

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

Name: Suppressed  
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Partially Confidential

23 June 2008

The Director  
General Purpose Standing Committee No 2  
Parliament House  
Macquarie Street  
Sydney NSW 2000

**Re: Management and Operations of the Ambulance Service of NSW**

Dear Madam

Please accept my submission to the inquiry into the management and operations of the Ambulance Service of NSW.

I thank you for this opportunity to highlight some areas that I strongly believe need attention.

If you need any clarification with regard to my submission please contact me.

Regards

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

The current management structure is one that is tall (top heavy), or mechanistic and is representative of many government departments with a high level of bureaucracy, centralisation, autocracy, a clear chain of command, is highly formalised with little participation in the decision making process by front line managers.

Mechanistic structures are said to have the advantage of performing standardised activities in a highly efficient manner. Other advantages include minimum duplication of personnel, equipment and the ability to put like specialties together in functional departments.

Unfortunately the Ambulance Service of NSW (ASNSW) is unable to take advantage of this mechanistic structure for many reasons. Some reasons include incompetence of management staff, inadequate training of managers, poor attitude of management, deficient planning and management staff operating outside their field of expertise with insufficient knowledge and inappropriate personality traits to successfully perform their role.

As with many organisations with a mechanistic structure, there is a utilisation of middle and lower management staff that have minimal expertise in the field of management. This is a major source of problems and negative issues within the ASNSW that have adversely impacted on the lives of employees, families, patients and other organisations. It can also be questioned whether the organisation requires so many middle managers.

ASNSW management along with other organisations that have a similar management structure have an obsessive concern with following rules, policies and procedures. Rules, policies and procedures have their place within an organisation however when specific situations arise that are outside their scope managerial problems arise. Management within the ASNSW is unable to adequately understand and modify rules policies and procedures to suit the particular circumstance. The mechanistic structure is efficient as long as employees confront issues that have previously been encountered

and for which programmed decision rules have already been established. Due to the extremely variable nature of our work and the inability to write rules, policies and procedures for every situation this current structure/system has the consequence of mismanagement resulting in low morale.

To combat these problems a flatter management structure is warranted with management staff that are highly suited to their role. The flatter management structure has the advantage of decreasing costs, increasing morale and increasing productivity along with decreasing communication problems, all areas in which the ASNSW is suffering. Decreasing costs result from reducing the scale of middle management, the transfer of middle management to frontline management positions or returning them to paramedic duties. Morale would increase with the implementation of a team approach where frontline staff would have a larger input into the decision making process.

At present upper management attempt to transfer as much responsibility to the frontline staff as much as and as often as they can. This has the result of increasing stress, anxiety and exposing the average ambulance officer to unwanted political aspects of the occupation. Recently I discussed my responsibilities with a lecturer teaching business management. She was astonished at what I was responsible for without any authority. She was also mystified as to why draconian management principles were being used in such an organisation.

I am certainly no expert when it comes to management theory but there are plenty of people and organisations that are. If I could make one recommendation to the committee with regard to the management structure and the staff responsibilities within the ASNSW it would be for the committee to authorise an independent and expert organisation to assess and implement changes to the current management staff and structure.

## **(b) Staff Recruitment, Training and Retention**

Having been employed by the ASNSW for just over a decade I have no personal experience in the current recruitment process. However I have mentored many trainee ambulance officers and junior staff where it is reported the ASNSW uses various testing methods in the recruitment process that are extremely poor and disorganised. Allegedly there is an absurd driving test where staff with no qualifications in driving instruction pass or fail possible recruits who already hold a current driver's license issued by the RTA. Other testing methods used reportedly have no bearing on suitability for the job so one can imagine why we currently face a shortage in viable applicants.

Training has somewhat improved over recent years but is still extremely disorganised and hindered by budgets and managers. Personally, it is my belief that the only thing saving us from having a completely defunct training system is the individual talent and motivation of Clinical Training Officers and the willingness of staff to seek their own education. Recently I graduated with a Bachelor of Clinical Practice (Paramedic) through Charles Sturt University (CSU) with no assistance from the ASNSW. When I required time off to attend an exam it was refused by management even though my studies were directly related to ambulance work. Another paramedic was also unable to attend his graduation even though he was an extra staff member for that day. After speaking with many of my fellow students from CSU, they stated that they would never seek employment with the ASNSW because of the poor reputation it has in looking after their staff.

