ATTACHMENT

QUESTION 1

REVIEW: Does a rank structure have a place in a modern emergency health ambulance service?

Introduction

NSW Ambulance is currently participating in a Parliamentary Inquiry (Inquiry) into emergency services agencies. The terms of reference of the inquiry includes:

1) The prevalence of bullying, harassment and discrimination, as well as the effectiveness of the protocols and procedures in place to manage and resolve such complaints within emergency services agencies, including:
   a) New South Wales Rural Fire Service
   b) Fire and Rescue New South Wales
   c) New South Wales Police Force
   d) Ambulance Service of New South Wales
   e) New South Wales State Emergency Service

2) The support structures in place to assist victims of workplace bullying, harassment and/or discrimination within emergency services agencies.

3) The support services available to emergency services workers and volunteers to assist with mental health issues resulting from workplace trauma and the effectiveness of those programs.

4) The appropriateness of uniforms provided to personnel in emergency services agencies.

5) The relocation of the New South Wales Rural Fire Services Headquarters to Orange, Dubbo or Parkes.

Background and context

The Chief Executive of NSW Ambulance attended before the Inquiry on 22 September 2017. During questioning, the role of a rank structure and the related uniform was highlighted.

Anecdotally, it would appear that most ambulance service agencies utilise some form of rank system. That rank is able to be identified upon the uniform of the ambulance service employee in some fashion.

Purpose and audience

The final excerpt by the Hon. Catherine Cusack appearing in the transcript (attached Tab A) is considered a question on notice and a response must be provided to the Inquiry by Friday 20 October 2017.

Review questions

An evidence check review was sought to address the following questions:

Question 1

Do emergency services agencies (namely providers of medical emergency services), both within Australia and Internationally, utilise a rank structure?

Scope

The question on notice particularly requests that 'NSW Ambulance be benchmarked against overseas agencies'. It is recognised that many other jurisdictions utilise private paramedic services and therefore these services may not provide a good comparison. However, consideration of ambulance services both inside and outside of Australia is sought.

Question 2

Is it apparent why emergency services agencies utilise a rank structure? Is it only for the reason of 'command and control'? If not, for what other reasons?

Question 3

How is a rank structure advised to others (both internally and externally to the particular agency)? Do the various ranks wear a different uniform? Is an epaulette employed? Is the rank depicted by a colour, words, some form of insignia; or a combination of these?

Scope

NSW Ambulance utilises both different uniforms and an epaulette system.

NSW Ambulance 'on road' paramedics wear a blue shirt and blue pants (resembling a type of overall appearance). NSW Ambulance managers (Inspector and above) wear a white shirt and blue tie with blue pants, although they wear the above operational uniform when performing operational duties (responding to incidents). All paramedics wear an epaulette that records their clinical level (in different coloured writing) as well as stars and crowns depicting rank.

Question 4

Are there examples of emergency services agencies who have attempted to remove a rank structure and if so, did removal take place and was it successful? What type of model do these agencies employ to ensure appropriate command and control is in place?

Question 5

Is there anything for NSW Ambulance to learn from the actions employed by the agencies identified in question 4?

Scope

NSW Ambulance is open to amending the rank structure/uniform but would seek to inform itself of difficulties experienced and/or advantages obtained from doing so.

Question 6

Do other emergency services agencies utilise a 'dress uniform' and if so, when are staff required to wear that uniform?

REPORT SCOPE

This report gathered available information from ambulance services around Australia and internationally. The information was collated by way of contacting services directly as well as doing a web and literature search for any relevant information on this topic.

The researchers were able to get information from all Australian and New Zealand ambulance services as well as general information from ambulance peak bodies in the UK and Canada - Association of Ambulance Chief Executives UK and Paramedic Chiefs of Canada.

There was no available literature on this matter found and none of the services have completed any work that would fit the questions raised by the parliamentary inquiry.

AMBULANCE SERVICES UNIFORMS MATRIX

A matrix was created to capture and present findings from our enquiries. The information included is:

- Name of service
- Uniform – does the service have a uniform
- Rank Structure – does the service use ranks (these can include clinical titles only, service specific ranks, etc.)
- Is rank displayed on uniforms – are ranks displayed visibly on uniforms (epaulettes, front or back of uniforms)
- Dress uniforms – does the service use a separate dress uniform for formal occasions
- Managers uniform – do managers wear a separate uniform

Findings of the review:

1. All services use uniforms for their paramedics when working in the field to help identify them for the work they are doing.

