

Submission  
No 150

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

**Name:** Ms Deborah Hogan

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I write this submission to the committee which conveys a short version of my own story and hopefully assist the committee in understanding that the issues facing the Ambulance Service of NSW today have been identified numerous times in the past, but have never been addressed for whatever reason.

I was employed by the Ambulance Service of NSW as an Ambulance Officer from 1988 until 2003. In that time I progressed up both the clinical and management streams.

My experience was as follows:

- Ambulance Officer
- Intensive care Paramedic: Training Officer, Metro/Country, Single and Dual response.
- Station Officer. Substantive both Metro and country stations.
- Acting positions: District Officer (Metro), Superintendent (Rozelle)
- Recruitment both Uniformed/Non-uniformed
- Coordination Officer (Radio Room)
- Associate Lecturer (Charles Sturt University) Pre-Hospital Care degree.

To say that the first 12 years of my career were rewarding would be an understatement. It is, without a doubt, the most satisfying and rewarding profession anybody could have. The Ambulance Officers that I have had the privilege to work with, and remain in contact with, are dedicated to their profession and committed to improving patient outcomes. I considered myself one of these professionals.

Toward the end of 1999 I was persuaded to take over a high profile, short-term management position after the incumbent was stood down. Over the following 10 months the very people who lobbied me to accept the position began undermining, intimidating and ridiculing me. I believe that their initial perception was that I could be manipulated to their way of thinking and assist them in fulfilling their own agendas. When I refused their requests, as I considered some to be corrupt and others to be fanciful my support disintegrated and I was alienated.

I eventually became overwhelmed with the situation and suffered a psychological injury. This took me away from work for a period of approximately 5 months and left me under the care of a psychiatrist and on medication for a number of years afterward. During my time away from work a rumour and innuendo in relation to my absence circulated. To top the whole episode off the Police came to my home to discuss my attempted 'forging' of Olympic Accreditation Passes. They told me at the time that certain members of the Service had insisted they question me. This was a nonsense visit as some of what I had been accused of had actually happened while I was away from work.

Upon my return I never felt quite the same, I knew that my reputation had been tarnished and always felt uncomfortable and self conscious around the people I worked with.

A vacant position came up in my home town and after consulting with family and friends it was decided I would apply for the position as Ambulance Officer and resign my

substantive position of Station Officer and return home. It was hoped that this would enable me to find some solace and recover from the trauma of the previous 2 years. However, just as I was settling in, one of the persons responsible for my injury was promoted to the same location and the intimidation (both obvious and subtle) continued. After a period of time I applied for a Station Officer position at the station, but even with my previous experience I didn't get the job. I appealed the preferred applicant at the GREAT Tribunal and won. The decision makes excellent reading.

The ASNSW Professional Standards and Conduct Unit and the ICAC received reports (with supporting documentation) from me outlining the harassment and intimidation I was subjected to and also the inadequacies of the recruitment process within the Service, but the response from both was that the Service had no case to answer. I felt as though my attempts to promote a change in the organisation were seen only as the ranting of an embittered employee. I was not embittered I was frustrated and disillusioned by the negative response.

I made a common law compensation claim against the Ambulance Service of NSW to try and have my concerns issues addressed, but my case was quickly settled out of court.

I finally came to the realisation that my issues with the organisational inadequacies and my own personal bully were never going to be resolved I resigned. (my supervisor and long time adversary offered to write my resignation for me).

During my 15 years with the Service I saw first hand the underhanded management style of a 'network' of senior managers and how they strategically destroyed the careers or ostracised those who did not conform to their style or assist them in their endeavours. This 'network' was fraught with corrupt, intimidating bullies who provided protection for each other and those aligned with them.

Some of the other poor management decisions I witnessed during my time were Stations Officers who gained enjoyment from deliberately working officers together who didn't get on just to watch the 'fireworks' or officers being rostered on days they had requested off months in advance, radio room operators picking on staff by increasing their workload and it used to be a standing joke that if you wanted to get off work on time you never requested it because you would always be given a late job.

An Ambulance Service Board and a permanent non-uniformed CEO (or several) hasn't worked. Employing the first uniformed head from outside the Service was a good idea, however, the abovementioned 'network' planned his downfall and succeeded. I was privy to some of the conversations.

Even though 5 years have past and I feel that for the most part I have moved on, it does irritate me when I see members of the 'old boys network' (not gender specific) who destroyed and are probably still destroying careers and lives being rewarded with the highest levels of commendation for their service to the ASNSW.

There are some recommendations I would like the committee to consider:

**1. All staff recruitment is done externally or with a totally independent convenor!**

This will provide a transparent selection process with no bias. It will prevent nepotism and corruption and allow for the right people to be employed and/or promoted. This will also give staff confidence in the process. This may also allow for the retention of staff.

**2. All management positions are re-advertised and recruited.**

Although this may be a logistically terrifying objective it should certainly 'weed' out staff that have been placed in positions of power because of who they know rather than recruited on merit. Some management position holders have been in their jobs for years without any constructive or competitive assessment of their performance or abilities. (Both uniformed and non-uniformed)

**3. Disband the Professional Standards and Conduct Unit. This unit is not divorced enough from management in the organisation to be impartial when it comes to complaints and/or reports of corruption etc.**

Set up an independent panel comprising persons drawn from a variety of relevant professional backgrounds to investigate complaints and/or corrupt behaviours etc. This would also alleviate the issue staff, have with the consequences of speaking out.

**4. Improve Patient outcomes**

Retention of staff is the most important part of this. Initiating a transparent recruitment process and allowing staff an independent hearing of their concerns would improve the retention of staff, in particular uniformed staff. Also junior officers need to learn from those who have experience, expertise and knowledge. In my opinion it takes at least 2 years to have the expertise and confidence to respond to an **emergency** case with a junior officer or 'single out'. In my opinion, and from my experience, there should be no single response Intensive Care Paramedic until these officers have **at least** 6 months with a senior officer.

**5. Communication**

For years I found the Service had a one way communication network. From the top down. The Service needs to recognise the talents of staff, encourage the participation of **all** employees in decisions involving working environment (not just the chosen few). This communication process would need to be valued and the Service not just pay lip service to ideas. Case in point: the 'on-road' uniform. This had been ongoing for at least 15 years that I know of. How many uniform committees were formed before they finally replaced the outdated uniform?

I would like to thank the committee for reviewing my submission and hope that some of my recommendations would at least be considered. Even though I had a difficult time at the hands of certain personnel in the Service toward the end of my career I will always consider myself to be an Ambo. I would like to think that my experience would be taken into account when reviewing my recommendations. I always remember telling people when they

first started in the service to enjoy the job and forget the politics and management. I only wish I had taken my own advice as I may still have been in the Service.

If you require any further information please don't hesitate in contacting me

Deborah Hogan