Submission
No 94

THE MANAGEMENT AND OPERATIONS OF THE NSW AMBULANCE SERVICE

Name: Suppressed

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The Management and Operations of the Ambulance Service of NSW (Inquiry)

To Whom It May Concern:
I am an Intensive Care Paramedic who has been employed by the Ambulance Service of NSW (ASNSW) for over years. I have worked in both rural and metro regions of NSW, primarily for the last years.

I feel quite privileged as an Intensive Care Paramedic working for the ASNSW. My role involves attending incidents or emergency cases to provide medical assistance and transportation of the sick or injured. It is generally a rewarding job and experience in being able to provide assistance and care to people in their time of need. Public recognition and regard of our role is generally positive and supportive.

Unfortunately, the ASNSW is a dysfunctional organisation with a number of systemic weaknesses and endemic cultural attitudes which have a negative effect on the staff and efficiency of the ASNSW.

Management Structure:
The priority of the ASNSW is to provide emergency & non-emergency medical assistance and transport (including specialist units such as SCAT, Rescue and Aero-medical retrieval).

The management structure has bloated in recent years and managerial fiefdoms have been created with questionable benefit or relevance to the providing frontline services. Management is extremely top heavy and has a large layer of middle management, made up of uniformed and non-uniformed staff. This has occurred on the back of receiving record levels of funding for frontline paramedic positions (which have not translated to more ambulance crews on the road).
New managerial positions were being advertised in SIRENS (Service newsletter) with such frequency that on road staff frequently discussed this issue informally amongst their peers. These positions generally have significantly higher remuneration relative to a paramedic's base salary.

The ASNSW is disingenuous with its use of uniformed and non-uniformed staff on its establishment. There are significant numbers of uniformed staff not performing operational related duties. Obviously, there will always be certain areas of the ASNSW which require uniformed staff to be performing non-operational duties (Education & training, Clinical Services & Planning), but it has reached a point where priority needs to be returned to the core services and responsibilities expected of the ASNSW.
Requests for additional on road crews or station refurbishment are usually declined by management citing the lack of funds. It appears to me that some managerial positions have been created to accommodate uniformed and non-uniformed staff who have been displaced or their old positions made redundant.

Examples of this bloated management approach is some areas of the ASNSW have multiple managers with different titles managing a small number of staff. Some

areas which should be scrutinised are the Counter-disaster unit, Helicopter Base, Operations Centre management structure, Media or Public relations unit and Headquarters. There are positions at Headquarters which have questionable role or benefit (e.g. Manager-Protocol, Counter disaster unit (Biohazard officer).

I have not provided statistics or figures on this matter as I simply would not have access or the knowledge to decipher the figures without a forensic examination of the operational structure.

I believe that our ratio of operational staff to non-operational staff would be unfavourable compared with other state emergency services or interstate Ambulance Services.

Morale: Morale is poor amongst operational paramedics with disillusionment and resentment towards management a festering problem that needs to be addressed urgently. The results of the annual cultural surveys exemplify that there is a deep mistrust of management. Management decisions and initiatives are regarded with suspicion and mistrust, hardly a positive or harmonious environment. This is a poisonous environment that junior officers are exposed to as soon as they commence on-road duties. The level of cynicism, poor morale and poor attitude towards middle management is not conducive to a healthy and harmonious workplace.

An example of poor management and a lack of support is when a paramedic is involved in a motor vehicle collision (MVC) whilst on urgent duty response. If a MVC results in criminal or civil litigation, officers have been specifically told by management, "If it goes to court then you will be there by yourself."

The ASNSW will not supply any legal advice or counsel to the officer, or even a uniformed supervisor to attend court with the officer as a form of moral support. The exception is when the officer is in a managerial capacity . One occasion in South-western Sydney (2000-2001), a District Officer was involved in a serious MVC where occupants of the other vehicle were killed and seriously injured. This officer received legal counsel and advice courtesy of the ASNSW, which I believe is appropriate but it should be extended equally to all staff.

The ASNSW approach contrasts sharply with other organisations that display a degree of loyalty and support to their staff. In the Australian Army, if a soldier was summonsed to criminal court for any matter, regardless of their innocence or guilt, a superior officer would in court to provide a character reference (if appropriate) or simply a presence for moral support. It is obvious which approach would foster loyalty and better management-employee relations and morale.

Suicide rates: The rate of suicide within the ASNSW (NSW Police Force also) should be an issue aggressively targeted and addressed but is ignored. Counselling Services are available but are of limited value. Staff involved in traumatic incidents (infanticide, child deaths, homicides and suicides) may have a brief meeting with a supervisor or peer support but usually are expected to continue on attending incidents and cases.

Suicide by staff members is rarely publicised with most officers hearing about it by word of mouth. Our job can be extremely distressing and stressful and more needs to be done to address this issue. I know of at least 4 cases of suicide in the Sydney Metro region alone over the last two years amongst service personnel.

The rate of suicide in NSW is 15.4 per 100,000 population (NSW health FY 1997/98). The actual suicide rate among paramedics would be significantly higher. The ASNSW pays lip service to this by offering phone counselling and displaying posters but there is no real uptake of these services. Why?
I don't have the answer but I would rather debrief and discuss traumatic incidents with colleagues who could empathise rather than speaking to an impersonal counsellor on the phone. The ASNSW needs to be more proactive in this area as there seems to be little official recognition of this problem.

