

Submission
No 197

**THE MANAGEMENT AND OPERATIONS OF THE NSW
AMBULANCE SERVICE**

Name: Suppressed
Date received: 18/07/2008

Partially Confidential

July 15th 2008.

Mr Greg Rochford
Chief Executive Officer
N.S.W Ambulance

Dear Sir,

It is with disappointment and despair that I feel a need to draw attention to my plight at your level. However, given the current climate of alleged harassment and bullying throughout the service and the parliamentary enquiry being undertaken I feel it necessary for you to be aware of my concerns. I have also sent a courtesy copy to my local member Mr Daryl McGuire MP as it is the only way I can ensure there is clarity, independence and no retribution from the level of management for which I raise concerns.

At approximately 1500hrs on Monday 14th July I telephoned District Officer (DO) [redacted] to communicate as we had both returned from recent annual leave. During the course of this conversation DO [redacted] asked about my involvement in a transfer of [redacted] from [redacted] hospital to [redacted] hospital and an allegation of being rude, unprofessional, inconsiderate and hostile towards nursing staff at [redacted]. I advised DO [redacted] that I didn't recall being rude to anyone or this case in particular. He asked me if I remembered questioning staff about the use of Anginine on the patient. I replied No. Has anyone from the Ambulance Service interviewed me in relation to the accusations? I replied no. DO [redacted] also questioned if I had involved Medical Retrieval Unit? I replied no.

At approximately 1600hrs I telephoned [redacted] Ambulance Station and spoke with A/O [redacted]. I asked A/O [redacted] if he could check the case sheet for 28/05/08 for patient [redacted] and could he elaborate on the case. He advised me that it was a transfer of [redacted] from [redacted] to [redacted] involving officers [redacted] and [redacted] in [redacted] at approximately 0900 hrs. I asked him if my name appeared anywhere on the case document? He advised No. I further asked A/O [redacted] if I had been present on any case five days either side of the 28th May. He advised no. Further, there is no record of any movement of staff from [redacted] to [redacted] during this period other than A/O [redacted] who was on relief.

On 15th July 2008 I spoke with A/O [redacted] regarding alleged complaints who replied that they were unfounded and that A/O [redacted] or himself were not rude or behaved in an inappropriate manner. I have attached his response.

I refer to AIMS incident details (notes)

"08/07/08 3:0454 PM [redacted] I have interviewed the AHSM [redacted] Hospital. I will send a briefing note to ADM [redacted] and DM [redacted] re increasing problems with the identified Paramedic.

Will interview S/O [redacted] re complaint of his professional conduct and attitude towards Hospital staff"

"10/07/2008 4:57:59 PM
a letter to be sent to complainant outlining action by Sector Management in counselling paramedic involved."

This incident to be closed. Completion as

The above notes outline what I will demonstrate appears to be a chain of harassment and bullying that is based on poor investigation and vexatious unsubstantiated claims.

- No Ambulance personnel have been interviewed at any stage
- Poor investigation techniques not commensurate with staff holding positions of such authority
- Station Officer not even the subject of the case
- Station officer identified as having increasing problems and identified by Acting Divisional Manager as needing a performance management program and urgent review.
- Management authorising a letter be sent to AHSM advising S/O is receiving counselling.
- Previous matters which ADM refers I have tendered briefing notes for and explained the necessary circumstances for which I took urgent and necessary action on a clinical need. The particular case for which I took action in conjunction with the Medical Retrieval Unit and has never been properly investigated. hospital made claims in relation to my actions which resulted in the subsequent death of a patient at hospital. They claimed I delayed the patient being transferred. The facts will demonstrate that the patient was unstable and I sought direction from the Medical Retrieval Unit in the absence of a Doctor being at Hospital. The Doctor had returned to his practice whilst a young man had been thrombolysed and continued to infarct in my presence. ADM told DO to counsel me and ensure I never made future contact with MRU.
- As a result of this case staff at might appear to have judged me poorly and have bias towards my personality and ability.
- I have on several occasions activated retrievals from hospital for patients whom I have considered unstable to transfer by road or with our level of care. Unfortunately, making decisions of such magnitude or when seeking advice from specialist areas such as NETS or MRU can often be seen by local staff as unnecessary and there has been tension in relation to this which I have addressed. I have educated Nursing and Medical staff at through a 45 minute lecture on the functions and pathways of NETS and MRU to ensure patients get to the right hospital first time and minimise out of hospital time during transfer. I have also advised them of Ambulance officer's role in

identifying critical patient's pre-hospital and early activation of medical team. I have made considerable effort to ensure ambulance works symbiotically with local health providers and acknowledge we have had difficulties which have been resolved. There was no party at fault, merely a number of stakeholders had to improve the way we work as a team to achieve better patient outcomes. Dr Damien McMahon could provide testimony to my active involvement in retrievals as head of Surgery and Critical Care at Canberra Hospital. I have on a number of occasions flagged patients to his retrieval service who would have otherwise gone via different pathways.

I refer to an email from _____ to DO _____ 10th July 2008 which stated:

"Thanks

It appears that _____ will need to have a performance management program developed. _____ as you are aware I also have spoken with _____ over his involvement/argument with medical staff at _____ and _____ Make this a priority review.

Thanks

I am very concerned about the way in which this matter is being handled. Firstly, I have had nothing to do with the incident and secondly _____ has only spoken with me on one previous occasion in relation to such matters. It was regarding the organisation of a transfer for a non urgent scan which I will also provide a briefing note for. On this occasion his manner was threatening and demeaning and in direct contrast to what he stated he expected of his Station Officer's. In brief I was merely minimising cost by reducing unnecessary overtime and ensuring the on-call staff were not taken out of _____ for 5 hours leaving no ambulance coverage for 40km.

In addition, it would appear ADM _____ opinion of my performance is based on personal bias/opinion and not fact. This investigation is a disgrace and my character and reputation has suffered at the hand of management who have not demonstrated via my experience key competencies to continue in their portfolios. I have previously been called for an expression of interest by ADM _____ in my opinion due to an error on his behalf and I wonder what hope I could have for the current expression of Interest. It would be very difficult to promote a Station Officer under review I suggest.

If this behaviour and management practice is any indication of what is happening to other officers then I would hope you would implement an urgent review into the current practices and management in this region. In finalising I would like to recognise the efforts of DO _____ in remaining vigilant and providing a level of supervision/management commensurate with his position.

I am happy to discuss any of the matters raised in person or by telephone with you. I have included briefing notes and relevant documents.

Yours faithfully,