



**Submission to the WA Country Health
Service - Country Ambulance Strategy
Response to Recommendations**

12 December 2018

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Executive Summary

United Voice WA (**United Voice**) is the union that represents paramedics, communications, transport and first aid officers in Western Australia, and we welcome the opportunity to make a submission on behalf of our members regarding The Country Ambulance Strategy (**Strategy**).

United Voice ambulance members have a wealth of experience and expertise and must be seen as key stakeholders in the discussion to form an optimal model for the ambulance service in country communities. This submission forms part of that discussion, however, we believe any future discussions would be improved by direct engagement with United Voice representatives.

Ambulance services play a critical role in protecting the health and welfare of the Western Australian community and United Voice believes the provision of quality ambulance services goes to the core of government responsibilities toward its citizens.

United Voice welcomes the review into the provision of ambulance services in country WA, and is broadly supportive of all of the recommendations made as part of the Strategy. Many of the recommendations that have been developed to achieve a sustainable and equitable ambulance service delivery in country Western Australia, by supporting “an increasingly professional service”¹, do not diverge greatly from what United Voice ambulance service members have long been lobbying for.

United Voice notes that the recommendations all flow from the initial strategic decision made by WACHS that the most appropriate model of service delivery to aim for was one of “strategic development”, described as involving “Increased planning, coordination, partnering and funding to better support an increasingly professional service that focuses on enabling a sustainable model for country ambulance services.”²

Most relevant to United Voice members is that this model was chosen over an approach of “discontinuing the reliance on volunteers to deliver services in regional WA by implementing a Paramedic workforce”³, in large part because such a model “is likely to be unaffordable for the system and the WA tax payer”.⁴

United Voice acknowledges that pragmatic decisions must be made when allocating public money and that a realistic model such as the one proposed to be pursued under the Strategy is more useful than an ideal but currently unachievable model. We also stress the essential nature of the ambulance service and that underfunding this service could be extremely damaging to residents of country WA.

The country ambulance service was considered in the inquiry by the Independent Oversight Panel (**IOP**) Review of St John Ambulance: Health and Wellbeing and Workplace Culture.⁵ At the time of that review (2016), the panel identified that “reliance on the volunteer model in country areas

¹ Ernst and Young, 2018, The Country Ambulance Strategy Driving Equity for Country WA – Final Draft Sept ember 2018 (*‘Strategy’*) page 30

² Ibid

³ Ibid

⁴ Above, no 1, page 31

⁵ Fong, N, Taylor, I and MacFarlane, A, 2016, Independent Oversight Panel Review of St John Ambulance: Health and Wellbeing and Workplace Culture (*‘the IOP Report’*)

carries increased risk to the organisation, community and volunteers themselves". Volunteers have formed the backbone of the historic ambulance services of the 19th and 20th centuries and have been responsible for providing a much needed and highly valued service to their communities. However United Voice believes that a modern ambulance service that meets community expectations requires volunteers to be utilised as a valuable supplement to, rather than substitute for, professional paramedics.

Our submission does not respond exhaustively to the findings and recommendations of the Strategy, rather we will focus on a number of key recommendations. We note with some concern that the Career Sub-Centres, those which are staffed by both paid paramedics and volunteers, have been given limited attention in the Strategy, particularly as we understand that time was taken to speak with staff at those sub-centres.

However, we recognise that volunteer only sub-centres provide ambulance services to the majority of people living in country WA and further, that these sub-centres present some unique challenges. For the purpose of our response below, our comments should be taken as applying to both volunteer only and career sub-centres unless we indicate otherwise.

The health and wellbeing of ambulance service personnel is an issue of significant concern to United Voice. We have been lobbying St John Ambulance and the State Government to advocate for significant improvements to organisational health and wellbeing strategies, workplace culture, and government oversight over a number of years. Most recently, United Voice Delegates met with the Minister for Health to again lobby for an increase in country staffing and the inclusion of appropriate KPIs in the Contract.

