

In-Camera evidence

IN CAMERA PROCEEDINGS BEFORE¹

GENERAL PURPOSE STANDING COMMITTEE No. 2

**INQUIRY INTO THE MANAGEMENT AND OPERATIONS OF THE
NEW SOUTH WALES AMBULANCE SERVICE**

In-Camera evidence

At Sydney on Friday 4 July 2008

The Committee met in camera at 3.15 p.m.

PRESENT

The Hon. R. M. Parker (Chair)

The Hon. C. M. Robertson

The Hon. G. J. Donnelly

The Hon. M. A. Ficarra

Ms L. Rhiannon

The Hon. H. Tsang

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In-Camera evidence

WITNESS C, Paramedic, Ambulance Service of New South Wales, affirmed and examined:

CHAIR: Before we begin I must inform you of some formalities. Firstly, the evidence you are about to give is confidential as this is not a public hearing. However, Hansard will record a transcript of your evidence and at the end of today's session you will be asked whether you wish to make that transcript of evidence available to the Committee as confidential or not. Secondly, the purpose of the Committee's inquiry is to look at how individual cases reflect on our overall recommendations for the general role of the Ambulance Service but we do not take responsibility for those individual cases. Thirdly, the terms of reference of this Committee are also different from the other inquiries that have taken place to date. Fourthly, this is not a forum at which you are permitted to make adverse claims about individuals. Finally, I note that you have a support person present with you today.

WITNESS C: I understood I was allowed to make an opening statement if I wanted to?

CHAIR: Yes, please do.

WITNESS C: I am a paramedic of [REDACTED] years standing and the Ambulance Service of New South Wales employs me. I have been stationed in Sydney for that time— [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

WITNESS C: I hope that after reading and listening to the evidence from other paramedics and myself that a clear picture will emerge as to how the Ambulance Service treats its staff and blatantly violates awards and staff, and occupational health and safety issues. In short, the service is still refusing to give night shift officers a one-hour unbroken meal break; is not addressing the issue of the new stretcher despite many complaints about its design and weight, and most likely injuries; is not implementing the 10-hour mandatory break between shifts; is refusing to define "reasonable" when referring to overtime; is allocating non-emergency jobs that will incur lengthy amounts of overtime after an already long shift; and is refusing to accept fatigue as an issue when allocating long-distance jobs near the end of a shift.

Three events have occurred in the last week or week and a half that illustrate exactly most of the points I have mentioned in my submission. The first one: in the west last week two officers finished their night shift at approximately 10.30 a.m. and they started their second 14-hour night shift at 6.00 p.m., after a break of only seven and a half hours. They were entitled to a 10-hour break but when I mentioned that to one of the officers he inferred that claiming that break was more trouble than it was worth. The second one: a patient transport officer commenced duty recently at 8.00 a.m. and was due to finish his shift at 4.00 p.m. He actually finished around midnight—eight hours over time—and he was back

In-Camera evidence

at work again at 8.00 a.m., after a break of only eight hours. [REDACTED]

[REDACTED] I thank you for reading my submission and for giving me the opportunity to give evidence at this inquiry.

CHAIR: Referring to the sort of incidents that you have described with overtime and pressure being put on ambulance officers to take up extra overtime, we have heard there are differences with people in the country as opposed to the metropolitan area. What is the reason for the pressure in overtime demands? Is it because there is not enough staff to fill the void?

WITNESS C: I would say so. I work in [REDACTED] and the population in [REDACTED] has soared—I cannot give you any figures—a fair amount in the last five to ten years. Houses have been knocked down and they have built units so two people have been replaced by 50 to 100 people. I first started at [REDACTED] years ago and there were the same number of crews on each shift then as there are now. There are just not enough crews to cover the workload. [REDACTED] is one of the busiest stations in the State. They get a lot of crews in from other areas to tackle the workload of [REDACTED]. As long as it is deemed that there is a car on the job, they do not worry about what the workload is. You know, [REDACTED] is covered and that is fine. They are not looking at why they are taking crews from other areas.

CHAIR: You say the hero 304 stretchers are heavier than other stretchers. Are they still being used?

