recommendation has been accepted by the Service. This will be considered further in chapter 4.
- 3.159** We are concerned about the confusion surrounding the application of grievance procedures in the Ambulance Award as opposed to internal policies. We note that the Service has since raised this matter with the HSU and has stated its intention to clarify grievance procedures for all staff.

Increase in Station Managers

- 3.160** It was acknowledged during the Inquiry that even if guidelines and procedures are simplified, and managers are trained in grievance handling, there is still an issue that many ambulance officers rarely get a chance to see their Station Managers (also referred to as ‘Station Officers’). This issue was discussed in the earlier section on complaints handling.
- 3.161** The Service advised that to address this, it proposed to increase the number of frontline managers as part of the Special Work/Value Case presented to the Industrial Relations Commission. (This case will be discussed in detail in Chapter 5 – Staffing and Award Conditions).
- 3.162** The Service’s proposal was to add an additional 80 positions to frontline management. Mr Rochford stated that this ‘will significantly improve the simple task of accessing your boss to have a chat about a concern’.²⁰³
- 3.163** Further, Mr Rochford informed the Committee that the Service planned to reduce the numbers of staff that managers at busier stations currently have to supervise; and introduce more flexibility to the way frontline managers operate so that they can meet with staff more easily.²⁰⁴

Other issues

What if the grievance is about the manager?

- 3.164** One of the issues that arose in evidence is that in many instances it is the frontline manager that paramedics have grievances about. This was acknowledged by Professor Picone in

²⁰³ Mr Rochford, Evidence, 28 July 2008, p 13

²⁰⁴ Mr Rochford, Evidence, 4 July 2008, p 7

evidence to the Committee, who admitted ‘[e]xperience in organisations show that often the person that workers have the greatest difficulty with is actually their immediate boss’.²⁰⁵

3.165 This was also acknowledged by Mr Rochford, who noted that the policy for staff with grievances is to go to their immediate manager to raise the concern, however: ‘I think we all recognise that in an organisation like the Ambulance Service, where there are lots of longstanding, long-term relationships with many employees having been there for decades, that is not always practical’.²⁰⁶

3.166 This issue was discussed by Dr Caponecchia, who suggested that an independent bullying contact officer could be a solution for situations where the immediate supervisor is exhibiting the bullying behaviour:

[Bullying contact officers] act as points of contact, sort of gateway individuals, to whom people can go for advice on how the policy applies and what procedures they should follow.²⁰⁷

3.167 Dr Caponecchia stated that these officers should be available at all levels of the organisation, of both genders, and available to everyone. This is to ensure that all staff have access to someone they feel that they can trust.²⁰⁸

3.168 In evidence to the Committee, Witness O expressed a similar view that an independent person from NSW Health for ambulance officers to consult if they feel they are being bullied would be a noteworthy benefit. The witness reflected that such a person would have significantly helped in their situation:

... there is no absolute independent person from the Health department to whom you can go, outside the culture and the management of the Ambulance Service, to say “This does not seem right to me. Can you please get me some answers?” “Can you at least look at this and look at their behaviours and practices and decisions?” There is nobody to review any of these decisions. Certainly in my case it was a result of a manager who was able to make decisions that he felt, for whatever reason, were right but he was unable to be questioned, unaccountable and untouchable. There was nobody who could justify his decision making.²⁰⁹

Committee comment

3.169 The Committee notes that it is a common occurrence for ambulance officers’ grievances to be about their immediate supervisor, and believes that processes need to be put in place to assist officers in these situations.

3.170 We agree with the suggestion that contact officers should be made available to provide impartial guidance and advice on policies and procedures relating to grievances, complaints and disciplinary matters.

²⁰⁵ Professor Picone, Evidence, 4 July 2008, p 4

²⁰⁶ Mr Rochford, Evidence, 28 July 2008, p 16

²⁰⁷ Dr Caponecchia, Evidence, 28 July 2008, pp 3-4

²⁰⁸ Dr Caponecchia, Evidence, 28 July 2008, p 4

²⁰⁹ Witness O, Published in-camera evidence, 28 July 2008, p 4

- 3.171** As advised by Dr Caponecchia, these officers should be available at all levels of the organisation, and should be of different genders. We also believe that they should be located in both rural and metropolitan areas. This will enable ambulance officers to select a contact officer whom they trust, from an area with which they can relate to.
- 3.172** It is important that the role of these employees as an impartial provider of advice on NSW Health grievance policies and procedures be clearly understood by all staff within the Service. It would *not* be their role to resolve conflicts; it would only be their role to advise Ambulance employees on how to lodge a grievance or complaint, and with whom to lodge it.

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.

Adherence to policies

- 3.173** The Ambulance Service has a multitude of guidelines and policies to deal with matters of bullying and harassment, as outlined in Submission 2:
- The New South Wales Ambulance Service has all the policies, acts, regulations, and directives to effectively manage and control bullying, harassment, intimidation, vexatious complaints, Occupational work place safety, Equal Employment Opportunities, interpersonal conflict, and the like.²¹⁰
- 3.174** However, as outlined in chapter 2, inquiry participants argued that many managers largely ignore these. One submission stated: ‘For an organisation that has so many policies and procedures most of which are bound by legislation, covering everything you could possibly think of, they still fail the victims of workplace bullying and harassment’.²¹¹
- 3.175** This view was echoed in Submission 35, which claimed that the Ambulance Service ‘has for many years not dealt appropriately with these issues, even though its policies state that they take these matters seriously’.²¹²
- 3.176** The Head Review recommended that the Service review all policies and procedures on complaints handling, grievance handling, and bullying and harassment. The recommendation includes updating the Code of Conduct with an emphasis on prohibiting bullying and harassment; updating position descriptions to comply with the Code of Conduct and related

²¹⁰ Submission 2, Name suppressed, p 1

²¹¹ Submission 69, p 3

²¹² Submission 35, p 1

policies; clarifying policies; and providing training for managers and staff on these policies and procedures.²¹³

3.177 In evidence to the Committee, Mr Head discussed the need for this recommendation:

People need to understand how these processes apply. All staff and managers in the organisation need to understand how different types of complaints are handled, when it is appropriate to resolve them at the coalface, when it is appropriate to escalate them, and what will happen when they are escalated.²¹⁴

Committee comment

3.178 The Committee is concerned that the Ambulance Service's bullying and harassment policies are not being properly applied. We strongly believe that they need to be adhered to, otherwise they are superfluous. We support the recommendation made in the Head Review to review and update these policies and procedures.

Conclusion

3.179 The incidence and mismanagement of bullying and harassment was a major impetus for this Inquiry.

3.180 The Committee was distressed by the evidence it received regarding the level of bullying and harassment that persists within the Ambulance Service. We are deeply concerned for the wellbeing of ambulance officers and firmly stand by our view that major changes must occur as a matter of urgency to address this serious and prolific matter.

3.181 People are more likely to behave inappropriately toward each other if they are under stress. Improving ambulance officers' working conditions is critical to reducing the level of bullying and harassment within the Service.

3.182 Management at all levels within the Service also need to take responsibility for these problems. If they cannot manage their staff and manage conflict and complaints, then they should not be in such positions.

3.183 The union also has a key role to play in ensuring that the Service is free from bullying and harassment, not only by supporting members who are victims of this behaviour, but by ensuring that 'no support is given to those who bully and harass'.²¹⁵

3.184 The Committee acknowledges the undertakings that have been given by the Service to address issues of grievances, bullying and harassment, but we remain somewhat sceptical about these undertakings, as do inquiry participants:

²¹³ Head Reviw, p 11

²¹⁴ Mr Head, Evidence, 4 July 2008, p 18

²¹⁵ Answers to additional questions on notice 4 July 2008, NSW Health, Question 4, p 1

... recently the executive has been active in the area of combating bullying, harassment and intimidation but given the timing in light of the current inquiries this is seen more as political posturing after the horse has bolted.²¹⁶

- 3.185** We are hopeful that the recommendations made in this chapter will go a long way in addressing these issues, particularly the recommendation establishing an independent process to appeal decisions by the PSCU regarding complaints.
- 3.186** We recognise that a significant shift in the Service's bullying and 'boys club' culture will be required before ambulance officers can begin to regain their trust in management. The immediate and full implementation of recommendations in this report designed to improve culture, recruitment, management and working conditions, will be necessary if we are to create a supportive and healthy workplace for ambulance officers.

²¹⁶ Submission 49, p 3

Chapter 4 Recruitment, Promotion and Training

A number of concerns regarding the transparency, accountability and appropriateness of the Ambulance Service's recruitment and promotion processes were raised during this Inquiry. Paramedics also questioned the adequacy and effectiveness of current training provisions and practices. This chapter will explore these issues, and will consider the mounting argument in support of registration of paramedics.

Recruitment

- 4.1 The Committee was advised that recruitment within the Service is undertaken in accordance with the relevant NSW Health policy, *Recruitment and Selection Policy and Business Process - NSW Health Service* (PD2006_059).²¹⁷ According to this policy, all recruitment selections are to be based on merit, which is defined as 'the abilities, qualifications, experience, standard of work, performance, and personal qualities of a person as relevant to the nature and inherent job requirements of the position'.²¹⁸
- 4.2 The Committee was further advised that recruitment within the Service is conducted by a three-person committee, which includes an independent member from outside the Service.²¹⁹ Exceptions to this are discussed later in this chapter.
- 4.3 Once a selection has been made, the committee makes a recommendation to the delegate (usually the Divisional Manager). Appeals against appointments can be made through the Government and Related Employees Appeal Tribunal (GREAT).

Transparency and accountability

- 4.4 According to a significant number of participants to the Inquiry, the Service frequently fails to adhere to the above recruitment policy. Many officers were sceptical that due process is followed during recruitment processes. One ambulance officer stated:

We currently have a selection process for vacancies within the ASNSW that ... [have] the ability to be manipulated where one sees fit ... When I asked one of my superiors about the requirements for the merit selection process and how it is scored, he said that it is made up on the day.²²⁰

- 4.5 Claims of nepotism were raised in several submissions, such as in the submission from Mrs Kylie Lamey, Ambulance Officer, which declared that '[g]aining promotion in the Ambulance

²¹⁷ Answers to additional questions on notice 4 July 2008, NSW Health, Question 9, p 1

²¹⁸ NSW Health, *Recruitment and Selection Policy and Business Process - NSW Health Service* (PD2006_059), p 5

²¹⁹ Answers to additional questions on notice 4 July 2008, NSW Health, Question 9, p 1

²²⁰ Submission 65, Name suppressed, p 10

Service is more about who you know, not your clinical and management skills. It appears certainly not to be based on merit'.²²¹

- 4.6** This view was echoed in Submission 154, which claimed that 'buddies promote their buddies rather than the best person for the job'.²²²
- 4.7** In evidence to the Committee, Ms Louise Hennessy, Superintendent, Ambulance Service of NSW, stated that 'there is a clear view that everyone knows who is going to get the positions. If the position is advertised everyone already knows in advance who will get it'.²²³ A similar statement was presented in Submission 201.²²⁴
- 4.8** Several ambulance officers expressed the view that one of the benefits of being in the 'boys club' (discussed in chapter 2) extends to 'jobs for the boys'. For example, one officer told the Committee that a boys club mentality is firmly entrenched in their region, resulting in officers from other regions being 'rarely successful in gaining management positions ... irrespective of their skills, qualifications and experience'.²²⁵
- 4.9** Another inquiry participant observed that a fellow ambulance officer was promoted to a senior position 'over night without having to go up through the ranks or without that job being advertised', suggesting that this was a result of the officer being a member of the boys club.²²⁶
- 4.10** The observation of junior officers receiving promotions before gaining sufficient experience was also made in Submission 109.²²⁷ Some inquiry participants argued that recruitment processes are being inappropriately used as an avenue to reward certain officers. For instance, one submission claimed that the promotion and clinical progression system is 'frequently manipulated to advance select individuals and/or to act as payment for services rendered or to serve personal agendas'.²²⁸
- 4.11** In response to questioning from the Committee as to whether she believed recruitment has been used to grant favours, Ms Hennessy replied:

I would suggest that quite comfortably. I know HR people, having been in the portfolio for a long period of time. I know what their work is and I am still close to those people. I know that they are directed to put people in jobs. They are told not to follow process.²²⁹

²²¹ Submission 62, Mrs Kylie Lamey, p 3

²²² Submission 154, Name suppressed, p 1

²²³ Ms Louise Hennessy, Superintendent, Ambulance Service of NSW, Published in-camera evidence, 4 July 2008, p 3

²²⁴ Submission 201, Name suppressed, p 1

²²⁵ Submission 161, Name suppressed, p 1

²²⁶ Submission 90, Name suppressed, p 1

²²⁷ Submission 109, Name suppressed, p 6

²²⁸ Submission 130, Name suppressed, p 2

²²⁹ Ms Hennessy, Published in-camera evidence, 4 July 2008, p 4

4.12 A similar statement was made in Submission 37, which suggested that management has exploited promotional positions by using them as a ‘reward system’, rather than promoting staff based on merit.²³⁰

4.13 In addition to exploiting existing positions in this way, Ms Hennessy informed the Committee that a number of officers have had their positions upgraded to jobs that never previously existed. This was reiterated in Submission 201, which stated: ‘People you never heard of were given jobs with titles you never heard of.’²³¹ While not suggesting that these new positions have not been needed, Ms Hennessy contended that they have not been filled in accordance with due process.²³²

4.14 Another submission, however, did imply that such positions and restructures have been created for reasons other than operational necessity:

These rolling changes to area demarcations, to management titles and responsibilities, to expansion or contraction of lower or middle management numbers, don’t necessarily affect positive changes for front-line paramedics. The changes appear to be focused on upper management retaining lower management teams that will unquestioningly support their agenda. To do so they have to select particular staff and then place them in strategic positions.²³³

4.15 The suggestion that only ambulance officers who will support management’s agenda will be selected for promotions was reiterated in Submission 71:

For an on-road officer to climb the ranks and become part of management, you cannot be seen to rock the boat and disrupt the status quo. They will only employ an officer into management if they do what they are told and run the ship as it has always done. Any fresh blood that doesn’t comply with this will not go far in the promotional system of the Ambulance Service.²³⁴

Appeals and reviews

4.16 As mentioned earlier, selection processes are able to be appealed under the GREAT Act. Additionally, NSW Health advised that staff who have concerns about their selection process can seek an independent review of their case through the ‘Effective Workplace Grievance Resolution: Policy and Better Practice for the Department of Health and Public Health Organisations’ policy.²³⁵

4.17 Although selections can be appealed, officers have expressed a reluctance to do so due to pressures from management. For example, the author of Supplementary submission 100a told

²³⁰ Submission 37, Name suppressed, p 4

²³¹ Submission 201, p 1

²³² Ms Hennessy, Published in-camera evidence, 4 July 2008, p 4

²³³ Submission 111, Name suppressed, p 4

²³⁴ Submission 71, Name suppressed, pp 2-3

²³⁵ NSW Health, *Effective Workplace Grievance Resolution: Policy and Better Practice for the Department of Health and Public Health Organisations*, 2005

the Committee that staff have been ‘bullied to keep from appealing positions’.²³⁶ (The issue of bullying was discussed in chapter 3).

- 4.18** Another potential downfall of appealing a selection process was raised in Submission 179, which claimed:

If you speak out against upper management favouritism and/or nepotism, or question their decision processes, you can find yourself being over looked for opportunities for secondment and higher duties roles.²³⁷

Selection panels

- 4.19** Inquiry participants expressed concern about the selection panels used in the Service’s recruitment processes. One participant told the Committee that they lack consistency, claiming: ‘Every selection panel has different requirements of each applicant’.²³⁸

- 4.20** As mentioned at the beginning of this chapter, all permanent recruitment is conducted by a three-person selection panel, which includes one independent. NSW Health policy sets out the processes selection panels are required to follow.

- 4.21** In evidence to the Committee, one witness raised concerns regarding the use of single member selection panels:

I heard only last week that the ambulance service is currently interviewing all the new applicants with just one interviewer ... I believe that was brought in to fast track some new employees for World Youth Day and I have now been told that the Chief Executive Officer has signed that off as being a permanent arrangement.²³⁹

- 4.22** The Ambulance Service advised the Committee that three-person panels are not required for entry-level training positions, which do not use an independent member due to the large volume of applicants and interviews that are conducted. They are also not required to fill casual employment vacancies.²⁴⁰

- 4.23** The Service further advised that different processes are used where existing staff members who are displaced or suffering from a workplace injury are placed into vacant positions, or where there are temporary internal vacancies due to leave.

- 4.24** In answers to questions on notice, NSW Health stated that these selection processes are currently being reviewed.²⁴¹

²³⁶ Submission 100a, Name suppressed, p 1

²³⁷ Submission 179, Name suppressed, p 1

²³⁸ Submission 102, Name suppressed, p 2

²³⁹ Witness I, Published in-camera evidence, 22 July 2008, pp 6-7

²⁴⁰ Answers to questions on notice 28 July 2008, NSW Health, Question 4, pp 1-2

²⁴¹ Answers to additional questions on notice 28 July 2008, NSW Health, Question 4, p 2

Committee comment

- 4.25** The Committee is concerned about the breadth of evidence regarding the lack of transparency and accountability in the Service's recruitment processes. While there are extensive NSW Health policies and guidelines that apply to recruitment, there is a strong perception among a large number of inquiry participants that these policies are not being adhered to.
- 4.26** The Committee acknowledges the undertaking from NSW Health that it will be reviewing the Service's selection processes. As part of this review, we believe that clearer guidelines need to be established to remind members of selection panels of their obligation to fill positions based on merit. Members should be reminded that conflicts of interest and corrupt conduct are breaches of the NSW Health recruitment and selection policy,²⁴² and can lead to disciplinary action.²⁴³

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.

Psychometric testing

- 4.27** One of the tests used by the Ambulance Service during recruitment for trainee paramedics is psychometric testing. Psychometric tests assess the language, mathematical and learning ability of applicants. The purpose of the test is to determine the capacity of an applicant to learn new skills, adapt to new situations, demonstrate capacity to solve problems and assess suitability for a position.²⁴⁴ The psychometric test currently being used by the Service was developed by the Australian Institute of Forensic Psychology (AIFP).
- 4.28** The Committee was informed that the AIFP psychometric test is also used by the Tasmanian Ambulance Service, and that the Queensland Ambulance Service uses another psychometric test.²⁴⁵
- 4.29** In a submission to the Committee, a research academic/ex-ambulance officer raised concerns about the suitability of this particular test for the Service. They questioned why a selection test

²⁴² NSW Health, *Recruitment and Selection Policy and Business Process - NSW Health Service* (PD2006_059), p 30

²⁴³ Submission 141, NSW Health, p 23

²⁴⁴ Answers to questions on notice 4 July 2008, NSW Health, Question 19, p 1

²⁴⁵ Answers to additional questions on notice 4 July 2008, NSW Health, Question 19, p 1

that has been devised by 'forensic' psychologists is being used, rather than a test that has been developed by 'organisational' psychologists.²⁴⁶

- 4.30** The academic raised a number of concerns regarding the choice of this test, and questioned its reliability and validity:

Does this test reliably measure the best personal attributes and qualities associated with being a successful paramedic? On what basis have ASNSW preferred attributes and qualities been selected? Do the ASNSW preferred employee attributes fully align with those set by the Council of Ambulance Authorities for ambulance paramedic staff?

- 4.31** NSW Health emphasised that psychometric testing is only one aspect of the recruitment process; and that test results are to be considered alongside an applicant's response to selection criteria, performance at interview and reference checks.²⁴⁷

- 4.32** As with the general recruitment process, NSW Health has given an undertaking to review its current practice of psychometric testing against industry best practice, and to implement any changes that are indicated.²⁴⁸

Committee comment

- 4.33** The Committee acknowledges that there are arguments both for and against psychometric testing, and notes that not all ambulance services across Australia incorporate psychometric testing into their recruitment methods.

- 4.34** We note that the current psychometric test may not necessarily be the most appropriate test for ambulance officers, and recommend that as part of NSW Health's undertaking to review its current practice of psychometric testing, it should consider whether there are other tests which better identify the attributes of an effective ambulance officer.

- 4.35** We also note that the Service has not given a date for completion of this review. We therefore recommend that this occur by the end of October 2009.

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.

²⁴⁶ Submission 68, Name suppressed, p 2

²⁴⁷ Answers to questions on notice 4 July 2008, NSW Health, Question 19, p 1

²⁴⁸ Answers to additional questions on notice 28 July 2008, NSW Health, Question 5, p 1

Training

- 4.36** This section considers the current training practices used within the Ambulance Service, particularly in relation to trainee paramedics and Level 2 officers. It also examines issues regarding ongoing training and recertification, the implementation of performance appraisals, and the national registration of paramedics.

Overview of career progression

- 4.37** All trainee paramedics undergo an initial eight week training period at the Ambulance Education Centre at Rozelle, after which they are classified as Level 1 trainee paramedics. Level 1 trainees are then placed ‘on-road’ for practical training under the supervision of either a Level 2 or Level 3 officer for a minimum period of 30 weeks.²⁴⁹
- 4.38** After this supervised on-road period, trainees undergo a further three weeks training before advancing to Level 2 officers. This is followed by a further 12-24 months of on-road experience, then another three week course, before officers graduate to a Level 3P1 – Qualified Paramedic.²⁵⁰
- 4.39** Further advancement opportunities after this include Intensive Care Paramedic (Level 5), Specialist Care Access Team, and Rescue Training. There was once also a standard Level 4 position – Advanced Life Support paramedic, which was developed to respond to needs in rural and remote communities. This position has since been abolished, however it will still be discussed in chapter 6 – Rural Issues and Transfers.

Supervision of trainee officers

- 4.40** A frequent concern raised throughout the Inquiry regards the practice of placing trainee officers (also referred to as probationary officers) on the road with Level 2 officers.
- 4.41** The purpose of this practice was explained to the Committee by Witness Q during an in-camera hearing:

Basically the spirit of it is that it is a period where the trainee officers are placed with senior operational paramedics and then mentored in the day-to-day work of how to be a paramedic and they get introduced into all facets: administration and every role of a paramedic. They are introduced and supervised.²⁵¹

- 4.42** The main concern identified by inquiry participants is that Level 2 officers are not yet qualified paramedics, and therefore it is essentially ‘a trainee supervising a trainee’,²⁵² or ‘junior people training junior people’.²⁵³

²⁴⁹ Submission 136, Name suppressed, p 7

²⁵⁰ Submission 136, p 7

²⁵¹ Witness Q, Published in-camera evidence, 28 July 2008, p 3

²⁵² Submission 136, p 7

²⁵³ Witness A, Published in-camera evidence, 4 July 2008, p 3

4.43 One submission author questioned how the Ambulance Service could expect Level 2 officers to take ‘full responsibility for a trainee and make important, unsupported decisions in high pressure, high risk situations’. The author asserted that ‘[t]his is completely unacceptable; it jeopardises patient care and places unreasonable pressure and stress on paramedics’.²⁵⁴

4.44 Other concerns regarding this practice were that Level 2 (and sometimes Level 3) officers do not have teaching or training qualifications; they receive no additional remuneration; and in many instances they do not want the responsibility of supervising a trainee but have not been given a choice.²⁵⁵ This point was raised in Submission 177:

They have no teaching or training qualifications and from my experience all but one actually wanted to be placed in that situation. They didn't want to be training someone else when they felt they were still learning themselves.²⁵⁶

4.45 This was reiterated by Mr Steve Hogeveen, Station Manager, who observed that often ‘the training officer is chosen for the job without his/her consent. Many officers have complained bitterly about having been given trainees or multiple trainees (one after another). This situation does not provide a good training atmosphere’.²⁵⁷

4.46 This latter point was echoed in several other submissions, including Submission 177, which suggested that a potential consequence that might ensue from trainees ‘being forced’ upon some ambulance officers is that the officer may not make an effort to provide proper training:

They don't want you – and you don't learn. Hardly conducive to a healthy working environment and one where you are achieving the objectives of learning as much as you can and putting the theoretical learning into practice.²⁵⁸

4.47 Similarly, the author of Submission 136 noted:

Such a system only works to create a negative feedback cycle where there is a gradual deterioration in the quality of supervision and input being provided to the point where in some cases there is virtually no input being provided whatsoever.²⁵⁹

4.48 The effect on the morale of trainees in these situations was discussed by one paramedic, who also suggested that the lack of reward or recognition for the training supervisors’ efforts can exacerbate the situation:

In a lot of cases trainees or probationers are treated very poorly, just because of this reason alone. Not every employee is suitable to be a trainer. So how would you feel working along side somebody in your first few weeks knowing they don't want to

²⁵⁴ Submission 93, Name suppressed, p 3

²⁵⁵ Submission 93, p 3

²⁵⁶ Submission 177, Name suppressed, p 1

²⁵⁷ Submission 216, Mr Steve Hogeveen, p 3

²⁵⁸ Submission 177, p 2

²⁵⁹ Submission 136, p 7

work with you let alone train you? There is NO incentive to train anybody except for personal satisfaction...²⁶⁰

- 4.49** While some officers do make an effort to train their probationers, the stress of training supervision can result in these officers experiencing burnout:

The level of trainee recruitment is so high that probationary supervisors (clinical mentors) are working for up to 2 years straight or more without working with another fully qualified officer. This is placing unprecedented stress on mentors and causing burnout ... As a direct result of this situation officers are seeking promotion to other non-operational positions such as co-ordination simply as a means to get away from working with trainees for a period of time.

- 4.50** One inquiry participant said that while Station Officers might tell ambulance officers that they have a choice as to whether they are assigned a 'probie' (i.e. probationary officer) or not, in reality:

... that's not really a true reflection of what happens. The norm would be something along the lines of take the probie or I'll swap your line or put you single for the rest of the roster or put you with that idiot who is clinically dangerous and the reason why nobody wants to work with.²⁶¹

- 4.51** Several recommendations were put forward by inquiry participants to improve the situation. One submission author recommended partnering officers with a supervisor at least two levels above them.²⁶² Another submission suggestion having trainee officers ride as a third officer in an ambulance for the first eight weeks of their probation period, in order to enable one officer to drive and the other to treat the patient and teach the trainee:

At the moment there is only two officers, the training Officer has to teach and drive ... this can be very dangerous in certain jobs if the patient needs intensive care and treatment. As probationers cannot drive under "lights and sirens" for a period of time it becomes a concern when the patient needs urgent transport to hospital as well as care ...²⁶³

- 4.52** This same suggestion was made in Submission 158.²⁶⁴ There was a general consensus in evidence that trainees should be trained by qualified and experienced officers.

- 4.53** Another suggestion, made by Mr Hogeveen, was that training supervisors for new recruits should be chosen from a pool of applicants for the position; and that they should be rewarded for undertaking this role.²⁶⁵

²⁶⁰ Submission 158, Name suppressed, pp 1-2

²⁶¹ Submission 177, p 2

²⁶² Submission 13, Name suppressed, p 4

²⁶³ Submission 7, Name suppressed, p 1

²⁶⁴ Submission 158, p 2

²⁶⁵ Submission 216, pp 3-4

Committee comment

- 4.54** The Committee notes with concern the evidence that some Level 2 paramedics who have had trainees ‘forced’ upon them have not been providing adequate training to these officers. We believe that it is important for consistency and quality training to be provided to all probationary officers.
- 4.55** While we agree that pairing trainee officers with paramedics two levels higher, or having trainee officers ride as a third officer, may overcome some of the issues raised during the Inquiry; we recognise that this is unlikely to be a feasible option due to staffing resources.
- 4.56** The Committee agrees with the suggestion that some sort of incentive would assist in selecting training supervisors who will make an effort in providing training.
- 4.57** However, we are also wary of the potential for this system to be abused. It is important that Level 2 (or Level 3) paramedics do not agree to offer to supervise a trainee purely in order to receive benefits, and then not provide adequate training.
- 4.58** Therefore to avoid this situation we recommend that training supervisors be reviewed every six months to assess their performance as a supervisor. Unsatisfactory performance as a training supervisor should result in performance management, and where necessary in the termination of supervisory duties.
-

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.

Certificate to Practice

- 4.59** In order to ensure that qualified paramedics keep their skills up to date, officers are required to recertify through a model of certification called the Certificate to Practice (CTP) program.²⁶⁶ The frequency of recertification will be discussed in a later section.
- 4.60** The Ambulance Service told the Committee that traditionally CTP was undertaken as a five day intensive at the Ambulance Education Centre on Rozelle. While this version of the program (CTP Stream 1) is still available, it is only used by a small proportion of staff.²⁶⁷
- 4.61** The Service stated that instead the majority of staff undertake CTP Stream 2, which was designed to be a more flexible and relevant certification process. Stream 2 uses a points-based

²⁶⁶ Answers to additional questions on notice 4 July 2008, NSW Health, Question 12, p 1

²⁶⁷ Answers to additional questions on notice 4 July 2008, NSW Health, Question 12, p 1

system, where paramedics are required to accrue 100 points for mandatory and professional development education activities over a certain period.²⁶⁸

4.62 To gain the points, paramedics must attend a mandatory two-day skills workshop with Paramedic Educators and Clinical Training Officers, which accounts for 40 points. The other 60 points is made up through the Continuing Professional Development Component, which involves paramedics undertaking professional development activities of their choice. This may include attending seminars and conferences, as well as various other self-directed learning activities provided by the Service.²⁶⁹

4.63 Paramedics told the Committee that when the Service initially introduced the CTP program, officers were told that they had a choice as to which stream to undertake. However, according to Submission 109, CTP Stream 2 ‘soon became almost mandatory’.²⁷⁰

4.64 The reason for this was discussed by Witness Q in evidence to the Committee:

... because of the load on our operational managers to release staff for training they have gone to a stop-gap position of basically “We don't really want people to do stream one because it costs us more money. We want them to do stream two and they can pay for whatever they choose to do. We will give them two days and that is it.” So they end up with a position where education provides the one-week workshop but operations will not send anyone for one week because it costs too much so they send them for two days instead. There is quite a bit of disenchantment out there amongst staff in terms of how this system was implemented and how it operates.²⁷¹

4.65 While some inquiry participants agree that the CTP Stream 2 concept has merit,²⁷² particularly in rural areas where paramedics have more downtime to study and where travel to regional training centres is less convenient; they argued that it is just not practical in the city as paramedics are too busy. The likelihood of being granted time to attend courses during work hours in metropolitan areas was commented on in Submission 73:

Getting time off for attending these lectures during work time can be a laborious and hit and miss exercise. If you don't do that you are given time in lieu, IF you prearrange it. The problem with that is that when you apply for reimbursement of ... time in lieu is frequently is denied because it does not suit the Service.²⁷³

4.66 A number of paramedics complained in submissions to the Inquiry about having to attend courses and seminars in their own time and at their own expense.²⁷⁴ NSW Health informed the Committee that while the mandatory component of the CTP program is fully funded; the Ambulance Service does not reimburse paramedics for professional development activities

²⁶⁸ Answers to additional questions on notice 4 July 2008, NSW Health, Question 12, p 1

²⁶⁹ Witness Q, Published in-camera evidence, 28 July 2008, p 5

²⁷⁰ Submission 109, Name suppressed, p 17

²⁷¹ Witness Q, Published in-camera evidence, 28 July 2008, p 5

²⁷² Submission 109, p 18; and Witness Q, Published in-camera evidence, 28 July 2008, p 6

²⁷³ Submission 73, Name suppressed, p 7

²⁷⁴ For example, see Submissions 52, 93, 111, 137, 153, and 109

provided by external providers (even though these activities count toward CTP credit points).²⁷⁵

- 4.67** In addition to finding time to do self-directed professional development activities, the Committee heard that there are also issues with ambulance officers attending the mandatory CTP workshop component. According to Witness Q, operational managers have struggled to find time to effectively schedule people to attend the workshops, with some ambulance officers only being given one day's notice:

So we have the current situation where people are rung even the day before saying "Tomorrow, don't turn up at your station. You're off to do your skills workshops." Where is the benefit in that? There has been no opportunity provided for the person to sit down and go through their protocols and their pharmacology and read through it in preparation.²⁷⁶

Committee comment

- 4.68** The Committee acknowledges that CTP Stream 2 was introduced to provide more flexibility in the certification process, however we note the evidence that this option has limited practicality in metropolitan areas where paramedics do not have time to study or attend courses.
- 4.69** Further, we note with concern the evidence that paramedics are effectively being ordered to undertake Stream 2, rather than being given a choice. The Committee recommends that if the Service intends to continue offering Stream 1, management should allow paramedics to undertake this option if they request it.
-

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.

Clinical Training Officers

- 4.70** Clinical Training Officers (CTOs) were introduced to assist with the implementation of CTP. The two key roles performed by CTOs are on-station and on-the-job training.²⁷⁷
- 4.71** While CTO's have been regarded positively by ambulance officers who participated in the Inquiry, the issue raised was that officers do not have time to utilise their services. This point was made by Witness J:

They are a fantastic idea. But in practice they are out there, and management will tell you that they are out there, but we do not get access to them. People at quieter stations may, but I can tell you that [the officers at my station] do not.²⁷⁸

²⁷⁵ Answers to additional questions on notice, 4 September 2008, NSW Health, Question 7, p 1

²⁷⁶ Witness Q, Published in-camera evidence, 28 July 2008, p 4

²⁷⁷ Submission 136, p 9

4.72 In evidence to the Committee, Mr Greg Rochford, Chief Executive of the Ambulance Service of NSW, acknowledged that even though the ratio of clinical training officers to paramedics significantly increased several years ago, this ratio has since dropped off in some areas (particularly Sydney) where the workforce has increased at a faster rate. Mr Rochford told the Committee that the Service intends to increase the number of CTOs ‘a little more’ by appointing ‘some’ additional CTOs in Sydney.²⁷⁹

4.73 Ambulance officers complained that even when they do get access to a CTO on-the-job, the training is constantly interrupted as officers have to attend to cases. This was illustrated in Submission 137:

Whenever we set up a mannequin to do a cardiac arrest scenario for example, the phone rings and we are out on a job. I have never successfully completed an activity with the clinical training officer because we are interrupted.²⁸⁰

4.74 CTO’s themselves also complained about these constant interruptions, with one in-camera participant, Witness Q, stating that it once took two months to train two people on a new device:

That is not appropriate. That is not learning. That is achieving compliance and that is ticking a box. They do not get to find the ins and outs of how to work the machine and what to do if it goes wrong and all sort of stuff. That is where learning occurs.²⁸¹

4.75 The author of Submission 136 informed the Committee that a suggestion has been made by the Service to train paramedics in ambulance parking bays at hospitals when crews are delayed in hospital block. The author declared, ‘this is far from ideal and certainly would do little in contributing to building public confidence in the service’.²⁸²

4.76 Another submission author noted the need for better utilisation of CTOs, observing that the daily experience of these officers ‘is often one of frustration as they struggle to locate busy crews and find time to update, evaluate and educate them’.²⁸³

4.77 As discussed earlier, paramedics have expressed dissatisfaction with the lack of appropriate allocation of time for their CTP training. A number of participants to the Inquiry held a firm view that the Ambulance Service should incorporate training time into rosters, such as the author of Submission 136, who argued:

The service should implement a rostering system that incorporates designated times for on station training that cannot be interrupted for operational purposes. Such a

²⁷⁸ Witness J, Published in-camera evidence, 22 July 2008, pp 9-10

²⁷⁹ Mr Greg Rochford, Chief Executive Officer, NSW Ambulance Service, Evidence, 28 July 2008, p 13

²⁸⁰ Submission 137, Name suppressed, p 13

²⁸¹ Witness Q, Published in-camera evidence, 28 July 2008, p 6

²⁸² Submission 136, p 9

²⁸³ Submission 13, p 4

system would markedly improve effectiveness and efficiency of CTO's [in the Sydney context].²⁸⁴

4.78 A similar suggestion was made by Witness J in evidence, who suggested that a block of time each fortnight or each month be allocated for ambulance officers to meet with CTOs:

Give us three or four hours to sit down and go through things with CTOs in regard to jobs that we have done on the road when we wonder, "I wonder if I had done that, would it have had a better outcome?"²⁸⁵

4.79 Difficulties in CTO's coordinating and planning training sessions were also identified in the Head Review, which noted that these training officers do not report to operational managers. The Review stated that these obstacles could be overcome by better planning and ensuring adequate coverage of CTOs.²⁸⁶

Committee comment

4.80 The Committee notes the positive feedback regarding CTO's, however it is clear from the evidence that their capacity to effectively fulfil their role is limited due to the constant and unpredictable nature of on-road ambulance work.

4.81 We acknowledge the Ambulance Service's undertaking to increase the number of CTO's, however we note that an exact figure has not been provided. The words used by Mr Rochford to increase the number by 'a little more' do not make for a strong undertaking, and the Committee therefore remains sceptical that any significant increase in CTO's will occur.

4.82 We believe that paramedic training is of utmost importance. For reasons of public safety, it is essential that paramedics are thoroughly trained and up-to-date in pre-hospital care. The Committee notes the evidence that current on-road training methods are impractical, and agree with the suggestion made by inquiry participants that blocks of training time need to be allocated for ambulance officers to meet with CTOs.

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.

²⁸⁴ Submission 136, p 9

²⁸⁵ Witness J, Published in-camera evidence, 22 July 2008, p 9

²⁸⁶ NSW Department of Premier and Cabinet, *Performance Review - Ambulance Service of NSW*, June 2008, p 88. Throughout the chapter this report will subsequently be referred to as the 'Head Review'.

Frequency of recertification

- 4.83** At the time of drafting of this report, NSW Health was applying to have the recertification period changed by the NSW Industrial Relations Commission (NSW IRC) from two years to three years.²⁸⁷
- 4.84** The Head Review stated that the reason for this extension is due to the lack of relief capacity in many rosters (especially in Sydney), which has meant that many paramedics have not been able to recertify within the necessary timeframe.²⁸⁸
- 4.85** This was reiterated by one witness to the Inquiry, who stated that the reason for the Service wanting to lengthen the recertification period is due to their own inability to train officers within the required period. The witness noted that ‘three years since the last cycle have already passed yet few officers have been provided the CTP workshops for their practical assessments’.²⁸⁹
- 4.86** This move has been criticised by paramedics, such as Witness Q, who argued that there should be more frequent assessment of skills rather than less: ‘What a joke. I mean, if you are going to change it, reduce the time frame, do not extend it. But at least leave it at two years. It is working okay now’.²⁹⁰
- 4.87** Other ambulance officers agreed, expressing a desire for skills currency and reassurance of competence. For example, the author of Submission 111 stated:
- The problem with not testing all Ambulance Officers every two years is that the Service cannot guarantee that all staff in certain essential areas, like paediatric resuscitation, are both competent and abreast of recent changes.²⁹¹
- 4.88** On 12 September 2008 the NSW IRC handed down its decision and agreed to change the recertification period to three years.²⁹²

Committee comment

- 4.89** The Committee notes the evidence provided by inquiry participants that recertification every two years is essential for maintaining skills currency. We consider the extension of this process to three years to be irresponsible, and note that the only reason for the extension appears to be due to the Ambulance Service’s own inefficiencies in providing adequate training time.

²⁸⁷ For example, see Submissions 109, 136, and Witness Q

²⁸⁸ Head Review, p 91

²⁸⁹ Submission 109, p 17

²⁹⁰ Witness Q, Published in-camera evidence, 28 July 2008, p 9

²⁹¹ Submission 111, p 2

²⁹² Industrial Relations Commission of NSW, Operational Ambulance Officers (State) Award and others [2008] NSWIRComm 168, accessed 7 October 2008, available at <<http://www.lawlink.nsw.gov.au/ircjudgments/2008nswirc.nsf/c1b955f60eccc5fcca2570e60013ad15/895c728352ae255bca2574c800829226?OpenDocument>>

- 4.90** Due to the potential for public health and safety risks, the Committee is of the view that NSW Health should 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.

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.

Performance appraisals

- 4.91** As discussed in chapter 2, many ambulance officers hold the opinion that one reason for low morale within the Ambulance Service is that officers do not receive any praise or performance feedback from managers: ‘There is no such thing as support or encouragement within the [Ambulance Service]’.²⁹³
- 4.92** The lack of feedback from management was criticised by inquiry participants, who expressed the view that any feedback – good or bad – would be desirable in order to know if they are doing a good job or whether they need to improve:
- ... there is very little feedback. Most [ambulance officers] assume that they are “all right” at their job but have nothing concrete to base that upon or any clear strategies for growth ... Thus there is little or no distinction made between [ambulance officers] who are clinically excellent and those who are just getting by.²⁹⁴
- 4.93** This view was reiterated in evidence from Witness A, who stated:
- There is nothing, there is no structured way to grow yourself, in a sense. If you are a motivated person you will probably do that, but even then you do not quite know where to aim, so it could be better ... I could be the worst ambulance officer in the world or the best and it makes no difference because it is not assessed.²⁹⁵
- 4.94** Ambulance officers highlighted the fact that some managers will only provide negative feedback, such as one inquiry participant who was told by a senior manager ‘if you receive no feedback you just have to assume that they are happy, if they reply it means they have a problem with your work’.²⁹⁶

²⁹³ Submission 73, p 6

²⁹⁴ Submission 13, p 5

²⁹⁵ Witness A, Published in-camera evidence, 4 July 2008, p 5

²⁹⁶ Submission 130, p 3

- 4.95** In evidence to the Committee, Witness N said that ambulance officers need (among other things) recognition for good work; a future path of progression that is clear, transparent and fair; and support in leadership ‘that enables you to do your very best’.²⁹⁷
- 4.96** The author of Submission 13 suggested that ambulance officers would benefit from annual or bi-annual performance reviews, and that those reviews should be conducted by ‘well regarded, senior staff’.²⁹⁸
- 4.97** The lack of an effective performance management system was considered in the Head Review, which suggested that all staff should have individual objectives, and their performance reviewed regularly by a supervisor. The Review considered that these objectives should be directly linked to the business and operational plans of the Service.²⁹⁹
- 4.98** The Head Review recommended that the Service establish a more highly structured performance management system, which includes an element of individual performance management.³⁰⁰ The reason for this recommendation was discussed by Mr Graeme Head, Deputy Director General, Performance Review Unit, Department of Premier and Cabinet, in evidence:

Dealing with performance management, we said that we think the organisation would benefit from a tiered system that has high-level statements and corporate objectives for planning at the next level down. Those things should translate into individual performance management processes for every staff member in the organisation so that people know what is expected of them and so that they get regular feedback on how they are going.³⁰¹

- 4.99** In response, the Service has given an undertaking to implement an organisation wide performance system.³⁰²

Committee comment

- 4.100** The Committee agrees that performance feedback is important for paramedics, both for increasing morale and identifying areas for improvement. We therefore agree with the Head Review recommendation regarding a performance system for all staff, and recommend that all on-road officers receive annual performance appraisals. This system should incorporate training for Station Officers in how to conduct performance appraisals.
- 4.101** We note that the Ambulance Service has given an undertaking to implement an organisation wide performance system, however we also note that it has not provided details of what this system will entail or when it will be implemented.

²⁹⁷ Witness N, Published in-camera evidence, 28 July 2008, p 2

²⁹⁸ Submission 13, p 5

²⁹⁹ Head Review, p 3

³⁰⁰ Head Review, Recommendation 21, p 13

³⁰¹ Mr Graeme Head, Deputy Director General, Performance Review Unit, Department of Premier and Cabinet, Evidence, 4 July 2008, p 24

³⁰² Submission 141, p 20

- 4.102** The Committee is concerned that given the current environment of distrust within the Service, and the evidence received regarding bullying and harassment by managers, that a performance appraisal system may potentially be used as another avenue for bullying by some managers. However, we believe that the potential for this to occur will be greatly reduced in light of all the other recommendations in this report (particularly the recommendations on bullying and harassment made in chapter 3).

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.

