IN-CAMERA PROCEEDINGS BEFORE

GENERAL PURPOSE STANDING COMMITTEE No. 2

INQUIRY INTO THE MANAGEMENT AND OPERATIONS OF THE NEW SOUTH WALES AMBULANCE SERVICE

At Sydney on Monday 28 July 2008

The Committee met at 11.05 a.m.

PRESENT

The Hon. R. M. Parker (Chair)
The Hon. A. Catanzariti
The Hon. G. J. Donnelly
The Hon. M. A. Ficarra
Ms L. Rhiannon
The Hon. C. M. Robertson

WITNESS N, Ex-ambulance Officer, Ambulance Service of New South Wales, affirmed and examined:

CHAIR: Thank you for your appearance today. The Committee is conducting an inquiry into the Ambulance Service. This inquiry aims to go to the heart of issues such as bullying, harassment, workplace safety, and occupational health and safety with regard to the management and operation of the Ambulance Service. We do not aim to solve individual cases but to highlight what needs to be done using individual cases as such. We ask that witnesses limit, if possible, any adverse references they might make to individuals, but rather that they reflect on the terms of reference. The Committee has agreed to hear your evidence in camera; in other words, it is confidential. You may choose at the end of your evidence today to allow the transcript of your evidence to be published, either partially confidential or in its entirety. We can give you the opportunity to talk to the secretariat staff and have a look at your transcript before you make that decision. Do you wish to make a brief opening statement?

WITNESS N: Yes. Honourable members of the Committee, I have chosen to appear before this Committee today and to contribute to this inquiry out of a sense of duty and because of a need I feel to play my part in ensuring that the dedicated front-line staff of the Ambulance Service of New South Wales are able to finally see authentic, tangible and lasting benefit from an inquiry process. I gave █ years of my life dedicated to the service, and walked away disillusioned and both physically and mentally damaged. I have followed this inquiry in the media, I have read every submission and transcript published, and have come to two conclusions: firstly, that the unfair and unreasonable treatment of dedicated staff still continues; and secondly, that the Ambulance Service of New South Wales still fails to really accept the continued failure of management to change its own dysfunctional culture. Rather, as is consistent with its history, it blames the individual for its own shortcomings.

I hold deep admiration for witnesses like Phil Roxburgh, who came forward to tell of the painful experiences surrounding the suicide of his colleague Christine Hodder, who took her life, like many others, not because of the inherent stresses of the job but because she felt trapped and alone in an unfair situation in which no-one would listen, and, for her, she felt from which there was no escape. However, Phil knew from the very moment he pressed the enter key on the keyboard when he sent the email that he had in fact committed suicide also. Sadly, from my experiences and those of many others, this is what the service is like. If he ever had any aspirations, they are now gone. He has fallen on his sword for the sake of the common good. Amongst most ambos on the road he will probably be seen as a champion; amongst management he will never be forgiven, never rewarded for his courage, and will eventually, I am sure, be forced to leave the job he loves.

Bullying is a cultural behaviour in adults: we do to others what we believe has been done to us. And when the boss does not seem to mind this, it feels permissible. Bullying, by the definition that was circulated when I was in the service, included the dismissal of ideas and contributions, and belittling and treating others unfairly. Bullying is the tool that bad managers use to achieve compliance. The people who join the Ambulance Service of New South Wales are usually resourceful individuals who can adapt and solve problems on their feet. They are also those who have a genuine dedication to the service of others. A decision to join is not generally done on a whim.

They know they will be pushed around the State, at least for the first few years. Being dedicated to others and being able to "make do" makes them easy targets. They quickly discover, some quicker than others, that a once honourable profession is not only held together with some sticking plaster but they are on their own and mistrusted by their own management—their efforts frustrated, their good intentions unrewarded, and their enthusiasm killed off.

They become aware also that the skills, experience and education that they have amassed largely mean nothing outside the context of the Ambulance Service. They feel, and they are, trapped in a career that seems to them pointless. There are four essential needs that each ambulance officer has: recognition of a job well done; to feel an equal part of a team where you have a role in the future; a future path of progression that is clear, transparent and fair, and where merit means exactly what it is supposed to mean; and support in leadership that enables you to do your very best. My wish is that this inquiry and this Committee can achieve what no other inquiry, audit or investigation of the Ambulance Service has done: that it can see through the spin, the carefully worded promises and the personal agendas, and give a voice to the Christine Hodders, who are telling you, "It is not just me; there is something intrinsically wrong with the Ambulance Service of New South Wales."

CHAIR: Thank you, particularly for your last paragraph. I think I can speak for other Committee members: our absolute intention is to do what we can using your information and that of others to improve the service. Would you like to table your opening statement?

