

**Submission
No 49**

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

Name: Mr Phil Roxburgh

Date received: 23/06/2008

Thank you for the invitation to make submission to the committee in regards the Ambulance Service of N.S.W.

My name is Phil Roxburgh and I am currently the Station Officer at Moruya Ambulance Station. I first joined the service at the age of 19 in 1977 following discharge from the Royal Australian Navy. I initially commenced in the city but have been employed in the country since 1980. I have witnessed many changes during this period, many for the better, but I have become increasingly concerned in recent years in the decline of upper level managements ability to effectively control and give vision to the service. This has had a flow on effect down the chain of command and is reflected in the current low state of morale of many employees.

The depths to which this lack of management ability has plunged was very personally brought home to me during events in recent years involving the death of a colleague by suicide as a result of harassment, bullying, and intimidation and the subsequent grossly negligent and dismissive way the service handled the whole matter. Concerning this issue I have attached an e-mail (Factor non Verba) sent to my colleagues some three years after the event as a result of the continuing harassment, bullying, and intimidation which still continues unabated in the service coupled with managements dysfunctional handling and empty posturing concerning these occurrences which impact heavily on staff. I felt I could no longer remain mute while people continued to suffer.

Following dispatch of my e-mail I was immediately severed from the service intranet and have found it most difficult as a manager to effectively run my station. Despite approaches made by my divisional management to the C.E.O. Mr Greg Rochford he has refused to reinstate my access and has not approached me over the matter. The day following the C.E.O. replied to my letter via e-mail on the intranet (Rochford Reply attachment). Following this the family of the late Christine Hodder were very upset with the mistruths contained in the e-mail and responded to the "Healthy Workplace" forum (Christine's family reply attachment). Such was the overwhelming response to my e-mail from ambulance employees that I sought assistance from the members of our parliament (Parliamentary submission attachment). I was very fortunate to be invited to address the members of the cross-bench and will be forever grateful for their concern and action in establishing a committee of inquiry.

The circumstances of the event, which led to this submission, are covered in the attachments, which should be read in order. Suffice to say there is a lot more paperwork in my possession to back up my claims. This includes initial reports to my Sector Manager regarding the initial breach of confidence and a report requested from him to assist with his own submission to the P.S.C.U. (Professional Standards and Conduct Unit). Diary entries and time lines covering the whole period, which include communication with the State Superintendent, the head of P.S.C.U., Rehabilitation, and Human Resources are also in my possession. I also have a copy of the service report into its investigation as issued to the family and myself. I had also attempted to speak to C.E.O. during this time but this fell on deaf ears. Most of these entries do little to indicate anything other than the total disregard and apathy of the service management to act on an issue so patiently heading for a bad outcome without decisive and immediate intervention.

As mentioned in my initial e-mail to staff much can now no longer be proven. Following the suicide of Christine the staff of Cowra Station had all the time they needed to "get the story straight". And who was to contradict them? I had become a lone voice. It is interesting to note in hindsight however some of those who were not interviewed. Why was no attempt made to speak to the person who witnessed Christine being harassed in the supermarket? Why was the female probationer who had served at Cowra prior to the events described not interviewed for a more objective overview from one who was no longer based at this station and was now removed from any threat? She could at the very least have confirmed that contrary to the investigative findings regular staff meetings were held and the minutes kept on station. Further to this what of the breach of confidence by the Assistant

Operations Manager (AOM) contrary to the services strict policies and Anti-discrimination legislation? It certainly did her career no harm. If there was any discipline at all meted out for this callous act it was certainly punitive. She was soon promoted to a position a lot higher than her then present one. And what of the officer who according to two of his colleagues stated "someone should defecate over her toilets?" As per the findings of the inquiry "no one will be disciplined...". Why was I informed at interview with the State Superintendent and the head of P.S.C.U. in response to my statement "I should have done more" that there was nothing more I could have done only to have the same two people the very next day during interview with Christine's family being given very short shrift when they then tried to lay the blame at my feet? There is more but this will suffice for now. If required I am willing to address the members of the committee and further expand on any detail as required.

Other initiatives

Staff recruitment, training and retention;

Management will be able to confirm an accurate amount but suffice to say it costs many tens of thousands of dollars to train a paramedic through their probation period. These officers arrive full of hope into the service only to have many of them become quickly disillusioned. Officers are informed if they are for country or city postings on joining but this does not prepare those who are going to the country for what lies ahead for many of them. By way of example I worked at a place called Ardlethan for many years. It is very hard to find accommodation here and those that do often have to live in nearby towns or properties in often very substandard accommodation, that's if they can find lodgings. Unlike many Hospitals, the Police, and the Education Department who provide housing for their employees in many small towns, paramedics are allocated their posting with a starting date and thrown to the wind. Some leave the service immediately. Others persist in the hope it will not be long before they can get a transfer. There are very few towns in which the service has accommodation for any of its officers and those that do are in a very poor state of repair, like most of our ambulance stations.

There is no encouragement to retain officers at less desirable locations. I have heard for years that a system entailing points for years of service accumulating towards the transfer to a better location is being discussed but as with all things ambulance much is talked of and little happens. It has recently taken the service fifteen years since conception to release of its new uniform and still there are problems with it.

