REPORT OF PROCEEDINGS BEFORE

GENERAL PURPOSE STANDING COMMITTEE No. 2

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

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At Sydney on Monday 28 July 2008

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The Committee met at 3.00 p.m.

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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

CARLO CAPONECCHIA, Lecturer, School of Risk and Safety Sciences, University of New South Wales, Level 1, Old Main Building, K15, University of New South Wales, Sydney, affirmed and examined:

CHAIR: Welcome everybody to the third public hearing of the inquiry into the management and operations of the New South Wales Ambulance Service. The Committee has heard from a number of witnesses in camera and this is the public part of our inquiry today. Before we start I will make some comments about aspects of the Committee's inquiry. Our terms of reference require the Committee to examine the operations and management of the New South Wales Ambulance Service. We are aware that there have been a number of other inquiries into the Ambulance Service in recent years, but this inquiry is specifically in response to concerns raised by ambulance officers with members of Parliament and in the public domain regarding bullying, harassment, intimidation, and occupational health and safety issues. Our terms of reference focus on those issues rather than some broader issues.

As frontline health service workers, our ambulance officers are highly regarded. It is our responsibility to ensure that this inquiry goes towards making sure that their workplace is a safe, healthy and happy environment. This is not a forum for witnesses to make adverse reflections upon others. It is a privilege to present to this inquiry, and we are looking forward to hearing your evidence and your suggestions in terms of how your expertise may assist us in making recommendations that go towards strengthening the service generally. In reporting the proceedings of this Committee the media must take responsibility for what they publish and what interpretation is placed upon anything that is said before the Committee. Witnesses and members of staff are advised that any messages should be delivered through the Committee clerks. A copy of the media policy is available on the table near the door. Dr Caponecchia, in what capacity are you appearing before the Committee today?

Dr CAPONECCHIA: I am a lecturer in the School of Risk and Safety Sciences at the University of New South Wales, and I am appearing in that capacity. My background is I have a PhD in psychology. My area of expertise is stress and I now do a lot of work on workplace bullying and harassment.

CHAIR: We are talking about workplace bullying and harassment. I gather that you lecture in that general area. What is the recognised definition of bullying and harassment? Indeed, I should have offered you the opportunity to make an opening statement before we launched into questions. Do you wish to make a statement?

Dr CAPONECCHIA: Essentially any opening I was going to give would be about definitions.

CHAIR: Excellent.

Dr CAPONECCHIA: I think the issue of definitions is absolutely critical and always needs to be dealt with first. There is a lot of material that you can read about bullying and harassment: there is academic literature, there is more popular literature, and there is literature written by government organisations that is intended as guidance material. You can read all of that and at the end of it be no clearer on what the issues actually are. My understanding of the issues and the way that I define them are based on my understanding of the academic literature, my own research, and what I know from training in workplace bullying and harassment, and from discussions with my colleagues. It is also very important to note that bullying and harassment are not one and the same. We often treat them as the same, and in some of the submissions—I have read most of the submissions and the transcripts and this is not intended to be insulting in any way—despite there being policy definitions all these issues are mashed up. Bullying, harassment, violence, conflict and even misconduct are all together. So I will attempt to give a definition, and then say why it is important.

Workplace bullying is the repeated unreasonable behaviours that cause, or have potential to cause, harm to the individual who is the target of those behaviours. They are the two main criteria that we use for saying, "That behaviour is bullying" or not. There are additional issues that we then use to describe the behaviours. They might be the nature of the behaviours, such as social and physical isolation, or undue public criticism. There is a whole list of behaviours that we can put to one side for the moment and come back to if necessary. There are also issues that we talk about around power imbalance. There is usually a power imbalance in the exchange. It does not have to be hierarchical power; it can be based on many different bases of power.

We also talk about intention a lot. Some people think bullying has to be intentional; others do not. The most appropriate position that I can gather is that bullying can be either intentional or unintentional. That is for

various practical as well as theoretical reasons. It is very hard to prove intention, for a start. You would essentially be requiring targets to have access to someone else's state of mind or motivational state, which is very hard to do. Often bullying behaviours are very subtle and very hard to get evidence of in any case. That is bullying: repeated unreasonable behaviours with the potential to cause harm or that are causing harm to the target.

Harassment is related to bullying and often occurs with bullying—but not all the time. In lots of extreme cases they do occur together. However, one of the main differences between harassment and bullying is that harassment does not have to be repeated. One single event can be classed as harassment. With bullying, it has to be repeated and enduring over a period of time. The second reason that harassment is different from bullying is that harassment has to occur on the basis of some grounds. Those grounds are stated in the antidiscrimination legislation, and they include things like ethno-religious status, marital status, sexuality, transgender status, status as a carer—and the list goes on. You can see the full list in the antidiscrimination legislation. But it has to be on those grounds, and it is humiliating, offensive or intimidating behaviour that is unsolicited and is done on the basis of those grounds. Does that make sense?

CHAIR: Yes.

The Hon. CHRISTINE ROBERTSON: Yes.

Dr CAPONECCHIA: So if we just treat bullying as harassment—and this is a widespread practice, I might add; it is happening a lot—we risk not controlling for situations where bullying occurs by itself. That is important because people who do not possess one or more of those characteristics and have bad behaviour enacted upon them could be forgotten about, or people who do possess one or more of those characteristics and experience bad behaviour that in no way, shape or form is relevant to any one of those characteristics can still experience bad behaviour. That needs to be dealt with. So if we only see them as one and the same we are ignoring a whole bunch of problems.

Violence is something that is also talked about in this field a lot, and it gets mashed into bullying and harassment as well. It is related and it does co-occur with bullying or with harassment, and indeed the three of them can occur together—I am aware of several cases where that does happen. Typically, when we think about lay conceptions of violence we think about physical violence: punching, kicking, pushing and that kind of behaviour. But violence also includes things such as making threats, and stalking and surveillance types of behaviours as well as those things that we talk about with physical violence. While it is related, it is also quite different from bullying. The consequences of violence are often easier to prove. If someone has a black eye you can tell what might have happened to them. With bullying, you may not be able to do that because the behaviours can be extremely subtle. An example of a subtle behaviour that might be bullying is if someone leaves a person off an email list and that email contains information that they really need—for example, attending a meeting and if they do not attend they are seen to be incompetent.

The Hon. CHRISTINE ROBERTSON: Is that violence? I well remember that.

Dr CAPONECCHIA: That is bullying, if it were repeated and satisfied all the other criteria of being repeated and unreasonable. If it is reasonable to leave someone off an email list, fine. If it is not repeated, it might just be bad behaviour, but not necessarily bullying. I cannot stress enough how important these distinctions are, and it can seem that they are just semantic or just academic—academics should go back to their ivory towers. However, that is not what this is about. Knowing what these behaviours are, not just in terms of definitions, but understanding the concepts—not just being able to quote the words—but understanding the concepts is fundamental, because that has implications for a number of things, including whether people can be sensitive to the warning signs that happened before these behaviours.

That is important, because we should focus on prevention here, not just management, not just after the event stuff. Knowing about the warning signs, knowing if something is happening to them or if they feel that something is happening to them, being able to know what it is and, therefore, knowing whether to go down this pathway for action or this pathway, or this pathway, which might well be different depending on what the behaviour actually is. As an extreme example, violence is often—and it is—criminal. Often a different pathway to some other kinds of behaviours that might more appropriately be called bullying, the same for harassment. You can get redress for harassment through the antidiscrimination laws, that is different from bullying. The implications of knowing the distinction between these concepts are significant and not just semantic issues.

CHAIR: The Committee has heard from a number of submissions that bullying and harassment are endemic in the Ambulance Service. I think your PhD looked at the relationship between stress, personality and health. How much effect does stress have on those aspects, and how does the role of an ambulance officer compare with other professions that you have looked at and how that all plays out?

Dr CAPONECCHIA: Certainly, one of the factors that we know increases the likelihood of bullying is stress. The academic literature from around the world consistently shows that. There are a couple of ways of looking at it. Being bullied is a stressor, something that causes stress for the target, the person who is experiencing the behaviours. But, yes, we know that it is more likely to happen in work environments that are highly stressful. So, from reading the submissions, many of which talked about stressful conditions that people in the Ambulance Service face regularly, it is unsurprising that bullying and harassment occurred given that level of stress.

CHAIR: Are you able to comment on whether the problem is more or less in the Ambulance Service than similar organisations? Why, in your view, is there such a problem in the Ambulance Service?

Dr CAPONECCHIA: I do not know that we have data to suggest one way or another that it is more prevalent in the Ambulance Service compared to other organisations. Across the board it is very difficult to get a handle on how often this happens. We know that people under-report bullying for a bunch of reasons, including that they fear retribution, they do not know who to report it to, they do not know what the behaviour is and whether they can do anything about it as a problem. They do not trust that anything will be done. That is not specific to the Ambulance Service in any way; it is across all organisations. We know that it is under-reported. The data we have on prevalence is not specific enough to do cross-sector comparisons. We do know that in the helping professions, such as nursing and policing, that bullying is prevalent. However, that may be an artefact of researchers doing research in those areas more than anything else.