We support the inclusion of clear, measurable and reportable KPIs into any future contracts for the provision of ambulance services, and believe the inclusion of KPIs in relation to health and wellbeing of both paid staff and volunteers is essential.

Policy and System

“There is no policy or legislation for country ambulance service delivery which causes a lack of clarity over roles, accountabilities and standards”⁶

Recommendation 1: Establish clear Statewide policy on ambulance services as a minimum and consider enacting legislation in line with other states and territories.

United Voice is broadly supportive of establishing a state-wide policy on ambulance services. The current contract of service (**Contract**) is not a proxy for state responsibility for ambulance services and thus is not a sufficient substitute for policy and legislation.

It is United Voice’s preference for any contract to be underpinned by legislative or policy standards, to ensure there is a clear minimum standard and consistency across contracts, and that no community is required to accept a service that fails to meet their needs.

As part of any move to develop state-wide policy and consider legislation, stakeholders should be consulted. As highlighted by Recommendation 4, United Voice, as the relevant union, should be considered a key stakeholder.

Recommendation 2: Define the level of ambulance service (both IHPT and Primary Response) provided to country communities in line with the Statewide policy...and include this within the Clinical Services Framework

United Voice strongly supports the development of consistent service standards across ambulance service providers and communities, and transparency in relation to compliance with these standards.

The Strategy makes plain consumer expectations of equitable provision of care and further, makes plain the extent to which those expectations are not being met. While some difference between the service provided in metropolitan and country areas can be expected, the extent of the difference in service is not acceptable and has arisen, in part, because St John has been responsible for determining appropriate standards and the distribution of funding. If such standard are set by an external body, there is greater transparency and further, greater consistency in approach between pre-hospital and hospital care.

Recommendation 3: Plan State-wide service delivery using demand modelling then work with providers to design appropriate service delivery models in all locations (existing and new) and include measurable performance indicators in contracts.

Paramedics have long understood the inadequacy of the contract between the Western Australian State Government and St John Ambulance. The contract is the only mechanism to ensure appropriate and high quality pre-hospital care to the citizens of Western Australia and it clearly fails to do this for those citizens who live in country areas. A best endeavours standard, as contained in the current contract, is simply not good enough.

⁶ The Strategy, page 28

This position is supported by Finding 17 of the IOP, that:

“...the current model for ambulance services in the country poses increased risk to individuals due to stressors unique to the country model. The Panel therefore believe that perpetuation of the current model for the provision of country ambulance services presents risks to the community and the State”.⁷

This finding was strongly disputed by St John.⁸

United Voice strongly supports the State Government in increasing oversight of the Contract and the performance of the service. In particular, United Voice Delegates have raised issues with the State Government in relation to the lack of Key Performance Indicators (**KPI**) in the contract and the desirability of introducing KPIs designed to measure the health and wellbeing of the workforce.

The incorporation of KPIs into the Contract in relation to the psychological risk and care of the workforce is not a new concept. Recommendation 24 of the IOP explicitly stated that this should occur.⁹

However, the former CEO of St John, Tony Ahern, published in his 2016 response to the wellbeing and culture reviews,¹⁰ that St John “does not agree” with Recommendation 24, as St John “already has legal obligations to its staff and volunteers [and] creating a contractual obligation would add nothing to this but unnecessary red tape”. St John confirmed this position as recently as May 2018, where St John have again strongly opposed the IOP Recommendation 24.¹¹

United Voice believes that the health and the wellbeing of the workforce can and should be appropriately accounted for in the contract of service, and suggests the inclusion of the following KPIs:

Clinical attrition

This KPI would measure the level of employee attrition of all paid ambulance paramedics, communications and transport officers, and calculate as the number the total and fulltime equivalent (FTE) employees who exit the organisation, as a proportion of the total number and total FTE of employees.

Currently there is no reporting requirement.

