

Submission
No 216

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

Name: Mr Steve Hogeveen

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Partially Confidential

The Director
General Purpose Standing Committee No.2,
Parliament House
Sydney
NSW 2000

SUBMISSION- Inquiry into "The Management and Operations of the NSW Ambulance Service".

Dear Hon Robyn Parker MLC, Committee Chair,

The following submission is made by me in good faith, having now been an Ambulance Officer for almost 29 years, having joined the Ambulance Service on the 6/08/1979. I have been an Intensive Care Paramedic since 1981, a Clinical Supervisor, SCAT Officer, Co-Ordination Officer, Water Ambulance Officer, Acting Assistant Operations Manager, and a Station Manager since 1983. I believe that I have a good insight into the Ambulance Service of NSW due to my experience in the Service over many years. There are, I believe, serious problems existing in the management of the Service. These problems require urgent action and I thank the Standing Committee for the opportunity to raise issues of grave concern to me. I will address my concerns in the order that the Standing Committee has listed its areas to inquire, in the "Media Release".

Management structure and staff responsibilities.

1. I believe that the present management structure does little to assist the ASNSW to manage the day to day operations of the Service. The first line of management is the "Station Officer". This position is also referred to as "Station Manager". Most Station Manager positions are "On Road" positions. This means that the Station Manager has to respond to calls, either emergency calls or routine calls. These calls take the Station Manager away from the Station and obviously away from the day to day management of the Station. On many Stations, the number of calls that the Station Manager has to respond to means that he or she spends little time on the Station and so the management of the Station is somewhat token. Examples of this type of Station are Hamilton in Newcastle and Pt Clare on the Central Coast. The day to day chores are difficult to get done in the rostered shift, which is extremely frustrating for the Station Manager. The Station Manager has little control over such things as, rostering of staff, ordering of stores/uniforms, ordering equipment. These functions are controlled from the "Sector Office" or the "State Stores". A Station Manager, can roster staff or order stores etc and what he/she has done is changed without any consultation whatsoever by either the Sector Office or the State Stores (attach 1). Most Stations, for example, on the Central

Coast, have no petty cash on Station. The Sector Office, requests the Staff of a Station, to purchase requirements from their own "tea fund" and then try to get the money back from the Sector Office. Please see the recent Toukley Station Meeting Minutes to confirm that Staff, are requested to use their own money for light globes, insect baits and barrier spray etc (attach 2). The Station Manager does not have the ability to manage the Station under the current conditions.

2. The next level of management is the "Assistant Operations Manager". This level of management should be out and about, assisting staff "On the Road". They should, I believe, be the highest level of officer (Intensive Care Paramedic) in the Service and be able to handle all manner of situation out in the field. Instead of undertaking this roll, they are often not of the highest level, are somewhat desk bound undertaking routine office work, such as preparing rosters for the Operations Centres. They are also required to attend Hospitals and try to relieve "Trolley Block", which can take up a lot of their time, sometimes themselves having to relieve stranded ambulances and look after their patients. This position in the service is wasted and not functional due to the type of work it is expected to carry out. The duties and responsibilities of this position must be changed.

3. The next level is the Operations Manager. The Operations Manager should be an officer who is widely regarded by his peers and be a "People Person".

Higher management in the Service should have advertised the position, held interviews and should have chosen the best Officer for the job. The Operations Manager is the "hands on", day to day officer in control of a Sector. His/her role is to oversee the Sector, to plan for the future, to foster good working relations with the other combat agencies, to implement decisions from above and I believe most importantly to promote and achieve the highest working standards and morale from his Sector staff.

Poor morale of staff has led to slack working practises, such as poor response times, poor treatment given to patients, poor quality working conditions (buildings), staff are asked to paint Stations on their days off or whilst on down time (see Toukley Station Meeting Minutes, attach 2). What a JOKE! Should or would Police or Fire Officers be asked to come in and paint their own Stations?

4. I will not comment on the Structure above Sector Manager other than to say that there should be a Board of Directors. A Board of Directors would allow some control over the CEO of the Service who under the present conditions can act without "Checks and Balances".

Staff Recruitment, Training and Retention.