WITNESS N: It has got my own notes on it. I could give you a condensed version—a photocopy perhaps?

Document tabled.

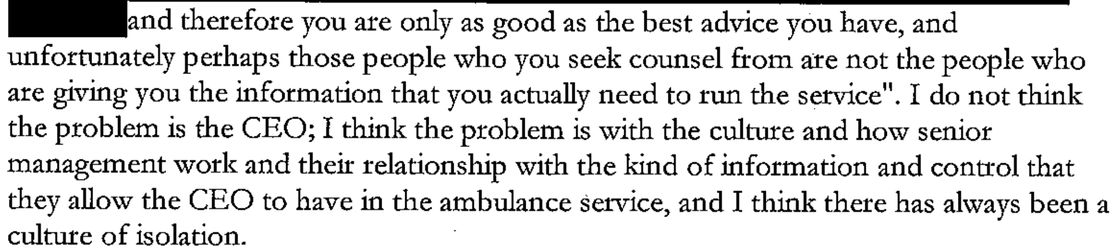
The Hon. MARIE FICARRA: You have survived, obviously, the trauma that you experienced. You made the remark that many others have been damaged physically and mentally by the treatment that you got in the ambulance service. How have you survived? What has happened to you since you left? It is admirable that you are here today supporting your fellow officers.

WITNESS N: I chose to leave. I did not think I could face another five years, or whatever, of what was happening and where it was going. [redacted] It is in a slightly related field and some of the experience I have had has been useful, but I think mainly it is just my dedication, I suppose, to doing something else. As outlined in my statement though, this does not mean that injuries sustained in the ambulance service have not gone away; they have gone away due to that but I am still receiving treatment [redacted] In fact, when I started to read about this hearing it sort of all brought everything back, but I manage to keep that fairly well under control.

The Hon. MARIE FICARRA: On behalf of the Committee, we are sad to have lost you from the ambulance service, but it is good news that at least you are doing

something that gives you satisfaction and you are getting your life back on track again. We have heard of so many issues about the New South Wales ambulance service. Yours goes to the heart almost of human resource management with the processes that you have got to have in place in the workforce. What do you think should be done in terms of the overall manager? We know that Mr Greg Rochford is obviously unpopular with a certain large section of front-line officers. What do you believe should be done to rectify the current situation within the service?

WITNESS N: I do not think there is an easy fix for the ambulance service. I would like to think it is as easy as a vote of no-confidence in Greg Rochford. Greg Rochford was there when I was there. I remember Greg and I remember having correspondence with Greg. The problem with the ambulance service structure is that the CEO is a health-appointed person and when any inquiry happens they become the scapegoat for any problems. I remember a time in the mid-nineties, I think it was, where we had a succession of CEOs: they did not last very long; they just kept changing. That was not useful either. But in all those changes nothing actually changed. The CEO is only the interface between the health department and the ambulance service; it does not change culture and it does not change structure.



and therefore you are only as good as the best advice you have, and unfortunately perhaps those people who you seek counsel from are not the people who are giving you the information that you actually need to run the service". I do not think the problem is the CEO; I think the problem is with the culture and how senior management work and their relationship with the kind of information and control that they allow the CEO to have in the ambulance service, and I think there has always been a culture of isolation.

When I was in the service there was an edict brought down by the State superintendent that in order for any memo or any suggestion—anything—to be put on the State superintendent's table it had to go through every manager of every department and something signed off. So if I were sending something about an operational issue, a person in finance would have to sign off on it. What they wanted was to slow the process down and to isolate senior management from what actually was going on, and I think that is part of what Greg's problem is, that he is isolated by the culture from what actually is going on. So it is easy to throw rocks and say, "Greg is the figurehead. There is bullying in the ambulance service, therefore Greg must know". I do not think he does. I think he, in good faith, thinks that what he is being told is correct, and I do not think it is. I think there is a chasm, and part of it is the fact that it is an outsider versus an insider—that has always been the case.

The Hon. MARIE FICARRA: So replacing the top CEO with a uniformed insider may not change?

WITNESS N: No.

The Hon. MARIE FICARRA: It is a systemic cultural—

WITNESS N: Yes.

The Hon. MARIE FICARRA: What do you think happened? The ambulance service seems to be left behind by other aspects of the health care delivery in New South Wales. Even though it is under the auspices of NSW Health it seems to have been left in a void for a long time.