Crew safety index

A crew safety index KPI would provide an indication of the rate of exposure of operational paramedics and volunteers to deliberate physical violence and verbal abuse by patients and/or bystanders. This should be calculated as the number of reported cases of occupational violence per 100,000 hours worked (calculated as the sum of total duty hours +

⁷ The IOP Report page 112

⁸ Ahern, T (2016), CEO’s Response to Wellbeing and Culture Reviews, page 11

⁹ The IOP Report, page 20

¹⁰ Ahern, T (2016), CEO’s Response to Wellbeing and Culture Reviews, page 14

¹¹ Ahern, T (2018), Final Report - May 2018 St John Ambulance Wellbeing and Culture Recommendations, pages 3 and 38

overtime hours + hours of callout on emergency availability), similar to the Public Performance Indicators as reported annually by the Queensland Ambulance Service.¹²

Currently in Western Australia, assault data reflects 'self-reported' incidents of occupational violence which may not result in any loss of shift or injury, and there is no reporting requirement provided for in the current contract.

It should be a requirement of any service contract to have public monthly reporting of violent incidents in the both the metropolitan & country areas, broken down into geographical regions/for each depot.

Shift extensions

Shift extensions contribute to crew fatigue, which ultimately impacts on the health and wellbeing of both paid and unpaid staff. A KPI should be included to measure the number of shift extensions experienced by all crews and must reflect all shift extensions for all priority jobs, not just those of low acuity.

Currently there is no mandated reporting, and it is proposed that there should be monthly reporting of both metropolitan & country statistics, broken down into geographical regions and particular depots.

Metropolitan crews dispatched to country

This KPI would measure the percentage of incidents where metropolitan crews are dispatched to country. This measure provides an indication of the ability of the country service to respond to cases in the country as contracted. Dispatching crews to country cases impacts on officer fatigue, and puts pressure on crews that remain in the metropolitan area.

Currently, there is no reporting requirement.

Reporting should be monthly to the Health Dept. of number of incidents where metro crews are dispatched to country, broken down for each metro & country region/depot.

Injury downtime rate

Lost time at work due to injury as a percentage of total hours worked should be measured, with the aim of assessing the effectiveness of injury prevention and staff rehabilitation strategies.

Currently, this is not measured.

Lost time injuries

Similarly to an injury downtime rate measure, a running (YTD) total of all workers' compensation claims resulting in one or more paid days compensation should be reported monthly

¹² Queensland Department of Health, Queensland Ambulance Service, <https://www.ambulance.qld.gov.au/publications.html>

This is a measure that Queensland Ambulance Service report on annually as a part of their Public Performance Indicators¹³.

Currently, there is no reporting of this statistic.

Health & wellbeing team reporting

To better understand and identify in a timely matter areas of concern, there needs to be a KPI to measure:

- The number of incidents flagged as “critical incidents” or “code black”.
- The number of “critical incidents” or “code blacks” that were followed up by the Health and Wellbeing team.
- The number of times the Health and Wellbeing team is engaged by employees.
- Require that staff involved in the delivery of mental health and wellbeing support hold relevant qualifications, and the team must be led by a clinical psychologist.

Currently, there is no reporting requirement.

Staff satisfaction & culture survey

As a part of any contemporary contract, WACHS or WA Health should require a satisfaction and culture survey of staff in line with processes used in public hospitals

Currently, there is no reporting requirement.

Recommendation 4: Form an engagement forum comprising WACHS, country volunteers, community representatives and paramedics to discuss ongoing service design and service improvement.

United Voice, as the representative union of ambulance service personnel in Western Australia welcomes this recommendation and adds that United Voice should be represented on any such forum. As key stakeholders, United Voice Paramedic and Transport Delegates have extensive experience and understanding of the issues that affect the workforce in regional areas – particularly where those issues may impact on patient care.

The historically ad hoc development of the country ambulance service needs to change. As clear standards are set and data collected, it will become increasingly clear where the service is meeting, and even exceeding expectations and where the service is falling down, where resources are needed and changes that must be made.

United Voice is particularly concerned about the pressure that Community Paramedics (**CPs**) are placed under (discussed in more detail in Recommendation 17 below) and believes a considered approach to service delivery models could go some way towards relieving some of this pressure – expectations of CPs differ significantly from area to area and it is hoped planning in the future could avoid recurrence of such problems. United Voice is also of the view that there may be a need for a

¹³ Queensland Department of Health, Queensland Ambulance Service, <https://www.ambulance.qld.gov.au/publications.html>

greater number of career sub-centres and again, this would become apparent with a more considered approach to service delivery.

