

Submission
No 22

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

Name: Suppressed
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Partially Confidential

Dear Sir / Madam,

The following is a brief submission I made to the review into Ambulance Service at the start of this year, I would like to send yourselves a copy for your consideration. In regards to equitable access by rural communities to Advanced Clinical Skills, I have no doubt that the Service will point to their plan in this area as outlined in their document "Excellence In Care", which is a summary of strategies to be implemented in the next 5 years, as recently published on our Intranet site. But I would submit that as encouraging as this document may seem, it actually amounts to an unfunded wish list and as such is another example of the Service thinking a plan on a piece of paper only is progress, when it is anything but that.

I would like to take this opportunity to make my opinions known re the review currently being undertaken into the Ambulance Service of NSW. I am an Ambulance Officer attached to a rural Station in NSW. I have 14 years service with Ambulance, 13 of those years in rural areas and before this, have 11 years service with the NSW Police resigning with the rank of Senior Constable.

Staffing levels: For as long as I have been employed by the Ambulance Service and this remains so now. Staffing numbers at the vast majority of rural ambulance stations are kept at bare minimum levels. Numbers may be so that annual leave commitments are covered but very little else in the way of staff absences is covered. The last review into the Ambulance Service, the two part metropolitan and regional review made a major recommendation for regional stations to have a relief component in their staff of 33%, so that all stations were pretty well self relieving for all needs. What happened to this? The classic example of our staffing levels in regional NSW, can be found in a 'non-standard operating procedure' employed by the Western Operations Centre known as "the ring around". This occurs when the Operations Centre gets a job that they can not adequately assign to either on-duty or on-call crews. They then ring around by telephone any off-duty staff in an effort to cover the job. This would not be such a problem if it was an occasional occurrence but I believe if you looked into this, it would highlight how few ambulance officers there are in rural areas.

Equitable access by rural communities to Advanced Clinical Skills: It has been over a decade now that the Ambulance Service stopped Level 4 training for ambulance officers in rural areas. In that time we have seen the skills of basic ambulance officers improved greatly. This is of credit to the Ambulance Service. But there is still a gap between the basic ambulance officer and the advanced skills that the old Level 4 officer can apply to our patients. And that gap exists in our patients that have serious life threatening conditions. The Service says that they plan to train adequate numbers of rural officers to Intensive Care Paramedic (Level 5) grade. But we are still waiting for them to implement this plan. Why has this taken so long? Compare the response that a serious accident gets in metropolitan Sydney to a serious accident in Gunnedah, Narrabri or Moree. It is self-evident that the gap in services provided to rural residents is far from satisfactory. For greater detail on this point I have provided an e-mail (as an attachment) I sent on this subject to our CEO, Mr Rochford and his reply. Note in his reply that he admits, "I would have to agree with you that the fundamental inability of the Service to directly influence equitable deployment of higher clinical skills to remote and rural areas of the state is a cause for concern."

Management practices:

Recently published on our staff Intranet site, is a document entitled Newsletter - Western Division Realignment". On page two of that document under the heading "Underpinning Principles" is the following, "The State Operational Team sets the direction for operations on a whole of state basis; the Divisional Operational Team develops plans to implement strategies and the Sector Operational Team is responsible for providing support to front line operational officer on a daily basis." Well I

am sorry but I defy any of our managers to demonstrate that this actually occurs! It has never occurred in anywhere I have been stationed. In fact, invariably exactly the opposite is true. In that most of the middle level managers I have known make a concerted effort not to talk to the workers in case they talk of some problem they don't want to deal with. The document goes on to state, "The revised management structure is based on the principles of.....provide a culture of pro-active management in line with corporate direction". Once again this just does not happen. For the same reasoning as I have just stated.

The other related topic I would like to touch on is the subject of fatigue. This is related to staffing levels, in that the general low numbers of ambulance officers in rural areas leads to regular fatigue levels that are dangerous. This has been known by management for years now but there are no definitive guidelines on this subject. Another example of management just sticking their head in the sand.

Thank-you for this opportunity to have a say on these topics. I have kept my views here short, as I am sure you have many other to consider.

Regards