

Mr Michael Pervan
Secretary - Department of Health and Human Services
Department of Health and Human Services
GPO Box 125
HOBART 7001



Dear Michael,

RE: Letter dated 19 March 2018

We write in response to your letter as mentioned above. Firstly we reject the premise of the question. We cannot control what the media reports. We have never made a statement to the media as suggested in your letter '*as a direct result of Ambulance offload delay*'. Our statements to the media last week when discussing Ambulance ramping included commentary of a general lack of Ambulance resources particularly in regional locations which is impacted when Ambulance ramping occurs.

However, in response to your commentary we provide the following comments.

- We are shocked that the allegations made would be a “shock” to the DHHS or to Ambulance Tasmania.
- The DHHS is well aware of a short fall in Ambulance Staffing. This was well covered in the 2010 and 2014 ORH reports commissioned by the DHHS.
- There is currently inadequate Station facilities to accommodate staff in the Hobart urban area including head office and this requires urgent attention.
 - Our assessment of the workload in Hobart urban area suggests that the current station design model is not reflective of the workload (population) distribution.
 - There are a lack of Ambulance resources:
 - North of Creek Road Moonah,
 - On the Eastern Shore and
 - There is an inherent design flaw in station location regarding Taroona and Lower Sandy Bay which provides for particularly poor arrival times in peak-hour periods. Responses for these areas often initiate from the RHH or AT HQ in Melville Street.
 - A new Glenorchy Station is included in Government Commitments, but this is unlikely to resolve any short term issues.

In relation to the 3 specific cases where we say a premature death was likely attributable to the Ambulance Service resourcing we provide the following examples.

- 1) 5 January 2018, Bee Sting to patient at Epping Forrest, who suffered anaphylactic reaction, likely positive outcome if adequate out of hospital care was provided in a timely manner.
Nearest Ambulance was on task to 'Stand-by' at Fingal. Reason, to provide coverage for a lack of resources on the East Coast of Tasmania (fatigue break). Normal travel time to the scene from Campbell Town Ambulance station would have been approximately 12 minutes. Ambulance arrived at the scene approximately 30 minutes later than expected. In this case Launceston resources were closer than the resource on 'Stand-by' at Fingal, but they were tasked on cases in the urban area, including we understand being ramped at the Launceston General Hospital.
- 2) 23 January 2018, cardiac arrest of patient at New Norfolk, likely positive outcome if adequate out of hospital care was provided in a timely manner. Nearest Ambulance was the New Norfolk crew, who were tasked on a low acuity case in the Gagebrook Area. The tasking to a low acuity job out of the primary response catchment area, was the result of all Hobart urban crews being utilised, including, we understand, ramping being experienced at the RHH.
- 3) Late February 2018, obstructed airway resulting in death of patient at Wynyard, likely positive outcome if adequate out of hospital care was provided in a timely manner. Nearest Ambulance was the Wynyard crew, who were tasked on a case out of their primary response area due to a lack of other Ambulance resources. A Burnie crew were the first response crew in this case and this resulted in an extended delay compared to the arrival time of the Wynyard Ambulance if the Wynyard Ambulance was with the Wynyard Area. We understand the Wynyard crew were re-tasked and provided back-up to the Burnie crew in this case.

We understand that Ambulance Tasmania is undertaking an investigation of all three of these events. We have raised these events through our Ambulance Consultative Committee (ACC); and it is extremely concerning that the DHHS would be 'unaware' of these events and many others of a similar nature and would rely upon our Union to inform you of your operational deficiencies. We shall endeavour to provide you directly new cases which we become aware of in the future to ensure that the DHHS is updated.

There are many other examples where timely interventions were significantly delayed which do not result in deaths; an example of this is 22 April 2017, the Scottsdale Ambulance were tasked and ramped at the LGH, no other Ambulances were available to respond to an industrial accident in Scottsdale which we understand resulted in a significant delay for that patient.