New protocols

- 4.103** The Committee was informed that protocols and pharmacologies are continuously being updated and changed, and that ambulance officers consider the Service's current method of advising officers of these changes to be inadequate.³⁰³
- 4.104** One ambulance officer advised that up until the late 1990s, any changes to procedures were explained to officers at their two-year recertification courses. However, these days updates are sent out via internal mail or by courier to officers, who are then left with the responsibility to learn and interpret the changes.³⁰⁴
- 4.105** This practice was criticised by one paramedic, who observed that '[t]he Service 'broadcasts' these changes, but it doesn't ensure that all staff have 1) received the changes, 2) understood the changes, and 3) are competent to implement the changes'.³⁰⁵
- 4.106** The Committee was informed that entire rewrites of protocols can be sent as often as twice per year, with one officer stating:

We have disks on Meningococcal Disease, Mental Health and other topics and it is up to us to learn about these issues in whatever downtime we get on shift – or study at home in our own time. I have in my locker no less than 7 bundles of Protocol amendments that have been distributed since 2005. I have received not one training or information session to educate me about the changes.³⁰⁶

Committee comment

- 4.107** The Committee is concerned that there is no follow-up to ensure that paramedics have read or understood important changes and updates to protocols. We believe this raises significant public safety issues.

³⁰³ For example, see Submissions 71, 109, 111 and 158

³⁰⁴ Submission 109, p 19

³⁰⁵ Submission 111, p 2

³⁰⁶ Submission 109, p 19

- 4.108** We therefore recommend that there should be a mandatory follow-up by Clinical Training Officers after every distribution of updated protocols and pharmacologies to ensure that every paramedic has understood the changes.

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.

Registration of paramedics

- 4.109** Paramedics are currently not registered in NSW or anywhere else in Australia. The pressure for registration of paramedics has been an ongoing issue within the Australian ambulance industry for years. The Head Review noted that ‘the rapid pace of change in clinical practices and the increasing shift towards a graduate entry model in some jurisdictions means that pressure is mounting to recognise ambulance paramedics as professionals’.³⁰⁷
- 4.110** Paramedics are currently registered in the United Kingdom, and in July 2008 an inquiry into the New Zealand ambulance service also recommended the national registration of paramedics.³⁰⁸
- 4.111** Several submissions to the Inquiry, including the submissions from the Australasian Council of Paramedicine (ACP) and Australian College of Ambulance Professionals (ACAP), have expressed support for the national (or at least state wide) registration of paramedics.³⁰⁹
- 4.112** The ACP submission notes that there is currently no adequate control or regulation over the practice of paramedics, and argues that this puts members of the community at risk. The ACP has urged that paramedics in NSW be immediately registered under the *Health Services Act 1997* (NSW), and that an independent registration board be formed to monitor the practice of the profession.³¹⁰
- 4.113** The registration of paramedics within NSW has previously been considered by the Service, as noted in the Head Review:

In 2002, the CEO of the Ambulance Service stated that the registration of paramedics is to be pursued at a national level through the CAA [Council of Ambulance Authorities]. It would be inappropriate for NSW to act unilaterally on registration and without the cooperation of other jurisdictions.³¹¹

³⁰⁷ Head Review, p 91

³⁰⁸ Submission 191, Australasian Council of Paramedicine, Attachment 1, p 2

³⁰⁹ For example, see Submissions 68a, 166 and 190

³¹⁰ Submission 191, p 6

³¹¹ Head Review, p 91

- 4.114** In 2006, the Council of Australian Governments (COAG) proposed a national registration scheme for health professionals. The proposed scheme would initially cover nine health professions: medical practitioners, nurses and midwives, pharmacists, physiotherapists, psychologists, osteopaths, chiropractors, optometrists and dentists.³¹² Paramedics are not included in this scheme.³¹³
- 4.115** This move has been welcomed by ACAP, who have requested the future inclusion of other health occupations such as paramedics.³¹⁴
- 4.116** The Head Review concluded that paramedic registration is not a priority for the NSW Ambulance Service in the short term, stating:

The operational benefits of registration do not appear to outweigh the costs in the short to medium term. It is likely that more momentum for registration of ambulance paramedics will ensue as the industry in Australia continues its transition from one that transports patients to hospitals to one where paramedics are recognised for the quality of healthcare provided to patients.³¹⁵

Committee comments

- 4.117** The Committee agrees that the formal registration of paramedics is an important step in providing adequate protection to the community. We recognise that pressure has been mounting over the years to provide national registration of paramedics in Australia, and note that such a system already exists in the United Kingdom and has been recommended for implementation in New Zealand.
- 4.118** We acknowledge the Head Review's reasons for not supporting the immediate registration of paramedics within NSW, however we do not agree that operational benefits should be the reason for registration. The Committee is of the opinion that protection of the community should be the focus. We understand that the Federal Government is being lobbied by interest groups to implement national registration for paramedics, and that there may be merit in this position.
- 4.119** We therefore recommend that the Minister for Health initiate discussions with COAG to explore the option of national registration of paramedics.

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.

³¹² Nurses and Midwives Board, National Registration Update, accessed 4 September 2008, available at <<http://www.nmb.nsw.gov.au/National-Registration/default.aspx>>

³¹³ Submission 191, Attachment 1, p 2

³¹⁴ Submission 190, Australian College of Ambulance Professionals, p 35

³¹⁵ Head Review, p 92

Conclusion

- 4.120** All recruitment and promotion processes within the Ambulance Service should be transparent and accountable. Policies and procedures must be adhered to in order to ensure that positions are filled by the most suitable applicants, as based on merit. It is apparent from the evidence to this and other inquiries that this has not always occurred. We believe this to be one of the key factors contributing to the ineptitude existing in the Service's management today.
- 4.121** It is also of great concern to hear the inadequacies in the Service's current training policies. While the Service's education programs and Clinical Training Officers may be of high quality, the Service has failed to make the most of these resources by granting ambulance officers sufficient time to access them. This has further contributed to the stress that many officers experience.
- 4.122** Addressing issues regarding recruitment, promotion and training will go a long way in improving trust and morale within the Service, self-confidence in skills, and the quality of care that ambulance officers can provide the community.
- 4.123** The role of ambulance officers has been transformed over the past decade. These highly skilled officers have become an integral part of the health care system, and the Committee welcomes the registration of paramedics, sooner rather than later.

Chapter 5 Staffing and Award Conditions

Inadequate staffing levels and outdated award conditions were two of the key themes that arose throughout this Inquiry. Dissatisfaction with pay rates; rosters; overtime; inflexible working conditions and the concomitant impact on fatigue and morale were raised in the overwhelming majority of submissions. Like many of the issues raised in the Inquiry difficulties stem from a combination of inadequate award conditions and poor management.

Staffing and award conditions have been examined by numerous other reviews over the past decade. At the time of writing, these matters were being examined in a Special Work/Value Case before the NSW Industrial Relations Commission (NSW IRC). Toward the end of drafting of this report, the NSW IRC handed down its judgment, making a number of changes to the Ambulance Service's pay and award conditions. These changes have been updated or footnoted where applicable throughout this chapter (and the rest of the report).

Staffing levels

- 5.1** A significant number of ambulance officers expressed concern to the Committee about the adequacy of existing staffing levels across the State, and on the Central Coast in particular. Both of these areas will be considered separately below. The related issue of single officer ambulance crews will be discussed in chapter 8 - Operational Issues.

New South Wales

- 5.2** In evidence to the Inquiry, the Health Services Union (HSU) informed the Committee that the number of ambulance crews available across NSW has not markedly changed in the past 10 years. This is despite the Ambulance Service admitting that demand for emergency and urgent incidents has increased by over 25.7 per cent in the last five years.³¹⁶
- 5.3** The HSU told the Committee that an audit on staffing and relief undertaken by the Service and the HREA (the predecessor of the HSU) in 2001 identified that the Service needed more than 300 additional ambulance officers in order to adequately staff existing rosters.³¹⁷
- 5.4** According to the HSU, when the results of the audit were released, the Service responded by seeking to reduce its recommended Minimum Officer Levels (MOLs).³¹⁸ This however was rejected by the NSW IRC. The HSU added that the Service has also resisted increases to its 2001 MOLs to reflect community demand levels relevant to 2008.³¹⁹

³¹⁶ Submission 141, NSW Health, p 7

³¹⁷ Submission 55, Health Services Union, p 12

³¹⁸ Minimum Officer Levels (also referred to as 'Minimum Operating Levels' or 'Agreed Roster Levels') are the recommended staffing numbers to provide a minimum level of service to the community. MOLs are determined by the IRC.

³¹⁹ Supplementary submission 55a, Health Services Union, pp 3-4

- 5.5** Since the 2001 audit, the Service has increased its staffing levels by 562 positions.³²⁰ While Mr Dennis Ravlich, Manager, Industrial Services, HSU, acknowledged that this was a welcome increase, he argued that it is still not enough.³²¹
- 5.6** Further, the HSU has argued that while this increase may look impressive, actual analysis of the increase would suggest otherwise. The union stressed that there is a significant difference between staffing levels and ambulance crew levels; and noted that while gross staffing levels in the Service may have increased, ambulance crew levels in many parts of the State have remained static.³²²
- 5.7** The HSU took into account the bi-partisan audit's reported shortfall of 300 paramedics to determine that in effect there has only been a real increase of 262 paramedics (i.e. 562 minus 300 positions).³²³ Importantly, it emphasised that this increase must be considered while taking into account the concurrent increase in demand for services.³²⁴
- 5.8** This increase in demand was acknowledged by NSW Health, which provided the following figures in their submission to the Inquiry:
- Demand growth within the Sydney Division was significantly higher in 2006/2007 than in previous years.³²⁵
 - The number of emergency incidents across NSW increased by 16 per cent in 2006/2007 from the previous year.³²⁶
 - Non-emergency incidents increased in 2007/2008 compared to previous years.³²⁷
 - Demand for emergency and urgent incidents in NSW has increased over the past five years by 25.7 per cent, with demand in the last two years growing by an average of 9.7 per cent annum.³²⁸
- 5.9** The strain on existing resources due to the increase in demand has been clearly felt by ambulance officers who participated in the Inquiry. One officer observed that '[d]emand for Ambulance services has increased markedly in all corners of the State, yet the available Ambulance resources have barely increased at all'.³²⁹

³²⁰ Submission 55, p 13

³²¹ Mr Dennis Ravlich, Manager, Industrial Services, Health Services Union, Evidence, 22 July 2008, pp 1-2

³²² Answers to additional questions on notice 28 July 2008, Mr Michael Williamson, Health Services Union, Question 3, p 12

³²³ Submission 55, p 13

³²⁴ Submission 55, p 13

³²⁵ Submission 141, p 5

³²⁶ Submission 141, p 6

³²⁷ Submission 141, p 8

³²⁸ Submission 141, p 7

³²⁹ Submission 61, Name suppressed, p 6

- 5.10** According to the HSU, the increases in staffing levels since 2001 have effectively been ‘consumed’ by existing shortfalls.³³⁰ This view was reiterated by Witness Q during an in-camera hearing:
- Many stations are still operating at the same level of ambulances rolling out each shift as they were eight to ten years ago. There just seems to be this abyss of staff. Whilst Human Resources might provide a database with all the staff that are employed and we have extra people, at the front line we are just not seeing it.³³¹
- 5.11** The HSU further argued that existing growth in demand is likely to accelerate in the near future due to factors such as the ageing population; the growing trend toward community based care; and the ongoing difficulty in accessing a doctor and bulk billing.³³²
- 5.12** As such, the union has demanded that there be an immediate increase of 300 paramedics across the state, with particular priority to the Central Coast, South Western and Western Sydney, Greater Hunter, Illawarra and Southern NSW.³³³ It has also demanded an increase in the number of Patient Transport Officers, and vehicles and infrastructure to support these additional staff. The Patient Transport Service will be considered further in chapter 8 – Operational Issues.
- 5.13** NSW Health advised in its submission that funding was provided in 2005 to improve response times in metropolitan Sydney by providing an additional 249 operational staff over four years. The Department advised that 174 additional staff have already been recruited to date, with the remaining 75 due to come on line in 2008/09.³³⁴
- 5.14** The Department also proposed to increase staff numbers by an additional 111 full time positions for metropolitan Sydney and the Central Coast.³³⁵ However, the HSU has argued that this will still not significantly increase the number of ambulance crews available on a day to day basis, expressing the opinion that the additional staff will be utilised to facilitate the new roster and meal break changes proposed by the Service. Rosters and meal break changes will be discussed later in this chapter.
- 5.15** While the majority of paramedics who participated in the Inquiry agree that a significant increase in staffing levels is required to improve conditions in the Ambulance Service, others suggest that better utilisation of existing resources and changes in certain work practices will equally result in improvements across the Service. This was the position maintained in the Head Review,³³⁶ and was supported in several submissions, such as Submission 201:

³³⁰ Submission 55, p 2

³³¹ Witness Q, Published in-camera evidence, 28 July 2008, p 2

³³² Submission 55, p 2

³³³ Supplementary submission 55a, p 13

³³⁴ Submission 141, p 15

³³⁵ Answers to additional questions on notice 28 July 2008, Health Services Union, Question 3, p 15

³³⁶ NSW Department of Premier and Cabinet, *Performance Review – Ambulance Service of NSW*, June 2008, p 75. Throughout the chapter this report will subsequently be referred to as the ‘Head Review’.

Why should the NSW Taxpayers fund an additional 300 staff when the NSW Ambulance Service cannot effectively utilize its existing resources in a cost effective and productive manner[?]³³⁷

Committee comment

- 5.16** As this and many chapters in this report will show, inadequate staffing levels have a huge impact on ambulance officers' work conditions.
- 5.17** The Committee acknowledges that the ambulance staffing level across NSW has been an ongoing issue for the Ambulance Service for many years. We note the evidence that the number of ambulance crews available across the state has not markedly changed in the past decade, even though the demand for ambulances has significantly increased.
- 5.18** The Committee agrees with the Head Review that better utilisation of resources and changes of certain work practices can result in improvements across the Service. However, we do not feel that this alone will be enough to meet the continual increase demand.
- 5.19** We acknowledge that NSW Health is bringing an additional 75 staff on line in 2008/09, and further acknowledge the Service's proposal to employ another 111 staff. While such increases are certainly welcomed by the Committee, we are concerned that they will still be insufficient.
- 5.20** We note that the NSW IRC has set MOLs in the past, and believe that it is best placed to determine what these levels should be. The NSW IRC should continue to increase MOLs where necessary, and NSW Health should ensure that staffing levels are increased accordingly to meet these levels at all times.

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.

Central Coast

- 5.21** A number of submissions raised the issue of staffing levels on the Central Coast. This is a longstanding issue that was previously acknowledged by Mr Greg Rochford, Chief Executive of the Ambulance Service of NSW, during a NSW Legislative Assembly Public Accounts Committee inquiry in 2003, where he discussed the Service's plans to improve staffing levels in the area.³³⁸
- 5.22** Inquiry participants insist that there still have not been any noticeable improvements in the area. The Committee was informed by the HSU that a combination of factors have led to the existing staffing crisis on the Central Coast:

³³⁷ Submission 201, Name suppressed, p 2

³³⁸ NSW Legislative Assembly, Public Accounts Committee, *Inquiry into the Ambulance Service of NSW: Readiness to Respond*, Report 3, June 2004, p 16

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.³³⁹

- 5.23** This increase in demand has been exacerbated by a lack of infrastructure in the region, as illustrated in Submission 37:

The Central Coast is ... unlike its northern and southern counterparts as it has [only] two public hospitals in which the Ambulance can attend an emergency department, night shift staffing is the same as it was some 20 years ago yet over this period the population has increased some 400%-500% with it being the fastest growing area in the state in 2003/04. [T]he area as well has the highest concentration of elderly residents in the state which greatly increases workload.³⁴⁰

- 5.24** Further, a considerable proportion of patients require transportation from the Central Coast to centres in Metropolitan Sydney or the Hunter, which have facilities that can offer a higher degree of care or provide specific treatment regimes.³⁴¹ The transportation of patients to these regions can result in ambulance crews being unavailable to Central Coast communities for up to several hours.³⁴²

- 5.25** The HSU acknowledged that there have been some increases in gross staffing levels on the Central Coast; however the union argues that these increases have been used to maintain adequate relief, and therefore have not provided any increase in crew levels.³⁴³ It further contended:

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 2000.³⁴⁴

- 5.26** In evidence to the Inquiry the HSU drew the Committee's attention to a review of operational numbers required for the Central Coast and Hunter which was announced by the NSW Government in 2005. The HSU told the Committee that this review was never finished – claiming that that it just ‘disappeared’, and remains ‘an unexplained and unfulfilled objective of the CEO and the NSW Government’.³⁴⁵

³³⁹ Supplementary submission 55a, p 5

³⁴⁰ Submission 37, Name suppressed, p 1

³⁴¹ Submission 55, p 22

³⁴² Supplementary submission 55a, p 5

³⁴³ Submission 55, p 22

³⁴⁴ Answers to additional questions on notice 28 July 2008, Health Services Union, Question 3, p 14

³⁴⁵ Submission 55, p 24

- 5.27 The Ambulance Service acknowledged to the Head Review that relief rates in the Central Coast Sector are inadequate, and has undertaken to address this issue as a priority.³⁴⁶

Committee comment

- 5.28 The Committee believes that the longstanding issue of staffing levels on the Central Coast is one that needs to be addressed as a matter of urgency. We acknowledge that some of the additional 111 full time positions proposed by NSW Health are designated for the Central Coast. However, we also note that (at the time of writing) no decision has been announced regarding these positions.
- 5.29 We refer to our previous commentary and recommendation on staffing levels across NSW, as they apply equally to the issue of the staffing levels on the Central Coast.
- 5.30 With regard to the NSW Government's 2005 review of operational numbers on the Central Coast and Hunter, the Committee is concerned that this undertaking was never fulfilled, and recommends that the review be completed (if not already done so) and updated, and the results made public.

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.

Planning capacity

- 5.31 Another issue emphasised by the HSU is the Ambulance Service's inadequate planning capacity. Evidence from the HSU highlights that the Service publicly acknowledged this inadequacy three years ago, however it still has not made improvements to the area. In answers to questions on notice, the HSU declared:

As several reviews have identified, the Service cannot plan; the Service does not have the capacity to plan like other ambulance services so that it can foresee and prepare for increases in demand and growth in centres or geographical locations and changes in age profiles.³⁴⁷

- 5.32 Ambulance officers who participated in the Inquiry also raised this issue with the Committee, observing that the Service does not have any method for calculating staffing requirements. One participant observed: 'There appears to be no formula for the ratio of ambulance resources per head of population'.³⁴⁸

³⁴⁶ Head Review, p 75

³⁴⁷ Mr Ravlich, Evidence, 22 July 2008, pp 6-7

³⁴⁸ Submission 207, Name suppressed, p 6

- 5.33** This was reiterated by the author of Submission 111, who asserted: ‘We need to develop an acceptable formula for providing ambulance services to the community and we need to automatically apply that formula at regular intervals AND we need to do so now’.³⁴⁹
- 5.34** Ambulance officers also compared the Service’s planning methods to that of the NSW Fire Brigades. One submission remarked:
- Unlike other essential services such as the Fire Brigade, staffing is not indexed according to population growth. For example, western Sydney has undergone a population explosion over the last decade yet Blacktown and Castle Hill stations have not had any staffing enhancements on the frontline in the last 10 years and Parramatta has not had any enhancements for 8 years.³⁵⁰
- 5.35** The comparison of the number of ambulance stations compared to fire brigade stations was raised in several submissions. Station infrastructure will be discussed further in chapter 8.
- 5.36** The HSU noted that the Ambulance Service’s approach to planning has ‘essentially (and traditionally) been ad hoc and sporadic’.³⁵¹ This was acknowledged by Mr Rochford, who told the Committee that the Service currently reviews population changes on a ‘study by study’ basis.³⁵²
- 5.37** In order to facilitate effective planning, the HSU insisted that the Service needs a ‘well resourced and dedicated planning unit’; supported by a modelling tool that can ‘forecast and predict the outcomes of future changes’.³⁵³
- 5.38** The Head Review agreed that the Service’s planning capacity was inadequate. It found an over-reliance by the Service on external consultants for modelling and predictive capability planning; and determined that a centralised policy, planning and analysis function was necessary for long-term strategic planning.³⁵⁴
- 5.39** The Review recommended that the Service establish a well-developed in-house capacity to develop economic business cases for long-term planning needs; estimate the resource and operational impacts of new policies; and implement and evaluate major projects.³⁵⁵
- 5.40** In evidence to the Committee, Mr Rochford stated that as a result of this recommendation, the Service will endeavour to improve its planning capacity ‘over the coming years’.³⁵⁶

³⁴⁹ Submission 111, Name suppressed, p 3

³⁵⁰ Submission 136, Name suppressed, p 10

³⁵¹ Submission 55, p 9

³⁵² Mr Greg Rochford, Chief Executive Officer, NSW Ambulance Service, Evidence, 28 July 2008, p 14

³⁵³ Submission 55, p 37

³⁵⁴ Head Review, p 103

³⁵⁵ Head Review, p 103

³⁵⁶ Mr Rochford, Evidence, 28 July 2008, p 14

Committee comment

- 5.41** The Committee notes concern regarding the Ambulance Service's lack of internal planning capacity. We believe that this is essential for the Service in order to effectively and strategically plan future staffing and infrastructure requirements against population growth.
- 5.42** We support the recommendation made in the Head Review for the Service to strengthen its internal planning capacity, and acknowledge that the Service has agreed to implement this recommendation. However, the undertaking from Mr Rochford to improve this capacity for some time 'over the coming years' is not strong enough. We further draw attention to the fact that the Service acknowledged planning as an issue three years ago, yet still no changes have been made.
- 5.43** The Committee is of the opinion that the development of in-house planning should commence as a matter of priority.
-

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.

Remuneration

- 5.44** A number of paramedics highlighted to the Committee that their hourly rate is well below that of comparable professions, such as nurses and other emergency service personnel.³⁵⁷ Several paramedics also compared their hourly rates to unskilled occupations, such as Witness O, who stated: 'I am an intensive care paramedic yet my sister-in-law earns more than me packing shelves in Coles'.³⁵⁸
- 5.45** Observations about the rates paid for the type of work undertaken by paramedics, compared to the rates paid for retail or hospitality jobs, were made by several inquiry participants. For instance, the author of Submission 95 articulated:

A short consultation with family revealed 1/ my relatives were amazed at the hourly rate I am paid, relative to the expectation of the work I do, and 2/ another relatives daughter, just out of high school, working as a casual shop assistant is being paid \$23 per hour. For my \$25 per hour, I am expected to be current with medical practice, current with rescue techniques, and capable of abseiling down a cliff, at any time of the day or night, diagnosing my patients injuries, treating, including administering restricted drugs, and extricating the patient and myself safely, for \$25 an hour !! I know that managers will tell you that officers like myself grossed \$100000 this year, this is correct, but please consider in this context, that my base wage is around

³⁵⁷ For example, Submissions 9, 42 and 61

³⁵⁸ Witness O, Published in-camera evidence, 28 July 2008, p 4

\$55000, so it is evident I work a lot of overtime, the majority of which, I have no right to decline.³⁵⁹

- 5.46** The disproportionate contribution of overtime to paramedic salaries will be discussed in the following section.
- 5.47** The appropriateness of current wage rates was also criticised in Submission 28, which noted '[t]he responsibility we have is enormous as we have the most precious thing in our care and that is a human's life. I am not saying that I should be on an exorbitant salary, but what I am saying is that for the responsibility that I am given I am underpaid'.³⁶⁰
- 5.48** Inquiry participants also commented that they are not financially rewarded for developing extra skills. Although acknowledging that their motive for further development of skills is to provide the best emergency healthcare possible, paramedics are nonetheless disappointed that the Service does not provide recognition for this undertaking.³⁶¹ This was discussed by one paramedic in their submission:

When I first joined the service I was allowed to use a blood pressure cuff, use a basic 'Heart Start' machine and five drugs one of which was Aspirin. Now, as a base line Paramedic, I am required to use the same as above except the 'Heart Start' is more complicated, I am responsible for 17 drugs, ranging up to S8 drugs, and can also cannulate and place a tube down the patients throat to assist in breathing. For this the ASNSW has provided training only, no promotion or pay increase or even mere recognition via a pat on the back.³⁶²

- 5.49** The level of remuneration for station managers was also criticised, particularly in relation to the vastly different workloads between some stations. This point was raised by one submission writer, who remarked:

A Station Manager running a Station with 60 Officers that turns over 1000 cases a month gets paid the same rate as does his colleague that manages a station with 3 or 4 staff, who may do about 30 cases a month. The identical position in the NSWFB, who commands NO MORE than 4 staff, gets paid markedly more for their efforts, and also share their workload among several stations managers attached to each station – unlike the ASNSW, who has one station manager per station.³⁶³

- 5.50** The failure of the Service to provide financial incentives for staff to further their clinical career also extends to management careers. One ambulance officer suggested that this has impacted on the quality of managers:

When Officers decide to proceed up the career ladder they have to do so in the face of sometimes losing a third of their Ambulance Officer wages. This then does not

³⁵⁹ Submission 95, Name suppressed, p 3

³⁶⁰ Submission 28, Name suppressed, p 2

³⁶¹ For example, Submissions 47, 61, 73 and 153

³⁶² Submission 73, Name suppressed, p 7

³⁶³ Submission 61, p 5

attract the best person to apply for these positions. The best people for these positions cannot afford to apply for them.³⁶⁴

5.51 A similar statement was made by Mr Steve Hogeveen, Station Manager, who observed that most of the positions in the Service ‘have little monetary award for the rise up the ranks’, with the result that ‘many officers who would be good for the Service in higher ranks do not apply to higher positions’.³⁶⁵

5.52 In evidence to the Committee, Witness Q discussed the reduction in wages for education officers or managers due to the loss of overtime and penalties. The witness told the Committee:

People say, “But you do not do night shifts and all that.” That is fine, but what incentive is there for one to progress through the various specialties and go up the line? When we look at the remuneration of our managers as well, there does not seem to be much parity with similar roles and responsibilities in other levels of government and different services. I do not really see there is an incentive at all.³⁶⁶

Work Value Case

5.53 In evidence to the Committee, Ms Karen Crawshaw, Deputy Director General, Health System Support, NSW Health, advised that the Department had a proposal to improve pay conditions before the NSW IRC in the Special/Work Value Case.

5.54 Details of the proposal included an offer of an 8 per cent work value increase on the base pay salary, which would be on top of the 2.5 per cent general wage increase recommended by Treasury.³⁶⁷ NSW Health had also proposed to change the salary structure so that paramedics can move through the structure more quickly, in order to reach the top salary rate in five years rather than ten.³⁶⁸

5.55 Further, it proposed to build the skills allowance into the base pay, rather than having it as a separate allowance. Ms Crawshaw told the Committee: ‘All these measures that we are proposing as part of the industrial claim are designed to have great reliance on base pay and less reliance on the old meal penalty arrangements’.³⁶⁹

5.56 Since this Inquiry’s hearings, the NSW IRC has handed down its decision. The decision has provided paramedics with an 8.5 per cent pay rise, paramedic specialists³⁷⁰ with a 12-13 per

³⁶⁴ Submission 183, Name suppressed, p 1

³⁶⁵ Submission 216, Mr Steve Hogeveen, p 3

³⁶⁶ Witness Q, Published in-camera evidence, 28 July 2008, p 3

³⁶⁷ Ms Karen Crawshaw, Deputy Director General, Health System Support, NSW Health, Evidence, 28 July 2008, p 11

³⁶⁸ Ms Crawshaw, Evidence, 28 July 2008, p 10

³⁶⁹ Ms Crawshaw, Evidence, 28 July 2008, p 12

³⁷⁰ See footnote 4 for an explanation of this terminology.

cent pay rise, and front line managers with a 12-15 per cent rise.³⁷¹ The full decision is provided at Appendix 4.

Professional rates

- 5.57** While the HSU welcomed any proposal for a pay increase, it argued in its submission that the rest of NSW Health's proposal before the NSW IRC (which included changes to rosters and working conditions) would potentially *reduce* the take home pay for some paramedics.³⁷² These other changes will be discussed in upcoming sections.³⁷³
- 5.58** Observations were also made during the Inquiry that the Ambulance Service does not provide professional rates of pay, such as Submission 42, which remarked '[w]e are meant to be a professional service, yet we do not have professional rates of pay'.³⁷⁴
- 5.59** This point was also raised by Professor Picone, Director General, NSW Health, in evidence to the Committee, who noted that over 91 per cent of the Service's paramedics have advanced clinical training, and stated:

The argument is strongly forming in our mind that it is time also not just for work value, but for a professional rates claim. The time is drawing near surely for that if you think about the level of training. You think that a lot of people who go into the profession already have a previous qualification or degree, and if you think about the actual responsibility, it seems to me that the time is drawing near for that argument on the professional rates of pay as well.³⁷⁵

Committee comment

- 5.60** The Committee strongly agrees with the concerns raised by inquiry participants regarding the level of pay of paramedics, given their responsibilities, and compared to related professions such as nursing. We strongly welcome the increase in pay as awarded by the NSW IRC.
- 5.61** We acknowledge the criticism that all station managers receive the same remuneration, regardless of the varied workload between stations, and note that the Service's proposal to increase the number of station managers (discussed in chapter 3) should address this issue.
- 5.62** The Committee believes that paramedics must be recognised for the specialist work that they do, and paid appropriately. We therefore support the suggestion that paramedics should receive professional rates of pay.

³⁷¹ NSW Health, Information Bulletin, 'Operational Ambulance Officers (State) Award – New Classification Structure, Salaries & Conditions', IB2008_060, 9 October 2008, p 1

³⁷² Submission 55, p 24

³⁷³ Since the NSW IRC has handed down its decision, the HSU has maintained these concerns, and has approached the NSW Minister for Health for assistance. As a result of that approach, a peak level committee has been established to undertake an examination of the clauses of concern to the HSU, with initial priority to be given to the financial impacts of the changes to meal provisions and rosters. (Health Services Union Newsletter, 3 October 2008, 195/2008, p 2)

³⁷⁴ Submission 47, Name suppressed, p 2

³⁷⁵ Professor Debora Picone, Director General, NSW Health, Evidence, 28 July 2008, p 12

Fatigue management

5.63 Fatigue is one of the biggest occupational health and safety issues for paramedics, and was one of the major themes raised throughout this Inquiry. As paramedic fatigue is largely related to over-utilisation of overtime, rosters and breaks, it will be discussed in this chapter rather than in chapter 7 (Occupational Health and Safety).

Overtime

5.64 It was clear from the evidence received during the Inquiry that many officers rely on overtime to supplement their income. However it was also evident that many officers are also pressured into working overtime. Both situations have resulted in a prolific occurrence of paramedic fatigue.

5.65 Clause 13(c) of the Operational Ambulance Officers (State) Award (award) provides that '[e]mployees shall, when required, work reasonable levels of overtime to meet the needs of the Service'.³⁷⁶

5.66 The award further states, in Clause 46, that '[a]n employee may refuse to work overtime in circumstances where the working of such overtime would result in the employee working hours which are unreasonable'.³⁷⁷ In determining what is 'reasonable', managers must consider factors such as an employee's health and safety; their personal circumstances (including family and carer responsibilities); and notice (if any) given by the employer of the overtime and by the employee of his or her intention to refuse it.³⁷⁸

5.67 In addition to the award provisions, NSW Health advised that in response to the growing awareness of the impact of fatigue, the Service introduced a Standard Operating Policy on *Fatigue Management* in March 2008.³⁷⁹ The policy sets out the actions to be taken when an officer is experiencing fatigue, which culminates in the officer being stood down to rest without loss of pay. The new policy also places greater responsibility on local managers to manage this issue.

5.68 However, participants to the Inquiry informed the Committee that this policy and the award conditions are regularly breached by the Service. With regard to the award, one ambulance officer noted that the Service refuses to give a definition of 'reasonable', stating '[m]anagement considers 2 hours overtime as reasonable, but there is plenty of documentary evidence, in the form of employees' timesheets, that prove that this limit has been greatly exceeded, particularly after a 14 hour night shift'.³⁸⁰

³⁷⁶ Operational Ambulance Officers (State) Award, NSW, clause 13(c)

³⁷⁷ Operational Ambulance Officers (State) Award, NSW, clause 46(ii)

³⁷⁸ Operational Ambulance Officers (State) Award, NSW, clause 46(iii)

³⁷⁹ Answers to additional questions on notice 4 July 2008, NSW Health, Question 6, p 1

³⁸⁰ Submission 31, Name suppressed, p 6

5.69 This was a common story heard by the Committee.³⁸¹ For example, another ambulance officer stated in their submission:

Most Officers I know are fatigued and as I write this submission two of my colleagues are into their sixth hour of overtime for their shift. They started at 8:00 am this morning and are still working and the time is now 11:15 pm. They have also not had any lunch and are expected to start tomorrow at 8:00 am tomorrow and do it all over again.³⁸²

5.70 Officers told the Committee that although the award conditions technically give them the right to refuse overtime, management rarely grant this request. One participant commented that '[m]ost other industry awards consider overtime as optional for an employee, not mandatory as in the case of the Ambulance Service'.³⁸³

5.71 Furthermore, inquiry participants informed the Committee that management have threatened some officers who refuse to work overtime.³⁸⁴ One officer stated: 'The Service has a long history of intimidation, bullying and harassment when an officer has attempted to claim award entitlements'.³⁸⁵ (The issue of bullying and harassment was discussed in detail in chapter 3).

5.72 The inadequacy of existing staff levels to meet demand for ambulance services is the main reason officers are pressured to undertake overtime. This was noted by Witness O, who told the Committee '[y]ou do not have the right during your shift to refuse that overtime ... simply because there is so much work you cannot get back to your station and finish your shift'.³⁸⁶

5.73 The role of Operations Centres in managing fatigue was also raised by inquiry participants, with paramedics noting that there is an apparent disregard of dispatch operators toward the health and safety of on-road officers:

I am ... surprised that the Operations Centre will continue to task staff on cases when they are well aware of how long they have been working ... The Operations Centre will often task crews onto inter-hospital transfers in the early hours of the morning. Regularly the transfers are unnecessary at that time. For example, a mental health patient that needs to be reviewed at a larger centre. They are obviously not going to be reviewed at that time of morning. Often the Operations Centre has the strategy of "you call we haul" without any thought of fatigue or risk management.³⁸⁷

³⁸¹ For example, see Mr Wayne Power, Ambulance officer, Moruya, Evidence, 4 July 2008; Mr Warren Boon, State Councillor, Health Services Union, 22 July 2008; and Witness C, Published in-camera evidence, 4 July 2008

³⁸² Submission 28, p 2

³⁸³ Submission 31, Name suppressed, pp 6-7

³⁸⁴ For example, Submissions 31, 130, and Witness N

³⁸⁵ Submission 31, p 12

³⁸⁶ Witness O, Published in-camera evidence, 28 July 2008, p 1

³⁸⁷ Submission 65, Name suppressed, pp 8-9

5.74 This view was reiterated in Submission 31, which asserted that the Operations Centre often ‘takes advantage of 2 officers, out and about in a fully equipped car, and assigns them another job, usually without asking, regardless of how long they have already been working’.³⁸⁸

5.75 The potential consequence of this was raised in evidence to the Committee in Submission 31, which commented on the debilitating nature of night shift:

No matter what precautions an officer takes, i.e. nap before first night shift, sleep all day between 2 night shifts; a 14 hour shift with no respite, no rest, usually no adequate meal break, is exhausting and toward the end of the shift, dangerous. When enforced overtime is added to this the combination can become lethal. This mixture of elements is basically an accident waiting to happen.³⁸⁹

5.76 A similar statement was made in Submission 94, which remarked that ‘[f]atigue and exhaustion will lead to mistakes or exercising poor judgement in critical situations’.³⁹⁰

5.77 According to another inquiry participant, attempts were made at their station meetings to inform their district officer about this issue, however ‘[n]o attempt was made by Management to address the staffing problem, to talk to the Despatch centre to alleviate the enforced overtime and travel situations, or to come up with any sort of solution’.³⁹¹

5.78 On the other side of the coin, it was acknowledged that many ambulance officers choose to take on large amounts of overtime in order to supplement their income. This point was raised by Mr Wayne Power, Ambulance Officer, in his submission to the Committee:

Unfortunately, our staff can be our own worst enemy. Many have become accustomed to earning substantial pays and are committed as such. The Catch 22 is that without the large overtime payments generated by the on call system many officers would find themselves in serious financial difficulty. Hence, most officers tend to keep quiet about the fatigue issue as any adjustment to the present system would impact on earning capacity.³⁹²

5.79 Several submission writers agreed that many ambulance officers have grown accustomed to this level of income, and would be resistant to any changes.³⁹³ One officer, in discussing the effect of the introduction of MOLs in rural areas, claimed:

Fatigue then became an issue with records showing officers having worked in excess of 70 days straight without a day off. They were also covering on-call for some of those days. This was creating a huge fatigue issue but the money was outstanding to those who wanted to push themselves to the limit.³⁹⁴

³⁸⁸ Submission 31, pp 6-7

³⁸⁹ Submission 31, p 8

³⁹⁰ Submission 94, Name suppressed, p 3

³⁹¹ Submission 31, p 7

³⁹² Submission 9, Mr Wayne Power, p 1

³⁹³ For example, see Submissions 83 and 201

³⁹⁴ Submission 32, Name suppressed, p 4

- 5.80** The issue of covering on-call in rural areas will be considered in chapter 6 – Rural Issues and Transfers.
- 5.81** The over-reliance on overtime penalties is also a particular problem for paramedics who undertake Suitable Alternative Duties (SAD). Please refer to 5.124.

Rosters

- 5.82** The issue of rosters is inextricably linked to overtime and fatigue. In the case presented to the NSW IRC, NSW Health proposed to reduce the Service's 14 hour night shifts to 12 hours.³⁹⁵ The proposal also included the forward rotation of shifts. In answers to questions on notice, NSW Health stated:

These rostering practices are acknowledged by WorkCover as being best practice in operational rosters and assisting in the better management of fatigue. The proposed roster cycle also provides for additional days off and an improved balance of weekend free time.³⁹⁶

- 5.83** In evidence to the Committee, many paramedics objected to this proposal for a number of reasons. Some officers, while thankful for shorter nights, were unhappy with the prospect of longer days. One officer, a parent, stated: 'We will have shorter nights but longer days. With this arrangement, on day shift, my kids will be asleep when I go to work and asleep when I return. I won't see them at all'.³⁹⁷
- 5.84** Other paramedics anticipate that the 12 hour days are more likely to turn into 13 or 14 hour days.³⁹⁸ This applies equally to night shifts, as reflected by one officer:

... so a 10 hour day which often turns into a 12 hour day because of overtime will be rostered as a 12 hour day work - add the 2 hours overtime onto that and you will end up with a workforce destroyed by fatigue through working 14 hour days ... They made it sound very positive relying on WorkCover agreeing that 14 hours is too long - but now with overtime we will be working 14 hour shifts both day and night.³⁹⁹

- 5.85** An issue regarding childcare was raised by another witness, who observed that some parents may experience difficulties finding adequate child-care arrangements if they have shifts starting at 7:00am.⁴⁰⁰
- 5.86** The recent decision handed down by the NSW IRC has agreed to change the maximum length of shifts to 12 hours. This will be done on a trial basis over nine weeks before being evaluated.

³⁹⁵ Submission 141, p 33

³⁹⁶ Answers to additional questions on notice 4 July 2008, NSW Health, Question 6, p 1

³⁹⁷ Submission 137, Name suppressed, p 15

³⁹⁸ Witness J, Published in-camera evidence, 22 July 2008, p 7

³⁹⁹ Submission 210, Name suppressed, p 1

⁴⁰⁰ Witness Q, Published in-camera evidence, 28 July 2008, p 9

The NSW IRC will then consider any issues that arise before determining whether it should continue and upon what basis.⁴⁰¹

Committee comment

- 5.87** The Committee notes with concern the dangerous levels of fatigue being experienced by paramedics, and the potential consequences of this for both paramedics and the general public. We firmly believe that urgent changes must be made to address this serious and prolific issue.
- 5.88** However, we also acknowledge that changes to the current rostering system will be met with resistance by many officers who rely on overtime payments to supplement their income. Even though the NSW IRC has increased the base pay of paramedics, there is still be a significant gap between the new base pay salary and the salary supplemented with overtime payments that many officers are accustomed to.
- 5.89** We recognise that this is a complicated issue, and one which any solution proposed will not satisfy everyone. To reach a balance, the Committee is of the opinion that several changes need to be made. Two of these changes have already been discussed in this chapter, and relate to an increase in the base pay rate and an increase in staffing levels.
- 5.90** Thirdly, the Committee stresses the importance of management and Operations Centre staff in understanding that they cannot force ambulance officers to do overtime. It is the role of the Ambulance Service to ensure that all staff fully understand the award conditions and fatigue policy, and that these policies and procedures are strictly adhered to at all times.
- 5.91** The Committee notes the decision to trial 12 hour shifts, and acknowledges that the NSW IRC will evaluate the success and impact of this change.

Meal and rest breaks

- 5.92** There are two types of breaks currently available to ambulance officers – meal breaks during shifts; and rest breaks in between shifts.
- 5.93** With regard to rest breaks between shifts, clause 11(b) of the Award stated ‘[t]here shall be a minimum break of ten hours between shifts, except in case of an emergency or agreement between the Service and the employee’.⁴⁰²
- 5.94** Ambulance officers complained to the Committee that this condition is also regularly breached, thus further increasing fatigue.⁴⁰³ The adherence and attitude of management toward this break was outlined in evidence by Witness N:

⁴⁰¹ Industrial Relations Commission of NSW, Operational Ambulance Officers (State) Award and others [2008] NSWIRComm 168, accessed 7 October 2008, available at <<http://www.lawlink.nsw.gov.au/ircjudgments/2008nswirc.nsf/c1b955f60eccc5fcca2570e60013ad15/895c728352ae255bca2574c800829226?OpenDocument>>

⁴⁰² Operational Ambulance Officers (State) Award, NSW, Clause 11(b)

⁴⁰³ For example, Submissions 31, 42 and Witness C

We have officers who would embark on long road trips sending patients from peripheral hospitals to metropolitan hospitals by themselves, after already working multiples of day works and on call with disturbance during the night being sent for six, seven hour drives by themselves, then coming back and being expected to front up the next morning. I can remember my direct manager saying to me, "Tell him that if he does not report for duty he will be on disciplinary action." What can you do?⁴⁰⁴

- 5.95** The issues that arise from paramedics not being granted this entitlement mirrors the issues of paramedics not being granted their entitlement to refuse overtime, which was discussed earlier.
- 5.96** With regard to meal breaks, clause 10(b) of the Award entitled ambulance officers to a one-hour unpaid break between the 4th and 6th hour of their day and afternoon shift. Meal penalties are paid if this condition is not met.⁴⁰⁵ Officers are also entitled to a meal break during night shift, however an agreement was previously made with the HSU whereby officers have given up meal penalties at night for the right to recline after midnight.⁴⁰⁶
- 5.97** The main concern raised in relation to this is that officers on night shifts are consistently denied this break, and generally work through it unpaid. The result is that many officers at busy stations work 14 hour night shifts, while only being paid for 13 hours.⁴⁰⁷
- 5.98** As with the other award entitlements discussed in this chapter, officers have met great resistance from management when trying to access these breaks. One paramedic commented, '[a]ttempts to take this meal break some time ago resulted in abuse, both personally over the phone and broadcast over the 2-way radio, directed at the officers involved'.⁴⁰⁸ Another paramedic claimed '[i]t is known that officers in the control room would have competitions to see how many cars they could work all shift without a meal break'.⁴⁰⁹
- 5.99** NSW Health's proposal in the NSW IRC case was to abolish unpaid meal breaks (which many staff said they do not get), and replace them with two paid 20 minute crib breaks. The Department also undertook to provide more flexibility about where those meal breaks can be taken.⁴¹⁰
- 5.100** In evidence to the Committee, Mr Michael Willis, General Manager, Operations, Ambulance Service of NSW, discussed the potential benefits of that proposal:

We know that, by having two crib breaks of shorter duration admittedly, but spread out across the shift, we will be able give officers greater opportunity of taking a break from the field and likewise that gives us a greater opportunity as the service to

⁴⁰⁴ Witness N, Published in-camera evidence, 28 July 2008, p 7

⁴⁰⁵ Operational Ambulance Officers (State) Award, NSW, Clause 10(b)

⁴⁰⁶ Submission 3, Name suppressed, p 1

⁴⁰⁷ For example, see Submission 3, 31, and Mr Ravlich, Evidence, 22 July 2008

⁴⁰⁸ Submission 31, p 4

⁴⁰⁹ Submission 120, Name suppressed, p 3

⁴¹⁰ Ms Crawshaw, Evidence, 28 July 2008, p 10

maintain our operation, to maintain our coverage, and at the same time to make sure that our officers are given a break.⁴¹¹

- 5.101** However, officers expressed concern to the Committee about these changes, with some stating that they prefer the existing system. For example, Witness C viewed the current meal penalties as a reward for working so hard at busy stations:

Yes, we get penalties, and that is fine. The quieter stations will not get those penalties. They will get to have their meal breaks and they are nice and quiet. But if you get rid of all the penalties and your overtime and increase the pay and everybody is the same, why should I get the same pay as him and just get worked unmercifully and he gets the same pay and does nothing?⁴¹²

- 5.102** Another paramedic suggested that currently the only incentive for the Service to provide undisturbed meal breaks is so they won't have to pay penalties. The paramedic argued that if that penalty is removed, the Service will no longer care if meal breaks are provided at all: 'Crews will be flogged mercilessly because it won't cost the ASNSW any extra to do things that way'.⁴¹³

- 5.103** Another objection to the shorter crib break proposal, put forward in Submission 210, relates to the Service's suggestion for these breaks to be taken at a 'convenient and operationally suitable location'.⁴¹⁴ The submission author questioned what might be deemed as 'convenient and operationally suitable', contending '[t]his could mean McDonalds, a service station, another ambulance station where we know no-one. It could even mean a nurses meal room at a hospital or cafeteria ...'.⁴¹⁵

- 5.104** The author argued that officers would not be able to fully relax at such locations, maintaining that ambulance officers' own stations are the best place to do this:

While our stations are run down - most of us have through our own efforts made them at least comfortable. They are not an attractive environment - for the most part they could be more accurately described as run down dilapidated shacks - but they are somewhere where we know each other - we have usually scavenged a few lounges from somewhere where so we can kick your heavy boots off and lounge back with our feet up for ten minutes or so - even grab a power nap. Even if they are not palaces, they are at least familiar and it is much easier to "relax" in a familiar place with familiar people than an unfamiliar place with strangers etc.⁴¹⁶

⁴¹¹ Mr Michael Willis, General Manager Operations, NSW Ambulance Service, Evidence, 28 July 2008, p 15

⁴¹² Witness C, Published in-camera evidence, 4 July 2008, p 6

⁴¹³ Submission 61b, Name suppressed, pp 1-2

⁴¹⁴ Submission 210, p 2

⁴¹⁵ Submission 210, p 2

⁴¹⁶ Submission 210, p 2

- 5.105** The NSW IRC has since made a determination to phase in the replacement of unpaid meal breaks with paid crib breaks. A new penalty of one hour's pay will be paid to employees who miss their crib breaks.⁴¹⁷

Committee comment

- 5.106** The Committee notes with concern that ambulance officers have not been receiving their break entitlements. We emphasise the importance of breaks to allow officers to rest, rejuvenate, eat and/or sleep; and note that the reasons why officers are not being granted adequate breaks is again due to insufficient staffing and poor management (which have been considered elsewhere in this report).
- 5.107** We note the NSW IRC decision to introduce shorter paid crib breaks, and look forward to seeing the outcomes of this change.

