

In-Camera evidence

**IN CAMERA PROCEEDINGS BEFORE<sup>1</sup>**

**GENERAL PURPOSE STANDING COMMITTEE No. 2**

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

**In-Camera evidence**

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**At Sydney on Friday 4 July 2008**

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**The Committee met in camera at 3.45 p.m.**

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**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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<sup>1</sup> Published by resolution of the Committee, Tuesday 22 July 2008.

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**WITNESS D:** [REDACTED]

**CHAIR:** Welcome to the inquiry. This is an in camera session. The evidence that you give now is recorded, but not publicly available, and I will give you the opportunity at the end of today to make a decision about whether you want the transcript to be made fully public, partly suppressed, de-identified or to remain confidential. That choice is yours in association with the secretariat staff. If you choose to make it completely confidential we are not able to use the information in terms of the inquiry.

The inquiry goes very much to the heart of issues raised on behalf of mostly ambulance officers in terms of their occupational health and safety conditions, bullying, harassment, et cetera. We do not aim to solve individual cases; we are looking at general recommendations that will be for the betterment of all. Therefore we ask witnesses not to abuse individuals in terms of making inflammatory or adverse reflections. With that in mind, we appreciate you coming here today and giving your submission in advance. Do you wish to make any introductory remarks?

**WITNESS D:** A short one, if that is alright. I just wanted to let you know where I am coming from. I have been in the job [REDACTED]. I like my job—I love my job—but I would probably just like to see some things change that would turn it from a good job into a great job. I do not come here with any axe to grind against the ambulance service, but I have diversified myself over my career so far, I have seen many different aspects of the service, and that is why I wanted to get involved. I thought possibly I might have something to offer to the inquiry.

**CHAIR:** You have, most definitely. When you say, "diversified", have you worked in rural areas as well as metropolitan areas?

**WITNESS D:** I have [REDACTED] worked in rural New South Wales, but I have worked [REDACTED]

**CHAIR:** In your submission you talk about spreading resources from suburb to suburb day and night. Is that because some areas are more populated than others? How does that work and why is it happening?

**WITNESS D:** How it works is that the whole of Sydney is run out of the Sydney Operations Centre, so it is the coast, west to Katoomba, south to Bowral and north as far as Wahroonga. Basically, whenever a particular area is depleted of resources, they move other resources into that area. If the next job comes in there will hopefully be an available resource within that area. I know they would in theory be moving a resource from an area where there are multiple resources available to an area that is depleted. In practice, though, what ends up happening is that we do not have any resources anywhere, so we just move our resources to where we hope the next job will be and it ends up being sort of chasing our tails

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all day. I think we definitely have a lack of resources day and night across the whole of Sydney and we do not appear to have any plan to address that.

**CHAIR:** From your experience has the number of staff and ambulances on the road increased appropriately with the population?

**WITNESS D:** Not at all. I can just give an anecdotal example, I suppose. [REDACTED] was divided into six areas for their purposes, and if one particular area was very busy and there were no resources there was usually always the capacity to move resources in from other areas to be able to backfill the hole, so to speak. [REDACTED] it has now become a simple fact that you have triple-0 calls waiting to have an ambulance tasked to them, you turn around and ask for help and nobody else has any resources to offer either, so although the resources have increased very slightly in my time in that sort of role, it is nowhere near as much as demand has.

**CHAIR:** What about rostering? Are you finding that to fill the gaps ambulance officers are being asked to do long shifts and rostered on again quickly after completing a long shift? Is that an issue where you are?

**WITNESS D:** Not necessarily. There are some cases where officers after their rostered finish time are required to—they haven't actually finished on overtime and they are required to go and do another job because of a lack of resources, but on a day-to-day basis—[REDACTED]—we spend a lot of money on overtime, backfilling positions just to keep the minimum numbers of staff across Sydney on the road, and quite often we are not successful in doing that.

**The Hon. MARIE FICARRA:** Do you believe that it is optimal to rely so much on overtime rather than to increase resources? What do you think needs to be done to have adequate coverage and make sure that officers are working at their peak performance levels?

**WITNESS D:** I certainly do not believe it is optimal. I know myself in the past I have tried to pick up a bit of overtime to increase my wages and what-not, but I, like everyone, eventually suffer from what I personally call overtime fatigue. You get to the point where you just do not want to work overtime any more because you are spending so much time at work.