1. Staff Recruitment.

- a) **External recruitment.** Trainees recruited to enter the Service must be shocked with their first impressions of the Service when they report to the Training School at Rozelle. They are confronted with a training facility which is "third class". Many of the recruits live in at the facility. They have tiny bedrooms with mediocre bathroom facilities. The whole of the facility is old and outdated. The recruitment process is arduous, with the main complaint being the "Psychological" testing phase of the process. Many potential recruits believe that this section eliminates them from a career in the Service and they are extremely disappointed when eliminated.
- b) **Internal Recruitment.** The internal recruitment process suffers from nepotism. I believe that the best person for the position is often not the one chosen for the job. For example,

Most of the positions in the Service have little monetary reward for the rise up the ranks. Because of this fact, I believe that many officers who would be good for the Service in higher ranks, do not apply to higher positions.

- c) **The training at the Training School is intensive.** I believe that pre-training material would be of benefit to the new recruits before they enter the School. When given their first Station placement, recruits are placed under the care of a training officer. The training officers receive no monetary reward for undertaking the training of the recruit. Often, the training officer is chosen for the job without his/her consent. Many officers have complained bitterly about having been given trainees or multiple trainees (one after another). This situation does not provide a good training atmosphere. Training officers for new recruits should be chosen from a pool of

applicants for the position and should be rewarded for undertaking this important role. A similar training system exists for all other areas where there are staff training for a new role, for example, from Paramedic to Intensive Care Paramedic.

- d) **Retention.** There are many Ambulance Officer Positions in the City/Coastal areas and much fewer positions in the Country areas. Many people applying for Ambulance Officer Positions are sent to the country once their training is complete. I believe that many of those recruits suffer from shock and leave the Service due to their placements in areas in which they are unfamiliar. The same type of situation exists were, for example, a person from Newcastle is recruited and sent to Sydney to work after their training at the Rozelle School. There should be a much better way of recruiting and placing staff where they would be comfortable on completion of their training. Many of these staff are unhappy with their placements and leave the Service, despite having signed an agreement that they will go wherever the Service wishes to send them in the State, following their initial training. A number of Station Managers have resigned their positions due to the pressures of carrying out the work of the position. They feel that the work load is too great and they do not receive adequate support from the ranks above them or from the "SYSTEM". Examples of officers dropping rank of recent times are,

Staff Occupational Health and Safety

1. Toukley Ambulance Station was badly contaminated by asbestos on the 19th September 2004. The Station was mostly constructed of asbestos cement materials and when the roof was damaged by hail, water containing asbestos dust entered the internal parts of the Station in most areas. In fact, water had entered the Station from the roof into the kitchen area for many years. The Staff were unaware that the water could have contained asbestos dust (attach 4). I was the Station Manager and was on duty when the water flooded the Station on the 19th September, 2004. I closed the Station and moved the duty Staff to Doyalson and Wyong Stations. Please see the attached time line of events (attach 5).

During this time, repairs to the Station were carried out by [redacted]. The repairs were totally unsatisfactory and were unsafe and the building was dangerous. [redacted], tried to force the Staff back into the Station using unfair tactics. I complained to the Professional Standards and Conduct Unit of [redacted], "Bullying and Harassing" my Staff (attach 6). They instigated a cover up by not

carrying out a proper investigation and did not interview any of the Staff or myself. The Staff refused to go back into the Station. This caused an industrial dispute which was brought before the Industrial Commission. The Commission ordered the NSW WorkCover Authority to investigate the "unsafe workplace" claims of the Staff from Toukley and the Health Services Union. The WorkCover Authority attended the Station and held a meeting with interested parties before inspecting the Station. Upon inspection the WorkCover Authority immediately closed the Station and ordered thorough testing for asbestos dust in the workplace (attach 7) and for an Engineers report on the "ROOF RECONSTRUCTION" (attach 8) carried out by which had been undertaken without any Engineer's details or plans being submitted to Council. The Industrial Hygienist Report found that there were eight areas of the Station which still had dangerous asbestos dust including air born dust in the "sign on room and the staff lounge room". The Engineers Report showed that the roof reconstruction was dangerous and he ordered changes to the roof to make it safe. During the time of the works at Toukley we wrote to John Della Bosca seeking his assistance as we thought that we were not getting proper assistance from the WorkCover Authority. See his reply attached (attach 9). A meeting was arranged to be held at Parliament House, chaired by and attended by four other Parliamentarians, the Health Minister Morris Iemma's assistant, the CEO of the ASNSW Mr Greg Rochford, Northern Divisional Manager ASNSW Mr Alan Loudfoot and HSU Representatives. The meeting was to discuss the Toukley Station "repairs fiasco" and any other related matters. At this Meeting Mr Rochford and Mr Loudfoot were proved to be "not stating the truth" to the Meeting (attach 10). I was the one who pointed this out to the meeting. See letters from attending Members attesting to the lack of truthfulness from the representatives of the Ambulance Service of NSW. Later, HSU Sub-branch President Tony Weekes and I had a private meeting with Mr Della Bosca, Health Minister John Hatzistergos and Director General of Health Robyn Kruk to complain about the ongoing contamination of the Toukley Station and the lack of help from the WorkCover Authority. In particular, we complained about the failure of the WorkCover Authority to take any action against the Ambulance Service for working staff in the asbestos contaminated building and for taking no action against for its unsatisfactory work at Toukley and its numerous breaches of safety undertaking its work on the site. had presented the Station as fit for reoccupation when it was clearly unsafe. WorkCover ultimately renewed licence for a further three years. When these further remedial works had been carried out, a meeting of Ambulance Management, WorkCover Representatives, Health Services Union and Staff took place. It was explained to the meeting that the staff felt that the Station was still contaminated with dangerous asbestos

