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HACSU
Health and Community Services Union

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(Health Services Union – Tasmania Branch)

Submission to Parliamentary Inquiry into Tasmania's Health System

2017

Health and Community Services Union

The Health and Community Services Union (HACSU) is the largest trade union in Tasmania, with almost 8,000 financial members working in the health and community services sector across Tasmania. Our members work in aged care, disability services, community health, mental health, diagnostic services, community services, private practices, ambulance and hospitals. Members are health professionals, paramedics, scientists, disability support workers, aged care workers, nurses, technicians, dentists, allied health professionals, clerical and administrative staff, managers and support staff including orderlies, food services and cleaning staff. Our broad membership gives us a unique insight into the effect of demand right across Tasmania's health system, from direct service provision in ambulance services to the effect of demand on support staff.

For questions regarding this submission, please contact:
Tim Jacobson, State Secretary, Health and Community Services Union
Robbie Moore, Assistant State Secretary, Health and Community Services Union
Chris Kennedy, Industrial Officer, Health and Community Services Union

Preliminary

HACSU welcomes the opportunity to make a submission to this important Inquiry into Acute Health Services. While the terms of reference for the inquiry focusses on matters relating to resourcing of Tasmania's major hospitals to deliver acute health services this submission also focusses on the impact of demand on the acute heath workforce, including administrative, support staff, allied health professionals and ambulance employees, we believe the Legislative Council must consider the circumstances leading to the current crisis across Tasmania's health system and its effect on those who are working in it.

To support our submission, HACSU undertook an electronic survey of members who work in all classifications across the THS. The findings of our survey are outlined in the submission. Contained within this submission is an overview of the results of our submission.

In addition to the above, on an almost daily basis we are hearing serious reports of systemic failures and system breakdowns which have resulted in negative outcomes for patients and workers.

"When I started nursing I'm 2012 I enjoyed my first year as a graduate nurse. After my first year I worked on a few wards on short contracts to gain more experience in different areas but at the end of 2013 I was exhausted from the increased workload, the shift work (late than early shifts are ridiculous) and stress! I would go to work extremely tired and just run all day to keep up! The acuity of the patients has gone up, as soon as someone gets a little better they are sent home or to a rehab bed straight away now which means that you are always caring for the most sick patients all the time! It's absolutely draining, plus the paperwork has sky rocketed which means you spend a lot of time doing paperwork and less time caring for your patients!

I thought about leaving nursing, 2 years in and I was so over it! I was always tired, I was always getting sick because I was always stressed and working shift work didn't help! I was fed up feeling obligated to work extra, work overtime, I never had a regular roster so I had no life outside of work! I was done so I went to casual! I've been casual for nearly 4 years now, there's no way I will take a contract on a ward now that I have seen the other side! I'm less sick, less stressed, don't feel obligated to work overtime, I can choose which shifts I work so I never work nights anymore because I was never any good on nights (I couldn't sleep during the day) but if you want a contract you have to work them! I have a lot more balance in my life now.

I can't see myself in nursing in 5 years time if the system doesn't have a massive change, I also worry that when all the older nurses retire the skills wouldn't have been handed down to younger nurses."

Anonymous HACSU Nurse Member

Submission

(1) Current and projected state demand for acute health services

This category focusses largely on data relating to Ambulance services. Data on other areas of the workforce, e.g allied health professionals, administrative, technical and support staff is difficult to obtain, has historically proven unreliable or, in many cases does not exist.

Data is obtained from the Report on Government Services 2017 (Productivity Commission – ROGS), unless otherwise stated.

Organisation – Ambulance Tasmania

As of 1 August 2017, Ambulance Tasmania reported the following organisational structure by way of letter from CE to HACSU.

456 employees (head count):

- 330 Medical and Emergency Staff comprising Doctors, Nurses and Paramedics (mostly Paramedics)
- 38 Administration Support Staff
- 76 Employees in the State Operations Centre (40 people on the roster)
- 29 Non-Emergency Patient Transport Staff

Due to workplace flexibility arrangements and family friendly work (i.e. part-timers), the total FTE is only 343 staff.

