



An emergency but no accident

A UNISON survey of
Scottish Ambulance Service staff

May 2019

The logo for UNISON Scotland, featuring the word "UNISON" in a bold, sans-serif font, with "Scotland" in a smaller, italicized font below it. A stylized, flowing graphic element is positioned above the text.



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Introduction

This survey is part of UNISON Scotland's Damage series: a programme of surveys looking at the impact of the age of austerity on services and those who deliver them. *An Emergency but No Accident* takes a closer look at the issues affecting staff in the Scottish Ambulance Service.

The ambulance staff who responded to our survey have a wide range of jobs: paramedics, technicians, patient transport staff, ambulance control centre staff, SORT/SCOTSTAR and students. The Scottish Ambulance Service has had increased funding and staff numbers have risen over the last five years.

Our staff survey indicates that demand has increased far beyond the limited extra resources. Staff are over-worked and stressed. Reports by the BBC show a 30% increase in paramedics signed off work with depression and stress last year and that 9% of all paramedics took stress related sick leave in 2018¹.

Many staff experience high levels of violence and verbal abuse in their working lives most are considering leaving the service altogether and few would recommend the service as a place to work. Urgent action is needed to protect this vital service.

1 <https://www.bbc.co.uk/news/uk-scotland-47413467>

Key points

- **47% of paramedics often think about leaving the service and another 35% sometimes think of leaving**
- **61% of staff would not recommend the service as a place to work rising to 70% of paramedics**
- **60% of all staff had experienced physical and/or verbal abuse at work: 40% of patient transport staff, 75% of women had experienced abuse and 98% of paramedics. Only 5% stated that employers had undertaken a risk assessment after the events and only 2% that changes had been made.**
- **85% stated their workload had got heavier or much heavier rising to 98% among paramedics**
- **72% felt that their team budget had been cut**
- **63% believed their team were short staffed, rising to 67% for paramedics**
- **74% describe moral as poor or very poor**
- **25% rate their job as 10 on a 1-10 stress scale. 48% in total across the 8-10 range only 12% rated their job 4 or below**

Report Summary

This survey is part of UNISON Scotland's Damage series: a programme of surveys looking at the impact of the *age of austerity* on services and those who deliver them. *An Emergency but No Accident* takes a closer look at the issues affecting staff in the Scottish Ambulance Service. The survey was conducted in February/March 2019.

The ambulance staff who responded to our survey have a wide range of jobs: paramedics, technicians, patient transport staff, ambulance control centre staff, SORT/SCOTSTAR and students. Unlike services in local government the Scottish Ambulance Service has had some increased funding and staff numbers have risen over the last five years. Demands on the service have also risen substantially leaving staff overworked and highly stressed. Staff also face substantial levels of abuse and violence in their working lives: 60% of staff had experienced physical or verbal abuse.

Our staff survey indicates that demand has increased far beyond resources. Staff are over-worked and highly stressed. Reports on The Nine show a 30% increase in paramedics signed off work with depression and stress last year and that 9% of all paramedics took stress related sick leave in 2018¹. Many experience high levels of violence and verbal abuse in their working lives. Most are considering leaving the service altogether (40% often think about it often and a further 39% sometimes) and only about a third (39%) would recommend the service as a place to work.

In order to get accurate information about the Scottish Ambulance Service budget we submitted a Freedom of Information request. The answers indicate an increase in overall budget since 2013/14 of £58m. The service has faced 4% increase each year in 999 calls alone in the last decade costing £4m per year². The answers to our survey indicate that the increase is substantially short of the resources required to meet the growing demands placed on the Scottish Ambulance Service: growing population, ageing population, challenges of increased obesity and changes in primary care have all contributed to increased demand.

When we asked about budget cuts a third of respondents said yes budgets had been cut and only seven per cent stated that budgets had gone up. When we looked at the responses from paramedics only three percent felt that their budget had increased while 33 per cent felt it had been cut. For respondents working in patient transport only one per cent state that resources have gone up and 55 per cent that it had been cut. So while some extra money has been provided for staff trying to deliver a service it feels that budgets have been cut.

Throughout our survey respondents indicate that there aren't enough resources and give us detail of the impact of the shortages on the service they provide.

The key themes in their answers were increased workload for staff and staff shortages

- Lack of repairs/replacement of equipment, uniforms, vehicles and stations
- Cuts in time with patients
- Lack of/late breaks and late finishing of shifts
- Shortages of relief staff (if they are the people that cover holidays, sickness etc)
- Pressure to meet targets rather than deliver a quality service

These themes are similar to those raised in other Damage reports, staff are expected to just keep working

1 <https://www.bbc.co.uk/news/uk-scotland-47413467>

2 The SAS Improving Care, Reducing Costs <https://www.scottishambulance.com/UserFiles/file/TheService/Publications/PTS-more-than-patient-transport-high-res.pdf>

to cover for cuts / increased demand. They are also expected to make do with out of date, broken equipment.

These are physically and emotionally demanding jobs. Two³ recent media articles highlight the impact of stress on ambulance service staff. In the first seven months of 2018, 137 paramedics were signed off sick already reaching the total for the last full year. According to a report on BBC's the Nine the number of paramedics signed off with stress has increased by 40% in 2018. Their figures showed that 9% of all Scottish paramedics sick leave was due to stress in 2018. Even with breaks staff work long shifts to cover a 24/7 service. Breaks are essential to the physical and mental wellbeing of workers in high pressure life and death roles. In particular time to both recover and to debrief from emergency situations is essential for both staff and for the next patient who need staff who are focused and able to care for their needs. The fact that break rooms aren't nice places to be or kettles etc don't work adds to discomfort but also a feeling that you don't matter. Later comments on team morale also highlight how undervalued staff feel.

Demand is increasing by 4% per year⁴ the equivalent of extra 24,000 calls. While figures given to us by the Scottish Ambulance Service indicate that there has been an increase in staff numbers since 2013/14 those who responded to our survey show that staffing levels are still too low to meet the increasing demand.

Survey respondents gave lots of examples of the impact on patients of the lack of adequate resources. It is very clear that patients' needs are not being met. Key themes are:

- **Longer waits for ambulances/support**
- **Patients refused transport**
- **Rural crews having to cover cities**
- **Using students/trainees**
- **Ambulance without paramedics on board**
- **Cancelling patient transport**
- **Time to check equipment**
- **Single responders/Ambulance without paramedics on board**
- **Patient taken to appointment really early**

The lack of staff and resources is impacting on patients in a range of ways. Some are inconvenient but others are putting patients health and in some cases life at risk. The stress of trying to meet demand in these circumstances is also impacting on the health and wellbeing of the staff.

The key issues emerging from staff comments are:

- **Increased burnout exhaustion**
- **Impact of NHS24/primary care changes**
- **General increased demand**
- **Missing/late meal breaks/disturbed breaks**
- **Out of area working**
- **Missing kit**
- **Angry patients after long waits**

These are clearly connected and combine to make working lives very difficult. It is also clear that patients are not able to get the quality of service they would like which leads to anger and frustration. This also impacts on staff who are victims of that anger. Missing breaks and working past shift end adds to stress and

³ <https://www.pressandjournal.co.uk/fp/news/highlands/1611346/ambulance-sick-leave-levels-spark-concern/> <https://www.bbc.co.uk/news/uk-scotland-47413467>

⁴ <https://www.scottishambulance.com/UserFiles/file/TheService/Publications/PTS-more-than-patient-transport-hight-res.pdf>

exhaustion so it's no surprise that people are complaining of feeling burnt out.

Violence at Work

Only 30% of people who responded to our survey have avoided violence at work in the last few years. Ten per cent had been physically assaulted, 37% verbally assaulted and 24% had experienced both.

When we looked at the answers from women the figures are even worse. Only 24% had **not been** victims of violence at work. 40% had been verbally assaulted, 8% physically and 29% both. Over three quarters of women working in the Scottish Ambulance service have experienced violence in their working lives over the last few years.

Among paramedics only ten percent had not experienced violence at work. Eleven per cent of people had been physically assaulted plus another 40% who had been physically and verbally assaulted and 39% who had been verbally assaulted.

These levels of violence are totally unacceptable. The ambulance service needs to take urgent action to protect staff. In order to better understand their experiences and improve prevention we left space in the survey for respondents to give more detail on their experiences. Their comments make for very grim reading

Ambulance service staff are regularly shouted at, kicked punched and some have even been stabbed. On top of the actual abuse there is the added issue of worrying about when this will happen again. The threat of violence hangs over every day of their working lives. Whether is staff answering phones or out face to face with the public no-one should be going to work fearing for their safety.

A key issue is that pressures on the service lead to long delays in getting ambulances, paramedics or transport to patients. This means that when workers do arrive they are met with hostile patients or relatives.

The survey makes it clear that many workers do not believe that they are valued by their employers. Many are concerned that their safety is not a priority: That they are just supposed to put up with violence and abuse. In a later section we can show that few know of any changes that have been made to protect them. Violence and the lack of protection are having a serious impact on the lives of staff in this service. Morale is very low and few would recommend the ambulance service to others as a place to work. It will become increasingly difficult for this vital service to recruit and retain staff without changes. Protecting staff from abuse and violence must be a priority

Given the rates of violence reported in our survey it is very concerning that only five per cent of those who responded knew of a risk assessment taking place after they had been assaulted. Proper recording and assessment of these incidents is the first step to providing proper protection for staff.

The ambulance service needs to take staff safety more seriously. Violence should never be "just part of the job" Members tell us that they are not given the warnings about potential violent behavior so marking patient notes does not appear to be particularly effective.

Morale

Only eight per cent of workers described morale in the team as good or very good. 18% state morale was OK. 41% stated that morale was poor and a further 33% that it was very poor. Almost a quarter (24%) rated their job at 10 on the stress scale. Overall 48% rated their job at 8-10 on the scale while only 12% picked 4 or below.

When we explored the comments it became clear the key issues affecting staff morale were the heavy workload, tied to that was missing or late breaks and having to work late. There are also clearly issues round staff shift rotas and the way relief is organised. Many are concerned about the impact on their workloads and ways of working by changes in primary care and NHS24. These have changed the demands on the Scottish Ambulance Service both in terms of patient transport and 999 calls.

Staff feel unappreciated and believe that the poor state of many of their stations reflects how little the service values their contribution. The physical working environment is also a key issue both in terms of equipment for doing their jobs but also cleanliness and practicalities round break facilities. These are highly stressful jobs where people are making life and death decision they need somewhere to take breaks which allows them to eat/drink and de-stress so they can return to work ready to deal with the pressures they face. Where comments are positive it is always about their teammates and the support they give each other.

Staff do not want to work in the service as it currently operates. Among paramedics 47% often think about leaving. Only 22% of workers surveyed stated that they never thought of leaving the service. Almost 40% often think about doing so.

The comments in this section should be a wakeup call to management and to the politicians who fund and direct the service. While many indicate that they love their jobs and get satisfaction from the valuable work they do. This does not always mean they can cope with the challenges of the job indefinitely.

Workers are exhausted from the physical and emotional demands of the jobs. When heavy workloads mean that they cannot get breaks, when shifts run late then they are struggling to cope. Their job is ruining their physical and mental health. People are eight and nine hours into a shift and still can't get a break to eat. Shift work is already detrimental to health not getting breaks is highly dangerous. It's no surprise that sickness levels are soaring.

The majority of ambulance service staff would not recommend it as a place to work. This is a frightening place for the service to be. In our survey as a whole 61% stated that they would not recommend the service as a place to work. Among paramedics 70% would not recommend their jobs to friends or family. The figures in patient transport were better but fewer than half of staff (48%) would recommend their job

There were far more comments on the impact of heavy workload, the role of management and stress. It is alarming that staff are finding their working lives so difficult. Management and the government should be very concerned about how staff are feeling. These are highly skilled staff whose qualifications and experience of dealing with the public in highly stressful situations. They will not be easy to replace. The service needs to do much more to ensure that they can retain their staff.

Their comments are particularly scathing about how management values them. It is clear that a different approach from management would make a great deal of difference to the morale of staff.

Comments here support the findings earlier about the heavy workload and stressful environment that exists within the service. There just aren't the resources to meet the demands placed on the service and this is putting enormous pressure on the current staff. This will only get worse if these pressures lead to many leaving the service altogether.