As for the qualification we receive, namely the Diploma of Paramedical Science (Ambulance) it is somewhat backward and inadequate when comparing it with other health professionals. If you have a look at a transcript it barely mentions anything about medical and clinical science which is what the majority of the course is about. How the management in education can get away with this when they have the course accredited through the VETAB accreditation process is beyond me. In other words how can you supply paramedics with a transcript of completed studies that they have never learned and not supply them a transcript for studies they have learned (see attachment 1). The NSW Police Force recruits attend Charles Sturt University for much of their tertiary studies as do other organisations. It would be beneficial to all that we pursue a similar

line as those organisations in particular with respect to their forward thinking and become a real profession with real qualifications.

Obviously there are many reasons why staff decide to leave the ASNSW, for example to seek employment in other work places or merely to retire. Also, the newer generation of workers are much more mobile in their employment thus decreasing the length of time with any one employer. However, in my experience many ambulance officers leave the ASNSW because of the way they are treated by management (through their actions or inaction) or their working conditions are too inflexible or poor. This is clearly evident with the atrocious conditions that paramedics are forced to work and live in at western locations many of which are allegedly equated to third world conditions. Unfortunately the ASNSW has refused to implement a rural retention policy where many of these issues could be resolved. There is also the problem where rosters are very inflexible so it becomes difficult for single parents, carers, or some families to manage a balance between work and life.

It is reported that the ASNSW has had a high turnover of staff in recent years however it is a statistic that senior management still denies. The increased recruiting, selection and training required to keep up with the attrition rate results in additional costs and inefficiencies in the workplace. Not to mention the decline of experienced staff required to mentor the next generation is being depleted at an ever increasing rate.

Absenteeism and morale can certainly be interrelated. It is reported that the Inner Hunter Region alone is filling up to twenty shifts a day due to absenteeism. For the most part, we can assume that the ASNSW would benefit if absenteeism were reduced. Obviously management are concerned about absenteeism so some months back they launched an alternative sick leave policy. One can conclude that the new sick leave policy has been unsuccessful. Perhaps if management spent more resources enhancing morale they would reap the benefits in time.

During my university studies part of my assessment was to attend a hospital where I could complete various skills under supervision. It was startling to witness the amount of patients that came in by private transport with serious or life threatening conditions, compared with the excessive amount of patients that ended up in the waiting room after

being transported by ambulance. I and many of my colleagues personally feel disillusioned by the amount of cases where ambulance transport is unwarranted. Perhaps some thought needs to go into encouraging critical patients to call an ambulance and assist (over the phone) and non emergency patients to seek other services.

After discussing employment matters with many of my colleagues over time a large proportion would leave this job if their skills were easily transferable to other occupations. Due to this fact I am presently involved in further tertiary studies with the view of seeking employment elsewhere. I have stated my future employment intentions to many managers and not one has encouraged me or any other staff member I know to stay employed with the ASNSW. The skills I am developing with my studies may also be useful to the ASNSW but of course they are unable to consider the importance or unaware of the skills and attributes staff members possess. To me this is conclusive evidence that the ASNSW is not serious about retention of employees.

Many staff past and present of the ASNSW has been the victims of harassment and bullying. In my experience some employees of the ASNSW including management use manipulative tactics to bully people which results in a disruptive workplace. I have also experienced bullying and harassment where I was subjected to threats and intimidation that eventually ended in an investigation by the Professional Standards and Conduct Unit (PSCU). Dealing with the PSCU can be best described as a bad experience. The timeline from start to finish was somewhat like a major case being heard in the Supreme Court, it seemed like eternity. There were other elements of my dealings with PSCU that were inappropriate and highly questionable. However, I will give credit where credit is due to say that the actual interview process was professional.

As Ambulance Officers, our job can be very stressful at times. We are occasionally threatened, assaulted physically or become involved in situations where people are killed or injured badly. We are at the coal face where sometimes things can become surreal. We come in contact with situations of disturbing nature such as child abuse, domestic violence and neglect. In my experience some Ambulance Officers seem to be able to cope with horrific situations while others are not. Within our organisation we seem to have a culture where Ambulance Officers think that they should be able to cope

with all situations. So very often Officers don't get help when they need it and sometimes even refuse it when it is recommended. It would be interesting to get a psychologist's viewpoint on this and develop a program or strategy to improve the mental health of many. Perhaps mandatory counseling on a routine basis is the answer.

