

Submission  
No 153

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

**Name:** Suppressed  
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Partially Confidential

## **GENERAL PURPOSE STANDING COMMITTEE NO.2**

### **INQUIRY INTO THE MANAGEMENT AND OPERATIONS OF THE NSW AMBULANCE SERVICE.**

Dear Sir/Madam,

Thank you for the opportunity to voice some of the growing concerns that I have in regards to the management and operations of the ASNSW. I have been employed by the ASNSW now for over 10 years as a Paramedic and I have spent my entire ambulance career working at some of the busier ambulance stations within the Sydney Division.

Despite the introduction of many positive initiatives within the ASNSW during my career, it has become glaring obvious over the past few years that the morale and wellbeing of on-road staff, my self included, is at an all time low. What once was an enormously satisfying job has now become a political nightmare in which the original purpose of providing pre-hospital care has become secondary to the ever increasing demands to meet unattainable key performance indicators.

It is with this in mind that I would like to address some of the terms of reference of this inquiry.

#### **(a) Management Structure and Staff Responsibilities:**

The main issue I wish to raise in respect to the management structure is the fact that much of the ASNSW management is unapproachable and the style of management appears to be very dictatorial and heavy-handed with very little if any support or encouragement given to on-road Paramedics. For a profession that is all about caring for the community I am astounded at the lack of support for its own.

In recent times I personally have been on the receiving end of what I would call verbal abuse and intimidation and on another occasion, unfounded accusations of neglect of duty based purely on an assumption by management. Although I am not prepared to discuss the details in this submission for fear of repercussions, it saddens me greatly to see the way in which we are treated by the very management who is supposed to be there to support us. I cannot help but believe that the ASNSW fails to recognise the value of its staff and instead holds the vehicles in which we travel with higher regard than the Paramedics that work in them. This was not the style of management that I first experienced when I joined the service but it appears to be the new upcoming management style – no people skills just performance management only - leading by demand not by respect.

I believe this can be seen through the lack of support to on-road staff, the inflexibility of rosters, the difficulty in getting any sort of leave approved be it TOIL, LSL, LWOP. The fact that the average Paramedic lasts approx 8years in the job is proof in itself that the ASNSW does very little to encourage and support staff to stay in the job.

To be honest it wouldn't take much to improve the morale of most staff. To have Management treat us with respect and offer assistance rather than criticism and constantly questioning our actions would make a huge difference.

## **Staff Responsibilities:**

In regards to staff responsibilities I have three main points to raise:

### **1. THE INCREASE IN RESPONSIBILITY THAT HAS COME THROUGH SKILLS UPGRADE AND THE FACT THAT IT HAS NOT BEEN MATCHED WITH A CORRESPONDING INCREASE IN PAY:**

When I joined the service over 10 years ago a qualified ambulance officer was referred to as a level 3 officer and was authorised to administer a total of 6 drugs. Since then I have voluntarily, in my own time, completed further clinical upgrades now giving me the clinical level of a P1 Paramedic and authorising me to administer a total of 19 drugs and to practice the skills of cannulation and advanced airway management using an LMA. To be able to provide the best pre-hospital care I can has been my motivation and the motivation of others in volunteering to complete these clinical upgrades but it would be encouraging to have received some sort of monetary recognition to match this advancement in our training.

### **2. THE LACK OF TIME IN WHICH TO MEET ALL THE DAY-TO-DAY RESPONSIBILITIES:**

Whilst the day-to-day duties of on-road Paramedics have not changed greatly over the years the time available to complete those duties has all but disappeared. At the station where I am rostered there is rarely any time at the commencement of your shift to complete the pre-shift requirements let alone even complete a car check before being responded to your first job. Then on most days you will never return to the station again until the completion of your shift at which time you are too fatigued to read through the latest clinical news, SOP's, and any other memo's that have been distributed. You are also under pressure from management to have cleaned up, completed your paperwork and signed off ASAP so as to limit overtime costs. As you can't fit more hours into a day there seems to be only one solution to this problem and that is to increase staffing numbers to more evenly distribute the workload. The other solution (that would never be implemented) is to refuse ambulance resources to attend jobs that are in deed not emergencies – eg: requests to undo arm bracelets, requests for ambulance to attend an itchy bottom, requests for ambulance to feed a cat to name a few.