Ambulance Tasmania also relies upon approximately 500 volunteers to support the provision of services in regional and remote locations; we understand approximately half of this number are "active volunteers". Volunteer recruitment, training and availability is coordinated from Ambulance HQ; Branch Station Officers (BSOs) - (Country Station Paramedics) are responsible for recruitment of and refresher training of local volunteers, post recruitment, the initial volunteer training is conducted centrally.

Tasmanian Budget Position vs Costs

In FY 2016 total Revenue, including Government contributions, was $57.4m. This compares to FY 2012 when revenue by was $62.4m. Peak revenue was FY 2013 which was $65.2m (Table 11 A.1 ROGS).

This represents a real term reduction of 8.8% when compare to the revenue, but when compared on a per patient basis it's a reduction of 22%, (both figures include a CPI adjustment).

The real spend in Ambulance is difficult to compare, there is substantial differential between the budget positions and the data captured in the ROGS. The State Budget papers suggest a much larger spend; presumably this is actually reduced by internal processes within the DHHS, returns of other sources of revenue such as MAIB, DVA, non-resident and other charges collected by the Service.

Our understanding is that the prime factor in the overall reduction (as quoted in the ROGS) in revenue is a result of funding cuts to the public sector initiated in the 2014/2015 State Budget. The impact of this reduction was a substantial loss of 'back office jobs' and delays to equipment replacement (fleet and medical equipment), in some cases indefinite delays. Essential back office roles are now being performed by 'operational and non-operational paramedics'. For example, roster generation is primarily performed by Duty Managers instead of roster clerks, which in our view is a failure of budget oversight; significantly increased costs in the name of savings. The actual cost is the lack of supervision and peer support/management of paramedic staff.

Total costs of providing services (ROGS Table 11 A.16) in FY 2012 was $61.33m compared to FY 2016 of $69.25m an increase of 11.5%, (note wages have increased circa 20% in the same time frame). National increase in expenditure was 13.3% in the same period.

Total cost per head of population in FY 2016 was $133.83 compared to FY 2012 where spend was $119.85.

Incidents and Responses

In FY 2016 there were 77307 Patients attended by Ambulance Tasmania. This compares to 2012 where 67137 patients were attended. An increase of 14.5%. During this time there have been no additional paramedics or call takers/dispatchers added to the service in relation to workload concerns.

Additional Paramedics – 2016/2017

12 Paramedics were recruited in 2016 to the Latrobe Devonport Area, for the purpose of providing additional transportation primarily due to a reduction of emergency case load and service changes at the Mersey Community Hospital (MCH). We note this region currently appears to be short staffed, shift vacancies and overtime appears to be rapidly growing in the NW Region.

35 Paramedics were announced shortly after the 2017/2018 Budget (and again in August), it appears that 12 of these will be place in Northern Region, 18 in Southern Region and 5 in the State Operations Centre (000 Call taking and Emergency Dispatching roles). These paramedics will provide for an additional 70 hours of ambulance response per day and are well overdue.

We understand this is an increase of approximately 9%, which is still behind the differential between 2016 and 2012; it is also noted that this does not improve any service provision on the NW Coast.

Wages Growth

HACSU Ambulance members were successful in achieving a 14.1% increase after a work value decision in 2014. This has now been paid in full (after a 2-year phasing period). This too has impacted upon the operational budget of Ambulance Tasmania, in the 2016/2017 Budget this was dealt with by a $2.5m adjustment and in the 2017/2018 there is a $3m adjustment to address the wages growth issue. Presumably all other costs between 2014 and 2016 were absorbed within the Ambulance Tasmania budget as no supplementary budget was provided for these increases. This may have impacted upon fleet and equipment issues.

Fleet

In FY 2012 Tasmania had 108 Ambulances, in FY 2016 Tasmania had 108 Ambulances (ROGS Table 11 A.9).

Ambulance has a 'soft target' of replacing vehicles when they exceed 210km; there are multiple vehicles exceeding the soft target at the time of this submission.

Response Times

Tasmania has (next to NT) the worst response times in the country (ROGS Table 11 A.14). At the 50 Percentile Tasmanian services are 12.9 minutes per response in FY 2016 compared to 11.9 in FY 2012. An increase of almost 8%. Currently this calendar year the average time exceeds 13.5 minutes.

