

Submission
No 95

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

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Legislative Council
General Purpose Standing Committee No.2
Inquiry into the Management and Operations of the NSW Ambulance Service.

Ms Robyn Parker MLC, Chair of Standing Committee No.2

I write to you with a lot of trepidation, as I have seen fellow officers, who have spoken out, suffer career stalling, and other unspoken, and unprovable, punishments, after speaking out, against wrongs, within the ASNSW. But as we now have two enquiries being conducted into the ASNSW, I hope that change might happen, but I also understand that if officers like myself don't tell you what's wrong, you can't fix it.

In my opinion the ASNSW suffers extensively, both in management and operations, **with a lack of consistent approach**. The approach in implementing the objectives of the service differs from every sector of the state, ie the payment for an after hours call out, that is the way the start and stop times are determined, is different from to the way an officer is paid for training differs, say between Sydney and

Whilst we work to an industrial agreement, in many cases the interpretation of an ambiguous clause is applied according to the local manager, I have seen cases that have been escalated through the consultative process, only to be left once again to the local manager to have the last say.

During my work history, I worked as a paid part time Firefighter for the NSW Fire Brigade. In my experience the brigade had no ambiguity about anything, if you wanted to know something, you consulted the Standing Policies (on every station and regularly updated) and the answer was there, It even told you how to write your resignation !!

By contrast the ASNSW Standing Operating Policies seem to be open to interpretation and if you can make a situation fit, that's okay, otherwise feign ignorance, or become a festering sore for the local manager until he caves in. The local manager should not have to answer policy matters, even if it is as simple as parking private vehicles on stations overnight or entitlement to study leave. These decisions need to be made at a central department and applied state wide, **and** if any ambiguity is discovered,

again it should be sorted out by people with the power to make policy, and applied state wide, and any employee should be able to appeal a decision if it is not clearly defined.

One our previous restructures was all about giving the power to make decision to the frontline and having support structures to enable us to make decisions. This was a difficult concept for managers to accept, giving power to the workers, and as such has only served to feed our desire to create management positions that will eventually be restructured out of existence, and it failed to empower any frontline staff. Once again we have so much management, we can not turn around without running into a manager, the public trusts us, but our managers don't !!, because that is how they can justify their positions, and the beauracracy that has mushroomed as a result of the PAC report, has only served to complicate and delay getting anything done, not to mention the exponential expenditure. I suspect we now have as many off road staff as we have paramedics.

To validate my previous comments on trust, I have two examples, our station has staff, the station officer has only \$100 petty cash, he constantly has to wait for his previous expenditure to be processed as a recoup, so he can pay the amounts, that in many cases he has already paid for out of his own pocket, to keep this large station running, attempts to change this amount have been met with opposition from divisional, clerical and managerial staff. I cannot qualify the next comment, but believe that the previous Sector Manager (with approx 200 staff) was unable to authorise spending above \$1000, we give them responsibility for the provision of Ambulance services to a community (3 Local Government Areas) but can't trust them with more than a \$1000 ?

Staff at the frontline are now being burdened with more and more paperwork, and in the case of getting supplies that they need, the game is to find the right form and get it approved by various numbers of managers, the end result is that you usually submit an incorrect form according to the responsible recipient, and a frustrating and time consuming game is played. Ambulance officers a resourceful people and invariably resource their requirements elsewhere, rather than put up with the frustrations of paper shuffling games. I suspect that some managers find this as a positive outcome, their budget has been kept in tact.

From an operational point of view, paperwork is increasing to satisfy legal obligations and debtor details, and must be affecting the turn around time of crews, the ASNSW has been trailing an electronic case sheet for quite a number of years, and I hear it will come into general use, when, and if we are granted funding sometime in the future. The use of electronic technology is sadly lacking in most areas of our operations, but the result would be a decrease in clerical staff numbers.

Staff recruitment, training and retention.

I hate to sound like an old fellow, but when I joined, it was important to have some life experiences and most new recruits were in their early 20's having spent time a tow truck drivers or butchers or a trade . Having recently mentored a university graduate officer, I would have to wonder if this fellow will stay for 28years, they soon realise that the job is not what they expected, (as nursing has found), many University grads realise that shift work, a failing health system, and pay rates, equivalent to a fork lift driver, they can do a short post grad course, and find a job that pays twice as much and they get to

sleep in their own bed every night, and not have to get up and go out on call outs two to three times per night, and then front up for a full shift the next day.

Our previous State Superintendent, stated that we were the worst paid ambulance officers in the western world, personally I use to be well paid, but during the past 10 to 15 years, despite a double income household, I feel our standard of living has decreased. A short consultation with family revealed 1/ my relatives were amazed at the hourly rate I am paid, relative to the expectation of the work I do, and 2/ another relatives daughter, just out of high school, working as a casual shop assistant is being paid \$23 per hour. For my \$25 per hour, I am expected to be current with medical practice, current with rescue techniques, and capable of abseiling down a cliff, at any time of the day or night, diagnosing my patients injuries, treating, including administering restricted drugs, and extricating the patient and myself safely, for \$25 an hour !! I know that managers will tell you that officers like myself grossed \$100000 this year, this is correct, but please consider in this context, that my base wage is around \$55000, so it is evident I work a lot of overtime, the majority of which, I have no right to decline.