In terms of the more general question about how prevalent it is, recent Australian Public Service data from other States, not New South Wales, would suggest that in the last year somewhere in the vicinity of 20 to 25 per cent of people reported being bullied or experiencing harassment; they do not distinguish between them, they typically ask the questions together. That is quite large, 25 per cent. Even if you then decide to be conservative and allow for the fact that maybe it was not defined very well, maybe the people responding have different views of what the behaviour was and take that figure down a little, even if it is 10 per cent or 15 per cent, it is quite high. I was not aware in the submissions of any actual figure placed on that within the Ambulance Service.

CHAIR: As an individual Committee member, I am looking to the Committee writing a report with some recommendations that can be carried out that might improve the situation. In an organisation with an issue such as bullying and harassment what steps should be taken to try to resolve that? What could the Committee recommend based on your experience and perhaps that of other organisations that might help fix the problem?

Dr CAPONECCHIA: I have a whole range of suggestions, so this may take a while. We have covered definitions, so I will not go there again. Those definitions and the definitional conceptual issues need to be recognised in the policy and not just as words, but as concepts. People in management positions need to understand the concepts and use those concepts consistently. It has to start there in the policy and then flow to the procedures, which then flow through to everyone else. There needs to be very clear procedures on the basis of that policy. They need to be step-by-step; they need to identify what to do if it is this kind of behaviour versus this kind of behaviour versus another kind of behaviour.

The reporting strategies around bullying and harassment are a very important area, because of the nature of behaviours—and we have already discussed a little already that people do not tend to report it. We have talked about them fearing payback, fearing that nothing will be done and also the obvious problem that the person to whom they are supposed to report is the person who is using the bullying behaviours. So, when you design any kind of reporting system, any kind of procedure around this area, you have to do so with that in mind. It has to be tailored for bullying.

There appears to be a perception that having your direct manager deal with the problem is the best solution. I guess in some ways that comes from the philosophy of human resource management, which is to get line management to take on some of the human resource management. Because of that very reason, that sometimes your immediate supervisor could be the person enacting those bullying behaviours on you, that is no good, it will not work. Organisations need to think about external reporting procedures, or at least some blend of

internal and external reporting procedures. I know of some suggestions in the literature regarding a bullying contact officer or officers, that act as points of contact, sort of gateway individuals, to whom people can go for advice on how the policy applies and what procedures they should follow.

Those people have to be at all levels of the organisation, of both genders, and available to everyone. You have to cover all bases to make sure people have access and feel that they can trust somebody, if that is one of the options that you use. In that vein, organisations will often use their health and safety committees at each location to facilitate that function as well. That is certainly something that I would support. Bullying and harassment are occupational health and safety issues; they are not just conduct problems, they affect people's health and wellbeing, and that is what occupational health and safety is about. Health is not just absence of disease; it is a complete state of physical, mental and social wellbeing.

Bullying and harassment very firmly fit underneath that. Psychological hazards are spoken about in the Act and the regulation, but quite apart from that the nature of health is such that they are health and safety issues. We have talked about policy and about the need to consider external reporting procedures. If reporting procedures are conducted in house, those people need to be trained appropriately. Issues around due process and confidentiality need to be assured in these procedures, we have touched on this already. We have already talked about human resources a lot. A lot of organisations use human resource management, the human resources unit of their organisation, to deal with bullying and harassment. Nothing against human resource professionals at all, but the view in the literature is that human resources units tend to be compromised, because they have a role in protecting the organisation.

It is not always the case that optimal outcomes arise from having bullying dealt with by internal units such as human resources. Of course, with any policy and any procedure there has to be training, and it has to be for everybody. Different people at different levels of the organisation are going to need more of that than others; but everyone has to be trained in the policy and in the procedures. If they are not, you might as well not have it. You cannot just put your policy and procedures on the Internet or intranet that staff can access, because they will not. Despite the best intentions, they have enough to do. In all organisations I do not believe it is enough to say that the policy is on the net, go and find it when you need it. You have this policy document that most people are not accustomed to reading, and would not want to read. Training is imperative and it has to be regular. Again, it should be part of a normal occupational health and safety management system type of arrangement.

One of the other things in fixing this problem—and this makes it more difficult, I acknowledge—is that we need to take a macro view of this problem. Conventional wisdom would suggest that bullying is about individual personalities, be it the personality of the person using the bullying behaviours or the personality of the person who is the target of the behaviours—one of the individuals is aggressive, rough, they are a bully in a typical schoolyard sense, or, in the case of the target, they are weak, they are a victim, they brought it on themselves, et cetera, et cetera. These perspectives are less favoured in the literature, and they are certainly inconsistent with the values that we would pursue in health and safety, which is not blaming the individual. If this were any other kind of accident or incident in a workplace and people started pointing fingers at individuals, they would be run out of town: you cannot do that. We should not be doing it in the case of psychological hazards either.

In addition to that, scientific evidence suggests that it is not about personality. It is not about the personality of the person using the behaviour. I apologise that some of my terms seem a little cumbersome, such as "the person using the bullying behaviour". I tend not to call people bullies, because of this very reason: it labels them as "the bully". It stigmatises them instantly. We need procedural fairness for the target, but also for the person who has been accused of this behaviour. So it is not just about individuals and individual personalities. Of course they do come into play, and we know that the role of personality is mediated by stress. I started by saying that we need a macro view. We need to think about all the other contextual and organisational factors that influence bullying occurring and also can inhibit bullying from occurring.

What is the organisation doing to permit these kinds of behaviours? There are cultural issues of: this is how we have always done it, this is how it has to be for everyone, and this is the process you have to go through as a rookie, for example. Of course, the policy and procedures will have an effect on stopping this happening, but we need to think about stress and the ways in which the organisation of work affects bullying occurring. Things like fatigue, rostering, being stationed in the country without ever knowing when you are going to leave, lack of career progression—all these kinds of things that are stressors need to be dealt with. Policy and

procedures will get you so far, but you have to address some of those wider issues, which are the underlying things having an effect on these behaviours.

I think one of the other things that organisations need to do in managing bullying and harassment is not just communicate that they are committed to doing this but demonstrate it. Any activity that the management of an organisation engages in needs to be closely monitored, and that monitoring process needs to be communicated to everyone within the organisation. For example: This is our goal, this is what we are attempting to do. This is where we are three months along. This is what we are doing next. This is how we are going to do it. The reason that that is important is that it builds a culture where employees can see for themselves that things are actually happening. It is particularly important in bullying and harassment, because it tends to be one of those issues that is left until last, just like the other psychological hazards.

I have already touched on this before, but I see risk management and occupational health and safety as really important considerations in this. As I said, bullying and harassment are occupational health and safety issues. Bullying and harassment should be managed with a risk management paradigm. A risk management approach essentially says: There is a hazard, whatever it might be. I am talking about psychological hazards, but we have physical hazards, electricity, chemicals, et cetera. Essentially, we need to identify the hazard—what is it, and is it occurring—assess its likelihood and its consequence, and then set up a whole raft of controls to stop the hazard from inflicting harm. Those controls are done within the system of what is called the hierarchy of controls. The hierarchy of controls goes from engineering controls, where you engineer the problem out, down to administrative controls, which are at the bottom, which is: put in policy; put in a procedure; use gloves, masks and personal protective equipment.

The procedure also involves consultation with staff and motoring and review as an essential part of that process. It is a documented system, it is available to everyone, and it assigns accountabilities. We are very, very used to doing this in organisations for lots of different types of hazards. The systems are already there; it is nothing new. Lot of organisations do not do very well when it comes to psychological hazards within a risk management approach. Psychological hazards are a little bit more difficult.

CHAIR: A lot of people have suggested that the culture within the New South Wales Ambulance Service of bullying and harassment stems from its origins and its paramilitary beginnings. Can you make any comment on that?

Dr CAPONECCHIA: It is an interesting point. We know that that kind of leadership hierarchy does tend to result in behaviours that are not always very good for people. But cultures form over time, and do have an historical base and are quite difficult to change. However, I do not see that as a reason for saying it is a cultural issue. That tends to be what happens: it is a cultural issue; we cannot do anything about it. We need to take steps to try to change the culture. One of the first steps that I would see is demonstrating a commitment to changing your practice. Culture is formed by actions. You develop new ways of responding, you develop new sets of values, over time.

The Hon. CHRISTINE ROBERTSON: One of the issues that has been raised in the various submissions we have received is the definitions. First we have the definition of bullying and harassment, and we seem to have muddled in there definitions of grievance, complaint systems, disciplinary systems, clinical governance issues, and change of management issues. It seems that the persons have described as "bullying and harassment" every issue they come across in their workplace. Could you speak to that issue? I acknowledge what you said about definitions, but it seems that the definitions we are receiving are far more varied.