At the 90th Percentile Tasmanian services are 26.4 minutes per response in FY 2016 compared to 24.4 minutes in FY 2012. An increase of approximately 7.5%.

The clinical ideal a response time of 8 minutes is required for the prevention of serious harm in priority cases.

Call rates to 000 have increased from 57,500 calls in FY 2012 to 65,500 in FY 2016. This is an increase of 12% without any additional call Centre staff[1] (ROGS Table 11 A.15). It would appear that this number will exceed 75000 calls in FY 2017, although that data is not officially available yet.

[1] Communications (call takers and dispatchers) staffing has increased by 2 FTE positions between FY 2012 and FY 2016, however these staff are only available during 'day work hours' in a call taking capacity. This leaves significant periods where workload has significantly increased.

Ramping

Ramping data is hard to quantify. Anecdotally 2017 ramping has been far worse than any other year.

Crews are combing patients to enable responses to emergencies from the ramp; there are no spare hospital beds to transfer AT patients to, sometimes requiring a search of wards for spare equipment to enable Ambulance responses, because they need to take the AT Stretcher to the next patient.

Patient flow from DEM to Wards appears to be significantly problematic; there have been multiple examples reported of over 100 patients in emergency Department across the three major facilities at any one time.

Over recent weeks a number of emails and text messages have been sent to Paramedics (on their days off and on leave) seeking their urgent return to work as a result of regional surges in caseload.

The period, June to the date of this submission has seen what we consider to be major ramping events across the State. The Royal Hobart Hospital being the worse, followed by the Launceston General Hospital and then the North West Hospitals. An overview of incidents reported to us are outlined further in this submission.

Allied Health

Despite the Government's rhetoric, 'front line' workers have been cut and this is exacerbating the issues currently being experienced in the THS. Allied Health Professional staffing and services have been cut particularly in areas such as primary health over the past few years. These staff are central to ensuring that patients are appropriately cared for in the community and, just as importantly, kept out of the tertiary system.

(6) Any other matters incidental thereto

As outlined earlier, in preparation for this inquiry, HACSU undertook a survey of all members who work across the THS South seeking their views on a range of matters relating to their work and ability to provide timely and safe care. The survey sought specific answers to key questions and provided the opportunity for workers to provide commentary on matters raised in the survey.

Below is an overview of the survey findings and relevant comments. Some comments have been edited and the reasons for this are self-evident.

We received 237 responses to our survey overall.

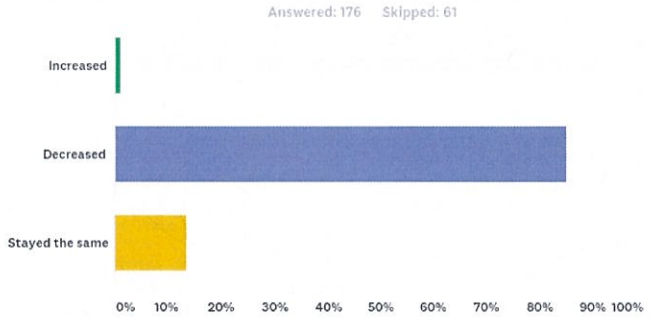
Of the responses, approximately 65% were full time workers, 30% part-time and approximately 5% casual and fixed term. Almost equal numbers were day workers and shift workers

Over 50% of respondents stated that over their period of employment their own ability and that of their co-workers to care for patients has decreased. 23% stated that it had stayed the same.

Almost 40% of respondents stated that over the past 5 years (or since they commenced employment) they had seen a decrease of staff in their work area. 35% stating that staffing levels had stayed the same.