Damage Report

This survey is part of UNISON Scotland's Damage series: a programme of surveys looking at the impact of the *age of austerity* on services and those who deliver them. *An Emergency But No Accident* takes a closer look at the issues affecting staff in the Scottish Ambulance Service. The survey was conducted in February/ March 2019.

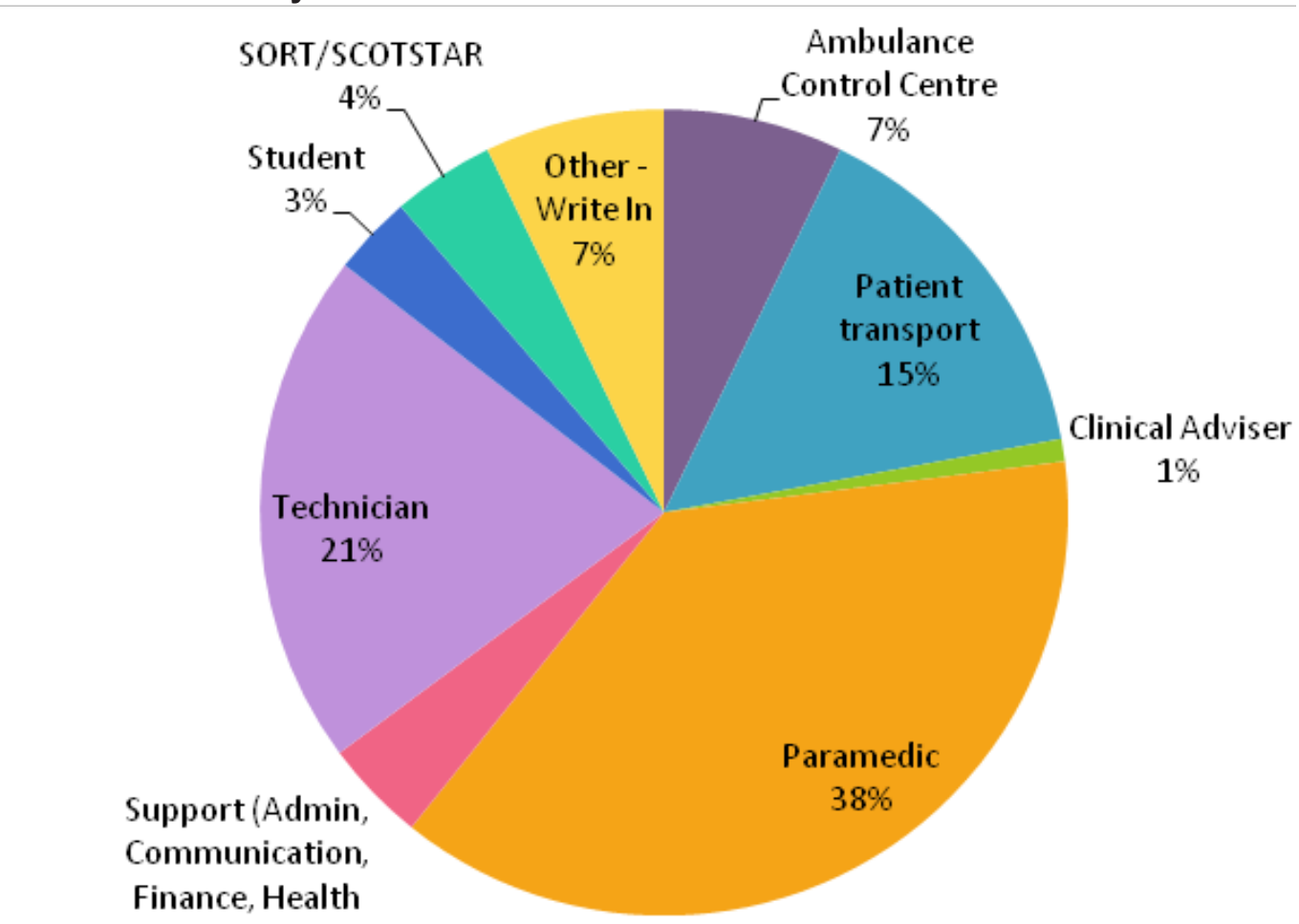
Our staff survey indicates that demand has increased far beyond resources. Staff are over-worked and stressed. Reports on The Nine show a 30% increase in paramedics signed off work with depression and stress last year and that 9% of all paramedics took stress related sick leave in 2018⁵. Many experience high levels of violence and verbal abuse in their working lives most are considering leaving the service altogether and few would recommend the service as a place to work. Urgent action is needed to protect this vital service.

Who responded to our survey

A link to the survey was emailed out to those UNISON members we had email addresses for and a link placed on the UNISON Scottish Ambulance branch website. Members were encouraged to pass on the link or website details to co-workers to encourage them to take part.

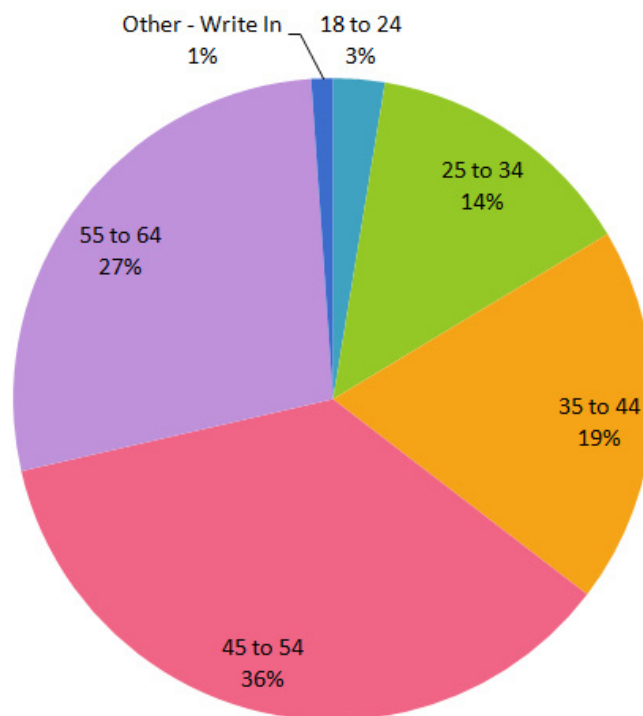
Paramedics were the biggest group of respondents (38%) followed by technicians (21%) and patients transport staff (15%). The remaining workers are in ambulance control centres (7%), SORT/SCOTSTAR and students (3%). A further seven per cent ticked "other".

Which section do you work in?



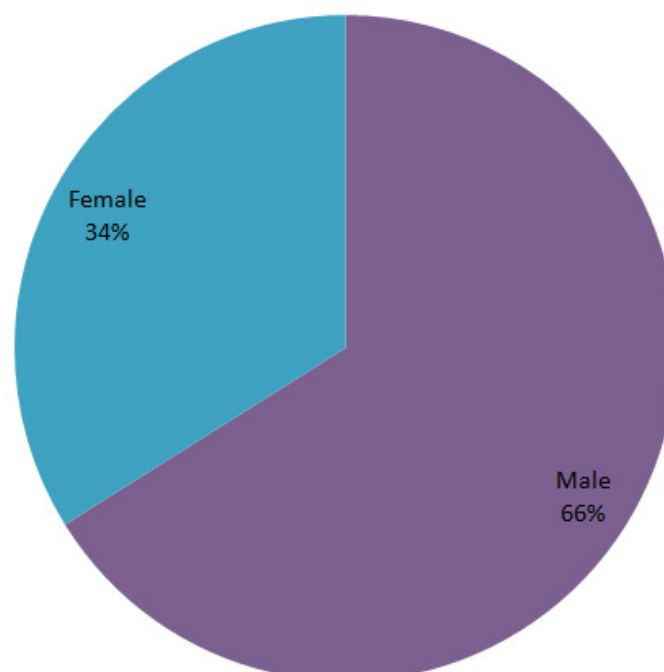
Please indicate your age range

Like many parts of the public sector the ambulance service has an ageing workforce. Almost a quarter of workers are aged between 56 and 65. Given the physical challenges and stress involved it is likely that many of these people will retire soon. A further 18 per cent are aged 51-55 and only ten per cent are under 30. The age profile of respondents is similar to the overall workforce with 27per cent aged 55-64, 36% aged 45-54 and 3% under 25.



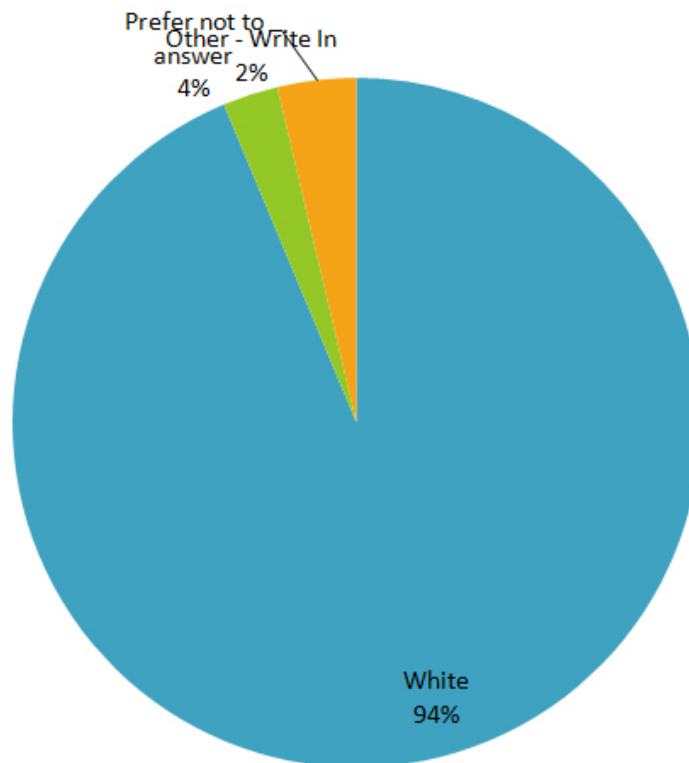
Please indicate your sex

Sixty six per cent of ambulance staff indicated they were male in 2018 and 34 per cent of our respondents were female.



How would you describe your ethnicity?

The Scottish Ambulance Service does not hold complete figures on the ethnicity of staff. The information they hold indicates that less than 1 per cent of staff disclosed that they are from a black or minority ethnic background (BME). In our survey no one indicated that they were from a BME background. Those who did not pick white either preferred not to answer or wrote in their nationality.

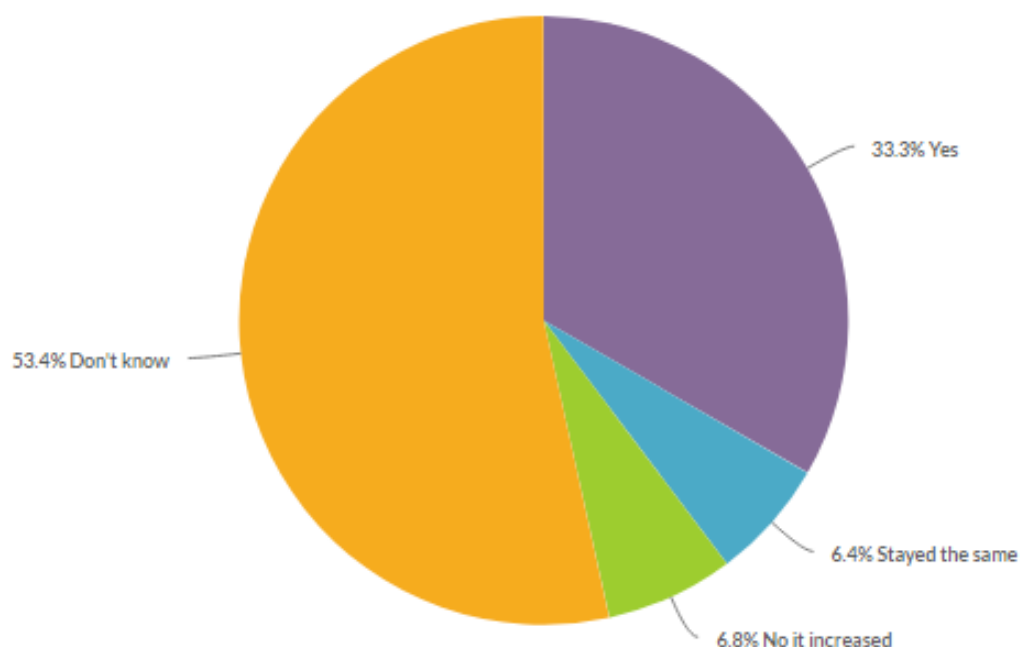


The Survey

In order to get accurate information about the Scottish Ambulance Service budget we submitted a Freedom of Information request. The answers indicate an increase in overall budget since 2013/14 of £58m. The service has faced 4% increase each year in 999 calls alone in the last decade costing £4m per year⁶. The answers to our survey indicate that the increase is substantially short of the resources required to meet the growing demands placed on the Scottish Ambulance Service: The growing population, the ageing population, the challenges of increased obesity and changes in primary care have all contributed to increased demand.