Leave entitlements and flexible work practices

- 5.108** This section will consider the Ambulance Service's annual and long service leave entitlements; Suitable Alternative Duties (SAD) arrangements for pregnant and injured officers; as well as the Service's family friendly policies.

Annual and Long Service Leave

- 5.109** Many submissions criticised management's inflexible approach for dealing with annual, long service and sick leave entitlements.
- 5.110** Paramedics are currently entitled to six weeks annual leave per year. However, the Service requires staff to take this leave in either two 3 week blocks or one 6 week block. Further, these must be taken within specific leave blocks allocated by the Service.⁴¹⁸
- 5.111** One inquiry participant noted that there is nothing in the Award to state that annual leave must be taken in periods of only three or six weeks, nor within the specified blocks.⁴¹⁹ The participant further noted that the specified blocks are not family friendly, as they do not always cover entire two week school holiday periods.⁴²⁰

⁴¹⁷ Industrial Relations Commission of NSW, Operational Ambulance Officers (State) Award and others [2008] NSWIRComm 168, accessed 7 October 2008, available at <<http://www.lawlink.nsw.gov.au/ircjudgments/2008nswirc.nsf/c1b955f60eccc5fcca2570e60013ad15/895c728352ae255bca2574c800829226?OpenDocument>>

⁴¹⁸ Submission 136, p 11

⁴¹⁹ Submission 31, p 9

⁴²⁰ Submission 31, p 9

5.112 Other participants expressed frustration about how far in advance officers are required to apply for leave in order for it to be granted. According to some submissions, this can range anywhere from 18 months⁴²¹ to two years in advance.⁴²²

5.113 The Committee also heard that leave approvals are not transparent and accountable, and have been used as a means of bullying and nepotism. One paramedic declared:

The process for the allocation of annual leave should be an open process that staff see it is done equitably, not with biases and favouritism. Annual leave should not be seen as a tool to control officers or to punish non favoured officers.⁴²³

5.114 Evidence was also received regarding the Service's reluctance to grant paramedics their long service leave entitlements,⁴²⁴ with one officer commenting that long service leave is 'virtually unobtainable'.⁴²⁵ The impact of this was illustrated in Submission 52:

Long service leave accessibility has become a source of great anger with officers [having] diligently served the community and when they wish to access their long service leave it is denied ... Officers are constantly told that their leave is denied due to not having sufficient numbers in the area. This is a management issue with the shortage of staff and is not the officers concern. Many times I have been told of officers leaving the service and it is not because they wished to leave but officers have requested to have time off without pay and it has been denied.⁴²⁶

5.115 The importance of taking long service leave to prevent burnout was outlined in Submission 61, which claimed that the Service largely ignores NSW Health policy regarding "career breaks".⁴²⁷ The submission highlighted that a career as an ambulance paramedic can be stressful, and that long serving paramedics are often forced to resign to get a career break. It further suggested:

Often, after a year or two, many of these Paramedics who leave the Service often choose to return to the fold after ... having had some time to refresh their minds and bodies, enabling them to go back into battle again on the frontline of emergency health care with the smile back on their faces and their enthusiasm to provide a quality service completely renewed. It would be of great assistance to many if the ASNSW would be more flexible and forgiving of Officers with more than a certain number of years experience (say 10 or 15) seeking a period of unpaid leave, rather than forcing them to resign altogether and losing many years of experience and training.⁴²⁸

⁴²¹ Submission 136, p 11

⁴²² Submission 114, Name suppressed, p 2

⁴²³ Submission 52, Name suppressed, p 2

⁴²⁴ For example, see Submissions 153, 162 and 205

⁴²⁵ Submission 53, Name suppressed, p 1

⁴²⁶ Submission 52, Name suppressed, p 2

⁴²⁷ Submission 61, p 4

⁴²⁸ Submission 61, p 4

Committee comment

- 5.116** The Committee notes the evidence regarding the difficulty in accessing leave entitlements and career breaks, and believes that this will only be overcome with an increase in staffing numbers. We refer to our commentary and recommendation made on staffing numbers at the beginning of this chapter.
- 5.117** We also note the evidence regarding bullying by management in relation to leave entitlements, and refer to our commentary and recommendations in chapter 3.

Suitable Alternative Duties

- 5.118** Paramedics who are unable to undertake their normal duties due to pregnancy or injury can request to be put on light duties, referred to as SAD. Alternative duties may include clerical duties such as patient case sheet audits and project work.⁴²⁹
- 5.119** Inquiry participants in these categories conveyed their experiences to the Committee of management's stubbornness and unprofessionalism in finding alternative duties for them. One paramedic, who was injured at work, stated that when discussing options for light duties with their coordinator, they were told 'you don't really get a say in this, remember that'.⁴³⁰
- 5.120** In her submission to the Committee, Mrs Kylie Lamey, Ambulance Officer, expressed the view that the Service was unwilling to negotiate with her about alternative duties, and that she was left with no choice other than to use all of her leave entitlements to go on leave 13 weeks before she had planned. Mrs Lamey said, '[i]t was their way, take unpaid leave or resign'.⁴³¹
- 5.121** The pressure for pregnant officers to take leave early was also raised by another officer, who stated 'there seems to be little empathy for a pregnant employee who may have to unnecessarily travel long distances to complete SAD. It seems the ASNSW management would prefer pregnant Officers to utilise other leave rather than doing SAD'.⁴³²
- 5.122** The Service's policy only allows for SAD to be undertaken in administrative offices of the Division, Sector or larger regional stations. The Service admitted that there may be little to no available work for alternative duties placements in smaller rural or remote locations.⁴³³ The Committee heard that the purpose of this policy is to ensure that officers are supervised while doing their alternative duties.

⁴²⁹ Answers to additional questions on notice 4 July 2008, NSW Health Question 8, p 1

⁴³⁰ Submission 177, Name suppressed, p 4

⁴³¹ Submission 62, Mrs Kylie Lamey, p 2

⁴³² Submission 65, p 8

⁴³³ Answers to additional questions on notice 4 July 2008, NSW Health Question 8, p 1

Case study: Witness L

Witness L is a paramedic based at Taree ambulance station. She was 32 weeks pregnant when she appeared before the Committee in July. During her evidence she voiced strong concerns about the inflexibility of SAD arrangements with regards to accommodating her pregnancy and responsibilities as a mother of a young child. She commenced SAD on 10 June 2008.

As part of her SAD duties, she is required to travel to Port Macquarie, which takes about one and a half hours. She stated that management have repeatedly informed her that SAD must entail meaningful duties in a supervised environment, even though the Standard Operating Procedure and award state that the position to which an employee is transferred must be within reasonable travelling distance from either the employee's current work or home.

Witness L believes that performing her duties in Port Macquarie is unnecessary and impractical and that management have been discriminatory and obstructive regarding her request to perform SAD duties in Taree.

A vast majority of her SAD duties are Internet-based and there is no reason why they could not be conducted in Taree. Although her Station Officer has been supportive of her doing duties at her home station, this request was blocked at the next level of management. Commenting on how she has been discriminated, Witness L stated:

For fear of inflexible working arrangements on my return to work after maternity leave I choose not to take this discrimination any further, like most of the women in the Ambulance Service to whom I have spoken ... none of them have been entirely happy with the way that they have been treated during their pregnancy but, as I say, they have to deal with these same managers when they come back so, you know, you do not want to cause any problems.

Witness L contended that health and safety issues relating to pregnant officers seem to be non-existent: she has been sitting and driving for long periods and is away from her home town, which would be problematic if she developed complications with her unborn baby.

Witness L also takes exception to being supervised while performing her SAD duties, as in her normal role as an ambulance officer she is trusted with many responsibilities. She states:

As paramedics 'the most trusted professionals' we are trusted to train probationary officers when not fully qualified ourselves then posted to remote rural towns with less than 2 years experience. We often respond on our own in the middle of the night to the middle of no-where and trusted to save people's lives yet as a pregnant ambulance officer we are not to be trusted to work unsupervised at our own stations?

With regards to financial concerns, she argues that there is dramatic strain on the family budget as pregnant women on SAD are on a flat rate of pay. Also, management has been inflexible as to which days she can work. As a shift worker Witness L would like part of her rostered days to include weekends (as they would be if she were on normal duties) for childcare and financial penalty reasons. However, management have stated that her work days are to be office hours from Monday to Friday.

* Witness L (name suppressed), Published in-camera evidence, 28 July 2008, p 1; Submission 147, Name suppressed

- 5.123** A number of options for alternative duties for pregnant women were suggested in Submission 65, including PR exercises, administration, training, education and peer support. However, the author was of the view that management would be unlikely to allow these duties to be undertaken, stating: ‘Unfortunately when it is not a funded position the management do their best to deter a paramedic from filling that position’.⁴³⁴
- 5.124** Another issue raised by inquiry participants relates to the level of pay on SAD. The policy states that an employee's salary must be as close as possible to their substantive position. However, this rarely occurs, due to the fact that paramedic salaries are largely made up of overtime and penalties. This point was illustrated by Mr Timothy Castle, an ex-Ambulance Officer who was injured during the course of work with the Service:

... as soon as you get injured you lose half your pay because half your pay is made up of penalties – which, I might add, is contradictory to the WorkCover legislation; you are not supposed to be disadvantaged by monetary compensation but 46.9 per cent of my wage was made up of penalties. So straight away you go back to work on half your wage.⁴³⁵

Committee comment

- 5.125** The Committee notes that current options for Suitable Alternative Duties are limited for pregnant and injured paramedics in rural and remote areas. We acknowledge that the Service’s policy requires paramedics to undertake alternative duties in the administrative offices of the Division, Sector or larger regional stations; however evidence received by the Committee indicates that there may be a multitude of alternative options for pregnant or injured paramedics to undertake at their local station.
- 5.126** We note the Service’s rationale that these paramedics need to be supervised, and believe that this issue may now be overcome given the Service's proposal to increase the number of Station Managers. We therefore recommend that the Ambulance Service introduce more flexibility to its SAD policy to allow paramedics to undertake alternative duties at their station where travel to other stations raises physical health and safety concerns.

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.

Family friendly hours

- 5.127** The Committee received evidence regarding issues with the Ambulance Service’s family friendly policies and lack of part-time work opportunities. One submission noted that ‘rosters

⁴³⁴ Submission 65, p 9

⁴³⁵ Mr Timothy Castle, Ex-ambulance officer, Evidence, 28 July 2008, p 18

are very inflexible so it becomes difficult for single parents, carers, or some families to manage a balance between work and life'.⁴³⁶

5.128 This was reiterated by Mrs Lamey, who commented that while family friendly policies exist within the Service, they are 'largely disregarded'.⁴³⁷

5.129 Mrs Lamey, who lives in a rural area, informed the Committee that after she had children she returned to work on reduced hours, which she found increasingly difficult 'because of the inflexibility and stubbornness of senior management to negotiate any suitable arrangement'.⁴³⁸ She added that management 'have no interest in accommodating women with families and I feel like I am nothing but an inconvenience'.⁴³⁹

5.130 Another participant to the Inquiry discussed their experience of management's refusal to grant a temporary reduction in working hours:

For twelve months I have been attempting to temporarily reduce my working hours due to my responsibilities as a carer. Initially I was told by management that I was being "selfish" in making this request and that I would be "waiting a long time" to have my request considered. After an unnecessarily stressful year of trying to reduce my hours temporarily I have recently reluctantly agreed to the only option made available to me by ASNSW – to reduce my hours permanently.⁴⁴⁰

5.131 Ms Crawshaw from NSW Health acknowledged this shortcoming in evidence to the Committee, and advised that the Department was trying to introduce more opportunities for part-time, temporary and casual work as part of its proposal presented to the NSW IRC.⁴⁴¹ Professor Picone added:

This could be available to employees with family responsibilities, as well as provide increased flexibility in the allocation of employees to alternative stations within their existing roster, and the ability to vary employee rosters with appropriate notice within the cycle.⁴⁴²

5.132 Since this evidence was received, the NSW IRC has varied the Award to introduce casual employees, and provide more flexibility surrounding part time and temporary employees.⁴⁴³

⁴³⁶ Submission 65, p 5

⁴³⁷ Submission 62, p 1

⁴³⁸ Submission 62, p 2

⁴³⁹ Submission 62, p 2

⁴⁴⁰ Submission 161, Name suppressed, p 1

⁴⁴¹ Ms Crawshaw, Evidence, 28 July 2008, p 12

⁴⁴² Answers to additional questions on notice 4 July 2008, NSW Health, Question 8, p 2

⁴⁴³ NSW Health, Information Bulletin, 'Operational Ambulance Officers (State) Award – New Classification Structure, Salaries & Conditions', IB2008_060, 9 October 2008, p 2

Committee comment

- 5.133** The Committee notes the Service's structural inflexibility in providing family friendly hours, which has been a significant issue for many paramedics. Throughout this Inquiry we have been concerned about the very real potential for highly skilled and valuable officers to leave the Service because of its incapacity to provide suitable flexible working arrangements, which are available in many other parts of the public sector.
- 5.134** We therefore support the NSW IRC decision to increase employment flexibility through more casual, part-time and temporary work opportunities.

Conclusion

- 5.135** An increase in staffing is required to meet the increase in demand for ambulance services in NSW. Not only will this directly improve roster, overtime and fatigue conditions; it would also have a broader effect on other aspects of the Service such as leave, training, and even bullying and harassment.
- 5.136** The recent wage increase has been long overdue, however there is still a need for a reduction on the reliance of overtime penalties. We acknowledge that many ambulance officers rely on such penalties to supplement their income, however it is the role of the Service to find an appropriate balance in adequately remunerating staff, while ensuring that their health and safety is not compromised through fatigue. We are hopeful that the wage increase will assist in improving morale.
- 5.137** While we accept that staffing and pay issues are matters that have recently been before the NSW IRC, we question why it has taken so long for these to reach the Commission, given that the failure to address these issues has had a significant detrimental impact on the Service for almost a decade.
- 5.138** Finally, while an increase in pay and staffing may help to improve workplace conditions, the Committee recognises that on their own they will not overcome the many complex problems that pervade the Service. Another key area for improvement is management's understanding of and adherence to the Service's policies. Management must be prevented from abusing these policies to suit their own purposes or meet performance indicators 'at any cost'. Focus must be shifted to the health and safety of ambulance officers, which will in turn improve the service provided to the community.

Chapter 6 Rural Issues and Transfers

A number of issues regarding postings, relief and on-call duties in rural areas were raised during this Inquiry. The lack of incentives to work in rural and remote areas was criticised by a number of participants, who also criticised the Ambulance Service's inconsistent and unaccountable transfer system. Paramedics further commented on the limited training and clinical progression opportunities in these areas.

Rural postings

6.1 After completing their probationary period, trainee paramedics advance to Level 2 officers. Upon reaching this stage, many of these officers are then posted to rural areas.

6.2 While inquiry participants acknowledged that everyone signs a form during the recruitment process agreeing to be posted anywhere in NSW, many officers admitted that they would have signed anything at the time to get the job. One officer stated:

The throw away line of "you signed on the dotted line to go anywhere in the state" is a load of rubbish. If the officer was informed of exactly (not withholding any truth) what was expected of them before they signed the dotted line there would definitely be less signing.⁴⁴⁴

6.3 In his submission to the Committee, Mr Steve Hogeveen, Station Manager, expressed the opinion that once Level 2 officers from the city are posted to the country, 'I believe that many of those recruits suffer from shock and leave the Service'.⁴⁴⁵

6.4 Ambulance officers raised a range of issues regarding rural postings during the Inquiry. One of these relates to the lack of support provided by the Service to assist officers in relocating, including providing support for officers' families. One submission author remarked: 'When other officers in my class asked for assistance they were told that ASNSW had employed them and not their family and that they had to deal with it'.⁴⁴⁶

6.5 A lack of support once ambulance officers arrive in their new town was another issue raised. One inquiry participant commented: 'In truth when the officer arrives out there (with family or pets covering behind) they find themselves isolated, unsure of what is expected and thrown into the very deep end'.⁴⁴⁷

6.6 Another issue largely relates to the infrastructure at certain locations. One author described their experience at a station in a small rural town:

... this station is notorious for being what we call a 'revolving door station' i.e. as soon as a paramedic gets their posting they either apply to leave or resign. Here are some of

⁴⁴⁴ Submission 18, Name suppressed, p 2

⁴⁴⁵ Submission 216, Mr Steve Hogeveen, p 4

⁴⁴⁶ Submission 73, Name suppressed, p 2

⁴⁴⁷ Submission 18, p 1

the reasons why: The station is atrocious: 2 small rooms in a run down medical clinic; no suitable accommodation for officers to live in; very few facilities for educational or social opportunities (not family friendly). The town has a population of approx. 400 people; workload is very low approx 20 cases per month. So work-wise job satisfaction and motivation decreases, skills become rusty; essentially there are very few opportunities in towns like these.⁴⁴⁸

- 6.7** Another officer described the feeling of being posted to a remote area, saying ‘I thought I was being punished by the [S]ervice and I didn’t know why’.⁴⁴⁹
- 6.8** Ambulance officers cited the lack of work as another disincentive for staying in rural areas. One participant remarked, ‘[t]hese stations don't carry a high workload, usually 20-30 jobs a month. This does create a challenge mentally for the officer who has just had an exciting year in Sydney/Wollongong/Newcastle etc doing approx 10 or more jobs a day’.⁴⁵⁰
- 6.9** Some officers feared that the low workload may cause their skills base to deteriorate.⁴⁵¹ Skills in rural areas will be discussed in more detail later in this chapter.
- 6.10** Accommodation problems were also a concern. In evidence to the Committee, Mr Phil Roxburgh, Station Officer, stated ‘[t]here are very few towns in which the service has accommodation for any of its officers and those that do are in a very poor state of repair, like most of our ambulance stations’.⁴⁵²
- 6.11** This was supported by several inquiry participants who told the Committee of their difficulties in finding accommodation in rural towns. Several participants noted that even when accommodation is found, more often than not the house is in substandard condition.⁴⁵³ One submission went so far as equating some of the accommodation at western locations to living in ‘third world conditions’.⁴⁵⁴
- 6.12** Further, unlike many doctors, police, teachers and defence personnel, ambulance officers in rural areas are not subsidised for their accommodation. One submission author commented:
- This would provide one less hassle and burden for the new officer in these strange isolated towns. Also an excellent incentive to stay and save some money. Therefore slowing that revolving door.⁴⁵⁵
- 6.13** Another significant issue for many ambulance officers posted to rural locations is that they are posted far away from their families and friends. One inquiry participant observed:

⁴⁴⁸ Submission 93, Name suppressed, p 5

⁴⁴⁹ Submission 115, Mr Peter Sparks, pp 1-2

⁴⁵⁰ Submission 18, p 1

⁴⁵¹ Submission 18, p 2

⁴⁵² Submission 49, Phil Roxburgh, p 2

⁴⁵³ For example, see Submission 18 and Mr Phil Roxburgh, Station Officer, Ambulance Service of NSW, Evidence, 4 July 2008

⁴⁵⁴ Submission 65, Name suppressed, p 5

⁴⁵⁵ Submission 18, p 1

I know of several officers that complete a day shift then drive 600km to Sydney to be with loved ones. This is only sometimes for a 48 hour period then [they have] to drive back down to start work the next morning. With this travel brings fatigue issues. Officers put in this position are burning the candle at both ends to try to balance a work life as well as maintaining relationships and contact with family and friends.⁴⁵⁶

- 6.14** A potential result of this was raised in the submission from Mr Peter Sparks, Ambulance Officer, who suggested '[t]he officer soon begins applying for jobs closer to home. Some become so frustrated they resign or join other state ambulance services whilst others will try to get out on compassionate grounds and the rest just get out as fast as they can'.⁴⁵⁷
- 6.15** The 'revolving door' effect at some rural stations was raised in several submissions, such as in Submission 102: 'A lot of time spent at these stations is spent on applications trying to get out'.⁴⁵⁸
- 6.16** This can result in a domino effect, as illustrated by Mr Adrian Piccoli MP, who discussed the practice of posting new recruits to one isolated station in his electorate:

Because of the remoteness I am aware that new recruits often do not settle into the community, and look to transfer out of the area quickly. Because the Ambulance Service cannot facilitate a transfer, these officers do resort to quitting the service instead of remaining in the area ... This then has a domino effect, with officers from Griffith called upon to provide relief until a new officer is found. Officers are sent to provide relief for up to seven days at a time, away from their family.⁴⁵⁹

- 6.17** NSW Health advised that the Ambulance Service's Workforce Unit provides information to officers regarding removals and reimbursements. The Department also noted that information about rural locations is available on the Service's intranet, and a user friendly manual regarding the Transferred Officers Award is also available to staff.⁴⁶⁰
- 6.18** NSW Health further advised that to increase the support available for officers transferring to rural areas, the Service 'will be assigning a personal contact person in the Workforce Unit for each officer who is transferring to a rural station to better support their needs'.⁴⁶¹

Rural relief

- 6.19** The operation of relief rosters in rural areas was another source of concern among inquiry participants. Relief officers are required to relieve at other stations surrounding their home up to 100 to 150 kms away.⁴⁶² One officer remarked:

⁴⁵⁶ Submission 102, Name suppressed, p 2

⁴⁵⁷ Submission 115, pp 1-2

⁴⁵⁸ Submission 102, p 2

⁴⁵⁹ Submission 58, Adrian Piccoli MP, p 3

⁴⁶⁰ Answers to additional questions on notice 4 July 2008, NSW Health, Question 10, p 1

⁴⁶¹ Answers to additional questions on notice 4 July 2008, NSW Health, Question 10, p 1

⁴⁶² Submission 18, p 1

My initial rural posting saw me go straight to the relief roster ... It was very daunting to say the least as of my 2nd day I was required to relieve at a small town an hour plus from home, for 5 days. I was a relief officer for approx 2yrs before moving up to the line thus not required to carry out overnight relief anymore.⁴⁶³

- 6.20** The difference between relief duties in rural areas compared to metropolitan areas was observed in Submission 42, which noted that metropolitan officers can return home after relieving at another station, 'unlike their rural counterparts who are sent to isolated stations for up to 7 days at a time, away from their family'.⁴⁶⁴
- 6.21** The practice of not being told which positions are designated relief and which aren't during the posting process was raised as an issue by Mr Michael Taylor, Station Officer, who told the Committee that this information is only divulged *after* positions have been designated.⁴⁶⁵ Mr Taylor stated:
- This was done on purpose to stop people just leaving the job after finding out they were relief Officers. Finding out that I was a relief Officer after being posted was a blow to my family which consisted of my wife a 9, 7 and 6 year old.⁴⁶⁶
- 6.22** According to Mr Taylor, he was told that he would only be on relief duties for 16 weeks of the year, however it ended up being closer to eight months. In his submission, Mr Taylor alleged that this was due to the roster person adapting the roster so that the permanent officers could do more on-call duties and therefore earn more money. He complained to management and the Health Services Union (HSU) about the situation, and stated: 'In one instance I was told to watch out because there were 4 officers with mortgages to pay'.⁴⁶⁷
- 6.23** The Committee heard similar evidence in Submission 32, which suggested that the roster was often manipulated to benefit members of the boys club (as discussed in chapter 2).

Lack of incentives

- 6.24** Inquiry participants criticised the Ambulance Service for not providing incentives for working in rural areas. One submission author remarked: 'Why is it that the Police have incentives? Why is it the Fire Brigade have a waiting list for its members to go country? But yet the Ambulance service has the big revolving door in rural remote NSW?'.⁴⁶⁸
- 6.25** The benefits of incentives applies equally to Level 2 officers on their postings, as well as to fully qualified paramedics. One submission suggested that the introduction of incentives would allow for:

⁴⁶³ Submission 18, p 1

⁴⁶⁴ Submission 42, Name suppressed, p 1

⁴⁶⁵ Submission 35, Michael Taylor, p 3

⁴⁶⁶ Submission 35, p 3

⁴⁶⁷ Submission 35, p 4

⁴⁶⁸ Submission 18, p 2

... skilled officers from the metro areas to come out and work at these stations, which would provide the new officers with a good skills mix to work with. Under the current scheme there is no incentive or any attraction for these skilled officers to go and experience working in the country.⁴⁶⁹

6.26 A request for incentives was also put forward in the submission from the Australian Medical Association, which stated '[o]ur members in rural and regional NSW believe that a system whereby ambulance officers are rewarded for work in rural and regional towns needs to be implemented'.⁴⁷⁰

6.27 Inquiry participants offered numerous suggestions for incentives to the Committee. The author of Submission 18 suggested:

... offering full internet access (they trust us with people's lives but not the net), pay TV, some exercise equipment on station, gym memberships (if the town has one), free entry to the local pool. More interaction with the services educators. Paying for the officer to do some outside courses. Monetary incentives if the officer completes a certain number of years such as \$5000 a year for 3 years in the one town. Career incentives such as the use of extra skills, pharmacologies etc whilst posted to these towns. A pick of postings once a certain amount of years are completed.⁴⁷¹

6.28 Another submission recommended providing a higher level of training in rural and remote areas, asserting that many officers 'will appreciate the opportunity to advance their training instead of applying for a transfer not long after they are posted to the position'.⁴⁷²

6.29 A similar recommendation was made in the submission from Mr John Murphy, Ambulance Officer, who expressed the opinion that structured learning programmes on new skills and pharmacologies would provide strong incentives for officers to work in rural areas. Mr Murphy also suggested that there be a set term for all Level 2 officer postings, rather than the uncertainty that exists now.⁴⁷³

6.30 The suggestion for a set term posting was also made in the submission from Mr Sparks, which stated:

They could actively recruit for these branches provided they could give the same guarantees to potential officers similar to what I received in 1977 i.e. after the first 12 months of training the officer would be permanently posted to a branch in the District Officers Area. This immediately decreases the stress involved with new recruits worrying about where they will be sent. It increases the likelihood that they will be working near family friends and loved ones, not necessarily in the same town and increases the possibility they will stay in the area.⁴⁷⁴

⁴⁶⁹ Submission 18, p 2

⁴⁷⁰ Submission 164, Australian Medical Association, p 2

⁴⁷¹ Submission 18, p 2

⁴⁷² Submission 126, Name suppressed, p 2

⁴⁷³ Submission 66, Mr John Murphy, p 1

⁴⁷⁴ Submission 115, Mr Peter Sparks, p 3

- 6.31** Inquiry participants also suggested a strong incentive could be to reward officers for working in rural or remote areas through the transfer system. This will be discussed in the following section.

Transfers

- 6.32** Transfers are closely linked to the issue of rural postings. Inquiry participants expressed considerable dissatisfaction with the Service's current transfer process, particularly the inconsistent approach of management in approving transfers.
- 6.33** One issue for Level 2 officers, outlined in Submission 102, is that some officers are 'given positions in Sydney stations straight from school, whilst people who have spent time in the bush and have done the hard work are not given a fair chance to return to the city if desired'.⁴⁷⁵
- 6.34** Officers complained that the Ambulance Service does not recognise or reward employees who spend time in rural or remote areas, unlike the reward system used in other professions such as teachers, police and nurses.⁴⁷⁶ One submission commented: 'If you do your required two years and apply for positions that are more suitable, no weight is given to your loyalty'.⁴⁷⁷
- 6.35** Mr Murphy suggested that more transfers could be granted and the scheme made more consistent if rural postings were for a set term (as per his earlier suggestion). He observed that many officers who have been posted to rural areas feel frustrated, have decreased morale, and look for any opportunity to get a transfer. He suggested:

If all level 2 officers were sent to fill the many vacancies that occur in the country with a set term of stay then many officers who have already been in the country for a period of time would be able to apply and get back to Sydney.⁴⁷⁸

- 6.36** The issue of transfers does not only apply to Level 2 officers on postings; it equally applies to permanently placed officers wanting to transfer from rural to metropolitan areas, or vice versa.
- 6.37** Several inquiry participants' partners were employed some distance away from them. One paramedic, whose wife was employed in another town over 12 hours away, was only able to meet her three times a year. He told the Committee that it took four years before the Service finally transferred him to the same location.⁴⁷⁹
- 6.38** This was echoed by Mrs Kylie Lamey, Ambulance Officer, in her submission to the Committee:

Transfers within the Ambulance Service are poorly dealt with. Lateral transfers on compassionate grounds are made so difficult that it is virtually impossible. Again, this

⁴⁷⁵ Submission 102, p 2

⁴⁷⁶ Submission 73, p 6

⁴⁷⁷ Submission 158, Name suppressed, p 4

⁴⁷⁸ Submission 66, p 1

⁴⁷⁹ Submission 73, p 6

puts families at a significant disadvantage. If a female has a partner (ie. another emergency service worker) who transfers, there is no provision to allow spousal transfers. It is a case of 'too bad'. The only option is to take leave without pay or resign.⁴⁸⁰

- 6.39** It was also suggested that there have been occasions where management have unethically utilised transfer lists as a 'reward system', with some officers being rewarded transfers ahead of others who have been waiting for longer periods purely as a result of nepotism.⁴⁸¹
- 6.40** The Head Review also considered the issue of transfers, and made a recommendation to develop 'a staff transfer policy that is clearly understood, is applied fairly and transparently, and provides the opportunity for feedback to staff on their applications'.⁴⁸²
- 6.41** As part of the Special/Work Value case before the NSW Industrial Relations Commission (NSW IRC), the Ambulance Service proposed a revised transfer system that aims to reward staff for service in rural and remote locations. According to the proposal, 'points' will be allocated after two years of service in a location. These points will be awarded to staff to give them higher priority in the transfer process.⁴⁸³
- 6.42** Further, in its submission to the Inquiry, the Service stated that it will consult with ambulance officers and the HSU to develop a clear and consistent transfer policy for compassionate transfers; and will centralise the management of transfer requests to provide greater flexibility, objectivity and transparency in the process.⁴⁸⁴
- 6.43** Since the Service's evidence was received, the NSW IRC has handed down its decision, which includes incentives for paramedics working in designated rural and remote locations in NSW to be trialled over the next three years. These incentives include rental subsidy; HECS reimbursement; priority for clinical enhancement; and a points transfer system to non-promotional positions.⁴⁸⁵

Committee comment

- 6.44** The Committee notes with concern that the Service and the HSU had been involved in discussions about changes to the transfer system for three years,⁴⁸⁶ and were still unable to reach an agreement on this important policy matter. This is completely unacceptable.
- 6.45** We agree that a clear, fair and transparent transfer policy is essential. We support the recent NSW IRC decision to introduce rural and remote incentives, and the new points transfer system.

⁴⁸⁰ Submission 62, Mrs Kylie Lamey, p 3

⁴⁸¹ Submission 37, Name suppressed, p 4

⁴⁸² NSW Department of Premier and Cabinet, *Performance Review - Ambulance Service of NSW*, June 2008, p 12 Throughout the chapter this report will subsequently be referred to as the 'Head Review'.

⁴⁸³ Head Review, p 77

⁴⁸⁴ Submission 141, NSW Health, p 43

⁴⁸⁵ Ambulance Service of NSW, 'Major Industrial Case: The Facts', 2008, p 1

⁴⁸⁶ Answers to additional questions on notice 4 July 2008, NSW Health, Question 13, p 1

Local recruitment

6.46 Several inquiry participants suggested that many of the problems related to rural postings and transfers could be overcome if the Service recruited locally.⁴⁸⁷ One participant asserted, 'by not recruiting state wide the ambulance service sets themselves up for the situation they find themselves in today i.e. majority of paramedics wanting to work metro'.⁴⁸⁸

6.47 In his submission to the Committee, Mr Sparks expressed his understanding that local recruitment drives in the past have been costly, and have not necessarily produced sufficient numbers of recruits. He contended that the drought may have changed this situation, and there may now be a resource pool that was not available in the past:

A large number of young farmers are working away from their parents farms at present to bring in extra income and the majority of these would meet our recruitment standards very well. They have studied at University level in both Business and Agricultural Science Courses, they are motivated people used to lots of stress, they are used to driving trucks and handling large machinery, they perform invasive veterinary skills similar to those practiced by our officers and they are used to living in places like Hillston, surely they present us with an opportunity to stabilize our work force in these problem towns.⁴⁸⁹

6.48 The recommendation for recruiting locally was further supported by the author of Submission 61:

With regard to rural areas and specifically communities that are always struggling to get Paramedics to stay in town for more time than they absolutely have to, why are we not recruiting directly from those communities, rather than sending a "city slicker" out there, forcing them to leave their families behind to go to a place where they will never stay. I am absolutely certain that within these communities reside individuals that would be perfectly suited to "the job", and who would be very happy to be recruited specifically for their home town...⁴⁹⁰

Committee comment

6.49 The Committee agrees that recruiting local people in rural areas may overcome a number of the issues raised in this chapter. Therefore we recommend that the Service consider the feasibility of rural recruitment drives.

Recommendation 22

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

⁴⁸⁷ For example, see Submissions 81, 95 and 102

⁴⁸⁸ Submission 93, Name suppressed, p 6

⁴⁸⁹ Submission 115, p 3

⁴⁹⁰ Submission 61, Name suppressed, p 4

Skills in rural areas

- 6.50** This section considers the lack of clinical advancement opportunities for qualified paramedics who permanently reside in rural areas, namely in relation to the levels of Intensive Care paramedic and Advanced Life Support paramedic.
- 6.51** The issue of Level 2 officers not feeling adequately trained before being posted to rural areas, where they often work alone and without backup, was discussed in chapter 5 – Recruitment and Training.

Intensive Care paramedics

- 6.52** The opportunity to advance to Intensive Care paramedic is only available to officers that live in metropolitan areas, or in a small number of rural areas. This has caused considerable consternation amongst many ambulance officers, as expressed in Submission 73:

Despite the willingness, ability, and desire that I and many other Officers that are employed in the country have, the ability for advancement has been taken away from them ... training as an 'Intensive Care' Paramedic, requires you to be lucky enough to be stationed in the city or at one of the TWO, yes only two, rural stations of Dubbo or Wollongong that are allowed to train 'Intensive Care' Paramedics.⁴⁹¹

- 6.53** Another frustrated officer stated: 'Should all paramedics not be able to be the best they can be in order to benefit patients? Every paramedic should have the opportunity to advance to the highest clinical level in the ambulance service if he/she has the ability to do so'.⁴⁹²
- 6.54** This was further reiterated by Mr Roxburgh, who asserted that all officers should be given the opportunity to progress to the highest level 'through natural progression via divisional schools, distance education, skills practice and maintenance through the larger major hospitals and station utilisation of Clinical Training Officers'.⁴⁹³
- 6.55** In its submission to the Committee, the AMA included comments made by one of its members which outlined the benefits of having more intensive care (Level 5) positions in rural areas:

Training is the other Issue, as officers in small towns must leave their small towns in order to access paramedic training. This is discriminatory and unfair to rural communities. Many young officers end up leaving small towns simply to improve their career path. If paramedic training was more accessible and level 5 positions were made available in small towns, we would have a much more vibrant ambulance service in rural areas. Towns that frequently have no doctor are ideal for level 5 officers, with their advanced skills being potentially life saving in many clinical scenarios.⁴⁹⁴

⁴⁹¹ Submission 73, p 7

⁴⁹² Submission 93, p 7

⁴⁹³ Submission 49, p 2

⁴⁹⁴ Submission 164, p 2

- 6.56** Mr Roxburgh acknowledged that the Ambulance Service is slowly starting to ‘evolve the training to be more inclusive of country officers’, but that country officers are still disadvantaged compared to their city counterparts ‘by virtue of the fact that it is so much harder to become qualified as a full paramedic out in the country’.⁴⁹⁵
- 6.57** Likewise, it was noted in one submission that the Service has previously announced its intention to train adequate numbers of rural officers to the Level 5 grade, ‘however we are still waiting for them to implement this plan’.⁴⁹⁶

Committee comment

- 6.58** The lack of Intensive Care Paramedic training available in rural areas places both rural paramedics and rural communities at a significant disadvantage. The Committee notes that the training is currently available in Dubbo and Wollongong, and is of the opinion that this should be extended to more rural areas.

Recommendation 23

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

Advanced Life Support paramedics

- 6.59** Another issue raised in evidence is the abolition of training for Advanced Life Support (ALS) paramedics in rural areas. This skill level (Level 4) was specifically developed in response to the needs of rural and remote communities. ALS paramedics were trained to provide patients in those communities with more specialised care, given the low number of Intensive Care paramedics in rural areas.⁴⁹⁷
- 6.60** In a supplementary submission to the Inquiry, Mr Chris Cousins, Ambulance Officer, advised the Committee that as a result of previous reviews which identified a lack of advanced skilled officers in rural NSW, the (now abolished) Ambulance Board introduced a policy to train all operational officers to the ALS level.⁴⁹⁸
- 6.61** Mr Cousins stated that the Service trained nearly 50 per cent of officers to this level, before the policy was suddenly abandoned by the then Chief Executive. As a result of this, the Ambulance Service ceased training Level 4 paramedics in rural areas over a decade ago.⁴⁹⁹

⁴⁹⁵ Mr Roxburgh, Evidence, 4 July 2008, p 26

⁴⁹⁶ Submission 22, Name suppressed, p 1

⁴⁹⁷ Submission 126, p 1

⁴⁹⁸ Supplementary submission 78a, Mr Chris Cousins, pp 8-9

⁴⁹⁹ Submission 22, p 1

6.62 While officers acknowledged that since then the skill level of Level 3 paramedics has increased, one paramedic argued that this is still insufficient, stating ‘there is a need for specific interventions in a rural/remote community not just in metropolitan areas’.⁵⁰⁰

6.63 The number of ALS paramedics in rural areas has dwindled, which has resulted in a reduction in the standard of care available in those communities. This issue was raised by one inquiry participant, who observed:

As ALS officers retire or move away from rural and remote towns the communities no longer have the standard of care they once had and the out going officers are often replaced with level 2 officers awaiting P1 training which can take approximately two years before being undertaken. I would also like to mention some communities have been without ALS paramedics for a long period or have never had them so at present these communities are not receiving the same service as others.⁵⁰¹

6.64 Training ALS paramedics in rural communities also benefits those communities, as highlighted by Mr Cousins in his supplementary submission:

Because country officers had priority of training position (because there was and still is minimal Advanced Life Support officers out there), the flow on effect was that officers were keen to serve in smaller regional and more remote locations because it meant they had priority of training. Being dedicated as ambulance officers are – they were and still are keen to gain higher-level clinical skills so it was worth the trade off to go bush for a few years to get the skills.⁵⁰²

6.65 The gap between the skills of basic paramedics and ALS paramedics was noted by the author of Submission 126, who outlined the different drugs that ALS paramedics can apply. These include (among other things) morphine for pain relief; adrenaline and atropine during cardiac arrest; and midazolam for limb realignment, difficult extrication and patient sedation.⁵⁰³

6.66 Submissions emphasised that the significance of not having paramedics who can administer these drugs in rural areas is that the nearest backup is a long way off, and the availability of doctors is limited. This can ultimately mean the difference between life or death.

Committee comment

6.67 The Committee believes that Advanced Life Support paramedics are a significant benefit to rural and remote communities, particularly given the limited access to doctors and medical back-up in these areas.

6.68 We note that ALS training was previously provided in rural areas, and are of the opinion that reinstating this training would not be a difficult task. We therefore recommend that this should occur. Further, as with the previous system, rural officers should be given priority of training, which will serve to benefit both rural officers and rural communities.

⁵⁰⁰ Submission 22, p 1

⁵⁰¹ Submission 126, p 1

⁵⁰² Supplementary submission 78a, p 9

⁵⁰³ Submission 126, p 1

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.

Rural on-call

- 6.69** A significant factor contributing to fatigue (as discussed in chapter 5) in rural areas is the practice of ‘on-call’ duties.
- 6.70** Ambulance officers in rural areas are frequently required to undertake high amounts of on-call duty, to ensure that areas are adequately covered at all times. This has posed significant problems as officers are not getting adequate rest during their rostered days off.
- 6.71** Although ambulance officers are paid accordingly for call-outs, many inquiry participants told the Committee that they would rather have the time off. Officers feel obliged to remain on-call at all times, as discussed by Mr Dennis Ravlich, Manager, Industrial Services, HSU: ‘We have officers who are responding to casualty calls on their days off because of a commitment to the community’.⁵⁰⁴
- 6.72** Mr Ravlich illustrated some of the lengths that rural officers have gone to on their days off, just to get a proper break:
- We have recorded instances where, unfortunately, some officers feel that on their days off they literally have to leave the town so as not to be put in that bind of trying to combine a period which is supposed to be for their rest and recreation and other activities with their families or friends, yet knowing that the phone could still ring.⁵⁰⁵
- 6.73** The author of Submission 42 commented that the Ambulance Service relies on staff loyalty to cover these towns, and outlined the impact of call-out interruptions on the lives of paramedics:
- Although we are paid for the callouts, there are times when you feel compelled to respond to cases, for example you may be at a social function and co-ord call and say they have no one else to do the case and you feel an obligation to attend, so there are times when even though you are off duty you are not. There are also many functions over the last 29 years that I have been called away from ... You are an ambo 24/7.⁵⁰⁶
- 6.74** One ambulance officer stated that the Service ‘takes advantage of the good natured dedication we have to our job, to the patients we care about with little regard to the impact this has on our health and families’.⁵⁰⁷

⁵⁰⁴ Mr Dennis Ravlich, Manager, Industrial Services, Health Services Union, Evidence, 22 July 2008, p 4

⁵⁰⁵ Mr Ravlich, Evidence, 22 July 2008, p 4

⁵⁰⁶ Submission 42, Name suppressed, p 2

⁵⁰⁷ Submission 93, p 10

6.75 The HSU acknowledged that some officers choose to perform large amounts of on-call as a means of embellishing their pay.⁵⁰⁸ This issue is identical to the issue of officers choosing to undertake large amounts of overtime, which was previously covered in chapter 5.