dust. An agreement was reached, that if water again entered the Station, the Staff would leave until the Station was tested to be safe. The Staff reoccupied the Station and asbestos problems were noted and reported only one month later (attach 11), one week later water once more came through the roof. A meeting was held at the Station with . Staff refused to work at the Station. Following the meeting, and his staff phoned or met with staff individually and I believe intimidated them to continue to work in the Station. An OH&S Committee safety report (Risk Assessment) was done on the Station following the meeting. It found that there were four areas of the Station contaminated with asbestos dust, which could cause death (attach 12). kept this report secret and did not give it to the staff. The Department of Commerce commissioned an Industrial Hygienist to again test the Station. The report showed that the Station was contaminated and the "ASBESTOS" had to be removed "IMMEDIATELY" (attach 13). The ASNSW continued to work the Staff in the contaminated Station for the next eight months until I wrote to WorkCover, condemning them for not acting on the situation. WorkCover then issued a "Workplace Improvement Notice" (attach 14) which closed the Station for more repairs. WorkCover did not take any action against the ASNSW for knowingly working the staff in the asbestos contamination. I wrote personally to the Manager of WorkCover Mr Jon Blackwell about the lack of help from, or action by WorkCover. I feel that all I received from him was a cover up. Letter from Mr Blackwell attached (attach 15). During the course of events, at the first meeting in Parliament, I raised the question that, "all Ambulance Stations should be checked for asbestos contamination". I was backed up by Maree Andrews and the CEO ASNSW committed to this. The HSU appointed me as the Northern Division Representative to sit on a new Committee to oversee the asbestos testing of all Stations (attach 16). When this was faxed to the Central Coast Sector Office,

set about trying to have me taken off the Committee. He sent defamatory material against HSU officer Bob Morgan and HSU Sub-branch President Tony Weekes to all Stations via the Sector Office fax and they were also placed on Hospital Notice Boards (attach 3). Complaints about this "Management" intimidation were made to the CEO ASNSW and to the Professional Standards and Conduct Unit. They both carried out a cover up and then promoted to

In the same office, received a letter address to me, marked "CONFIDENTIAL", from the CEO ASNSW. disclosed the contents of this letter to all present at a union sub branch meeting. I complained to the CEO ASNSW and an investigation found that had breached confidentiality (attach 17). I was told by Mr Alan Loudfoot that was placed on a "probationary period". During this probationary period,

was promoted to . All of the matters above, and other related matters were taken to the NSW Health Department (Corporate Governance and Risk Management Unit), seeking help as we felt that we were not getting a fair deal from the CEO Mr Rochford. We asked for an "Independent Investigation" of the role of Senior Management of the ASNSW in the Toukley Ambulance Station Asbestos Fiasco (attach 18). We were assured that an independent investigation would take place. Several meetings were held at NSW Health, handing over documents to prove our point of view and to answer questions from Health. Finally, I received a letter from Deputy Director General Health Mr Robert McGregor, which advised that he had given the whole complaint to the CEO ASNSW to investigate himself and that the result of his investigation was that nothing was wrong (attach 19). We had been deceived by NSW Health. All along they were allowing the CEO ASNSW to investigate himself.