2. All services utilise some sort of ranking. This can vary between titles, such as paramedic, group manager, operations manager, etc. to clinical titles only. One service also uses special piping on uniforms to distinguish specialist skills (e.g. clinical supervisor skills)

3. All services display ranks on their uniforms. These can wary from use of epaulettes to titles being displayed on either the front of the uniform or in somce cases, across the back of the uniform.

4. Not all services use a special dress uniform. Approximately 50% of services have dress uniforms, which are used for special occasions like award ceremonies, funerals, special formal meetings, etc.

5. Provision of manager uniforms is not common between the services. The use of manager's uniforms varies from operational uniforms with special piping, to dress uniforms.

6. In 2016, the Queensland Ambulance Service conducted a review of uniforms, surveying all staff including volunteers. The question asked was whether staff would like ranks removed from uniforms. The result was a unanimous no; staff wanted to keep the ranks as well as sought to add additional identification badges to uniforms. This was the only example the researcher found of a service looking at removing ranks from uniforms.

7. Ambulance Victoria has recently done a large review of their services, from changing of rosters to developing a comprehensive new mental health strategy. During these reviews the link between bullying, harassment and uniform ranks did not arise. Their reviews showed that bullying was peer-to-peer related not rank related.

8. Queensland Police has joined University of Queensland in a survey of community attitude towards police uniforms and equipment. The study is live and all residents over 18 years of age who are currently living in Queensland are asked to fill out the survey online.
   https://mypolice.qld.gov.au/blog/2017/09/06/qps-joins-uq-uniform-survey/

9. Review of international ambulance services (New Zealand, UK and Canada) has found similar results to results from Australian ambulance services.

   All use uniforms and some sort of ranking system, with is displayed on their uniforms. Dress uniforms are used in all cases except Wellington Free ambulance. The Canadian services have agreed on a national dress uniform to be used for all services. The use of manager's uniforms varies between services in Canada and the UK and is not used in the two New Zealand services.

Prepared by:

Mojca Bizjak-Mikic

Data, Policy & Research Consultant, Council of Ambulance Authorities

October 2017

TAB A

The Hon. CATHERINE CUSACK: Is it not an icon of a culture that we are trying to move away from?
Mr MORGAN: I would agree with you, I think the notion of the upper end of formality does represent an element of difficulty for parts of the organisation to reconcile. I agree with that statement.
The Hon. CATHERINE CUSACK: Can I ask you on notice to benchmark the New South Wales uniform with overseas services and see what paramedics are doing in other countries? Because anecdotally we are being told that we are very out of step and anachronistic in not making that change. I would appreciate your thoughts on notice.
Mr MORGAN: Certainly.

AMBULANCE SERVICE UNIFORMS

Location	Uniforms & Rank Structure	Rank structure displayed on uniform	Dress uniform	Managers uniform
Overseas				
United Kingdom (consists of 13 individual NHS trusts)	**Y (one trust utilises job title rather than rank for managers)**	**Y**	**Y**	**Varies between trusts**
Canada (consists of Provincial, private and municipal services who each have their own uniform policy)			**Y A National dress uniform has been agreed for use by all services**	
New Zealand St John	**Y Clinical and/or rank**	**Y**	**Y**	**N**
New Zealand Wellington Free Ambulance	**Y Clinical only**	**Y**	**No**	**No**
Australia				
Northern Territory	**Y**	**Y**	**No**	**Y (for use when operational uniform is deemed inappropriate)**
Victoria	**Title (eg. Paramedic, Group Manager, Operations Manager etc)**	**Y**	**Y**	**No**
South Australia	**Y**	**Y**	**No currently under development**	**Y**
ACT	**Y**	**Y**	**Y**	**No**
Tasmania	**Y**	**Y**	**Y**	**Y**
WA	**Y (ambulance officer, paramedic, clinical**	**Y**	**No**	**Y Red piping – area manager, etc.**

AMBULANCE SERVICE UNIFORMS

	paramedic with red piping, specialist clinical oversight)			
Queensland	**Y**	**Y**	**Y** **Award ceremonies, etc. Ops staff have an ops uniform and dress uniform, managers only have dress uniform they wear daily.**	**Y** **Dress uniform is the only one manager have and wear it daily.**

ATTACHMENT

QUESTION 4

Report on the Feedback from Staff Focus Groups 2017

Prepared by Marlene Booth, Respectful Workplace Management Advisor
Date: 27 April 2017

Background

The 2016 People Matters Staff Survey provided high level summary results of topics on employee engagement. As a result 21% of staff gave their views on the themes of engagement with senior managers, communication, high performance, public sector values and diversity and inclusion. The specific local results were forwarded to directors or executive directors in each sector or directorate.