Once these officers are settled enthusiasm is further whittled away by the current system of clinical progression. The officers for the most part, especially in small country stations, have their clinical development stifled unless they are willing to transfer from home to the bigger centres and wait their turn - however long that may be. All officers should be given the opportunity to progress to the highest level through natural progression via divisional schools, distance education, skills practice and maintenance through the larger major hospitals and station utilization of Clinical Training Officers (CTO). We have once again been hearing this will happen for so many years now but this saga is even longer than the uniforms. In fairness Intensive Care Paramedics are progressing in the country, albeit very slowly, but in a cynical exercise to give the public the impression they are being better served the service changed the name "Ambulance Officer" (A.O.) for all four levels of A.O.'s to "paramedic". Different colour codes were given to help differentiate different treatment levels. The fullest qualified paramedics were not given a colour code but termed "Intensive Care Paramedics" which scuppered another opportunity for the service to rid itself of perceived "elitism" in the ranks. A natural progression to the highest level of care an officer can attain must be made available to all officers no matter what their location.

Professional Standards & Conduct Unit (P.S.C.U.)

This unit patently failed to respond in a timely and appropriate way to the events I was involved with at Cowra. It was clear from the outset to the most simple-minded person that the outcome would be dire without immediate and decisive intervention. My Sector Manager and Rehabilitation Officer advised the P.S.C.U. at my express request immediately of the occurrences at Cowra and my concerns. Once brought to their attention the disclaimer that it was for management to handle and we will wait and see what reports bring to light hold no water in light of the history of Cowra station and its relationship with Christine. As events transpired I was to find nothing "professional" concerning their own standards or conduct. This is a continually recurring theme in conversations I have recently had with many employees. The only thing they give the appearance of doing well is protecting the service executive and themselves from scrutiny and accountability. To this end it would be my most fervent recommendation that an independent body located separate to state headquarters be established to manage serious complaints into employees or the service. People are intimidated and cynical of the current "in house" state of affairs. The head of this body has certainly intimidated me.

G.I.O.

Throughout the period of Christine's and my own absence from work I contacted the G.I.O. on a couple of occasions to ask why, as per my Workcover certificate, I was not being given work at another ambulance station as I was clear for full duties anywhere in the service except Cowra. I saw no reason why the taxpayer should shoulder any burden on my part, as I knew some areas were desperate for relief officers. This fell on deaf ears and with the exception of six weeks relief work at an outlying station I was to spend my time in a hospital filing records. I lost approximately \$35,000 in penalties and overtime in my absence. The G.I.O. appointed a private rehabilitation firm to continue my case from my service provider, which is seen as the last step in being medically discharged from the service. At no stage were they proactive in returning me to full duties nor seemed to care less. Their own lack of positive management is costing the taxpayer a great deal of money.

LEADERSHIP

At no stage has the current executive of the Ambulance Service of N.S.W. demonstrated a proactive and decisive leadership role in the running of the service. It may be pointed out that recently the executive has been active in the area of combating bullying, harassment and intimidation but given the timing in light of the current inquiries this is seen more as political posturing after the horse has bolted. The current executive no longer have the respect of the rank and file and have lost all credibility on this subject due to their failure to act on the issue years ago. It is also a sad indictment when management must elicit the help of its officers for ideas to combat this blight as recently occurred at a "Healthy Workplace" forum. The service may argue this is good inclusive management practice. I would agree if they argued this from a position of strength but this is not good strategy from people who have failed to act decisively in the past and are now seen by employees as lacking any clear direction, or power to come up with ideas of their own. The service has always had the power to act under its own policies and that given it by the law but has failed to do so. We do not need the reinvention of old policies, we need management committed to providing a safe workplace for its employees.

In regards Cowra the C.E.O. has refused to engage me in dialogue (though in my only correspondence received from him (10th June 2008) he stated "I recall you approached me at a formal event some years ago and at that time I indicated that you should arrange to see me at a more appropriate time". This is an absolute fabrication, as I would have availed myself of the opportunity. My latest attempt at a recent Station Officers conference was also spurned. This demonstrates a further attempt by him to rewrite history on the run.

The State Superintendent Mick Willis, who was to tell me at a meeting "this sort of thing happens in all other organizations you know"(does this make it alright?) was still trying to pressure me to leave the service by defying the Health Departments own policies and offering me transfer to either Brewarrina or Warialda instead of offering me any position open of my own rank. He was also to ask me "when are you going to get over it?"

The head of P.S.C.U. Marion O'Connell at a meeting in company with the State Superintendent to inform me of the findings into the Cowra investigation was to become very aggressive when I had the audacity to point out to her a blatant contradiction in her report. I was promptly and belligerently put back in my place, then the smile was put back on her face and the monologue continued. It was the last thing I needed in my then fragile state. Her entire handling of the whole course of events was very unprofessional.

These leaders were at no time to demonstrate anything approaching empathy. They were deaf to all pleas for help, blind to consequence, and demonstrated ineptitude which beggar's belief. The only thing done well was the public "washing of hands". Like all others before me (and following) I was "to get over it" or hopefully, as others had done, leave the service quietly. It is sad when one follows the service policies and laws of the land (and believes in them) only to find the authors and enforcers of these policies then in their own turn bully, harass and intimidate one. If they refuse to enact them what hope do we have? The same can be said for the Health Services Union whom many believe have actually filled the leadership void and are the true service managers. More perhaps on that at a later time.

My goal in making this submission to the inquiry is the hope that an honest due process will be served to bring about a cultural change in the service we so desperately need and provide us with the leadership we deserve. I shall close with an excerpt from a generic e-mail I sent to people on my contact list to keep them informed of happenings.