Dr CAPONECCHIA: Yes, and I notice that in the submissions as well. I think there is a particular issue around grievance and what that means. There is a grievance procedure, as I understand it, but there is some kind of gradation between what is a serious issue and what is a less serious issue. I am not sure that I understand the procedure well enough myself. But I think that that can be resolved by having a very clear procedure, which is based on a definition, of saying: "If behaviour X is happening, do A. If behaviour B is happening, do C." I know that sounds a little simplistic.

The Hon. CHRISTINE ROBERTSON: It is confusing because if there is a disciplinary process proceeding, the recipient of the discipline can interpret that as bullying or harassment, or a requirement for grievance procedures to be implemented.

Dr CAPONECCHIA: That is, again, a good point. Usually when we define bullying, we also say what bullying is not, and that is pretty important in terms of your question. Lots of organisations do not define what bullying is, let alone define what it is not. I did have occasion to look at the New South Wales Health guidelines on bullying, and they were quite good, I have to say, and they did define what bullying is not. The South Australian occupational health and safety legislation is, I think, some of the only legislation that does. Bullying is not reasonable managerial action undertaken reasonably. I know that is difficult, but it includes things like reasonable disciplinary action, reasonable action that counsels an employee on their performance: reasonably failing to promote someone. I realise that all these things hang on reasonableness, but nearly everything does.

CHAIR: You have read some of the submissions.

Dr CAPONECCHIA: Yes.

CHAIR: A lot are not on the Internet because the people fear retribution because they are concerned about bullying and harassment. From what you have read and from what you have said, would you agree that the Ambulance Service of New South Wales is desperately in need of support from the Government in terms of addressing these issues urgently?

Dr CAPONECCHIA: Absolutely. What I have read needs to be addressed now.

CHAIR: In comparison with other organisations, you would think it is a high priority, an urgent priority?

Dr CAPONECCHIA: I would think so. Anything that negatively affects people at work is a high priority. People should be able to go to work and come home in pretty much the same state.

The Hon. MARIE FICARRA: We are not sure how much of what occurs at the front line for the very well respected ambulance officers is known at the top. But there is a whole level of middle management, with many different tiers. Some have been there for many years, and some carry that paramilitary, old style: the old boys' network. You talked about the need to communicate the policies, having the right definition and having the right policies for communicating and implementing. How would you go if you had a whole series of middle managers who are reluctant to change?

Dr CAPONECCHIA: It is certainly not easy. I noted in some of the submissions that one of the things the Ambulance Service is planning to do is to engage in general management training. I cannot remember for which level of management that was. I certainly think that that would kind of help—as I understand it, a lot of people in management roles do not have a background in management. They have been "on the road"—I think that is the term—and are very qualified and do excellent work. That does not necessarily mean that they have skills in managing staff and knowing what to do when things go wrong. In terms of trying to convince people who are reluctant to change that this is what needs to happen, it is very difficult. That is change management, and that is known to be very difficult to do. However, it is a cultural issue as well. Essentially, what you are saying, people being from a paramilitary background, that is cultural. Cultures can change but it is sustained effort over time.

The Hon. MARIE FICARRA: We had a very honest, hardworking paramedic here who said he was working a 14-hour night shift and he was literally dead on his feet, fell asleep in a patient's lounge room that was heated and he felt so bad about that; we have fatigued ambulance officers working very long hours. How does that contribute to all this harassment, bullying and the poor culture in the workplace?

Dr CAPONECCHIA: I think that it certainly does contribute—it is a stressor; it makes an environment where people have reduced resources, reduced tolerance for all these things that would normally seem quite minor, but if you read in some of the submissions about some of the maintenance issues, for example, around some of the stations, they do have an impact on how people feel about their work and that translates to how they then start treating one another. When resources are scarce people start to protect themselves.

The Hon. MARIE FICARRA: A sense of frustration has been expressed to us, and this is virtually the third inquiry that some of these ambulance officers have sat through, seen the reports, seen the recommendations. What sort of timeframe do you feel should be put in place before action is taken rather than more words and more reports?

Dr CAPONECCHIA: I think it should be relatively short. There are a range of things that need to happen, some of which will take a longer period of time than others. However, I think it is important to get some runs on the board quickly and, as I was saying before, demonstrating commitment publicly, showing that this is what we are doing, this is how far we have got, this is what we are doing next, and putting it up on the station wall showing people that this is happening. The importance of showing people that it is happening is that given what you talked about in your question of saying "another report, another review", you could implement the best systems, get the best people to help you, and those systems will not work because you will not get buy-in from anyone because they think, "Here we go again".

The Hon. CHRISTINE ROBERTSON: The workplace safety groups, what was the proper term for that?

CHAIR: Occupational health and safety committees.

The Hon. CHRISTINE ROBERTSON: They are not called occupational health and safety committees. The group that you suggest it should take the—

Dr CAPONECCHIA: Risk management?

The Hon. CHRISTINE ROBERTSON: Not the risk management, the complaints. You suggested the most appropriate place for the complaints to be would be—

Dr CAPONECCHIA: Would be not human resource management units. I suggested one option might be bullying contact individuals who guided people on policy, but I think that external systems need to be considered.

CHAIR: We really appreciate your taking the time today to come in and give us the benefit of your expertise; it has been very valuable, and we look forward to the Government acting on our recommendations and doing something quickly. We appreciate your addition to our deliberations. Thank you very much.

Dr CAPONECCHIA: I am very happy to be involved.

(The witness withdrew)

IAN MICHAEL PETERS, Acting Director, Workforce, Ambulance Service of New South Wales, Locked Bag 105, Rozelle,

MARIAN FRANCES O'CONNELL, Director, Professional Standards and Conduct Unit, Ambulance Service of New South Wales, Locked Bag 105, Rozelle,

DEBORA MARGARET PICONE, Director General, NSW Health, Locked Bag 961, North Sydney,

MICHAEL DEAN WILLIS, General Manager, Operations, Ambulance Service of New South Wales, Locked Bag 105, Rozelle, and

GREGORY JOHN ROCHFORD, Chief Executive, Ambulance Service of New South Wales, Locked Bag 105, Rozelle, on former oath:

KAREN CRAWSHAW, Deputy Director General, Health System Support, NSW Health, Locked Bag 961, North Sydney, sworn and examined:

CHAIR: Welcome back. As you would all be aware, this is our third hearing and we have had a number of witnesses over the past few weeks give evidence. This inquiry has had an unprecedented number of submissions—247 so far, and still continuing to come in. They are, in large part, asking to be kept confidential or for their names to be suppressed. That is an indication to us, I think—and the rest of the Committee would agree—that there is a very serious concern amongst ambulance officers out there about their workplace and a fervent hope that this inquiry will do something towards making their working environment better. We are aware that this is apparently one of many inquiries, but the confidence that the ambulance officers have in us means that our recommendations hopefully will go towards that.

Can we have an undertaking, from you particularly Professor Picone and everyone at this table, that if this Committee were to come back and review in a year's time or two years' time, such as General Standing Purpose Committee No. 2 did after Camden and Campbelltown, that there will be significant changes in the area of bullying and harassment?

Professor PICONE: I can give you that assurance absolutely. And in fact, the chief executive of the ambulance service will make some comments in relation to those matters and the actions that we are going to take. With your permission I want to make a few comments. There is no question at all that we are, as indeed I know you are, quite concerned about the level of psychological distress that has been exhibited in many of the submissions that have been made to the inquiry. I said to you last time and I want to restate it that the men and women of the New South Wales Ambulance Service are good and honourable people and that I believe that the bullying and harassment that we have seen is in pockets rather than widespread.

Having said that, this level of psychological distress does require us to take some immediate action, and Mr Rochford will talk about some of those actions that we are going to take. We have zero tolerance for bullying in our organisation, and this applies to everybody in the organisation—to all of us. I have spoken with Mr Rochford and talked through our response to the complaints handling and bullying and harassment. I expect that the ambulance service will deal with complaints within acceptable timeframes, that front-line managers will be equipped to better manage complaints and that the ambulance service management team will monitor the complaints system on a regular basis to ensure that these expectations are met.

If I can remind you again, and I know that you know, what the definition of bullying and harassment is. It is unreasonable, undesirable behaviour that will generally have certain characteristics such as being repeated and unwelcome; the recipient will find the behaviour offensive or threatening, as would any reasonable person. While the policy of zero tolerance applies to all of us, when it does occur it is not necessarily confined just to the lower ranks of the general workforce.

It can affect people at all levels in the organisation. My observation in recent weeks is that some of the statements and public attacks on the chief executive of the Ambulance Service and the senior management team might amount to bullying and harassment. Greg Rochford is a commendable chief executive. He and his team have been steadfastly working to strengthen and modernise the Ambulance Service. Just over a week ago New South Wales hosted World Youth Day. The Ambulance Service under Greg's leadership delivered a great result. Greg and his team have been working with all parts of the New South Wales health system and other

government agencies over recent months to plan for this event on a massive scale. The logistical requirements were quite amazing. The level of public safety, coordination of health care and emergency preparation can largely be credited to Greg.