When we asked about budget cuts a third of respondents said yes budgets had been cut and only seven per cent stated that it had gone up. So whatever the figures look like to the staff trying to deliver a service it feels that budgets have been cut.

Has your team/station's budget/resource been cut in the last few years?



Over half of respondents stated that they didn't know so when we removed these answer 72 per cent of those who had an answer, indicated that their team budget had been cut.

When we looked at the responses from paramedics only three percent felt that their budget had increased while 33 per cent felt it had been cut. For respondents working in patient transport only one per cent said resources have gone up and 55 per cent had been cut

Throughout our survey respondents indicate that there aren't enough resources and give us detail of the impact of the shortages on the service they provide. So while the Scottish Ambulance Service has not experienced the level of budgets cuts that local government has suffered there are still real issues about the resources available to meet demand.

6 The SAS Improving Care, Reducing Costs <https://www.scottishambulance.com/UserFiles/file/TheService/Publications/PTS-more-than-patient-transport-high-res.pdf>

Impact of budget cuts

The survey contained a comments box allowing people to give more detail of the impact of any budget cuts. The key themes in their answers were

- Increased workload for staff and staff shortages
- Lack of repairs/replacement of equipment, uniforms, vehicles and stations
- Cuts in time with patients
- Lack of/late breaks and late finishing of shifts
- Shortages of relief staff
- Pressure to meet targets rather than deliver a quality service

These themes are similar to those raised in other Damage reports where staff are just expected to just keep on working to cover for cuts/increased demand. They are also expected to make do with out-of-date, broken equipment.

These are physically and emotionally demanding jobs. Two⁷ recent media articles highlight the impact of stress on ambulance service staff. In the first 7 months of last year, 137 paramedics were signed off sick. That is almost as many as paramedics as whole year before that. According to a report on BBC's the Nine the number of paramedics signed off with stress has increased by 40% in 2018. Their figures showed that 9% of all Scottish paramedics are on sick leave due to stress. Even with breaks, staff work long shifts to cover a 24/7 service. Breaks are essential to the physical and mental wellbeing of workers in high pressure life and death roles. In particular time to both recover and to debrief from emergency situations is essential for both staff and for the next patient who needs staff who are focused and able to care for their needs. The fact that break rooms aren't nice places to be or kettles etc don't work adds to discomfort but also a feeling that you don't matter. Later comments on team morale also highlight how undervalued staff feel.

What the staff say

Workload general

Less staff doing same workload.

Not enough staff for the amount of calls

People are retiring and not being replaced with new staff

No additional cover for staff off , unable to cover shifts . Vehicles running with repairs required .

So we were advised that significant savings had to be made, OT budgets cut, no additional resources at peak times, no additional non emergency(urgent tier/PTS) in the evenings. These constitute a gross failings in financial distribution, put staff welfare and health in jeopardy and ultimately put patients lives and health care needs at risk. However the budget for sandwiches and food at management/ administration meetings appears to be intact.

Cannot keep up with the amount of work - resources stretched to the limit and even if you upped the resources 50% it still would not be enough. NHS24 jobs whereby people phone 111 are being turned into 999 blue light emergency jobs. Should be illegal. Endangering crews and innocent road users.

Less staff but expected to do more work. No budget for IT which means that we have to use prehistoric systems to do our work. This decreases our production as half the time our IT is not working or working slow. We are also have to do jobs that we have not been trained to do as there is no budget to employ the correct qualified person or train anyone.

⁷ <https://www.pressandjournal.co.uk/fp/news/highlands/1611346/ambulance-sick-leave-levels-spark-concern/> <https://www.bbc.co.uk/news/uk-scotland-47413467>

Fewer crews on the road. Longer waiting times for backuo when needed. Increase in late breaks. Increase in late finishes.less training/ cpd courses. single manning as shifts not filled

Breaks

Existing staff need to take on more work, which tends to lead to staff working through lunch and coming in early. Staff morale very low.

increased demand, higher stress levels on staff to keep going, lack of resources to assist, increased intensity of jobs and lack of debrief time or stress breaks when required due to limited resources

No or late meal breaks Low moral Increased sick rate

Increased workload, fewer staff/resources, training cuts, vehicles being sent out on the road with significant faults, inappropriate jobs being allocated to callsigns without the appropriate skill set

Staff shortages, 45 year old station, not maintained, poor vehicles. 80 staff sharing a station built for 20.

No or late meal breaks Low moral Increased sick rate

Equipment /stations

Our station has been falling to bits for years but we've been told no money available to replace filthy carpets, chairs with gaping holes in the arms or kitchen cupboards with no handles on doors.

It has impacted on replacing uniform and equipment .

Refusal to deal with rodent and bird infestations in station due to cost. Refusal to undertake necessary construction and maintenance work in station due to cost.

We struggle to replace equipment in the kitchen and they replace them with the cheapest thing on the market and doesn't last so back to square one

Washing machine has been out of order for 3 months, so can't wash kit or mops etc. Jet washer has been condemned as it has to be permanently wired to mains electric instead of plugging into outdoor all wearlther socket. This has been the case for around a year.

I don't know if budgets have been cut but our station is dilapidated and we need to relocate and demand for our service has increased year by year.

Vehicle not bought, training reduced or cancelled. Cheep uniform

less oxygen carries in store and cut to ambulance stock

No station refurb in last 17 years, rest room grubby.

Increased stress, inability to spend quality time giving patients appropriate support in the community and requiring hospital admission

Cut back in patient transport staff as well as A&E staff. Using students to cover shifts on a&e. Vehicles being bought on the cheap and constantly breaking down. Then taking weeks to repair them.

We see many former patients who now do not meet the criteria for pts transport. These people often have no other way to attend appointments. We are demoralised as we are increasingly being used to do urgent calls in order to free up a&e. It's politics. It's all about meeting targets to the detriment of staff and the public. The cuts are always at the bottom of the tree. We see management getting more and more top heavy, many if them incompetent to do any kind of managerial work.

General good comment

We have a nice new station, some new ambulances and new staff so looks like our local pts is doing ok

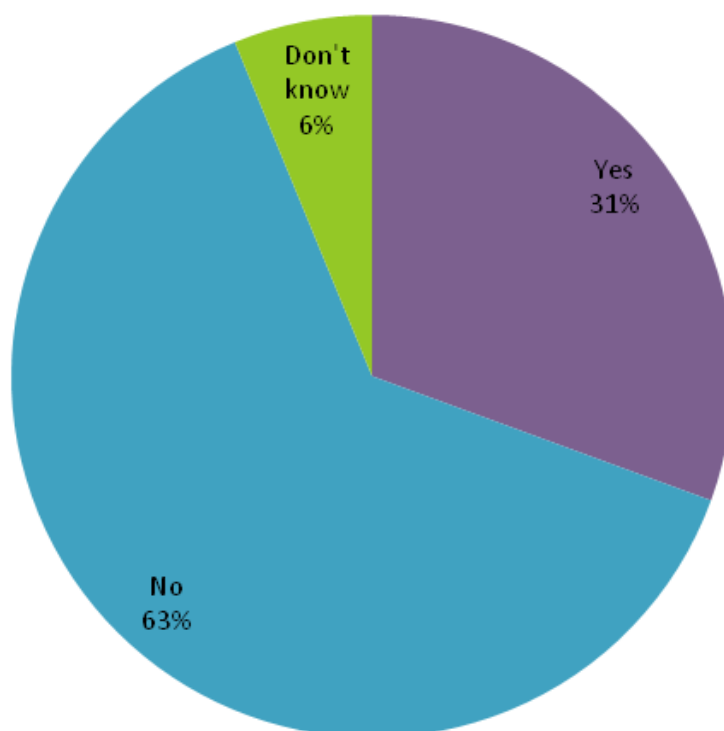
Staff shortages

Does your team/station have enough staff?

While the figures given to us by the Scottish ambulance service indicate that there has been an increase in staff numbers since 2013/14 those who responded to our survey indicate that staffing levels are still too low to meet the increasing demand. As well as a growing population we also have a growing elderly population and changes to primary care and difficulties accessing a GP are leading to more people calling on the Scottish Ambulance Service.

	In total	difference £	difference %
2013/14	3762.56		
2017/18	4286.85	524.29	14%
2018/19	4479.96	717.40	19%

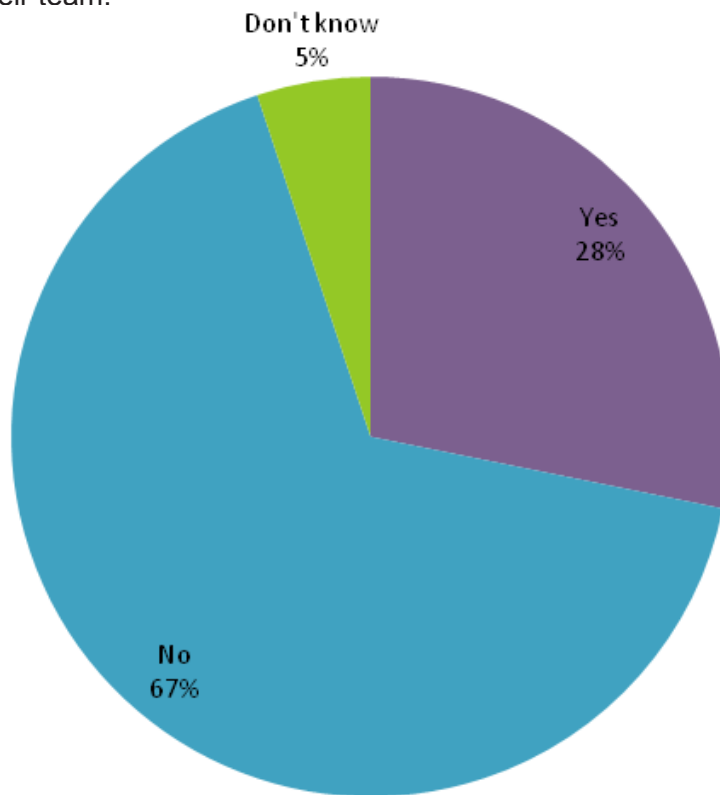
According to the ambulance service demand is increasing by 4% a year⁸ the equivalent of extra 24,000 calls a year. Only about one third of those who responded believed that their teams had enough staff. Across all answers 63% felt that their teams were short of staff.



8 <https://www.scottishambulance.com/UserFiles/file/TheService/Publications/PTS-more-than->

Paramedics

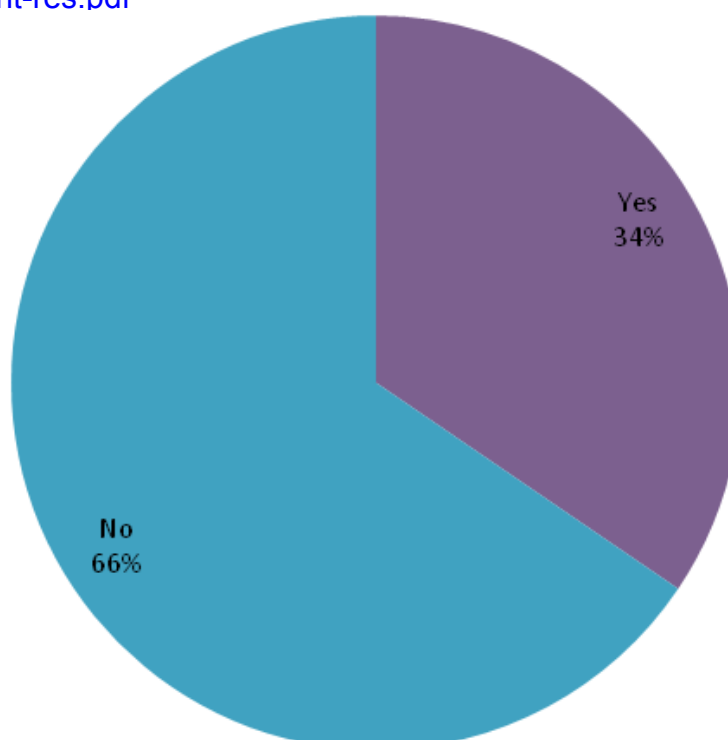
When we looked at the answers from paramedics specifically a slightly higher 67% thought that they did not have enough staff in their team.