"We have sought culture change and now we have been given the opportunity to effect this. It is time to stand up and be counted, but please a word of caution. I have heard many stories which have upset me. There is much understandable grief and anger out there. We will however do ourselves no good service by allowing our testimony to descend into one of personal attacks. State your case clearly with the facts at hand and let the truth speak for itself. In obtaining this inquiry we have something we have not obtained before. The chance to have our voices and concerns fairly heard. This opportunity will also be extended to those who have denied many of us this opportunity in the past. Rejoice in this. This is true democracy and console yourself that you have not lowered yourself to become as one of those you feel have not have extended you the same right".

Thank You,

Sincerely Yours,

Phil Roxburgh.

From: ROXBURGH, Philip
Sent: Wednesday, 16 April 2008 2:33 PM
To: ALL ASNSW
Cc: 'thepremier@www.nsw.gov.au'; 'reba.office@meagher.minister.nsw.gov.au';
'F.Nile@parliament.nsw.gov.au'; 'LOP@parliament.nsw.gov.au'; 'northshore@parliament.nsw.gov.au'
Subject: "FACTA NON VERBA"

On this night just passed, three years ago a friend and colleague of mine, unable to further handle the pressure of relentless harassment, bullying and intimidation coupled with the ambulance services callous indifference to her plight, went out into the darkness and ended her life. Christine was 36 years of age, happily married to a bloke I consider one of the nicest people I have ever met and was the mother of a three year old daughter whom they both loved dearly. She was their only child and had almost cost my colleague her life during delivery.

Prior to joining the service, she had been an army medic which she greatly enjoyed. She was well pleased when some years after joining the ambulance service she secured a position at her husband's family's home town. All seemed well but things were about to take a turn for the worse. She was to be the first female officer to work on the station and on commencing there in 1999 her first S/O "on a number of occasions expressed dismay in having females in the ambulance service once including that women are wasting the service's money, for example the sanitary requirements for ladies*". He was to forward a complaint to the sector office "stating in general I was causing his blood pressure to rise and the staff were not happy about me being at their station. I could not understand his complaint as it specified no problem."*

Thus began what in psychological parlance is termed "mobbing." She was alienated on her own station and the situation became so intolerable that in 2001 she was forced to remove herself from the station and lodge a grievance. This was investigated and, on obtaining the position of S/O on the station and speaking individually to all the officers regarding our future direction, all officers were to tell me they had suffered trauma as a result of the investigation due to the fact that the investigative officer had not returned to the station and delivered the findings. With no conclusion to the grievance, this inevitably and understandably was to have a very corrosive effect on all staff. I instigated regular staff meetings and embarked upon a course of quiet diplomacy which steadied the ship and I was quite pleased with the effort all my staff were making. It was not to last.

There were a couple of officers who seemed to have a vested interest in keeping alive an undercurrent of gossip and suspicion occasionally flaring into hostility. On one occasion I found, on returning from annual leave, there had been a furore in my absence over the fact the ladies' toilet was bigger than the men's! Such things were used as a catalyst to ensure a degree of animosity towards the female officer was kept on a slow boil.

One day Christine asked to speak to me in confidence and informed me she had found urine deliberately spread over the female toilet, floor and walls. I informed her that my wife on a recent visit to the station had reported to me her disgust on also finding urine liberally "sprayed" over the toilet area. I informed her that I was going to treat the matter as a grievance and assured her of the utmost confidentiality of the process. I also assured her that no steps in the process would be taken without her knowledge and approval.

It was now that I was to make a very dangerous and fatal mistake. I persuaded her to allow me to contact my next line manager. She was very reluctant due to the repercussions if this incident were to become station knowledge. She was certain it was only the one offender and did not wish to take the station back to the past for everyone's sake. I assured her this manager was fully conversant with the sanctity of confidence in a grievance procedure and that having worked with this manager I trusted their professionalism.

I contacted the A.O.M. who was made clearly aware this was a grievance and I was seeking advice. When asked who was the perpetrator of the toilet incident I replied that I could not possibly know that. When asked if she was having a rough time with any one particular officer I informed this manager a certain male officer and Christine had a particularly tempestuous working relationship. I was both perplexed and greatly disappointed to find this manager in whom I had more than a little faith to be of only small help and dismissive of the whole affair.

6.20.6 GENERAL ISSUES TO OBSERVE IN THE PROCESS OF GRIEVANCE RESOLUTION
"all grievances will be treated with the utmost confidentiality."

It is an amazing thing betrayal. You (read I) rarely see it coming and the perpetrator is invariably someone you trusted and respected (et tu Brutus!). The officer with whom Christine was having a bad time and the union sub-branch president almost immediately the contents of the "confidential" grievance. The A.O.M. did not deny breaching confidentiality when questioned.

The male officer immediately confronted me in a very aggressive and upset state. I don't blame him. He had interpreted from the information he had received that he had been implicated as the perpetrator. I informed him this was not the case. It was however, I informed him, not unreasonable to conclude that your relationship and attitude towards your fellow officer was less than exemplary. Thus began the descent of two officers into the abyss.

Both Christine and myself were now to be exposed to the truth beyond the rhetoric of how the upper echelons of the service honour their commitment to the service's policies, procedures and the legal principles and laws that are supposed to govern us. I firmly believe in the principles of E.E.O. and will not tolerate any of my staff to play loose and fast with it. By refusing to allow harassment, bullying or intimidation towards the female officer, a cowardly "coup" was instigated while I was on annual leave.