The New South Wales Ambulance Service has had to grapple with demand, with an ever-changing and complex health system and with reform to ensure that we can meet the needs of the community. This at times has been difficult internally. My commitment to you is that, as we did with Campbelltown and Camden, should you wish us to come back in 12 months' time you will see changes on the ground. But I have said to you before that it is my definite belief that complaints handling is best handled at the front-line level and that does involve training in preparation of largely clinical staff to take on the complexities of working within teams and managing often complex environments. With your permission, I might ask Mr Rochford to talk about some plans that we have developed during your inquiry, to give you some greater confidence.

CHAIR: Is it about the fact that in the last two weeks you have tripled your investigation staff at the complaints unit?

Mr ROCHFORD: Madam Chair, it is more far-reaching than that. That is so, we planned to boost the staffing at the Professional Standards and Conduct Unit some time ago. Those plans have now come to fruition.

CHAIR: My understanding is it was in the last two weeks you tripled the investigation staff.

The Hon. CHRISTINE ROBERTSON: Madam Chair, he did say quite clearly it was planned some time ago, which we have heard already today.

Mr ROCHFORD: Madam Chair, I do appreciate the chance to speak once again to the inquiry. I would like to make a couple of clear statements, if I may. I am concerned that a number of my staff feels that they have not been provided with the support that they need. I am going to ensure that that situation is fixed. I am deeply concerned with some of the material that has come before this Committee and the reports I have read in the media. It saddens me to hear the depth of the distress that has been expressed and that some officers are clearly experiencing. I view any failure to treat colleagues without respect, dignity or compassion as completely unacceptable. I know the vast majority of the loyal and dedicated staff in our service agrees with me on this. By way of example, when I was last before you, Madam Chair, we discussed the matters relating to the Southern Operations Centre, albeit briefly.

Last week I visited that centre to share the outcomes of a review undertaken by the Independent Audit Bureau immediately following the outcomes of that review being provided to the individual complainants involved. I was encouraged that the review found the most serious of the complaints to be unsubstantiated and also that in more recent times confidence in the leadership of the Southern Operations Centre has gradually been restored. As a result of the review and the recommendations that come from it, I have already commenced recruitment for a new manager of the operations centre. The local management will be supported in making a number of changes in line with all the recommendations from that review, which have been accepted unequivocally. I will be heading back down to the Southern Operations Centre to talk further with the team there in a couple of weeks to finalise the plan.

In terms of the service as a whole, there is a need for clear action not only in relation to the Southern Operations Centre, which has very specific and localised difficulties, but in relation to the organisation in its span across the State. Firstly, we intend to improve the approach to complaints handling with an immediate intervention that will involve all staff and front-line managers improving their skills in dealing with workplace disagreements, wherever they occur across the service. This will include a clearer and simpler change management program that will be easier to describe to our staff and more simple in its monitoring and reporting of progress. Clearly, with the level of change that has occurred across the service in recent years a number of staff have had some concerns about the rate of change and some have resisted it. These changes will be implemented with a stronger oversight in expert guidance over the next 12 months.

On the complaints side I intend to provide initial practical training to all staff to reduce bullying and harassment. This will be practical skills-based training that will be available to everyone and, in fact, will be required of all of our staff. We will clarify and simplify the procedures for staff and managers in dealing with grievances and difficulties between and amongst our staff at a local level and ensure that there is a better understanding of when and how to refer such difficulties to more formal action when it is required. To support further cultural change, I have engaged an independent consultancy group to incorporate the recommendations

from the 2008 review by Graham Head of the Department of Premier and Cabinet into our existing reform program, which is entitled "Excellence in Care". I believe a copy of that plan is already with the Committee.

To ensure a strong oversight of this revamping of our change program, I have also established an external and expert panel comprising Professor Beverley Raphael, a professor of psychiatry with particular expertise in managing traumatic and crisis-related stress, Mr Bob McGregor, the former Deputy Director General of the New South Wales Department of Health, and Ms Jan McClelland, the former Director General of the Department of Education and Training. This group will provide an expert and independent reference point to assist me and my senior management team in making the changes that are required. I am committed, Madam Chair, to swift implementation of these changes I have outlined so that all staff may feel proud and a part of the high-quality service that is the Ambulance Service of New South Wales.

CHAIR: Will staff be given time off on paid leave to undertake that training?

Mr ROCHFORD: Yes, it will come in two forms, Madam Chair. The initial raft of training will be short and by and large will be able to be implemented in the workplace. Staff will have arrangements made so that they can attend the training with the least inconvenience to all involved. The second raft will be a compulsory management development training program that will be a requirement for all staff in the service who seek promotion to management position. Different leave arrangements and self-directed learning arrangements will be a part of that program. At the moment the curriculum is being developed through a series of focus groups with staff and management across the service. That will be finished in October this year and ready for immediate implementation.

CHAIR: A vast number of submissions have addressed the issues of long shifts—14 hours at night on a regular basis, 12 hours during the day, often working without meal breaks—causing incredible fatigue and stress and compounding a number of other pressures on ambulance officers. It has also been raised that part-time work is not available except when coming off maternity leave. Staff numbers seems to be a major factor. What are you doing about addressing the very real shortage of staff, remuneration and workplace shift arrangements?

Professor PICONE: With your permission, Madam Chair, if we could have Karen Crawshaw answer that. She is the person who is handling the matters before the Industrial Relations Commission.

Ms CRAWSHAW: As you are aware, we have got a major industrial case currently before the Industrial Relations Commission. As part of that case the Ambulance Service and New South Wales Health are seeking to introduce a range of reforms to try to address some of those very issues that you have raised. We are looking at roster reform. Our proposal is to reduce the 14-hour night shift to a 12-hour maximum. Our proposal is to do away with some of these unpaid meal breaks that a lot of staff say they do not get and to introduce paid meal breaks of shorter duration but of higher frequency for the 12 hours and also some flexibility about where those meal breaks can be taken. We have got proposals around improving the classification of salary structure for paramedics so that they can move through their structure more quickly. It takes them 10 years to get to the top at the moment. We are looking to move them through in five years. That will increase their pay more quickly than is currently the case.

As part of the claim we have made an offer of an 8 per cent increase on the base pay salary on average over and above the current rates. We have paid 4 per cent from last year. Ultimately what the Industrial Relations Commission awards is obviously a matter for the Industrial Relations Commission. We are improving the management structures or proposing to improve the management structures for the Ambulance Service. We are increasing the role and status of the front-line manager, the station officers and the team leaders. Our proposal is also to increase the staff numbers involved there. As far as fatigue is concerned in the bush, again at the moment I believe—correct me if I am wrong, Greg—in the bush during the night it is mainly an on-call, call back arrangement. I understand that the Ambulance Service has quite recently introduced a standing operating policy around fatigue that is now strictly applied. Perhaps Mick or Greg can talk in more detail about that standing operating policy around fatigue.

CHAIR: Before you do, when will the Industrial Relations Commission hand down its decision?

Ms CRAWSHAW: We are back before the commission in mid-August and then obviously some further hearings. It is being done in an in camera proceedings, so I am not at liberty to discuss it in great detail. I and merely talking to you today about what the Ambulance Service and New South Wales Health are actually

proposing. What the Industrial Relations Commission ultimately does is a matter for it as the independent umpire. We are expecting the hearings to conclude in mid- to late-August, and it is a matter for the commission when they hand down their decision.

CHAIR: Is the 8 per cent over a period of two years?

Ms CRAWSHAW: No, that was an initial 8 per cent. It was not over a period of time. That was an offer of 8 per cent. The offer was not accepted. What was accepted was a 4 per cent interim payment from 1 July of last year with the commission making a determination on what the final amount should be.

CHAIR: How does that work with the 2.5 per cent Treasury recommendation through internal savings?

Ms CRAWSHAW: That is over and above. The 2.5 per cent is the general wage increase. The 8 per cent offer was a work value increase. The 8 per cent is additional and then the 2.5 per cent comes in on top of whatever the commission offers in the way of a work value increase.

The Hon. MARIE FICARRA: We have heard that many of our ambulance officers have to rely on overtime to bring up their base pay. Are you aware of the fatigue that is suffered by ambulance officers due to working overtime and the lack of resources in that they cannot come off duty because there are not enough ambulance crews to take their place and they are forced to work extremely long periods of overtime?

Mr ROCHFORD: This is very much linked to the answer to the previous question. There is no doubt that the way the award is currently geared, while the base rate of ambulance officers is relatively low, the take-home pay is reasonably high. The difference is picked up by and large through interruptions, meals, meal penalties and working back on extended shift. Some of the time in the emergency business that is perfectly normal and there is a standard rate of overtime for any ambulance service. At present the gearing is such that there are actually disincentives for us to roster in a way that might better match demand.