Each leader was advised of the plan to elicit further supplementary information from staff to obtain a better understanding of the results through focus group workshops, one for Regional on-road and control staff, one for Metropolitan and Control staff and one for HEAS, Corporate and Aeromedical Control. From this, emerging themes and solutions would be identified to address any significant engagement shortfalls.

Composition of Focus Groups

A total of 32 staff attended the focus groups on three separate occasions and were given a copy of the questions to aid discussion with the group. The occupational groupings were approximately 78% on road staff, 14% control and the remainder HEAS and Corporate with differing salary levels ranging from Duty Operations Manager to newly trained paramedic staff. Participants engaged in vibrant discussion, the comments were captured informally and written up in a Summary Table for further progression.

Summary of Key Feedback

Engagement with work teams: Staff enjoy autonomy, the work is different every day, growing professionally, making a difference in a patient's life and the public respect for NSW Ambulance brand.
Challenges that affect Engagement with organisation: The need to have positive feedback from managers; not finishing on time and fatigue, impact home life. Staff indicated that programs to address abuse / verbal threats to control staff could be expanded to gain more public attention by displaying posters in bus stops, emergency departments, community and shopping centres. Participants felt there is the need for fatigue management improvements for regional staff.

Listening to employees: More informal communication through open meetings, more personal recognition and expression of gratitude from their managers, more informal senior management visits; the display of DDO and ZM photos at stations to recognise who they are; provide exposure to control / aeromedical / on-road roles will result in a better understanding of each other; and would like to see a better understanding of the little things that motivate people.

Who do staff perceive as Senior Manager level in Survey: Duty Operations Manager, Deputy Director Operations, Director, Executive Director, Zone Manager.

How staff see Leadership: deputy directors getting out and talking to staff to help solve problems and for two way communication; when Chief Executive is seen to lobby the Ministry on Transfer of Care it is seen as listening to staff; also participating in ride-a-longs, working in Control to see what goes on at the front line. Others want personal development programs or regular performance appraisals and informal discussion and see this as a function of leadership.

Benefits, reward and recognition: roster flexibility such as concessions to take 1 weeks annual leave to avoid taking sick leave for flexibility; improve access to long service leave. Participants recommended improving access to flexibility by using a cluster approach where staff work it out between themselves across stations (Regional).
Formally recognise Training Officers who are good mentors; Improve access to clinical advancement (ICP or ECP for regional staff by allowing 12 month placement in Metropolitan and then return to substantive station. DOM says thank you, or gives informal feedback or a letter to acknowledge good patient treatment. Start an employee of the month at unit/zone level.

Values and accountability relating to behaviour that risks bullying: make staff accountable for their behaviour because they feel poor behaviour is not censured locally; better communication about disciplinary outcomes and providing better feedback about unsuccessful applicant for positions.

Behaviours witnessed at work include personal attacks, screaming matches, confrontations, questions about personal life, gossiping with malice, and negativity and this affects other staff who witness this. There's a perception that nothing is done locally to manage these events due to confidentiality. There has been a noticeable improvement in the Hunter region in the last 12 months.

Note: Poor local behaviour is often not witnessed by the first line supervisor who is also rostered to work on-road. This potential limitation has been long recognised and Straight Talk™ and the Bystander online training program have been introduced to support fellow officers with speaking up at the time.

Working conduct and raising concerns: raising concerns is easier if you know you have manager support, confidentiality and you can obtain reliable advice on how to raise an issue. Straight Talk™ is a brilliant too, well received and the best way of resolving issues but sometimes not, due to personality. However more support is needed for the respondent, more Grievance Contact Officers and the promotion of the program. The manager needs to talk to you face to face when you have a workplace concern rather than sending you an email. Raise more awareness of Phase 3 Training as it is useful for revision.

High performing teams – collaboration, capability, efficiency, effectiveness, continuous improvement, innovation : reinforcing good performance and positive behaviour, encouraging and valuing staff; giving career path opportunities to regional staff, the need for positive people on teams; ensuring meal breaks: good communication, trust, open mindedness, good communication about change can lead to better acceptance of change; start recognising high performance teams. Have a clear vision of what is to be achieved, learn from other well-functioning teams and share constructive feedback.

Organisation performance and other comments: only receive negative comments about jobs and would like to see a KPI on patient outcomes rather than compliance with patient observations; Need to have staff feedback about what has been implemented from previous surveys. Give feedback in Sirens about what the focus group recommendations are.