2. The recent introduction of a new "Working Uniform" has caused many problems. Not the least of which is a uniform which is very hot to wear. Many Staff refuse to wear items of the new uniform, for example, they still wear the old white shirts with the new cargo pants. Many officers wear the tee shirt without the over shirt, risking "misconduct" charges from superiors. The role out of the uniforms was something from a comedy caper. For example, at Hamilton Station in the Hunter, about 80% of the new uniforms did not fit the Staff when it was received. Instead of taking the new uniforms around to every Station and having the Staff, try it on and get the right sizes for ordering, the ASNSW tried to send out what they thought would be the right sizes to each individual officer. It resulted in most uniforms not fitting and having to be sent back to the State Stores to be corrected. A time wasting and expensive exercise.
3. It took me four years to have the disused in-ground fuel tank removed from Toukley Station which was a dangerous OH&S issue. Despite writing numerous reports requesting that the tank be removed, and including the tank on the yearly Station Maintenance Report, I was forced to request a WorkCover Inspector to attend the Station. The Inspector wrote the ASNSW a "Workplace Improvement Notice" to remove the tank (attach 20). At the same time I complained about the unsafe storage of Oxygen on the Station, which I had also tried to have remedied. This was also included on the "Notice". See copy of Notice attached 20. It took years for the oxygen storage problem to be rectified, only being finalised in 2006 (attach 21). When I notified WorkCover of the fuel tank and oxygen problems I was then singled out by the ASNSW and accused of not following protocol and informing the ASNSW of the problems. I answered the accusations and proved that I had not acted incorrectly. I do though, believe that I was singled out for later retribution.

OPERATIONAL HEALTH AND SAFETY

1. Two calls which I have attended of recent times are disturbing to me and have caused my partner and I grief. The first case was to attend to

I had to climb over a wire mesh fence and examine the patient for the Police on scene and declare that he was deceased. The examination of the body was of course unpleasant to say the least. When I was back in the ambulance and attending to the Patient Health Care Record for this case, I was put onto another emergency case by the Northern Operation Centre. I believe that in such cases time should be made available for a case debriefing before the attending staff are placed back on active service. I had not even completed the paperwork. The second case, some time later, was to attend to a shooting victim. It was Christmas Day, 6pm at night. Police were in attendance at an address and met us on the street in front of the call address. They asked me to examine the person in the bedroom and to advise them of the patient's condition, they believed that the patient was deceased. On the way to this case the young officer with me had advised me that he had not attended any shooting cases and had not seen anybody that had been shot. I said that I would look first at the patient and talk to him. I examined the patient and found

I left the room and advised my partner that it was a very distressing sight and that he did not have to look. He did look and was clearly shocked by what he had seen. When we left the house there was an

Ambulance Supervisor outside on the street. I asked him if we could return to the Station at Hamilton for a "DEBRIEFING". He laughed and said that we don't have time for that. When we were pulling back into the Station we were given another emergency case, no debriefing ever took place. I believe that the ASNSW is placing its Staff under undue stress on many occasions and does not follow its own POLICIES to deal with stressed staff.

2. The world in which we operate as Ambulance Officers has been becoming more and more violent and dangerous over the time that I have been in the Service. I know of many Officers who have suffered attacks from those that they have been called too, or from others near the scene. In the Newcastle Area, Police attending to scenes with us have a "Portable Radio" each on their person. Ambulance Officers attending the same scenes usually only have one radio between them, or sometimes no radio at all. On the change of shifts, often there are ambulance cars still out "On The Road". Ambulance crews starting the next shift sometimes don't even have one portable radio. I believe that it is vital for staff safety that each officer has his/her own portable radio, as often an officer is left alone with a patient as their partner returns to the ambulance to retrieve or deposit equipment. Either officer could get into difficulties in some way and not have any communication with each other or with the Operations Centre.
3. There are many ways in which the ASNSW cause the stress levels of Staff to be higher than they should be. Examples of situations which cause stress levels to be high or increased are:-
 - a) Stores not available when staff go to the Station Store Room to restock their ambulance,
 - b) No replacement equipment available on Station when an equipment failure occurs, necessitating another ambulance to be robbed of equipment or an ambulance to be "PUT OFF THE ROAD", out of order.
 - c) Old dilapidated buildings with lack of staff amenities. For example, Tonkley Ambulance Station does not have proper facilities for the staff to change their uniforms. Also there is only one shower, which is located in the men's toilet room. See Tonkley Station Meeting Minutes.