I had suffered a sub-arachnoid haemorrhage in 1996 which I was lucky to survive. I had to spend time in a brain injury unit and was discharged from the service medically unfit. By the grace of God and beyond all expectation, I improved beyond what was expected and was successful in gaining re-employment in 1999. While on leave, the officers formulated a letter to the effect I was "having cerebral events described as involuntary with head extension, holding of breath and being in a momentary rigor state, most alarmingly while Phil is driving."

Christine refused to sign as "I read the letter and said that I did not have such concerns and had I witnessed it I would have acted on it at the time."* She went on to ask if I was to be shown the letter before it was acted upon to which she was informed in the affirmative but, "the letter was not shown to S/O Roxburgh but there was a lot of conversation about the letter between A/O and the A.O.M. as he reported to staff."**

I arrived back to work, post leave, at 1500 to be met by the Sector Manager and Ms Lisa Goold from Rehab in Sydney. On reading the letter, I put to them the question in words to the effect "would it be possible either of you could in all honesty contemplate people could be so stupid as to insist they had witnessed this over a period of six months and said or done nothing?" If they feared for their safety a rational person would have taken immediate action, not waited for an opportune and patently premeditated moment to conveniently pursue another agenda.

I did understand that they were left with no option but to remove me pending a clear E.E.G. I was informed I was to go on sick leave but refused to avail myself of it as I was not sick. The State Superintendent refused special leave and I was left with no option but to go off on stress leave. During the course of the meeting, they were informed of why in my opinion I was in this situation (the sector manager had received a written grievance in Oct. 2004 and was very much aware of the station history) and of my grave concerns for Christine's wellbeing now all barriers to prevent full frontal harassment, bullying and intimidation had been removed. I informed them I wished the P.S.C.U. informed of the events and my concerns and I was assured this was done the very next working day. I was to be informed prior to leaving the station by two officers in

each other's presence of the identity of an officer on the station who had stated to them "someone should defecate over her toilet".

6.24.3.1 E.E.O. LEGISLATION "The service is required to ensure the absence of such discrimination by the Anti-Discrimination Act, 1977(NSW)...and the Disability Discrimination Act, 1993(Commonwealth).

My history of acquired brain injury and perceived disability were the weapon used to remove me. This breach was never looked into by the service and its dismissal is a demonstration of the contempt in which our management hold the law. I informed them I would not be returning to the station until an investigation had taken place and a safe workplace was provided for all officers. All this occurred in October 2004.

JOINT MANAGEMENT AND EMPLOYEE ASSOCIATION POLICY STATEMENT BULLYING HARASSMENT AND DISCRIMINATION 2001. "...Codes of Conduct specifically prohibit harassment and discrimination. Any reports of workplace bullying, harassment or discrimination will be treated seriously and investigated promptly, confidentially and impartially".

Somewhat naively, I thought the gravity of all that occurred recently and the past station history would galvanise the service into action. I knew confidentiality was lost, I suspected the impartiality bit would come down to service politics but I was certain the service and more specifically a lady whom I had heard at an in-service extol the virtues of the service's newly formed Professional Standards and Conduct Unit and was in charge of this unit would see us right. How one could remain an optimist in the leadership of this service after serving it for so long is still a mystery to me. I was now out on my own on a base wage with two children to support in tertiary education, one at school, a mortgage and all the other things which go with family. I reported to the G.I.O. psychologist who supported the stress claim, received a clear E.E.G. report and was interrogated at my residence by a G.I.O. appointed private investigator who also substantiated my claim. Expressed to all was my ongoing concern for the wellbeing of Christine following my removal.

The days had turned into weeks and the weeks became months and still no service investigation. The Divisional Manager refused to place me on relief duties elsewhere in the division despite recommendations from my service rehab provider and treating doctor. The financial and emotional strain on both my family and myself was enormous.

6.20.4.1 GRIEVANTS' RIGHTS AND RESPONSIBILITIES guarantees "protection against any victimisation or harassment because they raised a grievance".

The workplace was becoming increasingly intolerable for Christine. She reported to me that one officer was to tell her she had nowhere to go. He was able to inform her I had been to see the union in southern division the day before (would it surprise you to know this was also in confidence?) and there was nothing she could say to either the line manager or the union that would not get back to him. Our total isolation was almost complete.

My sector manager phoned me Christmas Eve and urged me to forsake my principles and take a demotion. He was well meaning and was genuine in his concern. I asked him "what have I done that was so wrong?" He replied that I had done nothing wrong at all. His concern was the service's way of dealing with difficulties was to hope they went away. I would find myself "Health-quested" in the not too distant future and that would be the end of it. Happy Christmas!!

The factual report from the private investigator was in the hands of P.S.C.U. by 18-01-05. Calls to their office were never returned. Lisa Goold, God bless her, managed through sheer persistence to obtain me a short period of relief duties at a station in southern division. While working there I received a call at 0100 from Christine who could tolerate the situation no more and had walked off the station. That she had tolerated it unprotected for so long was a testimony to her courage.

She had endured constant verbal derision, had been physically intimidated by an officer in Woolworths (a claim backed up by an independent witness but never investigated by the service) and seen things happen in a staunchly union station such as the giving of on-call to a probationer in exclusion to herself. The list is large and sad. During the course of a long conversation, I attempted to be as optimistic as possible and told her that the service would surely act with alacrity now two of us were off. I said to her "you haven't thought of doing anything stupid have you?" She replied she was sitting on her daughter's swing looking at the chain but assured me she loved her husband and daughter too much to do anything stupid. We explored counselling options and I was pleased she followed this up.