WITNESS C: Yes. There are two or three cars at [REDACTED] that still have them. I have put in an incident report about them myself and I try and avoid the cars that have them in.

CHAIR: So there is no action taken when you put in these incident reports?

WITNESS C: I have not heard of any action taken. I had what we call a "recert" in [REDACTED]—it is to give you a license to practice for another two years and to make sure you are up to speed with all the new stuff—and the manual handling department came out and showed us all the new gadgets they have and one of them was the stretcher. I pointed out that I find it very heavy and very hard to put the stretcher into the cars. It is quite a problem when you pull it out with a patient on it. He said, "Yes, we are aware of the problem. The manufacturers are working around the clock to rectify it." I said, "But they are still out on the road?" He said, "Yes, we are trying to fix it." That was in [REDACTED].

The Hon. CHRISTINE ROBERTSON: Are these trolleys the new trolleys?

In-Camera evidence

WITNESS C: These are the latest ones, yes. There are a lot of modifications. There were problems with the old ones. You use these levers to lower the legs and people who did not know how to work them would try to move the stretcher and grab these levers and the whole thing would collapse. So, they have done something to rectify that, which is really good. That is the only thing that I can find that is good about them.

The Hon. MARIE FICARRA: They are very heavy for female ambulance officers, or are the men complaining about it too?

WITNESS C: I have not heard the men complain. I am one of the taller women at the station, and especially the shorter ones, when you pull the stretcher out, the back legs immediately go bang—and I have problems—and the shorter women just go [*makes dropping of stretcher motion*], and even though you are prepared for it is just too heavy.

CHAIR: You have talked about the nature of the callouts you are getting and the increase in population. Are you finding you are being called out more for non-emergency situations than in the past? Do you ever suffer from violence or intimidation from members of the public, for example?

WITNESS C: Yes. There has been some verbal aggression in the past. There have been a few times we have had to call the police. I cannot say it has increased in my experience. There is also a lot of non-emergency work. The call centre has introduced a new questioning system recently and it does not appear to be getting enough information. It is called the ProQ&A, and whether it is just the way the format works with that. The jobs are just given the wrong classification and we are sent to silly little things in the middle of the night, taking us away from emergencies that could be occurring.

The Hon. CHRISTINE ROBERTSON: We have heard a little bit about the new system so we should be asking for some information on the outcomes matching the callouts. We have a bit of background on the new system but your information means we should ask another question. That is good, thank you.

WITNESS C: As you know, there are classifications for the types of jobs. It seems you get a lot of high priority jobs that turn out to be—

The Hon. CHRISTINE ROBERTSON: Yes, when you get there they are not?

WITNESS C: So, we go lights and sirens to these high priority jobs because we are assuming they are emergencies, to find that someone has had abdominal pain for 10 days or their chest pain is not really chest pain.

CHAIR: Do you think there needs to be more public awareness about when it is appropriate to call an ambulance?

WITNESS C: Definitely. I mentioned that some time ago to a girl who used to work in the media department. She said the service refused to do it, they just will not do it. People need to be responsible for themselves and to work out do I really need an ambulance

In-Camera evidence

for something I have been suffering for 10 minutes or two weeks. People will not go to the doctor.

The Hon. CHRISTINE ROBERTSON: We have heard some other information about the risks of promoting triple-0 against the risks of promoting not using it, because people who need it will not use it and—you know.

WITNESS C: I can understand that, yes. A layperson does not know whether he is having a stroke or whether he is having a heart attack. A lot of elderly people, the older generations, say, "I am sorry to bother you. I really did not want to call you." You should have, you should have called us earlier. Certain populations in certain areas tend to use them for nothing.

The Hon. MARIE FICARRA: The problems you have had and trying to report them, the process you go through to report dissatisfaction with the rosters and the hours and the fatigue and so forth, what is the system you use to let them know that this is unacceptable?

WITNESS C: There is what is called the IIMS, the incident reporting system. That is the only path we have to report any dissatisfaction or anything, any violent patients, any inadequacy or problems with equipment. I have done one of those with the stretcher.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

WITNESS C: That is right. It is his job to say, "Okay, fine, if this is what you want to do you need to talk to the DO." But, no, they seem to think they have more authority than they have. They seem to be a class unto themselves, the operations centre. You really cannot do much about them with complaints.