In some of our northern towns where the call out rate for staff who are on duty at night time has exceeded more than one call a night for an extended period, we have been able to adjust those rosters to put on a 24-hour crew arrangements. That reduces the call outs and the fatigue of ambulance officers. It means more of the work is done as part of normal rostered duties, and that is an efficient and effective way to run the service but for the ambulance officers involved it means that their access to penalty and call-out pay and overtime pay has been reduced so it does affect their remuneration. Some of these changes are not easy to introduce with the award in its current structure and the proposal that Karen has outlined will greatly assist us to roster in a more effective way, particularly in some of those more difficult and isolated places.

The Hon. MARIE FICARRA: My next question is in relation to the use of external consultants in dispute resolution. You have outlined the proposed training for management for handling this which has previously been handled by the Professional Standards Conduct Unit. A lot of criticism has been made about the ambulance hierarchy reviewing disputes within itself, rather than using independent, more transparent and more accountable processes. Do you have any idea of how to improve that situation?

Mr ROCHFORD: It really depends on a case-by-case analysis. There is no doubt that there are many complaints and terms expressed that are best investigated and resolved by local management. Equally there are matters that require an independent and occasionally expert intervention from an expert professional investigator. When that is indicated on the basis of the nature of the complaint before us we do employ independent investigators such as the Internal Audit Bureau recently commissioned to assist with the Southern Operations Centre. The decision depends on the nature of the complaint that is made and the amount of information that is provided. But certainly whenever it is indicated that some level of independence, or particular forensic expertise might be required to assess what is going on, that sort of expertise is commissioned without hesitation.

Ms LEE RHIANNON: Many submissions have addressed the dysfunctional culture in the Ambulance Service. Some of the statements have been quite distressing, so I was pleased to hear your comments in your introduction. Many of the witnesses were really grappling with how to change this culture. A lot of discussions came back to the nature of the shifts that ambulance officers work and their available employment options. Will securing part time work and a change in the shifts be a big part of your work now? Could you speak to that please?

Ms CRAWSHAW: Certainly again as part of trying to streamline and modernise the Ambulance Service Award we are looking to remove the current limitations around part-time work. The other thing we are going to introduce is opportunities for temporary and casual work. So we are trying to introduce some flexibility into the workplace, and in terms of work arrangements that does not apply now. You have situations where, for example, an officer might obtain a permanent transfer to the bush, and while there is not an establishment position for a spouse who is also an ambulance officer, at the moment that ambulance officer could, if there was greater flexibility, pick up some relief shifts and some of that sort of work. That is currently not necessarily available so we are trying to introduce that degree of flexibility that does not currently exist now in the way we are structuring arrangements.

Mr WILLIS: The importance is that in the major industrial case that we are going through we have put forward the concept that Karen has alluded to of how can we make a more flexible workplace both for ambulance officers and their spouses because it is quite a common thing for the family to move. But the other point that I will just make is also that a maximum shift length of 12 hours has been put up. Generally the shifts in the bush are a lot less than in the sense of eight hours maximum but certainly not in metropolitan areas. Combining the three things which are the shift length and a maximum 12—they are currently 14—hours, the flexibility in the workplace and the ability to put on part-time and reduced hours workers, and then combine that with making sure, and monitoring the impact of meal breaks, and suitable breaks, especially overnight duty on-call is designed to do exactly what you are saying in the sense of a more flexible and less fatiguing approach to rostering.

Ms LEE RHIANNON: Will you factor in the whole issue of pay rates? The Committee heard many ambulance officers recognised how damaging many of those shifts are, but they do them because that is how they get a decent rate of pay. How do you propose to address that problem?

Ms CRAWSHAW: Alluding to my previous answer, work value increases will enhance base pay. The proposal that we have got to move a paramedic through the structure in five years to the top of the range, rather than the current 10, will get them, for example, on current rates, about another $12,500 five years earlier than they previously would. Enhanced career structure around management should also assist with that. We have built the skills allowance into the base pay, rather than it being a separate allowance. All these measures that we are proposing as part of the industrial claim are designed to have great reliance on base pay and less reliance on the old meal penalty arrangements. We are very cognisant of the fact.

Professor PICONE: If I could just add a general comment in this regard. This is a very similar discussion to what we had in nursing and medicine 10 or 15 years ago when people were quite dependent on shift penalties, particularly what we use to call the graveyard shifts, night duty and weekends, to bolster up that take-home pay. Now it seems to me that we have given evidence to the inquiry that over 91 or 92 per cent of our paramedics have advanced clinical training. The argument is strongly forming in our mind that it is time also not just for work value, but for a professional rates claim. The time is drawing near surely for that if you think about the level of training. You think that a lot of people who go into the profession already have a previous qualification or degree, and if you think about the actual responsibility, it seems to me that the time is drawing near for that argument on the professional rates of pay as well.

Ms CRAWSHAW: And this is the sort of evidence that is coming before the Industrial Commission and obviously the Industrial Commission will make some decisions around this.

The Hon. CHRISTINE ROBERTSON: I refer to submissions and evidence the Committee has received about what appears to be a confusion amongst the persons who work in the service about definitions in relation to bullying and harassment, grievance, complaints, discipline, clinical governance and change of management which seem to be coming together jumbled up under the definition of bullying and harassment. I have read your policy documents which define it but it would appear to be difficult for everyday workers to pick up and read a full policy document. Do you have any plans to address that issue?

Professor PICONE: This is not just a problem in the New South Wales Ambulance Service or, indeed, the New South Wales Health system. It is everywhere when people interchange. Bullying is a favourite word. "They bullied me". They are firm words. The perception amongst the person who has had the firm words given to them is that they have been bullied. Now it is very common. The only way to overcome that is a good education program that cannot just be one education; it has got to continue on, and then also letting people know what their rights are but, more importantly, giving skills to that front-line manager, the department head in this

case in the Ambulance Service, on how to manage complex work environments with people under pressure. Being a clinician does not necessarily guarantee that you have got good people management skills, if I can put it to you like that. I know absolutely training and continuing education in that regard makes quite a difference.

Mr ROCHFORD: It is also clear, given the nature of ambulance work where paramedics are often out in their ambulance on the road and do not always have easy access to their front-line supervisor, if they do have a workplace issue to raise, that the simple task of sitting down with your boss to talk over a concern is perhaps not as simple if you are an ambulance paramedic. To that end, and as part of the proposals currently before the Industrial Relations Commission we are intending to increase the numbers of front-line managers available near the workplace, with an extra 80 positions to be designated as front-line managers. That will significantly improve the simple task of accessing your boss to have a chat about a concern. When coupled with the training program Deb has just mentioned, this will I think go a long way to assist in dealing with workplace conflict, the natural workplace interaction that all of us face in some form at the local level before they fester and get out of hand.

The Hon. CHRISTINE ROBERTSON: Is management training going to become compulsory?

Mr ROCHFORD: Management training will be compulsory. The first attack, of course, will be the current managers all of whom will be put through the training program. Then anyone who aspires to be a manager in the Ambulance Service will be expected to have acquired this qualification prior to applying for a management position.

The Hon. CHRISTINE ROBERTSON: Are station managers going to gain enough skills to manage, for example, the suitable alternative duties system when people are on workforce injury or are pregnant?

Mr ROCHFORD: Certainly that is always a complex issue when you have to provide an ambulance available for emergency cover. The logistics of juggling people with restricted duties, or part timers, can be quite complex logistically. Having more managers with more time to work out local solutions for those logistical puzzles will assist the flexibility in the workforce a great deal. I know this is something close to Mick's heart.

Mr WILLIS: I think there are three components of the new management structure that we put forward. I will start by saying that as ambulance paramedics go about their business they are in some ways a self-managed unit. They are out in their vehicle, as with their partner, going about their business but just as they are doing that, likewise, we believe that every employee has the right to see their manager at least. What the new structure will bring in is front-line in-the-field supervisors to support the paramedics as they go about out in the field. Not only support them in the general operational sense but encourage them and mentoring them and bringing certainly new staff along.

The second level is back at the station where we start to introduce the administrative component to the operation and try to strengthen both their aspects. Strengthening front-line operations at the same time, making sure that those officers that are out in the field have the necessary supplies, stores and administrative support that they need. The third arm is something about strengthening the operational strategic capability. I emphasise the word "operational", and that is about making sure that the workplace in which the paramedics are operating is the best that we can provide, well supported, well administered and certainly operationally and clinically focussed. The new structure is designed to deliver enhancements in those three levels, particularly in the front line out on the road supervision which is where ambulance officers interact, obviously, with the public and with themselves, and I think we can strengthen that.

The Hon. CHRISTINE ROBERTSON: Is there a chance of increasing the number of clinical training officers for the same purpose?

Mr ROCHFORD: We do intend to increase clinical training officers a little more. We have moved them from a ratio of one clinical training officer to 300 paramedics some years ago to the current ratio of one clinical training officers for every 75 paramedics. But there are some places, particularly in Sydney, where the workforce has increased at a faster rate than other parts of the State where that ratio has dropped off so out of the current enhancement there will be some extra clinical training officers appointed in Sydney.