I am no prophet but I did tell the service this would be the inevitable consequence of doing nothing. She was now referred to the G.I.O. psychologist and her claim was approved. Would it not be too much to expect that the service would at least now take notice, if not from any other motive but to cover up its incompetence to date? If you were to answer that that would be a reasonable conclusion you underestimate the service senior management's breathtaking incompetence! I was now doing "filing" in the local hospital and my colleague was working in hers. The service also placed me under a private rehab provider to explore the option of what I would do when the service dumped me.

I had occasion to be at Rozelle 07-02-05 and presented myself personally to the head of the P.S.C.U. She asked me to relate the details of occurrences leading up to this point and following our discussion informed me of her concern and her intention of placing a private investigator on to the case immediately. She was later to tell my colleague the same thing. Needless to say it was no more than empty words.

The weeks and months continued to roll past and it was now April. Many of you could not comprehend the pressures this put on our families and ourselves. The situation was intolerable and taking its toll. Add to this the local rumours. One of the officers had told me it was spoken we had our "leg over". I was disgusted and mortified. As a Christian I had on no occasion ever visited this officer without her husband being present. I was to be ever thankful for this. I took great exception to the statement and the officer quickly retreated from it stating "the others think this, not me." Such is a coward and bully. I lived in another town but the rumour was propagated.

In April, a call I received from Christine informing me an investigation was finally to take place and did I know anything about the A.O.M. she told me had been appointed. I had that day just returned from the funeral of my dearest friend and will forever regret that, while always trying to remain positive in discussions with Christine, this day was bad timing and I informed her that the investigative officer was in the same division and of the same rank as the one who had initially breached confidence. We were done for.

On Friday the fifteenth of April, I received a call from a Sector Manager from another division to say he was now to undertake the investigation. He was unable to contact Christine. I informed him I would contact her. Lisa informed me the sector manager had a good reputation and gave me some cause for optimism. I phoned Christine that night and we spoke for quite a long time. She was very upset.

Have you ever wondered what goes through the mind of someone prior to suicide? I will share some of this with you. This officer blamed herself to the very end for the hardship she had placed me under. I informed her (not for the first time) that I would have protected any of my officers from this behaviour and that was my role as I saw it as her branch manager. She had become introspective and this did not alleviate her fears. She could not understand how having been the victims of harassment, bullying, intimidation and discrimination we were now cast off and made victims again by the very people who had pledged to help us. We spoke of our mutual love of the job and how she now believed both our reputations had been destroyed. It was hard to deny that one. She had said to me in darker moments of utter frustration "why don't

we retaliate?" I could only inform her I don't believe that retaliation would make us any better than those who would persecute us. She further stated that we had been done. She held no faith in a system that provided no more than lip service and window dressing to its policy obligations. Of special concern was the fact the private investigation the head of the P.S.C.U. had promised was now to be handled internally. This she saw as the inevitable "whitewash."

She further questioned me as to why "no one will tell me what is wrong with me?" So what was wrong with her? We all know a station is made up of individual personalities and that some can be more difficult than others. My colleague's problems were, first and foremost, that she was female and to exacerbate this she was intelligent, a good officer and her patients loved her. She came from France at the age of fifteen with very little English speaking ability and had progressed to the stage where she was obtaining distinctions consistently throughout her nursing degree she was completing by distant education. She was a person of great ability and it was terrible seeing lesser individuals ridicule her with the usual crass statements "it's a pity it doesn't translate to her practical ability". She was one of the most gifted officers it has ever been my privilege to work with. Add to this a rare humility in her abilities and empathy towards her patients in even the most trying situations. Being of a quiet disposition she understood she would never fit in in a "blokes" world but could never reconcile why being different led to the reactions more attune to a schoolyard than an adult workplace.

If it seems I am unduly influenced in my appraisal of Christine my only defence is I am only speaking the truth as I saw it. Having spoken to me at length of many things, she concluded by saying "you will stick by me won't you?" I assured her we would get through this together and this gladdened her. She promised to ring me on Monday and let me know how things went with her conversation with the investigator and thus ended the last conversation anyone was to have with her.

The next morning, I received a phone call telling me she had taken her life during the night.

I have no intention of relating here the grieving of her family suffice to say her husband asked me why? It was a fair question and one I wished at the time I had longer to think about. I have asked this question many times previously as I am sure many of you have in the course of duty and I am aware of the postulated theories put forward. I told her husband and believe it to be true, even to this day, that following such a long period of intense pressure that something inside her snapped. I knew how she loved her husband and daughter and the Christine I knew and held in the greatest respect would never have done such a thing in sound mind. The constant harassment, bullying and intimidation by the staff, the callous indifference, inaction and abandonment by the service, the lies, isolation, financial pressures and rumours all contributed to tipping the scales.

Does it need saying that the service now swiftly entered into damage control? With a rapidity that was as breathtaking as it was obscene considering the slow march of time Christine and I had endured, a three person committee was immediately established. It sickens me still the thought that her death removed her testimony and any chance of justice. The testimony of two leads to a legal process with cross examination. The testimony of only one leads to the unadulterated opportunity to re-write history. It was the break the service needed.

I said to the two people conducting the interview that while I believed they themselves were decent, well meaning people, don't be surprised when you find this covered up and history re-written. I believe this is what happened. I myself endured much more bastardry at the hands of management and it was to be just on 12 months in total time off before I resumed work. The service does not take kindly to an individual challenging them and I had to fight every step of the way. There is so much more information that needs to see the light of day but I need to get to the point of this diatribe.