Recommendation 5: Transfer responsibility for the contract management of country ambulance services to WACHS.

United Voice neither supports nor opposes this recommendation.

We do note, however, that under the Strategy, the complexity of any contract to provide country ambulance services will increase significantly, and it is important that the body charged with managing these contracts has the skills and resources available to do so appropriately, otherwise any measures intended to increase oversight and accountability will be ineffective.

In spite of the above, we also recognise the benefits that could come from having WACHS, a stakeholder in the country ambulance service with a strong understanding of country needs, managing the contract.

Timely Access

United Voice agrees with the statement “The growth in demand (particularly for IHPT) and lack of defined service standards/ KPIs in the contract means reasonable expectations around timely access (i.e. that take in to account the greater distance in country) are not guaranteed”.¹⁴

Recommendation 8: Introduce contemporary contracts for ambulance services that define IHPT and Primary Response as two distinct services which have their own scope of services and key performance targets as a minimum.

United Voice supports this recommendation as being essential to providing country areas with an appropriate ambulance service and we have already given some thought to the KPIs that should be implemented. We briefly outline those suggestions below, and note that we are available for further discussion and consultation at any time.

United Voice has some concerns that paying jobs, that is IHPT, are occasionally prioritised over Primary Response jobs.¹⁵ Distinguishing between IHPT and Primary Response would provide concrete information about whether or not this is occurring, as the response times would not be averaged, but clearly comparable.

The contract should require regular reporting on the ability of the country service, both career and volunteer sub-centres to respond to incidents under contracted time limits – there should be real detail on how the KPIs are being met (or, how they are not being met) that allows for analysis and appropriate response. The following information should be reported:

- Time from when a call is answered and registered to the time the first ambulance vehicle arrives at the scene.
- Response times broken down by priority

¹⁴Ernst and Young, 2018, The Country Ambulance Strategy Driving Equity for County WA – Final Draft September 2018 page 28

¹⁵ These concerns are more acute in metropolitan areas, and based on anecdotal reports from United Voice members.

- Identification of the volunteer turn out time, that is, the time taken for volunteers to get to the ambulance
- Volunteer depot availability, to indicate the number of times the volunteer stations were not available 24/7
- Separate information about response times in relation to cardiac and unconscious patients
- Use of metropolitan crews in the country
- Use of WACHS staff to supplement volunteer crews

Further, the reporting to the contract manager should occur on a monthly basis, and be broken down by sub-centre, to ensure no averaging of response time is occurring. The data should also be made available to the public.

Patient Safety

“The lack of contract clarity, integrated systems and governance frameworks means there are barriers to consistently delivering safe and contemporary clinical care”.

Recommendation 9: Mandate consistent clinical governance principles in all patients transport contracts and report jointly on progress and collaborate initiatives to improve patient outcomes and clinical performance.

Untied Voice supports this recommendation. Delivering patient care in the country is inherently challenging, given the vast areas to be covered and the challenges this poses in relation to resources. Untied Voice is supportive of improved communication and liaison between health service providers in all contexts, but particularly in the country context.

The Strategy details the work that is being done by both WACHS and SJA to address the challenges of delivering high level clinical care in country areas, particularly isolated and remote areas, and it seems clear that collaboration could result in further initiatives.

We also note, on a practical level, the challenges that come from the use of WACHS clinical staff in patient transfers and, on occasion, for primary responses. Tensions can occur in these situations, when it is unclear who has primary responsibility for the patient and which clinical guidelines should be followed. Clear and uniform clinical governance principles would resolve these tensions.

Finally, Untied Voice has noted in relation to a number of the recommendations that the introduction of greater transparency and clarity in relation to standards to be met by the ambulance service is necessary and would benefit all stakeholders, and the same can be said in relation to this recommendation.

