

## Submission for **Inquiry into the delivery of ambulance services in Western Australia.**

I have many areas of concern regarding the management of ambulance services by St John WA. Some are not directly linked to response delivery but rather cover staff management and funding allocation which effect culture and engagement and demonstrate that the executive at St John WA have lost direction and focus.

### **Metropolitan Response**

There is no workload surge capacity other than recalling off duty staff and paying overtime rates. Future planning and implementation for growth is governed by funding rather than supported by data. 2020 Data indicated that 10 extra ambulance were required each day – only 7 were implemented.

Daily reviews of performance are conducted but no actions occur from these reviews. There are no longer any strategic meeting for the operational managers. Previous systems had fortnightly meeting with performance data displayed and interrogated. This has ceased under the current CEO.

Patient outcomes are not measured – the effectiveness of ambulance delivery is not monitored or reported on

### **Country Response**

Described as “best endeavours” – do not guarantee an ambulance response from volunteer centres.

Volunteers have a lower education requirement, less clinical treatment options (medication & skills), not registered practitioners and do not need to man stations.

Clinical outcomes are not measured and not compared against metropolitan outcomes.

St John WA required at all stock be purchased through St John Supply & Distribution even where stock can be purchased locally to less cost to the country sub-centre.

### **Medication Handling**

St John WA are not currently meeting the requirements of their poison’s license – specifically in the storage of S8 & S4R medication storage and handling. Storage safes are not housed in a separate lockable room with swipe access in all locations. Safes are not monitored with CCTV in all locations. Medications in use in ambulance are not stored in a lockable cabinet in the ambulance. No temperature control is maintained in the ambulance. Medications are sent to remote sites using Australia Post – chain of handling is not maintained and temperature relation is not maintained. Access to some sites with S8 & S4R can be achieved by pin code with no evidence of who access the safe and medications.

Significant property works across Metro and Country will be required to resolve.

Solutions of vehicle and delivery options will need to be explored and implemented.

### **Property**

St John WA are undertaking significant capital works to improve the Belmont headquarters building when Ambulance Stations require works to make them suitable for staff. Currently there are centres that are unsuitable for housing staff and do not meet the needs of gender diversity for privacy and inclusion as outlined by the Human Right Commission. Some centre have only 1 unisex toilet and bathroom and no change room facilities. Use of the facilities offers little privacy.

Centres have “bedrooms” for night shift fatigue management, but some are a shared room with temporary partitions to provide privacy. At one centre, 4 beds are in one large room in a barracks style with a curtain for each bed to provide privacy.

New centre locations tend to be in industrial areas and so in an attempt to circumvent habitation legislation rooms on plans are reclassified as “rest area” not bedrooms with council planning being told that there is no sleeping and not 24 hour habitation.

### **Vehicles**

Current fleet size is insufficient for ambulance needs, coupled with slow serving and repairs crews are often left waiting for a returning crew before being able to respond.

Fleet management and future planning has been poor leading to insufficient vehicles being ordered and an inability to scale up purchases due to no availability.

## **Metropolitan Management Model**

Current senior leaders are implementing a district based model as that is the model that they have come from and are comfortable with. No review of current practise was implement and the trial/pilot was for 3 months. After 3 months it was declared a success and was to be implemented.

The new model takes the focus away from operations and towards staff management – at a time where operations are performing so poorly.

The previous model had 20 operational managers across 4 shifts. The new model will have 24 non-operational managers and 12 operational managers. With claims of being cost neutral.

Significant property works will be required for manager's office space at a minimum of 15 sites. Significant investment in IT and equipment required for these offices.

Property and equipment spend at a time when there are not enough operational staff or vehicles to meet the response to the community.

## **Policies**

St John WA apply unwritten policy or choose not to have a policy so that they can benefit or disadvantage staff of their choosing.

The Ambulance Service Number Process is an unwritten process that removes the service number from managers. The process was not negotiated with affected employees, not consultation with affected employees was held, is not outlined as a change of conditions upon acceptance of a managerial role and has not been relived since 2012. This process places the manager at disadvantage if they return to frontline duties. This is irrespective of length of continuous service or remaining in an operational/response role. It removes the loyalty and service provided and resets the staff member back to the same footing as a new employee.

Alternate duties for non-work related injury/illness. St John WA claim there is no alternate duties available for non-work related injury or illness but then make exceptions for some staff and not others. Recent examples:

- Calf tear – alternate duties requested and denied
- Fractured foot - alternate duties requested and denied
- Shoulder reconstruction - alternate duties requested and denied
- Gillian Barr Syndrome - alternate duties requested and denied
  
- Cancer treatment - alternate duties requested and approved
- Cardiac treatment - alternate duties requested and approved

The unofficial response was that a policy is not written so that St John WA can decide on a response case by case.

Staff need a policy so that they can understand if alternate duties are available and under what conditions they will be approved. Without a policy it appears that favouritism is being show to some staff.

## **Organisational Recognition**

Emphasis is placed on volunteer recognition without providing the same recognition to career staff – it is critical that volunteers receive recognition for the service they provide. The inequity of recognition creates feeling that career staff are not valued by St John WA and creates a rift between career and volunteer.

Some examples of this inequity are:

Funeral recognition – members of the Order of St John always have a representative of St John attend, offer for that attendee to read a prayer and offer for the funeral to have the St John flag draped over the coffin. Ex-serving career staff are not recognised with official attendance at a funeral.

Volunteer staff are awarded the St John Medal after 12 years of service. Career staff are not eligible for this recognition.

## **Culture**

The current CEO was employed with a remit to improve culture and employee engagement. Colloquial feedback is that culture as eroded further and the St John WA executive are considering delaying/cancelling the 2021 Culture survey. Without the survey how can St John WA measure the engagement and satisfaction of staff and volunteers?

St John WA is not providing an ambulance service that is managed and led to provide the emergency response that the community of WA deserve.

An alternate model may see better delivery of ambulance response if appropriate change is implemented. Outcomes will be the same if the current senior managers and executive remain employed in their current roles. If all we do is remove the organisation but keep the managers then we will have the same problem with a different name.

Thank you for your consideration