Patient transport

The figure in patient transport was a similar 67% who thought they were short of staff. Staffing levels may have increased but not by enough to meet the increased demand.

[patient-transport-hight-res.pdf](#)



Impact of staff shortages

Please give us more detail on the impact of any staff shortages on service users

Survey respondents gave lots of examples of the impact on patients of the lack of adequate resources. It is very clear that patients' needs are not being met. Key themes are

- Longer waits for ambulances/support
- Patients refused transport
- Rural crews having to cover cities
- Using students/trainees
- Ambulance without paramedics on board
- Cancelling patient transport
- Time to check equipment
- Single responders/Ambulance without paramedics on board
- Patient taken to appointment really early

The lack of staff and resources is impacting on patients in a range of ways. Some are inconvenient but others are putting patients health and in some cases life at risk. The stress of trying to meet demand in these circumstances is also impacting on the health and wellbeing of the staff.

What the staff say

Patients refused transport

Pts having to refuse transport to patients. Lack of A/E road staff who are continually being sucked into the big cities for cover there.

We just don't have enough vehicles on shift to cope with the workload

Issues round GPs out of hours

Specialist paramedic practitioners being used to supplement out of hours and GP practices has had impact on frontline services

Paramedics being used in Doctors Surgery putting workload on technicians and SVQ 3 and 4 students.

Longer waits for ambulances/support

I am told my station is at capacity for staff, but there are clearly not enough shifts on the rosters based on the amount of patients waiting for hours at a time for a crew to attend

The impact is great there is numerous times where you are May be sitting with 4 staff when you meant to have 8 which takes longer to allocate jobs as there is not enough of you or when call handlers short it takes longer for people to get through on the 999 line which could potentially be a life threatening call.

Delayed ambulances particularly urgents where patients can wait for hours. For example, I ordered a 2 hour ambulance for a patient which arrived after 6 hours at which point the patient had deteriorated.

increased emergency call waiting time to ambulance arrival - regularly 1hr for some calls. have seen 2hr old calls over winter demand pressure. lack of resources at a patient who requires enhanced care,

Patients are left for hours waiting for an emergency ambulance. Emergency call handlers are under great pressure to answer 999 calls constantly so they are more likely to make mistakes or miss something.

Working in the ACC, we are now as busy as ever as service, call takers are constantly on urgent disconnect meaning they have to come off the phone before all instructions are given and be ready for the next call

Severe delays to patients awaiting ambulance. Severe stress on staff taking calls/dispatching requests for ambulance.

We do not currently have enough vehicles to cover demand, we are increasingly being pulled into other areas/ healthboards which puts extra pressure on crews within our own areas and ultimately leaves our area with no ambulance cover. Our staff absence is high, morale is low as well as productivity. We need more resources available and therefore more staff are required to staff these.

not enough paramedics or technicians not enough ambulances to cope with demand

Pt waiting excessive time to be admitted To hospital after being referred by G .P

poorly rested and stressed staff attending patients. Service users waiting extended and unreasonable times awaiting ambulance response.

Rural crews having to cover cities

Sometimes our a&e resource is not fully staffed and the single crew is taken up to the city meaning no vehicle in our town

We as a rural crew are constantly called into the city to cover their shortages and as a result the area we are meant to cover is being given a second rate service often left with no cover or having an ambulance 30 mins away

Poor response time for no emergency work & the consequent commitment of emergency resources to out of time urgent calls

Staff get pulled from their own areas to answer 999s 20 miles away then get stuck in other divisions for 9 hours without access to food or kitchen facilities

Using students/trainees

Although staffing levels are adequate, the actual number of qualified staff is not therefore causing a shortfall in key roles in frontline vehicles

A&E when short staff are using students to cover shifts or being single crewed. Patient transport were crews are double crews have to split to get patients in.

Many patients denied transport and some journeys cancelled due to staff shortages

Cancelling patient transport

Cutting back patient transport crews

Patients getting in late for appointments. In some cases waiting an extra long time to get home after appointments/transfers/discharges.

Many patients denied transport and some journeys cancelled due to staff shortages

Single responder

Shifts dropped or single crews.

Single crewed AEU causes delay in hospitalisation Tired crews as doing OT on regular basis

There is still not a paramedic on every vehicle and not enough working ambulances on the road to cover demand. Low morale in staff is an issue as is sickness, which has an impact on service delivery.

Lack of ambulances, patient conditions deteriorating, death in some cases.

single crewed or no cover at all

Time to check equipment

As soon as booked on, allocated outstanding jobs, do not get time to check the vehicle. Rest. break run well out of time or we don't get any during shift

Patient taken to appointment really early

We have seen services users picked up very early for appointments that would mean them arriving sometimes hours early as no other staff would be able to collect them. Patients have arrived late for appointments due to having multiple pick ups and starting times of staff.

Bed blocking as can't get transport home

There are also patients who couldn't be transferred from one hospital to another causing bed blocking

Ambulance without paramedics on board

Not enough paramedics or technicians not enough ambulances to cope with demand

As clinical advisors, having daily staff shortages mean we are under pressure 12 hours a day to try and call patients back

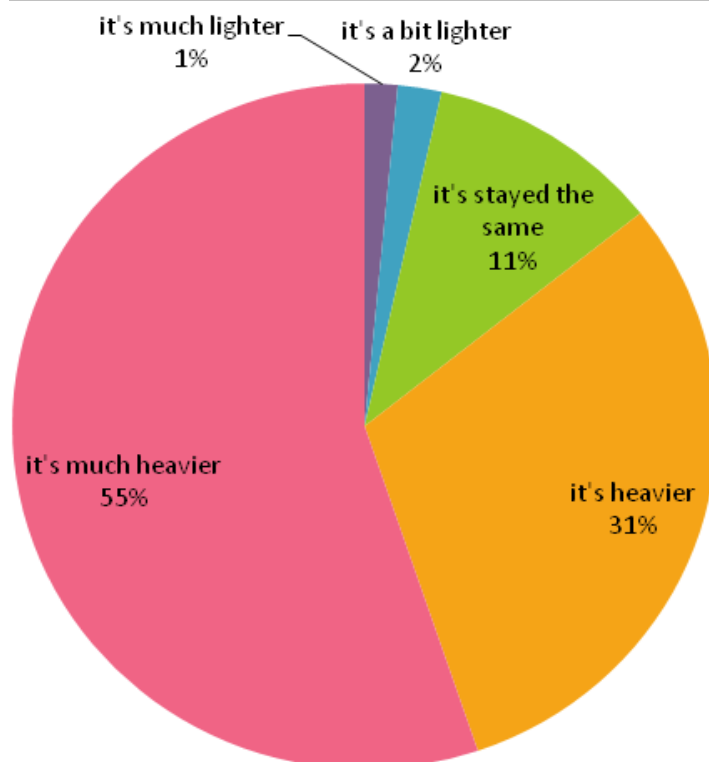
Staff exhausted. Service users not getting the service they should

Lack of urgent tier and 24/7 bariatric cover.

Workload

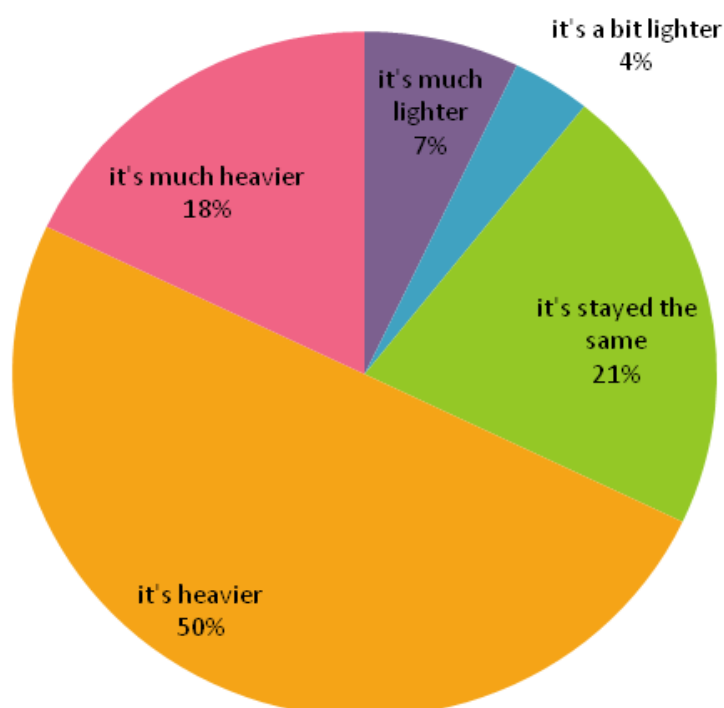
How has your workload changed in the last few years?

The ambulance service is considerably under-resourced. When asked “how has your workload changed in the last few years” 86% stated their work load was heavier. Within that 55% of those who took part in our survey stated that their workload was much heavier.



Patient transport

In patient transport just over 20% indicated their workload had stayed the same and 68% stated that their work was heavier or much heavier now.



In total	difference £	difference %	
Patient transport			
768			2013/14
761.6	-6.40	-1%	2017/18
782.82	14.82	2%	2018/19

Ambulance Control

Staff numbers	In ACC		
2013/14	242.19		
2017/18	262.95	20.76	9%
2018/19	283.87	41.68	17%

While there has been an increase in staff numbers in ACC control centers 76% of staff stated that their work was heavier of much heavier than a few years ago.

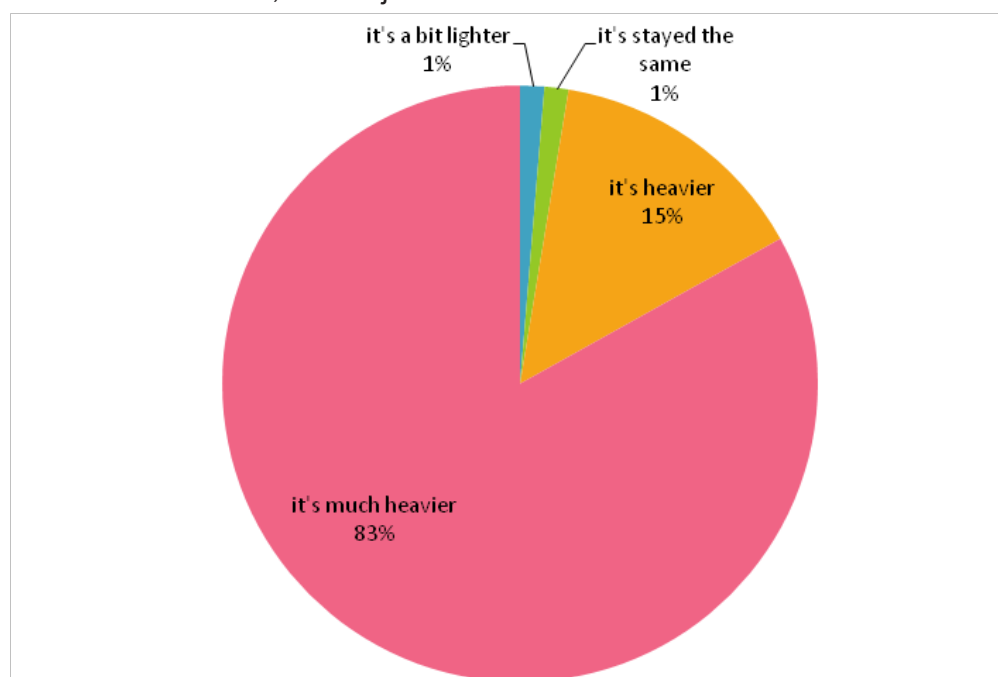
All clinical advisors stated that their team did not have enough resources and stated that their workloads were much heavier. This is a small team and unlike other areas in the ambulance service these jobs have been cut since 2013/14

	Clinical advisors		
2013/14	25.27		
2017/18	19.5	-5.77	-23%
2018/19	22.75	-2.52	-10%

Paramedics

	Paramedics		
2013/14	1357.4		
2017/18	1414.1	56.70	4%
2018/19	1478.38	120.98	9%

Despite a small increase in numbers 98% of paramedics said their workload was heavier including 83% who stated it was much heavier, It's not just about call numbers but also about the nature of those calls.