There is always overtime available. There has always been overtime available and plenty of it [REDACTED] I certainly do not think it is optimal—although, as I said, from a personal point of view it helps me to improve my wage. [REDACTED]

[REDACTED] So I certainly think we would be in a much better situation to have a relief capacity rather than rely on overtime because we do quite often fall short of the mark, even when we are offering overtime.

**The Hon. MARIE FICARRA:** Given that the cost of living in Sydney is quite high and the reliance by a number of ambulance officers on that overtime, I am just wondering if you have an idea of the feeling that would be out there in the service, if they knew that the

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capacity for overtime is not going to be there in the context of the demands of lifting a basic wage level and the capacity to make up for that? What do you think is the feeling out there among the work force?

**WITNESS D:** I think there are certain parts of our wage—in Sydney in particular it is quite complicated what we earn and what penalties and whatnot are involved. There are certain aspects of that, without adequate remuneration to replace those things, like unpaid meal breaks and things like that, we get penalties for. There is a lot of opposition to removing those without adequate compensation, so to speak.

**The Hon. CHRISTINE ROBERTSON:** If they increase the base pay, that will not replace it?

**WITNESS D:** The Ambulance Service at the moment is attempting to increase the base pay, but also take away things like unpaid meal breaks which, at the moment in Sydney at least, make up a reasonable proportion of our wages. The way I think that my colleagues and I look at it is that there are two separate issues: the unpaid meal break, for which we currently get penalties for being interrupted, and the basic wage. I think certainly there would be a lot fewer people who would reduce their overtime availability and actually go on doing it, were there a basic wage increase. But I think probably there will always be some people who will chase it, no matter what.

**The Hon. MARIE FICARRA:** In terms of suicide rates and so forth, we have heard complaints indicating that that is a real factor, but we have heard senior management and Department of Health officials say that that is not really higher than any other front-line service organisation. I know it is anecdotal, but you have been in the Ambulance Service for ■ years. What do you feel?

**WITNESS D:** I could not honestly compare it to any other occupation, other than perhaps the Police Force where we hear anecdotally about their rates of suicide and whatnot. But, I mean, we are a large organisation and so we probably hear more about these things as opposed to your average occupation where, I guess—what I am trying to say is that I would suspect in my experience that is probably no different from the community.

**The Hon. MARIE FICARRA:** Do you believe bullying and harassment, from your experience, is a problem?

**WITNESS D:** I believe it is a problem, yes. I have had personally reasonably limited experience with it. However I am aware of some instances that have occurred where the staff involved, I guess because it is usually female officers, do not feel that they can make a written complaint or grievance, or whatever, against another officer because sometimes it is a senior officer and other times it will just be simply that it is almost easier to ignore it.

**The Hon. MARIE FICARRA:** The complaint handling system does not really give these persons confidence to take their complaints further?

**WITNESS D:** Not at all, no. No, I do not believe so.

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**Ms LEE RHIANNON:** [REDACTED], thank you for your submission. I just want to ask you about some of the issues you raise. You write about the state of resources and infrastructure to fill short-term holes in the budget.

**WITNESS D:** Yes.

**Ms LEE RHIANNON:** Can you elaborate on that and give us some examples?

**WITNESS D:** Sure. I could not tell you exactly how long ago it was, but roughly four to five years ago they sold several ambulance stations across Sydney. I do not know all of them, but I can tell you that they sold [REDACTED]. As I said, there are others that I cannot recall right now. In most of those cases, they simply leased the ambulance station back from the people that they sold it to.

**Ms LEE RHIANNON:** The same station?

**WITNESS D:** Correct. In most of those cases, yes.

**Ms LEE RHIANNON:** So that is basically what you are talking about—the sale of the stations.

**WITNESS D:** Yes.

**Ms LEE RHIANNON:** You also speak about ambulances constantly being moved and you talk about attending cases outside the area. Would that not be needed because sometimes all the ambulance are in one area and might be occupied, so then you would call an ambulance from another area? Or are you talking about something else?

**WITNESS D:** Definitely in principle it is needed, but I guess my main concern is that the issue is less that we should be making plans to address increased demand in a particular area and more that these problems are epidemic. We are not doing this occasionally when a particular pocket of Sydney becomes busier. We are doing it 24 hours a day, 7 days a week.

**Ms LEE RHIANNON:** You are attributing that to bad management or a lack of resources. Is that what you are saying?

**WITNESS D:** Certainly our lack of resources and seemingly a lack of ability to be able to predict and react to demand. There are some cases where ambulance stations simply are not big enough to increase the staffing at that particular place, so that appears from the point of view of your average ambo, so to speak, that that means there is really no need to do anything.