Recommendation 10: Ensure every ambulance - regardless of location - can communicate reliably with all necessary parties at all times.

Only very recently have the metropolitan communications systems been reviewed by St John. United Voice supports any system that enables reliable communication between all necessary parties at all times. Consideration should also be given to the coordination of communications between ambulance and other emergency services, particularly the police service, to ensure

adequate and timely information is available to reduce avoidable risks to paramedics attending volatile or unacceptably dangerous scenes.

System Co-ordination

“The number of different organisations and systems involved in the transportation of country patients are not working optimally together around the patient”.

Recommendation 11: Implement a clinical prioritisation system to inform safe, effective and transparent coordination of inter hospital patient transfers across WACHS. (WA Country Health Service)

Recommendation 12: Implement formal escalation mechanisms to ensure safe transfer of inter hospital patients in line with clinically indicated timeframes. (WA Country Health Service)

Recommendation 13: Commission WACHS to lead the development and coordination of State-wide inter-hospital patient flow.

United Voice is generally supportive of these recommendations, subject to understanding in greater detail the implications for United Voice members and communities.

The lack of co-ordination between WACHS (and, where relevant, metropolitan hospitals) and SJA can be a source of frustration for staff in country areas, or staff travelling to country areas. Better access to patient information prior to commencing a transfer and following a transfer, better information about the resources available from SJA and WACHS and the implementation of more robust and evidence based decision making are all positive initiatives that would benefit all stakeholders.

Sustainable and Skilled Workforce

“There is increasing pressure on the country ambulance workforce from increasing demand. Current systems and training do not enable the workforce to deliver seamless care around the patient”.

Recommendation 14: Provide sufficient administrative and corporate support direct to country ambulance Sub Centres in order to free up volunteers to focus on service delivery.

United Voice supports this recommendation and further, supports a broadening of this recommendation to apply to career and community paramedics. It has been a consistent source of frustration amongst members that often, country roles are moving away from being clinical roles, and moving towards being administrative roles. Increasing administrative and corporate support across all country locations will allow career paramedics and community paramedics more time to attend to patients or assist volunteers, which United Voice would consider to be core duties, rather than attending to administrative duties.

Given the limited number of paid paramedic positions in the country, United voice believes this would better serve the needs to country communities. Further, United Voice notes that our

members derive job satisfaction from the exercise of the high level emergency clinical skills they possess and enabling them to focus on this aspect of their roles would benefit health and wellbeing.

Recommendation 15: Provide the volunteer ambulance workforce with the opportunity to obtain qualifications through an articulated structured training pathway which aligns with the Australian Qualification Framework and supports career progression.

United Voice supports this recommendation. United Voice members have also heard from volunteers that they would welcome the opportunity to undertake training consistent with the AQF, as it offers them greater opportunities to transfer their skills to other contexts.

Training that is formally recognised would also lead to greater consistency regarding the training received by volunteers and the skills they possess, which would have significant benefits for the community and paid paramedics.

We also note that occasionally training, and whether a volunteer is competent to perform a particular skill, can be a source of tension in career sub-centres. A formal and structured process with requirements set by an external party is likely to ease some of these tensions.

While United Voice supports this recommendation, we do have some concerns regarding its implementation. Currently, volunteer training comprises a significant portion of the work undertaken by both CPs and paramedics at career sub-centres. United Voice believes that in order for training to meet AQF standards, SJA will need to increase the number of people employed as trainers such that they could undertake the majority of the formal training obligations. A failure to do this would compound the issues raised in relation to recommendation 14 above.

We also note that while the majority of volunteers we have spoken to have indicated support for training in line with this recommendation, there are some volunteers who, due to availability or capacity constraints, may not be able to meet higher training standards. It is therefore imperative that any change to training requirements is complemented by increased reporting requirements, in order to ensure that it does not impact adversely on service delivery and that if it does, appropriate corrective measures can be implemented.

Recommendation 16: Research, trial and implement alternate workforce and training models (including the use of shared staffing and virtual support) and prioritise this at locations which have difficulty maintaining a sustainable workforce.