The Hon. GREG DONNELLY: In terms of the application before the commission at the moment in relation to the grievance procedure in the current award, from various evidence from various witnesses the

Committee has received over the course of the hearing, the Committee has found some uncertainty of the meshing between the award grievance procedure and the internal procedures of the Ambulance Service, and where they interface and come together. I think one witness today explained how the grievance procedure in the award provided markers which could be time markers which could lead to a dispute dragging on and taking sometime to be elevated into a position where it could be properly dealt with. I am just wondering, in terms of the award review that is going on in the context of the work value case, whether consideration is being given to updating and refining the grievance procedure?

Ms CRAWSHAW: We have not specifically made changes to the grievance procedure, if I recall. I am not quite clear why there would be that difficulty because the grievance procedure in the award is not necessarily covering the same sorts of issues as your local grievance management and conflict resolution at the workplace. But I am happy to take it on board. I am not clear that there is a conflict, but I am happy to take it on board.

The Hon. GREG DONNELLY: Therein lies the issue about your not being sure. I think out there in the field there is some uncertainty at the local level.

Ms CRAWSHAW: Okay.

The Hon. GREG DONNELLY: Should I be struggling and pursuing a matter through the grievance procedure, or should it somehow be kicked straight up to the professional body dealing with the issue at that level, or should I be going directly to my station manager? How should I be dealing with it?

Ms CRAWSHAW: Okay. The problem is, again, lack of clarity among staff about which path they should be pursuing.

The Hon. GREG DONNELLY: That seems to be what a number of witnesses have provided to us in evidence.

Ms CRAWSHAW: Yes. Certainly I believe that the new and revised grievance and complaints handling system is that the Ambulance Service will specifically target this very issue of some clarity for staff around what path they should be pursuing and also some clarity for front-line managers about how they go about doing this.

The Hon. GREG DONNELLY: Can I be bold enough to say that it is probably important that there be some comity between the award provision and what you are wanting to implement because, if there is not, you will ultimately have perhaps an overlap of the two, and bear in mind there will be some potential tension.

Ms CRAWSHAW: I will take that on board and have a look at the award.

The Hon. CHRISTINE ROBERTSON: Another issue that has come up quite a lot during the inquiry and from submissions is areas that are demographically changing in terms of more elderly persons or population base and staff perceiving that they are grossly understaffed. Can you give us a process for assessing change in demography for requirement of service?

Mr ROCHFORD: Yes. Madam Chair, we regularly review services on the basis of population changes. The most recent example was a major study for the Sydney greater metropolitan area where we looked at population shifts in suburbs, travel times and projections out to the year 2016 to assist our current round of planning for enhancements in Sydney. The way we have gone about it in recent years is to pick areas of priority. This time it was with Sydney. Four years ago we were doing a similar exercise for rural New South Wales and that led to substantial enhancement for rural offices announced by the Government in 2004.

At the moment it is study by study. One of the recommendations that came out of the 2008 review by the Department of Premier and Cabinet is that that capacity to plan should be installed inside the organisation rather than on an ad hoc study basis. That is one of the improvements we intend to make over the coming years. But it is very important in the world of ambulance that we use the available expertise of people with international experience on how best to configure ambulance operations to moving populations. Certainly while the number of conservative elements in our service equate our planning processes with the Fire Brigades, the reality is that our operational movements on a daily and hourly basis are very different. We do not start and stop

from a station. We are often out in the community. Our ambulance fleet is very mobile and our planning needs to account for that.

In the next few years we will be intending to introduce extra staff in Sydney but, more importantly, to start the process of reconfiguring our station infrastructure so that we can provide better population coverage associated with changes and peaks as population moves in and out of the city, as traffic conditions alter, and also on the weekends when people are back nearer their homes and we have to move resources to different parts. It is a very fluent and active planning and analysis that we need to undertake, and we do that on a regular basis.

CHAIR: Procedurally, I can see the clock and we are running out of time. I am conscious that members each have at least one question to ask. Would you mind staying for few minutes longer?

Professor PICONE: No, not at all.

CHAIR: We could probably be here all day trying to solve these problems. Thank you very much.

The Hon. TONY CATANZARITI: We have heard a number of concerns regarding meal breaks. Can you explain what the current arrangements are?

Mr WILLIS: The meal break provisions vary between metropolitan operations in the Central Coast and Sydney to that of the rural locations. Some time ago we introduced a modified four on, four off roster into metropolitan areas—in 1985, to be exact. With that was an unpaid meal break of one hour in the day shift and one hour in the night shift. I will come back to that if I can so that I do not confuse you. In rural locations, they usually have straight 8-hour shifts or a variety of shift lengths, but they have crib breaks already because their workload is lower and it is easier to get a break. In some locations, the workload is so low that it is not an everyday sort of thing.

In metropolitan areas the day shift meal break can be taken between 12 midday and 2.30 p.m. and likewise nightshift, which I said I would come back to. There has been a local agreement whereby officers are permitted to rest and recline—for all intents and purposes, lie down—on nightshift when the workload is a little bit lower. That is by agreement. It is in lieu of the meal penalty on nightshift. What we are aiming to move to in certainly metropolitan Sydney and the Central Coast, discounting rural, is to a crib breaks arrangement where there are two paid crib breaks on a day shift and two crib breaks on a nightshift. You will recall, as I said earlier, we have also reduced the shift length of 14 hours to a maximum of 12 hours.

The aim of this change is in recognition of the workload in metropolitan areas and the difficulty of giving officers an unpaid meal break of one hour's duration which effectively has the potential to shut the service down for a lunch break during the day shift. We know that, by having two crib breaks of shorter duration admittedly, but spread out across the shift, we will be able give officers greater opportunity of taking a break from the field and likewise that gives us a greater opportunity as the service to maintain our operation, to maintain our coverage, and at the same time to make sure that our officers are given a break. Likewise it would introduce crib breaks on the nightshift. However, at this stage there is no plan to change the rest-and-recline provision that is also applicable through agreement.

Mr ROCHFORD: If I may, I might point out that the way the penalty payments work for the current arrangements is that if the lunch on the day shift is not taken within a designated time band, a one-hour penalty payment is incurred and further penalty payments are incurred for the rest of that shift, unless the officer is able to return to the station to complete their meal. This may mean that, even if there are only one or two minutes left on the clock to complete the meal. Considerable overtime payments accrue and considerable penalty payments accrue. I am sure Mr Willis will attest from his time on the road that it can be quite lucrative indeed.

The Hon. CHRISTINE ROBERTSON: Is this at time and a half, or double time, or something?

Mr ROCHFORD: It is a combination of penalties and they accrue on top of each other as you move through the rest of the shift. It can be very lucrative indeed if you are not able to take a lunch break. Now while that might have been fair on an occasion when interruptions to lunch breaks were rare, now that the Ambulance Service is busy, it is necessary to have a penalty arrangement and a shift arrangement that gives people breaks and does not have artificial financial incentives that encourage people to work inappropriate shifts, just to keep the money coming into the household. That is why the changes will be coming in. That is one of the proposals in the wage case at the moment.

Professor PICONE: There is just one other point. Karen is running the case.

Ms CRAWSHAW: I just need to emphasise that this is Health's and the Ambulance Service's proposals.

The Hon. CHRISTINE ROBERTSON: We know that. We have tried not to talk about the court case.

The Hon. MARIE FICARRA: I have a question on complaints handling. As you say, you will be training levels of management, in particular front-line managers. If a grievance that an ambulance officer has is with that front-line manager, how would you get around that? We have heard a lot of that. That is where it is not being handled well and that is where originally things have been festering and going out of control. How are we going to handle that front-line manager?

Mr ROCHFORD: I think you raise a very good point. It is often the case that the original point of friction is over a local management issue. Without apportioning fault to either side of the debate, it is really important that every staff member goes to their manager, or that a paramedic on the road has an open and trustworthy place that they can go, to raise the concern that they might have about their local workplace. In an ideal system, that would be the next level of management, but I think we all recognise that in an organisation like the Ambulance Service, where there are lots of longstanding, long-term relationships with many employees having been there for decades, that is not always practical.

That is the reason that I established the professional standards and conduct unit sometime ago now—to provide that independent object of resource as a place you can trust. I accept the criticisms that have come more recently—that it is overworked and perhaps is not operating as fluently as it needs to, to provide that role. Some of the changes we have outlined will restore the unit to that process. I think it is really important to have line management—skilled, objective and behaving fairly—but when it goes wrong, which occasionally it will in any organisation, there must be an independent place to go. The professional standards conduct unit continues to provide that place for staff who have concerns you have described.

The Hon. MARIE FICARRA: You are saying that that unit will be operating more effectively with the enhanced resources you are going to give it, and perhaps some processes?