**Ms LEE RHIANNON:** It appears in this instance it is probably not bad management. It is just that there are limited resources and they have to manage with what they have got. I do not want to put words in your mouth. I am just trying to understand it.

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**WITNESS D:** Well, I think it is an issue that is constant and one that, you know, I believe needs to be addressed, and that most ambos believe needs to be addressed. But the Ambulance Service I guess in some ways just blindfolds itself to the problem.

**Ms LEE RHIANNON:** Right.

**WITNESS D:** And rather than seeking solutions by saying, "We need to increase resources in this area but to do that we will have to do X, Y and Z", it seems to me that X, Y and Z is too hard, so they ignore the problem.

**Ms LEE RHIANNON:** Which probably leads on to the next point. You also make the comparison between how the Fire Brigades appear to handle the issue of stations and the Ambulance Service. Then you give details about paramedics waiting by the side of the road. Is that really true? Because you have few ambulance stations, to ensure that you can get to a place that ambulances with a crew are sent out to, you just hang around somewhere until they get a call?

**WITNESS D:** Currently that is not the case. However, that is quite openly the plan, essentially, for addressing needs in the future with regard to infrastructure and the fact that it is very hard. I used [REDACTED] in my submission as an example. That is going to be very hard to replace [REDACTED] station. They are quite open that their policy in future will be what they call the hub and spoke theory where you have a very large station based at [REDACTED], for example, where multiple resources will start, but then that is spread out across the area. Essentially you have standby posts, and they have not really addressed exactly what that will entail, but it will be standby posts for the day.

**The Hon. CHRISTINE ROBERTSON:** Like substations?

**WITNESS D:** They have not really addressed whether it is going to be a substation that has facilities or whatever, or whether it is to be McDonald's at [REDACTED]. They have not really addressed those issues.

**The Hon. CHRISTINE ROBERTSON:** Okay.

**WITNESS D:** And, in my opinion, they also have not addressed the fact that our resources at the moment are so overstretched that you will probably never reach whatever that point is that they designate as your standby post because you will be tasked to a job before you get there.

**Ms LEE RHIANNON:** What you have set out here, it is not that that has actually happened. That is what you are predicting under this new regime?

**WITNESS D:** That is what they are telling us will happen.

**Ms LEE RHIANNON:** That is what they are actually telling you?

**WITNESS D:** Yes.

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**Ms LEE RHIANNON:** What is the time line on that?

**WITNESS D:** I am not sure that they have put a time line on it, per se, that I can recall, but it has been a well-known thing for probably the last year or two that this is their plan. Again, using [REDACTED] in my submission as an example, instead of trying to get land in [REDACTED] and put an ambulance station there, their plan is to maybe at best rent a house so that someone starts at [REDACTED] or starts at [REDACTED], and then drives to that house and uses that as a standby post for the day.

**Ms LEE RHIANNON:** In one of your recommendations you referred to the service as becoming a commissioned service. Could you outline how that would work and how you would see that as solving these problems?

**WITNESS D:** I could not promise you that it would solve the problems. I see a lot of instances where our most senior uniformed officers are answering to what I have called bureaucrats in my submission. That becomes problematic. Essentially, if they can identify a resource that is required and it does not fall within budgetary allowances, or whatever, sometimes it can be denied. I gave you some examples in my submission as well. In my opinion if the people who are running the administrative side of the service were answerable to a uniformed person rather than a bureaucrat, so to speak, some of these things would not happen. Basic stocks and resources would be provided without arguing over a couple of dollars.

**The Hon. HENRY TSANG:** I refer to the problem of resources and ask whether you are experiencing the same phenomena as the shortage of nurses and the shortage of doctors. Maybe there is not enough training. What is the reason why people do not want to join the Ambulance Service?

**WITNESS D:** My opinion would be that demand at the moment has increased. How hard you work day to day has increased exponentially over the last 10 years. I guess that fatigue is much more of an issue today than it was 10 years ago.

**The Hon. HENRY TSANG:** What about the recruitment for new resources?

**WITNESS D:** I think that is part of it. As well as the wage being an issue the lifestyle is an issue. In most instances in Sydney you do two days and two nights and you are working constantly through those four shifts. Fatigue becomes very much an issue and probably adds to it being more of an unattractive proposition.

