

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

Name: Suppressed
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Partially Confidential

**Submission regarding the Inquiry into management and operations of the
Ambulance Service of New South Wales.**

Dear Sir/Madam,

I am an Intensive Care Paramedic with greater than 10 but less than 15 years experience. I have worked my entire career within Sydney. I have no management experience within the ASNSW – not one day.

I wish to touch on a few issues already mentioned in previous submissions, namely ASNSW autonomy, management, recruitment, pay, staffing, and the use of “private” Ambulance Services.

Lack of Autonomy & Management:

If the figures quoted in submission # 13 regarding the portion of the NSW Health budget attributed to the ASNSW are shown to be accurate, then they are frightening but not at all surprising to any frontline Ambulance Paramedic.

The ASNSW’s highest level of Senior Management are answerable to a professional bureaucrat, instead of directly to the minister, as is the case with the other Emergency Services. It is astounding that the ASNSW has to beg for every last penny and be forced to “balance budgets”, when we are providing an ESSENTIAL service. Surely, at least with regard to the very basic costs of providing care to the residents of NSW, such as salaries & wages, and supply of vehicles, equipment and stock, it costs whatever it costs to provide this service to the public. Can we really afford to be penny pinching and fighting the NSW Health for a slice of the budgetary pie when we are tasked to provide the very best in pre hospital care to every patient requesting our assistance?

With regard to stores and stock, currently we often find that requested items are refused by the stores (who of course have to operate within budgetary constraints) because we have used “too many” of an item or “more than average monthly usage”. As an example, maternity “kits” have frequently been refused because stations have used greater than their average monthly usage. Surely they are not suggesting that after a set amount of maternity cases we begin to refuse attending this type of case because we have already had our monthly quota. The requirement for this type of stock is both unpredictable and very necessary. Do the bureaucrats really think Ambulance Officers are taking these home for personal use and that these items are not in fact used to conduct the day to day business of providing care and assistance to the public?

There is a saying in the ASNSW that the more incompetent you are, the higher you are bound to be promoted. As a rule I do not believe that to be true, but there certainly seem to be some examples of this principle in action. Promoted “uniform” officers do indeed have to mould themselves into their new roles as managers, but I honestly believe that their responsibilities are well within their areas of expertise, and perhaps more importantly, the way they handle their

responsibilities will be a reflection of their experience as an operational officer, not that of a person who has no Ambulance perspective and manages from a text book. I believe these people, though they start their careers as "mere" Paramedics, can by and large professionally manage budgets, especially if the size of the budget provided is manageable.

I do not agree that upper level management positions should be vacated and opened up to external applicants. As stated previously, I believe there is no better person to understand the needs of the everyday Paramedic to enable the provision of the expected level of service to the community than a person who has been there and done that. Anecdotally, professional managers care about budgets, and "Ambo's" care about providing a service. This should be our highest priority, and to provide the service we do it costs more money than is currently "budgeted". As a result the ASNSW is forced to make cuts on stock, uniforms and essential services to meet budgetary constraints. This is outrageous. I am not suggesting the ASNSW should be given an open cheque book, just that basic and necessary costs such as salaries and wages, vehicles, maintenance of infrastructure, fuel, and provision of medical equipment and supplies be met without a bureaucrat screaming that it costs too much.

They say you cannot get blood out of a stone. Well, while ever the ASNSW is punished for going over budget in providing essential services, this is exactly what is being asked currently of our upper level managers.

I am certainly no apologist for ASNSW management. They, like the management of ALL other organisations, have their faults, but I believe that they could achieve much more and improve the provision of Service were they not answerable to a bureaucrat.

The sale of ASNSW resources and infrastructure to fill short term holes in budgets is disgraceful. As an example of this is the sale approx five years ago of many Sydney based Ambulance Stations. Using one of many examples, Bankstown Station was sold and leased back on a 10 year agreement for some ridiculously large monthly premium. It is one of the busiest stations in Sydney and as a result they require a great amount of floor space (of which there is already not nearly enough) to facilitate the provision of services to their local community. As it stands the owner wishes to take possession back at the end of the lease in approx another 5 years. At that time the community of Bankstown will have NO local Ambulance Station – unless of course within that time we manage to locate an enormous vacant block within one of the most heavily built out areas in the city and State, (that we can afford to buy within our paltry budget) that we can build an Ambulance Station on. But at least we balanced the budget (that year).

Ambulances are constantly being moved from suburb to suburb at all hours of the day and night to attend cases outside of their own area. If a given area proves to be high demand consistently, often the demand is met by moving resources in consistently from other areas, rather than increasing daily deployment levels within that area. The positioning of Ambulance Stations is inconsistent and is not

in any way related to where the areas of highest demand are. As a result some stations cover very large geographical areas and the patients who live on the extremes of those areas suffer from extended response times. Carlingford in Sydney has been used in a previous submission as an example. This is a suburb that is well established, completely built out, has a high population within the suburb, yet whose closest TWO Ambulance Stations are about 15 minutes away. The ASNSW expects response times of less than 10 minutes to emergency calls, but fails to provide the infrastructure necessary to enable this to be consistently met in certain areas such as Carlingford.