In conclusion an independent forward thinking organisation needs to give our senior management some assistance and training in this area where they can walk the talk. Or maybe their contracts need to be reviewed where human resources issues as well as other matters are part of their incentive bonus scheme.

### **(c) Staff Occupational Health and Safety Issues**

Unfortunately this is another area where the ASNSW is behind the times. Anything that is out of sight or expensive seems to give management the right to ignore the problem. It is also interesting that most improvements are implemented through the action of on road staff with the assistance of the OH&S committees and the Union. It sounds so simple when I say it like that, but the truth of the matter is as on road staff we are often required to fight management to effect the changes that result in a safe workplace.

As road staff we find it difficult to comprehend how management implement anything necessary to avoid responsibility on OH&S issues as we believe it is management's job to employ these conditions. It appears these days if you write a policy or put a warning sign on something dangerous or something of concern it then shifts the blame to the user. I suppose it all comes down to money and unfortunately in many situations as Paramedics we are prepared to suffer and battle on with what we have.

There is conclusive evidence from the experiences of many different organisations that if OH&S is managed appropriately that substantial money can be saved. This money is saved on premiums, lost time and litigation etc. An initial investment of resources is required to make the difference. I continue to ask myself why management can only administer operations in the short term. It seems particularly foolish to play Russian roulette with such a serious issue.



To my knowledge there are very few risk assessments undertaken by the ASNSW. There are still many questionable practices in place such as lack of induction training, minimal supervision, ignorance by management of dangerous practices and management of fatigue (particularly sleep deprivation). I have a friend that works as a lawyer in insurance law and she cannot believe what the Service gets away with.

There are many recent studies that indicate a person is often very unaware of how fatigued they are from lack of sleep. Paramedics are generally unacquainted with scientific studies revealing the depth and ramifications of this issue. There is a culture within the ASNSW of robustness when it comes to fatigue management. I am also surprised that the Operations Centre will continue to task staff on cases when they are well aware of how long they have been working. The ASNSW has adopted a fatigue policy in recent times that appears to steer the responsibility onto the individual. Other organisations will not let their employees back to work unless they have had a minimum break. For example, if you are a nurse on-call in the operating theatre and you are called out at night to attend a case you would not be allowed back to your normal shifts that day unless you have had an adequate break. Yet again, a very serious issue with extreme consequences is managed poorly or not at all.

When an Ambulance Officer is injured in their line of duties and they wish to return to work as part of a rehabilitation process there are reports of many obstructions that delay reentry into the workforce. The ASNSW management seems to be adverse to Officers coming back on light duties or Suitable Alternative Duties (SAD) as they are known. Management state that they will only provide SAD at District, Sector or Divisional Offices and will not allow SAD at the station for which the Officer works on a daily basis in the Northern Division. Despite the use of email, telephone, fax machines and a reliable mail service they do anything to obstruct the recovering Officer from performing duties at their home station.

There are also pregnant women suffering the same fate in the ASNSW. In this male dominated organisation there seems to be little empathy for a pregnant employee who may have to unnecessarily travel long distances to complete SAD. It seems the ASNSW management would prefer pregnant Officers utilise other leave rather than doing SAD. One would think this is unreasonable and perhaps discriminatory. But, just to speak

managerial language for a moment, there is an increased risk associated with unnecessary travel, increase costs because of travel and lost time when duties are attended to at locations other than the pregnant officers' station. The ASNSW has a useful resource where women on SAD can be utilized to perform meaningful duties in many roles such as PR exercises, administration, training, education and peer support etc. Unfortunately when it is not a funded position the management do their best to deter a paramedic from filling that position.

Now I turn to the ASNSW Officers' new uniform which has finally arrived, you may have seen it. It has reportedly taken some fifteen years to develop. There has been much input from staff through the formation of committees, concept trial uniforms, colour surveys etc. After all that work, cost and time the submission for the uniform goes in to be developed. Apparently a manager then decides they can save a quick buck and with one stroke of the pen changes the weight of the material for the outer shirt to match the pants. Sadly, the uniform then becomes impossible to wear in the Australian heat. My understanding is the ASNSW has now decided to go back to the original specs. It would be interesting to find out what the avoidable costs were associated with this dilemma. Rumour has it that it was in the hundreds of thousands of dollars. If a paramedic were to make such an unwise decision regarding something serious they would certainly be in hot water. To bring this argument back on track I cannot understand why we have to wait so long for important OH&S items and when it is not done properly it becomes an OH&S item itself.