6.76 The Ambulance Service stated that its plan to address this rural on-call issue is to increase the amount of on-duty time. In evidence to the Committee, Mr Greg Rochford, the Chief Executive of the Ambulance Service of NSW, stated that this has already been done in some areas; while also acknowledging the negative impact that this has on pay rates:

In some of our northern towns where the call-out rate for staff who are on duty at night time has exceeded more than one call a night for an extended period, we have been able to adjust those rosters to put on a 24-hour crew arrangements. That reduces the call-outs and the fatigue of ambulance officers. It means more of the work is done as part of normal rostered duties, and that is an efficient and effective way to run the service but for the ambulance officers involved it means that their access to penalty and call-out pay and overtime pay has been reduced so it does affect their remuneration.⁵⁰⁹

6.77 NSW Health also advised that a second review of rural rosters is underway to identify other opportunities to limit the reliance of on-call duties at smaller stations. The Committee heard that this includes opportunities such as community volunteers assisting in maintaining operations in more remote areas.⁵¹⁰

Single on-call

6.78 A related issue is single on-call duties in rural areas as a Level 2 officer. Inquiry participants expressed concern regarding the inexperience of these officers. One submission noted, '[t]hese junior staff members are often working for the first time unsupervised as a paramedic, with little training and even less experience'.⁵¹¹

6.79 This point was reiterated by the author of Submission 136, who emphasised that Level 2 officers are essentially still in training, and are not yet fully Qualified Paramedics:

It is unfortunate that someone who is for all intents and purposes an advanced beginner is sent out to a rural or remote setting with limited resources and support after just 12 months to be in charge of situations that seasoned Paramedics in metropolitan settings will never have to deal with.⁵¹²

6.80 One submission author, a current Level 2 officer, spoke of their experience working alone in a rural area:

⁵⁰⁸ Mr Ravlich, Evidence, 22 July 2008, p 4

⁵⁰⁹ Mr Greg Rochford, Chief Executive Officer, NSW Ambulance Service, Evidence, 28 July 2008, p 11

⁵¹⁰ Answers to additional questions on notice 4 July 2008, NSW Health, Question 6, p 1

⁵¹¹ Submission 100a, Name suppressed, p 3

⁵¹² Submission 136, Name suppressed, p 6

... this can be a daunting task as a Level 2 officer, let alone being 65km from the nearest back up or hospital facilities. On several occasions I have had to respond to different medical situations including some serious motor vehicle accidents as a single officer. This is a huge learning curve especially when you are still not even 12 months into the job and having this responsibility.⁵¹³

- 6.81** The issue of back-up was also raised by the author of Submission 93, who told the Committee about the situation facing all Level 2 officers working single on-call in Ardlethan:

... there is no other available assistance in the town i.e. no Fire Brigade, no SES, no Rural Fire Brigade, no VRA and most importantly rarely a police officer in town. The local police officer works out of Temora and is sometimes in Ardlethan at night. The closest assistance is 70km away.⁵¹⁴

- 6.82** The issue of single on-call duties is related to the issues of single officer ambulance crews, which will be discussed in chapter 8 – Operational Issues.

Committee comment

- 6.83** The Committee notes with concern the impact of on-call duties on paramedics in rural areas, and acknowledges that due to community obligations, many rural paramedics are effectively on-call at all times.

- 6.84** We note the Service's proposal to increase the amount of on-duty time, and its undertaking to identify other opportunities such as community volunteers; however we are of the opinion that these are only band-aid solutions. The Committee believes that an increase in staffing levels is the best solution to this problem, and refers to its commentary and recommendation on staffing levels made in chapter 5.

- 6.85** We are also of the opinion that the issue of Level 2 officers performing single on-call duties would largely be addressed by an increase to staffing levels in rural communities, which would provide a source of adequate back-up and higher skill mixing in those areas.

Conclusion

- 6.86** The Ambulance Service has given inadequate attention to issues of concern to ambulance officers in rural and remote areas. The evidence shows that the Service has been relying on the goodwill and dedication of ambulance officers to provide 'round-the-clock' services to rural communities, and has failed to provide sufficient or permanent solutions to the challenges faced by ambulance officers in the country.

- 6.87** As demonstrated by the transfer system,⁵¹⁵ it is clear that the constant disputes and disagreements between the union and the Service have only served to prolong the implementation of any meaningful changes. Meanwhile, as the Service and union rage at war

⁵¹³ Submission 102, p 1

⁵¹⁴ Submission 93, p 8

⁵¹⁵ Which has since been resolved as a result of the NSW IRC decision.

with each other, paramedics have been left to bear the brunt of inaction and intransigence, along with their families who may be separated from each other for months if not years.

- 6.88** It is clear from the evidence raised in this chapter that paramedics, being the people on-the-road and in the communities, have a plethora of intelligent ideas and viable solutions to address the Service's issues.

Chapter 7 Occupational Health and Safety

Ambulance officers encounter a range of physical and psychological occupational health and safety (OH&S) risks in their line of duty. Two of the major OH&S risks have already been covered elsewhere in this report; namely the physical risks related to fatigue, and the psychological risks created by bullying and harassment.

This chapter will consider some of the other OH&S risks raised in evidence, including station conditions; violence against ambulance officers; and inadequate physical fitness and injuries. It will also examine suicide, and the support services in place to assist officers with their psychological health and safety.

Physical health and safety

Station conditions

- 7.1** Many inquiry participants lamented the poor physical condition of ambulance stations across NSW. For example, with regard to the condition of stations in the Sydney Division, Submission 207 states:
- ... you will find stations that are and/or have; infestations of vermin, exposed wires, in obvious neglect, in urgent need of repairs, lacking any ongoing maintenance, asbestos, trip hazards, inadequate heating/cooling, inadequate lighting, signage from bygone eras, inadequate security to name just a few infractions.⁵¹⁶
- 7.2** The problems are not confined to metropolitan Sydney. One witness commented on the stations in the Central Coast, saying ‘we have got terrible old buildings that are not functional. The girls do not even have a shower to use at Toukley. They have got to go into the men’s toilet, for instance. There is nowhere to get changed’.⁵¹⁷
- 7.3** According to Mr Wayne Power, Ambulance Officer, many stations ‘were constructed in the 1960s and 1970s and very little capital works have been carried out since’. He commented that staff, purely for pride, have carried out their own maintenance around the stations.⁵¹⁸
- 7.4** Part of the Health Services Union (HSU) submission from the North Coast Ambulance Sub-Branch states that there are many stations in that area that require long overdue maintenance. These repairs are required to address occupational health and safety hazards; aesthetic and comfort issues such as the replacement of the station roof and painting; plumbing/drainage maintenance; and the lack of security doors and windows. It claims that stations in Maclean, Bonalbo, Urbenville, Murwillumbah, Byron Bay, Evans Head, Kingscliff, Mullumbimby and Kyogle all require maintenance work.⁵¹⁹

⁵¹⁶ Submission 207, Name suppressed, p 4

⁵¹⁷ Witness K, Published in-camera evidence, 28 July 2008, p 7

⁵¹⁸ Mr Wayne Power, Ambulance Officer, Ambulance Service of NSW, Evidence, 4 July 2008, p 35

⁵¹⁹ Submission 55, Mr Michael Williamson, General Secretary, Health Services Union, pp 41-46

- 7.5 Asbestos at stations is another issue that was raised in evidence. Many stations across the State are believed to have asbestos. As a result, in 2005, the Ambulance Service had 188 facilities that were constructed prior to 1988 audited for hazardous materials. The audit was conducted in consultation with the HSU and minor works were carried out at seven stations. The audit will be updated in 2009.⁵²⁰

Committee comment

- 7.6 The Committee notes with concern the evidence received documenting the disrepair of many stations. We acknowledge the Ambulance Service's audit of stations for hazardous materials and look forward to the updated findings in 2009.
- 7.7 It is important that all ambulance stations are safe for ambulance officers to work in, and they should therefore be maintained effectively so as to minimise any occupational health and safety hazards. We recommend that the capital works budget be increased to facilitate the upgrades and repairs of stations.

Recommendation 25

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

Violence against officers

- 7.8 The nature of an ambulance officer's job involves assisting people who are experiencing stressful, traumatic, and often dangerous situations. The unpredictability of people's reactions in such situations can result in officers finding themselves in an unsafe situation:

Our job requires us to go into people's houses; this is the most dangerous environment for any emergency service. People are unpredictable and often we are placed in potential and real danger from the public.⁵²¹

- 7.9 The issue of violence against ambulance officers has been noted in a number of recent newspaper articles.⁵²² These articles highlight the increasing number of violent attacks against officers, and call for penalties to discourage such actions. The Committee has also heard evidence from suggesting that incidences of violence against ambulance officers are becoming more common:

Definitely violence in the workplace is escalating. It is just the nature of the business these days. We are dealing with more violent people or more violent situations, where

⁵²⁰ Submission 141, NSW Health, p 33-34

⁵²¹ Submission 167, Name suppressed, p 1

⁵²² Ramachandram A, 'Ambo grabbed round the throat: police', *The Sydney Morning Herald* <<http://www.smh.com.au/articles/2008/08/05/1217702001523.html>> (accessed 5 August 2008); Sikora K, 'It's a jungle – officers abused and bashed', *The Daily Telegraph*, 11 August 2008, p 13; 'Ambos bashed and assaulted daily', *The Australian* <<http://www.theaustralian.com.au/story/0,25197,24157779-5006784,00.html>> (accessed 12 August 2008)

we are first response to the scene without the services of police on occasions, or most of the time, when we unwittingly put ourselves in a situation where there is violence against us.⁵²³

- 7.10** Ambulance officers reported that they often do not receive sufficient warning of potential violence when responding to call-outs. This lack of information increases the chances of ending up in precarious situations, or being under-prepared to deal with a situation:

When police get called to attend an address for any type of call their dispatching system can give on the spot advice over the radio before they get to their destination on any intelligence, persons of interest, whether weapons could be there or if they have any issues there in the past. Ambulance Officers get responded to the same locations night after night and have no idea what they are walking into.⁵²⁴

- 7.11** This is related to the issue of ambulance officers being separated from their partners and not being equipped with portable radios, which will be discussed in chapter 8 – Operational Issues.

- 7.12** Concern has also been expressed that the new ambulance uniforms bear a striking resemblance to those of the NSW Police. It was suggested that in volatile situations, an inability to quickly distinguish between an ambulance officer and a police officer may result in accidental harm to an ambulance officer:

It may seem a fairly insignificant thing to some but I have noticed since we changed uniform, going from a white shirt and blue pants to a dark blue uniform, the number of people have commented in public that we look a lot like police. That perception can lead to violence against us in a volatile situation where we are not actively recognised. That does happen.⁵²⁵

- 7.13** Another issue, identified in the Head Review, is that ambulance officers may find themselves responding to situations where police have not been called, or are slow to respond:

Ambulance Service staff have reported that Police are often reluctant to attend certain incidents, particularly assaults at licensed premises and domestic violence incidents, and that Ambulance officers have become ‘de facto Police’. They are dispatched to these scenes and become the authority in attendance, often with resultant threats or risks of violence.⁵²⁶

- 7.14** This heightens the possibility that violence will be directed towards ambulance officers, and places an unreasonable expectation on ambulance officers of having to both treat a patient and control the scene. The Ambulance Service and the NSW Police are both aware of the dangers of such situations, and have established a working party to develop protocols and procedures for handling such incidents. The working party is expected to report shortly.⁵²⁷

⁵²³ Mr Power, Evidence, 4 July 2008, p 33

⁵²⁴ Submission 183, Name suppressed, p 2

⁵²⁵ Mr Power, Evidence, 4 July 2008, p 33

⁵²⁶ NSW Department of Premier and Cabinet, *Performance Review: Ambulance Service of NSW*, June 2008, p 70. Throughout the chapter this report will be referred to as the Head Review.

⁵²⁷ Head Review, p 70

- 7.15** A second issue that the working party will consider is the recent changes to the *Mental Health Act 2007* (NSW). The changes now allow paramedics to transport mental health patients without the assistance of police, causing some alarm amongst paramedics who feel under-equipped to deal with mental health patients without this support. One officer commented:

The recent changes to the Mental Health Act are interesting. As far as I can tell they divest some of the powers held by the Police and grant them to Paramedics ... Paramedics don't want to independently disarm, search, restrain, sedate or schedule mental health patients. We are not appropriately trained in any of those areas. We will be putting ourselves in greater danger ... ⁵²⁸

- 7.16** Similar concern was raised by the Chair of the Greater Southern Area Health Advisory Council, Mr Ian Stewart, who stated in his submission:

The transporting of seriously mentally ill patients needs improving, together with the relationship between and differential responsibilities of the police and the ambulance service.⁵²⁹

- 7.17** NSW Health advised that it has a policy entitled 'Zero Tolerance Response to Violence in the NSW Health Workplace' to respond to the problem of violence against officers. This policy sets out the guidelines and framework to identify, assess and respond to incidences of violence.⁵³⁰ The policy outlines approaches to dealing with both internal workplace violence, such as bullying and harassment, and external violence directed towards ambulance officers by the wider community.

Committee comment

- 7.18** While the 'Zero Tolerance Response to Violence in the NSW Health Workplace' policy provides a good framework for dealing with violence against officers, the Committee considers that the Ambulance Service must explore additional methods of increasing the safety of ambulance officers when performing their duties, both in terms of treating patients at the scene and transporting patients to medical facilities. This will enable paramedics to focus on providing patients with the best possible care.

- 7.19** In particular, the Ambulance Service should look at developing procedures to provide information to officers about potential violence when responding to call-outs.

Recommendation 26

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

⁵²⁸ Submission 111, Name suppressed, p 3

⁵²⁹ Submission 121, Mr Ian Stewart, Chair, Greater Southern Area Health Advisory Council, p 1

⁵³⁰ NSW Health, *'Zero tolerance: response to violence in the NSW Health workplace – Policy and Framework Guidelines'*, July 2003

- 7.20** The Committee is also concerned about the evidence suggesting that paramedics may be confused with police officers as a result of the new uniform. We believe that the uniform should be modified somehow (such as by adding a large first-aid cross for example) in order to more clearly identify paramedics from other uniformed workers.

Recommendation 27

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

Physical injuries

- 7.21** Some ambulance officers raised concerns during the Inquiry regarding physical injuries caused in the line of duty. For example, the author of Submission 31 informed the Committee that the new ambulance stretchers are significantly heavier than previous stretchers, which has caused a number of injuries to ambulance officers using the stretcher.⁵³¹
- 7.22** Another paramedic also noted the potential for injuries, particularly back injuries caused by heavy lifting and ‘working in awkward situations’.⁵³² They criticised the Service for not encouraging or providing incentives for staff to maintain their strength and fitness:

Unlike the NSW Fire Brigade who actively encourage and financially support their officers to attend a gym, the ASNSW expects that you will keep fit in your own time and at your own expense. There are ample opportunities for rural officers to attend a gym due to their reduced workload compared to the metropolitan staff. This is especially important as officers on call and relief do not sometimes have the opportunity to attend the gym after work.⁵³³

- 7.23** This was reiterated by Witness Q in evidence to the Committee, who stated:

Fitness training – there is none; it is non-existent. The service has a medical standard to gain employment, but it does not provide any opportunity for staff to maintain that standard, and there is no incentive to do so.⁵³⁴

Committee comment

- 7.24** Given the potential for injuries due to the nature of paramedic work, the Committee considers that it is important for paramedics to maintain appropriate levels of strength and fitness. This is also a risk management strategy for the Ambulance Service. Therefore we recommend that the Service provide OH&S guidelines to encourage staff to maintain their health, strength and fitness.

⁵³¹ Submission 31, Name suppressed, p 2

⁵³² Submission 42, Name suppressed, p 1

⁵³³ Submission 42, p 1

⁵³⁴ Witness Q, Published in-camera evidence, 28 July 2008, p 10

Recommendation 28

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

Psychological health and safety

7.25 As discussed in chapter 3, many officers have experienced depression and anxiety, and in some cases have committed self-harm or suicide as a result of bullying and harassment within the Service. Dr Carlo Caponecchia, a Lecturer from the School of Risk and Safety Sciences, University of New South Wales, emphasised to the Committee that bullying and harassment are occupational health and safety issues:

... they are not just conduct problems, they affect people's health and wellbeing, and that is what occupational health and safety is about. Health is not just absence of disease; it is a complete state of physical, mental and social wellbeing.⁵³⁵

7.26 Inquiry participants acknowledged that it is not only bullying and harassment that impacts the psychological health and safety of officers, it is also the inherently stressful nature of paramedic work whereby officers are dealing with ill or injured people under difficult or life threatening circumstances.

The level of suicide in the Ambulance Service

7.27 Suicide has been a prominent theme throughout this Inquiry. Two key issues regarding suicide within the Service have been raised during the Inquiry. First there is a perception that the rate of suicide is higher in the Ambulance Service than other comparative professions. Further, there is a view that the level of suicide in the Service is indicative of a highly dysfunctional working environment in which management fail to offer their employees adequate support.

7.28 It is difficult, if not impossible to substantiate claims that the level of suicide is higher among NSW paramedics than comparable occupations. Suicide in the general community occurs at the rate of about 10 deaths per 100,000 people per year. However, this rate differs markedly within the general population. For example, for males aged between 30-34 years the rate is 27.5 deaths per 100,000.⁵³⁶

7.29 According to NSW Health, nine Ambulance Service employees have taken their own lives over the last 10 years. Given that 70 per cent of ambulance officers are men, many of whom would be in the 30-44 age bracket, it would appear that the rate of suicide amongst officers is not markedly higher than the general population.⁵³⁷

⁵³⁵ Dr Carlo Caponecchia, Lecturer, School of Risk and Safety Sciences, University of New South Wales, Evidence, 28 July 2008, p 4

⁵³⁶ Answers to questions on notice 4 July 2008, NSW Health, Question 16, p 1

⁵³⁷ Answers to questions on notice 4 July 2008, NSW Health, Question 16, p 1

- 7.30** However, it should be noted that this is only the rate of completed suicides. The Committee received evidence that the rate of *attempted* suicides may be higher, and such attempts are not recorded. The rate of ambulance officers who have committed suicide after leaving the Service is also not recorded.
- 7.31** As there is no national data set on occupation and suicide, it is not possible to assess whether or not the rate is higher than comparative occupations. In any event, according to NSW Health, occupation is not a major predictor of suicide.⁵³⁸ Regardless of whether the rate of suicide is higher in the Ambulance Service compared to other occupations or not, there is no doubt that the lack of support and empathy demonstrated by management contributes to some officers' feelings of deep despair. This was raised in chapter 2.

Staff support services

- 7.32** The Ambulance Service staff support program aims to provide confidential intervention for the early detection and resolution of work and personal problems affecting employees. The program is comprised of three elements:
- Employee Assistance Program
 - Peer support
 - Chaplaincy services.⁵³⁹
- 7.33** Employees can refer themselves to these services or be referred by a manager, work colleague, peer support officer or Ambulance Chaplain.

Employee Assistance Program

- 7.34** The Employee Assistance Program (EAP) provides free, professional counselling for personal or work related problems for employees and their immediate family. The program also assists managers and staff to resolve workplace issues, including advice on traumatic incidents and arrangements for on-scene support following a traumatic incident.
- 7.35** In the 12 months prior to July 2008, face-to-face counselling was used on 544 occasions, the 24-hour telephone counselling line was used on 124 occasions and the manager assist 24-hour phone service was used 24 times. Post-traumatic support (previously referred to as critical incident debriefing) was provided on four occasions in the last two years, with one occasion in the last 12 months.⁵⁴⁰

Peer support officers

- 7.36** Peer support officers are paramedics who receive training from the Ambulance Service to support their colleagues and their families. These officers are frequently the first point of

⁵³⁸ Answers to questions on notice 4 July 2008, NSW Health, Question 16, p 1

⁵³⁹ Submission 141, p 31

⁵⁴⁰ Professor Debora Picone, Director General, NSW Health, Evidence, 4 July 2008, p 12

contact for ambulance crews affected by a traumatic workplace incident and are often the primary source of referrals to the EAP or Ambulance Chaplains. There are currently 112 peer support officers. These positions are voluntary and are not remunerated. According to the General Manager of Operations in the Ambulance Service, Mr Michael Willis, peer support officers are very good at recognising colleagues who may require assistance:

Given the nature of our work, health professionals are often reluctant to step forward and to highlight that they need a bit of a hand. That is where the peer support officers and the chaplaincy program come into play. They almost seek out those officers who are perhaps a little shy in coming forward.⁵⁴¹

Chaplaincy

- 7.37** Ambulance services throughout the world have traditionally engaged chaplains to provide non-denominational individual counselling, pastoral care and spiritual support to their employees and to patients and their families who may be affected by traumatic incidents. Chaplains also undertake memorial and civil services for staff, their families and ambulance patients. There are currently 20 Ambulance Chaplains who volunteer their time for the Ambulance Service.

Review of staff support services

- 7.38** Significant problems regarding aspects of the staff support services provided by the Service have been identified during this Inquiry. The Head Review recommended that the Service should evaluate its staff support services and take any action on the findings of the evaluation by mid-2009. This recommendation was supported by NSW Health.

Management response after traumatic events

- 7.39** Numerous submission authors criticised the Service for failing to respond adequately to officers following traumatic incidents. They were particularly angry that they were expected to attend jobs soon after being involved in a traumatic case. As Witness J told the Committee, while the staff support program looks ‘fantastic’ on paper the issue is:

Does management encourage you to use it? ... If you go to a big job, a SIDS death, a paediatric arrest, a near drowning ... I would expect and want some sort of debriefing from that. I personally would say “I am sorry but I am not going to be able to respond until I have had an opportunity to speak to somebody. But really what happens is that the radio coordinator will say “Are you ready for another one? ... Unless you have the courage to say “Can you ask the inspector to ring me? It does not happen⁵⁴²

⁵⁴¹ Mr Michael Willis, General Manager, Operations, Ambulance Service of NSW, Evidence, 4 July 2008, p 12

⁵⁴² Witness J, Published in-camera evidence, 22 July 2008, p 5

- 7.40 Witness J believes that most people would just take another job rather than ask to be taken off the road so that they could receive assistance: 'I think the culture is that people just pick up and carry on'.⁵⁴³ Witness C described a similar attitude among managers:

For the DOs [District Officers] it is a sort of a cursory "Do you lot want counselling? Righto, let's go." They are very quick to get you back out on the road.⁵⁴⁴

- 7.41 This same witness told the Committee about a colleague whose manager displayed a breathtaking lack of empathy:

Recently a friend has had an awful time with just a couple of really bad childbirths and stuff like that. Apparently one of the DOs said to her, "I find the best counselling is drinking bourbon and watching porn. Do you want to do that?"⁵⁴⁵

- 7.42 The Head Review also reported concerns about the role of management in staff support and the tension between Operation Centre staff and frontline officers following traumatic events:

It was reported that Operations Centre staff frequently (though often reluctantly), requested that affected ambulance crews make themselves available to respond to further calls.⁵⁴⁶

What is critical incident stress debriefing?

- 7.43 Several officers complained about the absence of formal critical incident stress debriefing (CISD) following traumatic events. Critical incident stress debriefing involves a structured discussion session which is designed to prevent or reduce the symptoms of psychological distress after a traumatic event. While widely supported in the 1990s, debriefing is no longer advocated by many authorities, including NSW Health because it has been shown to be either unhelpful if not damaging.⁵⁴⁷

- 7.44 Several officers argued that formal debriefing should be provided by the Service and did not seem to be aware that it could be counterproductive:

It is well recognized that debriefing after a major job or emotional, stressful job is the best way combat post traumatic stress but in all my years of service I have only been to one debriefing.⁵⁴⁸

- 7.45 Other inquiry participants suggested that debriefing should be mandatory for recognised high risk traumatic jobs so as to avoid the perceived stigma of needing help and preventing post

⁵⁴³ Witness J, Published in-camera evidence, 22 July 2008, p 5

⁵⁴⁴ Witness C, Published in-camera evidence, 4 July 2008, p 8

⁵⁴⁵ Witness C, Published in-camera evidence, 4 July 2008, pp 8-9

⁵⁴⁶ Head Review, p 81

⁵⁴⁷ NSW Health Policy Directive PD 2005 – 234: *Effective Incident Response Framework for Prevention and Management in the Health Workplace*, January 2005, p 25

⁵⁴⁸ Submission 52, Name suppressed, p 2

traumatic stress disorder.⁵⁴⁹ One paramedic commented: ‘Compulsory counselling should be regularly provided by the service. Not the self serve system they have now’.⁵⁵⁰

- 7.46** In his submission to the Committee, Mr William Clifford, Ambulance Officer, expressed that the Service has been failing to implement its duty of care by not retaining the critical incident program that existed in the 1990s.⁵⁵¹

Officers need ‘time out’ after traumatic incidents

- 7.47** All of the inquiry participants who commented on this issue, whether or not they were advocates of formal critical incident debriefing, were extremely critical of the practice of expecting officers to go to their next job immediately after attending a major incident. These officers said that after such events they need a chance to catch their breath, to calm down and talk things over with their partner, and even clean their vehicles, before being sent to their next job. The author of Submission 153 argued that at the very least, road officers should be contacted to make sure they are alright and to assess if they are ready for further jobs.⁵⁵²

Comparison with other agencies

- 7.48** The Ambulance Service’s response to traumatic incidents was contrasted unfavourably with comparable agencies. According to the author of Submission 109, if someone jumps in front of a train, the driver automatically gets three weeks leave and is offered a counselling program; the Fire Brigade allows officers to take special leave following a traumatic event; and the Police Service maintains a Traumatic Incident Database to identify officers who may need support or counselling following incidents.⁵⁵³
- 7.49** Another inquiry participant told the Committee: ‘On many occasions after major incidents Ambulance officers have attended NSW Fire Brigades Critical Incident debriefings as they have had no contact from their department and needed some help’.⁵⁵⁴
- 7.50** The Committee is aware that NSW Police Officers involved in major incidents are automatically provided with support within two hours of an incident and are taken off the road to stay at their station until further advice.⁵⁵⁵

⁵⁴⁹ For example, Submissions 153 and 158

⁵⁵⁰ Submission 83, Name suppressed, p 2

⁵⁵¹ Submission 54, Mr William Clifford, p 1

⁵⁵² Submission 153, p 4. See also Submission 104

⁵⁵³ Submission 109, Name suppressed, p 27

⁵⁵⁴ Submission 54, p 1

⁵⁵⁵ Telephone conversation between Ms Sharon Buckley, General Manager Health and Wellbeing, Safety Command, NSW Police and Principal Council Officer, 8 August 2008

Concerns about the peer support officer system

Notification of peer support officers

7.51 One of the most frequent concerns raised about the peer support officer program was managers' disinclination to notify peer support officers of traumatic incidents. Witness F, a former peer support officer, described being instructed by a senior manager not to contact officers: 'He actually cautioned me against being proactive in making outcalls to officers. He said, "You do not ring the officers, you sit back and do nothing and you wait for them to ring you, okay?"'⁵⁵⁶

7.52 Frustrated by managers' routine failure to notify traumatic incidents, this witness devised their own notification system:

... on my days off I would watch the local news that night, see the six officers at this case and go, "Oh my god, why didn't I get a phone call?" because I am the only peer support officer in the area and I was not notified. I would then ring the officers and make contact myself, to which case I would hear them say, "Thank god you've rung me. I've been waiting for you to ring me for the last 36 hours."⁵⁵⁷

7.53 On another occasion, Witness F described how a district manager went to see two officers who had experienced a traumatic event. The manager rang Witness F several hours later and said:

By the way, so and so and so and so were involved in this incident. I went and had a cuppa with them. They are all really quite okay. You don't need to contact them, they're fine, hunky-dory. I just thought I'd let you know.⁵⁵⁸

7.54 Nonetheless, Witness F decided to contact these officers, who were relieved to receive a call because they were 'falling to pieces'.⁵⁵⁹

7.55 Ms Louise Hennessy, an Ambulance Service superintendent, told the Committee that the way the peer support officer system works is dependent on the attitude of managers in a particular area:

... after any major incident, I would personally speak with the staff and put in place peer support ... But that is not a broad-based business in the service; there is no standard that would say you would now do this. It tends to be interpreted on the manager's style.⁵⁶⁰

⁵⁵⁶ Witness F, Published in-camera evidence, 22 July 2008, p 7

⁵⁵⁷ Witness F, Published in-camera evidence, 22 July 2008, p 6

⁵⁵⁸ Witness F, Published in-camera evidence, 22 July 2008, p 7

⁵⁵⁹ Witness F, Published in-camera evidence, 22 July 2008, p 7

⁵⁶⁰ Ms Louise Hennessy, Superintendent, Ambulance Service of NSW, Published in-camera evidence, 4 July 2008, pp 7-8

'Red flag' incidents

- 7.56** Witness F referred to a 'flagging' system within coordination centres where high-stress, 'red-flag' cases are supposed to be notified to peer support officers. When asked about the existence of such a system, NSW Health advised that a red flag policy or system had never been used by the Ambulance Service to activate peer support.⁵⁶¹
- 7.57** The witness may have been referring to guidelines published on the Ambulance Service Intranet which list the types of situations for which peer support should be activated. These include: child death, multiple deaths, and the death or serious injury of an employee.

Committee comment

- 7.58** Post-traumatic support for ambulance officers was provided by the Service's professional counselling service on only four occasions in the year prior to July 2008. Given the number of traumatic events witnessed by ambulance officers every day, and the volume of submissions received by the Committee discussing the impact of such events on officers' stress levels, statistics like this would seem to indicate a serious under-utilisation of these services.
- 7.59** Several inquiry participants want the Service to provide critical incident stress debriefing as a matter of course after traumatic events, even though this form of debriefing is no longer recommended. The Service needs to ensure officers understand that this technique is not being offered for sound reasons, and encourage staff to utilise the alternative support services (such as peer support, EAPS and the Chaplaincy) that are available instead.

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.

- 7.60** While formal debriefing is no longer advocated, officers should not be pressured to go to another job immediately after attending a difficult incident. Like their counterparts in the Police Service and Fire Brigades, they should at the very least be contacted by peer support officers and offered 'time out' after such incidents.

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.

- 7.61** In theory, peer support officers are a key component of the staff support program, but it would appear that these officers are seriously under-utilised. Unless they are notified of major incidents, the system will not be effective. The Service should ensure all traumatic incidents (as identified in its own guidelines) are recorded and notified to peer support officers.

⁵⁶¹ Answers to questions on notice 14 August 2008, NSW Health, Question 1, p 1

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.

Training and support for peer support officers

- 7.62** Witness F also raised concerns about the lack of training and support for peer support officers:

The initial training is a token two-day training. They feel that they are unprepared for the role ... I felt really sorry for some of the current peer support officers who do this out of the goodness of their hearts; they get no remuneration, they get no support for what they are doing ... they are thrown out there at the deep end to support the staff, and they are left by managers who say, "Oh well, we are solving this. Let's tick a box and put this lovely little program together". It is good on paper but it is lip service: it does not work. It is pretty appalling. If the peer support program was run better it would work better, but it is only one solution to a part of the problem.⁵⁶²

- 7.63** The Committee heard from officers who feel that both the peer support officer system and Chaplaincy service is not being actively promoted and thus under-utilised:

... I have noticed in the past couple of years, though, that our peer debrief system appears to have either fallen over or it is not as well promoted as it was. I was only commenting to the chaplain earlier today that a lot of the staff out there at the moment could not name the peer debriefers that we have, whereas that was not the case years ago when the system came in. It was actively promoted. It is not so much promoted now. We do not see the chaplaincy service out and about as much as it was. Whether it is a divisional thing or a whole of service thing I cannot comment on. We are aware the service is available but it is not actively promoted. They are more inclined to try to promote you to debrief amongst yourselves, leave it in-house, get over it and get on with it, which is pretty unhealthy.⁵⁶³

Committee comment

- 7.64** The Ambulance Service should be grateful that its officers are willing to volunteer to provide emotional support to their colleagues with no reward other than the satisfaction of helping their fellow officers. It is lamentable that the Service appears to have let this system run down to the extent that it has.
- 7.65** The Service informed the Committee that action is underway to provide refresher training for Peer Support Officers.⁵⁶⁴ The Committee believes that these officers should not only receive regular training, but should be supported in other ways. As part of the forthcoming review of

⁵⁶² Witness F, Published in-camera evidence, 22 July 2008, p 7

⁵⁶³ Mr Power, Evidence, 4 July 2008, p 33

⁵⁶⁴ Answers to questions on notice 4 July 2008, NSW Health, Question 5, p 2

staff support services the Service should examine ways to support and reward officers for their involvement in this important program.

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.

Conclusion

- 7.66** The Ambulance Service needs to address the physical and psychological occupational health and safety risks within the Service, some of which have potentially fatal consequences.
- 7.67** A number of the physical risks, such as fatigue and violence against ambulance officers can be addressed through improved management practices and workplace conditions (as discussed elsewhere throughout this report). Improved management practices can also address the psychological risks to officers, whether they have been caused by bullying and harassment or by traumatic incidents.
- 7.68** While it is not possible to establish if the level of suicide in the Ambulance Service is higher than comparative occupations, it is clear is that a significant number of officers have thought about or attempted suicide, and that they feel that the way they are managed is a major contributor to their poor mental health.
- 7.69** While the necessary infrastructure and policies exist to provide effective emotional support to employees, these are not being effectively utilised. Evidence received by the Committee indicated that this is largely due to managers' lack of empathy and disinclination to link officers with appropriate assistance, or because managers are placed under inordinate operational pressures to put distraught officers back on the road before they are ready.
- 7.70** These are critical issues that management needs to address as a matter of urgency to protect the wellbeing of its staff.

Chapter 8 Operational Issues

This chapter will consider the main operational issues that were raised during the Inquiry, including non-emergency patient transport; single officer ambulance crews; station infrastructure and the Ambulance Service's rescue function. Many of these issues have already been covered by other reviews; and particularly by the recent Head Review. Therefore the Committee will not examine these issues in great detail.

Rescue

- 8.1** The rescue function of the Ambulance Service of NSW has been a contentious issue, and a number of attempts have been made over past years to remove this function from the Service. The recent Head Review also recommended that the Service relinquish this function to the NSW Fire Brigades, noting that the Ambulance Service of NSW is the only service in Australia that maintains a rescue function.⁵⁶⁵ This move was supported by the Chair of the State Rescue Board.⁵⁶⁶
- 8.2** On 3 September 2008, the former NSW Health Minister announced that eight of the 14 ambulance rescue units would be taken over by the NSW Fire Brigades.⁵⁶⁷ The move has sparked significant anger from ambulance officers.⁵⁶⁸
- 8.3** The eight units are located in metropolitan areas. No changes were announced for the remaining six units based in rural and regional areas, which operate on a part-time basis to meet special circumstances.⁵⁶⁹
- 8.4** While the arguments regarding rescue received by the Committee have not changed, it should be noted that the evidence was submitted prior to the Health Minister's announcement.
- 8.5** Some of the submissions received during the Inquiry supported the Head Review recommendation for rescue be transferred. However, the overwhelming majority of evidence was in favour of retaining the Ambulance Service's rescue function.

⁵⁶⁵ NSW Department of Premier and Cabinet, *Performance Review: Ambulance Service of NSW*, June 2008, p 3. Throughout the chapter this report will subsequently be referred to as the 'Head Review'.

⁵⁶⁶ Professor Debora Picone, Director General, NSW Health, Evidence, 4 July 2008, p 16

⁵⁶⁷ Hon R Meagher MP, Minister for Health, 'Consolidation of rescue services delivers boost to frontline Ambulance paramedics', *Media Release*, 3 September 2008

⁵⁶⁸ Wallace N, 'Revamp in vain if rescuers join fire brigade', *Sydney Morning Herald*, 4 September 2008, p 8; Benson S, 'Rescues shut down – Ambulance officers no longer wield the jaws of life', *Daily Telegraph*, 3 September 2008, p 19; Sikora K, 'Paramedics ready to go out in chains', *Daily Telegraph*, 4 September 2008, p 7

⁵⁶⁹ NSW Ambulance Service, *Questions & Answers – Ambulance Rescue*, p 2
<<http://www.ambulance.nsw.gov.au/docs/publications/080903rescueqanda.pdf>> (accessed 4 September 2008)

8.6 In evidence to the Committee, Mr Warren Boon, State Councillor, Health Services Union (HSU), stated: ‘Certainly in my mind Ambulance Rescue, as it stands today, is probably the most highly qualified rescue provider in the State, if not Australia’.⁵⁷⁰

8.7 Inquiry participants cited a number of advantages for retaining the Service’s rescue function. One witness cited the unique skills of a rescue paramedic to both treat and rescue a patient:

The thing about rescue is that it is both mechanical and medical. The two cannot be separated. Other rescue agencies, for instance, can only focus on the mechanical aspect, which may at the end of the operation still leave the patient trapped because they cannot do as much about the physical entrapment upon the flesh.⁵⁷¹

8.8 The ability of rescue paramedics to treat and undertake the rescue of a patient is an essential skill when medical care must be provided immediately in order to maximise the chances of patient survival. The existence of rescue paramedics means that rescues can be undertaken under a variety of circumstances without compromising the standard of patient care:

... Ambulance Officers are well versed in providing pre-hospital care to patients who are in need of urgent medical attention and with further training in the rescue field we are able to access patients in all manner of situations to provide that care. This includes situations of cliff and vertical rescue, road crash, confined space, trench rescue, domestic and industrial rescue, urban search and rescue, accessing beaches and bush tracks in 4WD vehicles and swift water rescues.⁵⁷²

8.9 One of the key arguments put forward by the Head Review for relinquishing the Rescue function was that Ambulance Rescue units are under-utilised. However, NSW Health advised that Ambulance Rescue units undertake a high number of rescues, despite only providing 14 of the 325 rescue units in NSW.⁵⁷³ Figures from the 2005/2006 State Rescue Board annual report show that:

... Ambulance are the second highest provider of rescue services in the state with an average of 204 jobs per year per unit, whilst the Fire Brigade are only performing 23.9 jobs per year per unit.⁵⁷⁴

8.10 The Head Review also suggested that transferring the rescue function to the NSW Fire Brigades may free up to 80 full-time paramedics for non-rescue ambulance work.⁵⁷⁵ This was one of the key bases for the Health Minister’s decision, who announced that the removal of rescue will free up the equivalent of 88 paramedic positions.⁵⁷⁶

8.11 However, this has been disputed by paramedics, with one submission author stating:

⁵⁷⁰ Mr Warren Boon, State Councillor, Health Services Union, Evidence, 22 July 2008, p 5

⁵⁷¹ Witness I, Published in-camera evidence, 22 July 2008, p 1

⁵⁷² Submission 186, Name suppressed, p 1

⁵⁷³ Answers to additional questions on notice 28 July 2008, NSW Health, Question 9, p 1

⁵⁷⁴ Submission 187, Name suppressed, p 3

⁵⁷⁵ Head Review, p 100

⁵⁷⁶ Hon R Meagher MP, Minister for Health, ‘Consolidation of rescue services delivers boost to frontline Ambulance paramedics’, *Media Release*, 3 September 2008

... divesting rescue provision from the Ambulance service won't actually free any ambulances up at all in one sense because the current Ambulance Rescue units are already performing a Rapid Responder role, by attending to medical emergencies and triaging patients in their rescue downtime. To remove rescue units will only serve to bog down even more ambulances at what are already overcrowded hospitals.⁵⁷⁷

- 8.12** According to the HSU, the removal of the rescue function to the NSW Fire Brigades may actually lead to a decrease in the staffing levels for the Service. The HSU argued that the elimination of the career development option of rescue may result in paramedics choosing to leave the Service and pursue other opportunities:

The Ambulance Service will stand to lose quite a substantial number of people. The other side of it is that all these other operational capacities that Ambulance Rescue specialists currently fulfil will go by the wayside. Pretty much everyone I have spoken to has said they will no longer do it if Rescue goes. That is going to put a big hole in the emergency response capability of the State and certainly in health and the Ambulance Service.⁵⁷⁸

- 8.13** This position was supported by Mr Jeffrey Andrew, a project officer for the Extended Care Paramedic program and rescue paramedic:

I am regularly approached by junior staff enquiring about the rescue role and training program. It is a pathway that many paramedics enjoy or look forward to applying for. The loss of rescue I consider to be of great consequence to both staff and the public ...⁵⁷⁹

Committee comment

- 8.14** There was considerable evidence heard in this Inquiry relating to the benefits of the ambulance rescue service to NSW. The Committee recognises the valuable service to NSW provided by the ambulance rescue service.
- 8.15** The Committee is of the opinion that the former Health Minister made a premature decision in transferring the eight full-time rescue units to the NSW Fire Brigades. The Committee does not believe that there has been a sufficient examination of the feasibility and repercussions of ceasing the ambulance rescue function and transferring it to the NSW Fire Brigades.
- 8.16** Recognising that the decision has been made, the Committee urges the Government to ensure that paramedics attend all rescue incidents, as paramedic services are an integral component of the NSW rescue service.

Recommendation 33

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

⁵⁷⁷ Submission 187, p 1

⁵⁷⁸ Mr Boon, Evidence, 22 July 2008, p 6

⁵⁷⁹ Submission 185, Mr Jeffrey Andrew, pp 1-2

- 8.17** The Committee was also informed that rescue paramedics heard about the decision to relinquish the Service's rescue function via sms text message. According to media reports, the significant decision, which impacted the jobs of a large number of Ambulance employees, was only formally announced to rescue paramedics in a letter that was sent out after the decision had been publicly announced in a press conference.⁵⁸⁰
- 8.18** If this is correct, given that the decision was announced well into this Inquiry, which has brought to light the Service's management inadequacies and behaviour, it appears that the senior executive team still has much to learn about dealing with their employees.

Demand Management

- 8.19** The Inquiry considered some of the Service's demand management practices, including non-emergency patient transport; inappropriate use of ambulances; the Extended Care Paramedic program and the ProQA system.