First, a disclaimer. This missive is not for the benefit of either myself or my late colleague. The State Superintendent said to me not long after her death "when are you going to get over it?"

The answer to that is I doubt I ever will. Some days are better than others but there you go. I am not here either to berate or take to task my former workmates. Even now I remember times spent with each of them with affection. On the whole they weren't a bad bunch but once one's authority is taken away by a higher authority, those who are opportunists quickly seize the moment and the sheep will follow the power. These sheep themselves unwittingly become the victims of intimidation and help propagate bullying though they see it not.

This culture has only been allowed to blossom and thrive as a result of weak leadership in the upper echelons of the service. We don't need new policies. The current policies and law of the land are more than sufficient. We need sound leadership and people with the courage to enforce the laws already in existence. The very people who have been entrusted to lead this service have presided over its decay for too long.

In the HARASSMENT FREE WORKPLACE POLICY 6.21.11 C.E.O's RESPONSIBILITIES it states as his roles ...*"to provide a leadership role in demonstrating commitment to a harassment free workplace and the resolution of employee grievances and concerns and..... Accountability for ensuring there is an effective, timely, impartial and just system for dealing with employee grievances, including harassment"*.

He would neither enter into dialogue with myself before Christine's death, when things were desperate and we sought his intervention, nor in the immediate aftermath of her death. I have sought to speak to him at meetings I have attended but was informed it was neither the time nor the place. There is apparently no time or place after three years.

I would take solace if Christine's death had been the catalyst to wake management from its stupor and spur it into meaningful action but this has not occurred. I can hear the sounds of protest emanating from Rozelle at this statement but let me explain. Definitive action is not palliative, it is not medicating to a dying service in an attempt, yet again, to lead us to believe all will eventually be well. Reinventing current adequate policies does not solve a problem. Neither does ignoring the laws of the land. By 'palliative' I would cite by way of example the current "healthy workplace" forum to be held over one day in May at Rozelle.

Imagine this: one hundred ambos congregate for a 0800 start. By the time everyone's finished farnarkling and the conference starts, minus the opportunity to brew up for morning and afternoon tea, further subtracting the time it takes to get people fed and watered for lunch, then take into account the officers who will have an early departure to return to their towns and then you are told that "all participants will be provided with an opportunity to express views and provide comment on..." Oh, and did I mention time out for the inevitable happy shot for Sirens?

Perhaps I should not decry the day of small things. Am I being cynical or is it the service? You would have to wonder who is having a lend of whom. The sheer expense alone will be astronomical. If Christine's and my experience were an isolated event from three years ago that the service had well and truly learnt lessons from, I would be satisfied and hold my peace but this patently has not happened. Christine's husband asked if I would appear on "A Current Affair" to lend weight to his plea for this behaviour to be stopped. I told him his wife had never denied our friendship even when doing so may have brought her some transient respite and I would not deny her or her family any help. It was a big step, being the first to break ranks and appear on television. It was then I was first referred to by another officer who meant no harm as a "whistleblower".

This shocked me at the time but as a result of this story being aired many officers came forward on the Nine website with further harrowing tales. Simon Bouda was to later tell me it was one of the biggest responses they had had. It was then that it finally dawned on me that this problem was more endemic than I ever imagined in my insular world. I have since been contacted in confidence by officers alleging everything from attempted rape to threatened and actual assault.

They feel helpless. The service will point to its policies and procedures. The victims will point to the reality of experience of officers such as myself. Can I, in all honesty, advise them to go to the service where their complaints will be taken seriously and acted upon with no fear of breach of confidentiality or reprisals? I do suggest taking the complaint to other authorities but am told they fear being identified due to the small gene pool the service is. The service, certainly on past experience, would not protect them.

I was disappointed a section of the broadcast was edited after I expressly asked for it to be included. I said to the reporter that the vast majority of officers do a tremendous job under often trying circumstance. It is only a very small minority who instigate this kind of behaviour.

So where do we go from here? It is fine to complain but is it not time we tried to restore some dignity to the Ambulance Service of NSW and pride in those who serve her? I believe it is not too late. Morale, in my opinion, is depressed and confidence in our leadership is not what it should be but we are not terminal. I willingly grant the running of the service would be no easy thing and I do not envy our managers responsibility. We do have some very good managers out there. If at the end of the day the upper levels of management had raised their hands and admitted they had handled things very badly and effected immediate change after Christine's and my experience I would have respected this. It was the perfect opportunity lost to bring a cultural change. It is my observation than any radical change for the better will only eventuate with a groundswell of momentum being initiated by the troops on the ground. Remember the motto we once had and I believe at the time was pretty close to the truth "Worlds Best?" When the service went into decline, it took management an interminable amount of time to take any notice of what we had known for years and tried to convey to them that this was no longer so. So what did they do? Changed the motto to "Best Again". There, problem fixed!

You may have noticed I have titled this musing "Facta non Verba". Interpreted from the Latin it means "Deeds, not Words". Until the management of this service recognises that many officers no longer believe the empty rhetoric and wish to see decisive and authoritative leadership tempered by compassion and understanding, the general malaise will continue unless we have our voices heard. I believe as an S/O I am only as good as those around me (I am sure my staff would all agree with that!!). We are seven officers, all of whom have unique talents. Used in isolation these gifts are of limited value but when used for the benefit of each other we are strong. The same is true of the service. We all have a talent but we often feel undervalued or dismissive of the thought that anything we do will make the slightest difference. In isolation this is mostly true; however as a group of people together willing to take an active part in our destiny and pool our talents we can make a difference. I would like to ensure that this service becomes a better place for all its employees, free from all manner of corruptive influence, run by people who value their employees and work to ensure a just and fair system where the rights and differences of all its officers are tolerated and respected. Idealistic?...perhaps. Possible?...only with the help of officers who are not content with just complaining.