The data available through the Productivity Commission Report on Government Services (RoGS) clearly backs our concerns. Response times to arrival at scene have significantly increased in recent years.

Our analysis suggests that this means more Ambulances are responding away from their primary response areas for example New Norfolk or another urban Ambulance responding to a case in New Norfolk from the RHH or another urban station where they have been directed to take their meal break.

Forward deploying country Ambulances, including during 'call out periods', on Standby to cover shortfalls in urban coverage is commonplace. This has a deleterious effect on coverage:

- 1) it reduces the service to the community where the Ambulance is normally based,
- 2) it increases fatigue of the officer 'on standby'
- 3) the flow on effect is to then use another resource at another time to cover a fatigue break issue reducing coverage again.

It is common for Oatlands to be moved to Kempton, or New Norfolk be move to Bridgewater or Triabunna to be moved to Sorell and Sorell to Mornington etc. This is a 'statistical exercise' which in our view isn't adequately supported by thorough risk analysis nor procedure. It increases response times to country patients and often involves movement of staff including volunteers out of their primary response area for zero benefit.

In 2013-2014, when the ORH Report stated Ambulance Tasmania required a significant increase in staffing (we understand more than 100 extra staff were needed then) there were 73,373 Ambulance Responses. In 2016-17 there were 92,364 Ambulance Responses and in our view there has been an insignificant increase in front-line staff in the corresponding period. That is to say, caseload is significantly exceeding staff growth since 2014.

Our Members advise us that ramping is not only problematic for patient care due to delays in positive interventions and treatments within the hospital setting, but it inevitably delays out of hospital care provided by paramedics to the next patient.

As you know, HACSU has been calling for increased Ambulance resources for multiple years, we understand that there are budgetary constraints, but ultimately these financial restrictions may be leading to premature deaths and increased complications for patients that get a delayed response. Inadequate timely interventions are creating additional stresses upon your workforce, particularly in the State Operations Centre, who deal directly with those who are waiting and stressing due lack of available resources to respond.

We look forward to working positively with the DHHS and Ambulance Tasmania to improve the available resourcing in both urban and country areas. But more importantly we look forward to seeing improved patient flow in our major hospitals enabling efficient patient offload so Ambulance crews clear hospitals within 30 minutes of arrival becoming the norm rather than the exception.

This brings us to other risks inadequately addressed by the Ambulance Service.

- Lack of thorough business continuity plans.
 - They exist on paper, in that there is a document on a hard drive, we understand these are templates from Queensland. In general these have not been edited since 2015. They mostly have no relevant content and that content is replicated on multiple occasions, they are still in essence templates saved under different names.
- Lack of adequate systems such as dysfunctional IVIS, VACiS, ESCAD/Gaurdian Command, vehicle tracking, Radio Network, Duress alarms systems. We have significant concerns about equipment renewal/replacement and stocking.
- The organisational risk register is significantly inadequate.
 - We have significant concerns about the lack of risk reviews, and the lack risk assessments associated with procedure and facility changes.
 - There is little evidence of 'risk reviews' when on the rare occasions that risks are or were assessed.
 - There is little evidence of consultation about risk.
- The WHS committees appear to be dysfunctional, controlled by middle managers and are used as a mechanism to diminish hazards raised by staff.
- Lack of Ergonomic Assessments as per the Agreement.

- HACSU members have been waiting for over 5 years for these to be conducted.
- Specifically in the State Operations Centre, in Back Office, Training and Project roles.
- Lack of the application of section 19(3)(g) of the workplace health and safety Act.

“(g) that the health of workers and the conditions at the workplace are monitored for the purpose of preventing illness or injury of workers arising from the conduct of the business or undertaking.”

We see no evidence of the monitoring of safety, particularly in relation to the mental health of workers.