Key issues among staff

In order to find out more about what is going on in the ambulance service we provided a comments box to enable respondents to give a reason for their answer. The key issues emerging from staff comments are:

- **Increased burnout exhaustion**
- **Impact of NHS24/primary care changes**
- **General increased demand**
- **Missing/late meal breaks/disturbed breaks**
- **Out of area working**
- **Missing kit**
- **Angry patients after long waits**

These are clearly connected and combine to make working lives very difficult. It is also clear that patients are not able to get the quality of service they would like which lead to anger and frustration. This also impacts on staff who are victims of that anger. Missing breaks and working past shift end adds to stress and exhaustion so it's no surprise that people are complaining of feeling burnt out. Many feel that changes to primary care and GP out of hours services are having a negative impact on the Scottish Ambulance Service which is not ready to take on that work. In answer to a few different questions staff have raised also the issue about being called to work outside their geographical area causing problems.

What the staff say

Exhaustion

higher rates of burn out

working constantly to point of exhaustion negatively impacting decision making

Unrealistic expectations from ACC, more single crewing which is extremely tiring due to driving lots of miles while looking after patients

Workload is exhausting. The mileage now expected to be travelled under blue light even in an urban environment is outrageous and dangerous. Constantly being held accountable by patients and their families for delays outwith our control as the ambulance service obviously cannot supply to the ever increasing demand

Increased psychological pressure Burn out Tiredness Frustration

No meal breaks for 9 hours or more, late finishes & no time to restock vehicle or fuel vehicle throughout shift.

Job to Job to Job, no rest, no chance to mentally deposit one job before moving to the next,

Increased absence, increased injuries, reduced morale.

No time for stress breaks, nightshifts are so much busier - widely documented as adverse to health, crews have less time after jobs to gather their thoughts and review with colleagues/students. A noticeable impact on mental health as crews are busier, we see each other less and therefore a decrease in peer support and increase in mental health issues

Home life is suffering i feel stressed before coming to work

Impact of NHS24/primary care changes

The increased workload is because of NHS 24 and changes to the allocation of emergencies, not staff shortages.

Volume of calls; being used to supplement primary care

Nhs 24 and go referrals are adding to our work load and 7/10 of these calls do not require an emergency ambulance

Changes in clinical response models have made it worse for crews and getting sent to nonsense jobs

changes in in hospital care, more patients being transferred from rural to city incurring long drives (5hrs) leading to extended shift over runs

Workload has dramatically increased. The number of critically unwell patients however has *not*. It's still the same amount of life threatening injuries that have always been present, however there has been an increase in the number of non emergency/ inappropriate uses of emergency ambulances and their staff. Staff are going full shifts with no breaks, constant shift overruns as a result. Yet the new clinical response model is deemed to be a success and this is being published in the media. This couldn't be further from the truth. Yes it's identification of life threatening illnesses is good. But for everything else such is inappropriate use of the 999 service, abuse of the service from other agencies such as NHS24 and other HCPs and the failings to address frequent nuisance callers is inadequate. The new clinical response model needs to be what it says it is..... CLINICAL and evidence based. Rather than the anecdotal, hear say approach to the system.

General increased demand

Patients waiting longer being harassed by control to hurry up for the next call Patients are not getting called back and triaged thus missing critical patients who are subsequently waiting hours for ambulances

More work or demand with less resource

workload has increased around 200 fold in the last year

When I'm call handing I know the calls will be constant, and I'll be under pressure to keep answering them without a break. We only get 45 min break in 12 hours and now there is very little down time when we are working

We are regularly stacking 999 calls and resources are stretched and at breaking point as they are clearing from one job and straight on to the next one

Demand has increased massively, causing a massive increase in stress on staff. The way we process/ dispatch calls has also changed. Not unusual for high numbers of emergency calls to be sitting unallocated due to lack of available resources.

A number of different reason have caused an increase in local workload. Neighbouring stations have had their cover reduced in order for them to remove on-call working, other local stations don't have enough cover due to hospital services being moved from our local city to one 45 minutes away, the A/E crews in the local city now spend most of their time dealing with inter-hospital transfers thus reducing local cover and having a knock on effect onto local stations including the station I work at. This results in the loss of local ambulance cover to my community for hours at a time and increasing our workload

Missing/late meal breaks/disturbed breaks

More work load a lot which does not require an ambulance (a/e), hardly get meal breaks, overruns are a nightmare and most jobs do not merit there coding

End users taking patients inappropriately in vehicles as waiting so long for ambulance . Constantly unable to dine or interrupted .

Meal breaks late in the shift. Extra patients added to an already busy day, making patients have bigger runs to hospital or wait to go home

Continual work, reduced chance of rest periods and finishing on time



Extended typically 45 mins most shifts

Missed meal breaks or very late in the shift

Shifts are now brutal, staff barely get chance to check a vehicle, we are lucky if we get our breaks and regularly finish beyond our finish time. Staff are less likely to do overtime now.

Out of area working

We are away from station for a more prolonged period of time, this appears due to being close to a city that is short and another area having increased resources so we are used to cover the city shortfall and the other station goes on standby at ours

Missing kit

No time to check vehicles properly meaning you get fired out with kit missing. Rest periods are always late and sometime non-existent. Rarely finish on time

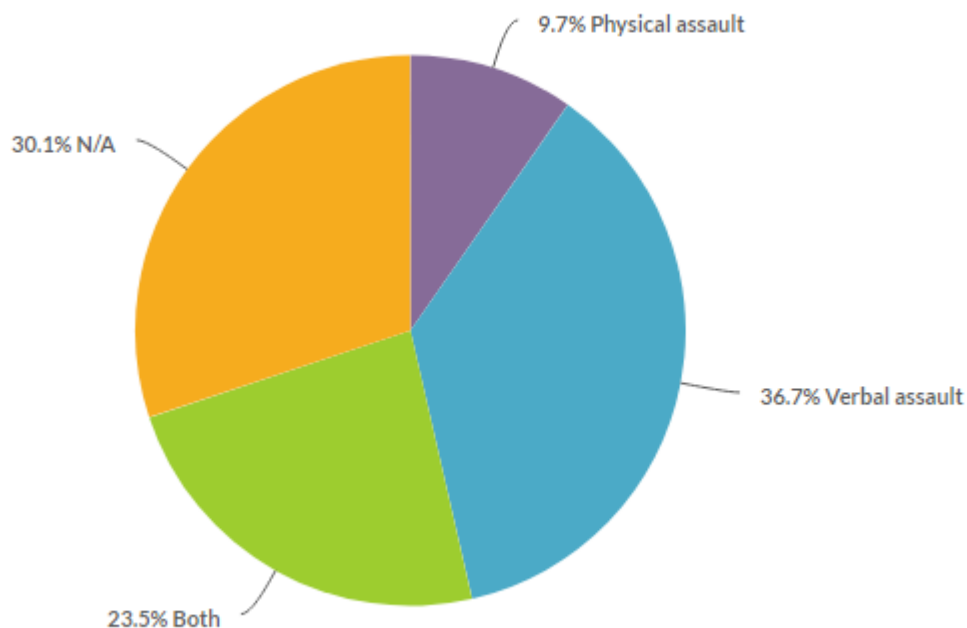
Angry patients after long waits

Problems with getting breaks on time and having to face angry patients and their families who have waited hours for an ambulance. Also having to deal with the guilt and frustration of having really sick people who have waited hours for an ambulance

Violence

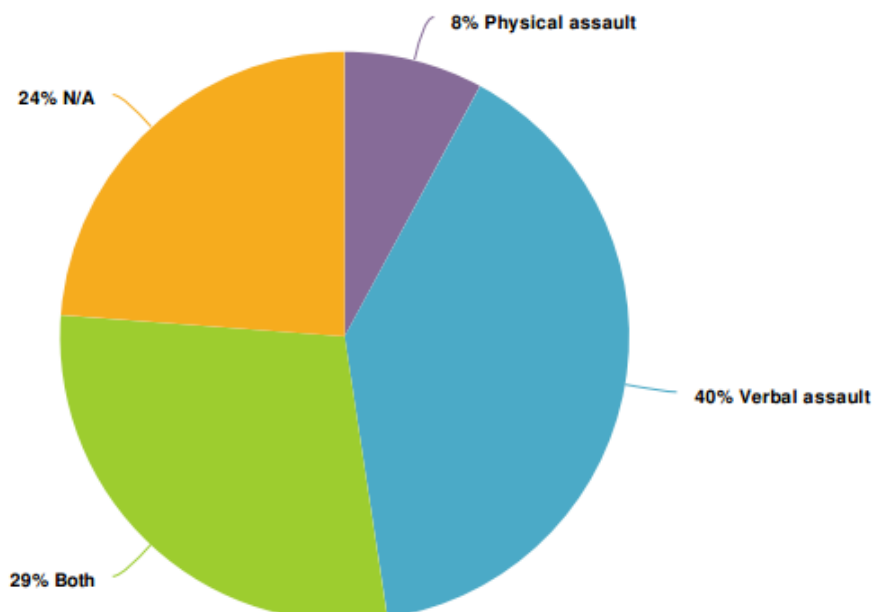
Have you been the victim of violence at work in the last few years?

The responses to this section make for grim reading. Only 30% of people who responded to our survey have avoided violence at work in the last few years. Ten per cent had been physically assaulted, 37% verbally assaulted and 24% had experienced both.



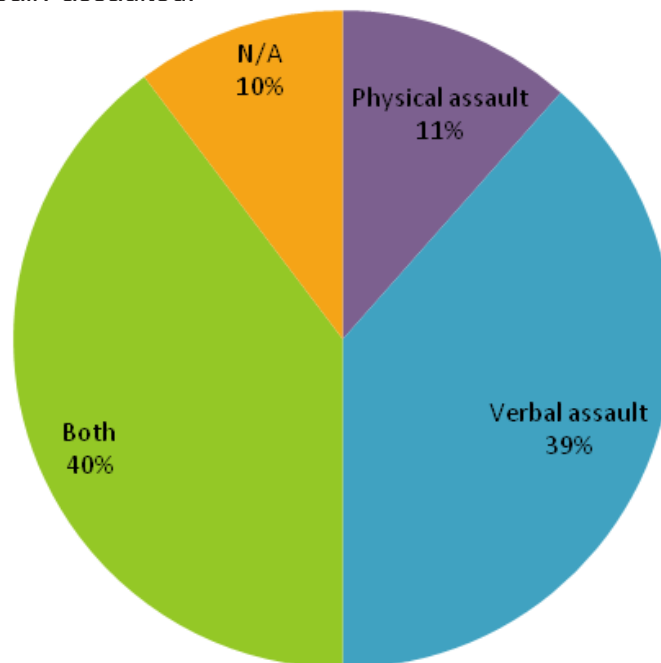
Women

When we looked at the answers from women the figures are even worse. Only 24% had **not been** victims of violence at work. 40% had been verbally assaulted, 8% physically and 29% both. Over three quarters of women working in the Scottish Ambulance service have experienced violence in their working lives over the last few years.



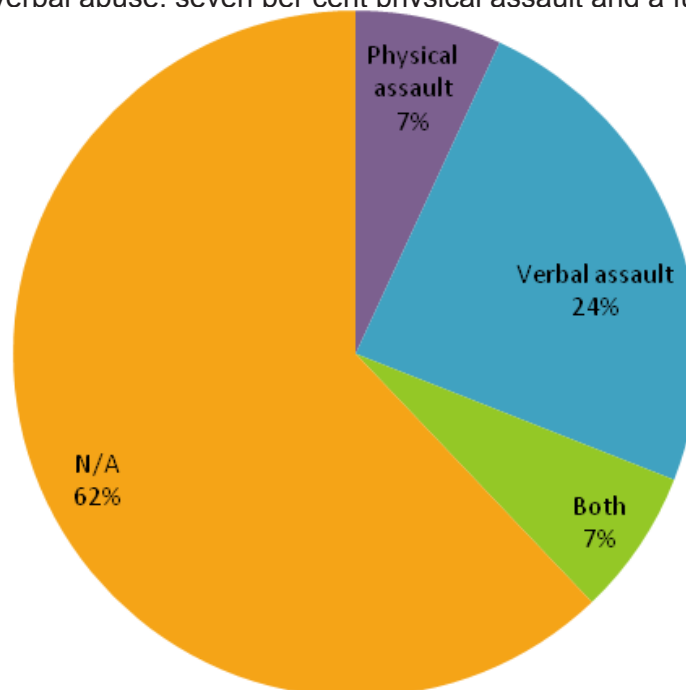
Paramedics

Among paramedics only ten percent had not experienced violence at work. Eleven per cent of people had been physically assaulted plus another 40% who had been physically and verbally assaulted and 39% who had been verbally assaulted.