[REDACTED]

In-Camera evidence



The Hon. CHRISTINE ROBERTSON: You have quite a lot in the document about the overtime issue. Among our submissions we have some very contradictory information about overtime. It is not about who gets it and who does not; it is about some people thinking it is great and some people not and some people are arguing they want to keep all the overtime conditions rather than increasing the base pay. There is a whole lot of controversy and this is on-the-ground service people who are giving us the stuff.

WITNESS C: It depends on what station you work at that determines what the response to that question will be. If you increase the base pay, that is fine. But if you get a station like [REDACTED], the work is relentless. In the past two weeks I am finding it a bit hard in particular. No sooner do you offload a patient and, bang, they want you to do another one. We have not even had time to go and get some lunch.

The Hon. CHRISTINE ROBERTSON: Do you get your overtime during your meal break when you do not get your meal break? That is certainly in your award.

WITNESS C: Yes, we get penalties, and that is fine. The quieter stations will not get those penalties. They will get to have their meal breaks and they are nice and quiet. But if you get rid of all the penalties and your overtime and increase the pay and everybody is the same, why should I get the same pay as him and just get worked unmercifully and he gets the same pay and does nothing? That is the argument.

The Hon. CHRISTINE ROBERTSON: I hear the message clearly, but it makes for a quandary as to what the workers are fighting for. Some workers are fighting to maintain overtime penalties and some are fighting for sanity and a life. I am trying to register the complexity of this issue.

WITNESS C: Personally I am happy to take the penalties. The money when you get the penalties for your meal breaks is good. There are occasions you drag the chain a bit, you play the game, you duck out and you try to buy some lunch and eat that in between jobs. But when it comes to overtime, my family has sacrificed enough for this job. I really do not want to get home at nine o'clock and miss seeing my kids.

The Hon. GREG DONNELLY: Your evidence has been very good and your submission is very useful in terms of material. Do you have your submission in front of you?

WITNESS C: Yes.

In-Camera evidence

The Hon. GREG DONNELLY: I want to ask you some questions about the break provisions, so I am clear in my mind. Would you go to page 3 and the operation of the ambulance officers award. At the bottom of the page it says, as to the provision that relates to meal breaks:

This provision will not apply to employees on night shift, although the appropriate meal break in accordance with the provisions contained in subclause (b) shall be given unless otherwise agreed between the parties.

I cannot make full sense of that. It is not saying there is no meal break provision on night shift, is it?

WITNESS C: No.

The Hon. GREG DONNELLY: How does it operate, as you understand?

WITNESS C: You are supposed to get your meal break.

The Hon. GREG DONNELLY: Even if you are on a night shift?

WITNESS C: On a night shift you are supposed to still get it between the four and six hours. But apparently we signed away the right to penalties, so then we can recline after midnight. I do not know what they did before this.

The Hon. CHRISTINE ROBERTSON: One of those swap-over things.

WITNESS C: I do not know what happened before they signed away that right. Whether they sat up in chairs and slept I do not know.

The Hon. GREG DONNELLY: Is there a provision in the award for a paid crib break where you work through and get a payment?

WITNESS C: [REDACTED] They are all unpaid crib breaks. The day shift is 10 or 11 hours, but you only get paid for 9 or 10 hours because you have an unpaid meal break. If it is quiet you get your one-hour meal break and that is fine. But if it is busy and they call you in the middle of your lunch or you do not get your break at all, that is when the penalties apply. With the night shift you are entitled to that meal break. It is supposed to be unbroken, as opposed to dribs and drabs, and they are not supposed to call you during that meal break because you are not entitled to penalties applying to that meal break. It is a 14-hour shift and you only get paid for 13 hours.

The Hon. GREG DONNELLY: So it is an unpaid break. That is a long shift.

WITNESS C: It is a very long shift.

The Hon. CHRISTINE ROBERTSON: The trade-off is you are allowed to go to sleep after midnight.

In-Camera evidence

WITNESS C: I just came off night shift this morning.

