

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

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Partially Confidential

Submissions to The management and operations of the NSW Ambulance Service:

It is with some hesitation that I submit (yet again) issues and concerns related to the Ambulance Service of NSW. I am an Operational Ambulance Officer in my      year of service and have worked in both metropolitan and rural areas of the state.

**Staffing:** Staffing on the Central Coast is approx 15-20 years behind its areas that lay immediately to the south (Sydney north) and north (Newcastle). This is due to neglect by the service as a result of operational reviews and restructuring. In 1999 the Central Coast sector was amalgamated with the Sydney north sector and ultimately under control of the Sydney metro area, during this time there was a substantial inflow of staff to rural areas (including Newcastle and the Hunter). Late 1999 and early 2000 saw the Sydney review complied and a partial implementation of its recommendations applied, one of which was to place the Central Coast now under control and taken from the Sydney Division and placed in the Northern Division.

Early 2000 just prior to the restructure the Sydney division (then under control of the late Eric Marks) removed a fully operational ambulance (seven in total) from each of the stations on the Central Coast and placed them in the Sydney North Division, it was only some days later that the separation of these areas was then finalized. Being an amalgamated area the sector also lost a number of staff also to this date both the vehicles and the most of the staff have not been replaced. It was at this time in terms of increasing staff that the Sydney review was implemented saturating the metro area with staff, however the central Coast now being rural missed out again on any increase in staffing numbers.

Whilst the area did achieve some increase due to the state Governments 230 Officer to rural NSW the greater majority went into relief which provided no increase to frontline numbers.

In a public accounts committee enquiry into the service in 2003 Mr Greg Rochford stated that the Central Coast had the worst demand/staff ratio in the state and told the committee that he would rectify this problem, this however has also not occurred.

The Central Coast is also unlike its northern and southern counterparts as it has on two public hospitals in which the Ambulance can attend an emergency department, night shift staffing is the same as it was some 20 years ago yet over this period the population has increased some 400%-500% with it being the fastest growing area in the state in 2003/04. the area as well has the highest concentration of elderly residents in the state which greatly increases workload.

These are seen as a smoke screen and a delay tactic which is a waste of time and money for all concerned. There is a simple way around this ask the people who are on the frontline working the road, the management look upon corrupt data from computers and utilize computer modelling software but when it comes down to it the people that know are the people that work it.

The continual talk of a rapid responder system especially in the area is useless due to the fact there is no crews to collect the patient, in the big picture a rapid responder is an officer which band aids the response times but delays getting the patient to

definitive care, this is more effectively done by ensuring there is enough double crews to cater for the demand.

**Response Times:** I note recently that a comment in a Sydney paper about a 15 minute response time to three suburbs in Sydney, I am not sure what this is suppose to highlight, for many years this area has had the worst response times in the state and this is due to a number of reasons some are but not limited to : failure over the past 20 years to maintain review and increase levels inline with current demand, the geographical layout of the area being that it is broken by three large bodies of water, hospital delays it is well documented that Gosford hospital in terms of lost man hours during bed block is double of anywhere else in the state. (The fact that after the recent reamagamation of North Sydney Central Coast area health yet again saw 38 million dollars taken from the coast and given to the RNSH may not have helped matters either) Rosters that reflect the same if not less night shift crews as were here 20 years ago.

**Stations:** The Central Coast comprises of seven Ambulance stations with the Hawkesbury River the most southern and Toukley the most Northern. Many of these stations are antiquated and are whist many years ago were sufficient this is far from the case today. Some stations are in the wrong locality while some areas due to new suburbs or and increase in population in a particular area require a new station. It has been interesting to note the NWSFB over the last nine years has built five new stations and increased staffing dramatically yet has nowhere near the workload of the ASNSW.

**Vehicles:** As stated earlier this area lost seven fully operational ambulances in 2000 and these have not been replaced, due to the constant use of the vehicles breakdowns and maintenance is required the area only has three spare cars and at times these are used on the rare occasions there are extra crews on.

**Moral:** This is now at it lowest point that I have seen it during my length of service. The rostering system is archaic and due to lack of staff most staff are near the point of burnout. Over the past 10 years in particular skills and responsibilities placed on officers has increased tenfold, however this is without any form of remuneration. When I first started this job it was stressed that everyone should be transported to "cover yourself", today the teaching are somewhat different and because of the appalling state of the health system more emphasis is placed on finding patient alternate pathways of treatment, by means of treating patients at home and leaving them or giving alternate options for their treatment. The Ambulance Service in my area is primarily a high paid taxi for all those on health care cards, pension cards, those that can't be bothered or those who require someone else to think for them. As a rough estimate I would say that an Ambulance MAY be required in approx 8-10% of all cases I have ever attended in my career. The recent IPART tribunal has failed the system and should have placed some form of monetary fee for the use of Ambulance

Services.