Patient transport

Workers in patient transport experienced less violence but it is still occurring at an unacceptable rate. Nearly forty per cent (38%) of those who responded had experienced some sort of violence at work: 24% had experienced verbal abuse, seven per cent physical assault and a further seven per cent both.



These levels of violence are totally unacceptable. The ambulance service needs to take urgent action to protect staff. In order to better understand their experiences and improve prevention we left space in the survey for respondents to give more detail on their experiences. Their comments make for very grim reading.

Safety fears

Ambulance service staff are regularly shouted at, kicked punched and some have even been stabbed. On top of the actual abuse there is the added issue of worrying about when this will happen again. The threat of violence hangs over every day of their working lives. Whether is staff answering phones or out face to face with the public no-one should be going to work fearing for their safety.

What the staff say

been kicked, punched, spat on

verbal abuse, hitting, spitting, throat grab (to a crew mate of mine)

I have seen stuff that I know is illegal but have been threatened not to say anything

Kicked by drunk in street

My experience is only of verbal threats or abuse

Mostly verbally abused with swearing, threat's and name calling

Patients with dementia lashing out

I have been threatened, kicked, spat on, punch and slapped.

Verbal abuse (ATLEAST weekly) Physical abuse (every few months)

Often operating as a female lone worker for social and unsocial shifts including nightshift. Regularly deployed to potentially volatile situations or left alone in unknown environments for extended periods waiting for control to allocate assistance. Driving, navigating and communicating simultaneously under emergency conditions. Initial frontline responses should NEVER be single crewed period

2 fractured ribs by an inebriated 16 year old . Kicked out whilst police were restraining her. 120 hours community service was the punishment

Issues with patients around alcohol and drugs

Comments frequently refer to the influence of alcohol and drugs on the behavior of the people that ambulance service staff encounter in their working lives. There needs to be much more work done by employers to protect staff from abuse. It cannot be "part of the job."

What the staff say

Crews abused or attacked by patients friends or family normally involving drink or drugs

Verbal abuse from patients and bystanders common especially if alcohol involved. Have been assaulted in past with strangulation, punches and kicked.

A lot of abuse, as we are dealing with a lot of drunk people or under the influence of drugs, and people should get charged with heavier sentences

Punched by a pt after narcan administration

I was punched in the face in public on a street in front of the people who phoned for the ambulance by the intoxicated patient they phoned for. In broad daylight

I've had a bystander behave in a threatening manner whilst he was holding a knife, a mental health patient grabbed me by the throat and I have been subjected to homophobic abuse by another.

Have been chased with a knife by a patient how had been drinking and more verbal aggression on why they have had to wait a long time for an ambulance



Patient/carers unhappy with treatment options

Workers report that patients of those with them often react abusively if they are unhappy with the treatment being offered. This is very difficult for workers who are already making complex and difficult decisions under pressure without then adding threats and violence to the situation.

What the staff say

We are verbally abused regularly by patients and relatives who just want an ambulance and don't understand our role in the triage process. Ive Received threats of phisical violence to me and my family

Patient and or there families upset by length 9f time it takes to respond, or upset by lack of treatment options available

Dealing with drunks who have turned violent, when their expectations of an ambulance is being a taxi. Patient relatives who demand things to be done their way, when we have policy's and procedures to follow. Not being warned by care home staff that the unescorted dementia patient that has just been pick up can be violent.

Lack of warning that patient is/potentially violent

Workers who deal face to face with the public are very concerned about the lack of warning that patients may be violent/abusive. Pressure on other public services and call handlers means that there doesn't seem to be time for everyone to get and give the information needed to keep people safe.

What the staff say

Male attempted to stab colleague, me and police with knives. Ambulance service dealt very poorly with it saying it was part of job and cannot screen jobs anymore than they do or cause unnecessary delay. NHS 24 jobs do not ask if anyone has a weapon/scene of violence etc.

Constantly being held personally responsible/accountable for ambulance delays. Frustrated and worried patients and their Families aggressively pointing the finger as to why it took us so long to get to them.

Increased alcohol and drug related calls (not being identified by overworked ACC) placing us in hostile environments with no prior warning or info of the incident.

We are dealing with more violet drunk and drug related calls. The police used to give us good support but due to cuts there sometimes their support is late in coming.

Angry after long waits

A key issue is that pressures on the service lead to long delays in getting ambulances, paramedics or transport to patients. This means that when workers do arrive they are met with hostile patients or relatives. Overworked staff then also have to deal with this anger further adding delays which spills on to treatment of that patient and creates more delays for the next person waiting. These are already stressful jobs. The added threat of violence makes these jobs very difficult indeed.

What the staff say

Often receive verbal abuse due to not being at patient when they are led to believe you will be, verbal abuse due to delayed return journeys

Sworn at for taking over 2 hours to certain jobs , hostility towards us .

Have been chased with a knife by a patient how had been drinking and more verbal aggression on why they have had to wait a long time for an ambulance

Patients can become verbally abusive when we are late or they have waited a long time on transport

Getting more and more verbal abuse from families due to the wait for an ambulance from ALL walks of life

Verbal abuse from drunks. Verbal abuse from people who have waited too long (in their opinion) for an ambulance.

Because of staff shortage we run late and this results in anger from patients

Alcohol and drug use on the increase - used as an excuse to not behave responsibly. Frustrated service users verbally lashing out at crews due to lengthy wait times for ambulances - now daily occurrence.

It's not so much violence, but we get exasperated people giving us grief about being late for them. The centralizing of our control in XXXXX. The planners don't know the area. Auto planner doesn't work as it doesn't have enough staff to make it work.

People are regularly annoyed with us if the ambulance has taken time to get to them or their relative. We are constantly apologising to them. There will always be violent drink and drug fuelled callers. My partner had a 6" knife pulled on him last week. Luckily he grabbed the guys wrist and the police were able to take him to hospital. My partner was very shaken.

Lack of action protection for staff

Our survey makes it clear that many workers do not believe that they are valued by their employers. In this section many are concerned that their safety is not a priority: That they are just supposed to put up with violence and abuse. In a later section we can show that few know of any changes that have been made to protect them. Violence and the lack of protection are having a serious impact on the lives of staff in this service. As we will show later in this report moral is very low and few would recommend the ambulance service to others as a place to work. It will become increasingly difficult for this vital service to recruit and retain staff without changes. Protecting staff from abuse and violence must be a priority

What the staff say

Regular episodes of verbal abuse, threats against myself and family, been physically assaulted on a number of occasions. All instances have been reported previously but it seems pointless completing a Datix as no action is ever taken by management - in fact, one manager has swept reports of physical assault under the rug

Callers are often verbally abusive - sometimes it's understandable, if the situation is traumatic or they've been waiting ages and this is their third call in to the service. Other times they are just drunk and abusive. Nothing seems to happen to the callers, this seems to be part of our job to tolerate it.

My employers are well aware the violence myself and my colleagues are sent to on a daily basis

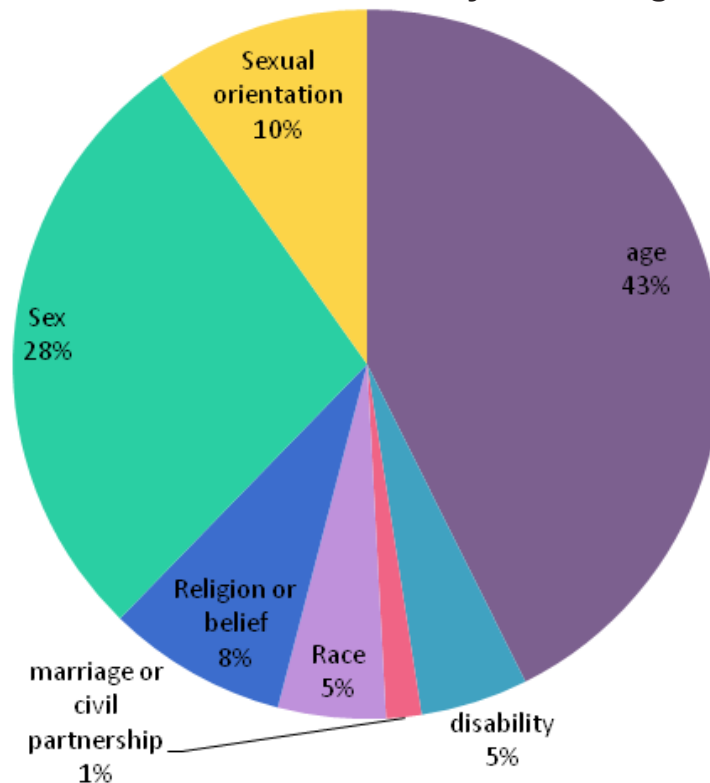
Drunks lashing out. No punishment for these criminals. Justice system does not protect ambulance staff.

Reguraly as a call taker many of the people who call 999 are abusive callers and it's hard to try and control the situation to try and find out what is going on as they might be upset at the situation of what there in rather than you but when it becomes personal its not nice to hear but at no point are you supported to hang up the phone ypur expected to listen to this abuse.

2x assaulted at work 2x court cases 2x no input from management 2x nothing happened to person

Abuse

Have you experienced abuse that is related to your sex, age, or sexual orientation?

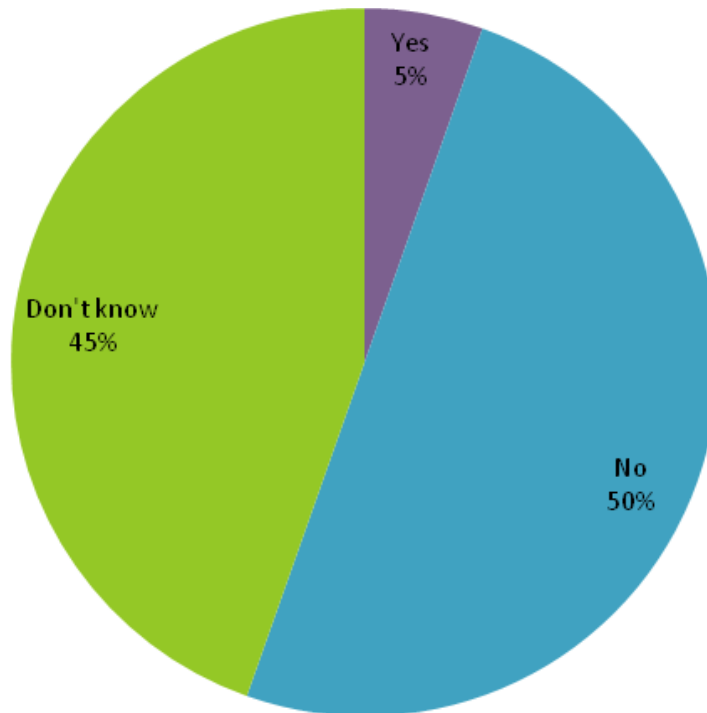


Equalities legislation provides extra protections for specific groups of people who experience discrimination because of those characteristics. We therefore asked if the abuse that worker suffered was related to them being in one or more of those groups. The two characteristics which related to most abuse were age (43%) and sex (28%). No protected group was free from abuse. Among the women who responded to this question 63% experienced abuse related to being women, 13% had experienced abuse related to their sexual orientation, 4% to their religion or belief and 21% to their age.

Paramedics and patient transport

Figures were similar for paramedics who reported the two characteristics relating to most abuse being age (42%) and sex (28%). Ten per cent cited religion as a reason for being abused along with sexual orientation (7%) and race (7%). While in patient transport 60% had experienced abuse related to their sex, 20% to their age and 20% to their sexual orientation.