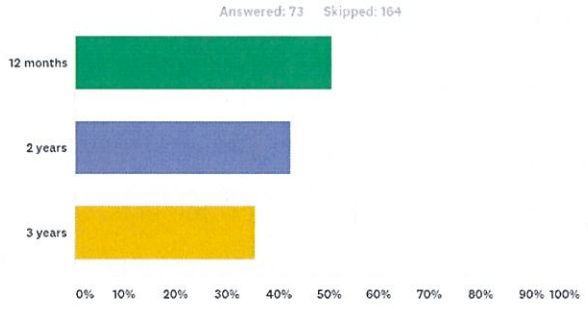
The most troubling survey response related to staff morale. 85% of respondents stated that they believed that morale had decreased in their work area. Only 1% of respondents stated that morale had increased, the remainder stating that it had neither increased nor decreased.

Over the last 5 years (or since you commenced), has morale in your workplace increased or decreased?



Of those workers who work shift work. 30% of respondents stated that they worked overtime that was not paid. A further 60% stated that they worked overtime which is paid.

Tick all that apply. Has the amount of overtime you work increased over the last:



Ambulance Case Categorisation

The following is an overview of the Prioritisation system used by Ambulance Tasmania. This will assist in interpreting comments below.

Priority	Descriptor	Normally uses warning device
0	Immediately life threatening requiring an immediate dispatch of the closest available clinical resource	Yes
1	Current risk of increased mortality or worsening morbidity requiring a response by the next available clinical resource	Yes
2	Increased risk of worsening morbidity requiring a response on scene by a clinical resource within 30 minutes	No
3	Increased risk of morbidity requiring a response on scene by a clinical resource within 60 minutes	No
4	Reduced risk of morbidity requiring a response within 2 hours	No

Ambulance Events

The following is an overview of ambulance incidents directly reported to HACSU by date.

See attached confidential paper.

HACSU Survey – Member Statements

The following is an overview of some unedited statements from HACSU members in the survey.

Paramedic Emergency Department Disillusionment

"In short, the job is not what it used to be, rather than be a job where we took each job as a reason to be doing this as we're helping people as it was a few years ago to where today we just go and pick patients up, do what we need to do and drop them at hospital, there is not much personal touch anymore. And the chronic ramping as just driving everyone crazy!!"

Increased forced overtime. Finishing late uneccsarily on regular occasions. Missing meal breaks by up to 2 hours regularly. Increased expectation to work overtime. Increased expectation to meet increasing workloads with extra requirements but no increase in staff. Increased risks to own safety and the safety of patients. Ongoing political and personnel differences in the emergency department leaving paramedics ramped unnecessarily and the public vulnerable. Ramping policy not being followed consistently and nobody does anything to change it when it occurs. Increasing acting up in vacancy positions leaving no positive changes or consistent management strategy. Not enough professional development. No strategy to address lack of volunteers to support salaried paramedics leading to fatigue and safety issues."

"I've worked in patient transport and in ambulance for a total of 10 years. I've lost 2 colleagues to suicide in that time and I've worked in many environments. I've been in this particular environment for 2 years. Where I work there is a top-down, pervasive environment of bullying and an almost negligent lack of care for paramedic mental health. This is evident to me in the fact that staff should be activating/calling CISM for each other when we attend a major incident. This doesn't occur regularly in my region. Staff have become indifferent to each other's wellbeing because our managers are indifferent to us. Many incident where CISM should be activated they are not, and when I have followed up I find that have never even been activated. We have interns who are considering quitting due to the lack of care and support they receive from my region's Clinical Support Officers and managers. This is after 3 years of university, many thousands of dollars in university fees and a very competitive selection process for jobs. I think things must be at near crisis point if they are wanting to quit after getting what most of them would have considered their "dream job". I think this ambulance service is failing us.
We are constantly under the pump, workload exceeds staffing capabilities and patients are bearing the brunt with extended wait times and ramping"

"Poor support, expected to be in charge with nil education, poor education proivided, nil senior staff, was senior at apporox 6months of grad position, poor supporting from NUM,

poor staffing and high rates of staff leaving, majority of staff junior/grads/pool staff/ redeploment, increased acuity of patients, lack of support from other wards e.g. when short staffed will choose to wash beds etc instead of coming over like promised, continual verbal abuse from patients, sometimes all Drs. scrubbed in theatre therefore nil support from them, could go on..."