Job has impact on family life so minimisation of non-emergency calls would help. **A solution is to give the community information about what a medical emergency is and what it is not.** Investigate the demonstration of a mock conversation on Triple Zero about a non-emergency especially where you can go by car or taxi.

Find out more about what the next generation needs are and identify how we support and grow them. Share these with long term employees. We need to learn to work with them with resilience, empathy and emotional stability.

Fatigue management is a key item to address in regional NSW where feedback indicated that sometimes staff are working 14 days straight on-call. HEAS has completed a three month trial of sleep management where staff are encouraged to sleep during shifts particularly between 12-6am. This is making a big difference to capacity to respond.

Recommendation

Healthy Workplace Strategies have identified the following items to progress based on staff feedback and will be included in the unit's work plan for the coming year.

1. Develop and release the Resolving Grievances Procedure along with the Ministry's new Resolving Grievances Policy Directive to assist in strengthening manager and staff knowledge about behaviours witnessed at work.

2. Provide ongoing information awareness to staff at induction training and relevant topics to existing staff in Sirens or Beacons on topics such as: When is a grievance finalised; What information are you entitled to know when you report a matter of poor behaviour; What are the circumstances around a review of a grievance.

3. Enhance the Grievance Contact Officers (GCO) program by increasing the number of GCOs and providing refresher training to existing Grievance Contact Officers.

4. Ensure ongoing professional development regarding the management of staff concerns is current and that meets the needs of the changing demographic of employees.

Update on Recommendations arising from the Feedback from Staff Focus Groups 2017

Date: 13 October 2017

Recommendation One

The final draft of the new Procedure is prepared and is in a consultation phase.

Recommendation Two

Induction training ongoing. Chief Executive Beacon notices and videos issued to all staff regarding appropriate workplace behaviour. The Chief Executive's Straight Talk™ presentation has been provided to all senior managers regarding their responsibilities to set a positive and supportive workplace culture.

Recommendation Three

New GCOs to be recruited and appointed by end 2017. Refresher training to be conducted in early 2018.

Recommendation Four

Progress across the organisation of the roll out of Respectful Workplace Phase 3 Program is now mandatory and continuing.

Summary of 2017 Focus Group Feedback from 2016 PMES: Comments about Themes

Theme / PMES topic	Regional (13 staff) incl Control said:	Metropolitan (13 staff) incl Control said:	HEAS and SHQ (6 staff) said:
What makes staff engage with their teams / work	Autonomy on the job; making decisions, working within the protocols and supporting one's own decision making.	The combination of friendships, building trust, personal development, the variety of jobs, the autonomy and creating a difference to patient's life.	Leadership has moved in the right direction with a change in culture. Team support motivates us and it's a good place to grow professionally. In public it's the respect for NSWA brand and the diversity of patients.
Challenges that affect staff on how they feel about organisation **Engagement with NSWA**	Staff felt the absence of positive feedback for a job well done as they were more likely to hear about the negatives when something done wrong.	Fatigue and impact on home life and not finishing on time. Job more dangerous now due to violence. Control staff receive verbal threats/abuse. **Solution: Triple Zero campaign should go public at bus stops, hospital ED, community /shopping centres etc.**	Implementation of change is slow and some old culture remains punitive or hierarchical. We need more open disclosure to enable learning and to consider human factors. Fatigue management in rural settings for staff doing on-call requires attention.
Supportive management looks like **Listening to employees and two way conversations**	Open communication, with informal meetings to discuss problems and positive feedback about jobs done well. Let's have advice about local role changes and new staff scheduled to arrive. Weekly communication from DDO or ZM with their photos displayed at station.	More recognition, gratitude and visits by senior managers at work locations. **Part Solution: display photograph and information at station.** Where staff injured at work a visit from a senior manager is valued.	Cross functional ride-along between control staff and aeromedical to better understand each role. Talks by NSWA subject experts e.g. diets, resilience, PSU. Open door and approachability and a better understanding of the little things that motivate you.
Staff perception of Senior Manager level in PMES	Road staff- Duty Operations Manager to DDO; some don't know who their senior manager is. Control – Control Centre Manager or Director.	DOM and up; Executive; some not aware of manager beyond SO; not aware of DOM.	Executive Director, Director, zone manager.
Senior managers listen to staff **Leadership topic**	We need DDO to visit and talk to staff more – we can solve more problems and offer more solutions this way. And for middle management views to be listened	Interventions by senior managers such as the Chief Executive lobby of Ministry on Transfer of Care scheme as staff feel they are listened to. Senior manager doing ride-along, driving	Regular performance appraisal (PDP) with feedback both ways; informal discussions work as a group is good visible and open communication.