Non-emergency patient transport

- 8.20** A significant proportion of the Ambulance Service's work is taken up with non-emergency patient transports, which consist of patient transfers between hospitals or health facilities, or out-patient appointments that require non-emergency ambulance transport.⁵⁸¹
- 8.21** Although the Ambulance Service operates a Patient Transport Service (PTS) for non-emergency patient transport, the Head Review found that it is inadequately resourced to meet the demand for such services. As a consequence, emergency ambulances are being used for routine patient transport work.⁵⁸²
- 8.22** NSW Health acknowledged this practice in its submission to the Inquiry, admitting that approximately half of all non-emergency transports in NSW are undertaken by emergency ambulances. The Department recognised that this increases response times for emergency cases.⁵⁸³
- 8.23** Paramedics also agreed that '[d]espite a gradual expansion of the PTS, there is still far too much work for the PTS to handle on its own'.⁵⁸⁴ The result of this, noted by one angry participant, is that paramedics are diverted from undertaking emergency ambulance work to do routine patient transports:

⁵⁸⁰ For example, see 'Rescue reprieve for NSW's paramedics', *Daily Telegraph*, 5 September 2008, available at <http://www.news.com.au/dailytelegraph/story/0,22049,24294776-5001021,00.html>; 'NSW Ambos threaten major industrial action', *Live News*, accessed 7 October 2008, available at http://www.livenews.com.au/articles/2008/09/02/NSW_government_scraps_Ambulance_Rescue_Service_via_SMS. See also partially confidential email from (name suppressed) to Principal Council Officer, 7 October 2008

⁵⁸¹ Submission 141, NSW Health, p 1

⁵⁸² Head Review, p 1

⁵⁸³ Submission 141, p 9

⁵⁸⁴ Submission 109, Name suppressed, p 12

... highly trained paramedics with emergency ambulances are basically acting as a taxi service for these patients who are for the most part ambulant and could just as well be driven in a car. They require NO assessment or treatment (as indicated by the fact that where available PTOs transport these patients without assessment or treatment) and in some areas of Sydney there can be fifteen patients being transported by emergency ambulances on a single morning.⁵⁸⁵

8.24 This issue was examined in detail in the Head Review, which recommended that as a priority, the Service should adopt tiering as a means of focusing resources on the greatest need. Tiering involves separating ambulance transport work into two operational streams, emergency and non-emergency. Each stream requires different resources, ambulance fit outs and staff capabilities.⁵⁸⁶

8.25 While acknowledging that tiering will not fully cease the practice of ambulances being used for non-emergency transport, the Head Review maintained that it will help to alleviate demands on emergency resources, and free up paramedics to focus on providing emergency care.⁵⁸⁷

8.26 In its submission to the Inquiry, the HSU agreed that tiering would bring about a range of benefits to the Service:

The Patient Transport Service (PTS) is one area that is strongly supported by evidence from many sources as being one way to improve the availability of ambulance crews to respond to emergencies. This transport tier can provide efficiencies clinically by improving the availability of ambulances to emergency cases as well as improving the ability to dispatch the right crew to the right patient. There are also cost efficiencies as the PTS tier has lower costs when compared to ambulance crews.⁵⁸⁸

8.27 The Review further recommended that a review of non-emergency patient transport be conducted to support progress towards a fully tiered system.⁵⁸⁹

8.28 In line with this recommendation, the Service has agreed to expand tiering of its services. The Service has undertaken to hire an independent consultant to review non-emergency transports to:

- estimate current and future demand;
- determine the appropriate model for delivering the required services; and
- develop a plan for implementation.⁵⁹⁰

8.29 The review will be overseen by a steering committee comprised of representatives from NSW Health, Department of Premier and Cabinet, and NSW Treasury. Consultation will also occur with Area Health Services, the HSU, and other stakeholders.⁵⁹¹

⁵⁸⁵ Submission 11a, Name suppressed, p 1

⁵⁸⁶ Head Review, p 45

⁵⁸⁷ Head Review, p 45

⁵⁸⁸ Submission 55, Health Services Union, p 29

⁵⁸⁹ Head Review, p 9

⁵⁹⁰ Submission 141, p 41

Committee comment

- 8.30** The Committee agrees that the introduction of tiering is essential to maximise the effectiveness of ambulance resources. We therefore support the tiering recommendation in the Head Review, and acknowledge the steps being undertaken by the Service to implement this recommendation. We look forward to hearing about the progress of this when we review the Service in June 2009.

Inappropriate use of ambulances

- 8.31** Inquiry participants felt exasperated over the inappropriate use of ambulances by members of the community, and it was suggested that ambulances are regularly being used as a cheap taxi service.⁵⁹² One officer suggested that about half of their time at work is spent responding to inappropriate calls:

Anecdotally, about 50% of work I attend are cases of people not treating themselves and burdening the Ambulance Service, hospital Emergency Departments, and taxpayer funds. These are non-emergency cases such as headaches, inability to sleep, mild pain, stomach aches, mild flus, etc.⁵⁹³

- 8.32** A similar story was heard from the author of Submission 201, who declared that paramedics are attending ‘thousands of frivolous calls’,⁵⁹⁴ and provided examples from their own experience including:

... tight fitting dentures, squeeze my pimple for me, light my cigarette, a lift to the local shops, I can't sleep, tight fitting shoes, help me put my cardigan on; and all coming through the '000' network.⁵⁹⁵

- 8.33** Another ambulance officer suggested that callers – or sometimes even doctors – request ambulances purely out of habit or convenience, and provide the following examples in their submission:

I don't know how many times I have been transporting a patient who did not really need an ambulance and after casually inquiring as to the location or availability of relatives been told something like, oh my daughter lives nearby but she is at work today and I don't want to inconvenience her. Worse still, the doctor has simply booked an ambulance by habit and we have walked her out and sat her up in the back seat with the family following in a car behind us.⁵⁹⁶

⁵⁹¹ Submission 141, p 41

⁵⁹² Submission 210a, Name suppressed, p 3; also ‘Paramedics on triple-0 calls used as taxi drivers,’ *Daily Telegraph*, 23 July 2008, <<http://www.news.com.au/dailytelegraph/story/0,22049,24062904-5001021,00.html>> (accessed 13 August 2008)

⁵⁹³ Submission 119, Name suppressed, p 1

⁵⁹⁴ Submission 201, Name suppressed, p 2

⁵⁹⁵ Submission 201, p 2

⁵⁹⁶ Submission 210a, p 1

8.34 This issue was also considered in the Head Review, which cited research suggesting that inappropriate ambulance use may range from 15 per cent to 45 per cent of all ambulance transports.⁵⁹⁷

8.35 As a response to these problems, the Head Review noted one suggestion for a co-payment or levy, involving a financial contribution from the person requesting an ambulance, to assist in limiting the number of inappropriate calls.⁵⁹⁸

8.36 In a supplementary submission to the Committee, Mr Chris Cousins, Ambulance Officer, also suggested that the introduction of a co-payment system would decrease the incidences for inappropriate ambulance call-outs:

... the introduction of a co-contribution scheme, which could make ambulance transport for inappropriate cases more expensive than a taxi, would discourage patients from applying pressure on the doctor to order an ambulance and would also discourage them from calling 000 when other means of transport are more appropriate.⁵⁹⁹

8.37 In August 2007, the Ambulance Service participated in a national triple zero education campaign, the first national campaign since 1999, which aimed to build awareness of triple zero and to educate the community about appropriate use of ambulance resources. A number of inquiry participants suggested that further education campaigns are needed to ensure that the community is informed of the correct usage of ambulances:

People call for an ambulance to take them to hospital thinking they will bypass everyone in the hospital waiting room. A public education program by the Department of Health could greatly reduce this problem.⁶⁰⁰

8.38 While acknowledging that media campaigns may be considered expensive, one paramedic noted that they are a much cheaper alternative to employing 300 additional officers: 'What would the Paramedics prefer? 300 extra staff or thousands of less frivolous cases?'.⁶⁰¹

8.39 One submission highlighted that the London Ambulance Service initiated a similar, successful campaign, that could be used as a model for any future campaigns run by the Ambulance Service of NSW:

A well funded campaign to explain to the public when it is appropriate to call for an ambulance. The London Ambulance Service (LAS) ran a successful program along these lines by placing an ambulance and a taxi next to each other and listing the appropriate use of each. The campaign was clear, humorous and respectful.⁶⁰²

⁵⁹⁷ Head Review, p 88

⁵⁹⁸ Head Review, p 59

⁵⁹⁹ Submission 78a, Mr Christopher Cousins, pp 3-4

⁶⁰⁰ Submission 51, Name suppressed, p 1

⁶⁰¹ Submission 201, p 2

⁶⁰² Submission 13, Name suppressed, p 2

- 8.40 The Head Review noted that the London Ambulance Service tracks the number of inappropriate calls it receives each year, and recommended that the NSW Ambulance Service undertake a similar reporting system. The Review recommended that the Service develop a policy and procedures dealing with the management of such calls.⁶⁰³

Committee comment

- 8.41 Inappropriate use of ambulances is one of the major factors straining already scarce ambulance resources. Addressing this problem would go a long way in reducing pressures on paramedics and ambulance response times. As articulated by one inquiry participant: ‘Water is vital for life, when the resource is in short supply, we limit its use. The same principal should apply to the NSW Ambulance Service’.⁶⁰⁴
- 8.42 The Committee notes that NSW Health has indicated its commitment to developing communication strategies to reduce unnecessary requests for ambulances and promote the effective use of ambulance resources.⁶⁰⁵
- 8.43 Community education programs are a cost-effective strategy for alleviating pressures on Ambulance resources. The Service should consider communication strategies used by other Ambulance Services, such as the London Ambulance Service, in the development of its future community education campaigns.

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.

Extended Care Paramedic Program

- 8.44 The Extended Care Paramedic (ECP) program is a pilot program being trialled in the Nepean area of Western Sydney. The program, based on the United Kingdom’s Emergency Care and Practitioner program, provides on-the-spot treatment to individuals who have very low medical risk, without transporting that individual to an emergency department.⁶⁰⁶
- 8.45 The Head Review stated that this will ‘increase the choices available to people who call for assistance following a minor illness or injury or for people who require basic medical advice or reassurance’,⁶⁰⁷ and noted that programs such as the ECP may have benefits for the health

⁶⁰³ Head Review, p 89

⁶⁰⁴ Submission 201, p 2

⁶⁰⁵ Submission 141, p 45

⁶⁰⁶ Ambulance Service of New South Wales, *Paramedics head out on road with extended care*, 21 December 2007

⁶⁰⁷ Head Review, p 55

system as a whole. Although acknowledging that more resources may be consumed within the Ambulance Service itself, the Review maintained that there may be a compensating decrease in resource and cost pressures, for other areas of the health system.⁶⁰⁸

- 8.46** However, a number of inquiry participants have criticised the program for directing resources away from the core business of the Ambulance Service. Participants argued that it is not the role of paramedics to lessen the burden on the State's hospitals:

These programs are all aimed at addressing issues that are not in any way the result of Ambulance Service operations, management or practice. They are symptoms of a Health system that is failing to manage increasing demands. And worse still, the rapid response program and the extended care paramedic program are taking trained Paramedics off Ambulances where they can do some real good for people ...⁶⁰⁹

- 8.47** Furthermore, paramedics questioned why the Ambulance Service is diverting its own resources, which are already inadequate and stretched:

We have enough trouble using available funding to staff ambulance stations, but now we want to use staff and resources to take the pressure off public hospitals! I think the hospitals should be utilising their funding and their staff to attend and treat patients at home.⁶¹⁰

- 8.48** The Head Review also identified concerns about the appropriateness of the ECP program. In particular, the Review was concerned about the potential demarcation issues that could arise between paramedics and nurses:

Some industry commentators have suggested that the skills of a nurse practitioner are more likely to be appropriate for patients with low-level medical needs than those of a paramedic ... Should a significant workforce of ECPs be required in the NSW Ambulance Service, it is likely that this expanded role would not occur without some industrial risks, notably around demarcation of roles and equity of conditions.⁶¹¹

- 8.49** However, the Review maintained that the ECP program is a positive initiative in terms of developing the reputation and clinical skills of paramedics to a higher degree:

The rollout of these programs is likely to engender greater confidence from the community in recognising that paramedics are trained health professionals. The ECP program also provides an additional step in a paramedic's career.⁶¹²

- 8.50** The Australasian Council of Paramedicine supported the program in its submission, and acknowledged the professional benefits it has for paramedics. The Council further suggested that the program be expanded:

⁶⁰⁸ Head Review, p 56

⁶⁰⁹ Submission 61, Name suppressed, pp 7-8

⁶¹⁰ Submission 111, Name suppressed, p 8

⁶¹¹ Head Review, p 54

⁶¹² Head Review, p 56

... the Council believes the program should be developed into a full Paramedic Practitioner program based on the United Kingdom's Medical Care Practitioner model. The Council would encourage the level of education in this program to be at Masters level and be conducted in a University.⁶¹³

- 8.51** The ECP currently receives secured recurrent funding from NSW Health.⁶¹⁴ Despite this, there is a concern about the effects of diverting existing ambulance officers on the current staffing levels in the Service. Without additional staff, there may be a negative impact on the overall level of assistance that can be provided by the Service.

Hospital block

- 8.52** As mentioned above, inquiry participants have objected to the use of ambulance resources to alleviate hospital block (also referred to as bed block or access block). Hospital block is a major problem for paramedics, who often experience lengthy delays at hospitals before they are able to offload patients.⁶¹⁵
- 8.53** The longer ambulances are delayed at hospitals, the less time they can spend on the road to respond to calls. This point was raised in Submission 111, which speculated that the hospital block problem for ambulances may sometimes be intentional:

A lot of the time 'bed block' is created because the Hospital has triaged the patient and decided that he/she requires a bed and needs to be supervised. The hospital then decides that the patient can have the ambulance stretcher and be supervised by paramedics until they find an appropriate hospital bed. It is an ideal solution for the hospital as Paramedics are not paid for by the hospital and are therefore utilised as extra unpaid staff to monitor, move, feed/drink, toilet, the patient for the hospital.⁶¹⁶

- 8.54** The submission author suggested that hospitals should be billed for the time that paramedics spend waiting in hospital block, stating that '[m]aybe then there will be some incentive to off-loading patients on ambulance stretchers. Maybe then they will take ownership of the problem'.⁶¹⁷

Committee comment

- 8.55** The Committee met with a number of Extended Care Paramedics at its site visit to Penrith Ambulance Station. We found these paramedics to be extremely skilled and capable. They all provided positive feedback about the program – both in terms of personal development opportunities; and in terms of providing the most appropriate service to patients (many of whom do not need to go to hospital in the first place).
- 8.56** While we support the ECP in program in principle, we also agree with the argument that it is diverting resources away from the core role of the Ambulance Service. Although the Service is

⁶¹³ Submission 191, Australasian Council of Paramedicine, p 7

⁶¹⁴ Head Review, p 54

⁶¹⁵ For example, see Submissions 78a, 109, 111 and 201

⁶¹⁶ Submission 111, p 9

⁶¹⁷ Submission 111, p 9

part of NSW Health, we do not believe that alleviating hospital block (which we acknowledge as a very serious problem) should be the responsibility of the Service.

- 8.57** Therefore we recommend that if the program is to be continued, that NSW Health increase its recurrent funding for the program and provide additional staffing to compensate for diverting Ambulance resources to assist the hospital system.

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.

ProQA

- 8.58** ProQA is the software system used by the Service to assess patient needs prior to the dispatch of an ambulance using the Medical Priority Dispatch System (MPDS). The key objective of the dispatch system is 'to ensure that resources are appropriately deployed to match the clinical condition of a patient, and that these decisions are consistently applied'.⁶¹⁸

- 8.59** Throughout the Inquiry, the Committee heard from ambulance officers expressing great discontent with the effectiveness of the system:

From firsthand experience I can tell you that ProQA is not working. The call takers don't gather enough information from the callers. They don't gather accurate information on the patient's chief problem. We read our jobs on our MDT computer terminals and know that in all likelihood the information on the screen is not accurate – the call will not be prioritised correctly, the chief complaint will not be accurate, and sometimes the address is wrong. There is no consistency to the way that it performs – one dispatcher will send two cars to a chest pain, another will send one; one dispatcher will send the on-call car at home because it is closest; another won't.⁶¹⁹

- 8.60** The primary concern of ambulance officers seems to be the 'mismatch' between what resources are dispatched under the ProQA system and what the responding officers find when they reach the scene. One paramedic told the Committee:

The jobs are just given the wrong classification and we are sent to silly little things in the middle of the night, taking us away from emergencies that could be occurring ... So, we go lights and sirens to these high priority jobs because we are assuming they are emergencies, to find that someone has had abdominal pain for 10 days or their chest pain is not really chest pain.⁶²⁰

- 8.61** Another submission author questioned the genuine ability of the ProQA system to appropriately allocate ambulance resources in response to emergency calls:

⁶¹⁸ Head Review, p 49

⁶¹⁹ Submission 111, p 7

⁶²⁰ Witness C, Published in-camera evidence, 4 July 2008, p 3

This computer software was introduced to provide a “scientific” basis for triaging 000 calls but fails to be any better than a “common sense” approach. Studies in the US have proved that these software programs are no more efficient at triaging calls than compared to flipping a coin ...⁶²¹

- 8.62** The inappropriate allocation of resources may be a consequence of the procedure followed under the ProQA system in questioning callers as to their health needs. Officers expressed the view that the questions asked under the ProQA system are too specific for a non-medical person to answer correctly, with the default answer to any questions posed being ‘yes’. This can result in the incorrect categorisation of calls and the dispatch of mismatched ambulance resources:

How this affects service delivery is that when a car is sent to a job that has been incorrectly classified means that particular vehicle is unavailable to be dispatched to a more appropriate response. Countless times jobs get classified as a 1B as the caller has answered yes to questions they do not understand.⁶²²

- 8.63** The Committee heard that a possible solution to this problem might be to give ambulance dispatchers greater discretion in assessing calls. One submission author felt that dispatchers:

... need to be able to read all the notes that are attached to the job and then make a decision on which resource they should send and not be dictated by a computer program that is out of date.⁶²³

- 8.64** The submission author went on to suggest that the ProQA system was further hampered by a lack of consideration of the changing skill levels of ambulance officers. If the system was able to be updated to take this into account, it may be better able to align ambulance resources with patient need:

Qualified Ambulance Officers have significantly increased their skill set over recent years and the ProQA system has not been configured to accommodate the skill increase. At this point in time a person fitting, unconscious, fainting and headaches all require a “highest clinical skill” to attend however every Qualified Ambulance Officer has the skill and drug repertoire to accommodate this patient.⁶²⁴

- 8.65** The Committee heard that one of the major concerns that ambulance officers have with the ProQA system is that there is no scope for officers to give feedback:

... the Service has introduced this system but not encouraged Paramedics to provide appropriate feedback on how it is performing, particularly where the ProQA has prioritised the call an ‘emergency’ and the call has been ‘non-urgent’ and where information provided on the patient’s chief problem was plain wrong. The focus has been on reducing response times and not on acquiring accurate information off the caller so that they get the right Paramedic in the right time frame.⁶²⁵

⁶²¹ Submission 94, Name suppressed, p 4

⁶²² Submission 28a, Name suppressed, p 1

⁶²³ Submission 28a, p 1

⁶²⁴ Submission 28a, p 1

⁶²⁵ Submission 111, p 7

- 8.66** It was suggested that without feedback from ambulance officers, there will be limited opportunities to update the ProQA system with changes that improve the appropriateness and consistency of ambulance dispatches. Officers felt that if there was no improvement of the ProQA ‘we may as well go back to every call being a 000 emergency’.⁶²⁶
- 8.67** In its examination of the dispatch system, the Head Review agreed that ‘the Service currently allocates too many ambulance crews to patients whose clinical condition does not necessarily warrant an allocation’.⁶²⁷ The Review identified this as an area of improvement for the Service, and recommended an annual review of the MPDS:
- ... with the aim of better matching resources to patient presentations, reducing multiple deployments, and freeing up capacity to respond to genuine life threatening emergencies.⁶²⁸
- 8.68** NSW Health has agreed to implement this recommendation, and has undertaken to review the dispatch system (which includes ProQA) ‘on a regular cycle based on latest available clinical evidence and feedback from ambulance staff’.⁶²⁹

Committee comment

- 8.69** The Committee notes that ProQA and MPDS are used by most ambulance services around the world.⁶³⁰ We acknowledge the problems with this dispatch system and support the Head Review’s recommendation to annually review the system.
- 8.70** We note that NSW Health has committed to undertake such these reviews, and support its undertaking to incorporate staff feedback.

Single officer ambulance crews

- 8.71** Significant concerns were raised about single officer ambulance crews in rural and regional areas. This issue is of particular concern in the Hunter region where single ambulance officer crews are the only option available in Stroud, Merriwa and Murrurundi.⁶³¹ The problems with single officer crews are that the quality of care provided to patients can be compromised, and inordinate pressure is placed on individual officers. There is also a potential risk to the safety of the officer (as discussed in chapter 7).
- 8.72** Although NSW Health stated that single officer responses are routinely supported by a ‘simultaneous dispatch of the duty crew, on-call officer, Police, community first responders or

⁶²⁶ Submission 111, p 7

⁶²⁷ Head Review, p 50

⁶²⁸ Head Review, p 50

⁶²⁹ Submission 141, p 36

⁶³⁰ Head Review, p 49

⁶³¹ ‘Paramedic Wilderness – Crews Forced to Go it Alone’, *Daily Telegraph*, 21 May 2008, p 19

an Ambulance helicopter',⁶³² evidence heard by the Committee indicates that this back-up is often not available.

- 8.73** The reality of the situation was illustrated by one inquiry participant who described their experiences working as a single officer crew:

The single officer responses included treating and transporting patients alone, some times requiring the help of bystanders to drive the ambulance while the patient was resuscitated in be back. Other incidences include delivering a baby alone, and resuscitating alone.⁶³³

- 8.74** The HSU has strongly objected to single officer ambulance crews, and has been vigorously campaigning to reduce the reliance of these crews in the Hunter region:

... what we have attempted to do over the last five or eight years is to minimise the reliance on single-officer responses to emergency calls, which were still quite prevalent seven or eight years ago in rural and regional New South Wales ... It is still prevalent in some parts of the Hunter and outer Hunter. We do not believe that in a service that largely in the late 1970s, early 1980s eradicated single-officer crewing as being not the optimum level of service to the community nor a safe level of service for the officer, that that still is retained or seen as some form of solution to the problem.⁶³⁴

- 8.75** The HSU has taken this issue to the NSW Industrial Relations Commission (NSW IRC). In evidence to the Committee, it stated that 'despite all attempts to resolve that [single officer crew issue] with the Service and a recognition again by the Service that that is not the ideal, their response is that they are unable to fix the problem'.⁶³⁵

- 8.76** In response to this issue, NSW Health advised that recent increases in staffing have been made which are designed to meet the HSU's concerns about single officer crews:

Recent rural staffing enhancements of an extra 230 officers (completed in 2007/2008) has been implemented in close consultation with the Health Services Union to achieve a balance between extending coverage in high work load areas and union priorities to reducing single officer crewing.⁶³⁶

- 8.77** Staffing levels were discussed in more detail in chapter 5.

Committee comment

- 8.78** The Committee notes that the Ambulance Service deploys single officer crews as a standard response for rural on-call cases (discussed in chapter 6), and acknowledges that this is operationally necessary in those situations.

⁶³² Answers to additional questions on notice 4 July 2008, NSW Health, Question 11, p 1

⁶³³ Submission 208, Name suppressed, p 1

⁶³⁴ Mr Dennis Ravlich, Manager, Industrial Services, Health Services Union, Evidence, 22 July 2008, p 4

⁶³⁵ Mr Ravlich, Evidence, 22 July 2008, p 7

⁶³⁶ Answers to additional questions on notice 4 July 2008, NSW Health, Question 11, p 1

- 8.79** However we distinguish this from the on-*duty* single officer crews that are being utilised in the Hunter region as a standard response, which we strongly oppose. It is clear that such a practice disadvantages the paramedics on these crews, as well as the members of the community. It also compromises the quality of care available to patients, and potentially puts ambulance officers' safety at risk.
- 8.80** The Committee therefore recommends that the Ambulance Service of NSW provide additional staffing to ensure that all on-duty crews in the Hunter are manned by two ambulance officers.

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.

Station infrastructure

- 8.81** The Committee heard that a number of areas across the State are inadequately covered by ambulances due to a lack of station infrastructure; specifically in Sydney, Bundeena and Nelson Bay.

Sydney

- 8.82** The author of Submission 13 noted three areas known to them in Sydney (Carlingford, Berowra and Galston) that are at best 15 minutes away from an ambulance. The author stated: 'For a first world city in the 21st century, this is embarrassing'.⁶³⁷
- 8.83** This view was concurred in Submission 61, which noted that '[t]he ASNSW expects response times of less than 10 minutes to emergency calls, but fails to provide the infrastructure necessary to enable this to be consistently met in certain areas such as Carlingford'.⁶³⁸ The author added:

The positioning of Ambulance Stations is inconsistent and is not in any way related to where the areas of highest demand are. As a result some stations cover very large geographical areas and the patients who live on the extremes of those areas suffer from extended response times.⁶³⁹

- 8.84** Inquiry participants compared the number of ambulance stations to the number of NSW Fire Brigades (NSWFB) stations. One participant told the Committee: 'There is another saying within the ASNSW that every time someone pitches a tent in an empty paddock, the NSWFB build a station next to it'.⁶⁴⁰

⁶³⁷ Submission 13, p 8

⁶³⁸ Submission 61, p 3

⁶³⁹ Submission 61, pp 2-3

⁶⁴⁰ Submission 61, p 3

- 8.85** The Service was criticised for not researching growing populations and communities to increase staffing levels to suit the workloads and also position stations at more appropriate locations.⁶⁴¹ This is closely linked to the issues of planning and staffing levels that were raised in chapter 5.
- 8.86** In its submission, the HSU told the Committee that the Ambulance Service announced in 2007 that it was undertaking a preliminary review on additional station locations, however no information on this review has been provided.⁶⁴² The HSU noted:
- While the Service clearly recognises that there has been a larger than expected increase in demand, along with the increasing population and subsequent sprawl of the metropolitan area of Sydney, ‘seeping’ into regional and rural centres, it subsequently appears inexplicable as to why they have not planned and provided for additional station locations in the last ten years.⁶⁴³
- 8.87** NSW Health acknowledged that the Service’s existing station infrastructure is inadequate, and admitted in its submission:
- ... without reform, congestions, over utilisation and sub-optimum locations of some Sydney stations will contribute significantly to deteriorating ambulance response performance over the next 5 to 10 years.⁶⁴⁴
- 8.88** The CE of the Service, Mr Rochford, stated in evidence that the Service will be reconfiguring its station infrastructure in the next few years. Mr Rochford advised that fluent and active planning and analysis will be undertaken on a regular basis:
- ... so that we can provide better population coverage associated with changes and peaks as population moves in and out of the city, as traffic conditions alter, and also on the weekends when people are back nearer their homes and we have to move resources to different parts.⁶⁴⁵
- 8.89** NSW Health informed the Committee about its proposed Sydney Infrastructure Project, which is based on developing a network of host and satellite stations over three to four years. The project will include redeveloping most Sydney stations, and is expected to improve the effectiveness and efficiency of operational deployments.⁶⁴⁶
- 8.90** The Committee was advised that the proof of concept has been endorsed and a detailed business case analysis is now in preparation.⁶⁴⁷

⁶⁴¹ Submission 28, Name suppressed, p 1

⁶⁴² Submission 55, p 28

⁶⁴³ Submission 55, p 27

⁶⁴⁴ Submission 141, p 43

⁶⁴⁵ Mr Rochford, Evidence, 28 July 2008, p 15

⁶⁴⁶ Submission 141, p 43

⁶⁴⁷ Submission 141, p 44

Committee comment

- 8.91** The Committee notes with the concern the current deficiency in the Service's station infrastructure, which has resulted in several communities in Sydney being significantly disadvantaged due to the lack of stations within sufficient proximity.
- 8.92** We acknowledge that NSW Health has plans underway as part of its proposed Sydney Infrastructure Project, which if implemented will help to address this situation. The Committee will be interested in seeing the progress of this Project when it reviews the Service in June 2009.

Bundeena

- 8.93** Bundeena is a village on the outskirts of southern Sydney with approximately 2500 residents. Concerns were raised in evidence regarding the lack of an ambulance station in Bundeena and the surrounding areas of Maianbar and the Royal National Park.⁶⁴⁸ The issue was highlighted in the media by Dr Tamsin Clarke from the Bundeena/Maianbar Ambulance Action Group, who proclaimed: '[I]here have been some cases where people have almost died while waiting for an ambulance'.⁶⁴⁹
- 8.94** In her submission to the Inquiry, Dr Clarke informed the Committee:
- For the last 15 years ambulance officers residing in Bundeena have been asked by the Service to agree to be on call between shifts and on their days off in order to provide (when they are not working their normal shifts) a rapid response to medical emergencies in the Bundeena/Maianbar/Royal National Park area.⁶⁵⁰
- 8.95** Until May 2008, the three ambulance officers that resided in the area were provided with an ambulance to take home so that they could provide on-call services to the community. During this time, Bundeena had a dedicated ambulance vehicle that remained in the area. This changed in May when the Service issued a directive for the ambulance to be returned to Engadine station at the end of each on-call period. This proved logistically difficult for the ambulance officers in Bundeena, who then had to coordinate the use of one ambulance between three officers. Additionally, a significant period of their rest time was taken up by driving the ambulance back and forth from Engadine station.⁶⁵¹
- 8.96** As a result, the officers have had to withdraw their on-call services 'because they could not cope with the organisational and fatigue problems arising from being on call without proper management organisation or structural support'.⁶⁵² Bundeena now has had no dedicated ambulance service or personnel.⁶⁵³

⁶⁴⁸ Submission 72, 80 and 131.

⁶⁴⁹ 'Sick, injured, dying? Drive yourself to hospital', *Daily Telegraph*, 18 June 2008, p 17

⁶⁵⁰ Submission 72, Bundeena/Maianbar Ambulance Action Group, p 1

⁶⁵¹ Submission 72, p 3

⁶⁵² Submission 72, p 4

⁶⁵³ Submission 80, Ms Elaine Singleton, p 1

- 8.97** In the Ambulance Service's opinion, the current workload of approximately 150-200 cases per year in Bundeena and Maianbar is insufficient to support a full time ambulance presence. Ambulance cover for Bundeena and Maianbar is provided from Caringbah and Engadine stations.⁶⁵⁴
- 8.98** The Service's solution to the problem is for the NSW Fire Brigades to send firefighters to medical emergencies in the area as 'Community First Responders', who provide clinical intervention for patients while the nearest ambulance is dispatched to the scene.⁶⁵⁵
- 8.99** One of the ambulance officers from Bundeena argued that this is not an adequate solution as the Fire Brigades 'will not be able to fulfill either of the two main functions of an ambulance service which are: on the spot treatment and patient transport'.⁶⁵⁶
- 8.100** Dr Clarke states that the current system takes a minimum of 30 minutes response time and the time from the incident to hospital can easily be more than an hour. This is well outside the Service's targets. Dr Clarke argued that urgent action is required as the previous situation became unworkable, and the current one is substantially worse.⁶⁵⁷

Committee comment

- 8.101** The Committee acknowledges the dedication and efforts of the three on-call ambulance officers and supports their decision to discontinue the now untenable practice of being on-call between their usual shifts and on their days off.
- 8.102** As mentioned in chapter 1, the Committee received a petition with 112 signatures seeking the establishment of an ambulance service in Bundeena; either consisting of a car stationed with 24 hour rostered cover, or an ambulance station itself.
- 8.103** This community of 2500 residents is clearly disadvantaged. We believe that an ambulance service in Bundeena is required to provide necessary medical emergency services to the area.

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.

Nelson Bay

- 8.104** Nelson Bay and the surrounding area is experiencing a significant growth in population, requiring an increase in ambulance staff to meet the health demands of the area and a concurrent enhancement of station facilities to accommodate the increased number of staff. The Committee heard that the NSW Government allocated around \$1 million for the

⁶⁵⁴ LC Questions and Answers, No. 63 (28/08/2008) p 2498

⁶⁵⁵ Submission 72, p 6

⁶⁵⁶ Submission 131, Name suppressed, p 1

⁶⁵⁷ Submission 72, p 11

construction of a new station ‘capable of meeting both current and future staffing and vehicle demands’.⁶⁵⁸

- 8.105** While there is a clear need for a new station, ambulance officers have expressed discontent over the site choice for the station. In particular, officers feel that the new location will actually increase their response times to incidents, and that this problem will be exacerbated as population growth continues. Mr Chris Cousins, an Ambulance Officer, commented:

Management have selected a site near the local hospital owned by NSW Health – but road staff attached to Nelson Bay object to the use of that site because it moves us some 3 - 4 kilometres to the east of our present site despite the fact the geographic centre of our response zone has shifted some 5 - 6 kilometres to the west. To move us some 3 - 4 kilometres further to the east – i.e. in the opposite direction to current and future growth will result in an immediate increase in response times and is therefore counter productive to the core activities.⁶⁵⁹

- 8.106** Mr Cousins went on to indicate that local ambulance officers have identified several alternative sites to the location chosen by management. The officers feel that these alternate sites are ‘in far more suitable locations – capable of securing a running time of just 4 – 6 minutes to all of our major population centres’.⁶⁶⁰

Committee comment

- 8.107** The Committee notes the evidence that the current site proposed for the new station in Nelson Bay will actually result in increased response times. We note that several alternative sites have been proposed by ambulance officers that may be more suitable. Therefore we recommend that the Service review its current site proposal and consider whether it is the best site for the existing (and future) community.

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.

Drugs

- 8.108** The Committee heard several issues relating to drugs including: drug theft, drug supply and delivery, and storage.

⁶⁵⁸ Submission 78, Mr Chris Cousins, p 2

⁶⁵⁹ Submission 78, p 2

⁶⁶⁰ Submission 78, p 1

Theft of S8 drugs

8.109 Schedule 8 drugs (S8 drugs) are substances that are addiction producing or potentially addiction producing. They include fentanyl, midazolam and morphine. The possession, supply and prescription of these drugs by paramedics is strictly limited. Serious concerns were raised in evidence to the Committee regarding the theft and supply of these drugs.

8.110 Several participants to the Inquiry raised concerns about the theft of S8 drugs being stolen by ambulance officers. NSW Health acknowledged that this is a very serious matter, but claims that it is a relatively rare occurrence amongst staff.⁶⁶¹ The Department advised that it has Standard Operating Procedures for the management of restricted and non-restricted drugs, which is compliant with the *NSW Poisons and Therapeutic Goods Regulation 2002*.⁶⁶² The Procedures require Station Managers to conduct a weekly audit of drug stock and a further audit when new stock arrives.⁶⁶³

8.111 NSW Health outlined to the Committee the process and protocols of how drugs are recorded:

A register of restricted drugs is maintained at each Ambulance Station and officers are required to account for these drugs. Entries in the register are countersigned. If an entry cannot be countersigned at the time of entry (i.e. on a small rural station where an officer is responding on-call) it must be co-signed by a second officer next time that a second officer is on duty and the stock verified against the Patient Health Care Records for that period. The administration of any drug to a patient must be recorded on the Patient Health Care Record. During a shift, officers are required to keep the drugs secure.⁶⁶⁴

8.112 However, even with this procedure in place, inquiry participants have alleged that drugs have been stolen from safes across the State.⁶⁶⁵ The author of Supplementary submission 100a commented:

While there are protocols for recording drugs administered, there is often little or no checks done upon these records to ensure that they are accurate. This leaves the door open for both abuse and misuse of dangerous drugs by the staff.⁶⁶⁶

8.113 One witness told the Committee that ambulance officers have been made aware of these thefts through discussions with inspectors, station managers and colleagues on the road.⁶⁶⁷

8.114 Although S8 drugs are stored in a safe, the Committee was informed that generally the keys to drug safes are available to all officers, even from other stations, due to the fact that officers may need to restock on a particular drug while on the road.⁶⁶⁸

⁶⁶¹ Answers to questions on notice 4 July 2008, NSW Health, Question 22, p 1

⁶⁶² Answers to questions on notice 4 July 2008, NSW Health, Question 22, p 1

⁶⁶³ Answers to questions on notice 4 July 2008, NSW Health, Question 22, pp 1-2

⁶⁶⁴ Answers to questions on notice 4 July 2008, NSW Health Question 22, p 1

⁶⁶⁵ Submission 137; Supplementary submission 100a; Witness J, Published in-camera evidence, 22 July 2008

⁶⁶⁶ Supplementary submission 100a, Name suppressed, p 2

⁶⁶⁷ Witness J, Published in-camera evidence, 22 July 2008, p 4

- 8.115** Supplementary submission 100a also voiced concern about management's handling of the problem, stating that:

Staff members who report these items as missing, in accordance with the Service's protocols and procedures, are often the people placed under the most intense scrutiny, and this only leads to cover-ups and lies.⁶⁶⁹

- 8.116** NSW Health advised that ambulance officers that are found responsible for stealing drugs may have their drug authority withdrawn, and the matter may be referred to the police if necessary.⁶⁷⁰

Drug supply

- 8.117** The Committee also heard evidence regarding problems with the supply and maintenance of S8 drugs. One witness raised concerns with the lack of security in the delivery process of the drugs, claiming:

They send the morphine out to many stations just with a courier through Australia Post. Australia Post leaves the morphine with the fire station next door or just leaves it inside the door.⁶⁷¹

- 8.118** When questioned about this process by the Committee, Mr Michael Willis, General Manager of Operations, Ambulance Service of NSW, stated:

In some of the more remote parts of the State, the registered mail was seen as a quicker way of getting a turnaround in S8s. Likewise now there are procedures in place by which the district officers and the district inspectors can transport that around. It is a difficult process of getting to the more remote places. It is important that we have the management structures in place and the support mechanisms to make that happen.⁶⁷²

- 8.119** Another significant issue is that many ambulance stations run out of S8 drugs before new orders are received. The result of this is that many patients suffering pain are denied pain relief as the ambulance does not have the drugs available. One witness professed that in some instances 'the staff basically have to get patients to bite down on a piece of old leather or something'.⁶⁷³

- 8.120** In responding to these claims, Mr Willis said that the Service has acknowledged this as an issue, and proposes to address it as part of the Service's new management system, as the responsibility for the distribution of S8 drugs rests with the frontline managers:

⁶⁶⁸ Witness J, Published in-camera evidence, 22 July 2008, p 4

⁶⁶⁹ Supplementary submission 100a, p 2

⁶⁷⁰ Answers to questions on notice 4 July 2008, NSW Health, Question 22, p 1

⁶⁷¹ Mr Steve Hogeveen, Station Officer, Published in-camera evidence, 28 July 2008, p 8

⁶⁷² Mr Michael Willis, General Manager, Operations, Ambulance Service of NSW, Evidence, 28 July 2008, p 17

⁶⁷³ Mr Hogeveen, Published in-camera evidence, 28 July 2008, p 8

It is never a good process for an ambulance ... going out underequipped. What is important is that officers in the field and the paramedics have the supervision and the support to ensure that that does not occur. That is where this new management structure, by delivering both administrative and operational services closer to the front line, is supporting the paramedics.⁶⁷⁴

Drug storage

8.121 Another concern raised is that drugs stored in ambulance vehicles can overheat in summer if ambulances are not kept under adequate cover. The Committee heard that some ambulance stations do not have adequate parking facilities. This issue is related to the condition of stations, which was discussed in chapter 7.

8.122 The effect of this was illustrated Mr Wayne Power, Ambulance Officer, in evidence to the Committee:

At our particular station we have three ambulance vehicles assigned to the station and we have undercover parking for two ... [The drugs] sit in the vehicle basically or we rotate the vehicles around under cover to try to maintain them.⁶⁷⁵

8.123 A similar story was reported by the author of Submission 216, who commented on the effect this has on the drugs:

The drugs stored in these cars, out in the heat, are being heated up to very high temperatures. When the labels on these drugs are examined, they advise that the drugs must be stored below 25 Degrees Celsius. How do we know that the drugs are going to be effective when they are used on a patient if they have been heated and cooled repeatedly?⁶⁷⁶

8.124 Mr Power informed the Committee that the Ambulance Service issued a request 'that all vehicles be parked under cover for the maintenance of drugs that are kept in the vehicles because of temperature variance',⁶⁷⁷ however this request is unable to be followed as the Service has not provided adequate facilities.

Committee comment

8.125 The evidence regarding S8 drugs received by the Committee is highly disturbing, and certainly has serious implications for ambulance patients experiencing significant pain. Apparently lax arrangements for keeping drugs secure is also of concern, because there may be ambulance officers who have drug addiction issues.

8.126 The Committee believes that a review needs to be undertaken of the Service's procedures in relation to S8 drugs, to identify how improvements can be made to address issues with the supply, delivery and secure handling of these drugs.

⁶⁷⁴ Mr Willis, Evidence, 28 July 2008, p 17

⁶⁷⁵ Mr Wayne Power, Evidence, 4 July 2008, p 35

⁶⁷⁶ Submission 216, Mr Steve Hogeveen, p 10

⁶⁷⁷ Mr Power, Evidence, 4 July 2008, p 35

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.

Other issues

Satellite Navigation Units

8.127 Although the Service has used Satellite Navigation Units in Rapid Response vehicles for some time, which it has found to be beneficial, it has not equipped all ambulance vehicles with satellite navigation equipment.⁶⁷⁸

8.128 Without reliable satellite navigation equipment, the response time of paramedics to incidents may be delayed due to a lack of knowledge of road networks and place locations. One inquiry participant suggested that satellite navigation would be of particular assistance in rural areas, where paper maps are often either outdated or non-existent. The participant further added:

Navigational aids that could direct an ambulance to an accident site on a rural property must be a priority. Lives are at risk and rural people deserve better. Implementation of adequate navigational aids would improve the health outcomes for rural people and help the stress levels of those officers who are stationed in rural and remote areas.⁶⁷⁹

8.129 The Service advised that is currently undertaking a trial of GPS navigation units in six Ambulance vehicles across the State, in both metropolitan and rural areas. Professor Debora Picone, Director General, NSW Health, stated:

The trial will provide the opportunity to establish training requirements and operating protocols for the units in double crew vehicles. The Service is also examining ways to link the Satellite Navigation Units with the Mobile Data Terminals in ambulance vehicles prior to the installation of these units into frontline Ambulance vehicles in the 2008/09 financial year.⁶⁸⁰

Committee comment

8.130 The Committee considers that in order to reduce response times and enhance the operational effectiveness of the Service, satellite navigation equipment should be provided to all Ambulance vehicles as a matter of priority.

⁶⁷⁸ Answers to additional questions on notice 4 July 2008, NSW Health, Question 14, p 1

⁶⁷⁹ Submission 89, Mrs Kathy Maslin, p 1

⁶⁸⁰ Answers to additional questions on notice 4 July 2008, NSW Health, Question 14, p 1

Recommendation 40

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

Portable radios

- 8.131** The Committee heard that due to a lack of portable radios, ambulance officers often have to rely on their personal mobile phones as a method of communication with fellow officers. Although most Ambulance vehicles are supplied with a portable radio:

There are not enough portables for every officer. There is usually enough for one to each vehicle, but there is definitely not one for everybody ... When I say there are usually enough for one for each vehicle, what should happen is that each officer should have one, so there should be two for each vehicle. If the crew members become separated – and they always do; one is always up in the flat with the patient and the other is down getting the stretcher ready – if anything were to happen to either of them, usually the one with the patient gets the portable.⁶⁸¹

- 8.132** The lack of portable radios for each ambulance officer compromises the safety of officers separated from their partners, who may become subject to violent or dangerous situations (as discussed in chapter 7). It was argued that all ambulance officers should have access to reliable communication equipment during any shift:

... it is vital for staff safety that each officer has his/her own portable radio, as often an officer is left alone with a patient as their partner returns to the ambulance to retrieve or deposit equipment. Either officer could get into difficulties in some way and not have any communication with each other or with the Operations Centre.⁶⁸²

- 8.133** Inquiry participants discussed their reliance on their personal mobiles to support them during the course of their work:

... we now ALL carry mobile phones just in case, and whether that just in case maybe the need to contact family or friends to inform them of our impending circumstances (eg late home) or for our peace of mind for when all to regularly our radio system lets us down, we can contact our coordination centre. These mobile phones are not supplied by the Ambulance Service, these mobile phones are our personal phones...⁶⁸³

Committee comment

- 8.134** The Committee considers that, as a minimum standard, each ambulance officer should be equipped with a portable radio as a standard piece of operational equipment. This will ensure that all officers are able to communicate with each other and with the coordination centre. We refer to our previous discussion in chapter 7 regarding violence against officers, and note that

⁶⁸¹ Witness I, Published in-camera evidence, 22 July 2008, p 8

⁶⁸² Submission 216, p 9

⁶⁸³ Submission 81, Name suppressed, p 1

the provision of portable radios is also a basic tool to protect the safety of officers in the workplace.

Recommendation 41

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

Station administration

- 8.135** The Committee heard that station officers are administratively burdened. Mr Steve Hogeveen, Station Officer, stated: ‘The day to day chores are difficult to get done in the rostered shift, which is extremely frustrating for the Station Manager’.⁶⁸⁴
- 8.136** The delays caused by administrative work were illustrated by Witness M, a Station Officer, who told the Committee:

I believe there are a lot of admin tasks that managers who are paid substantial salaries to do could be achieved by having an admin officer. For example, a lot of my duties are administration. I type at 35 words per minute. If you were to have somebody doing those tasks who types at 80 words per minute and was much more efficient at filing than me, I think it would be much more efficient for the Service.⁶⁸⁵

- 8.137** This has had an impact on ambulance officers, as illustrated by Mr Wayne Power, who noted that district officers and assistant operation managers ‘seem to be tied up far too much with administrative work and they do not get out and about as they used to. There is not the front line supervision and contact that there was’.⁶⁸⁶
- 8.138** The issue of insufficient frontline supervision and contact was discussed in chapter 3, which outlined the Service’s proposal to increase the number of frontline managers. Further to this, Mr Willis advised that the Service is proposing to increase administrative support at stations as part of the Special/Work Value Case before the NSW IRC:

The second level is back at the station where we start to introduce the administrative component to the operation and try to strengthen both their aspects. Strengthening front-line operations at the same time, making sure that those officers that are out in the field have the necessary supplies, stores and administrative support that they need.

