

Supplementary  
Submission  
No 136a

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

Name: Suppressed  
Date received: 23/07/2008

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*Partially Confidential*

**Supplementary Submission to:**

**NSW Legislative Council**

**General Purpose Standing Committee No.2**

**Inquiry into the Management & Operations of the NSW Ambulance Service**

**NOTE:**

**This submission is made in the capacity as an individual having considered the terms of reference for the inquiry. The author wishes for the contents contained herein to be kept confidential and be withheld from general public viewing, specifically the management of the Ambulance Service of NSW.**

I wish to provide the following information in addition to the submission originally provided:

#### 4. Any Other Related Matter

##### 4.1 Bullying & Harassment:

I have no doubt that the CEO and executive management are absolutely committed to Health policy on zero tolerance to bullying & harassment in the workplace and this is signified by the fact that within the organisational structure, the CEO has direct carriage and responsibility for it. Certainly it is my position that the instances of bullying & harassment occur lower in the chain, typically at the station manager and staff level. The main issue that stems from this is not a continuation of the bullying & harassment up the chain, but rather a significant failure to manage these situations in the most appropriate manner. Essentially there is a failure at many levels of management to acknowledge the seriousness of these issues in the same manner as the CEO.

There are two main groups within the service that are at greatest risk for bullying and harassment, those that are relatively new to the organisation (less than 4 years service) and those located in remote locations with few staff attached to the station.

Those who are relatively new to the organisation are at greatest risk because they lack knowledge with respect to organisational processes and policy. There is certainly not a culture or feeling that there are people who will look out for the junior staff and help them navigate their way through issues and guide them towards the right processes and information. If indeed these people do exist, then they are certainly few and far between.

To illustrate this point:



This is just one example of the mismanagement we have to deal with. Surely if all levels of management had the same regard for the seriousness of bullying & harassment that the CEO does, then this situation would have been immediately referred to the PSCU for investigation.

Those in remote locations are at risk simply because they are geographically distant from middle management and are typically junior. The fact there is not help readily available only makes situations even harder to manage.

I would suspect that many submissions provided to this inquiry on the issue of bullying and harassment would indeed actually have grievances and inappropriate handling of such by management as their root issue. One of the main reasons grievances are allowed to 'mushroom' rests completely within the first step outlined in the grievance resolution SOP (standard operating procedure). This first step requires the individual to raise the issue directly with the person with whom the grievance is held. We inherently do not like conflict

and confrontation, to raise a grievance with someone can be very difficult. This is something for which many staff are ill equipped and trained to handle.

Regardless of whatever training the CEO provides managers pertaining to bullying and harassment, I fear that as an organisation we will never achieve the actions and attitudes required to appropriately deal with these issues. I would recommend all investigations be referred to and carried out by the Health Care Complaints Commission. We need at least two generations of appropriately trained and experienced managers at all levels before the organisation would be in any position fit to undertake its own internal investigations.

#### 4.2 Rates of Suicide Among Ambo's:

Following the suicide of an officer

concerns regarding causal links between work environment and suicide were raised. These concerns were immediately dismissed and essentially brushed off because 'there is no evidence' to prove such causal links.

Such a position immediately adopted by \_\_\_\_\_ is a real concern. They appear intent on 'sticking their heads in the sand' instead of actually considering that causal links may indeed exist and commissioning appropriate studies.

It is my 'unproven position' that the nature of our work, the conditions under which we work, and culture of our organisation, create over the long term, a diminished capacity to rationally process normal life stressors and stress triggers. I can personally testify to noticing significant changes in my capacity to deal with personal stressors and issues when working normal hours as opposed to rotating shift work. My family and significant others can testify to this as well.

A position such as this is intrinsically linked to issues surrounding fatigue management. In fact when examining such issues from a human factors perspective, such a hypothesis may not be so hard to prove in terms of the effects of shiftwork and work environment upon cognitive decision making abilities and processing of normal life stressors.