### **3. THE CONSTANT PRESSURE TO MEET UNATTAINABLE KEY PERFORMANCE INDICATORS:**

It seems in my experience over the past few years that the ASNSW has become focus driven on meeting KPI's at all costs and the greatest cost is the burnout of on-road Paramedics. The pressure that the ASNSW faces in reaching all the stipulated KPI's inevitably falls directly on the shoulders of the on-road Paramedics and becomes our responsibility.

- The ASNSW no longer allocates the most appropriate resource to each job but rather it allocates the next available car in order to meet the KPI of allocating a car to each job within the specified time. Therefore the patient does not always get the most appropriate resource allocated to them – intensive care paramedics are responded to low priority jobs to meet the KPI of allocating a car in the designated time frame and as a result on numerous occasions they are unavailable when a high priority job comes in.

- Again it is the on-road Paramedics responsibility to meet the KPI for response times. We have the pressure of getting to a job within an allocated time frame and yet that time frame is a fixed time that does not take into consideration the distance to the job, the road, traffic and weather conditions at any given time. If the response time is not met the Paramedics are then requested to explain why they did not respond within the time frame. All this serves to achieve is a feeling of "guilty until proven innocent" for something that may have been out of our control or pressure to meet an expectation that in reality is more often than not, not necessary and even if it was, could have been unsafe to achieve.
- Once the patient has been transported to hospital the responsibility is then on the Paramedic to meet the expectation of 100% compliance, 100% of the time, with the KPI of "off-stretcher time". We all know that to err is human and as we are all human 100% compliance to anything 100% of the time is an unattainable expectation. Nonetheless, our station has achieved a result of greater than 99% compliance yet it is to our own detriment as we are often immediately requested to clear for another job despite the fact that we may not have completed our PHCR document and/or restocked our vehicle. Even if we report that we are not ready to respond it is not uncommon for the Coordinator to simply allocate the job to our vehicle thereby meeting their KPI of allocating a car, but now making our response time almost certain to be longer than the KPI stipulates. It is a vicious cycle that ultimately places the majority of the pressure on the on-road Paramedics and leaves them open to continuous questioning by their management as to why they are not meeting the KPI's.

**(b) Staff Recruitment, training and retention:**

In regards to staff recruitment I joined the ASNSW over 10 years ago and the service has been constantly recruiting ever since and still to this day cannot maintain rosters, always works to minimum operational levels and cannot keep up with the ever increasing demands of the community.

Training is great up until the point that you become qualified. After that the responsibility is on the individual. To remain certified to practice much of the points needed are accrued in your own time and at your own cost.

Revised protocols and pharmacologies and procedures are simply issued to each officer at the station. We all sign for them and are instructed to learn the changes and then implement them as of a given date. I do not believe that this is best practice as it always leaves room for individual interpretation or misinterpretation of the protocols. If you work at the busier stations you have little opportunity to read, learn and discuss the changes apart from doing so in your own time on your days off.

**(c) Staff Occupational Health and Safety issues:**

*1. FATIGUE:*

Perhaps the greatest OH&S issue is that of fatigue. Due to the nature of the ASNSW and the geographical and demographical variances obviously this is not as much of an issue for some as it is for others. But speaking as someone who has worked for over 10 years in some of the busier stations in the Sydney Division, fatigue is a constant factor all of the time.

Typically a 10 hour day shift will commence at 8am and the first job will be allocated within 5 minutes. Once you leave the station shortly after 0800 there are very few days in which you will ever return to the station for lunch and if you do it is normally only for a minute or two at a time. Each day shift on average would accrue between 1-2 hours overtime giving you just enough time to get home, have some dinner and go to bed so that you can get back up and do it all over again the next day. Typically a 10 hour day shift would stretch into a 12 hour day shift plus travel time to and from work.