United Voice is broadly supportive of this recommendation, subject to further consultation occurring regarding the mechanisms by which it might occur.

The reality of delivering health care in the country means that it is imperative that all service providers think creatively about how to improve and maximise access to health care. Engagement with the possibilities offered by ever improving technology and consideration of the best use of the relatively limited resources available in some country locations will benefit country, and particularly remote, communities.

However, United Voice is concerned that this recommendation may impact on current community paramedics by increasing their already unsustainable workload.

Further, United Voice does not endorse any measures that would erode the use of highly skilled paramedics, and maintains that paramedics possess the most appropriate skills to provide country ambulance services.

Recommendation 17: Expand the Community Paramedic model in FY18/19 as a priority in order to relieve pressures in those locations currently having the most difficulty in recruiting, supporting and retaining volunteers.

United Voice Paramedic Delegates have continued to call on the State Government for an increase to the number of paramedics in country areas not only to increase the capacity for members of the community to have access to quality pre-hospital care, but also to go some way to ameliorating the risks to staff health and wellbeing.

In particular, our members have continued to identify the risks to the health and wellbeing of individuals working as community paramedics, over and above those that are normally attributed to the role of paramedic itself. These risks were also identified by the IOP:

Fatigue management in any ambulance service context, but particularly the country, is very challenging. Extended periods of on-call for community paramedics, country based paramedics and also volunteers, is worrying. This practice does not allow individuals to withdraw for true rest and recuperation away from the demands of the role. The absence of adequate periods of downtime may have the consequence of increasing the risk of psychological injury.¹⁶

Whilst United Voice ambulance service members strongly agree that more Community Paramedics being able to serve local communities is a positive step forward, they also believe that any expansion should relieve pressure on already overworked, under supported Community Paramedics, who are often working in isolation as the only qualified paramedic within hundreds of kilometres, rather than to expand the reach of the CP model.

United Voice believes that there should be two community paramedics for each area of responsibility, which would increase opportunities for downtime for CPs, while at the same time increasing community access to CPs. Alternative allocations of additional CPs could have the effect of increasing community access to CPs, but would not address the factors that put CPs at high risk of workplace injury in relation to their mental health.

Value for Money

“Whilst there is no one agreed cost of country ambulance services in WA it is clear that there is an inequity in the funding between country and metropolitan and between WA and other states. The resultant inequity of service in country WA is unlikely to be addressed without targeted additional investment”

Recommendation 18: Mandate transparent reporting on allocation of funds and costs of ambulance service delivery in ambulance contracts, detailing allocations between service locations and between IHPT and Primary Response services.

¹⁶ The IOP Report, page 112

Recommendation 19: Ensure contract periods align with contemporary best practice and are long enough to enable providers to invest for effective service delivery.

United Voice supports these recommendations. Ethical provision of a state government service requires clear and transparent reporting of the way in which funding is utilised, and any sources of additional funding or profit. The current model is opaque and does not provide an accurate picture of the actual costs of providing services at any one location.

Significantly, this limits the ability to assess whether funding is being used appropriately and risks entrenching areas of disadvantage regarding service delivery. It also limits any ability to effectively model future needs and plan for appropriate levels of funding moving forward. Given one of the most significant constraints in providing an effective health service in the country is cost, this lack of information is of particular concern.

Conclusion

United Voice WA welcomes the findings in the Country Ambulance Strategy. The findings are not dissimilar to issues identified by United Voice WA members, who have been lobbying St John and the State Government to advocate for significant improvements to organisational health and wellbeing strategies, workplace culture, and government oversight over a number of years.

United Voice WA Paramedic Delegates particularly welcome Recommendation 17, as they have continued to call on the State Government for an increase to the number of paramedics in country areas - not only to increase the capacity for members of the community to have access to quality pre-hospital care, but also to go some way to ameliorating the risks to staff health and wellbeing.

United Voice WA looks forward to the opportunity to engage with WACHS, the Department of Health, and the State Government on matters raised in this Strategy that affect our members.