

Submission  
No 183

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

Name: Suppressed  
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Partially Confidential

Dear Honorable Member Robyn Parker MLC,  
I have recently returned from annual leave and have just heard of the recommendations of the Head Report into the operations of the Ambulance Service. My particular point of concern is the recommendation relating to the removal of Ambulance Rescue. I have sent emails to The Premier and the Health Minister a copy of which I believe has been forwarded on to the shadow Health Spokesperson for Health. She has indicated that I should write to you to ask whether it would be possible to submit a late submission to the Committee of which I have attached below.

Please consider my late submission and if possible can my contact details be suppressed. I am willing to be called for any further information or clarification you may have with my submission.

Thanks for your consideration of my submission.

#### 1. Management structure and staff responsibilities

Whilst a lot could be said for better management structures, the main problem with the Ambulance Service is a centralized power base. Decisions that could be made at lower levels have to be considered by the CE. For instance rosters. Local managers are best placed to determine what rosters best reflect the correct balance between community need and Officer lifestyle. Middle to senior management can recommend and refer but ultimately a decision has to be approved by the CE. This means that the pace of change is slow and Station Officers give up because they never get an answer.

Also, I suggest that having a non Ambulance person as a CE is problematic. As I am sure other submissions have alluded to, the priorities of the current CE are not necessarily in step with on road experiences. Experiences gained by being a Paramedic on road places managers with more perspective on which way is the best to proceed. Would the Government ever consider putting a civilian Police Commissioner in that role?

#### 2. Staff recruitment, training and retention

Ambulance Officers receive an average wage for the stressful and demanding role that they play in the community. The low base rate is compensated in some ways by the remuneration that they receive in callouts and overtime on their time off. The trouble with this system is that staff in high workload locations get paid well but become burnt out through constant pressure to be on call and get called out to achieve a livable wage. In lower workload locations, Officers become bored and also have to put up with a lower rate of pay — normally this is in less desirable locations of NSW with low population densities. This then leads into the great problem with management. When Officers decide to proceed up the career ladder they have to do so in the face of sometimes losing a third of their Ambulance Officer wages. This then does not attract the best person to apply for these positions. The best people for these positions cannot afford to apply for them.

For instance, a Police Inspector would achieve a wage of \$120,000 pa. In a place like Wagga there is four of them and they look after Wagga

and a small number of towns surrounding. Until July last year I looked after 26 stations on a daily basis. With a management restructure I still look after 12 Stations every day and I get paid a base rate of \$57,000. The only way I achieve a reasonable income is to be on call and get called out. The Police Inspector gets his wage and does not on call.

### 3. Staff OH&S safety issues

When Police get called to attend an address for any type of call their dispatching system can give on the spot advice over the radio before they get to their destination on any intelligence, persons of interest, whether weapons could be there or if they have any issues there in the past. Ambulance Officers get responded to the same locations night after night and have no idea what they are walking into.

It is my suggestion that Ambulance Operations Centres deserve the same access to this type of information for Ambulance Officers safety. Additionally, great savings could be achieved by co-locating Police Fire and Ambulance dispatching in the same facilities.

### 4. Any other related matter

I am a manager and a committed supporter of Ambulance Rescue. I recently wrote to the Health Minister and the Premier in relation to the Head Inquiry recommendation in relation to the removing of Ambulance Rescue to the NSWFB. As usual the usual suspects within the Fire Brigade suggest that a seamless transition will occur and that the people of NSW would be glad to lose Ambulance involvement in Rescue. Removing Ambulance Rescue is not just a change of Rescue Unit color. Ambulance Rescue provides the ASNSW with the capability to treat patients in inaccessible situations and its removal will result in seriously injured patients not receiving the very best the Health system can offer. This doesn't mean that Ambulance Rescue should be everywhere. The 14 Units throughout the State provides an ability to respond these officers in a timely fashion to incidents outside their designated rescue areas for access purposes. I attach the message I sent for your committees' consideration.

Dear Minister,

I am writing in response to the recent release of the Head report into the Ambulance Service NSW performance and specifically the section relating to Ambulance Rescue. I am an Ambulance Rescue Officer at Wagga Wagga and am also a Zone Manager for the Riverina Zone. I am disturbed with the reports recommendation that the Ambulance Rescue Service be disbanded and the role handed to the NSW Fire Brigade. My concerns are founded on the following points

1. Effectiveness - For the last 27 years the Ambulance Service has provided rescue in Wagga Wagga and a lot longer in the rest of the State. In 1981 a large amount of community funds were raised and at the time a state of the art Rescue Unit was developed. In the last 3 years, in no small part because of your support and the support of Morris Iemma when he was Health Minister, a large amount of funding and training improvements were carried out. The current service provided has the best available equipment and training, is funded and is already in place. I understand that the NSWFB Commissioner has acknowledged that our service in Rescue is worlds best practice
2. Loss of Paramedic presence at Rescue scenes - The Head report suggests that the main premise has always been that Ambulance Rescue means a Paramedic presence at Rescue scenes. This is not the case.

