

Dear Minister Piccolo,

24th October 2014

Thank you for your vision, and for the opportunity to provide comment on your planned (and much needed) reform of the emergency services sector in SA.

I write to you from the perspective of a 33 year old member of the responder community, heavily involved in 3 of the state's emergency services: CFS / SES / SAAS (career Paramedic) for more than 18 / 15 / 12 years, respectively. I have held and continue to hold leadership positions within each of these services, and understand very well the culture within the career and volunteer 'worlds' among South Australian emergency responders, as well as having intimate understanding of the successful integration of these within the SAAS culture. With close friends employed as MFS firefighters, I have also trained closely with MFS colleagues for extended periods as part of my roles as a SA USAR Taskforce (inter-agency) team member for 5 years, as well as the state Multi-Agency Response Team (MART), thus have reasonable insight into MFS culture and operations.

I commend the concept of your reform, the rationale and the way forward, but please let's consider it carefully. It does seem, if I may be frank, as though it is already almost 'a done deal', with minimal room for further refinement. Recognising that South Australia is a unique state covering a large geographical area with a limited pool of willing responders (& limited financial funds to support it) – these finite human and economic resources are currently split between 4 emergency services (including SAAS). I believe that the proposed model falls short of what is actually needed for SA – which is, rather, a COMPLETE AMALGAMATION, leading to a SINGLE SERVICE, with a simple 'Chain of Command' from the Chief to the responder on road: a single set of uniforms, simply-badged (& appropriately located) vehicles, pooled and appropriately distributed equipment (based on geographical need), single set of policies & procedures (catering for the various specialty skills that would exist within this single service) etc... The public will be MUCH better protected if under a single banner, with the nearest emergency vehicle responded to their emergency & then specialist crews (from within the SAME service) called in to assist on the occasions where it is necessary. This is such a simple idea that it is bound to be effective. It will reduce much unnecessary duplication of person-hours, effort and response cost than occurs currently (& would likely still occur in the proposed model if services retain their individual entities).

With respect, the current proposal seems to have much potential (indeed likelihood) for confusion, competition, misunderstanding and continuation of the petty 'us and them' mentality that so often distracts from core business now. The public will likely be confused, the responders disenchanted, while a few members can proudly beat their chests that 'their organisation' still stands, as a 'compromised' measure. I would argue, a potentially dangerous compromise, leading to continuing the inefficiencies that we are seeking to eradicate. Best protecting the interests of the public in peril should be the greatest factor in this reform; other motivations should be secondary to the needs of the greater good.

As a single service, 'SAFER' seems an obvious brand name, and does bring with it the appeal, and an exciting new 'image' that is desperately needed by the services (in particular, the volunteer-based services, whose longstanding recruitment and retention issues are well-known). Recognising we will likely lose a few disgruntled stalwarts through reform (due simply to their unfounded fear of 'change'), in contrast - if marketed well - we could instead enjoy a groundswell of NEW membership into a completely NEW organisation. The 'status quo' cannot be maintained longer term, we need YOUNG, NEW members to join en masse,

to share the load (which caters well for the different needs / expectations of Gen X / Y and beyond), enabling them to gain experience to lead in future and replace attrition that we have endured in recent years... Those who have already begun to groan loudly, citing age-old allegiance and the fear of change, seem not to realise that we need to adapt to current and future needs, before the 'old' systems simply, and inevitably, collapse.

Regarding this reform process - just before we otherwise proceed too far down the path towards too late, can we please take just one step back and consider: do we need to retain the 3 services - as their own individual entity, at any level at all - if so, why (who says?), and is this actually supported by the wider community (of responders and also the public)? Please take the time to carefully consider this, before we proceed full-steam ahead down a pre-defined (again, with respect, 'half-hearted') path, as outlined thus far.

There exists, right now, the opportunity for once-in-a-generation change... let's please bite the bullet and do it properly, do it once. Yes, there will be some disgruntled, but there will also likely be many more new members, invigorating a vital sector of our community that has been on the brink of self-destruction for a decade or more now.

It is widely recognised that the two volunteer organisations, have been on the brink of losing their 'critical mass' (in terms of volunteer numbers, and especially daytime crewing) for many years now. There remains an ageing population of responders, with young, fresh new recruits seemingly few and far between - yet these are desperately needed for the future function of SA (if the volunteer model is to be relied upon for decades to follow?).

With reference to the suggestion that 'communities can decide which model they wish to adopt': I ask what community is going to 'decide' that they would prefer to maintain 3 separate services on the frontline, essentially guaranteeing longer waits for a resource to arrive and begin mitigating the risk. When they could, instead, have a single service model, that immediately responds the nearest emergency vehicle to their emergency, whilst responding (when necessary) specialist vehicle/s, equipment/crews from further away (BUT FROM WITHIN THE SAME, SINGLE, STATE-WIDE SERVICE – it just makes sense!). In the meantime, their emergency is being attended to, their job has not been inappropriately 'stacked' for hours on end til it makes its way to the top of a single truck's 'to-do' list (as happens currently). And how exactly would the 'communities' get to decide what model they would operate locally – surely it will just be left up to the responders (not the wider community) to 'sort it out amongst themselves'? – again, this could lead to chaos and inefficiencies, based perhaps on personalities and agenda's, rather than the best protection for the public.