Where to from here? I don't have many answers but if you feel that you can contribute to the bigger picture and turn this service around I would love to hear from you. Maybe, together, we can accomplish change. Be assured all correspondence will be kept in strictest confidence and I can be contacted at _____ or by phoning _____

Regards,

Phil.

From: ROCHFORD, Greg
Sent: Thursday, 17 April 2008 8:49 AM
To: ALL ASNSW
Subject: Use of official email

Many staff will have received two unauthorised broadcast emails recently. Both emails were inappropriate and in breach of the Ambulance Service Policy on internet and email use. Action has been taken directly with the individuals who initiated and participated in these communications.

The inappropriate nature of these emails is self evident. The content is derogatory and offensive to many and official resources are being used to further personal views. In addition, those offended or distressed will not be afforded the opportunity to respond to inaccurate or offensive content and for this reason I provide the following information in the interests of fairness to all.

The Late Ms Christine Hodder:

Ms Hodder's death was a tragic event and I take this opportunity to extend our sympathies once again to family, friends and colleagues. I have also asked that we ensure support is available to anyone who has suffered additional distress from reading the email.

It is not unusual for those involved in a distressing event to want action to be taken to investigate any perceived injustice. However, in the work context and in communicating these feelings it is inappropriate to use the e-mail to broadcast personal concerns. Much of the information in the email is inaccurate and misleading and I am concerned that a member of this Service would publish personal information in this way. The circumstances were subject at the time to a fact finding investigation and a critical incident review by the Service and were also reviewed by the Coroner. Ms Hodder's family and staff involved were informed of the outcomes.

If you have concerns about how to maintain a harmonious and healthy workplace you can make your views known. A mail box healthy_workplace@ambulance.nsw.gov.au has been established to take your views and comments about this issue ahead of a "Healthy Workplace Summit" to be held on 28 May 2008. This mailbox is not an avenue for lodging a complaint but is a way in which we hope to gain a better understanding about how to tackle this issue in the context of promoting and maintaining a healthy workplace. (See Admin Bulletin 08/4).

The Death and Disability Award

This Award was implemented by agreement between the Ambulance Service and the Health Services Union. The Award mirrors the scheme in place for NSW Police. However the detailed operation of the scheme needs to be developed in conjunction with insurers and the calculation of individual staff benefits must be undertaken on an individual basis. It will

take time to fully install this facility. In the meantime information can be obtained on the Ambulance Service intranet or by contacting the newly established Death and Disability Award Unit directly on ddenquiries@ambulance.nsw.gov.au.

Please be mindful of your responsibilities to use e-mail and service communication tools appropriately and sensitively.

Greg Rochford

Chief Executive

Ambulance Service

Letter from Jason and Carolynn Hodder (Christine's Husband and Mother-in-Law) addressed to the Healthy Workplace Forum.

SUBMISSION TO HEALTHY WORKPLACE FORUM

Concerns yes I have many. That the service is serious about creating a harmonious work place for the hardworking staff of the NSW Ambulance, I don't think so. History, past and present proves Bullying and Harassment and down right reprehensible behavior of some ambulance staff towards their peers (I hope it's a minority)is not endemic but an epidemic. This is proven by the deluge of your people who are crying out for help -victims of this problem.

A deluge of members ummm... are they going to the Ambulance service to sort this out? The service that preaches a policy of 'zero tolerance' to Bullying and Harassment ? They get a trickle; these people (lets call a spade a spade: VICTIMS) are speaking to others who have suffered the same unrelenting unacknowledged problem and to the press.

The Ambulance service is underpinned by policies and protocols, these guide your officers in there every day work and are there to protect the people who work for and are treated by the service and instill faith into all that they will be looked after. The service swings into action to implement guidelines and the only people who seem to benefit are the perpetrators of this disgusting behavior. Your service needs to acknowledge and act on the rampant Bullying and Harassment of your Officers in the NSW Ambulance Service, not gloss it over, stretch the process out till they resign, move away, or take their own life because they have been made feel so worthless and let down by your service.

Cristine Hodder's ongoing harassment by most of her fellow officers at Cowra Station was ignored by the Ambulance hierarchy; she lodged a grievance in 2001 and 2005. She was abominably treated by a nasty mob of individuals (that's being nice) whom she worked with for 6 years, they never lost an opportunity to belittle, isolate, outright harangue, harass, stalk her and perpetrate disgusting practices against her in order to point out her worth - or lack of it. They spread rumor and innuendo: being, she had marriage problems, a mental problem, she slept with her boss (that had to be the only reason he was nice to her being the pariah that she was-they said) one even helpfully pointed out he had reported her to the police for drink driving, she just couldn't win. She went in confidence to her Station Officer about a particular disgusting act that both worried and frightened her by its nature, he encouraged her to let him take the grievance to the next line manager (as per protocol), she was reluctant to do so as had feared that it would get back to the Cowra Officers and all hell would break loose and it did. She was told by one of her Cowra colleagues she could go nowhere for help as they would find out and deal with her and this had been proven. The NSW Ambulance investigated only after she gave the chaps at Cowra station the solution to their Christine problem, she erased herself by hanging herself on her daughters swing. The NSW Ambulance service is bleeding to death. Your blood loss is the members who leave (or die) the

question is why is this happening? Why is there this huge problem, it seems not only in the lower ranks either but it's the practice of those who lead, this is demonstrated in the letter Greg Roachford sent out Phil Roxburgh re Christine and the ongoing problems with Harassment and Bullying. I'll just paste in his helpful hint

'in the work context and in communicating these feelings it is inappropriate to use the e-mail to broadcast personal concerns. Much of the information in the email is inaccurate and misleading and I am concerned that a member of this Service would publish personal information in this way.