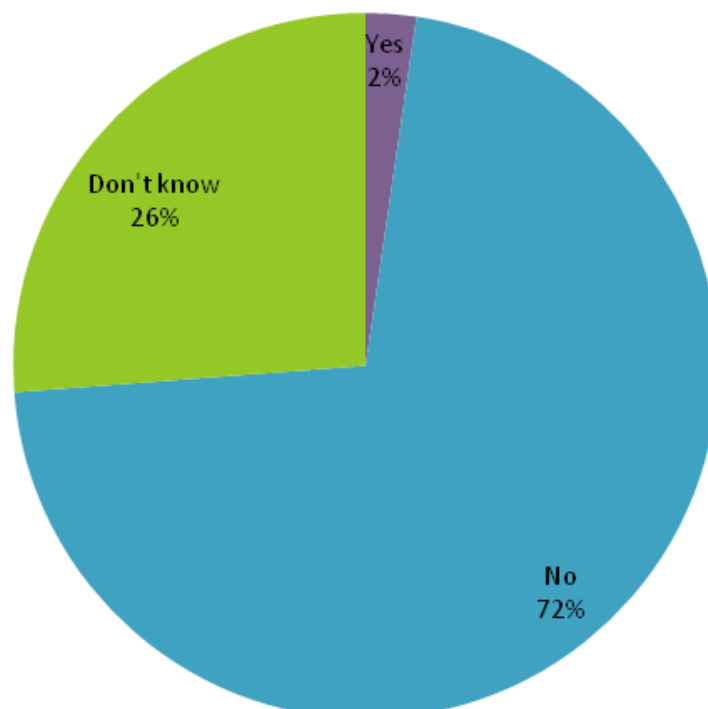
Did your employer undertake a risk assessment following any assault/s?



Given the rates of violence reported in our survey it is very concerning that only five per cent of those who responded knew of a risk assessment taking place after they had been assaulted. Even if some of the “don’t knows” incidents had had a risk assessment not including the victim of the assault in the assessment or letting them know it had taken place shows that the assessments are not being carried out properly. Proper recording and assessment of these incidents is the first step to providing proper protection for staff.

Did your employer make any changes to improve your safety following the assault?

Only 2% of those who responded thought that any changes had been made following an assault. It was also 2% among women who responded among paramedics it was only 1%, among patient transport staff it was 10% but this is still shockingly low.



What changes did your employer make following the assault?

The only comments given in this section were:

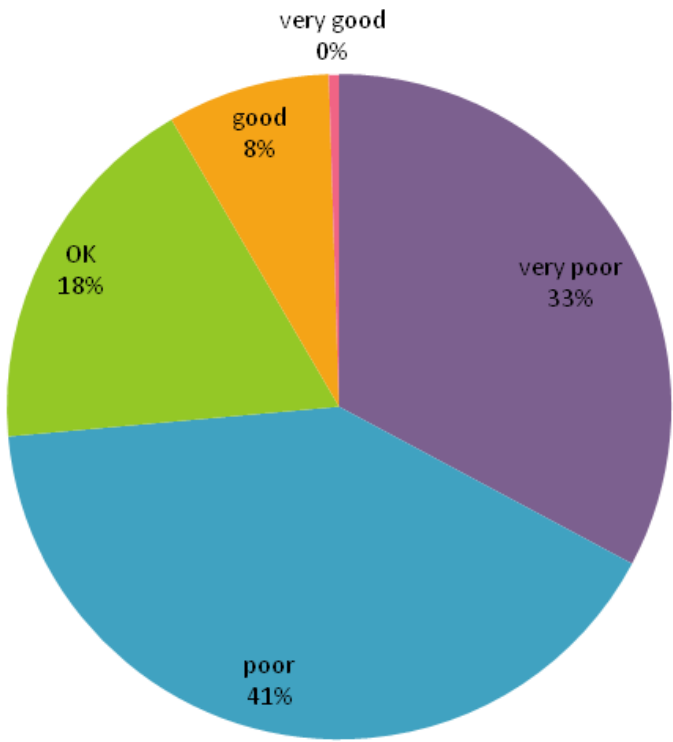
- *I reported to control and patient was red flagged*
- *Updated the patients notes*

The ambulance service needs to take staff safety more seriously. Violence should never be “just part of the job”. In another section members tell us that they are not given the warnings about potential violent behavior so marking patient notes does not appear to be particularly effective.

Morale

How would you describe morale in your team/station?

The responses to earlier question indicate a workforce facing a high pressure job, increased demand and high levels of violence at work it's no surprise that only 8% of workers described morale in the team as good or very good. Eighteen per cent state morale was OK. 41% stated that morale was poor and a further 33% that it was very poor.



What are the key issues affecting staff morale?

When we explored the comments it is clear they key issues affecting staff morale were the heavy workload, tied to that was missing or late breaks and having to work late. There are also clearly issues round staff shift rotas and the way relief is organised. Many are concerned about the impact on their workloads and ways of working by changes in primary care and NHS24. These have changed the demands on the Scottish Ambulance Service both in terms of patient transport and 999 calls.

Staff also feel unappreciated and many believe that the poor state of many of their stations reflects how the little service values their contribution. The physical working environment is also a key issue both in terms of equipment for doing their jobs but also cleanliness and practicalities round break facilities. These are highly stressful jobs where people are making life and death decision they need somewhere to take breaks which allows them to eat/drink and de-stress so they can return to work ready to deal with the pressures they face. Where comments are positive it is always about their teammates and the support they give each other.

What the staff say

Lack of management support

Crews feel unappreciated and overworked. A general feeling that management do not look out for staff

The management don't care. Unless it's about response times, I have once had a manager laugh at how crews were attacked, crews often are going long hours with no break which is a clinical human factors risk, however you report it, nothing happens. Until a staff focused approach is implemented morale will not improve. It's an easy system to follow. Look after your staff, they will provide better patient outcomes and as they approve productivity increases and targets get met.... it's not that hard !

Workload/stress

Morale in the service seems low, due to increased workload and lack of resources .

No-one is happy, everyone is exhausted

Staff are fed up with lack of staff, we get the blame when something goes wrong, we never do anything right and the daily pressures takes its toll on our health

increased stress in the workplace, lack of resources causes less time to debrief and talk issues over with colleagues to get them off your chest.

staff shortage in team trying to deliver their best service becomes stressed and frustrated when unable to do so.

Staff overworked, no service investment in personnel (training, suitable resources), staff feeling undervalued, decision-making by operational personnel constantly questioned by management/ACC

It's only OK because the staff look out for each other and use a dark sense of humour to cope with things. Everyone is fed up with the incessant workload and little or no breaks. I work a 10 hour roster, and in those 10 hours, I very regularly only get 20 minutes break. Unacceptable - would never be allowed in the private sector.

Much greater work load causing late and missed rest periods.Regular over run of shifts.High volume of students.

Disturbed meal breaks Late finishes Decisions being made by call centre staff with no medical experience not their fault Return to control rooms is largely favoured

Too many late finishes. Late meal breaks.

The moral between the crews is very good it's just meal breaks and finishing on time is the problem

Extended a lot, not given appropriate info on jobs

Lack of resources - meal breaks - finishes late.

No mealbreaks Shift over runs Excessive workload

Heavy work loads, poor equipment, lack of clear management, the service is trying to do to much to soon, causing extra pressure on staff

Increased journey distances, long shifts with delayed or no breaks, lots of late finishes.

Staff don't get to see each other, peer to peer debriefing of jobs is a key part of the role. With limited time on station with other colleagues to debrief in jobs you have been at with them or found stressful and want to discuss is prevented. This increases the mental health strain on staff and the struggles they deal with daily.

Staff rotas

Shift allocation poor for relief staff

There is a general negative attitude revolving around roster/relief, inappropriate tasking, poor relations with control & resentment about overruns

Too many changes ie shift review.

Shift review upsetting all pts

There is an ongoing issue with relief staff getting annoyed about not having enough shifts, getting shift with only a few days notice, not having our mandatory 4 weeks notice of shifts, which affects mood



Appropriateness of work the service is asking them to do

Increased work load, Late meals, late finish and all too often being treated as a Taxi doing inappropriate work

All staff talk about leaving due to very heavy workload of which very little are real emergencies

Poor facilities/kit

Staff are overworked and receive little support from management. The refusal of management to do anything about rodent and bird infestations or undertake basic building maintenance highlights the disdain they have for staff.

Crews are increasingly tired, we don't have the same opportunities for 'banter' and distressing peer support as in the past when there were fewer jobs. Vehicles aren't being cleaned- no time, no pride. No time for online training including the mandatory training!

Facilities are shabby, regular late finishes and our boss isn't a "people person"

We are tired, we are trying to do our job to the best of our ability for our community with missing kit/lack of drugs due to supply issues/vehicles that constantly break down/cost issues/staffing issues and whilst spending half our lives in buildings not fit for purpose whilst management provide little or no support/ explanation or indeed thanks

A dilapidated station brings down moral due to lack of facilities. The service is failing to use the budget correctly and is going to waste a considerable amount of tax payers money refurbishing it , as the building may be repossessed by owners in the coming months/ year

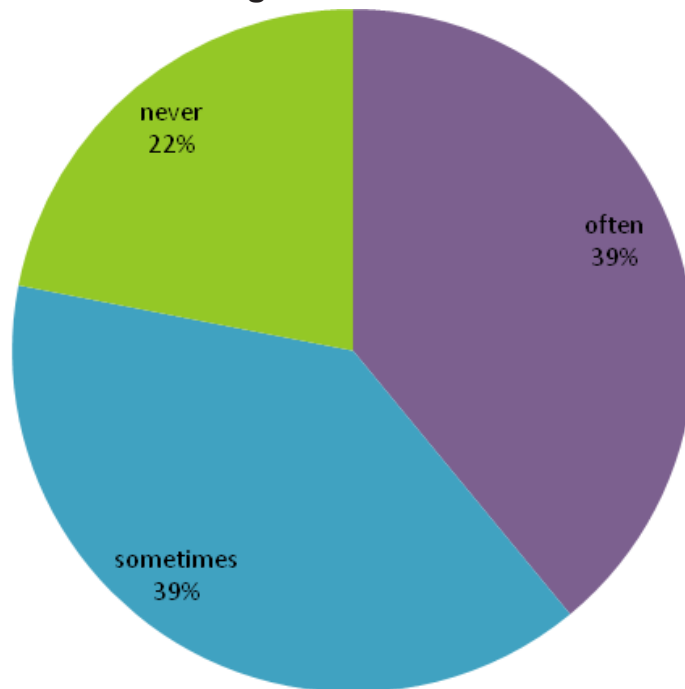
Workload & poor state of many vehicles (most have some deficiencies - broken side-steps, mirrors taped together - etc

Stress

How stressful is your job?

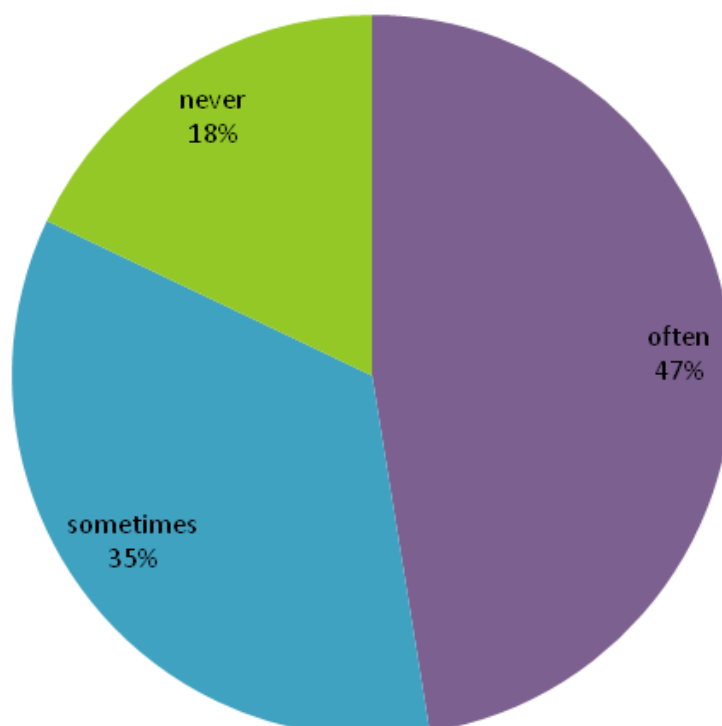
We also asked respondents to rate their job for stress on a one to ten scale. Almost a quarter (24%) rated their job at 10 on the stress scale. Overall 48% rated their job at 8-10 on the scale while only 12% picked 4 or below.