WITNESS N: It has, and I think again it is this make-do. I always felt as an officer as though we were the poor cousins. You know, the poor cousins that show up at family events, whose clothes are not quite right and whose car is a bomb. I always felt like a poor cousin that was showing up. When we went to an accident scene or whatever there were people who were in emergency services or the fire brigade who seemed to be well resourced and happy in what they were doing and they looked at us, and there were 350 000 kilometres on the vehicle I was driving and the gear was falling to bits and I did not have a proper uniform, and I thought, well, we have been making do for a long time; when is it we are going to actually be who we can be?

Maybe the funding is part of the problem. Again, I do not think there is an easy answer. Being seen as part of health has its advantages, and there are certain synergies that can happen between health systems, especially emergency hospital-based health systems, and the ambulance service. I can see that, but I also think that the health dollar is very limited. I know Queensland has gone to more of a concept of emergency services rather than having it under health. I think that is part of it: the way they raise their revenue, and they do not directly raise it, it is more by a Treasury grant.

I never understood, and it always perplexed me, why as a citizen of Australia in New South Wales I can go to any public hospital and flip out my Medicare card and get free treatment but if I call an ambulance it is a completely different set-up, even though it is under the same health department? I could never quite fathom why we had two different ways of handling finances. Why was it not just part of Medicare? Why is there this separate system that we are relying on to raise revenue? I do not know if that answers the question.

CHAIR: Just in relation to the bullying and harassment, which has been a large focus of this inquiry, your experience has been in [redacted] and other areas as well, has it?

WITNESS N: I was in Sydney for a while.

CHAIR: So you have been in metropolitan and regional areas?

WITNESS N: [redacted]

CHAIR: What recommendations do we make in terms of bullying and harassment, particularly in relation to the complaints handling process? We have had lots of evidence that it is a long drawn-out process, people do not know where they are in the process and it seems to be a great difficulty. Have you got any suggestions on that?

WITNESS N: That is a biggie. I was sitting in the room before and I opened up the *Sydney Morning Herald* and I do not know what page it was but it says that an

ambulance officer who was the station manager at Wellington is about to be reinstated after an independent inquiry substantiated 50 allegations of bullying against him, and that the ambulance service's only reply was that it was all about interpersonal issues; it is all about the individual. I think that the ambulance service investigating itself is always problematic, as with any organisation that investigates itself. I think there is a culture that the complaints ethics, standards, whatever they are going to call it because it has changed names a few times, is entrusted to maintain the integrity of the ambulance service. I think it is invested with far too much power—that is my opinion—and I think that the way in which they manage their investigations is not efficient, I do not think it is equitable, and I think it varies depending on—and I have talked about the culture before—what sort of individual they are dealing with. There is a hierarchy, if you like.

CHAIR: Would you like to table that?

Document tabled.

WITNESS N:

The look on his face was really interesting. The process had already been enacted without any reference to me. In fact, I had been judged guilty in my absence without being able to submit any evidence. Of course, I never heard anything else about it. It just showed me how a small piece of information without proper process in place when individuals are given a little bit of power in order to rule over the lives of others, they can possibly destroy your reputation or your career based on information that is false. It was quite distressing at the time. It was unbelievable.

Ms LEE RHIANNON: In your submission you talk about manufacturing data. Could you elaborate on that and whether it is still happening?

WITNESS N: I cannot comment on what is still happening, although what I can say is I have seen many reports, independent reports that the Ambulance Service has done over the years. The latest I have read is the Head report into the Ambulance Service. It very much smells of an agenda that was part of the discussions with the auditors prior to that report ever being published.

Ms LEE RHIANNON: Do you make the same suggestion about their submission to this inquiry as well?

WITNESS N: I do not know about the submission to the inquiry but certainly the conclusion they drew, especially in relation to rescue, was one that sounds very much to me like a preconceived notion. I have seen lots of reports that have come out in the Ambulance Service by independents and the department and it just seems to coincide with some agenda that the Ambulance Service would like to do. For instance, in manufacturing data we had a report. I forget the exact date; it was probably in the mid-1990s. I remember fighting with other officers very vehemently against it. It was a report that was supposed to review clinical services, the delivery of clinical services in New South Wales. I understand there is an inquiry going on at the moment into the same thing. The recommendation of the report was that the majority of officers in New South Wales should be deskilled. You would actually remove skills from them, and this was supposed to be an efficiency. Then you would replace those skilled officers with five strategically placed helicopters throughout New South Wales. That would mean by the data presented that no patient in New South Wales would wait longer than 45 minutes for advanced care.