If we want to attract new staff to the service, and retain them for the long term,

- a) We need to have a good look at the hourly rate relative to the work expected, the current work value claim for 20 years of improvements, I suspect will be watered down, and do little to address poor wages relative to other employment.
- b) We need to review age and experience entry requirements, one of my first jobs at 22 years old was to a drag queen having a nervous breakdown, a child that has had no life experience, except school, would be an exceptional person if they could handle this case with the sensitivity expected.
- c) The ASNSW needs once again to recruit locally, to staff stations locally, the current practice of sending 1 year trained officers to unpopular stations, has failed, the officers that are sent west, spend all their time writing résumés to get out of the place, there is no loyalty to the community.
- d) Staff education is an important part of the job, but the current officers that have taken up the Pre-Hospital Paramedical Degree through CSU, openly state that they have done the degree so that they can do another degree (with credits) and leave the ASNSW, is it really necessary to have a degree?, we haven't sorted out the anomaly that requires us to get a first aid certificate to gain employment as a first aid officer in industry after working as a ASNSW paramedic.
- e) On the point of long term retention, the ASNSW has no provision to relieve an officer of On-Call duties in the later years of their employment, without also penalising that officer financially, present day officers will suffer a decrease in superannuation benefits if they scale back their work load, as well as the decrease in income, so we are being worked to and past the point of injuries and illness that eventually affect our long term wellbeing, while striving to make it to retirement.
- f) The ASNSW is currently advertising overseas for applicants, and has been unable to fill the available places in recent intakes, does this say we are not doing it right?

Operational and Staff Occupational Health and Safety Issues.

Officers at the frontline are subject to a variety of safety issues that are then subjected to a complicated, frustrating process of the local OH & S committee. These committees have difficulty enforcing requirements due to the fact that we elect on road officers and then give them extra work to fit into their workload with no extra time. Management has also recognised that this is another manner to stall things, to the point where people give up the fight to have things changed.

We still have a raincoat that does not keep us dry. I attempted to get this resolved and was asked to carry out a survey, the manufacturer was also quizzed, he stated that his company supplied the Police force and Australia Post with a better quality product, the ASNSW was supplied with a cheaper product, as contracted. The response to the survey was not sufficient, and as such the committee was unwilling to progress the complaint. The survey was not well responded to because officers firmly believe that change will not happen when initiated from below.

Again I refer to inconsistency, past items of safety that have been agreed to locally, are generally not referred to a State level, and other areas of the State may be ignorant of the safety issue. We need to have one department dealing with the input of safety issues and applying the resolution State wide.

Sick Leave – When will management of ASNSW recognise that we work with sick people, in hostile environments. The chances of a person in a confined space with a sick person, coughing and spluttering for up to 3 hours, catching some bacteria or virus, despite every possible precaution, is high.

The harassment of staff, loss of promotion prospects, and the loss of wages (penalties) only force people to come to work unwell, the time will come when the ASNSW will face a compensation case from a patient infected by an officer that was forced to come to work.

Unfortunately management of the past has always had to find their own way with little support from above. This attitude continues, “I did it tough, so you’ll have to as well”. I will always remember the comment of a Deputy Superintendent “treat ambos like alcoholics, don’t give them help unless they ask for it” this attitude is still apparent and maybe you could add, “ask for help at least five times”. Today’s senior managers are

so budget focused that they seem to have forgotten that road staff are a group of caring human beings, working in difficult circumstances, to provide care to the growing number of sick, infirmed, and injured people, of which, a growing number are treating us as a free taxi drivers. Managers give the appearance that the workforce is only there to overspend their budgets and if they bring in their budget underspent, by denying requests, they achieve brownie points to enhance their careers. More often than not this scrooge mentality means greater expense in the future, significant station maintenance is requested each year and not funded, eventually you'll have to fix it urgently.

The uniform development over 15 years and subsequent issues on its roll out are another example of working to an inadequate budget and lack of decisive management for the sake of putting off the inevitable with frustrating delays and inappropriate decisions. Some of us, not yet all of us, now have a uniform that will cause heat stress in the coming summer months if worn as directed, once again the ASNSW has attempted to reinvent the wheel and failed, why do we have to develop a new uniform when other states already had a workable uniform, was it again a delaying tactic? I further suggest that the change of the NSW Fire Brigade or the Police uniform was not based on a consultative process, if you are not going to wear the assigned uniform, provide constructive suggestions for consideration / implementation or find another job. I do appreciate how impossible it is to get a committee to decide on a new uniform, I was a member of a new school's P & C and the uniform was the thorniest of issues.

Management training is now being provided to those people that hold the position, if they want to attend, should we also be grooming the future managers and giving them the training to enable them to do a better job when they get there, at present we don't have the ability to release staff from road duties to attend this form of career building. The majority of personnel attending these courses are or clerical staff, not the frontline future. We have had some good managers come through the ranks, with natural ability, unfortunately these few are seen as a threat by the established structure, and dealt with in a manner that forces them to comply.

RESCUE as I stated earlier I have been a Rescue officer for years, some years ago the ASNSW attempted to rid itself of Rescue in the Sydney area and by removing the support systems, ultimately killing off the country Rescue units. A meeting was held with the State Superintendent and a representative from every Ambulance Rescue unit in the state. At that meeting the representatives clearly stated that we were at a point of no return, and if we were to continue providing Rescue services, "we wanted to do it right or not at all"

An industrial campaign was conducted and after the State Rescue Board refused to allow the closing of these Sydney units, funding was provided to the State Manager of Rescue for the provision of staff in the Sydney area and funding for equipment on all the units (**not** country staff). The staff for these units in the country now have to come from already stretched staff numbers, at the discretion of local managers. We might be doing it right in Sydney but it still has a way to go in the country.

I have provided this committee with my thoughts hoping that the most trusted profession will once again be leaders in the provision of pre-hospital healthcare, we will need to change past practices and embrace new technology, but the bottom line for most ambo's is that we need support to do our job, which basically won't change, and the frustrating time wasting styles of management should cease, we are not in opposition to management, we need them to work with us and provide a positive style leadership that shows a devotion to the support of staff.

Thank you for this opportunity