The benefits don't end there – in addition to the obvious massive cost savings that corporate collaboration will bring - all of a sudden, the state's emergency service administrative / management staff, as well as the volunteer and career responders, could all be playing for the same team, with the focus simply being the protection of the community, rather than the significant distraction of inter-service 'competition' that has existed (& only increased) in the past decade or more.

From my unique perspective, through long-term intimate involvement across all agencies, I understand how well this integration and transition has worked within SAAS (where there is a single-service model, state-wide, and no competition for emergency responses - rather a coordinated approach that accurately triages 000 calls, always responds the nearest

strategically located and responded when required. Apologies for the repetition, but as I understand it, politics is about reinforcing the key message... so, I am staying on message...

Brief response to some specific points from the discussion paper:

Speaking on behalf of the responders that I have canvassed this cause with, they don't want to simply "continue to deliver services to their communities as they do today" – they want to DO IT BETTER, MUCH BETTER...

Case in point: "brigade / unit / station / flotilla" – do we really need to keep using 4 different words to describe the same thing?? Herein lies a simple example of the inefficiencies & confusion that will only continue, widespread across this 'new organisation' if not a complete amalgamation.

Instead of "one organisation, three services" why don't we have 'one organisation, all hazards' (and simply specialise within the one organisation – this has to be a much simpler and more cost-effective approach)...

I would argue that (rather than be "maintained") it is important that the cultures of our organisations actually adapt and embrace the future – 'sexy it up' and encourage the new generation (the future of our existence when we're all done and dusted) to join.. this will not be achieved by doing it 'the same as we've always done' – we have surely proven this to ourselves by now – how many forums have we had to discuss the recruitment and retention / succession planning issues we all have, yet, the problem is exponentially worse since. We need to change. Properly, not half-heartedly.

Please survey the members, as a whole, anonymously, online and see what the results actually are. Perhaps include several concept options, INCLUDING for total amalgamation (with a single service model, which operates specialty services within it, but maintains a defined - again, single - chain of command 'right to the top'). I believe that this 'single, complete chain of command' would go a long way towards alleviating the concerns of many CFS (in particular) leaders who hold fears of 'reaching the top' for dispute resolution.

Selection of managers within the new organisation is of paramount importance. To simply 're-shuffle' could prove disastrous. I agree that those in positions managing volunteers, in particular, need to understand volunteerism (as SAAS understands well). Thus some adaptation will need to occur, but this can easily be achieved.

I read with some concern, the recent letters signed by the Region 2 and Region 4 CFS Group Officers, in response to your discussion paper, and claiming to speak on behalf of (all?) CFS members. Whilst I understand that they harbour fear of the unknown, with quite valid concerns regarding future reporting structures, potential for personality conflict if managed by somebody without volunteer perspective, and the current furore regarding the ESL controversy... what I don't understand is their 'leave us alone' (head in the sand) mentality and suggestion that amalgamation will necessarily be bad... for whom, I'm not sure – for the reasons I have outlined herein.

Thank you for your interest, efforts and careful consideration of how best to protect the community of South Australia into the future. Hopefully the perspective shared in this letter can assist this cause.

available resource to emergencies, and calls in specialist crews when the need arises); this is in contrast to the cultural pitfalls and numerous operational inefficiencies that exist within the SES & CFS organisational identities. As works very well with SAAS, the MFS (paid, career responders, more intensively-trained) coverage can easily be integrated within the same organisation, based on geographical and operational risk. Furthermore, the culture can / will adapt over time such that the career responders (current MFS firefighters) are actually seen as a welcome support mechanism for the volunteer responders (once they are all wearing the same uniform, in the same trucks under a single banner) – as has been the extremely successful culture evolution within SAAS. Yes, there were a few years, early on, where animosity remained as SAAS transitioned into a combined service (with both paid and volunteer staff), yet now it has become a seamless team, successfully providing professional, world-class service to the community, without the distraction of competition

I ask then, simply WHY are we committing to maintain the individual identities of the organisations at the 'coal-face'? - when, in fact, if we do it properly and re-brand, starting afresh as a new entity, 'SAFER', and market it well to the community (make it 'sexy' like the defence force adverts in recent years), we may well shed the cobwebs and dated image that all 3 organisations suffer (evident in the drastic, almost epidemic, decrease of recruitment and retention in recent years), and instead attract a rejuvenation of new members willing to join the new SA service, which advertises the benefits it offers (training, skills, confidence, choice of specialisation/expertise etc)...