There was a road trip done by the medical director and the State superintendent. [redacted], "What you are saying is that it is quite okay for ambulance officers to sit by and play cards while a child is fitting for 45 minutes awaiting some higher level care?" The medical director and the State superintendent said, "We can see no clinical reason why that would be a problem." That is the sort of thing I am talking about. The report that came out had evidence that eventually was found to be fabricated. It had been manufactured to suit a particular need—the price of setting up the service, the imaginary cost saving, the staffing levels required. All the data that was in there was a manipulation or a complete fabrication by those people who had an agenda. Does that answer the question?

Ms LEE RHIANNON: Yes. It is alarming, but it does. You mentioned in your evidence that Queensland has an emergency services model for its ambulance service. Could you add to that?

WITNESS N: [redacted] I remember [redacted] thinking that this service is like a bunch of hillbillies. That was at the time when they went over from Health to the Emergency Services Bureau and they had all emergency services under the same thing.

Ms LEE RHIANNON: So they are not under Health at all?

WITNESS N: No, they are under the Emergency Services Bureau. At the time that is what they were. I was interested in reading their protocols and any information I could find out about them. The standards in the service, the direction they have gone clinically and the expansion of the professionalism of the service have overtaken New South Wales in probably a 10-year period. From watching a demonstration of Queensland ambulances in the early 1990s and seeing them having no drugs, no fluid and no advanced skills and waiting for a helicopter to arrive with a doctor on it who had those skills, they have gone to an organisation that has a greater range of drugs to give, chemical restraint of patients who are violent, which the Ambulance Service of New South Wales would never embrace, and clinical skills that are far beyond what the Ambulance Service is even tackling in New South Wales.

Ms LEE RHIANNON: Is the Queensland Emergency Services Bureau just emergency services or does it include emergency services and an ambulance service?

WITNESS N: I am not familiar with the actual structure of it, but I can remember it going over to emergency services rather than Health and just this change that happened. I just never have understood why it is the way it is and where we are.

The Hon. CHRISTINE ROBERTSON: You mentioned in your submission the cultural issues within the Ambulance Service. We have had some evidence about the work life and social life of ambulance officers at the station level, especially in country areas, becoming one and the same. I recognise it would be almost impossible to address this issue. Do you think it has any bearing on the interaction between persons at the station level?

WITNESS N: I think you are right, it does. As I said in my opening remarks, remember that these people have dedicated their lives to what essentially is a one-off job. It is one of those things where you cannot take those skills and use them anywhere else. They are in this job where they have dedicated their lives to doing it. In small towns especially they become recognised as the ambulance officer and they feel this deep-seated commitment to the community that they are in. I also said in my opening remarks about the culture that I experienced, particularly in the last few years of my service

What we saw there was the resource availability of officers in the country areas. They really could not do anything, they could not scratch themselves without having some impact on the availability of staff to respond to emergencies. I can remember pulling people out of family functions or from holidays to staff the calls because you just did not have the staff to replace anyone. I also wrote in my submission it goes beyond that because the dedication is actually used against them. We have officers who would embark on long road trips sending patients from peripheral hospitals to metropolitan hospitals by themselves, after already working multiples of day works and on call with disturbance during the night being sent for six, seven hour drives by themselves, then coming back and being expected to front up the next morning. I can remember my direct manager saying to me, "Tell him that if he does not report for duty he will be on disciplinary action." What can you do?

The Hon. CHRISTINE ROBERTSON: There seems to be a lot of confusion between bullying and harassment, grievance procedures, complaints procedures and disciplinary procedures and even tangled into clinical governance. Have you perceived that, all in one bundle?

WITNESS N: I think the reason why you are getting that is because there is a lot of overlap between those areas. There are a lot of grey areas around the edges where it could be one or it could be the other. Bullying and harassment in its simplest forms—I remember the directive that came out when I was in the service and it was really, really broad about bullying and harassment. Bullying and harassment to me is not about the overt things, which would be physical abuse and verbal abuse. They are the overt things. There is a lot more to it than that. What you see in the Ambulance Service might not be classified by the Ambulance Service as an overt display of bullying. But it is using power to manipulate others, getting them to do what you want them to do for your own purposes. It may be flogging an officer who is already fatigued and threatening them with disciplinary action because it makes your statistics look good and means you do not have to replace that person, it does not come against your cost centre—that is bullying. It is abusing the power that you have to achieve a particular end. It does not have to be overt.

CHAIR: Thank you for your evidence. We appreciate your contribution. Would you pass up the document you agreed to table? The Committee is pleased that you decided to come and give us the benefit of your experience. We genuinely appreciate it and wish you all the very best in your career. We are very grateful for your contribution today. We will endeavour to do whatever we can to make sure we help to improve the Ambulance Service.

(The witness withdrew)