Mr ROCHFORD: Indeed. There is a split, in fact. The grievances that are amenable to our grievance resolution process will be going to Mr Ian Peters in our human resources area, and that will be a specialist function for the run-of-the-mill grievances, if you like. The matters that raise the prospect of serious misconduct need formal investigation and they will go to the professional standards unit to be dealt with.

CHAIR: I have one more question but I just need clarification in terms of what you were saying about the shifts. If an ambulance crew is waiting at an emergency department and their 12 hours finish and they are stuck there for hours, waiting to offload the patient, how do they get relief?

Mr ROCHFORD: You point out an area of frustration for us, particularly during the busy winter. There are a number of factors in play. Unfortunately if that officer has not yet had their full one-hour lunch break, they will be accruing lunch penalties while they are waiting. But the immediate intervention is to allow the nightshift crew to swap with that crew, if they are available. Additionally the hospital can employ additional staff to provide extra manpower, extra clinical power perhaps, to release the officers so that they can return to their station. They are the ambulance release teams that are quite regularly employed by hospitals during peak periods to allow the operational ambulance either to return to duty or, if it is at the end of their shift, to return to their station and go home.

CHAIR: My final question is a clarification of Mr Willis talking about local solutions. Are you planning on bringing some of the tasks back to the station in terms of administrative things, et cetera? Are you planning to do something about the S8 drug distribution process where we understand that at the moment they arrive in the post to ambulance stations? Sometimes ambulances are not equipped because there are not the suppliers available locally and they are going out without having the appropriate drugs with which to treat patients.

Mr WILLIS: Certainly the processes that you have described are exactly some of the issues that we want to address by having a more streamlined front-line management process and then likewise ensuring that

the procedures around the distribution of not only S8 drugs but all ambulance equipment is likewise streamlined, but also that there is someone there at the front line ensuring the supervision of such procedures. It is never a good process for an ambulance—and we do not condone that in any way—going out underequipped. What is important is that officers in the field and the paramedics have the supervision and the support to ensure that that does not occur. That is where this new management structure, by delivering those both administrative and operational services closer to the front line, is supporting the paramedics and they will come into play. That has got to be a good thing.

CHAIR: You could stop S8 drugs coming in the post tomorrow, could you not?

Mr WILLIS: In some of the more remote parts of the State, the registered mail was seen as a quicker way of getting a turnaround in S8s. Likewise now there are procedures in place by which the district officers and the district inspectors can transport that around. It is a difficult process of getting to the more remote places. It is important that we have the management structures in place and the support mechanisms to make that happen.

CHAIR: We have a number of other questions. Would you mind if we put those on notice? They are just really clarification in terms of putting our report together. Would that be acceptable, with the normal turnaround time—prompt and efficient?

Professor PICONE: Yes.

CHAIR: Thank you very much for your attendance today. We look forward to seeing those changes implemented very quickly on behalf of the New South Wales Ambulance Service.

Mr ROCHFORD: Thank you, Madam Chair.

(The witnesses withdrew)

TIMOTHY WALKER CASTLE, Private citizen, 26 Mooney Valley Place, Bathurst, sworn and examined:

CHAIR: Thank you very much, Mr Castle, for appearing before the Committee today. You have heard our introductory comments about the aims of this inquiry. In what capacity are you appearing before the Committee?

Mr CASTLE: I was an ambulance officer with the New South Wales Ambulance Service for 16 years. I also did my trade as a mechanic before that.

CHAIR: Thank you. Would you like to make an opening statement?

Mr CASTLE: Yes, I would. It is very difficult as my story is a long one that goes back over many years. But I will try to be as succinct as I can. As I said, I was an ambulance officer for 16 years. I did not have any worries or hassles doing the job. I was told by my station officers that I was a good ambulance officer. I was actually their person of choice to work with because of competency, and I just got on well with them. My problems started when I was hurt on duty as an ambulance officer. I was doing a sporting event—the motocross at Mount Panorama at Bathurst—and I was struck by an out-of-control motorbike doing 120 kilometres per hour. I was hospitalised. I was told by my surgeon that I was lucky to be alive, and it took me three and a half months to get back to work in a very limited capacity. I might add that my doctor felt at the time that he was pushed and I was pushed back to work prematurely by the return to work coordinator from the Ambulance Service.

From my first day back at the Ambulance Service I had nothing but problems. I will briefly outline my first day back. I turned up to work and I could not sit and I could not stand—I could not do anything. I was there in a limited capacity for two hours a day for three days a week. I was summoned to the area superintendent's office, where he told me that I was to sit in the lounge chair. I told him that I physically could not sit in the lounge chair. He then gave me a directive and said that it was a direct directive and that if I refused it was a sackable offence. He said, "I'm ordering you to sit in the lounge chair." I did sit in the lounge chair. He then closed the door and proceeded to yell and scream at me. Unbeknown to me, the union had taken action against him for not processing my paperwork within the required 48 hours under WorkCover, and he had been breached. At the time I was unconscious in ICU and I could not understand why this was happening. He got so angry and irate that he swiped stuff off his desk. He told me that he was there to see me out.

I was unbelievably shocked and upset. I could not believe that I was experiencing this. I had heard of this sort of behaviour previously within the Ambulance Service but I had never seen that radical, out-of-control behaviour before. That set the tone for the time I was at work doing light duties. It just got worse and worse and worse from there. And it was not just at a local level; it went right through to the regional superintendent. I even addressed the chief executive officer of the Ambulance Service to no avail. Do you have any questions?

CHAIR: How long after your attempted return to work did you end up leaving the Ambulance Service?

Mr CASTLE: I had to have a knee operation. I was on light duties and some friends of mine within the service said to me, "You want to get back doing as many hours as you can and as many days as you can to show that you are fair dinkum so that they will think you are fair dinkum and they will want to keep you on." Among the rank and file—the guys at the coalface in the Ambulance Service—everybody knows that if you get injured and you cannot do your full pre-injury duties 26 weeks after any incident they medically terminate you. Absolutely. So as soon as you get injured you lose half your pay because half your pay is made up of penalties—which, I might add, is contradictory to the WorkCover legislation; you are not supposed to be disadvantaged by monetary compensation but 46.9 per cent of my wage was made up of penalties. So straight away you go back to work on half your wage.

As I said, that set the tone for the whole thing. These are some of the more extreme things that happened to me. I was advised by a solicitor that I should pursue legal action and I would not tell the Ambulance Service who I was taking legal action against because it was none of their business. They obviously presumed that I was going to take legal action against them. I arrived at work one morning on a fully unfit for ambulance duty certificate—I was only to do light duties—and I thought it was very strange that the area superintendent was sitting in the muster room. As soon as I walked through the doors they said to me, "We've

got a cardiac arrest right now; you're to be second person on a crew out the door". I was very shocked and quite amazed at that.

I said to them, "I'm not allowed to violate my doctor's certificate, that is the legislation; I am not allowed to override this doctor's certificate". They said, "Someone's life is ebbing away because you're not going on the job". I stuck fast to what I had said, and replied, "There's another crew sitting here". He said, "I want you as the second man on that crew". I believed at the time it was so that if I did take legal action against them they could say that I had returned to full pre-injury duties so that I would not have a claim on them. There were people present when it happened and they were very shocked as well. That set the tone for the whole time when I came back on light duties.

CHAIR: We have heard about the difficulties experienced by people in country stations because there is no light duty work available in stations when they return to work from maternity leave or for light duties. Could something be done in a local environment that is not being done now that would help with that situation?

Mr CASTLE: You have raised a very contentious issue. When I was doing light duties a superintendent, who has asked me not to identify her, told me that they have enough work just doing odds and ends around the place and things that actually need doing for five or six of me. She said, "I could be giving you overtime doing this stuff if your doctor's certificate allowed it." I even spoke to my regional super and said, "I heard there is a whisper that you are looking for a logistics officer—a person who is able to do all that sort of stuff." He told me face to face, "You're exactly what we're not looking for; this is a management position."

The Hon. CHRISTINE ROBERTSON: How did they define "management"?

Mr CASTLE: He did not; he just told me that I was totally unsuitable for the job. When I was nearing the end of my time on health grounds I asked the same regional superintendent whether he had a position for me in some way, shape or form. He looked me straight in the eye and said, "Son, I'm in the business of ambulance officers, if you want to be an ambulance officer", implying that I could be if I decided to and that, if my injuries were not as the doctor had stated, there was a job for me. But if I could not be an ambulance officer and fully on road there was no job for me. He actually told me that he was going to be absolutely happy to see the back end of me.

CHAIR: You say in your submission that you wanted to return to the service and do administrative duties and those sorts of things. Do you still want to return to the Ambulance Service?