The NSWFB actually plan their infrastructure needs where new suburbs are emerging and ensure (indeed they are required to) that they build stations in sufficient numbers and in appropriate locations to cover the expected population growth and maintain low response times. There is another saying within the ASNSW that every time someone pitches a tent in an empty paddock, the NSWFB build a station next to it. The ASNSW goes the other way, preferring to shut down local stations and start everyone out of “super-stations”, with the plan being that after you commence shift at one of these super-stations, you are expected to go and park by the side of the road somewhere in Carlingford and stay there all day waiting for a job. That is apparently how we plan to reduce response times – have Paramedics waiting by the side of the road without access to a microwave or a toilet, instead of spending times of decreased demand in the comfort of a station that actually has those basic facilities.

Recommendations -

- Make the ASNSW a commissioned service. When it comes to the day to day operations of the ASNSW with regard to provision of basic services and care to the public, a “uniformed” Officer or “Commissioner” should be running the show, and the bureaucrats should be answerable to them. It should not be, as it is now, the other way around. Who else but a person who has real experience as an Ambulance care provider can really appreciate what resources are required to get the job done right?
- That Ambulance Stations and infrastructure be planned to reflect expected population growth areas and be positioned in such a way that certain suburbs do not get a sub standard (i.e. slower) service provided to them, even when they live in the middle of a populated Sydney suburb.

Recruitment:

Recruitment standards are actually dropping over the years as the ASNSW becomes more desperate for staff. Ten plus years ago the application process involved several thousand applicants and took about nine months from application to start date. Now we are struggling to get applicants, those that do apply appear not to be subject to as strict scrutiny as applicants once were, and the process for some can now take weeks rather than months. On this last point, this can only be a good thing, but lowering the standard required of an applicant is not. After all, the

role now entails much more responsibility and is far busier than it has ever been – shouldn't recruitment standards increase?

Part of the problem with attracting applicants is pay related – the base rate of an Ambulance Officer compared to that of a Fire Fighter, Police Officer or even Nurse is very poor. Ambulance Officers depend on overtime and meal penalties to pay their bills because nobody can live on the base rate alone while paying a mortgage and raising children. Why take on a job that requires shift work and carries with it great responsibility, sometimes *literally* the responsibility of a human life, for less pay than you can get working as a manager at McDonalds?

With regard to rural areas and specifically communities that are always struggling to get Paramedics to stay in town for more time than they absolutely have to, why are we not recruiting directly from those communities, rather than sending a "city slicker" out there, forcing them to leave their families behind to go to a place where they will never stay. I am absolutely certain that within these communities reside individuals that would be perfectly suited to "the job", and who would be very happy to be recruited specifically for their home town, but who would not consider seeking employment with the ASNSW as it stands because they too, like many "city slickers", have no interest in leaving their home town behind when they are perfectly happy where they are now.

A career as an Ambulance Paramedic can be stressful can certainly take its toll over a number of years. It is currently extremely difficult to get any period of unpaid leave approved that would enable Paramedics to take some time out and get refreshed for the second half of their careers, as ASNSW management apparently find this inconvenient, and chose to ignore NSW Health policy regarding "career breaks". The result is that many Paramedics are forced to resign to get their "career break". Often, after a year or two, many of these Paramedics who leave the Service often chose to return to the fold after having had the experience of working a "real" job, and having had some time to refresh their minds and bodies, enabling them to go back into battle again on the frontline of emergency health care with the smile back on their faces and their enthusiasm to provide a quality service completely renewed. It would be of great assistance to many if the ASNSW would be more flexible and forgiving of Officers with more than a certain number of years experience (say 10 or 15) seeking a period of unpaid leave, rather than forcing them to resign altogether and losing many years of experience and training.

Recommendations –

- That steps (such as a pay increase that more accurately reflects the professionalism and responsibility of the role) be taken to improve the number and quality of applicants
- Recruitment standards be increased
- That specific targeting of rural communities for recruitment takes place
- That recruitment in general be increased to reflect increasing demand.

- That provision be made for the enabling of “career breaks” of up to one year for officers with greater than 10 years service.

Pay:

As already stated, pay rates are far below that of equivalent positions in other relevant occupations. Paramedics currently rely heavily on overtime, meal penalties (payable by the Service to the Officer when his/her **unpaid meal break** is interrupted) and off duty “call-outs” to supplement their incomes.