Conclusion

- 8.139** The Committee has not examined all of the operational issues raised in evidence to the Inquiry, it has only considered the issues that were raised most frequently in a substantial number of submissions. Most of the Service’s operational issues have already been examined

⁶⁸⁴ Submission 216, p 1

⁶⁸⁵ Witness M, Published in-camera evidence, 28 July 2008, p 1

⁶⁸⁶ Mr Power, Evidence, 4 July 2008, p 33

in detail by other reviews, and therefore operational issues were not the key focus of this Inquiry.

8.140 We note that many of the operational matters that are considered in this chapter have become problematic because they have been ignored or inadequately addressed by management. The inability of Ambulance Service management to tackle difficult issues has been an all too common theme throughout this Inquiry.

8.141 The Committee urges NSW Health to address the operational issues raised in this chapter and expects them to be incorporated in the current changes to operations and performance review processes.

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.

Chapter 9 Structural Issues

Ambulance officers expressed an overwhelming lack of faith in the Service's current executive, for reasons that have been discussed throughout this report. Many inquiry participants, particularly the Health Services Union (HSU), demanded that the Chief Executive be replaced with a uniformed Commissioner and the Ambulance Service be moved to the Emergency Services portfolio. This chapter will consider these demands.

Management structure

Top heavy management

- 9.1** Several participants to the Inquiry criticised the Service's current 'top-heavy' management structure.⁶⁸⁷ One paramedic observed that '[t]he management structure has bloated in recent years and managerial fiefdoms have been created with questionable benefit or relevance to the providing frontline services'.⁶⁸⁸
- 9.2** Another submission author commented: 'The Police Force is six times the size of the Ambulance Service however it seems the Ambulance Service has six times the size of bureaucracy than the Police. This again makes absolutely no sense'.⁶⁸⁹
- 9.3** It was suggested that the effect of this top-heavy management structure is that the Service is resistant to change, and unable to keep up with modern management practices.⁶⁹⁰ To overcome this, one submission author asserted:

The top heavy, boys-club-mentality of Management needs to be expunged. We need to start from scratch. We need to install a pro-active, intelligent, modern system of Management that focuses on excellent patient care to those who need it and providing support and a healthy working environment for its staff.⁶⁹¹

Paramilitary style

- 9.4** Inquiry participants also criticised the 'top-down' or 'control and command' style of management.⁶⁹² The Committee was informed that this militaristic style of leadership was 'popular in emergency organisations in the last half of last century'.⁶⁹³

⁶⁸⁷ For example, Submissions 31, 42, 65, 94 and 95

⁶⁸⁸ Submission 94, Name suppressed, p 1

⁶⁸⁹ Submission 28, Name suppressed, p 3

⁶⁹⁰ Submission 42, Name suppressed, p 1

⁶⁹¹ Submission 31, Name suppressed, p 13

⁶⁹² For example, Submission 68 and Witness F

⁶⁹³ Submission 68, Name suppressed, p 2

9.5 This was acknowledged by Professor Picone, Director General of NSW Health, who observed: '[M]y observation is that in the Ambulance Service at this stage – and it might be a part of its history – it has tended to operate in the past on a command and control type structure from the military'.⁶⁹⁴

9.6 The author of Submission 65 argued that this structure and style of management should be replaced:

The ASNSW needs to be brought into the twenty first century and the old dead wood needs to be trimmed away. The management strategies of yesteryear like the paramilitary ideals that still persist within the ranks need to be replaced with new management concepts.⁶⁹⁵

9.7 This view was echoed by Witness G, who stated that the current 'hierarchical paramilitary-type structure' is 'outdated and outmoded'.⁶⁹⁶ Witness G acknowledged that this style of leadership is used in emergency service organisations such as the Fire Brigades, however contended that the structure of the Fire Brigades is fundamentally different:

Obviously part of their role is to go into burning buildings. They go in as a team, they report to their station officer. There is a very clear delineated line about who is responsible for what in that particular circumstance. I can absolutely see the mesh with a military operation where you have a commander who instructs. You can absolutely see that it is for the safety of the crew that you do that. That does not apply with ambulance officers.⁶⁹⁷

9.8 Witness G outlined the history of the Ambulance Service, noting that originally ambulance officers did little more than transport people to hospital, without being required to intervene or treat patients. The witness stated:

These days the kind of officers that we are creating and the people we are creating at university are critical thinkers; they are autonomous operators. We are moving away from protocol-driven care where ambulance officers are expected to be able to make decisions about a patient's care that may go beyond what the protocol says. In that way too we are not following orders anymore. We are expecting people to act autonomously and have the knowledge and skills to do so. Therefore, it does not meld with the paramilitary model of management and operations anymore.⁶⁹⁸

9.9 A similar shift away from this type of leadership style has already occurred with nurses. This point was raised by Witness F:

... nursing went through a similar process many years ago and they had a similar style of management, uniforms, matrons, hierarchy and bureaucracy ... so part of that shift, although management in the health system now is not perfect by any means, it has moved forward into this century, while the Ambulance Service has remained in the

⁶⁹⁴ Professor Picone, Director General, NSW Health, Evidence, 4 July 2008, p 10

⁶⁹⁵ Submission 65, Name suppressed, p 11

⁶⁹⁶ Witness G, Published in-camera evidence, 22 July 2008, p 3

⁶⁹⁷ Witness G, Published in-camera evidence, 22 July 2008, p 5

⁶⁹⁸ Witness G, Published in-camera evidence, 22 July 2008, pp 5-6

last century, back in the 1960s and 1950s, with that old-fashioned style of management.⁶⁹⁹

- 9.10** Professor Picone also agreed that there has been a move away from the ‘command and control environment’ to a ‘more professional clinical service’ over the past decade.⁷⁰⁰ She expressed the opinion that this is a critical culture change that is necessary to allow advanced clinical skills to develop. In order to achieve this, Professor Picone stated that the role of frontline manager positions will need to be enhanced.⁷⁰¹

Chief Executive

- 9.11** The dissatisfaction of ambulance officers with the performance of the current Chief Executive (CE) and senior management team was discussed in chapter 2. A closely related issue raised in evidence is the call from inquiry participants to replace the Chief Executive with a uniformed Commissioner. This has been a long-standing issue, with ambulance officers arguing that many of the problems facing the Service today would not exist if the organisation were led by someone ‘who has been through the ranks and knows what an on road Ambulance Officer really needs’.⁷⁰²

- 9.12** This view was illustrated in evidence from Mr Raymond Tait, a delegate from the HSU, who stated to the Committee:

I have been an ambulance officer for 35 years, and the service has best been run by uniformed head. We had it for quite a number of years; officers knew where they were going. Yes, there used to be claims of the old boys club and all that sort of caper. But the difference between then and now is that when we had a uniformed head you had someone who knew operationally what we were going through on the streets – they have been there; they have done it.⁷⁰³

- 9.13** Inquiry participants expressed the view that a uniformed head would better provide for the operational needs of the Service. For example, Witness D commented:

In my opinion if the people who are running the administrative side of the service were answerable to a uniformed person rather than a bureaucrat, so to speak, some of these things would not happen. Basic stocks and resources would be provided without arguing over a couple of dollars.⁷⁰⁴

- 9.14** This view was reiterated in Submission 61, which noted: ‘Anecdotally, professional managers care about budgets, and “Ambo’s” care about providing a service. This should be our highest

⁶⁹⁹ Witness F, Published in-camera evidence, 22 July 2008, p 2

⁷⁰⁰ Professor Picone, Evidence, 4 July 2008, p 10

⁷⁰¹ Professor Picone, Evidence, 4 July 2008, p 10

⁷⁰² Submission 28, p 3

⁷⁰³ Mr Raymond Tait, Delegate, Health Services Union, Evidence, 22 July 2008, p 11-12

⁷⁰⁴ Witness D, Published in-camera evidence, 4 July 2008, p 6

priority'.⁷⁰⁵ The theme of the current management's focus on budget and output was also raised in chapter 2.

- 9.15** One officer stated that hopefully by replacing the CE with a Commissioner it would 'put a stop to the practice of running the ASNSW like a business (which it is not), and instead have it run like an essential service, (which it is)'.⁷⁰⁶
- 9.16** The desire for a uniformed Commissioner also appears to be somewhat symbolic for many paramedics, one of whom told the Committee: 'I, like many others, find it quite embarrassing to attend formal functions where all other paid and volunteer emergency services are represented by a uniformed head but all the ASNSW sends is an unidentifiable man in a suit'.⁷⁰⁷
- 9.17** The Head Review did not find a compelling case to replace the CE with a Commissioner, and therefore did not make a recommendation for this change.⁷⁰⁸
- 9.18** A number of inquiry participants acknowledged the problems that have arisen as a result of the current senior management, however several stated that replacing the CE with a Commissioner will not fix these problems. One ambulance officer declared: 'Whether the head of the Service is uniformed or not will make not an iota of difference'.⁷⁰⁹
- 9.19** Another submission author suggested that such a move would in fact be counterproductive, and would likely perpetuate a number of the existing problems 'to the highest level within the Service'.⁷¹⁰
- 9.20** The author of Supplementary submission 68a agreed that reinstating a uniformed head of Service would entrench many of the existing management issues, including the paramilitary style of management discussed in the previous section:
- ... replacing the CEO with a commissioner will not fix the multitude of problems that currently exist. In fact many of these problems trace to the hundreds of staff below the CEO and the top-down, militaristic and control-command management structure of the ASNSW.⁷¹¹
- 9.21** In evidence to the Committee, Witness N commented that sacrificing the CE will not change the Service's culture or structure. The witness suggested that the real issue is that the CE is isolated from the rest of the Service as a result of the senior management team:

⁷⁰⁵ Submission 61, Name suppressed, p 2

⁷⁰⁶ Submission 61b, Name suppressed, p 1

⁷⁰⁷ Submission 109, Name suppressed, p 5

⁷⁰⁸ NSW Department of Premier and Cabinet, *Performance Review – Ambulance Service of NSW*, June 2008, p 60. Throughout the chapter this report will subsequently be referred to as the 'Head Review'.

⁷⁰⁹ Submission 210a, Name suppressed, p 2

⁷¹⁰ Submission 211, Name suppressed, p 6

⁷¹¹ Supplementary submission 68a, Name suppressed, p 2

I think that is part of what Greg's problem is, that he is isolated by the culture from what actually is going on. So it is easy to throw rocks and say, "Greg is the figurehead. There is bullying in the ambulance service, therefore Greg must know". I do not think he does. I think he, in good faith, thinks that what he is being told is correct, and I do not think it is.⁷¹²

Committee comment

- 9.22** The Committee notes that there is considerable dissatisfaction with the current Chief Executive, and we refer to our commentary in chapter 2.
- 9.23** With regard to replacing the Chief Executive with a uniformed Commissioner, we believe that this would only serve to reinforce the paramilitary style and structure of the Service, which would impede the Service's ability to be recognised as a professional healthcare provider.
- 9.24** The Committee acknowledges the view that a non-uniformed head may not fully understand the detailed operational aspects of ambulance work, however we are of the opinion that the operational aspects of the Service are matters for the General Manager of Operations, who *is* a uniformed officer.
- 9.25** We maintain that whether the head of the Service is uniformed or not would not make a significant difference to how the Service is run. Instead, it is our view that the effective management of the Service is dependent upon the *individual* in the leadership position. We refer to our recommendations in chapter 2 for the Minister and Director General of Health to meet quarterly with the Chief Executive to monitor their performance, particularly in relation to managing bullying and harassment within the Service, and to place the senior executive team on rigorous performance reviews (recommendations 1, 2 and 3).

Reporting to NSW Health

- 9.26** The Ambulance Service has a Performance Agreement with NSW Health. The Head Review found that the focus of the current agreement is primarily on activities or outputs, with insufficient focus on the management of staff.⁷¹³
- 9.27** In addition to improved performance agreements, the HSU argued that the head of the Service should at least have a direct reporting line to the Health Minister⁷¹⁴ (whereas in the current structure the CE reports to the Director General of NSW Health).
- 9.28** This view was supported in Supplementary submission 61b:

I hope and believe that if a uniformed officer reported directly to the Minister, with no "filters" between them, these inherent problems currently plaguing the ASNSW would be reported honestly, and not be understated or buried.⁷¹⁵

⁷¹² Witness N, Published in-camera evidence, 28 July 2008, p 3

⁷¹³ Head Review, p 69

⁷¹⁴ Submission 55, Health Services Union, p 31

⁷¹⁵ Submission 61b, p 1

- 9.29** A direct reporting line to the Minister could also increase the status of Ambulance Service employees within NSW Health, as it has been suggested that the status of paramedics compared to firefighters and police officers is markedly different:

... as an ambulance service we fall under Health and we are quite a small part of that whereas, say, Police have their own Minister, their own budget and a much higher public profile, as does largely the Fire Brigade, so even though in a lot of ways we are equal, we are not.⁷¹⁶

Committee comment

- 9.30** The Committee notes that the current performance agreement between NSW Health and the Ambulance Service is output focused. We agree that the agreement needs a stronger emphasis on the management of staff, and therefore support the Head Review's recommendation in relation to this. We note that the Service has agreed to implement that recommendation.
- 9.31** We also agree that the head of the Ambulance Service should have a direct reporting line to the Minister of Health. We understand that currently the Ambulance Service is treated in the same manner as the existing eight area health services, all of which report to the Director General of Health. However, given the significant problems experienced in recent years, we assert that the Service would be better served by removing this layer of bureaucracy.

Recommendation 43

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

Board of Directors

- 9.32** The current executive structure provides an Ambulance Service Advisory Council which provides advice to the CE. The Council has an advisory role only, and any recommendations made by the Council do not have to be implemented by the CE.
- 9.33** The Service previously had a Board of Directors, whose function was to control the affairs of the Ambulance Service.⁷¹⁷ The Board was abolished when the *Ambulance Services Act 1990* (NSW) was repealed (this is discussed in the following section).
- 9.34** One submission author commented that the existence of the Board was positive for the Service, however stated that it 'was put in to oversee management and for a while it was great, but eventually management white anted them (along with the union) and they no longer exist'.⁷¹⁸
- 9.35** The Committee received evidence supporting the reinstatement of a Board of Directors. For example, Mr Steve Hogeveen, Station Officer, expressed the view that '[a] Board of Directors

⁷¹⁶ Witness A, Published in-camera evidence, 4 July 2008, p 5

⁷¹⁷ *Ambulance Services Act 1990* (NSW), s 6

⁷¹⁸ Submission 210a, p 2

would allow some control over the CEO of the Service who under present conditions can act without “Checks and Balances”.⁷¹⁹

- 9.36** Ambulance Services in other jurisdictions, such as Melbourne’s Metropolitan Ambulance Service, have a Board of Directors; that are directly accountable to the Minister for Health⁷²⁰ (as was the previous Board of Directors for the NSW Ambulance Service).

Committee comment

- 9.37** The Committee notes concern that the current Ambulance Service Advisory Council is only an advisory body. We agree that a Board of Directors should be reinstated to provide important ‘checks and balances’ on the CE. We believe that this will help to overcome many of the concerns regarding the CE that have been outlined throughout this report.
- 9.38** The Committee therefore recommends that a Board of Directors be reinstated. The Board should be based on the old Board that was established in the repealed *Ambulance Services Act*.
- 9.39** We also understand that the previous Board included one director who was directly elected by members of the Ambulance Service. We believe that this is an important inclusion in order to ensure effective representation of ambulance officers.

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.

Health or Emergency Services?

- 9.40** The location of Ambulance Services in other jurisdictions varies across Australia, with some services located in Health and others in Emergency Services. The Head Review noted that many ambulance services have in fact been moved from an emergency services portfolio into a health portfolio. It further noted that a recent audit of the Queensland Ambulance Service has recommended that it also be transferred to health, and that Tasmania is the only known example of an Ambulance Service being moved from health portfolio to emergency services.⁷²¹
- 9.41** A number of inquiry participants expressed the opinion that the Ambulance Service should be moved from the health portfolio to emergency services. One of the reasons cited for this relates to budgetary constraints:

⁷¹⁹ Submission 216, Mr Steve Hogeveen, p 3

⁷²⁰ Melbourne Metropolitan Ambulance Service, 2006-07 Annual Report, p 63

⁷²¹ Head Review, p 90

The Ambulance service needs to be taken from the Health portfolio and placed into the Emergency Services portfolio this would then see it stand alone with its own budget and data would not be clouded and covered up as it is now in the health system.⁷²²

9.42 This was reiterated by the author of Submission 28, who contended, ‘I believe the Ambulance Service having to “beg for budget” from NSW Health is a main reason for our demise and failures’.⁷²³

9.43 There is no doubt that many officers feel that in comparison with Emergency Services and Fire Brigade officers, ambulance officers are the ‘poor cousins’:

I always felt as an officer as though we were the poor cousins. You know, the poor cousins that show up at family events, whose clothes are not quite right and whose car is a bomb When we went to an accident scene or whatever there were people who were in emergency services or the fire brigade who seemed to be well resourced and happy in what they were doing and they looked at us, and there were 350 000 kilometres on the vehicle I was driving and the gear was falling to bits and I did not have a proper uniform, and I thought, well, we have been making do for a long time; when is it we are going to actually be who we can be? ⁷²⁴

9.44 However, the Committee also heard persuasive evidence that the Service should stay within the health portfolio. Professor Picone emphasised that paramedics provide medical assistance to the community, and stated:

My view is that the New South Wales Ambulance Service is an integral part of the New South Wales health system; it provides pre-hospital care. Some of the evidence we have given you today concerns the training of paramedics. It is all medical training. My view is that from a patients' point of view, patients want a professionally trained clinician providing that care.⁷²⁵

9.45 While acknowledging the budget concerns, Witness I considered that by staying with NSW Health ‘it does ensure that we are recognised as health professionals and there are many benefits in having contact with other health professionals’.⁷²⁶

9.46 In its submission to the Committee, the Australian College of Ambulance Professionals (ACAP) recommended that ambulance services in Australia should be the *emergency arm* of health services, rather than the *health arm* of emergency services.⁷²⁷

9.47 The Head Review found no compelling argument to move the Service out of its current portfolio. Mr Graeme Head from the Department of Premier and Cabinet explained to the Committee:

⁷²² Submission 37, Name suppressed, p 4

⁷²³ Submission 28, p 3

⁷²⁴ Witness N, Published in-camera evidence, 28 July 2008, p 4

⁷²⁵ Professor Picone, Evidence, 4 July 2008, p 17

⁷²⁶ Witness I, Published in-camera evidence, 22 July 2008, p 2

⁷²⁷ Submission 190, Australian College of Ambulance Professionals, Attachment 1, p 32

I also think ... there are a range of potential improvements for the ambulance service from its location within the health system around that coordinated planning, et cetera. These arrangements are relatively new and I believe that they ought to be given a chance to work.⁷²⁸

- 9.48** Witness F also supported the decision to keep the Service within the health portfolio, noting the shift away from the traditional paramilitary style (as discussed earlier):

Rather than a paramilitary emergency service role it has become more of a health care role, and internationally we fit the configuration of more a health care role, in which case that military style of command does not fit any more.⁷²⁹

Committee comment

- 9.49** The Committee acknowledges that the location of the Service within NSW Health is a long-standing issue. We note that many of the arguments are related to concerns about budgetary constraints.
- 9.50** The Committee is of the opinion that the Service will encounter the same budgetary constraints regardless of whether it is located in Health or Emergency Services. Further, as with our comment regarding replacing the CE with a Commissioner, we feel that moving the Service to the Emergency Services portfolio would only entrench the paramilitary style and structure of management.
- 9.51** We agree that ambulance officers are increasingly being recognised as healthcare providers, which supports our earlier recommendation for paramedics to be registered as healthcare professionals. Therefore we have not made any recommendation for change.

Legislation

- 9.52** The Committee was informed that aside from Western Australia and the Northern Territory, NSW is the only other jurisdiction within Australia that does not have specific Ambulance Service legislation.⁷³⁰
- 9.53** As mentioned earlier, the Ambulance Service did previously have its own Act, however this was repealed in 2006 to remove ambulance officers from the scope of the federal government's 'WorkChoices'. Relevant provisions from that Act were transferred to the *Health Services Act 1997* (NSW).⁷³¹
- 9.54** According to Witness G, a lawyer with an Ambulance Service background, the transferred provisions in that Act are inadequate, stating: 'In the Health Services Act, which is 100 or so

⁷²⁸ Mr Graeme Head, Deputy Director General, Performance Review Unit, Department of Premier and Cabinet, Evidence, 4 July 2008, p 23

⁷²⁹ Witness F, Published in-camera evidence, 22 July 2008, p 8

⁷³⁰ Submission 166, Name suppressed, p 3

⁷³¹ Head Review, p 19

pages long, there is very, very little regarding the Ambulance Service'.⁷³² The witness compared these provisions to the legislation that applies to other health professionals:

... the Nurses and Midwives Act, for example ... is an incredibly large, very comprehensive, quite prescriptive document. In my view, I can see the benefits of having such a document, and I think the medical officers have a similar document.⁷³³

9.55 While acknowledging that *Ambulance Service Regulations* do exist,⁷³⁴ the witness suggested that these regulations were unclear and difficult to interpret:

... unfortunately this regulation is not perhaps as well drafted as it could be. It is not very clear. For someone who does not have any legal background, this may just be gobbledygook ... There are no penalties assigned to anything. It uses language like "lawful instructions to be obeyed" and "an employee must obey promptly a lawful instruction".⁷³⁵

9.56 The Committee also heard that other problems with the Regulations include their reference to "unsatisfactory performance" without defining "unsatisfactory performance"; and their management and conduct of performance provisions – which apply to all employees of the Ambulance Service except the Chief Executive.⁷³⁶

9.57 Witness G suggested that a new Ambulance Service Act be introduced, to overcome these issues and provide additional protection to ambulance officers and members of the public.

9.58 It was suggested that a key area of protection for ambulance officers could be in regard to disciplinary matters and matters of professional conduct. The witness referred to the *Nurses and Midwives Act 1991* (NSW), which establishes statutory bodies with statutory powers to review complaints, and suggested that the Service could introduce a similar model. This was considered previously in chapter 3.

9.59 Witness G suggested that – like the *Nurses and Midwives Act* – any new Ambulance Act should contain prescriptive provisions for dealing with grievances and complaints; emphasising that anything mentioned in the Act would be enforceable. The witness acknowledged:

Some would argue that policy can do that, and to a certain extent I would agree. But I would err on the side of caution when it comes to dealing with the protection of the public. When health care professionals have such an intimate relationship with the people they care for, it is necessary that we have a document that is widely visible and very transparent, and holds people to account.⁷³⁷

⁷³² Witness G, Published in-camera evidence, 22 July 2008, p 4

⁷³³ Witness G, Published in-camera evidence, 22 July 2008, p 1

⁷³⁴ *Ambulance Services Regulations 2005* (NSW)

⁷³⁵ Witness G, Published in-camera evidence, 22 July 2008, p 3

⁷³⁶ Email from Witness G to Principal Council Officer, 5 August 2008, p 3

⁷³⁷ Witness G, Published in-camera evidence, 22 July 2008, p 2

9.60 It was also suggested that an Ambulance Act could provide for paramedics to be registered (discussed in chapter 4, see recommendation 17), and that it would provide better protection for the public by establishing and maintaining standards of practice.⁷³⁸

Committee comment

9.61 The Committee notes that NSW is one of the only jurisdictions in Australia without its own Ambulance Act. We acknowledge the evidence from Witness G regarding the deficiencies with the current legislative provisions that apply to the Service, and agree that a new, updated Act would overcome these deficiencies. We also believe that a new Act would provide increased protection to ambulance officers and members of the public.

9.62 We note that the previous *Ambulance Services Act* was abolished in response to WorkChoices. However we understand that other jurisdictions have maintained their Ambulance Acts while keeping out of the scope of WorkChoices, and we also note that the Federal Government has announced that it will be repealing this industrial relations policy. Therefore we do not perceive any industrial barriers to creating a new statute.

9.63 The Committee therefore recommends that a new Ambulance Services Act be created which, among other things:

- Includes management and conduct of performance provisions that apply to the Chief Executive
- Provides clear definitions and prescriptive provisions
- Provides for the registration of paramedics
- Provides for a Board of Directors

9.64 We refer to recommendation 43 in this chapter, referring to a direct reporting line from the CE to the Minister. This should also be included in the new statute if accepted.

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

⁷³⁸ Email from Witness G to Principal Council Officer, 5 August 2008, p 1

Conclusion

- 9.65** It is clear that ambulance officers are frustrated and unhappy with the performance of the senior executive of the Ambulance Service:

The current lack of ability in the senior level of management has left the service in the same position as a rudderless ship. We currently have no direction, drifting between goals and drowning under the work with crew abandoning ship faster than they can be replaced, and all the time rust is eroding our establishments to the point of collapse.⁷³⁹

- 9.66** As raised in chapter 2 and elsewhere throughout this report, the current management seemingly cares more about budgets and performance indicators than it does about its staff. While replacing the Chief Executive with a Commissioner and moving the Service to Emergency Services has been promoted very widely as a solution, the Committee maintains that this will not fix the Service's problems. It will not change the culture of the Service. In fact, we believe that it may further entrench the damaging 'boys club' culture that exists today.
- 9.67** What the Service needs is an executive that recognises the value of its people, that listens to its employees, and that is held accountable for its actions and *inactions*. The Minister for Health has a key role in ensuring that the Chief Executive is fulfilling his or her duties, and must take appropriate steps if these duties are not being met.

⁷³⁹ Submission 40, Name suppressed, p 1

Appendix 1 Submissions

No	Author
1	Ms Alicia Grant
2	Name suppressed
3	Name suppressed
4	Name suppressed
4a	Name suppressed
5	Name suppressed
6	Mr Paul Smith
7	Name suppressed
8	Confidential
9	Mr Wayne Power
10	Name suppressed
11	Name suppressed
11a	Name suppressed
12	Name suppressed
13	Name suppressed
14	Name suppressed
15	Name suppressed
15a	Name suppressed
16	Confidential
17	Name suppressed
18	Name suppressed
19	Mr Frank Fitzpatrick
19a	Mr Frank Fitzpatrick
19b	Mr Frank Fitzpatrick
20	Name suppressed
20a	Name suppressed
21	Name suppressed
21a	Name suppressed
21b	Confidential
22	Name suppressed
23	Confidential
23a	Confidential

No	Author
24	Mr Harry Callaghan
25	Confidential
26	Name suppressed
27	Confidential
27a	Confidential
28	Name suppressed
28a	Name suppressed
29	Name suppressed
29a	Name suppressed
30	Name suppressed
31	Name suppressed
32	Name suppressed
33	Ms Vera Auerbach
34	Name suppressed
35	Mr Michael Taylor
36	Mr Brett Campbell
36a	Mr Brett Campbell
37	Name suppressed
37a	Confidential
37b	Name suppressed
38	Confidential
39	Confidential
40	Name suppressed
41	Confidential
42	Name suppressed
43	Confidential
44	Confidential
45	Confidential
46	Confidential
47	Name suppressed
48	Name suppressed
49	Mr Phil Roxburgh
50	Name suppressed
51	Name suppressed
52	Name suppressed

No	Author
53	Name suppressed
54	Mr William Clifford
55	Mr Michael Williamson, General Secretary, Health Services Union
55a	Mr Michael Williamson, General Secretary, Health Services Union
56	Name suppressed
56a	Name suppressed
57	Confidential
58	Mr Adrian Piccoli MP
59	Confidential
60	Confidential
60a	Confidential
61	Name suppressed
61a	Confidential
61b	Name suppressed
62	Ms Kylie Lamey
63	Name suppressed
64	Name suppressed
65	Name suppressed
66	Mr John Murphy
67	Mr Philip McNamara, Director General, NSW State Emergency Service
68	Name suppressed
68a	Name suppressed
69	Name suppressed
70	Name suppressed
71	Name suppressed
72	Dr Tamsin Clarke, Bundeena/Maianbar Ambulance Action Group
73	Name suppressed
74	Confidential
75	Name suppressed
76	Confidential
77	Name suppressed
78	Mr Chris Cousins
78a	Mr Chris Cousins
78b	Confidential
78c	Name suppressed

No	Author
79	Ms Maryse Leon
80	Ms Elaine Singleton
81	Name suppressed
82	Name suppressed
83	Name suppressed
84	Name suppressed
85	Hon Jerrold Cripps QC, Commissioner, Independent Commission Against Corruption
86	Confidential
87	Confidential
87a	Name suppressed
88	Confidential
89	Ms Kathy Maslin
90	Name suppressed
91	Name suppressed
91a	Confidential
92	Name suppressed
93	Name suppressed
94	Name suppressed
95	Name suppressed
96	Confidential
97	Confidential
98	Confidential
99	Name suppressed
100	Name suppressed
100a	Name suppressed
101	Name suppressed
102	Name suppressed
103	Ms Amanda Stephens
104	Name suppressed
105	Name suppressed
106	Name suppressed
107	Confidential
108	MsCarolynn Hodder
109	Name suppressed

No	Author
109a	Confidential
110	Confidential
111	Name suppressed
112	Mr Matthew O'Reilly
113	Name suppressed
114	Name suppressed
115	Mr Peter Sparkes
116	Confidential
117	Mr Cyril Brown
118	Confidential
119	Name suppressed
119a	Name suppressed
120	Name suppressed
121	Mr Ian Stewart
122	Name suppressed
123	Name suppressed
123a	Confidential
124	Name suppressed
124a	Confidential
125	Name suppressed
126	Name suppressed
127	Confidential
128	Confidential
129	Confidential
130	Name suppressed
131	Name suppressed
132	Name suppressed
133	Name suppressed
134	Name suppressed
134a	Name suppressed
135	Name suppressed
135a	Confidential
136	Name suppressed
136a	Name suppressed
137	Name suppressed

No	Author
137a	Confidential
138	Confidential
138a	Confidential
139	Confidential
140	Ms Patricia Marshall
141	Professor Debora Picone AM, Director General, NSW Department of Health
142	Confidential
143	Confidential
144	Name suppressed
145	Confidential
146	Confidential
147	Name suppressed
148	Name suppressed
149	Confidential
150	Ms Deborah Hogan
151	Name suppressed
152	Name suppressed
153	Name suppressed
154	Name suppressed
155	Mr Peter Chance
155a	Mr Peter Chance
156	Name suppressed
156a	Name suppressed
157	Mr Ian Simpson
158	Name suppressed
159	Mr John Mayfield
160	Name suppressed
161	Name suppressed
162	Ms Jodie Adams
163	Name suppressed
164	Ms Sarah Bennett, Director Medico-Legal and Employment Relations, Australian Medical Association (NSW) Limited
165	Confidential
166	Name suppressed
167	Name suppressed

No	Author
168	Mr Gerard Martin MP on behalf of Mr Timothy Castle
169	Confidential
170	Mr Steven Davies
171	Confidential
172	Confidential
173	Confidential
174	Confidential
175	Confidential
176	Name suppressed
177	Name suppressed
178	Mr Nicholas Nolan
179	Name suppressed
180	Name suppressed
181	Name suppressed
181a	Confidential
182	Ms Jan Thomas
183	Name suppressed
184	Name suppressed
185	Mr Jeffrey Andrew
186	Name suppressed
187	Name suppressed
188	Name suppressed
189	Name suppressed
190	Mr Ian Patrick, President, Australian College of Ambulance Professionals
191	Mr Andrew McDonnell, Executive Director, Australasian Council of Paramedicine
192	Mr Greg Mullins, Commissioner, NSW Fire Brigades
193	Confidential
193a	Name suppressed
193b	Confidential
194	Confidential
195	Confidential
196	Confidential
197	Name suppressed
198	Name suppressed

No	Author
199	Name suppressed
200	Mr Craig Stevens
201	Name suppressed
201a	Name suppressed
202	Name suppressed
203	Name suppressed
204	Name suppressed
205	Name suppressed
206	Mr Ray Bange
207	Name suppressed
208	Name suppressed
209	Name suppressed
210	Name suppressed
210a	Name suppressed
211	Name suppressed
212	Confidential
213	Confidential
214	Confidential
215	Name suppressed
215a	Confidential
215b	Confidential
216	Mr Steve Hogeveen

Appendix 2 Witnesses

Date	Name	Position and Organisation
4 July 2008, Jubilee Room Parliament House	In-camera witness A	
	Prof Debora Picone AM	Director General, NSW Health
	Mr Greg Rochford	Chief Executive Officer, Ambulance Service of NSW
	Mr Michael Willis	General Manager Operations, Ambulance Service of NSW
	Mr Ian Peters	A/Director, Workforce, Ambulance Service of NSW
	Ms Marian O'Connell	Director, Professional Standards and Conduct Unit, Ambulance Service of NSW
	Mr Graeme Head	Deputy Director General, Performance Review Unit, Department of Premier and Cabinet
	Mr Philip Roxburgh	Ambulance officer, Moruya (formally Cowra)
	Mr Wayne Power	Ambulance officer, Moruya
	Ms Louise Hennessy (In-camera witness B)	Superintendent, Ambulance Service of NSW
	In-camera witness C	
	In-camera witness D	
	22 July 2008, Room 814/815 Parliament House	Mr Stephen Pollard
Mr Dennis Ravlich		Manager, Industrial Services, Health Services Union
Mr Robert Morgan		Industrial Officer, Health Services Union
Mr Warren Boon		State Councillor, Health Services Union
Mr Raymond Tait		Delegate, Health Services Union
Mr John McDonald (In-camera witness E)		Director, ProActive ReSolutions
In-camera witness F		
In-camera witness G		
In-camera witness H		
In-camera witness I		
28 July 2008, Room 814/815 Parliament House	Mr Steve Hogeveen (In-camera witness K)	Station Manager, Ambulance Service of NSW
	Mr Jim Stirling (In-camera witness R)	Ambulance Officer, Ambulance Service of NSW
	Mr Anthony Weekes (In-camera witness S)	Ambulance Officer, Ambulance Service of NSW
	In-camera witness L	

Date	Name	Position and Organisation
	In-camera witness M	
	In-camera witness N	
	In-camera witness O	
	In-camera witness P	
	In-camera witness Q	
	Dr Carlo Caponecchia	Lecturer, School of Risk and Safety Services, University of NSW
	Prof Debora Picone AM	Director General, NSW Health
	Ms Karen Crawshaw	Deputy Director General, Health System Support, NSW Health
	Mr Greg Rochford	Chief Executive Officer, NSW Ambulance Service
	Mr Michael Willis	General Manager Operations, NSW Ambulance Service
	Mr Ian Peters	A/Director, Workforce, NSW Ambulance Service
	Ms Marian O'Connell	Director, Professional Standards and Conduct Unit, NSW Ambulance Service
	Mr Timothy Castle	Ex-ambulance officer

Appendix 3 Tabled documents

1. Witness S tabled a confidential one-page document.
2. Witness L tabled a confidential 40-page document.
3. Witness M tabled three confidential documents.

Appendix 4 NSW Industrial Relations Commission decision



Industrial Relations Commission of New South Wales

CITATION:	Operational Ambulance Officers (State) Award and others [2008] NSWIRComm 168
PARTIES:	APPLICANT (RESPONDENT TO CROSS-APPLICATIONS): Health Services Union RESPONDENT (APPLICANT IN CROSS-APPLICATIONS): NSW Department of Health
FILE NUMBER(S):	IRC 2064 of 2006; 1123 of 2007; 1354 of 2007; 1355 of 2007; 1356 of 2007; 1198 of 2008
CORAM:	Walton J Vice-President; Grayson DP; Staff J
CATCHWORDS:	Award - Application and cross-applications - Bluescope procedure - Recommendations - Memorandum of Understanding - Award made subject to settlement of minutes
CASES CITED:	Operational Ambulance Officers (State) Award and others [2008] NSWIRComm 156
HEARING DATES:	06/05/08, 07/05/08, 19/05/08, 20/05/08, 21/05/08, 27/05/08, 28/05/08, 29/05/08, 30/05/08, 19/06/08, 01/07/08, 03/07/08, 04/07/08, 28/07/08, 29/07/08, 18/08/08, 19/08/08, 20/08/08, 21/08/08, 22/08/08, 09/09/08, 12/09/08
DATE OF JUDGMENT:	12 September 2008
LEGAL REPRESENTATIVES:	APPLICANT (RESPONDENT TO CROSS-APPLICATIONS): Mr J Murphy of counsel Mr D Ravlich Health Services Union RESPONDENT (APPLICANT IN CROSS-APPLICATIONS): Mr J Nolan of counsel Ms A Owens NSW Department of Health

JUDGMENT:

INDUSTRIAL RELATIONS COMMISSION OF NEW SOUTH WALES

FULL BENCH

**CORAM: WALTON J, Vice-President
GRAYSON DP
STAFF J**

Friday 12 September 2008

Matter No IRC 2064 of 2006

Operational Ambulance Officers (State) Award

Application by Health Services Union for variation re clause 5, classifications, in the Operational Ambulance Officers (State) Award

Matter No IRC 1123 of 2007

Ambulance Service of NSW Superintendent/Operational Managers (State) Award

Application by Health Services Union for variation re clause 4

Matter No IRC 1354 of 2007

Operational Ambulance Officers (State) Award

Application by NSW Department of Health for new award

Matter No IRC 1355 of 2007

Ambulance Operations Centre (State) Award

Application by NSW Department of Health for new award

Matter No IRC 1356 of 2007

Ambulance Managers (State) Award

Application by NSW Department of Health for new award

Matter No IRC 1198 of 2008

Notification under section 130 by NSW Department of Health of a dispute with the Health Services Union re work bans

DECISION OF THE COMMISSION

**EX-TEMPORE
[2008] NSWIRComm 168**

¹ This decision represents the culmination of a major industrial case involving the Ambulance Service of New South Wales and will determine various applications which were described, together with the methodology employed to resolve them, in a Statement issued by us on 10 September 2008: *Operational Ambulance Officers (State) Award and others* [2008] NSWIRComm 156.

: The management and operations of the Ambulance Service of New South Wales

2 We propose to set the Statement out in full, as follows:

1 This Statement is the penultimate step in the resolution of a major industrial case involving the Ambulance Service of New South Wales. The case proceeded on the basis of two applications by the Health Services Union and three counter-applications by the NSW Department of Health.

2 The union applications respectively sought a new Operational Ambulance Officers (State) Award and a new Ambulance Service of New South Wales Superintendent/Operational Managers (State) Award.

3 The employer counter-applications sought a new Operational Ambulance (State) Award; a new Ambulance Operations Centre (State) Award and a new Ambulance Managers (State) Award. The latter two employer applications sought, firstly, and as the title implies, to create a separate award for ambulance personnel employed in the four Operations Centres throughout the State and, secondly, in the case of the Managers' Award, to create a new title and career structure for ambulance personnel employed in the traditional role of Superintendent.

4 There was also, for completeness, a sixth application dealt with by the Full Bench in the course of these proceedings, namely, a dispute notification filed by NSW Health at a time when industrial bans had been imposed during the currency of proceedings. The bans were lifted after the intervention of the Commission.

5 In their entirety, the proceedings gave rise to an exhaustive and far reaching analysis of the existing classifications structure, conditions of employment (including the vexed question of shift rosters) and rates of pay for approximately three thousand employees of the Ambulance Service from the level of Patient Transport Officer, through the traditional grades of Ambulance Officer (and new classifications relating thereto) and beyond, into the promotional hierarchy up to and including Superintendents and other senior managers.

6 As may be apparent from those observations, the proceedings involved a very large number of claims prosecuted upon a broad evidentiary canvass, including eighty three documents consisting of sworn statements and other documentary material. The claims prosecuted, in addition to the question of shift rosters we have already mentioned, included matters of clinical profiling. This is essentially an identification of the skill mix required at each ambulance station including, in particular, the skills required of Paramedic Specialists and the means by which such persons would complete or decline to complete in-service instruction and relevant certification examinations. Matters involving incentive schemes to promote appointment in remote areas were also canvassed in order to overcome recruitment and retention difficulties experienced in remote and rural areas of New South Wales. Provisions similarly intended to provide by incentive rather than compulsion for special events coverage by ambulance officers including public holiday celebrations, VIP visits, disaster exercises and sporting events were dealt with as were matters such as time off in lieu of overtime, introduction of change, casual conversion arrangements and a range of other matters.

7 The proceedings were dealt with to near completion by the Full Bench between May and September 2008, culminating in some final Recommendations made yesterday to clarify the effect of earlier Recommendations and to deal with some drafting issues. Most notably, for the purpose of this Statement, the proceedings were conducted largely, but not entirely, in camera in a process which has become known as the 'BlueScope Model'. By contrast, proceedings of a similar scope and order of magnitude have, over time, taken much longer and involved much more in terms of the resources of the Commission and the industrial parties before it. The process, as the name 'BlueScope Model' implies, had its more recent origin in proceedings over which his Honour *Walton J*, Vice-President, presided almost a decade ago (see *Re Notification under section 130 by the Minister for Industrial Relations of a Dispute between BHP Billiton and the Australian Workers' Union NSW and others re proposed strike action* [2002] NSW IRComm 378), although it has been refined since that time.

8 In that matter *Walton J* described the particular procedure then adopted in the following way:

11 This recommendation is made in conciliation proceedings. However, it has the effect of resolving the issues in dispute because the parties have indicated their agreement that, where an issue is the subject of a recommendation by the Commission, it will be treated "as being agreed" in the terms of that recommendation.

12 The Commission has adopted this procedure with some trepidation, having regard to its unusual features. The procedure effectively involves adjudication of serious disputed issues by reference, in part, to the positions adopted by the parties during the course of conciliation. This approach would normally be impermissible in any arbitral proceedings as to such issues. However, there are a number of factors which warrant the adoption of such a procedure in this matter:

1. There is consent of the parties (including acceptance of the procedure by a mass meeting of the members of the unions) to the procedure. Indeed, it may be said that the parties actively encouraged the use of the procedure.
2. Notwithstanding its consequences, the recommendation will be issued in conciliation proceedings.
3. The matter has special features. It involves, *inter alia*, a reconsideration of the Steel Industry Agreement which has a number of terms which are unfamiliar to awards and enterprise agreements.
4. There has been a sharp deterioration in industrial relations in the industry which, for its ultimate correction, requires a resolution of all relevant issues (including issues concerning the terms of the Steel Industry Agreement).
5. There is a significant imperative for an expeditious and effective solution in light of the 'spin-out' and that deterioration of relationships.

13 It should also be noted that this unusual procedure was borne partly out of history (there being a similar procedure employed successfully in relation to an industrial dispute concerning the outsourcing of maintenance) and, perhaps, out of necessity (from the viewpoint of the parties) given that some of the issues sought to be ventilated may have transcended those areas normally the subject of determinations by the Commission in industrial dispute proceedings.

14 There is another aspect of the informal and unusual procedure adopted in this matter that warrants particular attention. The parties have agreed that the Commission will take into account concessions made by parties during the course of the conciliation process in making any recommendation. The companies described the process, in their written submissions, as the Commission taking into "account the EBA negotiations and conciliation proceedings".

15 This is not to suggest that the Commission has not taken into account the formal submissions made by the parties in the proceedings, both orally and in writing, and evidence led in the proceedings. The Commission has examined these matters in considerable detail. Rather, the procedure entails the Commission also taking into account concessions made during the course of conciliation which, in some cases, represent the starting point for any process of deliberation.

16 It should also be noted that, with the concurrence of the parties, the witnesses in the proceedings were examined by the Commission, in the presence of the parties, during the course of the conciliation process itself (although, in some cases, formal statements of evidence had been prepared prior to such process being undertaken by the Commission).