"This is a ramping at RHH story. I arrived at RHH DEM with a category 1 patient. Once triaged the call went over the department PA system - Cat 1 on the ramp. This was because they had no cubicles free to assess the patient. In the minutes either side triage called 2 Cat 2 on the ramp calls on the PA. At the same time one of my colleagues was carrying for his patient on the ramp. The patients condition deteriorated and he was required to press the medical assistance buzzer to call for assistance."

"We are trying, but failing to provide a core business model of prompt emergency response and management, due to competing factors such as increased call volume for primary care cases (of which we have no business trying to resolve - this is GP/district nursing work) and a lack of appropriately staffed ambulances on the roads."

"I love my job. I do get frustrated at the workload and the stress from our communications centre trying to send us on jobs while we are still with the previous patient. Patients are starting to get upset at being ramped. I and hospital staff were abused last week by a patient ramped at DEM for 3 hrs. Another increase in my job is the amount of abuse we receive, both physical and verbal. This is alarming."

"Rural ambulance services: In relation to working in rural area: - there has been considerable decrease in volunteer availability - volunteers in general are poorly supported - very poor training for volunteers - ambulance ramping is a huge problem. Any new crews are simply there to cover the fact that at least one crew is off road most of the day being ramped. - despite having a front of 'consultation' management is generally a non consultative process. - poor ongoing maintenance of equipment - a large amount of money can be spent on infrastructure, but little on on ongoing training or maintenance of essential equipment"

Hospital employees

"Frustrating....what we had and what we have now. Our emergency department is like a set on a movie. Everything works but nothing to back up behind the scenes. It's so hard d to watch our hospital been pulled apart bit by bit. I have many stories but not willing to share in here."

"The first 5 years I enjoyed; after that it's been mostly downhill. I work for my salary & that's all."

"I have noticed that since the THS was formed that the organisation is top heavy as more high payed admin executives are building their own empires...The THS CEO based in Launceston as are some other THS executives creates greater admin expense as these people

often travel to Hobart and the North West which requires overnight accommodation stays, petrol and vehicle expense. It makes no sense and is only politically motivated by the Health Minister who is trying to look after his future while the patients are suffering due to bed-block and ambulance ramping"

"Not enough recognition that front line staff are quite often clerical not clinical and we cop the abuse first. Passive abuse. Complaints not taken seriously. THS says that it is a flexible and family friendly employer which it isn't.There is to much to mention"

"I was once proud to say I worked for the Tasmanian Health Service, but over the past 10 years it has gone from a good service to a lip service."

"Have always taken immense pride in my job and willing to go the extra mile and felt that my opinion was valued. I now feel unvalued and that my opinion counts for nothing because I am not "a clinician". This is despite having worked with staff from all disciplines and having a good rapport with them and have always achieved good outcomes. One senior manager has made a statement about non-clinicians and this has now become the normal way of thinking for staff of the unit. It is clear that Managers have to be clinicans - no-one else need apply despite the fact that someone acting in a Manager's position has extremely poor communication skills, treats members of the team inequitably and does not demonstrate any of the key attributes of a Manager. Once again, just choose someone without any form of EOI or communication that the position is being filled. Make the appointment and then ask in front of the whole team whether anyone has any objection. Current restructure has been happening for close to a year - that is a year without formal governance structures and staff left in limbo."

"I have worked here for over 33 years. It seems to depend on the area as to the staff moral and facilities. It has definitely deteriorated in the last 20 years severely and especially in the last few with the current government. Staff has been cut to the bone and to the dangerous level. Staff are all overworked and underpaid. Most admins work on a low banding not suitable to the level of responsibility they have in day to day functions."

"Kitchen: I use to like my job and workmates but now due to severe cutbacks, the kitchen is filled with unqualified workers, which makes the work load on certain workers too much, while others seem to get away with everything. I still enjoy the work (even though staff was cut back by half in my section, and only to have our work load doubled). pathetic."

Allied Health Professionals

"The NW: Would be reluctant to encourage some-one to work in the NW due to lack of career advancement opportunities available for staff and lack of acknowledgement of the stressors on staff form physio management. only stay as I want to retire here."