- d) Many Stations have no on Station parking facilities for the ambulances to be parked under cover. The ASNSW, has in some instances, for example Stroud Station, deliberately turned the garage on the Station into a room. The Ambulances on the Station are parked out in the open. Other Stations with ambulances parked in the open are Toukley, Narrabeen and Hawkesbury River. The Staff getting into these cars to respond to emergencies have to brave the weather to get into their cars. In summer, the cars are extremely hot. This also leads to another problem. The drugs stored in these cars, out in the heat, are being heated up to very high temperatures. When the labels on these drugs are examined, they advise that the drugs must be stored below 25 Degrees Celsius. How do we know that the drugs are going to be effective when they are used on a patient if they have been heated and cooled repeatedly?
- e) Ambulance crews are increasingly being responded on cases which have been handed over to the Ambulance Operations Centre from the Police Radio Centre. For example, ambulances are often responded to calls such as, domestic dispute. Often the ambulance crew arrives on scene a long time before police arrive on scene. This is a dangerous situation for the ambulance officers. Often ambulance crews are told to stand off until the police arrive on scene. The crew stands off say, around the corner. Then before the police arrive on scene the crew will receive another call from the Ambulance Operations Centre telling them to go to the address as the police have told them that the offender on scene has left and it is safe to enter. The crew has gone up to the front door and the offender is still there. This is an extremely dangerous situation for ambulance officers and becoming more common.

ANY OTHER RELATED MATTER

1. I complained to the CEO, Mr Rochford about fraud in relation to services provided to Toukley Ambulance Station (attach 23). The professional Standards and Conduct Unit of the ASNSW was given the case by the CEO. The PSCU did not interview any of my Staff, or myself in relation to this matter. The PSCU came to the conclusion that nothing could be proved to be fraudulent. I believe that they did not conduct a

proper investigation and did nothing more than undertake a cover up of the fraud perpetrated by a senior officer. See attached a letter from the CEO and also a letter from the Auditor General in regard to this matter.

2. The Station at Toukley has no recovery of the waste water in the vehicle wash bay, which is also common on many Ambulance Stations around the State. The wash bay water runs into the storm water system and then into Tuggerah Lake. The water contains blood, soap, oil and road grime. The ASNSW allocated funding for the construction of a wash bay. The funds amounted to \$89,825.82. Please see the email from the officer who allocated the funds and his request to see the finished wash bay. Then see the reply from _____, where he explains that he used the allocated funds for the wash bay to pay for a new roof for Toukley Station instead (attach 24).
3. The CEO Mr Rochford, some six months after he was due to confirm my permanent position at Hamilton Station, continues to keep me in limbo, failing to even acknowledge correspondence from the HSU. See letter from the HSU (attach 25).
4. The CEO Mr Rochford, I believe continues to "Bully and Harass" me, by not giving to me, the Service Medals to which I believe that I am entitled. Please see the letter from the CEO in regard to the "Clasp to the National Medal", which was being held from me by _____ (attach 26). I had to ask the NSW Police to intervene on my behalf to have these medals handed over to me. _____ was "Out Of Order", holding my Medal Clasp from me. The CEO does not apply the same rules to himself, as he continues to hold my Service Medals under the same "Out of Order" criteria that he said that _____ had incorrectly held my "Clasp to the Nation Medal" (attach 25, 27). Could this matter please be resolved as my Service Medals became due to me some 6 years prior to the Toukley asbestos contamination problems.
5. The ASNSW handed me a Medal for working during the "Emergency And Recovery Response 2007 Hunter And Central Coast Floods". My name was spelt incorrectly and they offered to have a new medal presented to me with the correct spelling of my name, which I accepted. I can't understand how they can get my name wrong after 28 years. Since I have now received two more medals for the same thing. How could the ASNSW order three medals for one Officer?
6. There is a "High Rate of Suicides" within the Service. I believe that there have been about 25 attempted or successful suicides over the past 12 months. I believe that this is far too high for such a small community of workers, approximately 3000 Officers, and needs to be investigated.
7. I believe that the CEO Mr Rochford has engaged in the BULLYING of STAFF, not only of myself, others such as Peter Rumball and Tony Weekes, both Union Sub-branch Presidents. If it is found that he has not

personally Bullied, yet I don't believe that that would be the case if properly investigated, he has allowed other Senior Officers in the Service to undertake Bullying and Harassing conduct towards Staff. Similarly, when NSW Health has been advised of the Bullying, it appointed Deputy Director General of Health Mr Robert McGregor to investigate and take action. He has not taken appropriate action and the Bullying and Harassment has been allowed to continue. The Bullying and Harassment is "SYSTEMIC" at the Higher Levels of Management in the Service and the CEO has not taken action to eradicate it or control it (attach 28).

