

Australia: NSW Ambulance staff forced to do overtime to cover under-staffing

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23 January 2020

A recent New South Wales Audit Office report has revealed that NSW Ambulance staff's overtime payments increased by 11 percent in 2018–19, to \$83.1 million, from \$74.8 million in 2017–18. This highlights the pressure on paramedics to cover understaffing.

Overtime payments now make up almost 10 percent of NSW Ambulance staff's total salary and wages. The number of staff paid over \$100,000 in overtime more than doubled, from 8 employees in 2017–18, to 27 in 2018–19.

More than half the overtime payments, \$42.7 million, came from “call outs,” which the report defined as “planned overtime used to maintain service delivery in regional and remote NSW where there is low demand, a 24-hour roster is not economically viable or for additional supervisory support.”

Over \$20 million in overtime was paid for “drop shifts,” which referred to unplanned overtime to cover staff absences. The remaining \$16.7 million of overtime came from “extension of shift”—unplanned overtime when paramedics were on active incidents that went beyond their rostered finish times.

The annual growth in emergency and urgent incidents exceeded 2 percent every year between 2012–13 and 2016–17. This was higher than the state's annual population growth rate, from 2011 to 2016, of 1.4 percent. The report attributed the gap to an ageing population.

NSW Ambulance employs around 4,700 workers, including some 3,800 paramedics. This is well below the 20,700 police employees, and just over half the 8,500 NSW Fire and Rescue employees, despite a rising workload. NSW Ambulance's annual snapshot stated 1,224,060 patients received care from paramedics in 2019, the equivalent of one in six of the state's population.

The maximum length of a shift for NSW Ambulance control centre workers and operational staff is meant to be 12 hours and 15 minutes, and 12 hours for all other staff.

The NSW Paramedics and Control Centre Officers (State) Award 2019 states that paramedics and control centre employees are entitled to a minimum break of ten hours between shifts. Yet it also stipulates that only eight hours off duty is required before the next 12-hour shift after an employee works overtime.

And during the 12-hour shifts, because of inadequate staffing, paramedics frequently report missing meal breaks in order to respond to calls. When scheduled meal breaks are missed, paramedics receive penalty payments. According to a 2017 Audit Office report, NSW Ambulance paid more than \$10.5 million to paramedics due to missed meal breaks in 2016–17.

Consistently working overtime with few breaks puts paramedics at risk of becoming fatigued and adds to the pressure of their work, which is physically and mentally demanding. Paramedics report the fear of making treating errors due to fatigue, as well as the danger of falling asleep at the wheel, resulting in near misses and accidents.

Steve McDowell, a former paramedic and founder of the emergency services support group No More Neglect, told the WSWs: “It is clear to on road paramedics and control centre staff that they are a ‘bum on a seat.’” That is, their welfare and fatigue are secondary to meeting the NSW Ambulance's key performance indicators and to claiming that there are “enough” resources.

“The impact upon morale, psychological welfare and fatigue are immeasurable for staff who don't feel they are valued or that their needs are being met on a regular basis,” McDowell said. “This ends up being seen in

sick leave statistics.”

The 2017 NSW Ambulance report stated that in 2016–17, staff took an average of 85 hours of sick leave each, “considerably higher than the NSW Health average of 62 hours.”

The 2018-19 NSW Health annual report recorded 636 workers’ compensation claims by ambulance workers, a significant increase from 452 claims in 2017–18, and 361 in 2016–17. The report said the increase was “largely attributable to a material increase in mental stress claims.”

The growth of overtime, and the pressure on workers to miss breaks, are likely bound up with the workplace bullying and harassment, intimidation and abuse in NSW Ambulance, which was the subject of two parliamentary inquiries, in 2008 and 2017.

An Australian Paramedics Association survey, submitted to the 2017 inquiry, found that more than 70 percent of NSW Ambulance staff had experienced bullying, and that 59 percent of those who made a complaint to NSW Ambulance about bullying, felt that their complaint was unresolved.

Sydney, the NSW capital, has the longest Code One ambulance response time among Australian capital cities, with 90 percent of first responding ambulances arriving in 20.8 minutes, according to a 2019 federal Productivity Commission report. Tasmania recorded the longest response times statewide, taking 29.4 minutes for 90 percent of first responding ambulances to arrive. NSW had the second-longest ambulance response times, at 23.2 minutes.

Code One emergencies are the most time-critical and life-threatening. In 2007–2008, state-wide targets were introduced in Tasmania for Code One response times to be less than 15 minutes. These targets have never been reached.

In June 2018, less than a year before a state election, NSW Premier Gladys Berejiklian announced that her government would commit to 700 additional paramedics and 50 additional call centre staff over four years.

Both the Health Services Union (HSU) and the Australian Paramedics Association (APA) praised the 2018 announcement. HSU secretary Gerald Hayes said: “It’s good to see now paramedics will have some relief in terms of fatigue, paramedic safety and better outcomes for patients.”

This was despite the fact that he previously told the 2017 parliamentary inquiry that the service was “at least a thousand people short.”

APA (NSW) secretary Steve Pearce called the announcement, “a positive development which will boost morale among paramedics.”

On the contrary, a growing crisis faces paramedics and those who work in ambulance services across Australia more broadly, as a result of years of budget cuts and the understaffing of critical health services.



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