With regard to meal penalties (payable only within Sydney Division as all other areas do not have unpaid meal breaks), this is (as the name suggests) a *penalty* paid by the Service to the Paramedic for interrupting (or not providing within a set time frame) their *unpaid* meal break. Within Sydney Division many of the busier stations are flogged mercilessly all day and all night and the only reward they get is these meal penalties paid to them – the ASNSW wants to remove these unpaid meal breaks and the penalties attached to them, therefore removing the only disincentive currently in place to allow the crews a break between non urgent cases. This may be okay if the ASNSW set up a pay structure that rated stations so that Paramedics working in high workload areas get paid more than those that work in low workload areas. No such proposal has been put forward by the ASNSW.

The same can be said for the pay attached to ranking Officers within the ASNSW. A Station Manager running a Station with 60 Officers that turns over 1000 cases a month gets paid the same rate as does his colleague that manages a station with 3 or 4 staff, who may do about 30 cases a month. The identical position in the NSWFB, who commands NO MORE than 4 staff, gets paid markedly more for their efforts, and also share their workload among several stations managers attached to each station – unlike the ASNSW, who has one station manager per station.

Throughout my years in the Service the skills and responsibilities of the “basic level” of Paramedics has increased exponentially – yet pay has not been increased (above that attained at the usual award negotiations, a few percent here and there) to reflect this. We are training our Paramedics to a higher standard, expecting more of them, working them harder than ever before, and paying them effectively not one cent more.

Recommendation –

- Pay rates be increased markedly to more accurately reflect the professionalism, experience and responsibility attached to the role, through **all** ranks and levels
- Make pay rates comparable to other emergency services and health care staff.
- Increase lower level management numbers on larger stations to reflect the increased workload.

Staffing:

Another area of concern is increasing demand for Ambulance Services. I have heard it said that demand has increased 25-30% over the last five years, yet the deployment of Ambulance crews on a day to day basis has increased less than 5 percent over the same period. Demand for Ambulance services has increased markedly in all corners of the State, yet the available Ambulance resources have barely increased at all.

The ASNSW has increasingly diversified itself over the years to take over some of the responsibilities of a failing Health system. Examples of this are the Rapid response service, Ambulance Release (ART) teams and the Extended Care Paramedic Program. ALL of these programs were started as a direct result of the ever increasing hospital delays experienced by Ambulances taking patients into Emergency Departments.

The first thing the ASNSW tried (and maintains to this day) was “rapid responders”, who were single officers responding to emergencies and ensuring that a Paramedic arrives within the expected timeframe to your door after calling “000”. This was in theory necessary because frontline fully staffed Ambulances were unavailable frequently because they were delayed at hospital. The beauty of the program is that response times are not blown out because *someone* got to the patient in a timely manner. The downside is that this Paramedic is a single officer who is in a small car and therefore cannot actually effect the transport of the patient to the hospital. To do this you need to still await the arrival of an Ambulance with a double crew on board. Would it not have been easier to leave the rapid response officer on an Ambulance as part of a double crew so they can transport the patients they attend to? All this trouble just to put window dressing on a problem is not even ours to begin with.

The next solution to this same problem was the invention of the Ambulance Release Teams, that consists of Off Duty Paramedics getting paid overtime just to sit at hospitals and take over the care of non critical patients currently occupying Ambulance stretchers for extended periods because no hospital beds are available. Again, another example of the ASNSW attempting to fix a problem that is not theirs to begin with.

Finally the most recent attempt at fixing the Health systems problems is the Extended Care Paramedic program, which aims to reduce hospital and emergency department admissions by (in part) allowing Paramedics to perform procedures on patients within their homes that were historically only carried out within a hospital.

These programs are all aimed at addressing issues that are not in any way the result Ambulance Service operations, management or practice. They are symptoms of a Health system that is failing to manage increasing demands. And worse still, the rapid response program and the extended care paramedic program

are taking trained Paramedics off Ambulances where they can do some real good for people, and putting them in sedans as single officers where they can meet and greet the patient and *initiate* care, but not actually take them to a hospital.

Recommendation –

- That staffing levels be increased to reflect the (now) expected “turnaround time” of Ambulance crews due to “hospital bock”.
- That the ASNSW **cease** the rapid response and ECP programs and put Paramedics back where they belong – on Ambulances providing pre-hospital care and transport to hospital, not depleting effective staffing levels by manning vehicles that cannot transport patients and working on band-aid solutions to the Health systems problems.

Private Ambulance Services:

Regarding submission 12, the real question should be, why *shouldn't* the ASNSW compete for the provision of service to special events and sporting events. These events are staffed by off duty Paramedics, and therefore do not take away from the provision of service to the general public at large. We often provide a cheaper, more professional service and we can actually take people to a hospital, unlike private ambulance services. This is why organisations such as the AJC will proceed with an event ONLY in the presence of the ASNSW.

Recommendation –

Submission 12 should be ignored as irrelevant, ill-informed and self serving on the part of the author.

Thank you.