8. The Professional Standards and Conduct Unit appears to act as a "Special Unit" to work for the higher management levels of the Service. It appears to take instruction from the higher levels, who determine such things as, which complaints will be investigated, which complaints will be properly investigated and given due process and particularly doesn't interview staff who have made a complaint about Senior Staff. I believe that the PSCU must be made a separate Unit from the ASNSW, similar to the Police Integrity Unit. It must not be directly under the control of the upper levels of the ASNSW.
9. Of concern to me, is the fact that the Computer Program which was part of the propaganda used to convince the Government to purchase the Computer Aided Dispatch System, namely the Program which identifies the closest Ambulance to any emergency received, is turned off, because I am told that it **DOESN'T WORK**. The other concern with the System is that, it has markedly slowed down the time taken from the call being received until the time of despatch of an Ambulance. Before the System was introduced, the Operations Centres took pride in despatching emergency calls within one minute of receiving them. With the new System, calls take up to four minutes to process, a marked decrease in SERVICE. I have personally been given two cases where I was responded to a house across the street from where I was sitting in the Ambulance, the calls on both occasions took six minutes to process. Patients can DIE in that time delay.
10. The ASNSW recently changed the "Working Uniform" of the Staff. When the new uniforms were issued, the Service changed the "Epaulettes" for every Ambulance Officer. The term Paramedic had until this time, been used to signify the Paramedics who worked on the Intensive Care Ambulances. These Paramedics also wore with great pride, their metal Paramedic Badge. The Badge had been introduced with the first Paramedics trained in 1976. When the Service introduced the new uniform, it made every Ambulance Officer a Paramedic. It put Paramedic Epaulettes on every Ambulance Officer, except the previous Paramedics, who were given Intensive Care Paramedic Epaulettes. The Intensive Care Paramedics were ordered not to wear their Metal Paramedic Badges. The excuse for the order not to wear the Metal Badges was for, "OH&S" reasons. I have never seen or heard of anybody ever being injured by a

Paramedic Badge. The Service has taken away a great TRADITION for no good reason. Secondly, the Service has created a great fraud on the community. Every time an Ambulance turns up to a call, the people at the location think that they have Paramedics attending them. They don't have what used to be Paramedics, they don't have any idea that they haven't the highest level of Officer attending to them. An example of the problem I have outlined can be seen on the ABC, FOUR CORNERS SHOW, 09/06/08, when a stabbing victim was brought into St Vincent's Hospital in Sydney. It was embarrassing for me to see Paramedics, deliver a patient to the Hospital, when they had not found that the patient had numerous stab wounds in his back. Had these officers been Intensive Care Paramedics, trained to a much higher level, they would have had a much more professional hand over to the medical staff at the Hospital and I believe the treatment may have been of a higher quality. Anybody at the scene, or watching the Show, would have had the wrong impression of who the Ambulance Officers were. A question about this case. Why were there no Intensive Care Paramedics at this case attending to this patient and rendering the highest quality care that this State can give?

11. The drug Fentanyl was introduced by the ASNSW to be used for pain relief. Certain Ambulance Officers can use the drug, others are not qualified to use the pain relieving agent. Since its introduction, there have been numerous occasions when there has been none of the drug available. State Stores have been unable to supply. Many patients who require pain relief have not been able to be given any pain relief due to the Ambulance not having any drug available. This is a very unacceptable and extremely frustrating situation for the Ambulance Officers and painful for the patient (attach 29).
12. I was amazed in 2004 when the ASNSW sent me a letter offering me inclusion in courses for Aboriginal Officers in the Service. I am not of Aboriginal origin and have never filled out any forms which could indicate that I am. I feel that their record keep in the Human Resources office could be suspect (attach 30).

In closing, I would like to add that I am willing to give evidence personally, under oath, or to provide any material relevant to the points which I have raised in this submission.

Yours truly,



22/6/08

Stephen Hogeveen BHS_c (PHC), JP