Workload/Fatigue: The population in NSW (especially Sydney) has and will continue to increase and age placing increased demand on the resources of the ASNSW. Demand has increased 11% in 3 years (ASNSW annual report). It would seem logical to increase the number of ambulances on the road and crews, build new stations in the growth corridors of Sydney but the ASNSW fails miserably. The ASNSW has not built a new station in Sydney since approx 1996, it has redeveloped existing stations but it has not planned additional stations in the population growth areas of Sydney (Northwest & Southwest). Existing stations like Blacktown, Riverstone, and Castle Hill in the Northwest have simply had the geographical boundaries expanded to cover new estates around Parklea, Kellyville and Rouse Hill. The increased population has strained resources to breaking point. The workload on individual crews is extreme in certain areas leading to increased incidence of sick leave, stress and fatigue. Fatigue or exhaustion among officers is a systemic problem across Sydney at most of the larger stations but has reached critical levels at stations with large population areas (Parramatta, Bankstown, Auburn, Blacktown, Liverpool, and Campbelltown). Fatigue presents an occupational health and safety risk to staff, other road users and patients receiving care from paramedics. Fatigue and exhaustion will lead to mistakes or exercising poor judgement in critical situations.

It seems that the number of ambulances "on the road" has gone backwards across Sydney. Rosters in Sydney in early 2001 consisted of 8 and 10 line rosters generally, 8 line rosters provide 24 hour coverage (1 day shift/1 night shift) but 10 line rosters also had a extra crew on Monday to Friday, 0900-1700. An extra crew on each roster during peak periods would dramatically increase the number of available ambulances on the road at peak periods but the ASNSW chose to remove these shifts in an efficiency drive, i.e. maintain appropriate coverage with minimal staff.

The ASNSW needs to dramatically increase operational on-road staffing levels and the number of duty crews per shift.

Operations Centre/ PRO QA
The Ambulance Operations Centre receives 000 calls, categorising calls by the type of incident and triages the calls urgency. These calls are generated into incidents and allocated to the appropriate geographical radio board for allocation to the closest available or appropriate resource (In theory). Relations between the operations centre staff and on road crews are vital for an efficient and timely response to all incidents.

Unfortunately, the relationship is fragile and a constant source of friction. The main sources of friction are personality conflicts, and the PRO QA system.

PRO QA:

This computer software was introduced to provide a "scientific" basis for triaging 000 calls but fails to be any better than a "common sense" approach. Studies in the US have proved that these software programs are no more efficient at triaging calls than compared to flipping a coin (article in JEMS aprox Mar-May2008). Staff are advised to provide feedback on cases where the case was inappropriately triaged but every feedback form receives the standard pro-forma response, that the call was triaged appropriately according to the information given by the caller.

The Ops centre management fail to see that this system is fundamentally flawed and irrelevant questioning and information is being elicited. Emergency calls are inappropriately triaged and the management approach is to pretend that there are no problems. On road staff rarely bother putting in the feedback forms now as they always receive the same response, the call was appropriately triaged per the call. Ops centre management then use the decrease in the number of feedback forms as proof that the PRO QA system is working correctly.

OPERATIONS CENTRE:

The multiple fatal boating incident at Bradleys Head, Mosman, earlier this year was poorly managed by the Operations centre. The initial confusion as the location of the incident is to be expected, but due to artificial boundaries set by the NSW Ambulance Operations Centre, the closest ambulances to the incident were not sent or not mobilised immediately.

This occurred due to arbitrarily set boundary that the Sydney Harbour area is covered by the Sydney East Radio board. This resulted in Ambulances in the City despatched to the incident initially to Balmain wharf (000 call information to location was in initially incorrect). Ambulances from Lane Cove (Sydney North Radio board) were also despatched to Balmain due to their proximity. The actual location of the incident was established not to be at Balmain after a short period of time with additional ambulances redirected to the Taronga Park Zoo wharf. The first ambulances to arrive at the incident were from the City. Further ambulances from Naremburn station (Sydney North Radio) were subsequently despatched to the incident after the initial scale of the incident was reported. The ambulance crews waiting at Balmain Wharf requested to be redirected to the actual incident site but this was refused initially. This caused disbelief and frustration to the officers there as it was perfectly obvious to them that the incident was at Mosman. I believe personality conflicts between on road staff and operations centre staff prevented the efficient redeployment of additional ambulances to the incident.

Eventually, a number of paramedics at Balmain wharf were directed to board a boat which had arrived there with instructions to pick them up and take them to the incident. This was an extremely poor decision, with some of the obvious reasons outlined:

- quicker travelling by road to the incident (approx 15 minutes by road)
- increased number of ambulances available to transport the injured
- the paramedics on the boat had no life jackets, clearly a breach of OH&S legislation

- the paramedics travelling by boat had minimal equipment with them

This incident was poorly managed by the Operations centre and the supervisors on the ground at Balmain. These issues were raised by officers on the road via an IIMS (Incident Information Management System) but were dismissed. This incident should be further scrutinised. It is an example of the dysfunction of the Operations Centre and the lack of specific protocols to implement when dealing with major incidents on the harbour. It also demonstrates the Operations Centre inability to cooperate with on road staff due to certain personalities in the Ops Centre.

I hope to have supplied some information relevant to your inquiry, some issues may be outside the scope of your inquiry but I felt that they needed to be raised in an independent forum.