"When i first moved to Hobart 25 years ago it was a wonderful place for young physios to work, fantastic support, great experience to be gained. So much so that my 2 year plan

turned into permance. Until about 2010 that was still the case. Then in the last few years with more and more cuts, it has become a far less pleasant place to work, we have been unable to provied adequate patient care and morale has reached rock bottom. Fortunately for me i have wonderful colleagues who continue to try and provide the best care for our patients that we can"

"I am an experienced (30+ years) and enthusiastic practitioner, with a strong belief in the role that physiotherapy can play in health care. However, the recent period of austerity in THS has been the worst I have experienced. Staff are not made to feel valued or supported and consequently most no longer go 'above and beyond' their position description, as they once did."

"I find communication within the hospital is a massive barrier to patient care. It's the old saying that 'the biggest issue with communication is the assumption that it has taken place'. Bed block has forced AMU to run more like a gen med ward and this slows down discharges and blocks our beds. When we ran effectively 2 years ago, we had a 76% bed clearance rate (the highest in the hospital) but lack of discharge options, lack of beds up in the gen med wards, the cessation of community services (hospice in the home, complex patient care co-ordination services, discharge services options) and the waiting times on ACAT assessments and massive waiting times on accessing services for the elderly is resulting on these patients requiring increased time in hospital instead of being managed in their own homes. The problem wouldn't just be fixed with more LGH beds - there needs to be discharge and community options to keep people in their homes and managed well without requiring hospitalization. It's just so frustrating to see the potential at this hospital with the inability to fulfil that potential. A lot of that does come down to personalities that inhabit key management positions within my field - a position is only as successful/effective as the person in it and their counterparts. That coupled with poor communication makes for a toxic work environment at times. Add to the mix a lack of beds, funding and community options and we have a crumbling health service which I no longer enjoy working for"

"I really enjoy my work and am part of a team that values clients and puts them at the centre of everything we do. However morale in our service has definitely declined over the past year or so and we have had to orient the service to acute and more reactive service. This is mainly due to increased sick leave and lack of medical staff to cope with the daily demands.The constant changes in documentation/reporting also put added pressure. There has been a reduction I face to face time with clients and more paperwork! At the other end bed block at RHH has put increased pressure on our workloads as the team has to fill the role of the hospital with increased visitation and monitoring."

"RHH/THS using and abusing staff goodwill for too long. We are at breaking point. If it breaks the results will be catastrophic and take perhaps decades to recover from. We desperately need more front line staff, better NHPPD, more RN's, more beds and some bloody grace and an apology for the disgraceful way the politicians have treated public health. Stop point scoring off each other, put your pride aside and come together to fix the clear and identified issues NOW."

Conclusion

The current plight of our health system is on daily display. Issues resulting from increased demand and, in particular, the redevelopment of the RHH are causing suboptimal outcomes for patients, for those presenting to hospitals and also the general community. The effect of various government policies (Federal and State) and associated financial controls have greatly impacted upon the health sector in Tasmania in recent years.

The funding cuts, staff reductions and bed losses over the past three years have exacerbated an already serious issue in Tasmania including, our low health status as a population, our age demographic, high levels of chronic disease and low socio-economic status.

It is likely that other factors immediately outside of direct control of government are also impacting on demand. The GP co-payment, coupled with access to 24-hour general practice are two factors which could be further explored.

Emergency care is essentially only provided in the public health system, unlike other states where private hospitals can provide good Emergency Care Departments for a full suite of conditions to those with private health insurance.

Individuals calling for ambulance services for trivial or false reasons remain consistent with historical averages; in our view these callers are an indicator of requiring a health service, most of the time, not an emergency response. These callers do not create bed block in the hospitals and further do not have any impact on ramping. They can impact on response times if Ambulances are dispatched to them, but there are no indicators that this problem is increasing.

Issues such as staff morale and workload may have a longer-term effect on our system. At this stage, aside from attempting to resolve the immediate pressure on the THS, little is being done to monitor and manage these issues. We hold serious concerns regarding the long-term health and wellbeing of the Health workforce resulting from current demand.

In our view, once the peak season is over the likelihood of staff accessing increased personal leave is real, as staff report to us that they are drained and barely functioning in a professional sense. The impact of a failing system is likely to continue for a significant period.