Night shifts are exactly the same except 14 hours long with most breaks in the workload happening about 0400 to 0500 in the morning. Unfortunately it is left up to the Coordinator as to whether a long distance non-urgent transfer job will be allocated towards the end of the shift. At the station I am rostered it is not unusual to be given a routine transfer at approx 0700 (an hour before the end of shift) that takes approx 3-3.5 hours return trip. This means that not only are you driving for an extended period when already fatigued but your 14 hour shift has just blown out to 16-17 hours at the cost of your sleep time if you are in between your shifts. This results in accumulated fatigue for your second night shift.

## **2. LACK OF IMMEDIATE SUPPORT POST TRAUMATIC INCIDENTS:**

While the ASNSW has excelled in implementing a support system through Chaplains, Peer Support Officers and also the EAP, I am not convinced it is as effective as it could be. It is interesting to note that both the NSW Police Service and NSW Fire Brigade Service have full-time employed Chaplains to respond to the needs of their staff whilst the ASNSW has no full-time employed Chaplain but relies solely on the services of volunteer Chaplains.

Despite the fact that the culture of the ASNSW is slowly changing, I believe there is still a hesitation by officers to admit to any difficulties they may be having in response to a job and therefore they are limited in their ability to seek help. Perhaps by making debriefing mandatory for recognised "high risk" traumatic jobs such as SIDS etc we could avoid the perceived stigma of needing help and prevent instances of increased stress or PTSD occurring later. At the very least, on-road officers should not be expected to make themselves available to respond to another job immediately after attending a 'high risk' traumatic job but should be contacted to make sure that they are ok and to assess their readiness to respond to any further jobs.

## **3. DIFFICULTY IN OBTAINING APPROVAL FOR LEAVE:**

The approval for leave is granted or refused based primarily on the fact of whether the MOL's can be maintained. Given the fact that we are constantly struggling to maintain the MOL's and are constantly short staffed it is somewhat difficult to obtain approval for leave that you may well be entitled to. For example, long service leave – despite the fact that you have already done 10 years of service and you may well need an extended break to refresh yourself it is often difficult to get the leave that you request due to staffing needs. The same goes for leave without pay and to some extent annual leave. If the staffing numbers do not cover the MOL's than it is unlikely that your leave will be approved.

## **Recommendations:**

I believe that many of the issues raised in my submission can be achieved by focussing on two main areas:

1. A SIGNIFICANT INCREASE IN STAFFING NUMBERS:

This will help to:

- distribute some of the workload of the busier station allowing time for station duties to be completed
- facilitate the restructure of the rosters with the possibility of overlapping shifts to largely eliminate overtime at the end of a shift
- maintain MOL's when people are off on sick leave thereby reducing the overtime budget
- facilitate approval of various types of leave as there would be extra staff to cover those applying for leave
- make it more feasible to have on station training exercises at the start of a shift that will assist paramedics in accruing the necessary points for their certificate to practice and also maintain their skills whilst on duty rather than having to do it all in their own time

2. A RENEWED LEVEL OF SUPPORT FOR ALL ASNSW STAFF

Perhaps this is the most fundamental change that needs to be enforced at all costs for the sakes of the wellbeing of all staff and the potential to increase morale to a more functional level. Some ways this could be achieved are to:

- Develop a culture of respect amongst all staff that will not tolerate any form of harassment, bullying or intimidation.
- Initiate a system of mandatory debriefing for all "high risk" traumatic jobs which will remove any stigma related to asking for help and limit the effects of stress and development of PTSD amongst staff.
- Employ full time Chaplains to be available 24/7 to provide support to staff as required.

Thank you for reading my submission and for taking an interest in the management and operations of the ASNSW. I look forward to a positive outcome for all ASNSW staff and the community alike.