

Submission  
No 210

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

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Partially Confidential

Hello

If it is not too late, after reading the answers to Questions on Notice published today on your website I would like this brief note passed onto members of the committee as a submission

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I have just read the document entitled answers to "Questions on Notice" from NSW Health concerning fatigue, just made available on the Committee's website and draw to the notice of the committee just one point which I think well shows how duplicitous our managers are - even while giving evidence before the Committee!

After many years of service I feel it is now in their nature to be dishonest - maybe it is seen by those who promote them as a desirable trait in a manager - I don't know - because I don't select them. I do however know that I have instilled in my children that it is even more abhorrent to tell me a half truth. To lie to me is bad enough - to try to trick me by telling a half truth is deplorable and my children know it will result in much sterner consequences. Maybe their parents didn't talk to them enough or maybe they followed their parents' ideals - but a half truth is a lie in my book - end of story.

You will note in the transcript of proceedings for 28/7/2008 that when referring to night shift Ms Crawshaw, Mr Rochford and Mr Willis all highlight the intention to reduce the night shift from a maximum of 14 hour shifts to a 12 hour shift but they did this in a way that avoided prompting one to ask how those two hours are to be made up. The words day shift were not mentioned. They used phrases like "reduce the length of shifts from a maximum of 14 hours to 12 hours. However they carefully avoid leading one to raise the question - where will the two hours lost on night shift be made up.

The intention is to cover those two hours by increasing day shift by two hours - so a 10 hour day which often turns into a 12 hour day because of overtime will be rostered as a 12 hour day work - add the 2 hours overtime onto that and you will end up with a workforce destroyed by fatigue through working 14 hour days.

They made it sound very positive relying on WorkCover agreeing that 14 hours is too long - but now with overtime we will be working 14 hour shifts both day and night.

They also use words relating to the crib breaks to make it sound like having two breaks is better than one single break.

In their testimony they made it very clear that we had an hour paid meal break but at no time did they mention how long the two crib breaks were.

They are offering us two x 20 minute crib breaks - so while they are adding two hours to day shift they are at the same time reducing our "time out" by 20 minutes. Two 20 minute breaks per shift does not add up to an hour as many of us have now - it adds up to 40 minutes - not 80 minutes.

Why do they want 20 minute breaks? The answer is simple - to save money!

The way they see it, if we are required to have a full hour off, with the caseload as it is, the chances of a full hour passing without a OOD call coming in is remote. Because staffing is as it is and inappropriate caseload won't be addressed there is no opportunity to stagger meal breaks so one crew covers the area while the other dines and vice versa. They know the probability is high that we won't get our full hour break without interruption. It could happen if more staff were put on or the Service was proactive in reducing inappropriate OOD calls by billing inappropriate calls from health care card holders but they won't do that. Instead it is a simple matter of probabilities - reduce the time a crew is permitted to break for a meal and they reduce the

chances of the crew having their meal interrupted. Simple as that.

The motives for this are NOT to reduce fatigue - if it were intended to reduce fatigue - why would they be offering us 20 minutes less "time out" during a shift when we currently get an hour.

The true motives are alluded to near the end of their response to the fatigue question in the "Questions on Notice" document I found on your website. The pages are not numbered in that document so it is difficult to take you directly to the page but my PDF reader says it is at the bottom of page page 115 of 351 where it says "*The allocated paid crib breaks will mean paramedics will be able to take the paid crib break at a convenient location and will not be required to return to the station.*"

This is clearly designed to get more bang for their buck because while still they don't mention the intention is to only give us two 20 minute breaks an email from M. Willis does make it clear viz

***The proposed reforms identified by the Service centre around three key Award variations which would have the effect of:***

- o *Reducing maximum shift length from 14 to 12 hours*
- o *Introducing paid 20 minute crib breaks in place of the existing unpaid 1 hour meal break*
- o *Allowing the crib break to be taken at a convenient and operationally suitable location*

The third point shows clearly that a greater bang for the buck will be achieved at the expense of mental respite for staff as well as the comfort and wellbeing of staff because it seeks to avoid the requirement to return us to our home station for our break.

They will require us to take our break without returning to our home station and take the break instead wherever the Service deems convenient and operationally suitable. This could mean McDonalds, a service station, another ambulance station where we know no-one. It could even mean a nurses meal room at a hospital or cafeteria with nurses nagging us about problems they have with the Service - we have enough of our own - we don't need to hear theirs!

Clearly by forcing us to take our break at places other than our home station the Service seeks to avoid what it probably see as wasted time travelling back to our home station. Instead, when we are in hospital block what do you think they will do. They will say it only take one of you to look after the patient so the the other can go to the nurses lounge and take 20 minutes - then when his 20 minutes are up he will relieve the other while he takes his 20 minutes. Hospital block then becomes a productive mechanism for the Service. Once we finally get a bed they will say you have had your break so now you can go on until you get stuck in hospital block again where you will get your next break. You won't be able to relax coz you will be in someone else's house. You wont be able to relax and have a chat and laugh with your partner - he will be out with the patient. You will just sit there in an unfamiliar room with people you don't know. You will probably try to make conversation with them to be polite but you don't know them so it will not be a relaxed conversation - nevertheless - technically - you will have had your 20 minutes.