We lost one of our own 12 months ago and the findings of those events are still to occur. We encourage you to follow this [link](http://worksafenews.com.au/news/item/635-ambulance-victoria-fined-following-paramedic%E2%80%99s-death.html) (<http://worksafenews.com.au/news/item/635-ambulance-victoria-fined-following-paramedic%E2%80%99s-death.html>) in relation to similar events in Victoria.
- Inadequate skill mix and resources to cover operational rosters.
 - Hundreds of vacant operational shifts each year.
 - Significant Overtime spend – including significant amounts of staff working during their holiday periods to ensure that the community continues to receive an Ambulance Service.
 - Volunteer coverage described by members at best as ‘inadequate volunteer coverage’ overall.
 - Relying on volunteer first response cover for multiple areas of the state, CERTs at Longford, Port Sorell and Ellendale, South Arm and Poatina, in lieu of Paramedic resources being based in those locations.
 - Significant flaws in country station coverage areas, workload exceeding resources in many areas of the state, including seasonal variations not being addressed by increased staffing, Scamander and Nubeena as prime examples.
 - The communications centre is significantly under resourced, despite recent vacancies being filled, it doesn’t have enough staff to enable adequate annual leave to be taken annually.
 - There is a distinct lack of preparedness for an evacuation event such as a repeated ‘fail over’ as per events in 2015. Recommendations of the “facility failure due loss of power review” remain un-actioned.
 - We have significant concerns of the SOC to operate in a remote location, even in a reduce capacity mode.

Review recommendations un-actioned or in our view inadequate.

1. The commissioning of an end to end Business Continuity review that delivers a comprehensive business and operational continuity plan. The plan is to encompass all facets and operational capabilities of the SCC. The plan should include a contingency to move to a disaster recovery site. Staff consultation and involvement during this process should be considered paramount.

3. Once the Business Continuity plan is finalised appropriate training and regular drills should occur.

6. Ensuring the Command and Control structure within the SCC particularly as it pertains to events outside of normal operations is well understood, documented and exercised.

7. Ensuring the Command and Control structure and linkages between the Manager - State Communications and the Manager - Technical Services to ensure clarity of roles and responsibilities is well understood and documented.

8. Ensuring a documented after-hours escalation and notification procedure as it relates to infrastructure and business continuity is implemented.

We also note that despite the obtaining of quotes to move the fire control panel, it is still located downstairs away from operational staff who occupy the building 24/7 and the associated risks with that have not been addressed.

Clearly you can see from our above comments that there is much work to be done in the Ambulance space.

You will note that we represent staff that work in hospitals too. Those Members are significantly concerned by the issues that cause ramping, namely bed-block. This again is a resourcing issue. The statistics are clear that the longer time spent in an emergency department, including getting access to one, provides a worse health outcome and has a greater economic cost to the broader community.

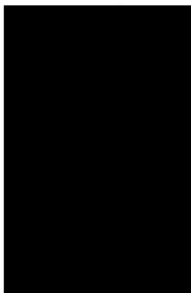
Lack of recruitment to Doctor and Nurse Vacancies are significant and we genuinely believe we are in a health crisis and more urgent attention needs to be given to resolving this. There should be an independent review undertaken about why it is difficult to fill these vacancies and what strategies need to be undertaken to resolve these ongoing problems. We suggest that the rates of pay are a significant barrier to filling these vacancies, however we are of the opinion that this matter alone is not the only cause for staff resignations and inability to recruit. We note the Tasmanian health system has not routinely followed up employees to determine their reason for resigning from the service.

I note that you wrote to me on a confidential basis. Could you please advise me why you sought that your letter remain confidential?

I have written this letter in good faith and on the basis of information provided to us. Should either the Department or Government seek to use this letter or matters arising from it as a means to pursue a political objective we will take action which we deem fit including making this correspondence available to any party that requests it for the purposes of context.

Thank you for the opportunity to respond, if you would like more clarity about these issues I encourage you to call me directly on my mobile which you have or you can reach me via email at admin@hacsutas.net.au

Yours sincerely



Tim Jacobson
State Secretary

28 March 2018.