This is the type of cases we attend everyday and every night there needs to be an extensive and prolonged public media education on the correct use of Ambulance and hospital services, also an adoption of the QLD harsh fines for inappropriate calls. Staff often have issues over night shifts, they work for 14 hours and only get paid for 13, there is no written agreement that this extra hour for free was given up to enable staff to sleep which rarely occurs now anyway. The new award, the services states it will improve rosters with 100 extra staff, this is a blatant lie as the budget only allows for 75 and to implement the type of rosters they propose would take well over 100 staff.

Most Officers are outraged at the so call new death and disability award, the cost should be borne by the employer, however it is not, the ASNSW is one of the few jobs left that can not have a "no lift policy" which is now in all nursing homes and hospitals. *Premiums paid by Officers fortnightly are a percentage of their fortnightly wage, however should you have to claim it is only paid out at multiples of BASE salary hence the fortnightly premium should be paid at base salary and not include overtime and penalties.*

It is noted in the current award claim that the service proposes a restructure of rosters to provide for or up to two 20 min meal breaks in place of the one hour break. It is very rare that staff get all (unbroken) or any of the one hour break now so, how do they propose to allocate two breaks of 20 mins. In the same claim the service has proposed a health and fitness program (details of yet have not been released) how is it healthy if you do get a break to heat consume and clean up your meal in 20 mins without virtually inhaling it.

Many Officers have asked for figures on the suicide rate of our profession and staff that have suffered adverse outcomes as a result of this work, it seems the ones that are published are only done so by word of mouth and rates would be much higher than both the police and the NSWFB, many people forget that we are also human however we are placed in abnormal and stressful environments that would far exceed any one person would in a life time.

The amount of forced overtime is a big issue that has a direct effect on moral and this is solely due to inadequate staffing, some nightshifts which are 14 hours duration can easily stretch to 16 hours and beyond with the officer expecting to turn up again in a matter of hours for the second night shift.

**Management:** Management within the Service is poor at best; the creation of small empires, the old boys club is still alive and well. There is gross instability within the management structure due to excessive secondments. (Many of which contravene the secondment policy in terms of the length of time) as a result there are not many areas that have a stable Management structure. At a station level you do not have access to a Station Officer on every shift (unlike NSWFB), the ratio of Station Officer to Officer is grossly disproportionate on some stations.

The current Management have somewhat lost touch with what actually goes on while they are tucked up in bed.

The support staff of the ASNSW seems to have increased drastically since to commencement of Mr Rochford some estimate 1 support staff for every 3 on road officers this is not cost effective.

There have been occasions where Management utilize transfer lists, promotional positions as reward system instead of being able to win positions on merit.

I have witnessed intimidation; bullying harassment by middle Managers which have attempted to be reported but these complaints seem to go nowhere. There have also been allegations of assaults on Officers and patients including sexual which have also been reported but fall on deaf ears. However if a complaint is against a road staff officer it is followed through at times with penalties that don't fit the complaint.

There needs to be the removal of the CE and the Ambulance Board and replaced with a Commissioner of Ambulance that reports directly to the Minister.

The Ambulance service needs to be taken from the Health portfolio and placed into the Emergency Services portfolio this would then see it stand alone with its own budget and data would not be clouded and covered up as it is now in the health system.

**The Hospital Allocation Matrix:** This has been one of the biggest lemons that was introduced by the Department of Health. The system was designed to redirect crews to an available appropriate hospital that is not over the hourly threshold. However is is very common in terms of Central Coast Hospitals to arrive at the casualty to find between 2-8 crews waiting in stretcher block, the reason for this is that the system only identifies the first hour delay then resets itself. (eg in the first hour seven crews transport to hospital) the matrix in that hour shows all other crews that the hospital is 7/7 (full) and diverts the crews elsewhere. After the first hour has past it will then show 0/7 meaning that the hospital has in theory has beds however the reality is that if those crews have been at the hospital for >60 mins and the hospital has no beds the crews are still all there loaded with patients and the problem is compounded. Many staff also can not fathom why an operational ambulance officer needs to be employed as an ambulance liaison officer when the bed block issue is purely a hospital problem, it should be staffed by a hospital employee.

It will take time to address issues that plague the service today and this will not be achieved under the current Management system the saying that a new broom sweeps clean is what might be needed in this case.