I wonder how strong (not loud!) exactly is the voice supporting the retention of the individual services at all – with (ONLY) 70 written submissions received initially (from some purported almost 20,000 members across the 4 agencies) for such an important sector reform, suggests that the vast majority will just go with the flow, whatever the colour of uniform or badge someone else decides they will be wearing. As in every organisation, there will always be a few vocal stalwarts who shout loud and make noise and wave flags in opposition of change. However, if you actually survey the troops, anonymously, and ask them what their main focus really is, then I think you'll find an overwhelming mandate for change and complete amalgamation – as Peter Wicks' poorly-publicised (CFS & SES service-wide) survey results showed some 3 years ago: indicating some 85% support for collaboration (essentially amalgamation) of services. For those few that you might lose, you'll almost certainly gain new members ten-fold; and if someone really only joined for that specific badge and not the outcomes for the community, then do we really need them? – these attitudes are most often counter-productive, even cancerous, and lead to reduced local membership anyway. As long as the individual choice to decide what training for what types of incident response that they want to do (within the single, new organisation), then this should be able to be achieved within a single organisation, from top to bottom, and bottom to top. Anything else will simply get confusing, retain the competition and inefficiencies and create more unnecessary headaches for years to come. Understandably, the Chiefs and senior staff, and indeed the allegedly 'representative' associations that met for the senior roundtable discussions, understandably, would have flown their individual flags and put forward argument to retain their identities... YET, is this really the best thing, is this really what the majority of their members actually want – or, can we give the responders more credit and suggest that they may actually, rather, want what is best for the community overall...? – that is, a single, simple service, operating under one complete system and structure, with a single focus on mitigating the emergency – with specialist streams (within it)

Should there be opportunity to provide further advice / perspective / insight into the process to follow, please don't hesitate to contact me. I would welcome the chance to discuss this reform process in more detail with you and / or your advisors in the weeks / months to come.

Yours in service.

Kind Regards,

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post-script - some further 'food for thought' (taking this reform one step further):

Having worked as the (Acting) SAAS Regional Team Leader for the Far North of the state (essentially from north of Port Augusta to the NT border) for 6 months earlier this year, I do also support the (so far, unexplored) concept of including SAAS (somehow) within the same service delivery model for some parts of regional and remote areas of SA. This model has worked well overseas for decades, and the limited numbers protecting against significant risk across a vast geographical area. Furthermore, we have 425 CFS stations (850 trucks) and 60 SES stations in a similar area that we have (approx) 90 SAAS stations (with a further 18 SAAS stations in metropolitan Adelaide). The interventions that save lives are, for the most part, very simple: perform CPR, put on an automatic defibrillator (AED/Defib), stop bleeding and sometimes put on an oxygen mask. These skills are relatively simple and easily achievable for most emergency service members, all of whom signed up 'to protect life' as their highest priority – it is only the system that currently lets the community down. There are numerous examples where, had the CFS/SES/MFS been responded, then the patient would have had a much faster response time to their emergency (& access to, for example, life-saving AED's and trained first-aiders) than waiting for an ambulance from (often) further away... Again, it is the 'respond the nearest, most appropriate philosophy' that has not been utilised well at all in SA; whereas, overseas, and interstate, this has worked for decades - I suggest, saving many more lives. My own, personal experience, includes perhaps a dozen or more incidents that I have known whereby sending the nearest CFS/SES because SAAS resources were already committed elsewhere, or were simply stationed further away, could have reduced adverse outcomes, including deaths. And my experiences are but one glimpse – it is likely that the 2200 operational SAAS members across the state would each know of several cases themselves where the 'system' could have better protected South Australians.

If we truly want to ensure the best protection of SA, and world-class service delivery, then please activate a 'first responder' system, state-wide, utilising the nearest, most appropriate response to ANY emergency (including medical emergencies, for which CFS/SES/MFS are already well enough trained and can be easily equipped to 'make a bad situation better' while awaiting SAAS arrival). The logistics are already in place, pagers/uniforms/vehicles/strategic locations etc, with minimal (if any) further training and a few more AED's purchased, then the 000 caller can actually have a much better chance of receiving life-saving response, much faster.

Purely by way of example, all 12 CFS & SES trucks in the Onkaparinga (Adelaide Hills) area are equipped with an Automatic External Defibrillator (AED), along with some oxygen kits also, with CFS/SES responders trained to use this equipment. This equipment is not currently responded to assist medical events (including cardiac arrest) in the community, in support of SAAS (when their resources are stretched thin and response times are extended). For example (& one of many that I have personally known) the SAAS response that I drove, lights and sirens, from Wakefield St in the City (as the closest ambulance) to an emergency in the Adelaide Hills town of Woodside just last week – fortunately it was not a cardiac arrest, but it could well have been. Had it been, then the CFS Defibrillator, less than a kilometre away from the patient, would have been MUCH closer than I was in the ambulance – potentially saving a life. The equipment, training and support infrastructure already exists to avoid this unfortunate scenario, but the system does not... yet. Here's hoping that it does, sometime soon.

