

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

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Partially Confidential

The Director,
 General Purpose Standing Committee No2
 Parliament House,
 Macquarie Street,
 Sydney NSW 2000

Dear Robyn Parker MP,

I wish to make some comments on the state of the ambulance service of NSW. I have been an ambulance officer since [redacted] and I believe that there are real issues with our management. The perception is that our senior management is a puppet of the NSW government and a positive spin is put on all the negative comments that are made on the management of the service. This became even more apparent when they were placed on contracts and since this time, the main concerns are running within budgets and having positive comments given to the public. The AS (Ambulance Service) own surveys consistently show dissatisfaction with management and low moral. Even when these damning findings are released management tries to put a spin on the findings. The statement "best again" by the service is openly ridiculed by officers. It is the hard working officers that give the service the reputation as the most trusted profession but the management takes the kudos.

The fact that the NSW and the Department of Health hold the AS in such a low regard is evident in so many aspects. You need to go no further than the ASNSW State Headquarters building. It was a discarded building by health and passed on to the AS. It is not a suitable for anyone to work in let alone be the AS State Headquarters. It is an impracticable building that is falling down. The education buildings and the accommodation block that are in the same grounds are a disgust. These would be condemned by any other government department. An inspection is required to fully appreciate the state of the building. Several sections have been closed down due to being in such a poor state.

This spin is continued to area management with again the emphasis is put on being within budget and the needs of the officers are openly disregarded. The campaign to get 2 officer crewing per ambulance is an example of the fight the officers have to stage instead of the area management taking their needs of their area to senior management and /or Department of Health. It would be interesting to see how many times area management and sector management have visited with staff at their stations to 1/ talk with the staff 2/ visit the station and discuss any maintenance issues.

This brings me to the next complaint, the district officers rarely visit the stations that they are responsible for. A district officer should on a regular basis be visiting the stations they are responsible for, weekly if not at least monthly. This would enable them to know the staff in their area, sort any issues with staff. With the low moral and the ever increasing suicide rates if visits to staff were regularly done this would display some interest in their staff. District officers state the reason they are unable to visit their staff is due to their huge paperwork load.

I called them district officers not "assistant manager" as per the last restructure as we have had several restructures with no improvements to the officers just another waste of money.

One issue that cause immense anger is the allocation of holidays, availability to gain long service leave and the ability to take time off without pay. Annual leave will always be an issue and the only solution that I see would be to see which annual leave allocation that works best for both staff and management in the state and this to become the basis for the staff. The process for the allocation of annual leave should be an open process that staff see it its done equitably not with biases and

favoritism. Annual leave should not be seen as a tool to control officers or to punish non favored officers. Long service leave accessibility has become a source of great anger with officers have diligently served the community and when they wish to access their long service leave it is denied. A component of the area management leave should be devoted to letting officers access their long service leave. Officers are constantly told that their leave is denied due to not having sufficient numbers in the area. This is a management issue with the shortage of staff and is not the officers concern. Many times I have be told of officers leaving the service and it was not because they wished to leave but officers have requested to have time of without pay and it has been denied. These officers have had the chance to fulfill some other opportunity and have had to leave ,with some officers returning within a short time frame. The expense to the service in re interviewing and proceeding them through the recruitment process could have been eliminated .On the other hand you often hear that Intensive Care Paramedics can have time of without pay to go overseas to work as medics .

Since joining the AS the skills that I have required to learn has dramatically risen. The extra skills and the extra drugs that we now are required for us to learn and implement is great for the patient. We over the last few years are advancing to be a world class leader in pre-hospital care but where is the remuneration for this major upskilling. How does our pay scale with the skills that we have, compare to the other states and how does it compare to other emergency services. Officers want to provide the best for the community and that is why we don't strike and why we constantly are upskilling but in any other profession this massive upskilling would mean substantive increase in pay. It has to be noted that now a lot of this extra training is now done in down time and on days off. To attend courses that gives us the skills that are required for certification it has to be done at our own expense and own time.

The public often comment that being an paramedic is a very stressful job but this is not recognized by our management .It is well recognized that debriefing after a major job or a emotional , stressful job is the best way to combat post traumatic stress but in all my years of service I have only been to one debriefing . Cases that I have been involved in that have had some form of debriefing but I have not been involved "due to operational needs ". That means it would have cost money for me and my work partner to attend. Officers are constantly told that basics can't be done due to financial constants and this means that the ambulance service is not properly funded or that it is not being managed properly.

It is hoped that this review can address some of these issues and it is great that officers ,who are unable to talk to the media , can present their concerns. Our hope is that this can be a positive move forward for the officers and that this upper house inquiry brings home to the NSW government that this service needs a major overhaul not another restructure.

Regards