Have you seriously considered leaving the ambulance service in recent years?

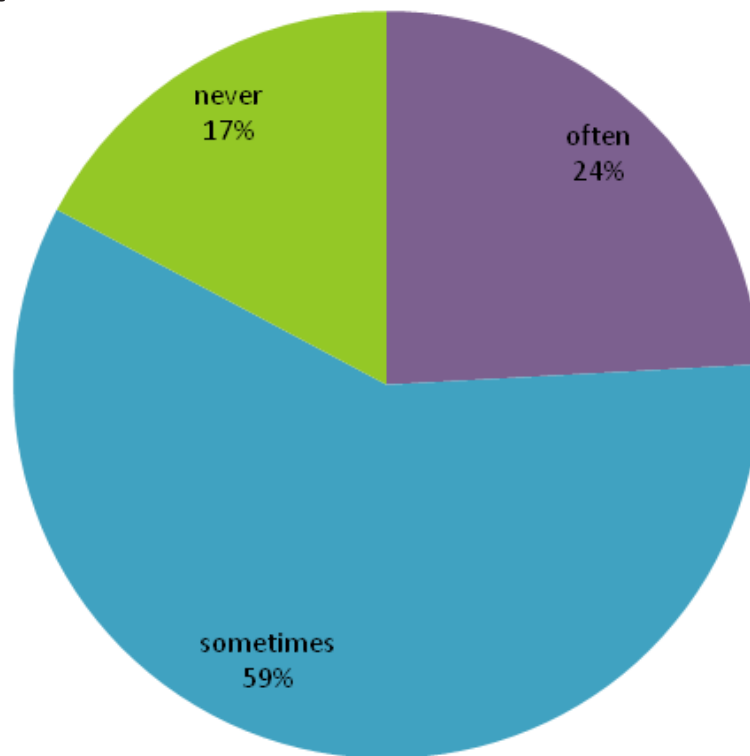


Among paramedics 47% often think about leaving. Only 22% of workers surveyed stated that they never thought of leaving the Scottish Ambulance Service. Almost 40% often think about doing so.

Paramedics



Patient transport



Use this space if you would like to give a reason for your answer



The comments in this section should be a wakeup call to those running the service and to the politicians who fund and direct the service. While many indicate that they love their jobs and get satisfaction from the valuable work they do. This does not always mean they can cope with the challenges of the job indefinitely.

Workers are exhausted from the physical and emotional demands of the jobs. When heavy workloads mean that they cannot get breaks, when shifts run late then they are struggling to cope. Their job is ruining their physical and mental health. People are eight and nine hours into a shift and still can't get a break to eat. Shift work is already detrimental to health not getting breaks is highly dangerous. It's no surprise that sickness levels are soaring.

Staff feel that they are not valued, that many of the changes to both the wider health services and to specific roles in the ambulance service have made their jobs more difficult. The use of students, changes to technicians' roles and undertaking work that was previously set in GP practices particularly out of hours is clearly proving challenging to many. There are still a few positive comments from those who still get job satisfaction from such valuable work. The service cannot rely on that continuing to make up for the physical and mental pressures of the jobs.

What the staff say

Some staff do remain positive

I enjoy my job

I love my job, I love my role and will never leave the SAS

Despite everything, I still would find it difficult to adjust to a different job.

Still new in the job but I love it. I don't take stress home from work, busy enough homelife.

The majority of the comments were focused on the heavy demands of the jobs

Recently retrained as a practitioner and this has opened up opportunities to work in general practice. Undervalued in role and paid the same as regular paramedics despite advanced clinical decision making skills

I feel burnt out. I've nothing left to give. I want out before it affects my health

No support from managers or encouragement to remain in post

I have often considered leaving the service as the support you get from managers is non-existent and senior manager ie chairman, chief exec have no idea the way staff feel, or they do and decide to do nothing about it.

Under valued, understaffed worked to exhaustion with inappropriate calls

Poor service now to what it was, just seen on tv today service managers bumping their gums about how many lives are saved by the new model, what a load of crap

Don't feel valued by the service and it's only because of my age and the patient needs that I stay

Little job satisfaction anymore. No consideration for crews after stressful and full on jobs like cardiac arrests, rtc's etc - just want a quick turnaround to attend next 999 that's being lying for hours. Stressful at end of every shift wondering in can get finished on time to pick up our kids or do we need to make emergency childcare provision again/daily (offloading the ambulance services shortcomings into our extended families).

I only have another few years before I retire. The pension I will receive keeps me here.

Service has no interest in staff

Impact on my mental health.

Have mortgage to pay so cannot leave

Constant shiftwork, 24/7 365 Service means missing out on family/cultural occasions quite often. I sometimes wonder if it is worth it. More often than not it is a thankless job. I'm not in it for the praise, I get my satisfaction from supporting my team to do an excellent job for the patients but it is not easy to keep going sometimes.

Not supported, all the right words are said but little or no action.

The pile of work can be overpowering and don't get any support from higher management

Previously paramedics/technicians would have 20/30 years service. Now due to the increased workload/treatment of staff/level of pressure it is unrealistic to give that amount of service without having a detrimental impact on mental and physical health, social and family relationships. Although the job itself is rewarding, responsible and desirable, the negative effects on me personally outweigh the positive and have deterred me from progressing my career to paramedic.

The SAS is lurching from crisis to crisis, its education system is bewildering to say the least, financially its at rock bottom and communication to lower levels is as it has always been poor to non existant. I do the job to provide help/assistance to those in need. Whilst fulfilling it is stressful and the headless chicken approach to running the service plus the lack of staff support makes me consider other employment regularly

Relentless pressure, no issues addressed correctly, public and General Practice misuse of service provision with no concerns that are raised being properly addressed

Sometimes you can just feel overwhelmed by the workload and the expectations of the general public or the standards that you set for yourself. Other times it's difficult not to take distressing jobs home with you. It often feels that doing a 'normal' job would be more beneficial to your health and not affect your family in the same way as this one does. A lot of thought goes into how our armed forces are looked after these days regards PTSD but I feel that this is never a consideration. Especially for longer serving staff who are expected to support new colleagues after difficult jobs.

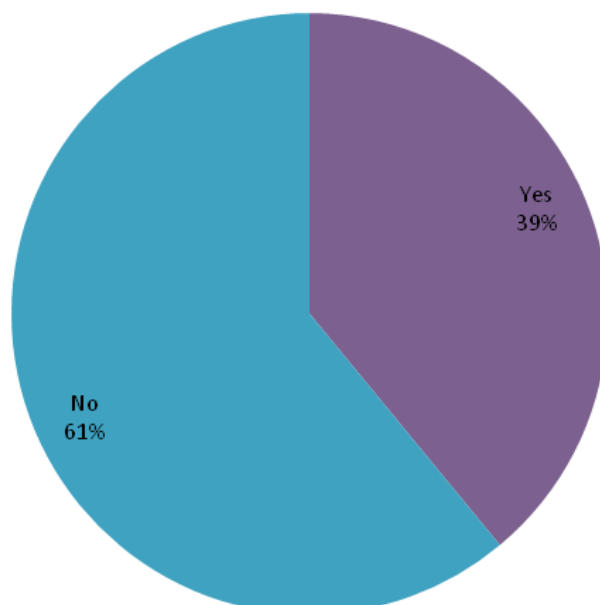
Dealing with too much work

Workload and expectations of service, ACC and patients leading to poor morale and increasing stress levels. Not as rewarding a job as it once was.

Definitely going to take early retirement even though it's going to be a financial drain

Would you recommend the Scottish Ambulance Service to your friends and family as a place to work?

The majority of ambulance service staff would not recommend it as a place to work. This is a frightening place for the service to be. In our survey as a whole 61% stated that they would not recommend the service as a place to work. Among paramedics 70% would not recommend their jobs to friends or family. The figures in patient transport were better but still less than half of staff (48%) would recommend their job



Some respondents commented on the things they liked about their jobs but even among those with positive comments there were still concerns about their working lives. Positive comments focused on the value of their work and the way that doing important work made them feel.

What the staff say

As previously stated. I love being a paramedic, I love dealing with patients who actually need the interventions and life saving treatment of a paramedic. I care about my job, I care about having high standards, I care about maintaining my skills and education and I care about supporting new staff and I care deeply about my colleagues. Some of the best people i have ever met have been my colleagues but they are broken..... Despite all the cares I give the ambulance service doesn't care about me or my colleagues.

Job satisfaction

Good pay and rewarding job

I know I'm making a difference and doing an important job. I feel a sense of belonging. I really value my colleagues and the way we support each other.

It is a good career to get into

Although there are many issues regarding the way the service is run. The basic job is still to help people and the fact that more often than not, we do that. The sense of achievement and job satisfaction still make it a worthwhile job.

To become a paramedic is a great achievement with great satisfaction after appropriate clinical work

There were far more comments on the impact of heavy workload, the role of management and stress. It is alarming that staff are finding their working lives so difficult. Management and the government should be very concerned about how staff are feeling. These are highly skilled staff whose qualifications and experience and dealing with the public in highly stressful situations. They will not be easy to replace. The service needs to do much more to ensure that they can retain their staff.

Their comments are particularly scathing about how management values them. It is clear that a different approach from management would make a great deal of difference to the morale of staff.

As before not interested in you . Only get job done by any means . Always kept late and no time ,to do CPD , or courses . Management always of opinion staff lazy .

I wouldnt like to bring them into the environment i work in, it would be unfair to allow them to experience it

If I could start again I would not join the ambulance service so why would I recommend it to others unless you want to feel like a worthless commodity

No support from managers

Management have no interest in staff morale/wellbeing

Its a great job, management is the problem

Due to abuse, not always support available

Take away poor leadership and managers dealing with the patients is a fantastic job especially seeing really ill patients improving in your care

It's a good job that currently is not managed correctly

It's a good job but in the past few years there as been a considerable change in it. A high turn over in management and many not knowing/understanding what PTS is.



I care for my family and friends. This is a career that offers little or no job satisfaction. Unfortunately it used to!! The management of the Scottish ambulance service does not care one jot about its frontline staff. A paynumber and a covered seat in an ambulance is all it cares about. Certainly not it's staff or the patients that need it.

Comments here support the findings earlier about the heavy workload and stressful environment that exists within the service. There just aren't the resources to meet the demands placed on the service and this is putting enormous pressure on the current staff. This will only get worse if these pressure lead to many leaving the service altogether.

Overwork

why would i want any of my family to work under such poor conditions 6-9 hours without a break regularly and longer sometimes

it can be a good place to work if managed properly. Patients normally appreciate you but get grief when they have been left to wait over 1-2 hours to get picked up

Why would I recommend the SAS to someone? I can't get fed. Basic right. FOOD!!!!

No work/life balance, long hours, sometimes without a break, sometimes if a break, well into your 12 hour shift.

Why would i advise anyone to work in such a stressful unsupportive job Prisoners get treated better with meals etc and conditions

The job of Paramedic itself could be the best job in the world. Unfortunately, whilst the service and the Scottish government prioritise target times and judge us quantitatively rather than qualitatively, staff welfare will never be a priority.

Stressful environment

It's not the hours I signed up for if I had known rota I wouldn't have taken job

Staff are overworked, stressed and not valued by management or control room dispatchers

High burn out rate amongst staff.

It will break you

Colleagues at work are great, but the job is so stressful with little or no communication or support from management, increasing workloads and responsibility .

There isn't the support for training in place the goal post are always changing the ambulance service isn't a family it's a job

Conclusion

UNISON surveyed staff working in the Scottish Ambulance Service in February and March 2019. We asked them a range of questions about the impact of austerity on themselves and the work that they do. This report analyses their responses and allows you to hear directly from the workforce about what it's like trying to deliver high quality public services under austerity.

The report reveals a dedicated workforce working hard to support the public. They are dedicated highly qualified teams who are under enormous pressure. They feel exhausted, undervalued and suffer violence regularly. They are struggling to deal with the demands placed upon them.

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Worried about your job in today's uncertain times? If you work for a private company or voluntary sector organisation providing public services, **now is the time to join UNISON.**

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- legal help for you at work and your family at home
- financial assistance and debt advice in times of need
- compensation for accidents and injuries at work.

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And you get all this from as little as £1.30 a month – depending on how much you earn.



UNISON – essential cover for you

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