9 The process, in the strict sense, is evidence based. As the parties in these matters have experienced first hand, the process requires a rigorous and robust examination of the issues raised in the proceedings. The resolution of issues in a sequential fashion by agreement or by the giving of an ex-tempore Recommendation by the Commission is an intensive process with the Commission's consideration of a particular matter being sharply focussed (and sometimes involving an inquisitorial aspect), but subject always to the evidence or relevant concessions made by the parties. It is no less a rigorous analytical process than the traditional courtroom based public processes which have guided the Commission and the parties over the years, albeit there is a significantly different methodology employed. That approach is not designed to displace such processes, but represents an alternative methodology which may be employed in suitable cases within the scope of the Commission's conciliation and arbitration powers.

10 Some further brief comments about the process may be useful. The process, in and of itself, involves a high degree of spontaneity and interaction at first hand between Members of the Full Bench and the advocates, as well as representatives of the parties who are present for the purpose of informing the Commission in a conference based

sitting. At times, where felt appropriate by the Full Bench, matters may be dealt with on the record in the interests of bringing clarity to the decisions made by the Full Bench, where as in the present case a number of such issues brought with them a high degree of factual and technical complexity. In such cases, detailed reasons accompanied the determination by the Commission (which are sometimes not given in these matters in relation to less significant claims). At other times, matters may revert to a conciliation format and be dealt with by break-out sessions with one party in the absence of the other. On occasions the Full Bench may direct the parties into a form of extended conciliation in order to narrow or resolve a particular issue. These conciliation processes may inform any resumed sitting.

11 By way of further description of the process, the parties in these proceedings were asked on numerous occasions by the Full Bench to produce additional information in the form of spreadsheets and flow-charts to assist each other and the Commission in better understanding complex factual matters, for example the State-wide deployment of ambulance officers in both the numerical and geographical sense. In this regard, we extend our compliments to the parties on both sides of the record for the quality of their work which, in no small measure, added to a successful outcome. We consider the role of counsel in the proceedings to be exemplary.

12 It is fair to say that since the 'BlueScope Model' was first used it has gained in its level of acceptance by the parties, both in the private sector and, more recently, as these proceedings reveal, in a series of major public sector cases dealt with by this Commission. (See also *NSW Health Service Health Professionals (State) Award* [2007] NSWIRComm 300.)

13 In all, the Commission was called upon to make a large number of Recommendations in resolution of the issues raised by the applications. A summary of the matters attended to will attach to our final decision, together with the reasons for the Recommendations issued with respect to two classes of claims on 20 and 21 August 2008.

14 The parties are required to prepare draft awards reflecting their agreement or our Recommendations. We will hear the applications for new awards in a formal sitting conducted at 12.45 pm Friday 12 September 2008.

3 In all, in the course of that process, the Commission was called upon to make 21 Recommendations in resolution of the issues raised by the applications. In two such cases, the Commission issued detailed reasons for the Recommendations made. These Recommendations (which were made on 20 and 21 August 2008) are attached. We would wish to emphasise that even though some small areas of agreement emerged during conciliation, by and large the Recommendations issued were given after we received the benefit of vigorously contested positions advanced by counsel on behalf of both parties (supported by evidence, documentary material in support and written submissions).

4 The parties have prepared draft awards reflecting their agreement or our Recommendations. Further, the draft awards now include an agreement reached between them as to further salary adjustments in subsequent periods, as well as some particular leave reserved arrangements in that respect. That agreement is reflected in a Memorandum of Understanding executed 11 September 2008.

5 Needless to say, the proposed awards have our complete endorsement, although with respect to those matters arising from the Memorandum of Understanding, we have merely reflected the parties agreement.

6 In the result, we make the following new awards (subject to a settlement of Minutes as to their final form):

1. Operational Ambulance Officers (State) Award in terms of exhibit 84 of the proceedings; and
2. Operational Ambulance Managers (State) Award in terms of exhibit 85 of the proceedings.

7 Those awards shall operate on or from today's date and shall remain in force for a period of three years.

INDUSTRIAL RELATIONS COMMISSION OF NEW SOUTH WALES

FULL BENCH

WALTON J, ACTING PRESIDENT

GRAYSON J, DEPUTY PRESIDENT

STAFF J

WEDNESDAY 20 AUGUST 2008

IRC06/2064 - OPERATIONAL AMBULANCE OFFICERS (STATE) AWARD

Application by Health Services Union for variation re cl 5 classifications, in the Operational Ambulance Officers (State) Award

IRC07/1123 - AMBULANCE SERVICE OF NEW SOUTH WALES SUPERINTENDENT/OPERATIONAL MANAGERS (STATE) AWARD

Application by Health Services Union for variation re cl 4.

IRC07/1354 - OPERATIONAL AMBULANCE OFFICERS (STATE) AWARD

Application by NSW Department of Health for new award

IRC07/1355 - AMBULANCE OPERATIONS CENTRE (STATE) AWARD

Application by NSW Department of Health for New Award

IRC07/1356 - AMBULANCE MANAGERS (STATE) AWARD

Application by NSW Department of Health for new award.

STATEMENT AND RECOMMENDATION

WALTON AP: We regret detaining the parties in relation to this first aspect of our decision. Obviously there is much ground to still cover in relation to this matter. We have also requested the attendance of the court reporter for the purposes of assisting the parties in obtaining a record of what we say, in the event that there is some need to access the determination to prepare a draft award.

We propose to commence the determination by indicating the areas that we shall deal with. They are two. First, we propose to deal with the appropriate salary adjustment, and in doing so, have regard to the interim increase for ambulance officer grades 1, 2 and trainee. We should emphasise in that respect that we have not as yet made a ruling in relation to what is described, at least in one sense, as the paramedic specialist or intensive – or put in a slightly different way - the ambulance officer in respect of the requisite allowance in that receipt under the present arrangements

The second area that we will deal with is the somewhat vexed question of rosters and meal penalties and in that respect we can indicate that we have dealt with the question of the shift hours claim and the meal penalty - that is the cascading meal penalty issue, but we have not as yet - because we have not heard the parties in that respect fully either - dealt with what is called the meal away from station allowance.

We should also indicate by way of caveat that we have not made a ruling in relation to the question of classifications as yet. We will come to that matter shortly. So, in summary then as to salaries, we have dealt squarely with the work value and special case question as to the base level of ambulance officer for grades 1, 2 and the trainee and in relation to the hours of work rostering and meal questions, we have dealt only with the issue of the roster and the cascading meal penalty.

Turning then to the salary aspect. There are a number of observations we would propose to make before making a determination and those are as follows. Firstly, we restate the conclusion that we reached in relation to the interim adjustment. There is plainly a case for an adjustment in relation to salaries based on both work value and special case principles. It is those principles that we have applied to the determination of the matter. Secondly, we have come to the conclusion that there is an appropriate basis to increase the rates of pay above the four per cent interim based on those considerations. We have also come to the conclusion that we should do so having regard to adjustments to salaries arising from work value or special cases in related areas and to comparative rates. Having made that observation we should indicate what we have not had regard to. Firstly, we have not had regard to the rates determined for and in relation to pharmacists. In delivering its decision in relation to Allied Health Professionals, the Full Bench made it abundantly clear that recourse to the outcome in the pharmacists' case was not available as a basis for salary assessment in that case or generally because of its peculiar features (we refer in that respect to the Allied Health decision given on 30 November 2007 in para 6). We would add that we consider that there are equal limitations in applying the outcome of the Allied Health Professionals case as a precedent for wage setting in the health sector.

Moving then to the next consideration. Thirdly, we are faced with a very unusual situation in this case. Because of the cost claim in relation to rosters and meal penalties we do not consider that it is appropriate for us to adopt other than an orthodox approach to the assessment of salaries, but we do feel compelled in the environment in which we sit to have regard to the effect of any adjustments in respect to meal penalties so far as it bears upon the economic impact of any determination.

In short we are required to have regard to the economic impact of any determination both in the terms of the statute and the wage fixing principles. We consider that there is a significant reduction in the net economic impact of the award we intend to make because of adjustments we propose to make to meal penalties.

As to any adjustments to rosters, we consider that that is a matter that can be squarely taken into account in assessing salaries because it falls broadly under the category of changes in productive arrangements or productive operating arrangements and efficiency.

In the light of these considerations, we recommend that there be an adjustment of 8.5 per cent in total for ambulance officers in the subject group.

As we have indicated, that outcome may have some applicable reference point for paramedic specialists but it is not conclusive of what determination we would make in that respect which will need to be dealt with based on other considerations.

Turning then to the question of rosters. We consider that the Ambulance Service has established a case for the elimination of the 10/14 roster and in principle the establishment of a system of a twelve hour shift roster.

There are however significant questions associated with the conversion to a twelve hour shift roster and accordingly we consider that rather than the wholesale introduction of a twelve hour shift roster, that we should propose - and do recommend - the introduction of a twelve hour shift roster on a trial basis in accordance with the methodology that we will now describe.

We emphasise in this respect that our recommendation is directed to the establishment of a change, away from the present shift roster system, and with a view to the searching out of an alternative system, which for present purposes has been identified as a twelve hour shift roster system. We have paid particular attention to and based our decision upon the assurance provided by the Service that the concerns of employees as to the proposed twelve hour roster system, would be factored into the arrangements for the operation of that system and that wherever possible the rostering arrangements would be adjusted so as to ameliorate those concerns or any detriment arising from the introduction of the proposed system including particularly in relation to child minding arrangements.

As to the methodology we propose in that respect, the trial will consist of a trial of a twelve hour shift roster in two metropolitan despatch boards. That trial will be conducted in accordance with a document that was produced on 19 June 2008 by the Ambulance Service arising from a discussion which occurred with the Full Bench shortly prior to that time. It bears the heading Ambulance Service Proposal re Roster Evaluation Project and has, in very broad terms, the trial running (after a twelve week consultation period) over nine weeks and then for an evaluation period in weeks 22 to 26. However, there are two amendments to that document which we would make. The first is that the document contemplates moving to a second twelve hour shift trial in para 5. We would introduce these words at the introduction of that clause, "Subject to any contrary determination by the Commission." And then the balance will proceed as written.

In short, in the 22 to 26 week period and particularly at the 25th week, we contemplate that the Commission will deal with any issues arising in relation to the trial and we would make a determination as to its continuance and upon what basis.

The same document contains a reference to meal penalties. We do not propose that the meal penalties would operate on the basis there described but rather in accordance with the terms we will now outline, so we will lastly turn to the question of meal penalties.

The essential determination we make in this respect is that the existing provision for a one hour unpaid meal break, with an associated penalty in the event that the break was not obtained, will be replaced in all service areas, subject to the matters we will now attend to, by two thirty minute paid crib breaks with one hour compensation for a lost crib break. We propose that that reduction will occur as follows: firstly a twenty five per cent reduction on the making of our award in this respect. Secondly, a further twenty five per cent reduction twelve weeks thereafter (then the allowance would be reduced by a total amount of fifty per cent). Nextly, by a further twenty five per cent reduction at the eighteen week point and with complete elimination of the cascading penalty in favour of the crib arrangements at the twenty four week point.

Under these arrangements, there is the potential for some imbalance between the moneys received by those the subject of the trial and those who are not and we propose to deal with that matter in the following manner: where employees are participating in the trial, they will receive the payment of the crib penalty or the reducing cascading penalty as described by us (the cascading penalty in this respect shall be calculated upon the basis of the historical average of the penalty with respect to the subject group for the preceding six months), whichever is greater. In other words, officers will receive the greater of either the crib penalty or the cascading meal penalty as reduced consequentially over the period.

Those are the recommendations we make.

INDUSTRIAL RELATIONS COMMISSION OF NEW SOUTH WALES

FULL BENCH

WALTON J, VICE-PRESIDENT

STAFF J

GRAYSON DP

THURSDAY 21 AUGUST 2008

IRC2064/2006 - OPERATIONAL AMBULANCE OFFICERS (STATE) award

Application by Health Services Union for Variation re Clause 5, Classifications, in the Operational Ambulance Officers (State) Award

IRC1123/2007 - AMBULANCE SERVICE OF NEW SOUTH WALES SUPERINTENDENT/OPERATIONAL MANAGERS (STATE) AWARD

Application by Health Services Union for Variation re Clause 4

IRC1354/2007 - OPERATIONAL AMBULANCE OFFICERS (STATE) AWARD

Application by NSW Department of Health for New Award

IRC1355/2007 - AMBULANCE OPERATIONS CENTRE (STATE) AWARD

Application by NSW Department of Health for New Award

IRC1356/2007 - AMBULANCE MANAGERS (STATE) AWARD

Application by NSW Department of Health for New Award.

STATEMENT AND RECOMMENDATIONS

WALTON J V-P: I have asked for a reporter to attend this aspect of the proceedings to assist the parties in taking a record of what it is we have dealt with. We hope in the next break to be in a position to settle the terms of yesterday's recommendation and distribute it to the parties, so they will have access to that and in a similar fashion to do the same with the recommendations we will now give. We would ask the reporter to have it prepared as soon as possible.

We intend to deal with two issues. Firstly, there are the matters falling under the broad heading of classification structure. Secondly, there is the question of the meal away from station allowance or the travelling meal allowance, as it is described within the award.

Dealing with the first matter of classification structure. We have proceeded to deal with the issues under this heading by firstly adopting the classification structure for trainee paramedics, paramedic interns, paramedics and paramedic specialists proposed by the Ambulance Service, subject to the rulings that we will make of a particular character in relation to the advanced paramedic position.

As to the advanced paramedic position, we make the following recommendations:

1. We have adopted the title proposed by the Ambulance Service namely paramedic specialist.
2. We have adopted the HSU proposal for three incremental steps for the position.
3. We have fixed rates for each step as follows:

Year 1, \$57,649.00. Year 2, \$59,246.00 and Year 3, \$61,023.00.

4. The translation arrangements from the existing ambulance officer positions in relation to that new classification scale will be as follows:

For the holders of ICP allowances, the translation will be as follows:

Grade 2, year 2 and grade 2, year 3 will translate to year 1 in the scale.

Grade 2, year 4 and grade 2, year 5 will translate to year 2.

Grade 2, year 6 and grade 2, year 7 will translate to year 3.

The ALS allowance holders - and we have restricted our assessment in this respect to grade 2, year 7 on the basis of the information we have received as to the present distribution of these people, shall move to year 1 on the new scale. But the rate of pay for those persons will be grandfathered at the year 1 rate, adjusted over time for movements in salary at the year 1 rate. In other words, they will be adjusted from time to time. We expect, in this respect, that the Ambulance Service will offer upgrade or bridging training for those persons to equip them to take up or progress fully to the new classification. If they do not so qualify, however, they will be frozen at that rate adjusted over time in the manner described.

We propose, contrary to the usual approach we have adopted in these matters, to give some brief reasons for what we have just described and those reasons are as follows:

1. The rates which we have recommended contain an adjustment to base salaries that is slightly higher than that awarded yesterday for paramedics.
2. However, the increase is a reflection of both that fact and the translation arrangements which we have adopted.
3. By that last statement we do not simply mean that there are arrangements for converting officers from ambulance officer to paramedic specialist, but that we have also assessed the rates as rates for a new classification with appropriate assessments as to the skill levels and responsibilities required.
4. In that overall assessment we have had regard to the new classification level supplied for the position, the new certification arrangement which will apply to the position and the field work and emergency work carried out by the officers in that position.
5. We have not aligned the rates which we have adopted to the rates of pay for nurses. We consider that there is sufficient difference between the respective positions to avoid that course, particularly having regard to the environment and circumstances under which paramedic specialists will perform their work.
6. We consider that a third step in the classification scale is desirable to reflect the time required and circumstances under which the new skills and qualifications may be obtained. We also consider that the third step is applicable to provide a suitable career path for the officers concerned.

That is our recommendation in relation to, as I have noted, the classification structure of paramedic specialists. I will now turn to what has variously been described as the meal away from station allowance or travelling meal allowance, and we make the following recommendations in that respect.

1. Where 12-hour shifts do not operate, the existing provisions shall remain.
2. Where 12-hour shifts operate, the officers shall receive half of the existing allowance for each crib. I should note with respect to both item 1 and 2 it is implicit in what we have communicated that that of course is where the allowance is applicable.
3. The allowance will be reviewed at the time of the 12-hour shift review. In short, it will remain in place for the period of the trial of the 12-hour shift but will be reviewed as part of the trial. Obviously there are considerations involved in that respect, not the least of which is how the officers may approach access to the allowance during the trial period.

Those are the rulings we make in relation to those two matters. We were proposing to turn now to the next issue which we understand will be the operations centre issue or remaining issue in that respect. But before we do, are there any questions as to the recommendations that we have just made by way of clarity, I mean? We will take that as a no.

Appendix 5 Minutes

Minutes No 14

Thursday 15 May 2008

Members Lounge, 10:30 am

1. Members present

Ms Robyn Parker (*Chair*)
Mr Greg Donnelly
Ms Kayee Griffin (*Catanzariti*)
Mr Charlie Lynn (*Ficarra*)
Dr Gordon Moyes
Ms Lee Rhiannon
Ms Christine Robertson

2. Substitutions

The Chair advised that she had received written advice from the Opposition Whip that Mr Lynn would be substituting for Ms Ficarra for the purposes of this meeting, and written advice from the Government Whip that Ms Griffin would be substituting for Mr Catanzariti for the purposes of this meeting.

3. Correspondence

The Committee noted the following items of correspondence received:

Received:

Proposed inquiry into the management and operations of the NSW Ambulance Service

- 13 May 2008 – Letter from Ms Parker, Ms Ficarra and Revd Moyes to Clerk of the Committee requesting a meeting of the Committee to consider a proposed terms of reference for an inquiry into the Management and Operations of the NSW Ambulance Service (*attached*).

4. Consideration of proposed self reference – the management and operations of the NSW Ambulance Service

The Chair tabled a letter to the Clerk of the Committee signed by Ms Parker, Revd Moyes and Ms Ficarra, requesting a meeting of the Committee to consider proposed terms of reference for an inquiry into the management and operations of the NSW Ambulance Service.

Mr Lynn moved: That the Committee adopt the following terms of reference:

That the 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, and
- e. any other related matter.

Question put.

The Committee divided.

Ayes: Ms Parker, Revd Moyes, Ms Rhiannon, Mr Lynn

Noes: Ms Robertson, Mr Donnelly, Ms Griffin

Question resolved in the affirmative.

Resolved on the motion of Mr Lynn: That the inquiry and the call for submissions be advertised on 28 May 2008, in the metropolitan and relevant regional papers.

Resolved on the motion of Ms Rhiannon that the closing date for submissions be 25 June 2008.

5. Adjournment

The Committee adjourned at 10:50 am *sine die*.

Beverly Duffy

Clerk to the Committee

Minutes No 15

Thursday 5 June 2008

Parkes Room, Parliament House, Sydney, at 1:05 pm

1. Members present

Ms Robyn Parker (*Chair*)

Mr Greg Donnelly

Mr Tony Catanzariti

Ms Marie Ficarra

Dr Gordon Moyes

Ms Lee Rhiannon

Ms Christine Robertson

2. Previous minutes

Resolved, on the motion of Ms Robertson: That draft Minutes No.14 be confirmed.

3. Correspondence

The Committee noted the following items of correspondence received:

- 13 May 2008 – From Mr Warren Goodall to Chair regarding content of NSW Ambulance Service Administration Bulletin AB 2008-35.
- 26 May 2008 – From NSW Ambulance Service to Secretariat providing information on the Committee's inquiry.

4. Inquiry into the management and operations of the NSW Ambulance Service

4.1 Submissions

Resolved, on the motion of Ms Ficarra, that submissions whose author has requested partial confidentiality be circulated to members on paper/CD Rom with the authors' names and other identifying information suppressed.

Resolved, on the motion of Ms Robertson, that submissions whose author has requested confidentiality be circulated to members on red paper.

Resolved, on the motion of Mr Donnelly: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorise the publication of Submissions No. 1 and 6.

Resolved, on the motion of Mr Donnelly: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorise the partial publication of Submissions No. 2, 3, 4, 4a, 5, 7, 9, 10, 11, 12, 13 and 14 with names and other identifying information suppressed at the request of the author.

Resolved, on the motion of Mr Donnelly: That the Committee keep Submission No. 8 confidential.

4.2 Conduct of the inquiry

Resolved, on the motion of Ms Ficarra: That the Committee undertake the following activities:

- Tuesday 1 July 2008, site visit to the Extended Care Paramedic Program in Penrith and Sydney Ambulance Centre in Redfern
- Friday 4 July 2008, public hearing
- Tuesday 22 July – to be determined
- Monday 28 July – to be determined.

5. Adjournment

The Committee adjourned at 1.30pm until Thursday 26 June 2008 at 1pm.

Merrin Thompson

Clerk to the Committee

Minutes No 16

Thursday 26 June 2008

Members Lounge, Parliament House at 1:05 pm

1. Members present

Ms Robyn Parker (*Chair*)
Mr Greg Donnelly
Mr Tony Catanzariti
Ms Marie Ficarra
Dr Gordon Moyes
Ms Lee Rhiannon
Ms Christine Robertson

2. Previous minutes

Resolved, on the motion of Ms Robertson: That draft Minutes No.15 be confirmed.

3. ***

4. Inquiry into the management and operations of the NSW Ambulance Service

4.1 Submissions

Resolved, on the motion of Ms Robertson: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorise the publication of Submissions No. 19, 24, 33, 35, 36, 49, 54, 55 and 58.

Resolved, on the motion of Ms Robertson: That, according to section 4 of the parliamentary papers (Supplementary Provisions) Act 1975 and standing Order 223(1), the Committee authorise the partial publication of Submissions No. 11a, 15, 15a, 17, 18, 21, 21a, 22, 26, 28, 30, 31, 32, 34, 37, 42, 47, 48, 50, 51, 52, 53, 56, 56a and 61 with names and other identifying information suppressed at the request of the author.

Resolved, on the motion of Ms Robertson, That:

- the Committee authorise the partial publication of Submission No. 40 with names and other identifying information suppressed at the request of the author
- paragraph (e) be removed due to Committee's concerns about adverse mention.

Resolved, on the motion of Mr Donnelly: That the Committee keep Submissions No. 16, 23, 23a, 25, 27, 29, 38, 39, 41, 43, 44, 45, 46, 57, 59, 60 and 60a confidential at the request of the author.

4.2 Conduct of the inquiry

Resolved, on the motion of Ms Ficarra: That the secretariat advise any media outlets who wish to film the committee on the site visit that brief file footage could be taken at the beginning of the visit.

Resolved, on the motion of Ms Ficarra: That, according to Standing Order 222(1), the Committee take evidence from the authors of Submissions No.13, 31, 39 and 61 *in camera*.

Resolved, on the motion of Ms Ficarra: That the Committee hold hearings on Tuesday 22 July and Monday 28 July 2008 and that representatives of the NSW Ambulance Service be invited to give further evidence on 28 July 2008.

Mr Catanzariti noted his concerns that public hearings for GPSC2 and GPSC5 were scheduled for the same day (Friday 4 July) and asked that Committees coordinate the timings of hearing to avoid such clashes in the future.

4.3 Extension of deadline for submissions

Resolved, on the motion of Ms Robertson: That the Committee extend the deadline for submissions until Friday 4 July 2008.

5. ***

6. Adjournment

The Committee adjourned at 1:25pm until Tuesday 1 July 2008 at 10.00am.

Merrin Thompson

Clerk to the Committee

Minutes No 17

Tuesday 1 July 2008

Penrith Ambulance Station at 10:00am, Sydney Ambulance Centre at 12:00pm

1. Members present

Ms Robyn Parker (*Chair*)
 Mr Greg Donnelly
 Ms Marie Ficarra
 Ms Lee Rhiannon
 Ms Christine Robertson
 Dr Gordon Moyes
 Mr Tony Catanzariti

2. Site visits – Penrith Ambulance Station and Sydney Ambulance Centre

The Committee attended the Penrith Ambulance Station and was met by the following staff from the NSW Ambulance Service:

- Mr Greg Rochford, Chief Executive
- Ms Julie Morgan, Director, Executive Services
- Mr Ken Wheeler, Superintendent, Assistant Divisional Manager Sydney West Sector
- Mr Peter Grant, Station Officer, Penrith
- Mr Russell Lewis, Ambulance officer and HSU Sub-branch president (Sydney West)
- Dr Siun Gallagher, Advanced Care Project Director
- Dr Jason Bendall, Project Manager, Extended Care Paramedic Program
- Dr Andrew Bower, Clinical Educator Extended Care Paramedic Program
- Ms Cassandra Loughmen, Extended Care Paramedic
- Mr Ben Southers, Extended Care Paramedic
- Mr Wayne Lucas, Extended Care Paramedic
- Ms Hannah Freitas, Extended Care Paramedic
- Mr Steve Cachia, Extended Care Paramedic
- Mr Graham Stasfield, Extended Care Paramedic
- Mrs Michelle Shiel – Interim Project Officer – Sydney West Sector

Mr Rochford welcomed the Committee and provided a brief introduction to the Extended Care Paramedic (ECP) pilot program.

Dr Bendall and Dr Gallagher talked in further detail about the ECP program.

The Committee attended the Sydney Ambulance Centre at Eveleigh and were met by the following staff from the NSW Ambulance Service:

- Mr Peter Annetts, District Officer Sydney South Sector, Intensive Care Paramedic
- Ms Sue Cruttenden, Intensive Care Paramedic, Rapid Responder
- Dr Ron Manning, Director Aeromedical and Medical Retrieval Service
- Mr Paul Whitwell, Assistant Operations Centre Manager, Sydney Operations Centre

Mr Rochford and Ms Morgan re-joined the Committee at Eveleigh.

Mr Annetts and Ms Cruttenden showed the Committee inside an ambulance and a rapid responder vehicle, and provided an overview about how and when both vehicles are deployed.

Mr Rochford gave a presentation to the Committee on ambulance operations in NSW.

Mr Whitwell provided information about the 000 Call Centre.

The Committee was taken around the Call Centre to watch and listen to calls being processed and dispatched.

Dr Manning provided information about the Aeromedical and Retrieval Service.

3. Adjournment

The Committee adjourned at 3:00pm until 9:00am Friday 4 July 2008 at the Jubilee Room, Parliament House.

Beverly Duffy
Clerk to the Committee

Minutes No 18

Friday 4 July 2008

Jubilee Room, Parliament House at 9.00 am

1. Members present

Ms Robyn Parker (*Chair*)
 Mr Greg Donnelly
 Mr Henry Tsang (Catanzariti)
 Ms Marie Ficarra
 Ms Lee Rhiannon
 Ms Christine Robertson (*Deputy Chair*)

2. Apologies

Dr Gordon Moyes

3. Substitutions

The Chair advised that she had received written advice from the Government Whip that Mr Tsang would be substituting for Mr Catanzariti for the purposes of this meeting.

4. In camera hearing – Inquiry into the management and operations of the NSW Ambulance Service

The Committee previously resolved to hear the evidence of Witness A in camera.

The following witness was sworn and examined: Witness A

Persons present other than the Committee:

- Ms Beverly Duffy, Clerk to the Committee
- Ms Teresa Robinson, Committee secretariat
- Ms Merrin Thompson, Committee secretariat
- Hansard reporters

The evidence concluded and the witness withdrew.

5. Deliberative meeting

5.1 Previous minutes

Resolved, on the motion of Ms Ficarra: That draft Minutes No.16 be confirmed.

5.2 Submissions – Inquiry into the management and operations of the NSW Ambulance Service

The Committee noted a request from the author of Submission No. 29 that the status of that submission be changed from confidential to partially confidential.

Resolved, on the motion of Ms Robertson: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorise the publication of Submissions No. 62, 66, 67, 72, 78, 78a, 80, 85, 89 and 103.

Resolved, on the motion of Ms Robertson: That, according to section 4 of the parliamentary papers (Supplementary Provisions) Act 1975 and standing Order 223(1), the Committee authorise the partial

publication of Submission No. 79 and 108 with the deletion of potentially identifying information about an adversely mentioned party.

Resolved, on the motion of Ms Robertson: That, according to section 4 of the parliamentary papers (Supplementary Provisions) Act 1975 and standing Order 223(1), the Committee authorise the partial publication of Submissions No. 20, 20a, 29, 63, 64, 65, 68, 69, 70, 71, 73, 75, 77, 81, 82, 83, 84, 90, 91, 92, 93, 94, 95, 99, 100, 101, 102, 104, 105, 106 and 109 with names and/or other identifying information suppressed at the request of the author.

Resolved, on the motion of Mr Tsang: That the Committee keep Submission No. 107 confidential.

Resolved, on the motion of Ms Ficarra: That the Committee keep Submissions No. 21b, 61a, 74, 76, 86, 87, 88, 98 and 109a confidential.

6. Public hearing - Inquiry into the management and operations of the NSW Ambulance Service

Witnesses, the public and media were admitted.

The Chair made an opening statement regarding the broadcasting of proceedings and other matters.

The following witnesses were sworn and examined:

- Professor Debora Picone AM, Director General, NSW Health
- Mr Greg Rochford, Chief Executive Officer, NSW Ambulance Service
- Mr Michael Willis, General Manager Operations, NSW Ambulance Service
- Mr Ian Peters, HR Manager, NSW Ambulance Service
- Ms Marian O'Connell, Manager, Professional Standards and Conduct Unit, NSW Ambulance Service

Professor Picone tabled the NSW Health submission to the inquiry

Resolved, on the motion of Ms Robertson: That the Submission from NSW Health, be published.

The evidence concluded and the witnesses withdrew.

The following witness was sworn and examined:

- Mr Graeme Head, Deputy Director General, Performance Review Unit, Department of Premier and Cabinet

The evidence concluded and the witness withdrew.

The following witness was sworn and examined:

- Mr Phil Roxburgh

The evidence concluded and the witness withdrew.

The following witness was sworn and examined:

- Mr Wayne Power

The evidence concluded and the witness withdrew.

The public and media withdrew

7. In camera hearing - Inquiry into the management and operations of the NSW Ambulance Service

The Committee previously resolved to hear the evidence of Witnesses B,C and D in camera.

The following witness was sworn and examined: Witness B

Persons present other than the Committee:

- Ms Beverly Duffy, Clerk to the Committee
- Ms Teresa Robinson, Committee secretariat
- Ms Merrin Thompson, Committee secretariat
- Hansard reporters

The evidence concluded and the witness withdrew.

The following witness was sworn and examined: Witness C

The evidence concluded and the witness withdrew.

The following witness was sworn and examined: Witness D

The evidence concluded and the witness withdrew.

8. Deliberative meeting

8.1 Declaration

Ms Robertson informed the Committee that she is a current member of the Health Service Union.

8.2 Submission 9

Resolved, on the motion of Ms Robertson: That the Committee publish submission 9 (Mr Wayne Power)

8.3 Report Deliberative

Resolved, on the motion of Mr Donnelly: That the Committee hold a deliberative meeting to consider the Chair's draft of the Ambulance Service report on Monday 22 September 2008.

8.4 Answers to QON

Resolved, on the motion of Ms Ficarra: That answers to QON be received within two weeks of the date on which the letters are sent.

8.5 Confidential Submission 21b

The Clerk Assistant – Procedural Support, discussed comments made in confidential submission 21b.

The Chair informed the Committee that she would telephone the author of submission 21b to discuss the matters raised in his supplementary submission.

Ms Robertson suggested that the Secretariat include the telephone contact number for the Ambulance Service Employee Assistance Program to the list of support services offered to officers in distress.

The Clerk Assistant circulated a draft letter from the Chair to Mr Greg Rochford concerning the participation of Ambulance Service employees in the inquiry and a draft letter to the author of submission 21.

Resolved, on the motion of Mr Donnelly: That the draft letter to Mr Rochford be amended by inserting the following words: 'due to the nature of some of the submissions, there is concern for the potential for possible repercussions.'

Resolved, on the motion of Ms Robertson: That the letter, as amended, be sent to Mr Rochford, and that a letter be sent to the author of submission 21b, subject to the outcome of the proposed telephone conversation with the Chair.

8.6 Letter to the President regarding inquiries involving ‘vulnerable’ witnesses

The Clerk Assistant tabled information regarding the steps taken by the Secretariat during the inquiry to manage sensitive issues concerning submissions and witnesses.

The Clerk Assistant advised the committee that any request for an inquiry by the Privileges Committee into vulnerable witnesses should come from an individual member to the President, rather than as a referral to the Committee. The Chair indicated she would write to the President.

9. Adjournment

The Committee adjourned at 4.45pm until Tuesday 22 July (public hearing).

Merrin Thompson
Clerk to the Committee

Minutes No 19

Tuesday 22 July 2008

Room 814/815, Parliament House, 10.00am

1. Members present

Ms Robyn Parker (*Chair*)
Mr Greg Donnelly
Mr Tony Catanzariti
Ms Marie Ficarra
Ms Lee Rhiannon
Ms Christine Robertson (*Deputy Chair*)

2. Apologies

Dr Gordon Moyes

3. Public hearing – Inquiry into the management and operations of the NSW Ambulance Service

Witnesses, the public and media were admitted.

The Chair made an opening statement regarding the broadcasting of proceedings and other matters.

The following witnesses were sworn and examined:

- Mr Dennis Ravlich, Industrial Manager, Health Services Union
- Mr Robert Morgan, Industrial Officer, Health Services Union
- Mr Stephen Pollard, District Officer – Southern Division (HSU President, Union Council)
- Mr Ray Tait, Health Services Union
- Mr Warren Boon, Paramedic Rescue Officer – Sydney Division (HSU Councillor, Union Council)

Mr Ravlich tabled the HSUs response to the Premiers Department review of the Ambulance Service.

The evidence concluded and the witnesses withdrew.

Resolved, on the motion of Mr Catanzariti: That the Committee publish the document tabled by the Health Services Union as a supplementary submission.

4. In camera hearing – Inquiry into the management and operations of the NSW Ambulance Service

Resolved, on the motion of Ms Ficarra: That the evidence of Witnesses E, F, G, H, I and J, due to appear on 22 July and witnesses K, L, M, N and O, due to appear on 28 July, be heard in camera.

Resolved, on the motion of Ms Robertson: That Ms Christine Piquette, conflict management specialist, attend the in camera hearing for Witness E.

The following witness was sworn and examined: Witness E

Persons present other than the Committee:

- Ms Beverly Duffy, Clerk to the Committee
- Mr Steven Reynolds, Clerk Assistant, Procedural Support
- Ms Teresa Robinson, Committee secretariat
- Mr Sam Griffith, Committee secretariat
- Ms Christine Piquette
- Hansard reporters

The evidence concluded and the witness withdrew.

5. Deliberative meeting

5.1 Previous minutes

Resolved, on the motion of Ms Rhiannon: That draft Minutes No.17 (site visit) and 18 be confirmed.

5.2 Correspondence

The Committee noted the following items of correspondence received:

Received

- 3 July 2008 – Confidential email from the Clerk Assistant to the Committee, regarding steps taken by the secretariat in response to comments made by the author of submission 21b about his treatment by the Ambulance Service subsequent to the publication of his submission, and about his well being
- 4 July 2008 - Letter from Professor Debora Picone to the Chair offering assistance to the Committee in relation to inquiry participants who indicate a very significant level of personal distress
- 7 July 2008 - Email from the Chair to the Committee regarding her conversation with Professor Picone about the welfare of the author of confidential submission 21b, and her subsequent conversation with the submission author
- 10 July 2008 – email from Ms Kay Fisher commenting on the reported treatment of Christine Hodder by her colleagues
- 11 July 2008 - Confidential email from the Clerk Assistant regarding the implementation of a response plan to assist inquiry participants for whom there is a risk of self harm
- 11 July 2008 - Confidential email from the Clerk Assistant regarding action taken by the secretariat in relation to two submissions.

Sent

The Committee noted the following items of correspondence sent

- 8 July 2008 - Letter to Mr Greg Rochford CEO, NSW Ambulance Service regarding protecting employees who participate in the Ambulance Service inquiry
- 18 July 2008 – Letter to the author of confidential submission 145 (IP 3) regarding the Response Plan available to inquiry participants whom indicate possible self harm.

5.3 In camera transcripts from 4 July

Resolved, on the motion of Mr Donnelly: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises the partial publication of the transcripts of evidence on 4 July 2008 of Witnesses A, B, C and D, with all identifying information removed.

5.4 ***

5.5 ***

5.6 Submissions – Inquiry into the management and operations of the NSW Ambulance Service

Resolved, on the motion of Ms Robertson: That the secretariat publish on the website that the final cut off date for submissions to the Ambulance Inquiry be the end of July.

Resolved, on the motion of Mr Donnelly: That the Committee keep submission 96 confidential.

Resolved, on the motion of Mr Donnelly: That the Committee invite the author of submission 107 to give evidence on 28 July.

Resolved, on the motion of Ms Ficarra: That the Committee keep supplementary submission 124a confidential and write to the author to request that he send the details of alleged criminal activity referred to in his submission to the appropriate authorities.

Resolved, on the motion of Ms Ficarra: That the Committee keep submission 146 confidential.

Resolved, on the motion of Mr Donnelly: That Submission 148 be made partially confidential by removing adverse mentions, including the allegation on page 5, and that the Committee write to the author to request that he send the details of alleged criminal activity referred to in his submission to the appropriate authorities.

Resolved, on the motion of Mr Catanzariti: That the Committee invite Mr Timothy Castle to give evidence on 28 July.

Resolved, on the motion of Mr Donnelly: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and standing Order 223(1), the Committee authorise the publication of Submission No.115 and 121.

Resolved, on the motion of Mr Catanzariti: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and standing Order 223(1), the Committee authorise the partial publication of Submissions No. 111, 112, 114, 117, 119, 120, 122, 123, 125, 126, 130, 131, 132, 133, 134, 135, 136, 137, 144 and 147 with names and other identifying information suppressed at the request of the author.

Resolved, on the motion of Ms Rhiannon: That the Committee keep Submissions No. 116, 118, 123a, 127, 128, 129, 135a, 137a, 138a, 139, 140, 142, 143, and 145 confidential.

6. In camera hearing - Inquiry into the management and operations of the NSW Ambulance Service
Resolved, on the motion of Ms Ficarra: That the evidence of Witnesses F, G, H, I and J be heard in camera.

Resolved, on the motion of Mr Donnelly: That the Committee approve the request from Witnesses F and G that they attend each others' in camera hearings.

The following witness was sworn and examined: Witness F.

Persons present other than the Committee:

- Ms Beverly Duffy, Clerk to the Committee
- Mr Steven Reynolds, Clerk Assistant, Procedural Support
- Ms Teresa Robinson, Committee secretariat
- Mr Sam Griffith, Committee secretariat
- Hansard reporters

The evidence concluded and the witness withdrew.

The following witness was sworn and examined: Witness G.

The evidence concluded and the witness withdrew.

The following witness was sworn and examined: Witness H.

The evidence concluded and the witness withdrew.

The following witness was sworn and examined: Witness I.

The evidence concluded and the witness withdrew.

The following witness was sworn and examined: Witness J.

The evidence concluded and the witness withdrew.

7. Questions on notice

Resolved, on the motion of Mr Donnelly: That answers to Questions on Notice to the HSU be provided within two weeks of the despatch of the letter.

8. Adjournment

The Committee adjourned at 4:54pm until Monday 28 July (public hearing).

Beverly Duffy
Clerk to the Committee

Minutes No 20

Monday 28 July 2008

Room 814/815, Parliament House, 9.10am

1. Members present

Ms Robyn Parker (*Chair*)
Mr Greg Donnelly
Mr Tony Catanzariti
Ms Marie Ficarra
Ms Lee Rhiannon
Ms Christine Robertson (*Deputy Chair*)

2. Apologies

Dr Gordon Moyes

3. In camera hearing - Inquiry into the management and operations of the NSW Ambulance Service

Resolved, on the motion of Ms Robertson: That the evidence of Witnesses P, Q, R and S be heard in camera.

Resolved, on the motion of Ms Robertson: That a support person be authorised to attend the hearings for witnesses M, O and P.

Resolved, on the motion of Ms Robertson: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and standing Order 223(2), the Committee authorises the full publication of the in camera transcript of evidence of Witness E (Mr John McDonald) on 22 July 2008.

The following witnesses was sworn and examined: Witnesses K, R and S

Persons present other than the Committee:

- Ms Beverly Duffy, Clerk to the Committee
- Mr Steven Reynolds, Clerk Assistant, Procedural Support
- Ms Teresa Robinson, Committee secretariat
- Mr Sam Griffith, Committee secretariat
- Hansard reporters

Witness S tabled a one page document.

The evidence concluded and the witness withdrew.

The following witness was sworn and examined: Witness L.

Witness L tabled a 40 page document.

The evidence concluded and the witness withdrew.

The following witness was sworn and examined: Witness M.

Witness M tabled three documents.

The evidence concluded and the witness withdrew.

The following witness was sworn and examined: Witness N.

The evidence concluded and the witness withdrew.

The following witness was sworn and examined: Witness O.

The evidence concluded and the witness withdrew.

The following witness was sworn and examined: Witness P.

The evidence concluded and the witness withdrew.

The following witness was sworn and examined: Witness Q.

The evidence concluded and the witness withdrew.

4. Deliberative meeting

4.1 Previous minutes

Resolved, on the motion of Mr Donnelly: That draft Minutes No.19 be confirmed.

4.2 Correspondence

The Committee noted the following items of correspondence:

Received

- 13 July 2008 – Petition from Vera Auerbach with 112 signatures requesting an ambulance service in Bundeena
- 24 July 2008 – Answers to questions on notice from NSW Health hearing on 4 July 2008 including clarification by Professor Picone of evidence provided to the committee on 4 July

Sent

- 24 July 2008 - Letters from Director to inquiry participants 4 and 6 regarding the Support Plan in place for inquiry participants who demonstrate significant personal distress.

4.2 Publication of answers to QON – NSW Health

Resolved, on the motion of Mr Catanzariti: That the Committee publish the answers to Questions on Notice from NSW Health received on 24 July.

4.3 Possible Inquiry into Vulnerable witnesses

The draft letter from the Chair to the President regarding a possible Privilege Committee Inquiry into Vulnerable witnesses was circulated with the meeting papers for the Committee's information.

4.4 Submissions – Inquiry into the management and operations of the NSW Ambulance Service

Resolved, on the motion of Ms Ficarra: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and standing Order 223(1), the Committee authorise the partial publication of Submission No. 140, with adverse mention removed and that the attachments remain confidential.

Resolved, on the motion of Mr Donnelly: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and standing Order 223(1), the Committee authorise the publication of Submission No. 19a, 150, 155, 157, 159, 162, 164, 168, 178, 182 and 185.

Resolved, on the motion of Mr Donnelly: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and standing Order 223(1), the Committee authorise the partial publication of Submissions No. 61b, 78c, 87a, 100a, 151, 152, 153, 154, 156, 156a, 158, 160, 161, 163, 166, 167, 170, 176, 177, 179, 180, 181, 183, 184, 186, 187, and 188 with names and other identifying information suppressed at the request of the author.

Resolved, on the motion of Mr Donnelly: That the Committee keep Submissions No. 78b, 97, 124b, 149, 165, 169, 171, 172, 173, 174 and 175 confidential.

4.5 Publication of in camera transcript

Resolved, on the motion of Mr Donnelly: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises the partial publication of the in camera transcript of evidence of Witness J on 22 July 2008, with all identifying information removed.

4.6 Publication of in camera transcripts and submissions received before the next deliberative meeting

Resolved, on the motion of Ms Robertson, to publish in camera transcripts from 22 and 28 July, and any additional submissions received before the next deliberative meeting, subject to the chair and deputy chair considering:

- the requests of individual witnesses and submission makers regarding the publication of their evidence or submission
- the removal of identifying information or adverse mention

4.7 ***

5. **Public hearing - Inquiry into the management and operations of the NSW Ambulance Service**

Witnesses, the public and media were admitted.

The Chair made an opening statement regarding the broadcasting of proceedings and other matters.

The following witness was sworn and examined:

- Dr Carlo Caponecchia, Lecturer, School of Risk and Safety Sciences, University of New South Wales.

The evidence concluded and the witness withdrew.

The following witness was sworn and examined:

- Ms Karen Crawshaw, Deputy Director-General Health System Support, NSW Health.