While our stations are run down - most of us have through our own efforts made them at least comfortable. They are not an attractive environment - for the most part they could be more accurately described as run down dilapidated shacks - but they are somewhere where we know each other - we have usually scavenged a few lounges from somewhere where so we can kick your heavy boots off and lounge back with our feet up for ten minutes or so - even grab a power nap. Even if they are not palaces, they are at least familiar and it is much easier to "relax" in a familiar place with familiar people than an unfamiliar place with strangers etc.

Our home station is also a place where we can catch up with the others crews on that day, where we can talk to "mates" about difficulties we have encountered during the day - maybe even finally catch up and informally chat about a recent nasty job so we informally debrief each other. Talking with mates can be very effective in getting things off your chest - what do the girls say - a problem shared is a problem halved - something like that - but it can at times have that effect.

It is somewhere where you a colleague might show empathy for us if we have been flogged during the preceding hours or we might show empathy for him or her if they copped bigger flogging than us - believe me - it helps! It also provides an opportunity in the middle the day to arrange cover if the workload looks like one

crew will be forced to work back and someone has something important on after work and needs to get off.

Our home stations are also a place where we can leave perishable lunches in a fridge to consume at meal time and they have cooking facilities to reheat food brought in from home or prepare fresh food. I for one tend to buy what I need for a whole shift cycle at the start of my shifts and leave it in the fridge at my home station to use over the next four or five days (our shift cycles are more like 3 x 10 hour days shifts 2 x 14 hour night shifts followed by 4 days off.) If forced to take my 20 minute break away from the station (at a place that is operationally convenient for the Service rather than my home station I would either need to buy take away (and shift workers eating unhealthy take away meals is a big enough problem as it is) or take my lunch with me at the commencement of shift. Then I will have to store it in the ambulance in which a patient may need to defecate in a bed pan during a trip or have other conditions that see putrid odours permeate through the ambulance - an ambulance in which a patient vomit and misses the vomit bag and have it end up all over the floor - yummo!. There are many unmentionable nasty things that end up on ambulance floors and foul the air - I don't think many of you people would see fit to eat a sandwich that has sat beside a bed pan full of poo for half an hour or been kept in the same room as some of the smells the permeate through an ambulance! I certainly wont eat it.

The requirement to return us to our home station also provides us with the opportunity to return to a familiar work area. Our job can be stressful enough going to serious cases, but when one is forced to drive at speed to a serious case through unfamiliar areas it is much more stressful. Almost all permanent staff work from a home station. Many of us tend to work from one station for many years. Part of the reason for this is that the period of time it takes to become accustom with roads, street names and routes in the area is usually a very stressful period indeed.

We all went through stressful periods to become familiar with the areas in which we have chosen to "settle". The idea of making us have a crib break at a convenient location - not our home station is clearly not designed to allow us greater opportunity to have a break - it is designed to make managements job easier and save money by being able to keep us in an unfamiliar area. The requirement to return to our home station for our meal as presently exists has the effect of forcing management to send us back to our usual work area at least once during the shift - back to where we are familiar with roads and local suburbs etc. By wiping that requirement we can be kept away from our home area all day. Someone will of course need to cover our area and guess who that will be - it will very likely be the crew from the area we are stuck in. They will shift crews around to cover holes so in our absence they will end up sending a crew unfamiliar with our area up to our area while we work theirs - so both crews will be stressed out working in unfamiliar areas. Not to worry - the Service will have bums in seats in the different areas and will be happy - even if those bums in seats have no idea of the area and are stressed to the max trying to find their way to unfamiliar streets and suburbs.

Bums In seats - and as cheaply as possible - that's all they care about.

I would trade off the 20 minutes we loose by having two 20 minute breaks instead of an hour if it meant they would be forced to send us back twice during the shift to our local area - for no other reason that it would be mentally healthy for me to be kept more in the area I know than in an unfamiliar area. Imagine if you were sent to an area you were totally unfamiliar with and suddenly told to go to a street in a suburb you have never even heard of before and you knew you needed to get there within say 6 minutes or the person will die - talk about pressure - that's what happens to us and that is what these paid crib breaks at convenient locations are designed to allow. Everyone is better off if we are returned to our normal work area - management is because they have a happier and less stressed out staff. We are healthier because we get stressed less often - our patients are better off because once familiar with an area you often don't even need to look up the address - you know exactly where the street is and the quickest route to it. So why are they trying to dress it up as better - it's not better for us - it's not better for the patient - it's just better for them - because they get more bang for the buck!

One also needs to ask why are they tying this to our wage claim - clearly it is to try to make use of the fact we are grossly underpaid and will sell our mental health out for a better wage.

Just look at what they did recently when we initiated industrial action over the need for extra staff and to be rid of Mr Roachford. It had nothing to do with our wage claim but the Service's first action was to bully us into dropping it by trying to tie it in with our wage case and thus threatening our chances of proceeding with our wage claim.

The recent action was not motivated in any way by money - it was clear we were really just asking for more staff because they flog the hell out of us day in and day out - with no time to recuperate after a big job and we are fed up with the bloke in charge of us who keeps saying staffing is ok and we are not under pressure or being bullied and is himself one of the main bullies. What was their first response to our concerns - they

bullied and harassed us in the IRC

Regard