The Hon. GREG DONNELLY: People would feel pretty had it after 14 hours. Going over the page to the rostering and the 10-hour break. In your evidence this afternoon you indicated that in your experience, and I presume it is at [REDACTED] where you are based, that is breached quite regularly?

WITNESS C: Regularly. Nightshift is supposed to finish at 8.00 a.m. I have not worked a two night shift roster for a long time. I have been on the afternoon and night for quite a while. But I have worked earlier in my career doing the two night shifts. So you work from 6.00 p.m. to 8.00 a.m., which is a straight 14 hours, and you start your second night shift at 6.00 p.m. There is your 10 hours break. But as soon as you start incurring overtime, the 10 hours has gone. Even if you work five minutes overtime, technically you are not supposed to start until five past six.

The Hon. CHRISTINE ROBERTSON: That is in your award.

WITNESS C: That is in the award.

The Hon. GREG DONNELLY: In your submission you raise the issue of the definition of "reasonable". Has the union been able to provide any advice to employees about what "reasonable" means?

WITNESS C: I really do not have much time for the union, but, no, they have not.

CHAIR: It seems to be a very unfriendly family work environment. In your submission you talk about leave not being negotiated with staff, that it is basically a mandatory amount of time.

WITNESS C: In the blocks, yes.

CHAIR: Do you think that is a detraction to encouraging particularly women into the field, or do people not find out about it until they are employed?

WITNESS C: That is right, you do not. I do not think so. I think there are actually more women at [REDACTED] than there are men, and there are quite a few married women with children. It is a case of, well, if I cannot get my annual leave my kids are on school holidays and I will be taking carer's leave.

CHAIR: You mentioned there is no time for debriefing and that often people come back from a stressful situation and are sent straight out. Is there a lack of debriefing?

WITNESS C: I suppose it is human nature and you think, "No, I will be fine. I have just done this really bad job but I will be fine." For the DOs it is a sort of a cursory "Do you lot want counselling? Righto, let's go." they are very quick to get you back out on the road. I have been lucky, I have not really done any bad jobs—children arresting and really bad car accidents. I have some good friends that have. Recently a friend has had an awful time with just a couple of really bad childbirths and stuff like that. Apparently one of the DOs said to

In-Camera evidence

her, "I find the best counselling is drinking bourbon and watching porn. Do you want to do that?"

CHAIR: It is certainly not family friendly. Thank you very much for your submission and information you have given us today; it is most useful. You have a couple of options. The current position is that your transcript, because it is in camera evidence, remains confidential. That means we cannot use the information you have given us today. The options are that you might choose to make that information available deidentified—therefore, it would be partly confidential—or you may choose to keep it totally confidential. That is your choice. You might want to read the transcript and talk to the secretariat staff afterwards. Again, that is your choice. We need to give you absolute assurances that your position within the Ambulance Service will not be affected by your giving evidence to us today. We wish you all the very best in what you are doing and your family. You obviously have a supportive family. That is wonderful and we wish you all the very best and thank you for your contribution today. So talk to the secretariat staff about how you would like your evidence treated.

WITNESS C: I would like to say it can be a really good job 75 per cent of the time. You may not be doing anything in the way of medication for a patient but you are making them comfortable. It can be great. But management is not helping. My family has sacrificed a lot for me to do this job and it is making it harder for them. Does the Committee make recommendations and it is up to the service to act on them?

CHAIR: It is up to the Government to respond to the recommendations that we make. Is not so much the service but the Government that responds to a Legislative Council inquiry such as this. After we table our recommendations the Government has six months to respond. We hope the Government will take note of our recommendations.

WITNESS C: But they can choose not to?

The Hon. CHRISTINE ROBERTSON: If our recommendations are sensible usually they start to work on those with the Minister and the department. After six months they will report on what they will and will not do.

CHAIR: Sometimes before an inquiry is completed the Government has implemented changes. We can only hope that is the case here. Certainly we are taking this inquiry seriously. It has been initiated very much because of ambulance officers such as yourself coming forward and saying that things are not right. They are saying it is a great public service but they need more support. Those are the issues we are looking into on behalf of ambulance officers who are trying to improve the service.

(The witness withdrew)