" It was misleading eh" exactly which part was that..... that she was harassed ? that she died? how she died? The events leading up to it? His treatment by the service? Her treatment by the service

I especially like this part. Again I'll paste so I don't misquote the chap,

Ms Hodder's death was a tragic event and I take this opportunity to extend our sympathies once again to family, friends and colleagues. I have also asked that we ensure support is available to anyone who has suffered additional distress from reading the email.

For a start her name was Mrs Chistine Hodder, not Ms. It was a tragedy. It should not have happened! We are delighted that the NSW Ambulance has finally sent their condolences 3 years too late.

(your Miss-using ambulance email) I might add portraying your personal feelings, Try a card next time Greg, address it to the Hodders. I am sure you can secure our address, and then the Hodder's will know how sorry you all are and then we can burn it). Oh ,I forgot to mention we had a trio from the upper ambulance echelons turn up the morning Christine died including the person who leaked Christine's confidential grievance.

Your right again Greg quite a few of your employees will need counseling after reading your email not Phil Roxburgh's

After reading your missive I am again starkly reminded of the absolute uncaring attitude of the Ambulance leaders. You blame the abused and you abuse the abused.

Prove us wrong, add this email to you're your others for discussion at the harmonious work place summit. Prove to your members that you want change.

Jason and Carolynn Hodder

To; All N.S.W. Politicians
From; Station Officer Phil Roxburgh
Contact;
Date;040508

My name is Phil Roxburgh and I am currently an officer in the Ambulance Service of N.S.W. I am writing to you in the hope that you will indulge me with a few moments of your time. By way of background and to negate the need to repeat my story I would appreciate you reading at this point attachment 'Factor non Verba' forwarded to all ambulance staff with copies to the Premier, Minister for Health, their opposite numbers and the Reverend Fred Nile. Thank you.

In less than half an hour of this e-mail being forwarded I was disabled and removed from the ambulance intranet and remain so to this day. I was informed by a colleague of the response by the C.E.O. Mr Greg Rochford to all ambulance staff. Please read attachment 'Rochford Reply.' It would also be good at this point to read a submission to the Healthy Workplace workshop submitted by Christine's husband Jason and his mother Carol.

I have not been contacted to this day for disciplinary or any other reason by the service executive. I must firstly point out that I agree with the C.E.O. It was wrong of me to use the staff intranet in this way. I am not a proponent of anarchy but this was the only medium available to me to communicate my concerns to all staff. All attempts to converse with the C.E.O. had been spurned. I am however not sorry I did so.

I have had related to me some very disturbing stories prior to this e-mail but I was not prepared for the volume of replies received or the extent of the callousness and disdain in which the service treats its staff. It is a nonsense for the ambulance executive to continue to deny that we have a serious issue with the gross mismanagement of harassment, bullying and discrimination in this service.

The service will reply that we are currently awaiting a report by Mr Graeme Head into aspects of the service. Please forgive me my lack of diplomacy but I will be nothing if not honest and frank in all my dealings with you. This report is viewed as 'party political' and its findings will not be viewed as a true reflection of all that is wrong with our service management.

Many officers who have contacted me are afraid to publicly voice their concerns doubting the confidentiality and independence of the report. They are afraid of being re-exposed to the trauma they have already suffered at the hands of this culture and being cast adrift by the service. This is not fantasy but fact based on repeated experiences of officers who have been game (some might say foolhardy) enough to speak out about the injustice.

The Premier Mr Iemma has promised to look into the allegations raised by my e-mail and aired on the nine news network. I would like to be pleasantly surprised if this were truly independent. The people of this state are fatigued with politicians promising much to a camera and then either ignoring the problem in the hope it will go away or covering up the issue. Just like the ambulance service. To this end I did contact the Minister for Health Ms Reba Meagher's office and related my story and concerns to her private secretary who informed me he would pass my concerns to the minister and get back to me. He did not get back to me. I then forwarded a letter of concern to the Shadow Minister for Health Ms Jullian Skinner and was contacted by her private secretary acknowledging my concerns and lending support. With my permission in a further attempt to gain the Health Ministers attention the letter was forwarded to Ms Meaghers office. I am still being ignored. I would have the utmost respect for any minister who acknowledged all was not well in an area of their portfolio and set out to effect a change for the better. My

respect AND support, not to mention that of my colleagues. Where however has the political respect and concern for the welfare of the people who you serve gone who look to you for help? Has this fallen victim to 'the party line?' I made mention in my e-mail that only as a group can officers forward our cause of ridding the service of this abhorrent culture and effecting change. The officers have responded but we need your help. A help that transcends party politics. This is not just an ambulance specific problem. It is across many workplaces.

It would be a wonderful thing if politicians were to unite and move forward together on an issue that I would assume you are united against in your condemnation. It may also be just the chance to regain some of the idealism you hopefully once felt that propelled you into politics. You still can make a difference - together.

I sincerely hope that some of you will have the courage of your convictions and reach out to help us. You have no idea just how much it would be appreciated,

Sincerely Yours.

Phil Roxburgh.