High performing teams **PMES Topic: Collaboration, Capability, Efficiency and effectiveness, Continuous Improvement, Innovation, Outcomes.**	Motivating staff by fostering good performance, encouraging and reinforcing positive behaviour puts them on the right path. As regional opportunities limited give more career path opportunities to keep staff positive. Negative people change the environment and dynamics of the team, need positivity; negative people don't participate and contributes to ganging up by others.	Good communication, trust, being informed of good outcomes/results, open mindedness; good communication about and acceptance of change. Start recognising / encouraging high performance teams; peer review of eMR; deconstructed feedback around performance to the team; recognise what makes the team happy/unhappy; ensure meal breaks.	We have diversity – different generations, genders, skill sets and culture. Have a clear vision of what you want to achieve and then develop support and understanding of each other to build strong relationships. Learning from each other makes a well-functioning team i.e. Come together as a team, question what you are doing and share constructive feedback.
Other comments **Connect to organisational performance and senior management**	Only receive negative comments about jobs; KPI is not about patient outcomes – suggested that compliance with patient observations more relevant KPI. Give staff feedback about what has been implemented from previous surveys. Give feedback in Sirens about focus group feedback. Opinion that action will not be taken arising from survey.	Job has impact on family life so minimising non-emergency calls through filter at Control: **Solution: Give community information about what a medical emergency is and what is not.** Investigate demonstration of a mock conversation on Triple Zero about non-emergency especially where you can go by car or taxi. ECP skills become outdated **Solution: work rostered regular shifts.** Create knowledge of role between trainee call takers and trainee paramedics to understand each function. Would like to see more life skills from new trainees. Not enough communication about PRN, too infrequent. Transfer of NEPT non-emergency bookings starting at 5pm sometimes instead of agreed 2300.	How do we support and grow the next generation coming through and calibrate their needs to share with long term employees with local knowledge and vice versa. We need to develop the younger generation and learn to work better with them to help with resilience, empathy and emotional stability. Fatigue management is key item to address in regional NSW where staff working 14 days straight on-call. HEAS have completed a 3 month trial of sleep management where staff encouraged to sleep during shifts particularly between 12 – 6am making a big difference to capacity to respond.

ATTACHMENT

QUESTION 6

Supervisor Assessment Checklist

In order to conduct an objective assessment of the concern raised a manager will seek as much information as possible from the complainant in order to determine the next course of action. The following is a checklist against which to conduct an *objective* assessment of a workplace bullying complaint. This list is intended to be a guide in assisting managers to not only find out as much information as needed from the grievant but to enable you to evaluate what next step needs to be taken.

1. Frequency and severity

- ☐ What is the alleged behaviour?
- ☐ For how long has the alleged behaviour been occurring?
- ☐ How frequently has it been occurring?
- ☐ How long has it been since the last alleged behaviour occurred?
- ☐ How serious does the initial allegation appear?
- ☐ What are the views of the grievant about possible management options during the assessment?

2. Impact

- ☐ How has the alleged behaviour impacted on the person reporting it?
- ☐ How has the alleged behaviour impacted on others and what is the degree of disruption?
- ☐ How many people are involved?
- ☐ Has the same matter occurred or been raised before through other staff reporting?
- ☐ Has the complainant previously used Straight Talk™ particularly if the matter appears relatively minor?
- ☐ What will happen if you do nothing?

3. History of actions taken

- ☐ What action, if any, has already been taken in relation to the matter?
- ☐ What are the expectations of the complainant?
- ☐ Are there any relevant previous history of allegations against the respondent and these outcomes?

4. Navigating the policies

- ☐ Is there a health and safety risk?
- ☐ Keep assumptions of guilt or innocence in check?
- ☐ Have any policies been broken?
- ☐ Does the alleged behaviour reported involve fraud, corruption, criminal, child protection or a protected disclosure? If so, refer.
- ☐ Does the alleged behaviour reported involve bullying (see definition in Clauses 1.1 and 1.2)? If so, refer senior manager.

