

Submission  
No 2

**INQUIRY INTO REVIEW OF THE IMPLEMENTATION OF  
THE RECOMMENDATIONS OF THE INQUIRY INTO THE  
MANAGEMENT AND OPERATIONS OF THE AMBULANCE  
SERVICE OF NSW**

**Name:** Mr E. Keith Beresford

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**E.KEITH BERESFORD F.M.I.A.O. J.P.**

Director  
General Purpose Standing Committee  
Ambulance Services  
No 2 Legislative Council  
Parliament House  
Macquarie Street  
Sydney NSW 2000

7<sup>th</sup> December 2009

Dear Director

Term of reference: Recommendations for Action

Thank you for the opportunity to make comment on the New South Wales Ambulance Service.

It would appear after speaking to a number of ambulance officers that little has been achieved since the enquiry into the NSW Ambulance Service, morale among officers is at its lowest ever, surely this must be an area of concern. There has been an inherent culture surrounding management to identify problems and simply do nothing about it.

I served as an officer for thirty eight years fifteen or those years as an Ambulance Superintendent. In 1989 I was a member of a committee to investigate problems associate with the maintenance of ambulance vehicles throughout New South Wales. A scathing report was produced showing failures in the system, result? Nothing was done about it.

Over a period of fifteen years it was part of my duty to inspect country ambulance stations. Restraints were as such that many recommendations were not acted upon, this of course was very frustrating.

Main areas of concern are:

1. Poor management
2. Inability to resolve conflict
3. Failure to recognise and rectify
5. Boredom
6. Low morale

Commenting on boredom a number of smaller ambulance stations have very small work loads, as an example, I found that in one instance two well trained officers did only one case for a whole month. My recommendation in such cases would be to sell the ambulance station and have the service attached to the local hospital. Have the ambulance officers employed within the hospital system and be in readiness to respond to emergency calls.

When I first joined the ambulance service each station operated a casualty room where members of the public were able to attend and receive first aid. Morale was high. In their wisdom management closed this facility which I believe to be a backward step, now anyone wanting first aid must attend casualty at a hospital. Surely an ambulance casualty room would take the work load off the hospital?

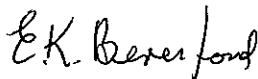
Recommendations:

1. Select say five ambulance stations to reintroduce casualty rooms.
2. Select one ambulance station with a small work load and willing staff to work in the hospital system as described above.

Both items to be conducted on an experiential basis. It should be noted that if these recommendations were left to ambulance management you would be confronted with a barrage of excuses of why it would not work, hence the inherent culture of negativity.

Finally, I offer my services to visit small county ambulance stations, speak to the ambulance officers and find out what really goes on, also to implement the recommendations reporting direct to the Director, General Purpose and Standing Committee. Should number two recommendation prove successful I would eventually recommend the sale of a number of ambulance buildings.

Yours sincerely



E. Keith Beresford  
(Ambulance Superintendent retired)

PS. FMIAO stands for Founder Member of the Institute of Ambulance Officers.