The following witnesses were examined on former oath:

- Professor Debora Picone AM, Director General, NSW Health.
- Mr Greg Rochford, Chief Executive Officer, NSW Ambulance Service.
- Mr Michael Willis, General Manager Operations, NSW Ambulance Service.
- Mr Ian Peters, HR Manager, NSW Ambulance Service.
- Ms Marian O'Connell, Manager, Professional Standards and Conduct Unit, NSW Ambulance Service.

The evidence concluded and the witnesses withdrew.

The following witness was sworn and examined:

- Mr Timothy Castle, former Ambulance Officer.

The evidence concluded and the witness withdrew.

The media and the public withdrew.

6. **Adjournment**

The Committee adjourned at 5.15pm until Monday 22 September (deliberative meeting).

Beverly Duffy
Clerk to the Committee

Minutes No. 21

Friday 29 August 2008

General Purpose Standing Committee No. 2

Members Lounge, Parliament House, 1.00pm

1. **Members present**

Ms Robyn Parker (*Chair*)
 Mr Tony Catanzariti
 Mr Greg Donnelly
 Ms Christine Robertson (*Deputy Chair*)

2. Apologies

Ms Marie Ficarra
 Ms Lee Rhiannon
 Dr Gordon Moyes

3. Previous minutes

Resolved, on the motion of Mr Catanzariti: That draft Minutes No.20 be confirmed.

4. Correspondence

The Committee noted the following items of correspondence received:

Received

- 4 August 2008 - Letter from Ms Catherine Follent, Solicitor to the Garling Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals, to the Director, regarding access to confidential submissions to the GPSC2 Ambulance Inquiry
- 20 August 2008 – from the President to the Chair regarding a possible Privileges Inquiry into Vulnerable witnesses

Sent

- 29 July 2008 - Letter from Director to inquiry participant 7 (Mo'R) regarding the Support Plan in place for inquiry participants who demonstrate significant personal distress
- 28 July 2008 – Letter from the Chair to WT regarding allegations of corrupt conduct in his submission.
- 28 July 2008 - Letter from the Chair to SH regarding allegations of corrupt conduct in his submission.
- 29 July 2008 - from the Chair to the President regarding a possible inquiry by the Privilege Committee into Vulnerable witnesses
- 5 August 2008 - Letter from Director to inquiry participant 8 (LH) regarding the Support Plan in place for inquiry participants who demonstrate significant personal distress
- 5 August 2008 - Letter from Director to inquiry participant 9 (LG) regarding the Support Plan in place for inquiry participants who demonstrate significant personal distress
- 11 August 2008 - From the Director to Ms Catherine Follent regarding the request for access to confidential submissions to the GPSC 2 Ambulance Service inquiry

5. ***

6. Inquiry into the management and operations of the NSW Ambulance Service

6.1 Publication of submissions

Resolved, on the motion of Ms Robertson: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises:

- the partial publication of Submission 124b with adverse mentions suppressed; and
- that the submission not be placed on the Committee's website.

Resolved, on the motion of Mr Donnelly: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and standing Order 223(1), the Committee authorise the partial

publication of Submission No. 210 with the name and other identifying information suppressed at the request of the author.

Resolved, on the motion of Mr Donnelly: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises:

- the partial publication of Submission 211 with name and other identifying information suppressed; and
- that the submission not be placed on the Committee's website.

Resolved, on the motion of Ms Robertson: That the Committee keep Submission No. 214 confidential.

Resolved, on the motion of Mr Donnelly: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises:

- the partial publication of Submission 36a subject to the removal of adverse mentions

Resolved, on the motion of Mr Catanzariti: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and standing Order 223(1), the Committee authorise the publication of Submissions No. 19b, 155a, 200 and 206.

Resolved, on the motion of Mr Catanzariti: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and standing Order 223(1), the Committee authorise the partial publication of Submissions No., 37b, 68a, 136a, 189, 193a, 197, 198, 199, 201, 201a, 202, 203, 204, 205, 207, 208, 209 and 210 with names and/or other identifying information suppressed at the request of the author.

Resolved, on the motion of Mr Catanzariti That the Committee keep Submissions No. 27a, 37a, 91b, 181a, 193, 193b, 194, 195, 196, 212 and 213 confidential.

6.2 Publication of transcripts

Resolved, on the motion of Mr Donnelly: That the Committee not authorise the publication of the in camera transcript of evidence of Witness H on 22 July 2008.

Resolved, on the motion of Ms Robertson: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises the partial publication of the in camera transcript of evidence of Witness K, Witness R and Witness S on 28 July 2008, with all adverse mentions suppressed.

Resolved, on the motion of Mr Catanzariti: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises the partial publication of the in camera transcript of evidence of Witness I on 22 July 2008, with certain information suppressed.

Resolved, on the motion of Mr Donnelly: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises the partial publication of the in camera transcript of evidence of Witness F on 22 July 2008, with all identifying and certain other information suppressed.

Resolved, on the motion of Ms Robertson: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises the partial publication of the in camera transcript of evidence of Witnesses L and N on 28 July 2008, with all identifying information suppressed.

Resolved, on the motion of Ms Robertson: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises:

- the partial publication of the in camera transcript of evidence of Witness P on 28 July 2008, with all identifying information suppressed; and
- that the submission not be placed on the Committee's website.

6.3 Publication of answers to questions on notice

Resolved, on the motion of Mr Donnelly: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorise the publication of the answers to questions on notice provided by the following organisations:

- NSW Health
- Health Services Union.

7. Other business

Resolved, on the motion of Ms Robertson: That members of the Committee may elect to receive the Chair's draft report electronically. The Secretariat undertook to liaise with members of the Committee concerning their preferred method of receiving the draft report.

8. Adjournment

The Committee adjourned at 1.27pm until Monday 22 September (deliberative meeting).

Beverly Duffy

Clerk to the Committee

Draft Minutes No. 27

Tuesday 14 October 2008

General Purpose Standing Committee No. 2

Room 1102, Parliament House, 9.00am

1. Members present

Ms Robyn Parker (*Chair*)
 Ms Christine Robertson (*Deputy Chair*)
 Mr Tony Catanzariti
 Ms Lee Rhiannon
 Mr Greg Donnelly
 Ms Marie Ficarra
 Rev Dr Gordon Moyes

2. Previous minutes

Resolved, on the motion of Ms Rhiannon: That draft Minutes No. 22 and 23 be confirmed.

3. Correspondence

Received

- 5 August 2008 – Partially confidential email from Witness G to Principal Council Officer regarding Ambulance Service legislation
- 8 August 2008 – Letter and attached documents from Steve Hogeveen and Tony Weekes to further support their evidence regarding asbestos at Toukley and bullying and harassment within the Service
- 1 September 2008 – Fully confidential email from (name suppressed) regarding an inquiry participant.
- 1 September 2008 – Fully confidential email from Witness C regarding update of evidence regarding bullying and intimidation

- 12 September 2008 - Letter from Ms Catherine Follent, Solicitor to the Garling Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals, to the Director, regarding earlier request for access to confidential submissions to the GPSC2 Ambulance Inquiry
- 20 September 2008 – Fully confidential email from (name suppressed) to Principal Council Officer raising concern about possible breach of parliamentary privilege
- 23 September 2008 – two fully confidential emails forwarded by (name suppressed) to the Principal Council Officer pertaining to the possible breach of parliamentary privilege referred to in the email above
- 21 September 2008 – Fully confidential email from (name suppressed) to Chair regarding sexual harassment and bullying within the Ambulance Service
- 22 September 2008 – Partially confidential email from (name suppressed) regarding misleading of Committee
- 30 September 2008 – Email from Chris Cousins regarding a news interview with the Chief Executive regarding hospital delays
- 7 October 2008 – Partially confidential email from (name suppressed) to Principal Council Officer regarding how rescue paramedics were notified of the relinquishment of Ambulance rescue

Sent

- 14 October 2008 – Letter from the Chair to Professor Beverley Raphael thanking her for the assistance provided to the Committee during the Ambulance Service Inquiry

4. Inquiry into the governance of NSW Universities

Resolved, on the motion of Ms Robertson: That the Committee advertise the inquiry terms of reference in the relevant Sydney metropolitan media and specialist university publications.

5. Inquiry into the management and operations of the Ambulance Service of NSW**5.1 Response to concerns raised by Mr Hogeveen and Mr Weekes**

Resolved, on the motion of Ms Rhiannon: That the Committee write to Mr Hogeveen and Mr Weekes suggesting that they approach the ICAC or NSW Ombudsman if they wish for further action to be taken in regard to the matters raised in their correspondence.

5.2 Concern about possible breach of privilege

Resolved, on the motion of Ms Robertson: That the draft letter to Mr Greg Rochford prepared by the Clerk Assistant be amended and circulated to the Committee for endorsement.

5.3 Submissions

Resolved, on the motion of Ms Ficarra: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises the partial publication of Submission 210a with name and other identifying information suppressed at the request of the author.

Resolved, on the motion of Ms Ficarra: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises the partial publication of Submission 118 with name and other identifying information suppressed at the request of the author.

Resolved, on the motion of Ms Ficarra: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and standing Order 223(1), the Committee authorise the partial

publication of Submission No. 215 with names and/or other identifying information suppressed at the request of the author.

Resolved, on the motion of Ms Ficarra: That the Committee keep Submissions No. 215a and 215b confidential.

5.4 Publication of in-camera transcripts

Resolved, on the motion of Ms Ficarra: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises the partial publication of the in camera transcript of evidence of Witness G on 22 July 2008, with all identifying information removed.

Resolved, on the motion of Ms Ficarra: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises the partial publication of the in camera transcript of evidence of Witnesses K and O on 28 July 2008, with all identifying information removed.

5.5 Publication of answers to questions on notice

Resolved, on the motion of Ms Robertson: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorise the publication of the answers to additional questions on notice provided by NSW Health on 4 September 2008.

5.6 Report deliberative

The Chair submitted her draft report titled: 'The management and operations of the Ambulance Service of NSW' which having been previously circulated was taken as being read.

The Chair noted the considerable efforts of the secretariat in managing the Inquiry and supporting the Committee.

The Committee proceeded to consider the draft report in detail.

Recommendations read.

The Committee agreed to defer discussion of Recommendation 1.

Ms Ficarra moved: That Recommendation 2 be adopted.

Question put.

The Committee divided

Ayes: Ms Parker, Ms Ficarra, Rvd Moyes, Ms Rhiannon

Noes: Ms Robertson, Mr Donnelly

Question resolved in the affirmative.

Resolved, on the motion of Ms Robertson: That Recommendation 3 be amended by inserting instead 'and the Director General of Health' after 'the Minister for Health'.

Resolved, on the motion of Ms Robertson: That Recommendation 3, as amended, be adopted.

Resolved, on the motion of Ms Robertson: That Recommendation 4 be amended by omitting 'June' and replacing it with 'October'.

Resolved, on the motion of Ms Ficarra: That Recommendation 4, as amended, be adopted.

Resolved, on the motion of Ms Ficarra: That Recommendation 5 be adopted.

Resolved, on the motion of Ms Ficarra: That Recommendation 6 be amended by:

- omitting all words after ‘That the NSW Government’, inserting instead ‘increase resources allocated to the Professional Standards and Conduct Unit and establish an independent process to appeal the Unit’s decisions’
- omitting the second sentence.

Resolved, on the motion of Ms Ficarra: That Recommendation 6, as amended, be adopted.

Mr Catanzariti entered the room and apologised to the Committee for his absence, and requested that his intention to raise his concerns with the Chair and the Committee secretariat be noted in the minutes.

Resolved, on the motion of Rvd Moyes: That Recommendation 7 be adopted.

Resolved, on the motion of Ms Rhiannon: That Recommendation 8 be adopted.

Ms Ficarra moved: That Recommendation 9 be adopted.

Question put.

The Committee divided

Ayes: Ms Parker, Ms Ficarra, Rvd Moyes, Ms Rhiannon

Noes: Ms Robertson, Mr Donnelly, Mr Catanzariti

Question resolved in the affirmative.

Resolved, on the motion of Mr Donnelly: That Recommendation 10 be amended by omitting ‘30 June’ inserting instead ‘October’.

Resolved, on the motion of Rvd Moyes: That Recommendation 10, as amended, be adopted.

Resolved, on the motion of Ms Ficarra: That the first sentence of Recommendation 11 be amended by omitting all words after ‘That’ inserting instead ‘Officers who undertake responsibilities for training and supervision should receive recognition or incentives.’ and that the second sentence be amended by omitting ‘mentoring’ and inserting instead ‘These’ and omitting ‘mentoring duties’ at the end of the sentence and inserting instead ‘supervisory or training responsibilities’.

Resolved, on the motion of Ms Ficarra: That Recommendation 11, as amended, be adopted.

Mr Donnelly tabled a document to the Committee titled ‘Major industrial case: the facts’ by the Ambulance Service of NSW.

Resolved, on the motion of Rvd Moyes: That Recommendation 12 be adopted.

Ms Rhiannon moved: That Recommendation 13 be adopted.

Question put.

The Committee divided

Ayes: Ms Parker, Ms Ficarra, Rvd Moyes, Ms Rhiannon
Noes: Ms Robertson, Mr Donnelly, Mr Catanzariti

Question resolved in the affirmative.

Resolved, on the motion of Mr Donnelly: That Recommendation 14 be omitted.

The Committee agreed to defer discussion of Recommendation 15.

Mr Donnelly moved: That Recommendation 16 be amended by inserting 'in an appropriate manner' after 'follow-up all ambulance officers'.

Question put.

The Committee divided

Ayes: Ms Robertson, Mr Donnelly, Mr Catanzariti, Rvd Moyes, Ms Rhiannon
Noes: Ms Ficarra, Ms Parker

Question resolved in the affirmative.

Resolved, on the motion of Mr Donnelly: That Recommendation 16, as amended, be adopted.

Resolved, on the motion of Rvd Moyes: That Recommendation 17 be amended by omitting all words after 'That the' inserting instead, 'NSW Minister for Health initiate discussions with the Council of Australian Governments to explore the option of national registration of paramedics'.

Resolved, on the motion of Rvd Moyes: That Recommendation 17, as amended, be adopted.

Resolved, on the motion of Rvd Moyes: That Recommendation 18 be amended by omitting 'reflect 2008 community demands' inserting instead 'as determined by the NSW Industrial Relations Commission'.

Resolved, on the motion of Rvd Moyes: That Recommendation 18, as amended, be adopted.

Resolved, on the motion of Ms Rhiannon: That Recommendation 19 be amended by omitting 'June' inserting instead 'October'.

Ms Ficarra moved: That Recommendation 19, as amended, be adopted.

Question put.

The Committee divided

Ayes: Ms Parker, Ms Ficarra, Rvd Moyes, Ms Rhiannon
Noes: Ms Robertson, Mr Donnelly, Mr Catanzariti

Question resolved in the affirmative.

Resolved, on the motion of Ms Rhiannon: That Recommendation 20 be adopted.

Resolved, on the motion of Rvd Moyes: That Recommendation 21 be omitted.

The Committee agreed to defer discussion of Recommendation 22.

Resolved, on the motion of Ms Robertson: That Recommendation 23 be adopted.

Resolved, on the motion of Mr Catanzariti: That Recommendation 24 be adopted.

Resolved, on the motion of Mr Catanzariti: That Recommendation 25 be amended by omitting 'by the end of 2009'.

Resolved, on the motion of Ms Ficarra: That Recommendation 25, as amended, be adopted.

Ms Ficarra moved: That Recommendation 26 be adopted.

Question put.

The Committee divided

Ayes: Ms Parker, Ms Ficarra, Rvd Moyes, Ms Rhiannon

Noes: Ms Robertson, Mr Donnelly, Mr Catanzariti

Question resolved in the affirmative.

Resolved, on the motion of Ms Rhiannon: That Recommendation 27 be amended by omitting 'similar to that of the NSW Police in providing' and inserting instead 'to provide'.

Resolved, on the motion of Ms Rhiannon: That Recommendation 27, as amended, be adopted.

Resolved, on the motion of Rvd Moyes: That Recommendation 28 be amended by omitting 'a positive incentive' and inserting instead 'Occupational Health and Safety guidelines'.

Resolved, on the motion of Rvd Moyes: That Recommendation 28, as amended, be adopted.

Resolved, on the motion of Ms Robertson: That Recommendation 29 be adopted.

Resolved, on the motion of Mr Catanzariti: That Recommendation 30 be adopted.

Resolved, on the motion of Rvd Moyes: That Recommendation 31 be adopted.

Resolved, on the motion of Ms Ficarra: That Recommendation 32 be adopted.

Ms Ficarra moved: That Recommendation 33 be adopted.

Question put.

The Committee divided

Ayes: Ms Ficarra, Ms Parker

Noes: Ms Robertson, Mr Donnelly, Mr Catanzariti, Rvd Moyes, Ms Rhiannon

Question resolved in the negative.

Resolved, on the motion of Ms Ficarra: That Recommendation 34 be adopted.

Resolved, on the motion of Ms Ficarra: That Recommendation 35 be adopted.

Ms Ficarra moved: That Recommendation 36 be adopted.

Question put.

The Committee divided

Ayes: Ms Parker, Ms Ficarra, Rvd Moyes, Ms Rhiannon

Noes: Ms Robertson, Mr Donnelly, Mr Catanzariti

Question resolved in the affirmative.

Ms Rhiannon moved: That Recommendation 37 be adopted.

Question put.

The Committee divided

Ayes: Ms Parker, Ms Ficarra, Rvd Moyes, Ms Rhiannon

Noes: Ms Robertson, Mr Donnelly, Mr Catanzariti

Question resolved in the affirmative.

Resolved, on the motion of Ms Robertson: That Recommendation 38 be adopted.

Resolved, on the motion of Ms Ficarra: That Recommendation 39 be adopted.

Resolved, on the motion of Rvd Moyes: That Recommendation 40 be adopted.

Ms Ficarra moved: That Recommendation 41 be adopted.

Question put.

The Committee divided

Ayes: Ms Parker, Ms Ficarra, Rvd Moyes, Ms Rhiannon

Noes: Ms Robertson, Mr Donnelly, Mr Catanzariti

Question resolved in the affirmative.

Ms Ficarra moved: That Recommendation 42 be adopted.

Question put.

The Committee divided

Ayes: Ms Parker, Ms Ficarra, Rvd Moyes, Ms Rhiannon

Noes: Ms Robertson, Mr Donnelly, Mr Catanzariti

Question resolved in the affirmative.

Ms Ficarra moved: That Recommendation 43 be adopted.

Question put.

The Committee divided

Ayes: Ms Parker, Ms Ficarra, Rvd Moyes, Ms Rhiannon

Noes: Ms Robertson, Mr Donnelly, Mr Catanzariti

Question resolved in the affirmative.

Ms Ficarra moved: That Recommendation 44 be adopted.

Question put.

The Committee divided

Ayes: Ms Parker, Ms Ficarra, Rvd Moyes, Ms Rhiannon

Noes: Ms Robertson, Mr Donnelly, Mr Catanzariti

Question resolved in the affirmative.

Chapter 1 read

Resolved, on the motion of Mr Donnelly: That paragraph 1.36 be amended by omitting 'suicide' inserting instead 'self harm'.

Resolved, on the motion of Ms Robertson: That Chapter 1, as amended, be adopted.

Chapter 2 read

Resolved, on the motion on Mr Donnelly: That the second sentence of the introductory paragraph of Chapter 2 be amended by inserting 'Those' at the beginning of the sentence and inserting instead 'who made submissions' after 'ambulance officers'.

Resolved, on the motion on Mr Donnelly: That the first paragraph be amended by omitting 'highly' and 'endemic'.

Mr Donnelly moved: That paragraph 2.1 be amended by omitting 'extremely'

Question put

The Committee divided

Ayes: Ms Robertson, Mr Donnelly, Mr Catanzariti

Noes: Ms Parker, Ms Ficarra, Rvd Moyes

Question resolved in the negative on the casting vote of the Chair.

Resolved, on the motion of Mr Donnelly: That paragraph 2.3 be amended by inserting the following sentence at the end of the paragraph, 'The Committee notes the reference to implementation of the Auditor General's 2001 recommendations referred to in 1.27'.

Resolved, on the motion of Ms Robertson: That paragraph 2.10 be amended by omitting 'suggested' from the second sentence and inserting instead 'said'.

Resolved, on the motion of Mr Donnelly: That paragraph 2.10 be amended by omitting 'noted' after 'Submission 177' and inserting instead 'alleges'.

Resolved, on the motion of Mr Donnelly: That paragraph 2.16 be amended by omitting 'disdainful' after 'They were also' and inserting instead 'critical'.

Ms Robertson moved: That paragraph 2.34 be amended by inserting the following sentence at the end of the paragraph 'This is despite the excerpt from the Auditor General's report '[The Service] has made substantial changes to its organisation and operations to implement these changes'.

Question put

The Committee divided

Ayes: Ms Robertson, Mr Donnelly, Mr Catanzariti

Noes: Ms Parker, Ms Ficarra, Rvd Moyes

Question resolved in the negative on the casting vote of the Chair.

Mr Donnelly moved: That paragraph 2.37 be omitted

Question put

The Committee divided

Ayes: Ms Robertson, Mr Donnelly, Mr Catanzariti

Noes: Ms Parker, Ms Ficarra, Rvd Moyes

Question resolved in the negative on the casting vote of the Chair.

Resolved, on the motion of Rvd Moyes: That paragraph 2.38 be amended by omitting 'be replaced' and 'that'.

Resolved, on the motion of Rvd Moyes: That Chapter 2, as amended, be adopted subject to further consideration of Recommendation 1.

Chapter 3 read.

Resolved, on the motion of Mr Donnelly: That the opening sentence of Chapter 3 be amended by omitting 'was inundated' and inserting instead 'received many'.

Resolved, on the motion of Rvd Moyes: That the final sentence of the first paragraph of Chapter 3 be omitted, inserting instead 'These issues may have contributed to depression, anxiety, self harm and even suicide amongst ambulance officers'.

Mr Donnelly moved: That paragraph 3.1 be amended by inserting the following sentence 'It is noted that the number of submissions from employees represented approximately 4 per cent of the total workforce'.

Question put

The Committee divided

Ayes: Ms Robertson, Mr Donnelly, Mr Catanzariti

Noes: Ms Parker, Ms Ficarra, Rvd Moyes

Question resolved in the negative on the casting vote of the Chair.

Resolved, on the motion of Ms Robertson: That paragraph 3.44 be amended by inserting the following sentence at the end of the paragraph 'A more immediate management response may have avoided this problem'.

Resolved, on the motion of Ms Robertson: That paragraph 3.62 be amended by omitting 'no' before 'disciplinary action' and inserting instead 'he was unaware of any' and omitting 'was' after 'disciplinary action'.

Resolved, on the motion of Mr Donnelly: That paragraph 3.81 be amended by omitting 'appalled' after 'The Committee is' and inserting instead 'very concerned'.

Resolved, on the motion of Mr Donnelly: That paragraph 3.87 be amended by inserting 'a number of' after 'certainly not trusted by'.

Resolved, on the motion of Mr Donnelly: That the following paragraph be inserted after 3.93: 'The Committee also received positive evidence about the PSCU from Mr John McDonald, a conflict resolution consultant, who commented on the skills of the employees within the Unit: 'We found them pretty impressive in terms of their skill level'.⁷⁴⁰ (Mr John McDonald, Evidence, 22 July 2008, p 9).

Resolved, on the motion of Ms Robertson: That paragraph 3.127 be amended by inserting the following sentence at the end of the paragraph 'The Committee therefore recommends that resources allocated to the Unit be increased, and that an independent process be established to allow Ambulance employees to appeal decisions of the PSCU.'

Resolved, on the motion of Mr Donnelly: That paragraph 3.132 be amended by inserting 'may have' after 'the workplace conflict'.

Resolved, on the motion of Mr Donnelly: That paragraph 3.157 be amended by omitting the words after 'grievances': 'we believe that for some managers, no amount of training will help them to effectively manage staff'.

Resolved, on the motion of Mr Donnelly: That paragraph 3.162 be amended by omitting 'before' after 'Work/Value Case' and inserting instead 'presented to'.

Resolved, on the motion of Ms Robertson: That paragraph 3.171 be amended by inserting 'and disciplinary matters' after 'complaints'.

Resolved, on the motion of Mr Donnelly: That paragraph 3.179 be amended by omitting 'ignored' after 'policies are being' and inserting instead 'not being properly applied'.

Resolved, on the motion of Mr Donnelly: That paragraph 3.181 be amended by omitting 'appalled and saddened at' after 'the evidence it has received' and inserting instead 'distressed by'.

Resolved, on the motion of Ms Robertson: That paragraph 3.181 be amended by omitting 'has been allowed to persist' and inserting instead 'persists'.

Resolved, on the motion of Ms Ficarra: That Chapter 3, as amended, be adopted.

Chapter 4 read

⁷⁴⁰ Mr John McDonald, Director, ProActive Resolutions, Evidence, 22 July 2008, p 8

Resolved, on the motion of Mr Donnelly: That paragraph 4.10 be amended by omitting 'corrupting' and inserting instead 'inappropriately'.

Resolved, on the motion of Ms Ficarra: That paragraphs 4.54-4.58 be amended to reflect the amended recommendation.

Resolved, on the motion of Mr Donnelly: That paragraphs 4.84-4.88 be amended to reflect the IRC decision.

The Committee agreed to defer discussion of paragraphs 4.89 and 4.90

Resolved, on the motion of Mr Donnelly: That paragraph 4.94 be amended by omitting 'most' and inserting instead 'some'.

Resolved, on the motion of Rvd Moyes: That Chapter 4, as amended, be adopted subject to the further consideration of certain paragraphs.

The Clerk tabled a proposed addition to the 'Summary of Key Issues' outlining the recent IRC decision.

Chapter 5 read

Resolved, on the motion of Ms Robertson: That paragraph 5.43 be amended by omitting 'clearly weak' after 'coming years is' and inserting instead 'not strong enough'.

Resolved, on the motion of Ms Robertson: That paragraphs 5.50 and 5.51 be omitted.

Resolved, on the motion of Mr Donnelly: That paragraph 5.58 be amended by inserting the following new paragraph 'Since this Inquiry's hearings, the NSW IRC has handed down its decision. The decision has provided paramedics with an 8.5 per cent pay rise, paramedic specialists⁷⁴¹ with a 12-13 per cent pay rise, and front line managers with a 12-15 per cent rise.⁷⁴² The full decision is provided at Appendix 4'.

Resolved, on the motion of Mr Donnelly: That paragraph 5.62 be amended by omitting the second sentence and inserting instead 'We strongly welcome the increase in pay recommended by the IRC'.

Resolved, on the motion of Ms Robertson: That paragraph 5.82 be amended by adding the following new sentence 'The over reliance on overtime penalties is a particular problem for people who are on SAD. Please refer to paragraph 5.124'.

Resolved, on the motion of Mr Donnelly: That paragraph 5.91 be omitted

Resolved, on the motion of Mr Donnelly: That the relevant paragraphs in chapter 5 be amended to reflect the IRC decision.

Resolved, on the motion of Ms Robertson: That the Witness L case study be to include a quote detailing the support received by the witness from her immediate manager.

Resolved, on the motion of Ms Robertson: That paragraph 5.131 be amended by inserting 'structural' after 'notes the Service's'.

⁷⁴¹ See footnote 4 for an explanation of this terminology.

⁷⁴² NSW Health, Information Bulletin, 'Operational Ambulance Officers (State) Award – New Classification Structure, Salaries & Conditions', IB2008_060, 9 October 2008, p 1

Resolved, on the motion of Rvd Moyes: That Chapter 5, as amended, be adopted.

Chapter 6 read

Resolved, on the motion of Ms Robertson: That paragraph 6.69 be amended by omitting 'Due to the low staffing levels in rural areas, ambulance officers are' and inserting instead 'Ambulance officers in rural areas are frequently'.

Resolved, on the motion of Mr Donnelly: That paragraph 6.87 be amended by omitting the final sentence.

Resolved, on the motion of Mr Donnelly: That Chapter 6, as amended, be adopted.

Chapter 7 read

Resolved, on the motion of Mr Donnelly: That paragraph 7.19 be amended to reflect the amended Recommendation.

Ms Robertson moved: That paragraph 7.25 be amended by inserting a new preceding paragraph which would include the following excerpt from the NSW Health submission: 'WorkCover claims for psychological injuries in which workplace harassment and workplace bullying have been identified as an issue have remained relatively steady over the last four years. Four claims were made in 2004/05 four in 2005/06 and four in 2006/07 as at February 2008 two claims had been lodged in 2007/08'.

Question put.

The Committee divided

Ayes: Ms Robertson, Mr Donnelly

Noes: Ms Parker, Ms Ficarra, Rvd Moyes

Question resolved in the negative.

Resolved, on the motion of Mr Donnelly: That paragraph 7.26 be amended by

- inserting 'there is a' after 'first'
- omitting 'and second' and inserting instead 'Further, there is a view'.

Resolved, on the motion of Rvd Moyes: That paragraph 7.29 be amended by omitting 'successful' after 'only the rate of' and inserting instead 'completed'.

Resolved, on the motion of Ms Robertson: That paragraph 7.29 be amended by omitting 'Anecdotal evidence suggests' and inserting instead 'The Committee received evidence' and by omitting 'is significantly' inserting instead 'may be'.

Resolved, on the motion of Mr Donnelly: That paragraph 7.37 be amended by omitting 'as well as by the Head Review, which' after 'during this inquiry' and inserting instead 'The Head Review'.

Resolved, on the motion of Ms Robertson: That the second sentence of paragraph 7.68 be amended by omitting 'This' inserting instead 'Evidence received by the Committee indicated that'.

Resolved, on the motion of Ms Robertson: That Chapter 7, as amended, be adopted.

Chapter 8 read

The Committee agreed to defer discussion of paragraphs 8.14-8.18

The Committee agreed to defer discussion of paragraph 8.141.

Resolved, on the motion of Rvd Moyes: That Chapter 8 be adopted subject to consideration of certain paragraphs.

Chapter 9 read

Ms Robertson moved: That paragraph 9.1 be amended to include the following excerpt from the NSW Health submission: 'The Ambulance Service of NSW has 3,700 staff, making it the largest ambulance service in Australia and New Zealand. Importantly 89.7% of staff are in front-line service delivery roles: working as paramedics, clinical trainers, doctors and nurses.'

Question put

The Committee divided

Ayes: Ms Robertson, Mr Donnelly

Noes: Ms Parker, Ms Ficarra, Rvd Moyes

Question resolved in the negative.

Resolved, on the motion of Rvd Moyes: That Chapter 9 be adopted.

Resolved, on the motion of Ms Rhiannon: That Recommendation 1 be amended by omitting 'That the Minister for Health appoint a new Chief Executive of the Ambulance Service of NSW by the end of 2008' and inserting instead 'That as a matter of urgency, the Minister for Health and the 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'.

Resolved, on the motion of Ms Ficarra: That the following new recommendation be inserted after Recommendation 27. To state 'That the Ambulance Service of NSW modify its new uniform so as to clearly identify its on road staff as paramedics'.

Resolved, on the motion of Ms Robertson: That paragraph 4.89 be amended by omitting 'agrees with' and inserting 'notes the'.

Resolved, on the motion of Ms Robertson: That paragraph 4.90 be amended by omitting 'we believe that the recertification requirements in the award should remain at two years' and inserting instead 'the Committee is of the view that NSW Health should 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'.

Resolved, on the motion of Ms Robertson: That the following new recommendation be inserted after paragraph 4.90 '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'.

Resolved, on the motion of Ms Robertson: That Recommendation 15 be amended by including a second sentence 'This system should incorporate training for Station Officers in how to conduct performance appraisals'

Resolved, on the motion of Ms Robertson: That Recommendation 15, as amended, be adopted.

Resolved, on the motion of Ms Ficarra: That Recommendation 22 be amended by:

- omitting 'in rural and remote areas,' inserting instead 'the choice'
- omitting 'administrative officers of larger stations' inserting instead 'may generate health and safety concerns'.

Resolved, on the motion of Ms Ficarra: That Recommendation 22, as amended, be adopted.

Resolved, on the motion of Ms Robertson: That paragraph 8.14 be amended by inserting the proceeding paragraph 'There was considerable evidence heard in this Inquiry relating to the benefits of the ambulance rescue service to NSW. The Committee recognises the valuable service to NSW provided by the ambulance rescue service'.

Resolved, on the motion of Ms Robertson: That the following paragraph be inserted after paragraph 8.14 'recognising that the decision has been made the Committee urges the Government to ensure that paramedics attend all rescue incidents'.

Resolved, on the motion of Rvd Moyes: That paragraphs 8.15 and 8.16 be deleted.

Resolved, on the motion of Mr Donnelly: That paragraph 8.17 be amended to include a footnote regarding the sms text message issue.

Resolved, on the motion of Ms Ficarra: That paragraph 8.18 be amended by:

- omitting 'If true, this is another classic example of how Ambulance Service management conducts its business and treats its employees. Given' and inserting instead 'If this is correct, given'
- omitting 'has still continued to put their employees last. This example further supports our decision in Chapter 2 to replace the current executive (recommendation 1)' and inserting instead 'still has much to learn about dealing with their employees'.

Resolved, on the motion of Ms Robertson: That a recommendation be inserted following paragraph 8.16 to state 'That all rescue incidents require paramedics to be involved in the coordinated response'.

Resolved, on the motion of Ms Robertson:

- That paragraph 8.141 be omitted, inserting instead 'The Committee urges NSW Health to address the operational issues raised in this chapter and expects them to be incorporated in the current changes to operations and performance review processes'.
- That a recommendation be included reflecting this new paragraph.

The Summary of key issues was read

Mr Donnelly moved: That paragraph 5 be amended to insert 'a number of'.

Question put

The Committee divided

Ayes: Ms Robertson, Mr Donnelly, Mr Catanzariti

Noes: Ms Parker, Ms Ficarra, Ms Rhiannon

Question resolved in the negative on the casting vote of the Chair.

Resolved, on the motion of Mr Donnelly: That paragraph 6 be amended to omit 'management' inserting instead 'some managers are'.

Resolved, on the motion of Mr Donnelly: That the second paragraph of page two be amended by omitting 'appalled and saddened' and inserting instead 'distressed' and by omitting 'This serious and prolific matter' and inserting instead 'these serious matters'

Mr Donnelly moved: That the fifth paragraph of page two be amended by omitting 'significant'.

Question put

The Committee divided

Ayes: Ms Robertson, Mr Donnelly, Mr Catanzariti

Noes: Ms Parker, Ms Ficarra, Ms Rhiannon

Question resolved in the negative on the casting vote of the Chair.

Resolved, on the motion of Mr Donnelly: That paragraph six of page two be amended by omitting 'a significant' and inserting instead 'some'.

Resolved, on the motion of Ms Ficarra: That dissenting reports be sent to the secretariat by 2:00 pm on Thursday 16 October 2008.

Resolved, on the motion of Ms Ficarra: That the Committee's report be tabled on Monday 20 October 2008.

Resolved, on the motion of Ms Ficarra: That the draft report as amended be the report of the Committee.

Resolved, on the motion of Ms Ficarra: That the Committee present the report to the House, together with transcripts of evidence, submissions, tabled documents, answers to questions on notice, minutes of proceedings and correspondence relating to the inquiry, except for in camera evidence and documents kept confidential by resolution of the Committee.

The Chair advised that she will be conducting a press conference at 10:30 am on Monday 20 October 2008.

6. Adjournment

The Committee adjourned at 5:55 pm

Beverly Duffy

Clerk to the Committee

Appendix 6 Dissenting statements

DISSENTING STATEMENT – GREG DONNELLY & TONY CATANZARITI

Government members also note the following issues:

Chapter 2

There is a strong indication in this chapter that conclusions have been drawn from one side of the information presented to the Committee. There is also an inappropriate use of emotive language in several places. Official and independent analysis has been ignored, such as the Auditor General's Report 2001. The Ambulance Service submission on current and past reforms has been ignored and the Service has not been afforded the opportunity to respond to the key information that apparently forms the basis for the Committee conclusions.

For these reasons the Government members of the Committee believe that:

- 2.1 the word "extremely" should be removed.
- 2.34 add "This is despite the excerpt from the Auditor General's 2007 report "that the Service has made substantial changes to its organisation and operations to implement these changes"" at the end of the paragraph.
- 2.37 This paragraph requires deletion. There is insufficient balanced evidence to make such a sweeping statement and although not presented in this report, there is Inquiry evidence of significant change in the last 10 years.

Chapter 3

The evidence received from many submissions and witnesses on the issue of bullying and harassment was disturbing. However, Government members of the Committee again are concerned with the lack of balance.

Considerable assurance was given by the Director General and the Chief Executive Officer that addressing the issue was of high importance to the Service and this was not recognised in the conclusions.

- Unfortunately due to the confidential nature of much of the hearing evidence and many submissions the Committee was unable to receive reports of outcomes of individual incidents, which, allowed for increased bias in Chapter 3. This was further confounded by selective use of particular evidence.
- The Committee draws conclusions about the adequacy of Ambulance's response to breaches of confidence without actually putting specific circumstances or seeking a detailed response from the

Service. For example, the criticism at paragraph 3.66 to the effect that a letter of caution is an inadequate response to a breach of confidentiality is without any logical basis. In some circumstances a letter of caution may be appropriate, other matters may warrant dismissal.

- 3.1 Insert the sentence ‘It is noted that the number of submissions from employees represented approximately 4 per cent of the total workforce’.

Chapter 4

This chapter contains generalised assertions about nepotism and bias in internal recruitment processes. Again this is a selective presentation of the evidence.

The Report claims there is a lack of accountability and transparency in recruitment processes. This can only be *perceived* through submissions as there is no evidence to support this as a claim.

The following response to a Question on Notice from the Service was only partially quoted:

A three member panel is used for all permanent Ambulance Service positions, other than entry level trainee positions. The panel must comprise two staff members with substantive positions that are above the position for which recruitment is being undertaken.

There is always an independent member on these panels. Divisional Personnel Officers are trained in recruitment and selection techniques and review the recruitment and selection process on completion. Trainee Paramedics are subject to a twelve month probationary period during which they must successfully complete a rigorous eight week induction program which includes academic and practical assessments. During their first year of practice the competencies of Trainee Paramedics are also assessed by an on-road mentor.

Due to the large volume of applicants and interviews that are conducted during the year for Trainee Paramedic positions, an independent member is not currently used. In 2007/08 1026 applications for Trainee Paramedic positions were received and 467 applicants were assessed as being eligible to proceed to interview. These selection processes are currently being reviewed.

Chapter 5

The Report draws the conclusion that staff levels are inadequate and that this has an adverse impact on officer’s work conditions. However, the evidence on which this conclusion is based is untested. The Committee was provided with information on the significant investment that has been made in staff numbers since 2001.

Many of the issues raised in this chapter were – at the time of the Inquiry - the subject of a major industrial case being heard by the NSW Industrial Relations Commission (IRC). The IRC had the benefit of detailed evidence from the Service and the HSU on the issues and has now made new awards on this basis. The Committee has not had the benefit of the detailed financial, operational and clinical evidence that was put before the IRC.

Chapter 7

This chapter does not reference the available evidence in the Department of Health submission that shows a very low rate of psychological injuries which has been declining.

In fact, WorkCover claims for psychological injuries in which workplace harassment or workplace bullying have been identified as an issue have remained relatively steady over the last four years. Four claims were made in 2004/05, four in 2005/06 and four in 2006/07. As at February 2008, two claims had been lodged in 2007/08.

Chapter 8

Despite strong statements to the contrary the Report does not acknowledge that the Ambulance Service did not communicate to the staff about the rescue decision by SMS. A communiqué was circulated and management spoke to staff at the relevant Stations. It is most likely that staff contacted each other by SMS.

Chapter 9

This chapter does not reflect the actual staffing numbers and structure as supplied in the Ambulance Service submission and in the main utilises information and perceptions from individuals.

- 9.1 Include the following excerpt from the NSW Health submission 'The Ambulance Service of NSW had 3,700 staff, making it the largest ambulance service in Australia and New Zealand. Importantly 89% of staff are in front-line service delivery roles: working as paramedics, clinical trainers, doctors and nurses'. This additional information in paragraph 9.1 would make it more balanced.

Greg Donnelly MLC

Tony Catanzariti MLC

DISSENTING STATEMENT – CHRISTINE ROBERTSON

The Government members of this Committee believe that the work of paramedics and the paramedics themselves are an invaluable part of the health system in New South Wales. There is no question that the community at large holds the Ambulance Service in the highest regard. The opportunity to hear their evidence, meet with paramedics and visit Ambulance Stations has been a valuable experience for the Government members.

The Committee received a number of submissions. It is important to acknowledge that a number of these submissions raised significant issues of which the Committee has devoted considerable time. It is equally important to acknowledge that the number of submissions received represent less than 4 percent of a workforce of more than 3300 front line staff. It is therefore not appropriate to conclude that the entire NSW Ambulance workforce is unhappy within the service and indeed not all witnesses said this. The report however states this in a fairly biased fashion in many places.

The Ambulance Service has undergone significant change since the 2001 Auditor General's Report, "Readiness to Respond", which recommended extensive clinical and operational changes. There was a follow-up report by the Auditor General in 2007, which concluded that all the 28 recommendations had been substantially implemented and commended the Service for the extensive changes it had made, along with significant new initiatives that were not part of the 2001 recommendations.

The Auditor General NSW, follow-up audit 2007 said:

"We commend the Service for the extensive changes it has made to implement the recommendations of the 2001 audit report, for its new initiatives and for the improvements in range and accuracy of data and performance indicators."

The Government members believe that the significant extent to which the Ambulance Service has undergone operational changes since 2001 is not adequately reflected in this report.

This report has not included much of the information from the Department of Health and the Ambulance Service, which would have provided balance to the report and is selective in presenting "evidence" in order to present a specific view.

In particular there was a considerable amount of advice provided as to the efforts of the Ambulance Service in relation to bullying and harassment. While the acceptance by the Department of Health and Ambulance that there are pockets of bullying and harassment within the Service is acknowledged, no reference is made to the expert evidence that bullying and harassment is no worse in the Ambulance Service than in other organisations. Unfortunately statements by witnesses have been used selectively in a number of places within the majority report. For example:

Mr McDonald's observation that bullying and harassment is "not particularly worse" in the Ambulance Service - compared to other organisations is ignored.

The Ambulance gave a commitment to the Committee on 28 July to implement practical training to all staff to reduce bullying and harassment and provided evidence that additional

efforts to improve the effectiveness of responses to bully and harassment had been on foot since 2007. This evidence has been ignored.

The Inquiry was run concurrently with a Special/Work Value Case before the NSW Industrial Relations Commission. This influenced the tone of many of the submissions and witnesses as industrial issues became a major focus of the Inquiry.

Comments on Recommendations and Conclusions

Recommendation 2 (Chapter 2)

Not supported – 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.

Recommendation 9 (Chapter 4)

Not supported – 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.

Recommendation 13 (Chapter 4)

Not supported – 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.

Recommendation 19 (Chapter 5)

Not supported – There was insufficient information within this Inquiry to comment on this review.

Recommendation 25 (Chapter 6)

Not supported – 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.

Recommendation 36 (Chapter 8)

Not supported – The Committee does not have the clinical knowledge and expertise to make such an operational recommendation.

Recommendation 37 (Chapter 8)

Not supported – 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.

Recommendation 41 (Chapter 8)

Not supported – No detailed evidence of actual current radio coverage or the specific need for one radio unit per paramedic was provided to the Inquiry.

Recommendation 42 (Chapter 9)

Not supported – There was considerable evidence from previous inquiries and the implementation of the 2001 Audit Office report of the benefits for the Ambulance Service of being an integral part of the health system and no evidence otherwise.

Recommendation 43 (Chapter 9)

Not supported – This proposal would isolate the Ambulance Service from the mainstream health services.

Recommendation 44 (Chapter 9)

Not supported – A review of the Ambulance legislation would be valuable however not in this prescriptive form.

Summary of Key Issues

The Government members believe that this section of the report uses some terms and expressions, which indicate some bias in the reporting process. This section of the document does not reflect all the evidence received.

Paragraph 5 page 1 should read ‘A number of Ambulance Officers’ rather than inferring the entire service informed the Committee that their workplaces were most unpleasant.

Paragraph 5 page 2 the word significant requires deletion. This is an assumption.

Christine Robertson MLC