HACSU
Health and Community Services Union
HEALTH SERVICES UNION
TASMANIA BRANCH
PRESIDENT JUDY RICHMOND
SECRETARY TIM JACOBSON
ABN 80 085 253 953

Neil Kirby
CE - Ambulance Tasmania
GPO BOX 125
HOBART TAS 7001

[redacted]

Dear Neil

Lack of Paramedic Resources

We refer to our letter of 18 June 2019, to which there has been no response.

There has been no meeting as requested. As discussed at the ACC on 2 July 2019, we believe that you, Ambulance Tasmania, are breaching your obligations about providing a safe place to work.

The reliance upon overtime is extreme. Our information suggests that almost 80 paramedics are not available to be deployed in their primary role. This is for various reasons including workers compensation, secondments to other (internal) roles and long-term sick-leave. We have fundamental concerns that the 'extraction ratio' applied to your service provision is grossly inadequate; this was clear and apparent when the SOC staffing was reviewed by Mingara in 2018/2019.

We do not believe, nor have we seen any evidence, that you have undertaken even a rudimentary risk assessment about lack of deployable staff.

You have a surge plan which is largely ignored (ATSEP).

In recent weeks, you have invited volunteers to work in the urban environment instead of following a thorough business continuity plan or your ATSEP. We remain very concerned that there is no 'go to' procedure for any lack of resources.

You force your staff (DMCs, RDMs, RMs, SMOCs) to make individual decisions about what should be reasonably foreseeable circumstances, which should be properly "assessed and developed" plans which can be reviewed if deemed deficient; there is no risked based approach to the hazard, which is a lack of available staff.

Our members tell us they are exhausted, they say that you have little regard or concern for their welfare, they say that Ambulance Tasmania is causing them harm by continuous exposure to unsafe working conditions. They are fatigued at work, they are fatigued by overtime forced on them by shift extensions, by lack of access to breaks during shifts, and further fatigued by exposure to requests to come to work on days off and while on annual leave etc.

HACSU assist
1300 880 032 | assist@hacsutas.net.au
www.hacsutas.asn.au

PO Box 635
North Hobart
TASMANIA 7002
Fax 03 6228 0258
admin@hacsutas.net.au

Can you confirm that you expect or require staff to attend work on their days off on overtime?

We are extremely concerned by the use of 'single response officers' instead of a full crew. Presumably because there simply aren't enough resources, paid or volunteer (in country areas), this is a significant risk which is broadly uncontrolled.

It is our understanding that your utilisation rates, particularly in the urban environments of Launceston and Hobart (and semi-rural country stations) are the worst in the nation.

We understand that your FTE is established and restricted by the Tasmanian Governments budget, however, we remain concerned that these constraints have not been correctly assessed by those making the decisions.

We do not agree that Tasmanians currently have access to an adequate pre-hospital care service; essentially this is because there has been a significant increase in demand and inadequate growth of employee numbers and associated resources.

We do not believe that your planned SOC 'secondary triage/referral service' will deliver any short-term benefits and we remain sceptical about long-term solutions without the introduction of suitable alternate pathways in Tasmania.

We believe that you have enough information to hand from your internal structural review in 2017/18 and the ORH reports from 2014 and 2010 that staffing and supporting infrastructure is inadequate. Combine this with 'real time' data relating to absenteeism for all the possible reasons is a significant indicator that the service is in crisis.

Again, we urgently request a meeting to specifically understand what is occurring to address these unacceptable risks. We would like to meet urgently and by no later than 22 July 2019.

I can be contacted on [redacted] to arrange a meeting.

Yours sincerely

[redacted]

Chris Kennedy

Industrial Officer

16 July 2019

[redacted]

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.
    - There are no plans to follow when facilities fail, when the service is short staffed in specific regions, there are no obvious inter agency plans when not operating at normal capacity, there is massive concern about the ability of the service to function in the event of a mass casualty incident.
- Lack of adequate systems such as dysfunctional IVIS, VACiS, ESCAD/Guardian Command, vehicle tracking, Radio Network, Duress alarms systems. We have significant concerns about equipment renewal/replacement and stocking.
- The organisational risk register appears significantly inadequate.
    - We have significant concerns about the lack of ongoing risk reviews, and the lack of risk assessments associated with changes to procedures and facility and equipment.
    - There is little evidence of 'risk reviews' when on the rare occasions that risks are or were assessed. It appears to be box ticking rather than true assessments, significant concerns around 'copied' risk assessments for different projects, without any genuine hazard reduction outcomes from those assessments.
- We are still receiving reports from our members about the WHS committees, which appear to be dysfunctional, controlled by managers and appear to be primarily used as a mechanism to diminish or remove hazards raised by staff.
    - Costs to resolve safety are often described as 'no budget to resolve' the issue. Clearly costs should not be the barrier to the resolution of safety outcomes.
- Lack of Ergonomic Assessments as per the Agreement.
    - HACSU members have been waiting for over 10 years for these to be conducted.
    - Specifically in the State Operations Centre, in the Back Office roles, in Training and in project roles.
    - New vehicle designs appear to have no independent ergonomic assessments, paramedic treatment kits, placement of equipment and or motions required to access equipment remain unassessed.
- 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) 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 Expended – 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'.
    - 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.
    - The Independent ORH reports in 2010 and 2014 (commissioned by Ambulance Tasmania) suggested new resources and stations to be in place by in specific timeframes.
        - These staffing and resources have been dismissed by AT, without genuine evidence to avoid changing the operational positions except on the basis of cost.
        - This exposes AT to legal liability on two fronts, the first being patients not provided with adequate care and response, and the second being exposure to provide staff with adequate management of workload and a safe place to work.
    - Significant flaws in country station coverage areas, workload exceeding resources in many areas of the state, including seasonal variations being ignored, Scamander and Nubeena as prime examples of stations adversely affected by seasonal issues and school holidays.
    - The communications centre (SOC) is significantly under resourced, despite recent vacancies being filled, it still doesn't have enough staff to enable adequate annual leave to be taken annually.
        - A workload review is underway, it appears too little too late.
    - We have significant concerns about ATs ability to meet its obligations under the WHS Act as above specifically related to the SOC.
    - Ramping has increased significantly in recent years and there remains ongoing concerns about the lack of facilities, the welfare of patients and crews whilst ramped.
        - We request that AT negotiates as a matter of urgency with the THS to ensure that crews are not required to be ramped with a patient for more than 30 minutes unless the facility is at a declared Stage 4 Escalation, in which case no crews will be required to be ramped (including delay tirage times) for more than 60 minutes.
    - There is a distinct lack of preparedness for an evacuation event such as a repeated 'fail over procedure' 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.

This specific lack of contingency was further exposed on Friday 11 May, where the AT SOC was to be evacuated to a venue that firecomm evacuated from due to similar site issues. We are advise the contingency facilities and procedures were not fit for purpose, this was also assuming no secondary evacuation was required; which apparently it was.