**The Hon. CHRISTINE ROBERTSON:** My questions are a bit off field, but I would be interested to know what you think. Is there psychological testing on recruitment for ambulance officers?

**WITNESS D:** There is, yes.

**The Hon. CHRISTINE ROBERTSON:** Do they give you a full psychological test?

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**WITNESS D:** As I did not have to go through it personally it is my understanding that they give you an examination, so to speak—a multiple choice true-false questionnaire.

**The Hon. CHRISTINE ROBERTSON:** So they have introduced that?

**WITNESS D:** Yes. I believe it is the same thing the New South Wales Fire Brigades uses.

**The Hon. CHRISTINE ROBERTSON:** My next question, which is not nice, relates to that. I do not think that the New South Wales Fire Brigades and the Ambulance Service are comparable. I think that the Ambulance Service has a much more pressured and responsible position than does the New South Wales Fire Brigades, which occasionally has a highly responsible position.

**WITNESS D:** I could not agree with you more. If we go back to the issue of resources, in my local area the fire brigade has about six stations to cover the same area.

**The Hon. CHRISTINE ROBERTSON:** I understand that, but everyone is comparing the fire service to the Ambulance Service.

**WITNESS D:** My main comparison would simply be with regard to infrastructure.

**The Hon. CHRISTINE ROBERTSON:** In other words, resources?

**WITNESS D:** As I understand it they are required, by legislation, to have certain response times. They put stations in places where they can ensure that will happen. We do not do that at all.

**The Hon. GREG DONNELLY:** Your submission is quite detailed. Under the heading "Recruitment" you make a point about the difficulty you observed that the service currently has in regard to filling vacancies. In other words, presumably there are advertisements to fill positions and a limited number of applications come in. Is that what you are observing? Are not enough people applying for these jobs? Is that what is going on?

**WITNESS D:** Absolutely. The number of people expressing an interest has decreased markedly. I know, after talking to a friend of mine who is in recruitment at the moment, that the process used to take nine months and we used to get 2,000 to 3,000 applicants. They have now streamlined it now so there is continuous recruitment. Instead of recruiting two, three or four times a year they now recruit all year. We do not seem to be getting anywhere near the applicants any more.

**The Hon. GREG DONNELLY:** Is there any reason for that? Is there a shortage of labour as people are chasing bigger money elsewhere?

**WITNESS D:** That is probably a factor in some cases. Some people who go through the recruitment process and join us end up leaving because they end up losing money, working harder, working night shifts and being away from their families. I guess in



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one sense that when you join that is what you should expect. It is a fairly big disincentive to some people when they see what working on the frontline is like.

**The Hon. GREG DONNELLY:** You referred to an increasing workload that you have observed in your period with the Ambulance Service. Is that coming about for any particular reason? Can you identify causes for the extra work that is being created? For example, have you observed a reduction in staffing, or are an increasing number of calls coming in? Can you make any comment about the extra workload?

**WITNESS D:** Certainly. Staff wise our staff members have increased markedly since I started. But the increase in demand has just gone through the roof. I would suggest that that is 100 per cent the cause. I guess that part of it is to do with educating the public as to when it is appropriate to call an ambulance.

**The Hon. GREG DONNELLY:** Can you make any observation about whether this demand is an increased demand for non-life-threatening callouts, or more life-threatening callouts?

**WITNESS D:** To be honest, I think it is across the board. We certainly do more of the routine work now than we ever have.

**The Hon. GREG DONNELLY:** Transferring patients?

**WITNESS D:** Yes, transferring patients. We have patient transport services, as I am sure you are aware, and the demand for them has increased markedly.

**The Hon. GREG DONNELLY:** It all comes together to create an extra workload.

**WITNESS D:** Yes.

**The Hon. CHRISTINE ROBERTSON:** Do you have four days on and four days off?

**WITNESS D:** Most stations in Sydney work four days on and four days off.

**CHAIR:** Thank you for your detailed submission. You put a great deal of thought into your recommendations that will help the Committee immensely. We appreciate you taking the time to do that and coming in to give evidence to the Committee. As I said earlier, I come back to you with options about what you can do. We would like to use the information that you have provided to us today if that is possible, but it is entirely up to you. You can discuss it with Committee staff or review your transcript and then make a decision. Thank you very much for your presentation today. We wish you all the best for the future. You should be aware that after giving evidence today your career path would not be impeded in any way. We wish you all the best.

(The witness withdrew)

(Conclusion of evidence in camera)