5. Outcome of assessment

- ☐ Is the alleged behaviour less serious but contrary to Our Values 2009 document? If so, deal with it locally as a performance management issue.
- ☐ Not bullying but causing conflict – may require Straight Talk™ or a facilitated meeting conducted by local manager.
- ☐ Determine whether immediate action needs to be taken to reduce risk of escalation?
- ☐ Determine if there are immediate welfare needs for the individual, regardless of guilt or innocence of any party.
- ☐ Is there a potential need to protect the complainant from reprisals?
- ☐ Can prevention strategies be implemented? Do you need to consult or seek advice?

NSW Ambulance

ALLEGATIONS REVIEW GROUP (ARG) - TERMS OF REFERENCE

C.1 Purpose

To assess and recommend a course of action to deal with:

- a *significant complaint or concern* about an employee's conduct, including as part of the Initial Review process under *PD2014_042 Managing Misconduct*
- a significant clinical competence issue, at the request of a senior manager or the Clinical Review Group
- a decommissioned Root Cause Analysis, where conduct and / or performance concerns are identified.

C.2 Considerations

The protection of NSW Ambulance's patients and clients, including children, must be the ARG's primary consideration when undertaking an assessment.

The ARG will also consider the following in carrying out its purpose

- The nature of the complaint or concern and how it arose
- The likely consequences if the complaint or concern is found to be substantiated
- The welfare of all parties involved, or potentially involved, in any proposed information gathering / investigation, including the employee the subject of the concern, the complainant, colleagues and witnesses
- Other potential risks, including risks to the public, property / resources, the integrity of any investigation and the reputation of NSW Ambulance.
- The prospect of or difficulties in gathering further evidence to support or refute the complaint or concern
- The impact overall of carrying out further information gathering / an investigation
- Whether any staff member should be placed on alternative duties, suspended from duty or whether any other interim protective action should be taken
- What communication should take place with the employee the subject of the concern,
- Whether the complaint or concern raises obligations for NSW Ambulance, particularly in relation to:
    - the reporting of criminal conduct

- managing Public Interest Disclosures within the meaning of the *Public Interest Disclosures Act 1994*
- managing reportable (child related) conduct in accordance with Part 3A of the *Ombudsman Act 1974*
- reporting corrupt conduct in accordance with the *Independent Commission Against Corruption Act 1988.*
- reporting notifiable conduct of any employee who is a registered health practitioner

C.3 Advice

The ARG may:

- recommend to the decision maker that the Initial Review material provides a sufficient basis to consider misconduct findings, without the need for an investigation
- recommend to the decision maker that a misconduct investigation should commence
- recommend risk management strategies, including that the employee concerned be subject to increased supervision, placed on alternative duties or suspended from duty
- request that further information be gathered to assist with the Initial Review
- identify and recommend other courses of action, including but not limited to performance management; grievance resolution; a drug and alcohol program; an independent medical assessment; a clinical review; training needs analysis or a direct management response.

C.4 Meetings

A meeting of the ARG may be convened by e-mail, phone or in person. Where possible, the ARG shall convene within 3 working days of the referral.

The discretion to convene the ARG rests with the Director or Assistant Director, Professional Standards Unit (PSU) and / or the Chief Executive.

The Director or Assistant Director, PSU may decline to convene the ARG if they form the view that:

- the complaint or concern is not of sufficient seriousness / significance; or
- there is limited or no utility in managing the complaint or concern via formal misconduct processes; or
- inadequate information has been provided to allow the ARG to properly assess and / or make recommendations.

C.5 Record of Decisions

The ARG is convened and its deliberations recorded and managed by the PSU.

The PSU will ensure the decision maker is advised of the deliberations of the ARG in a timely manner.

The Director PSU reports at regular intervals to the Executive Director People and Culture and the Chief Executive on all matters considered by the ARG.

C.6 Membership

The ARG shall comprise:

1. The Director or Assistant Director PSU
2. A member of the Executive, a Deputy Director of Operations, or other Director / Senior Manager responsible for the supervision of the employee
3. The Director Healthy Workplace Strategies
4. The Director Patient Safety and Clinical Quality

A complaint or concern may be reviewed when only a committee member from 1 and 2 above, are present. However, where the complaint or concern raises complex clinical or staff support concerns, committee members 3 or 4 will attend wherever possible.

C.7 Definitions

A **significant complaint or concern** is a matter which if substantiated would be serious enough to warrant disciplinary or remedial action.

A **senior manager** is any person in a position of Deputy Director Operations or above or who occupies a position graded at Operations Manager level 4 or Health Services Manager 4 or, or their equivalent, or above.

A **decision maker** is the person with authority or delegation to make a decision under the Regulation or any policies, procedures, practice directions, guidelines and flowcharts that applies to the particular complaint or concern.