If it were then Paramedics would only be present at rescue scenes in 14 locations throughout the State. Ambulance Rescue means that the Ambulance Service of NSW has Paramedics that can access and treat patients in remote and dangerous environments. For example, if a patient were to fall down a cliff, Ambulance Rescue Officers (like SCAT Officers) would be able to access and then treat the patient before rescue. Removing Ambulance Rescue would mean that these patients would have to wait for SCAT (in Sydney mostly) or be treated by a lower skilled Rescue First Aiders. Ambulance Rescue Officers bring the highest level of care to these patients sooner. Removal of Ambulance Rescue will mean that in areas like Wagga Wagga / Riverina a loss of Ambulance Officers who can treat a patient in:

- a confined space
- a CBR incident
- a HAZMAT incident
- a vertical incident

Until SCAT Officers from Sydney arrive. Other Rescue agencies claim to have advanced first aid. The course they do to achieve this is a two day course. If a member of your family was in this situation would you be happy with this choice.

3. Loss of Special Operations capability - Ambulance Rescue and SCAT have performed a variety of Special Operations roles since this section was created in the Ambulance Service NSW two years ago. These roles include:

- NSW Police Bomb Squad support
- NSW Police Tactical Response Group support
- NSW Police State Protection Support Unit support — in regional areas
- involvement in Dignitary Protection support
- NSW Rural Fire Service support in high risk bushfire emergency situations — i.e. Remote Area Firefighting teams
- NSW Public Order and Riot Squad support

This included close support to APEC 2007 where Ambulance Rescue Paramedics provided primary response medical support for high risk motorcade operations for the President of the United States, the Russian Premier and other Internationally Protected persons. Additionally Ambulance Rescue Officers provided teams to NSW Police Public Order and Riot Squad teams when demonstrators became involved in the event. In the 2006 Victorian Bushfire emergency the Ambulance Service of NSW sent Ambulance Rescue Officers in teams to support the firefighting effort. These officers were involved in many high risk and remote area treatments of firefighters. This was also the case in all of the past Section 44 Major Bushfires across the State.

Regularly, the Riverina State Protection Support Group request the attendance of Ambulance Rescue Paramedics at sieges, high risk arrests, remote area medical support and navigation support. Often this request is urgent and requires a timely response. Having Ambulance Rescue Officers placed across the State permits a timely response.

In past years Ambulance Rescue Paramedics have also been sort for other high profile operations like the Beaconsfield Mine collapse in Tasmania, Thredbo and the current World Youth Day festival in Sydney. Ambulance Rescue Paramedics will be an integral part of the motorcade and public order medical teams for WYD2008.

#### 4. Financial effectiveness

Ambulance Rescue is value for money. Rescue Officers are paid an

allowance of around \$26 per fortnight. Whilst not doing Rescue work they do normal Ambulance duties. Other services have high priced rescue resources, maintained at high cost and necessarily a high training requirement in areas of minimal work. Ambulance Rescue Officers participate as normal Ambulance Paramedics when their rescue skills are not required. Transfer of 14 Primary Units from Ambulance will mean the up-skilling of 14 currently non primary units and the establishment of an additional 7 secondary units. Did the performance review take account of this opportunity cost?

5. Support for other Rescue Agencies

Because of their high level of expertise and continual training, Ambulance Rescue Paramedics advice and support is sort regularly at Rescues in and out of their Rescue areas. For instance, Ambulance Rescue Paramedics from Wagga who respond to rescues in outlying areas are relied upon for support and advice by volunteers in other agencies

6. Thorough training

They have to complete a 6 week comprehensive course followed by at least 8 hours training per month and a week recertification every two years. If they are no good they don't pass. Other rescue agencies claim to be able to do this in a weekend course.

Minister, the effectiveness of retaining Ambulance Rescue is not just about providing a high quality rescue service within the areas that they are placed. As you hopefully can see, the capabilities our involvement in rescue provides is used every day and is an essential part of what we do as an Ambulance Service. The report suggests it is not core business. I suggest that it absolutely is core business. It is interesting that the report indicates that the relinquishing of Rescue will not mean significant cost savings. My point is that we cannot afford to lose the capabilities that rescue trained medical professional brings your NSW Health.

I understand that you are in the process of deciding on the appropriateness of adopting the recommendation to relinquish Ambulance Rescue. Could you take my points into consideration before making an informed decision.

Regards,