Mr CASTLE: As you stated earlier, most people gave their evidence in private. I no longer work for them. I did not fear them when I worked for them and I am known by my peers to stand up for what is right and tell the truth. I have tried to tell my story since being medically terminated. My local member and I have made representations to the chief executive officer of the Ambulance Service. My local member was most bewildered at the letter that he got back from the CEO of the Ambulance Service. It was very insulting and backhanded. Then we decided to try to speak to the Minister for Health at the time. The Minister for Health did not want to know us. The Minister palmed us off onto the chief policy adviser for health at the time. We spoke to her for about two hours and the letter we got back did not contain anything at all that was in the interview. It was like the letter was from another interview. My local member was also present for the interview and he rang her up five times and said, "I can't make head nor tail of this letter that you have sent us; it has no bearing on the interview that we had with Tim Castle". At that, she said to him, "It's not what's in the letter; it's what's not in the letter".

We decided that we were not going to get any sense from a Minister for Health to do with the Ambulance Service—covering backsides and stuff—so we have since spoken to the head of policy at WorkCover and John Della Bosca. But, as you know, John Della Bosca has stood himself down at present. This lady from Compliance at WorkCover and John Della Bosca were shocked when I told them about my experience with the Ambulance Service. He was waiting on the head inquiry to come in before he wanted to take it up with WorkCover and start proceedings. In their opinion they both said that there were many breaches. I add that when I first went back to work, because of the first day, I decided it was every prudent for myself to have my own copy of the WorkCover legislation. It turned out that my area superintendent did not even have an up-to-date copy of the WorkCover legislation. I was even told by management in my region that I could not do rehabilitation in work time. I told them that was contrary to WorkCover regulation. It was only when they got their own current copy of WorkCover regulations and the union pushed them that I was allowed to do physiotherapy in work time.

Ms LEE RHIANNON: In Mr Martin's submission, where it goes through your experiences, he mentioned that he is aware of other ambulance officers in similar circumstances in other areas.

Mr CASTLE: Yes.

Ms LEE RHIANNON: Could you provide any of those details?

Mr CASTLE: I know personally of many ambulance officers that this has happened to over the years. I would never want to speak for them. I know most people do not want to come forward like I am.

Ms LEE RHIANNON: To clarify that, do you mean general bullying or bullying after they have had an accident and go back to work?

Mr CASTLE: Both.

Ms LEE RHIANNON: Both?

Mr CASTLE: Absolutely both. When I was in the gallery earlier you were talking about fatigue. You would have heard me laughing. As a country ambulance officer, you are looking at the person that was pulling you out of the car on the side of the road. I love my job. I took my job every seriously. I was told that I was good at my job. I miss my job very much. It was not my intention to leave and it certainly was not my decision, at all. Even just talking about fatigue, I know how far I have been pushed. I know every time that I have said that I should not be going out again. I have been bullied and pushed and harassed and told that procedures will be started against me if I do not go and do a job. I know what it is like to do six callouts in a night when you are on a country station and have to front up for work the next morning and be told that you have an 8- or 10-hour trip.

Ms LEE RHIANNON: So the bullying was very much there prior to your having the accident?

Mr CASTLE: Absolutely. That is just normal day-to-day as an on-the-road ambulance officer. Yes.

The Hon. TONY CATANZARITI: When you were at your job before the accident you were quite okay with the management that was going on. But straight after that you say you were having problems. Why do you think you were having problems? Do you see it coming from the area where your office was? Or do you think it came from higher up?

Mr CASTLE: Definitely higher up. I think it was started when my local area superintendent, who was breached by WorkCover for not doing my paperwork in the required amount of time, but definitely after that it was at a higher level. To give you an example of this, they had a thing called a Road Show where the CEO, as you have just met, and some of the more senior people came out of Sydney and around to different places in the bush to see what it is actually really all about. I was doing light duties at the time, I was at Orange Ambulance Station when the Road Show came through. The guys at Orange Ambulance Station, the first issue that was raised, and it embarrassed me a little bit, were very concerned at the way I was being treated since my accident. They wanted to talk about it with all the senior management at the Ambulance Service.

I might add that I was told, I was given a directive by my area superintendent, to not speak about what was happening with me in any way, shape or form to any employee of the Ambulance Service, because they did not want other people knowing what they were doing to me. Okay. I was a little embarrassed, but very chuffed that these guys thought enough of me to raise this. I said to the Road Show that "I would be very much prepared to talk to you, but now is not the right forum. But I would be pleased to talk to you afterwards." For the next two hours my regional superintendent sad across the room from me, giving me the foulest, most intimidating looks the whole time. Okay. At the end of the Road Show they came and paid the lip service. People from the Orange Ambulance Station asked them a lot of questions about why this was allowed to be happening to me and why they were allowed to contravene WorkCover procedures and stuff. They said that they had the right to do that and that was fine, and will look into it. As soon as the CEO of the Ambulance Service got into his car—how factual do you want me to be? Do you want me to be factual?

CHAIR: We do not want you to make up anything.

Mr CASTLE: No, no. I just want it to be very clear; I just want to be very factual with you. I just want you to know that I am an extremely honest person. I want you guys to get the truth. The minute the door was closed of the CEO of the Ambulance Service's car, my regional superintendent came up to me, put his arm on my shoulder and said, "You just [redacted] yourself, son. Your career is absolutely over. I am here to see you out. You're yesterday's news." And walked away. That is my experience of compassion.

The Hon. CHRISTINE ROBERTSON: Regarding the return to work coordinator. Can you explain what position that is? Did you have a doctor's certificate to say that you were ready for light duties?

Mr CASTLE: Absolutely.

The Hon. CHRISTINE ROBERTSON: So, you had a doctor's certificate?

Mr CASTLE: This has been a very eye-opening exercise for me, because for the first time I got a look into the rehabilitation side of things, which absolutely horrified me. The Ambulance Service in our area get a known rehabilitation provider that will write what they want. So, the minute you get injured you have a very pushy occupational therapist working for a rehabilitation provider pushing your doctor—my doctor on a number of occasions was asked to purger himself a doctor's certificate. I do not know about you guys, but I see that as very serious. The doctor is the professional, he has examined you and tells them what you are capable of. Many times they have gotten the doctor to try to change certificates.

The Hon. CHRISTINE ROBERTSON: When you started did you have a certificate to say that you were ready for light duties or whatever?

Mr CASTLE: Yes, but the doctor felt that he had been pushed by the rehabilitation provider, the return-to-work coordinator. That is actually another issue.

The Hon. CHRISTINE ROBERTSON: I was just interested in that. I ask another question relating to evidence in relation to what is called "SAD", which is the lighter duties process that you were put onto.

Mr CASTLE: Yes.

The Hon. CHRISTINE ROBERTSON: I understand that the regional superintendent is the only person who can supervise such stuff. Did that happen to you, going on to lie to duties?

Mr CASTLE: No.

The Hon. CHRISTINE ROBERTSON: Did the station manager organise your duties, or did the superintendent come in and say what you had to do?

Mr CASTLE: The return-to-work coordinator liaises with the area superintendent and your station officer and your doctor, but it is very, how will I put it—

The Hon. CHRISTINE ROBERTSON: This is not a test, I am trying to get a feel.

Mr CASTLE: No, no. It is a very dishonest process. My doctor is a real gentleman and in hindsight I should not have picked my doctor, because he felt that he was pushed and pressured from day one. It is a very dishonest process, there is all the stuff going on in the background that you are not aware off, but you see people's change in attitudes and people are very angry with you just for turning up to work doing light duties.

The Hon. CHRISTINE ROBERTSON: Your workmates or the bosses?

Mr CASTLE: No, the bosses. Yet, the workmates were very supportive and very concerned because it could have been anybody that got struck by the motorbike that day. In fact, I was not even supposed to be there.

The Hon. CHRISTINE ROBERTSON: What outcome are you looking for in this process?

Mr CASTLE: In this process, to make sure that this cannot happen to another person; to make sure that people are treated with dignity and compassion, as I got a lecture every month on—treating patients with

dignity and compassion. I believe that there was no dignity and compassion or fairness or very much honesty in dealing with me.

The Hon. CHRISTINE ROBERTSON: You want a change to the structure?

Mr CASTLE: Absolutely. Also I want those people held accountable that have broken WorkCover legislation and more.

The Hon. CHRISTINE ROBERTSON: But they still there?

Mr CASTLE: Yes.

CHAIR: Thank you for coming such a great distance to give the Committee that information. It is really very valuable. We hope that this inquiry will make a difference and we wish you all the very best in your future. I know it has been a difficult time for you and we hope that the changes that look like will be made eventuate and that you, along with us, have added to making the lives better for ambulance officers in New South Wales.

(The witness withdrew)

CHAIR: Before we adjourn, I want to record in *Hansard* that the Committee thanks the Committee secretariat, because many people would not realise that this inquiry has been unprecedented in so many ways. Some very distressed people have written submissions. A huge number of submissions have been received—247 so far, and they are still coming. Our staff have had to deal with a huge number of issues and they have done it with incredible professionalism and they have been outstanding. I add my personal gratitude, and I am sure the other Committee members would agree, to all of the secretariat staff. We look forward to a report that has some strong recommendations and strong action from the Government. I also thank Hansard.

(The Committee adjourned at 5.12 p.m.)