#### **(d) Operational Health and Safety Issues**

We as Ambulance Officers are often tasked to cases that involve inter-hospital transfers. The Operations Centre will often task crews onto inter-hospital transfers in the early hours of the morning. Regularly the transfers are unnecessary at that time. For example, a mental health patient that needs to be reviewed at a larger centre. They are obviously not going to be reviewed at that time of morning. Often the Operations Centre has the strategy of "you call we haul" without any thought of fatigue or risk management.

As Ambulance Officers we are also often asked to respond to cases that the Police don't seem to be able to cover. We sometimes get to the address and people will say "what are you doing here, I didn't call an ambulance I want the Police". This practice will someday endanger someone's life. I remember some time ago being called to a security alarm being triggered, when the call came from a security company in Sydney. Of course our Operations Centre sent us out on the case without asking any questions.

The NSW Fire brigade or Rural Fire Service will sometimes be on scene treating a patient awaiting our arrival (when there is no fire or rescue required). When we arrive on location we find out that the Operations Centre has not called our staff out because of financial reasons. This is another practice that could result in disaster. These responses from the NSW Fire Brigade and Rural Fire Service are becoming more prevalent. We are specifically trained to deal with these cases so we should have appropriate resources to deal with them.

#### **(e) Any Other Related Matter**

We currently have a selection process for vacancies within the ASNSW that is non standard across the state and has the ability to be manipulated where one sees fit. Management will argue that we have a merit selection process currently in place but based on my own conclusive evidence it is not the case. There is every possibility that this process could be rife with corruption. When I asked one of my superiors about the requirements for the merit selection process and how it is scored, he said that it is made up on the day. To solve this issue there should be a human resources department that handles all vacancies where there can be no favouritism.

Another disturbing fact is staff often get promoted to management levels because they are willing to be ruthless when making decisions. In my view these type of people are unsuitable for that role as manager as promotion is often sought for the wrong reasons. It is interesting to watch those go up the ranks and see the disharmony that follows.

Reading back through my submission I would like to highlight one point that is clear to me, *as paramedics we are looking for quality leadership*. The ASNSW needs to be brought into the twenty first century and the old dead wood needs to be trimmed away. The management strategies of yesteryear like the paramilitary ideals that still persist within the ranks need to be replaced with new management concepts. A radical cultural shift is required where forward thinking policies and procedures need to be implemented and not just discussed. Bullying and harassment of staff needs to be eradicated from the Service. From this inquiry I hope change can be made to benefit ASNSW staff and the community alike.



**Ambulance Service  
of New South Wales**

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# ACADEMIC STUDENT TRANSCRIPT

Page 1 of 1

Student Name:

Date of Birth:

Address:

Bundy Number:

**Award Attempted: Diploma of Paramedical Science (Ambulance)**

Course Name: Inservice II

Course Date:

**Results Gained:**

HLTAMBSC2A	Manage scene of special event	COMPETENT
HLTHIR2A	Contribute to organisational effectiveness in the health industry	COMPETENT
PUAOHS003A	Implement and monitor the organisation's occupational health and safety policies, procedures and programs	COMPETENT
HLTHIR3A	Work effectively with culturally diverse patients, clients, customers and co-workers	COMPETENT
HLTHIR4A	Work effectively in a cross cultural context with Aboriginal and Torres Strait Islander, colleagues, clients and organisations	COMPETENT
BSZ401A	Plan assessment	COMPETENT
BSZ402A	Conduct assessment	COMPETENT
BSZ403A	Review Assessment	COMPETENT
BSZ404A	Train small groups	COMPETENT

**Award Gained: Diploma of Paramedical Science (Ambulance)**

Date of Award:

**Explanation of Results**

COMPETENT	The student has successfully completed all the requirements of this module.
EXEMPTED	The student was granted Recognition of Prior Learning.



Provider No. 7144

Authorised:

Graham McCarthy, Manager Education

Date:

