REPORT ON PROCEEDINGS BEFORE

PORTFOLIO COMMITTEE NO. 4 – LEGAL AFFAIRS

EMERGENCY SERVICES AGENCIES

CORRECTED PROOF

At Macquarie Room, Parliament House, Sydney on Friday, 22 September 2017

The Committee met at 11:50 a.m.

PRESENT

The Hon. R. Borsak (Chair)

The Hon. D. Clarke
The Hon. C. Cusack
The Hon. C. Houssos
The Hon. T. Khan
The Hon. P. Primrose
Mr D. Shoebrige

The CHAIR: Before I commence, I would like to acknowledge the Gadigal people who are the traditional custodians of this land. I would also like to pay respect to the elders, past and present, of the Eora nation and extend that respect to other Aboriginals present. Today, we will hear from representatives from the Australian Paramedics Association, the founder of No More Neglect, representatives from the Health Services Union, and senior officers of the Ambulance Service of NSW and the NSW Ministry of Health. I would like to make some brief comments about the procedures for today's hearing. Today's hearing is open to the public and is broadcast live via the Parliament's website. A transcript of today's hearing will be placed on the Committee's website when it becomes available. I ask members of the audience to respectfully observe the discussion today. Please be aware that today's hearing is not an open forum for comment from the floor.

Audience interruptions make it difficult for witnesses to communicate with the Committee. If there are interruptions from the audience, I may stop the hearing and ask for quiet or for those making the noise to leave the room. The Committee may decide to hear confidential evidence in camera, which is in private. If this occurs I will ask the public gallery to be cleared and audience members will leave the room for the duration of the in camera proceedings.

In accordance with broadcasting guidelines, while members of the media may film or record Committee members and witnesses, people in the public gallery should not be the primary focus of any filming or photography. I also remind members of the media that they are not authorised to film outside of this hearing room without permission. They may not film witnesses coming into or out of the hearing. I would also remind media representatives that they must take responsibility for what they publish about the Committee proceedings. The guidelines for the broadcasting proceedings are available from the secretariat. There may be some questions that a witness could only answer if they had more time or had certain documents to hand. In these circumstances, witnesses are advised that they can take a question on notice and answer within 21 days.

I ask witnesses to please be careful about using individuals names during the hearing and remind participants to respect the privacy of individuals. In order to avoid unnecessary harm to people's reputations, please ensure that comments are relevant and to the terms of reference. It is important to remember that parliamentary privilege does not apply to what witnesses may say outside of their evidence at the hearing. I urge witnesses to be careful about any comments they may make to the media or to others after they complete their evidence, as such comments would not be protected by parliamentary privilege if any other person decided to take an action for defamation. Finally, could everyone please turn their mobile phones to silent for the duration of the hearing.

STEVEN PEARCE, Secretary, Australian Paramedics Association NSW, sworn and examined

GARY WILSON, Executive Officer, Australian Paramedics Association NSW, sworn and examined

The CHAIR: I now welcome our witnesses from the Australian Paramedics Association [APA]. Could you each please state your name and position title and swear either an oath or affirmation.

Mr PEARCE: The APA NSW would like to thank you for the opportunity to speak on behalf of our members, the paramedics and support staff who provide critical medical services to the community. My colleague and I appear before you today not just as spokesmen for our members but also as current serving paramedics with over 44 years of service between us. You will no doubt hear that great strides have been made in this area and that substantial cultural changes occurred as a result of the programs that have been implemented over recent times, that there are only small pockets of bullying and harassment left, and that these are being actively stamped out. Today we are here to tell you that this is not what our members see at the coalface and that bullying and harassment continue to be significant problems in our workplace. The higher levels of workers compensation claims that are a result of mental health issues, some 46 per cent, are not solely as a result of the traumatic things that we see; they are also a result, either directly or indirectly, of the bullying and harassment that remains in our workplace.

In years gone by, traditional simple forms of bullying and harassment were common. While these still occur, a significant amount of the bullying and harassment is now more subtle. In the past, we used to have fuel bowser talks; now our members report that some managers are using performance management, suitable duties, and job selection as a means of selectively punishing those who displease them. Some managers are using the policies of the organisation against the staff they should protect. The Australia Paramedics Association NSW agrees that performance management, if it is applied fairly and equitably and is commensurate with the issue, does not constitute bullying or harassment. However, when it is applied inconsistently, inappropriately, and in an apparently targeted manner then we believe that this is bullying and harassment.

Despite previous parliamentary inquiries and recommendations identifying this problem, NSW Ambulance have been unable to eradicate this scourge. Indeed, APA's advocacy experience demonstrates it is flourishing. The Australian Paramedics Association have submitted our submission and other confidential submissions by individual members to attest to the heinous specifics of these particular cases. I encourage the Committee to try to imagine the trauma that these paramedics and their families had to endure. It is nothing short of abhorrent. Whilst the word "bullying" conjures images of schoolyard encounters of our collective past, it really does minimise the shocking and horrific toll that intimidation, humiliation, isolation and harassment take on an individual, their families and their work colleagues, especially those in close proximity.

APA delegates, industrial organisers and lawyers have seen the effects of this time and again. We are the advocates that shine the light on these matters so effectively shadowed by NSW Ambulance management. I want to talk for a minute on that shadow. Ironically, NSW Ambulance's strong policy to manage this behaviour in the workplace had its genesis due to the recommendations of previous parliamentary inquiries. These policies are completely ignored or misused to intimidate and harass complainants. The NSW Health policy for managing misconduct is not adhered to. Examples of this include: not involving NSW Police in serious matters; not adhering to timelines; not communicating with affected parties; and not providing documents to allow affected parties to adequately provide responses to managerial action. Staff members are stood down or transferred without procedural fairness. An example of this is a failure to provide information or risk assessment that support the management action. This is occurring as we speak.

In some cases, New South Wales managers turn a blind eye to reports of intimidating behaviour. For more serious reports, senior managers use their discretion to push the report down or devolve a matter back to the lower line managers. This serves to trivialise the complaint and has a devastating effect on the person who has had the courage to undertake the mandatory reporting that is required of him or her. Trivialising abuse and assault in the workplace is common. Indeed, APA contends that evolving serious disciplinary events into interpersonal grievances to be sorted out between the parties is NSW Ambulance management's default method of operation and is the nexus point where the Australian Paramedics Association is called to help. This is endemic across the State and extends up to and includes the executive leadership team. APA have a list of managers who continue to intimidate and harass paramedics and we would like to tender that, in confidence, to the Committee now.

There is a trail of broken paramedics in the wake of this management system, and it must be stopped. The clear intention of practice of NSW Ambulance is to pretend there is no problem and to force the paramedics who are the subjects of this behaviour down a workers compensation pathway or, after long periods of isolation,

ongoing harassment and intimation, to resign—problem solved. The problem, however, is that this leaves dedicated officers mentally and physically broken. They are often robbed of the job they love, their relationships suffer, and, tragically, some attempt or are successful in committing suicide. APA NSW will never stop holding managers to the core values of NSW Health and to decency in general. We need the Parliament of the people to do the same. One of the statements that we hear over and over again from our affected members is: "How can they do this to me? Our whole job is to provide care for people, so why are they doing this to me?" NSW Ambulance is supposed to care.

The chief executive has been publicising that NSW Ambulance is staff focused and that the behaviour you walk past is the behaviour you accept. Paramedics are offended and incensed by this rhetoric, as every day they either see, hear or know about colleagues who are being or have been treated so unjustly by an employer who repeatedly denies it.

The facts are there for those who want to look. Recently due to the high profile of paramedics' mental health problems on the increase, the New South Wales Government has invested $48 million to develop wellness strategies to assist NSW Ambulance staff. We are hopeful that moneys are deployed in such a way that assist the banishment of this sick and stagnant culture. APA NSW stands ready to assist with the rebuilding of the honour of NSW Ambulance. It will require the Parliament's assistance to ensure that New South Wales manages the model, the gold standard of behaviour, and be accountable to the public for their conduct. We believe this should be spearheaded by a fully independent body that does not include elements and individuals that have been unsuccessful in dealing with this up until now. This body, in our view, should report to the Department of Justice and provide transparency over a new system of performance to stakeholders. Once again we appreciate the opportunity to speak to this important matter.

The Hon. PETER PRIMROSE: I refer you to pages 5, 6 and 7 of your submission where you talk about the support structures that are already in place. Would you agree that while a lot of focus is placed on the need for peer support—and that happens in every workplace—to me there seems to be an absence of the availability of the next couple of levels of support, that is, specialist trauma counsellors, people who are available when paramedics actually need it. I am talking about early identification and people with specialist skills? Can you comment on that?

Mr PEARCE: Certainly. Over many years we believe that paramedics have not had the support necessary from those specialists and as time has passed some specialists have been taken on by Ambulance but the methodology in which to communicate with them has been flawed. We think the onus is focused too much on the paramedic to source advice rather than the ambulance service assisting in instances where they know that there is the potential that they will need assistance. Paramedics involved potentially are already affected and their judgement may already be impaired in terms of getting help. That is my experience.

Mr WILSON: The ambulance service has implemented a significant incidents register. The methodology behind its implementation is very basic; it is high school grade computer skills. The application of it is very ad hoc, leading to paramedics falling through the cracks. Specifically with respect to the question, we are finding that paramedics in regional areas have fewer resources available to them as most of the specialist resources are city-centric, so those of us in regional areas who experience a significant traumatic event struggle to find an appropriate source of specialised support.

The Hon. PETER PRIMROSE: On page 7 you talk about support structures. Let us say you are in a regional area and it is three or four in the morning. You suddenly wake up and if you had a 24/7 phone counselling service available with professional trauma counsellors, would that be beneficial to you? Would people use that?

Mr PEARCE: I think certainly that would be used. It would just be a matter of ensuring that it was available and it was well communicated to paramedics everywhere. I am sure there would be take-up.

Mr WILSON: I think it would also be important that that service had the ability to then refer the paramedic on for face-to-face counselling for specialist services. Obviously as an interim emergency measure a 24/7 line is important but that needs the follow-up. Quite often where paramedics are let down is in that follow-up response.

Mr DAVID SHOEBRIDGE: A lot of the focus of this inquiry is on bullying, as you know, and whether or not the culture that was exposed by a previous parliamentary inquiry into NSW Ambulance has been fixed. When you talk to your members do they say, "Thank God we had that parliamentary inquiry previously. That's fixed everything."?

Mr WILSON: I think we would like to be able to say that and I am sure that there are going to be those who would like to suggest that we all sit in a circle, hold hands and sing *Kumbaya*. Unfortunately, that is

not what our members are reporting. It is not what we have experienced personally. There are still significant cultural issues. We do not believe that there has been a significant cultural shift and that whilst there have been changes put in place in terms of policy and procedure and while there are still improvements being made in the messages that are being communicated publicly at a high level, in practice for frontline paramedics and support staff there has been no significant change.

Mr DAVID SHOEBRIDGE: Could I just give you a couple of figures that do not seem to be controversial. The Public Service Commission's review of bullying found that in 2017 just a little under 30 per cent of ambulance staff had experienced bullying and a little bit over 45 per cent of ambulance staff had witnessed bullying. Would that level of bullying accord with anecdotal reviews from your members?

Mr WILSON: We conducted a survey midway through this year of frontline paramedics and support staff. Our figures are that more than 70 per cent have experienced bullying and 40 per cent do not report the bullying that they experience. The numbers are scary. I could go on with the figures.

Mr DAVID SHOEBRIDGE: Maybe you could tender that full survey to us.

Mr WILSON: I am more than happy to provide that to you.

Mr DAVID SHOEBRIDGE: Even assuming the Public Service Commission's figures of just under 30 per cent—maybe it is significantly on your figures—there are about 4,650 or so employed staff in NSW Ambulance, according to the figures of the ambulance service, would that be about right?

Mr WILSON: That would be about right.

Mr DAVID SHOEBRIDGE: The ambulance service then tells us in its submission that there were eight complaints to the Professional Standards Unit involving possible bullying or harassment in 2015-16? How do these fit together?

Mr WILSON: In my area, we were told not too long ago that ambulance was very proud of the fact that there had not been a single bullying or harassment complaint in that area for 12 months. When we asked did they think it was more likely that bullying and harassment had been eradicated or that the bullying and harassment was effective and people just were not reporting it—I can only suggest the latter.

The CHAIR: What was their response?

Mr WILSON: We did not receive one.

Mr DAVID SHOEBRIDGE: It is not just 2015-16 from the ambulance service's figures. From 2012-13 they had 14 potential bullying or harassment complaints; 2013 they had eight, 2014-15 they had 11, 2015-16 they had eight. Throughout all of that time the Public Service Commission's analysis shows that, give or take, either just below or just more than 30 per cent of the staff had experienced bullying. Does the ambulance service approach you and say, "Look, we know we've got a problem. People aren't reporting"?

Mr WILSON: No, they do not.

Mr PEARCE: No. We are convinced that it is significantly underreported because our members are telling us that they are frightened to.

Mr DAVID SHOEBRIDGE: The ambulance service in its submission under the heading "Speak up Culture" says "NSW Ambulance encourages all staff to speak up and report issues affecting them. This includes potential breaches of the code of conduct, unlawful, illegal or inappropriate behaviour, corrupt conduct or anything else that causes them concern." What do say to that assertion by NSW Ambulance?

Mr PEARCE: I have worked in a number of positions, both managing as well as frontline paramedic. Indeed, my time in control division was working in the control centres and in my time working on the road I worked for some of that as a manager. I have also acted in higher duties. I have seen and experienced the situation where bullies are not being managed by frontline management because they feel as though they have no support from upper management. I was asked to attend a particular place to assist in managing bullying and harassment in this particular workplace and to give support to the frontline managers at that particular place. Those frontline managers said to me they felt powerless because they had no support. I indicated that they would have the support commensurate and proportionate to the obligations I had in my role and that I would give that to them. I progressed matters to my line managers, and it was communicated to me that some of these instances probably were not significant and that it would be worth just trying to manage it at a local level. So I was asked to stand down on some of my work.

Mr WILSON: The APA (NSW) on behalf of its members who were too concerned to report it themselves has raised concerns about managers to NSW Ambulance directly regarding potential breaches of

core values. Two responses spring to mind. In one we were advised that there was a systems problem that resulted in a temporary lack of clarity regarding the behaviour that was expected but that no individual was held to account. In another one they undertook a preliminary investigation and—without interviewing any of our members who were there, or the MP who was present—determined that there was no case to answer on that manager's account. Our members have no faith that these things are addressed appropriately.

Mr DAVID SHOEBRIDGE: You have given us a number of case studies, none of which we will detail in this public hearing. My take away from your case studies is that those who complain about bullying end up being bulled by management and suffering detrimental action, whether it is an adverse investigation into them, or they have been moved contrary to their wishes from their station. Is that a fair summary of what happens?

Mr WILSON: That would be correct, and we are happy to provide details in camera that provide examples. But again, being mindful this is a public forum and that it is a very small organisation, we would be hesitant to make any specifics in a public space.

The Hon. TREVOR KHAN: That is very wise.

Mr DAVID SHOEBRIDGE: Can you point to a series of other cases which you have not brought to us because they were dealt with effectively by NSW Ambulance where a bullying or sexual harassment complaint was raised, the complainant was believed and appropriate action was taken against the offender?

Mr PEARCE: No.

Mr WILSON: I am unaware of any such instance.

The Hon. TREVOR KHAN: None?

Mr PEARCE: No.

Mr WILSON: And in four years as secretary prior to Mr Pearce taking the role, I cannot recall a single instance where a paramedic was believed above a manager in any disciplinary matter.

The Hon. DAVID CLARKE: When you were asked earlier about bullying, you mentioned the experiences of your members, and you said "experiences personally". Did you mean by that, that you had actually been subjected to bullying or harassment?

Mr WILSON: Since my first year as an employee.

The Hon. DAVID CLARKE: Can you give us, say, the most recent case involving yourself personally that comes to mind?

The Hon. TREVOR KHAN: How long have you been employed?

Mr WILSON: Sixteen years. As per Mr Pearce's opening statement, a lot of the bullying and harassment that we see now is a lot more subtle than it used to be. In days gone by we used to have to have fuel bowser talks where the manager would take you out to the fuel bowser and point the finger and yell at you and call you names, and it was done. These days it appears that it consists more of lack of opportunities, lack of career progression opportunities, increased surveillance of your performance. I have had a manager go through my vehicle for two hours until they found something wrong. I had one needle that was out-of-date by a month and a battery on a torch that was flat that we do not use. And rather than saying, "Well done, that is an immaculate ambulance.", we were counselled over the out-of-date needle and a flat battery.

That is the culture and attitude that exists. It is a little thing, but what happens is those little things continuously add up. As the secretary of an industrial organisation I was not successful in an application for a temporary promotion because I did not have a sound understanding of awards, policies and procedures. I find that very interesting, given the conversations that we have had in my role, in some places educating managers about their own policies and procedures.

The Hon. DAVID CLARKE: It then comes to the issue of a person who has inquired of your knowledge of this, as opposed to what you consider your knowledge. Do you regard your failure to be appointed to this temporary position, because of supposed inadequate knowledge, as a specific example of bullying of yourself?

Mr WILSON: In my instance the more significant bullying and harassment happened earlier in my career. As I have progressed through—certainly in my role in the union—I think that it has become more subtle. But I have witnessed very significant bullying and harassment events, again which I am prepared to go into in camera. But let me just say that people have expressed to me that they have left the job rather than make a

complaint, or even put in a workers compensation claim, because it was easier and they were too fragile and too broken.

The Hon. DAVID CLARKE: We have got the case studies, and you will be aware of others. I am asking you because you are here to give in greater detail your firsthand experience of bullying. You say that it has lessened over a period but in recent times would you like to think back and come up with something—

The CHAIR: Order! I understand where the Hon. David Clarke is heading, but if that line is to be pursued—and there is nothing wrong with questions like that—and that sort of detail is sought, which I think is important to this inquiry, the Committee will need to hear it in camera.

The Hon. TREVOR KHAN: Or alternatively, subject to time, whether it can be provided on notice.

Mr DAVID SHOEBRIDGE: Yes, that is right.

The CHAIR: I am aware of time.

The Hon. TREVOR KHAN: I am not trying to discourage anyone either, but it seemed to me those are the two alternatives.

The CHAIR: It is up to the Committee. I am putting it on the table.

The Hon. DAVID CLARKE: I understand. There is another way of doing it.

Mr WILSON: We are happy to provide a brief in camera at the end.

The CHAIR: Be conscious if we take evidence in camera it will chew up five or more minutes of the time that is available. Personally, I would rather have you provide it on notice.

The Hon. DAVID CLARKE: Yes.

The CHAIR: You can be completely open and transparent in your submission, which will be kept confidential if you ask us too, and give the Hon. David Clarke the answers he needs so the Committee can continue now, rather than interrupt the hearing.

The Hon. DAVID CLARKE: Yes, I would be happy with that.

Mr WILSON: We can certainly supply that.

The Hon. CATHERINE CUSACK: I ask about the cultural cycle, because surely many of the managers would have been paramedics themselves, is that correct?

Mr PEARCE: Concerningly, yes.

The Hon. CATHERINE CUSACK: Can you explain to us how paramedics, who I presume are your members, become promoted and then seem to turn into bullies? We can see no improvement in the process.

Mr PEARCE: I could observe that their focus changes in terms of what results they need to be able to achieve in their roles, and those focuses lead to situations where they act inappropriately towards paramedics.

The Hon. CATHERINE CUSACK: What focuses?

Mr PEARCE: Again, I think that managers have responsibilities to meet key performance indicators, net costs of service, a number of other things that I am happy to provide further on notice, but I think that focus and the culture above them and the results that upper management are wanting to achieve contributes to a loss of focus on what I see as a primary role as a manager in supporting their staff.

The Hon. CATHERINE CUSACK: Is the promotion system being used to replicate a culture?

Mr PEARCE: That would be my view for sure.

The Hon. TREVOR KHAN: It is a long time since I have done it, but I worked in a paper mill when I left university. I saw delegates promoted to foremen who after their elevation behaved quite differently from the way they behaved as delegates. It seemed to be almost a response to the new role. It was not so much necessarily the pressure, but rather that a change in role produced a different sort of behaviour.

Mr PEARCE: I can certainly relate to what you are saying. I started with NSW Ambulance in 1989 and I have seen many times when union officials, as well as others, were promoted into management positions and then started to exhibit the behaviours you have just mentioned.

The Hon. TREVOR KHAN: For us, promoting him was always a good way of getting rid of a good delegate.

Mr DAVID SHOEBRIDGE: There is a saying about that, "I've got the boss's job at last."

Mr PEARCE: I do not think we necessarily want to comment on previous delegates.

The Hon. CATHERINE CUSACK: I want to follow that line. Without mentioning them, you have provided a list of names and locations. They are all non-metropolitan. Is that reflective of the supervision? What do you think that means?

Mr PEARCE: I think that is just the list that our members were courageous enough to put forward. I do not think it limits when and where these persons worked.

The Hon. CATHERINE CUSACK: Is there a disproportionality in terms of non-metropolitan areas? Is there also a disproportionality in terms of women?

Mr PEARCE: I could observe from my experience that there are cultures or empires built in places outside metropolitan areas that potentially are not monitored well by the NSW Ambulance executive leadership team. Can you repeat the second part of the question?

The Hon. CATHERINE CUSACK: Observing from your case studies and what the Committee is hearing and seeing, there seems to be a large proportion of women. I am not sure if it is more than the proportion in the service, but it seems to me that women have additional vulnerability.

Mr PEARCE: The only thing I could offer would be an opinion, and it probably would not be valid for these proceedings.

The Hon. TREVOR KHAN: Perhaps that information could be provided in camera.

Mr PEARCE: Yes. Perhaps I could assist in that way.

The CHAIR: A number of submissions have referred to the widespread practice of plain-speaking sessions, which bring together a victim and the alleged bully so that they can sort things out informally. Do you have any comments to make about that?

Mr PEARCE: There have been situations involving active cases where we have been advised that NSW Ambulance has sought to put this procedure in place. As advocates for our members and given the policies that NSW Ambulance works with, they are reasonably workable if they are conducted properly. However, on a case-by-case basis, if a paramedic is frightened then no further ideas are put forward about how such a thing could work. I know that in family law, for example, parties can be put in separate rooms.

The Hon. TREVOR KHAN: Sometimes they need to be in separate buildings.

Mr PEARCE: Yes. We have situations where members are happy to go in with a support person or an advocate from the Australian Paramedics Association, and that has occurred. There are some where we have advised them that they will not because they are too frightened.

Mr WILSON: I will add some comments in support. Members report to us that in some of these instances the mediation occurs with local management. Again, our survey—which we will provide in due course—indicates that 90 cent of the respondents did not feel supported by management in their complaints. If you then ask them to go to mediation when 90 per cent of them do not feel supported, that leads to problems with the productivity of any such process. Indeed, we have had members who have sat in on meetings and they have been threatened in the meeting and the management sat by.

Mr DAVID SHOEBRIDGE: Is there not an inevitable power imbalance in these plain-speaking sessions? You have the bully and the victim together. Is that a primary way of dealing with it, and is it a problem?

Mr WILSON: Yes, if they are mediated professionally and appropriate steps are being taken. If you have a situation where you know that is going to be the case then with separate rooms and independent mediators providing appropriate support with delegates and support officers it can be improved.

The CHAIR: Are you saying that this process does have some value?

Mr WILSON: It would have some value if it were undertaken—

The Hon. TREVOR KHAN: Professionally.

Mr WILSON: Yes, professionally.

Mr DAVID SHOEBRIDGE: With someone other than NSW Ambulance?

Mr WILSON: As a serving officer, I probably would not like to say that. But, yes.

Mr PEARCE: As we said in our opening statement, we think that an independent edge to a lot of these processes would garner value.

The Hon. TREVOR KHAN: Instead of talking about a mediator, there could be a facilitator. A facilitator has to have some insight into their own role and an understanding of what they are dealing with, do they not? It is not about simply bunging in someone to say, "Let's have a bit of a hug." It has to be a bit more than that.

Mr WILSON: It does. Unfortunately, the people who mediate these sessions tend to be the managers who are responsible for the staff involved.

The Hon. TREVOR KHAN: That is what I was assuming.

Mr WILSON: It might be just a perception of conflict, or a perception of favouritism. However, my father told me years ago that sometimes perception is more important than reality. If you have someone who is feeling vulnerable and who feels as though they are being threatened and there is that perception because it is being mediated by a manager who appears to be close, that causes problems.

The Hon. TREVOR KHAN: The line managers—or whatever they are called—may in a sense be appropriately involved in this session, perhaps not as the mediator but as one of the actors in the dynamic. That is about right, is it not?

Mr PEARCE: I think that the chain of command of many organisations, not only NSW Ambulance, lends itself to this problem. The person who would have to do the report and then forward it to another manager may then be part of the process, which frightens the paramedic who has had the courage to bring it up.

The CHAIR: Would you like to make some comments about the support that victims get from NSW Ambulance in these circumstances? What support do they get? Is it adequate or inadequate? I see you smiling, Mr Wilson. You obviously want to say something. Feel free to do so. Mr Pearce, I am sure you can answer this question, too. I can see it in your eyes.

Mr WILSON: Again, we are trying to remain respectful and careful about what we are saying. We acknowledge work where it has been done in good faith. NSW Ambulance has introduced various support services and made them available to staff. At the bottom of every letter to every staff member they advise us that support services are available for us if we want to use them. That is in every stock-standard letter.

The CHAIR: And in practice?

Mr WILSON: In practice, they are there. Whether staff feel comfortable using them is a different issue. It is a very small organisation and there are concerns about confidentiality. There too many occasion when things that have been said in confidence have become common knowledge.

Mr DAVID SHOEBRIDGE: We have repeated examples of that in the submissions to the Committee. They are repeated, not once or twice.

The Hon. TREVOR KHAN: Are there support services to deal with interpersonal disputes between people within the organisation, or are they support services to deal with paramedics who have attended traumatic accident scenes?

Mr WILSON: They are generalised support services.

The Hon. TREVOR KHAN: Is the reality that it is more to deal with the trauma of accidents as opposed to interpersonal issues?

Mr WILSON: We do have grievance contact officers. However, they are on-road paramedics who work in the same area as their peers.

The Hon. TREVOR KHAN: Which may or may not be a problem.

Mr WILSON: I do not want to detract from their role because these people have volunteered to do this role and many of them do it exceptionally well within the limitations that they have. However, in any work environment people are going to be uncomfortable going to their peers to discuss these sorts of issues, especially if there is an established culture of bullying and harassment within the management chain of command.

The Hon. TREVOR KHAN: One of the other potential problems is that it may involve a level of disclosure that people are uncomfortable with making for fear it goes further than the person they are discussing it with?

Mr WILSON: Correct.

Mr PEARCE: It is important to add that the process lends itself to problems that we have already spoken about. It would be unfair to say that all managers are engaging in practices that are difficult for our members to manage. But even with good intentions from the manager, the process does not lend itself to a good outcome because they are part of the chain of command, no matter how seriously they take their operational support. Indeed, I know of managers in the ambulance service who are very focused on their staff. They have said to me that they feel a little let down by how the process works.

The Hon. CATHERINE CUSACK: Is it even appropriate to be mediating bullying?

Mr PEARCE: We have said to managers in our capacity as union officials that when you say to someone who has been bullied and traumatised that they have an interpersonal grievance, that they will need to mediate, and they are directed to, that causes harm. It causes further harm.

The Hon. CATHERINE CUSACK: I personally would not report the matter if I thought that is what was going to happen.

Mr PEARCE: You start to see what—

The Hon. CATHERINE CUSACK: I do not understand how it can be a mediation situation. If someone has been behaving inappropriately and the allegation that they behaved inappropriately is sustained, mediation is—

Mr PEARCE: That is the crux of a supervisor, if he gets the report for a start. We have acknowledged that we believe it is underreported. If they get a report, that supervisor has to make a judgement call as to whether he believes it is a disciplinary matter or whether it is a grievance resolution pathway. There are two different pathways to go from there. It is very easy for a manager to say, "Oh, look, I do not know whether I am comfortable with everything I am being told. I think, really, this is an interpersonal grievance. We can go down the grievance resolution pathway." Whereas the complainant is steadfast and says, "This is not okay. I am not willing to engage in this particular process because I believe it is something ambulance management should address as a disciplinary issue."

The Hon. TREVOR KHAN: I am interested in that. I will talk about criminal activity and our justice system. At times we deal with offenders, kids or young people, but we deal with people who have committed offences by what could be described as a restorative justice approach. That is, by an acknowledgement of wrongdoing by the offender and an acceptance of an apology by the victim. We use restorative processes even in the criminal law. In that sense, there is not necessarily a difference between a grievance and a disciplinary matter. There may be a disciplinary component at the end of each of them. I am not sure that the division is quite as rigid as you suggest.

Mr WILSON: One of the other things that comes up is that we have had members who have refused to have mediation because they did not feel safe. They were then told that there is nothing further that the ambulance service can do.

The Hon. TREVOR KHAN: That is wrong. I agree with that; that is wrong.

Mr DAVID SHOEBRIDGE: That defeats the definition of voluntary mediation.

The Hon. TREVOR KHAN: That is right.

Mr DAVID SHOEBRIDGE: Saying you either agree to voluntary mediation or nothing will happen is not voluntary mediation.

Mr WILSON: No, "voluntary" is part of the terminology that is used. It is mediation. Staff are instructed.

Mr PEARCE: Indeed, in some of the cases we are aware of the complainant then becomes subject to disciplinary action for vexatious accusations.

The Hon. CATHERINE CUSACK: How common is that?

Mr PEARCE: We have seen it several times. It seems to be not an uncommon methodology for management to manage a situation like that.

The Hon. DAVID CLARKE: Was some of it vexatious?

Mr PEARCE: We do not believe so, no.

The Hon. TREVOR KHAN: Can I suggest to you that you see instances—I am not saying in the ambulance service, but the wider community—when sometimes there is an interpersonal dispute between two

people and it becomes almost a race to the bottom—who can get the complaint in first—so that you get, in a sense, allegation and counter allegation. Because one has put in a complaint first does not make it credible, it just means that that person was quicker off the mark. I suppose I am a grumpy old cynic, but you see that style of interpersonal relationship in almost any work environment.

Mr WILSON: I must be a grumpy old cynic then as well because I would not necessarily disagree with you. If the systems are in place—

The Hon. CATHERINE CUSACK: It is about the gateway, is it not?

Mr WILSON: If the systems are in place and they are dealt with appropriately and these things are managed correctly, the system should filter that out.

Mr DAVID SHOEBRIDGE: Are we not often talking about things of a different nature and scale? We have your case studies and a series of other submissions. Sometimes we have this obscure language of bullying and harassment, but there are instances of criminal assault, sexual assault, repeated sexual assault, individual paramedics having to take out apprehended violence orders because the organisation has not done anything to protect them.

Mr PEARCE: Correct.

Mr DAVID SHOEBRIDGE: Individual paramedics have been told that police will be cycling past their front door to ensure they are safe because the other member of the service that has made the complaint has escalated it to the point that the police feel they need to do that. We are not talking about, "Someone stole my stapler." Then those complaints end up taking more than two years to get resolved, or not. In the meantime, the complainants have a series of rat-and-mice complaints made against them as a countermeasure.

The Hon. TREVOR KHAN: I was not trying to suggest that in my question so be careful with what is put to the witness.

Mr DAVID SHOEBRIDGE: I am not suggesting you were. Am I exaggerating? Is that proposition exaggerating the problem?

Mr PEARCE: I think that is well characterised. As you say, there are, with respect, a lot of different shades to workplace conflict but the matters we are here to talk about are serious.

The CHAIR: Thank you, gentlemen, for coming today. I am sorry we had a late start but we finished with some extra time for you. I note you took at least one question on notice. You are going to supply us with some documents.

Mr WILSON: I understand that we will provide on notice, in confidence, personal experiences and the survey to the Committee. Again, we provide that survey in confidence because there are comments attached which provide some context and we would prefer those not to be public.

Mr DAVID SHOEBRIDGE: Can I ask you, again on a confidential basis, to provide us with details about what the substance of the complaint was in attachment three, which is one of the recent communications?

Mr PEARCE: Case study three?

Mr DAVID SHOEBRIDGE: It is attachment three, so case study eight.

The Hon. CATHERINE CUSACK: We have an opportunity to put questions on notice, do we not?

The CHAIR: Yes.

The Hon. CATHERINE CUSACK: I want to ask about the transfer system.

The Hon. PETER PRIMROSE: Can I ask that, on notice, you come back with any experiences your members have had with using the employee assistance and psychological service? I am looking at pages 25 and 26 of the submission of New South Wales Ambulance. It talks about the extensive services that are provided, how they are actively promoted to staff and how they are well used by staff. I would be interested in your comments because that seems to be at variance with what you have indicated to us about people taking it up.

Mr WILSON: Can I suggest that if you look at the survey we will be providing, it has details about what our members' views are on that. If you have any further questions, we are more than happy to take the question on notice.

The Hon. PETER PRIMROSE: Thank you.

The CHAIR: The secretariat will be in contact you about returning the documents to us and answers to questions on notice. Thank you.

Mr WILSON: Thank you.

Mr PEARCE: Many thanks.

The Hon. TREVOR KHAN: It was very helpful.

(The witnesses withdrew)

STEVE McDOWELL, Founder, No More Neglect, affirmed and examined

The CHAIR: Do you wish to make an opening statement?

Mr McDOWELL: I founded No More Neglect in November 2015 after a period of eight years serving on roads as a paramedic with NSW Ambulance. As a result of my experience as a paramedic, I sustained chronic post-traumatic stress disorder and was subsequently discharged in January 2015. Through talking to colleagues who were still involved in the job and others who had left the job, I decided to give back and try to collate stories that had happened and that were still going that could assist the organisation to improve. In November 2015 I started No More Neglect, a support group—an informal group. Within 48 hours the group had 2,500 members and I was in shock. It was a secret Facebook group, so it was out of public view, and it started to show me the deep undertones of what was going on in the organisation. Shortly after that, within two weeks, we had 3,200 members and have maintained that.

We are not a union, we are not industrial related, but as a result of the group people started opening up to me and to the administrators of the group about their personal stories. In telling their stories they gave information which would otherwise not be given to both the organisation, possibly even to the unions. As a result, I started a media campaign to try to give the truth to the public—to the taxpayer—and to allow them to see what was going on under the surface and under the rhetoric of what NSW Ambulance was putting out. As you can see in the two submissions, I have tried to be balanced. The first submission regards what I believe is going on and what has gone on in the organisation over many decades. The second submission is what I believe needs to happen going forward. Obviously, this inquiry is not just about complaining; it is about finding solutions.

In terms of what the Australian Paramedics Association [APA] has said, they took a lot of the lines I was going to be using, to be honest. To clarify some of the points there, bullying is not interpersonal conflict; there is a big difference. The investigations that NSW Ambulance undertake are not fair and they are not reasonable, but when WorkCover or workplace health and safety get involved, NSW Ambulance have been known and documented to be obstructing these investigations. When they talk about bullying numbers, when they talk about documented bullying cases, they are talking about the ones that have slipped through the cracks. They are talking about the ones that have not been obstructed. They are talking about the ones where their tactics have not worked to suppress the information.

There is a lot of different methodology to that—and I will go into that with your questions, I am sure—but as for the psychological harm due to the failure of adherence of this organisation to their policies, to their code of conduct, to the Workplace Health and Safety Act 2011, to the ICAC Act and to other policies that apply to them, I have seen the damage it does to human life. I have had five colleagues commit suicide. I have spoken to members who are holding ropes in their hands. I have provided personal information to various different bodies. I have written to various agencies independently to try to get this heard by the public. I have given personal money to the tune of more than $10,000 to certain families of No More Neglect to keep their kids eating, because they are not getting workers compensation. If they are, they are on one-third of their normal wage and they are trying to pay a mortgage.

The human toll is what No More Neglect realised. Through doing so, we now advocate for a number of members to QBE Insurance for workers compensation but also to NSW Ambulance in terms of their work grievances. As APA stated, there are two avenues you can take in terms of a work grievance: They can call it bullying or they can call it interpersonal conflict. Interpersonal conflict involves straight talk, and straight talk is the one-on-one stuff we were talking about previously today. Bullying involves investigations where there is a clear power struggle.

Those investigations unfortunately have a history of, as I said, being obstructed and the information being concealed. I have instances of audio recordings being kept in safes in managers' offices and not given to investigators. Over the course of the last two years I have had more than 7,000 conversations with members,

families of members, legal experts, workplace health and safety experts, politicians—you name it. What I would like to do today is answer your questions in relation to my submissions and give more detail as to what I am talking about and give you specific examples without naming names. If I can do that then I have helped this process. Any questions?

The Hon. TREVOR KHAN: Do you have some document there that you want to give us?

Mr McDOWELL: I do. Thank you for mentioning it. I would like to table a document to the Committee today from an informal survey conducted in July and August over two weeks.

Document tabled.

Mr McDOWELL: Over two weeks No More Neglect conducted an informal survey—there was no scientific basis to it. The first survey was a NSW Ambulance welfare survey conducted over two weeks in July and August, consisting of 10 questions. These questions, as you can see as you flick through the survey, were not only answered by No More Neglect members; the survey was spread throughout the union websites and also personal pages on Facebook. That tried to reduce the bias given towards the survey. That survey is very clear in its findings. Over 450 people responded to that survey, which is more than 10 per cent of the workforce.

The second survey is an Australian frontline services survey. The reason I have included that is that over 80 per cent of the respondents in that survey were from New South Wales and from ambulance. You will see the last 14 pages of the second survey are open-ended responses. Those responses are quite damning. They are anonymous, but there are over 400 responses. What I am telling you, in line with what APA is telling you, is that what you are reading in literature and publications from NSW Ambulance is not the reality.

The CHAIR: Are you happy if we publish this document?

Mr McDOWELL: Absolutely.

The Hon. PETER PRIMROSE: In the last page of your second submission you make a number of recommendations. Your first proposed solution is:

> NSWA Mental Health Support Unit—trauma specialists, counsellors, psychiatrists who support staff and are available 24/7. Independent from NSWA to increase confidentiality and promote staff putting up their hand.

Can you tell us why you and your members believe that the current supports that are put in place by NSW Ambulance are not sufficient? In what areas are they not working and why are they not working?

Mr McDOWELL: It is a very good question. Currently NSW Ambulance has three frontline support structures. The first is EAP, the Employee Assistance Program. That is actually a program that is not specific to ambulance. It is through a lot of corporations. They are not trauma specialists. The second is chaplains, the third is peer support. Personally, throughout my career, I used all three and I went nowhere with them. Let me give you a small example of one of my members who used EAP. She went to the murder of a six-month-old baby. She contacted EAP. She waited some days before she could actually see a counsellor—not a trauma counsellor, a university graduate. In the second session that university graduate said to my member, "There is nothing else to talk about. Go and see your HR department if you have got anything further to talk about in this case." We are talking about examples like that but there are also examples where people are waiting weeks to actually see a counsellor. They have got a 24-hour support line—I have called it myself three times—but, again, you are talking to a general counsellor, not a trauma specialist. There is technology out there—I have had my psychiatrist for three years—and you can do Skype sessions on an iPad. You can speak to someone at any hour of the day. I note in the last testimony you asked if a 24/7 hotline would be beneficial. Absolutely. But what would make it more beneficial is face-to-face contact in whatever means, even using information technology if it is a regional area.

Trauma specialists—and I can testify to this—can find a diagnosis much more easily than a general counsellor. A psychiatrist will find a diagnosis, give medication, settle the symptoms and then start to work on the issues. A trauma counsellor is putting spot fires out; it is not a long-term solution. We are talking chaplains and peer support—and it has been touched on today—but where is the confidentiality? They do not sign a document to not allow them to talk about the issues involved in that counselling session. These peer support officers—again, they do it voluntarily—and chaplains are great people; however, I believe it is inappropriate for an organisation whose workers are seeing trauma multiple times every day. These people see more trauma in one week than most people see in a lifetime. For a general trauma hotline and service to be available as the primary support is completely and totally inadequate.

So trauma specialists on-call 24/7, independent from the organisation for confidentiality. It would almost be a separate entity in itself—a separate building from headquarters. It would have branches throughout regional New South Wales. It would work over a Skype connection, if required, through iPads and computers.

All that the organisations in my model would receive would be sheer numbers from those sessions. They would not receive personal information like they do currently. They would not go onto someone's personnel file. There would not be file notes held against them later on in their career. It is an independent, professional set-up and I call it a mental health support unit.

The Hon. PETER PRIMROSE: In your view would that assist early intervention?

Mr McDOWELL: Definitely. In my case—and I can talk personally—early intervention would mean that I would still be on-road. It is not the trauma cases that we are going to that are the issue; it is when you come back to the station in the days and weeks after going to trauma, after trauma, after trauma, and you are being pulled into a manager's office for disciplinary reasons without being asked how you are. I can tell you in eight years I could count on one hand the number of times I was asked how I was, told well done or told thank you for helping to save lives. So what we are saying is that the management and the structure are faulty. That is where it is coming from—it is coming from the top. If there is no respect for the workers on the front line, the coalface, then we are not going anywhere.

The Hon. CATHERINE CUSACK: I have a question about peer support. The Committee heard, without going into detail, a very distressing example of where peer support had contributed massively to a problem. That leads one to question the role of peer support. Is it being used for managers to abrogate their responsibilities? The theory of it sounds good, but is it being evaluated and monitored? Is peer support being used in an appropriate way?

Mr McDOWELL: My opinion on peer support is the following: Peer support has been put in place to save money. It is free; these people are volunteers. So they are cutting through any costs involved with staff welfare by using colleagues of the staff who need help. At the basis of all of this is a cost model that looks good on paper. You follow that up and then you say, "What are the benefits potentially of peer support?" The benefits are, from an organisational point of view, maybe the worker will feel comfortable speaking to their colleague. But when you look at that from an outsider's point of view, and look at the detail of what that conversation needs to involve, it is fatally flawed. The premise behind speaking to my colleague who I am in the ambulance with as my fundamental support person brings up so many issues legally and also in terms of confidentiality.

The Hon. TREVOR KHAN: Legally? What do you see as the legal problem in talking to your colleague?

Mr McDOWELL: I may have gone to a job a number of rosters ago and made a clinical error. I tell my colleague, "By the way I actually gave him 10 milligrams of morphine rather than five milligrams of morphine." Is that colleague going to report me? That actually forms part of your psychological injury. There is a very grey—paramedic work is messy. Paramedic work is not always clinical or straightforward. On one particular job you may have made a clinical error that has haunted you. Instead of getting the support psychologically, you find yourself in a management office or in front of the executive for disciplinary reasons, which is going to amplify your psychological injury.

The Hon. TREVOR KHAN: Getting into your manager's office is a different issue. We are talking about peer support and I asked about "legal". So it is a question of confidentiality with regard to clinical errors?

Mr McDOWELL: Clinical errors but also you do not sign a document when you go to a peer support officer to say, "Please keep it confidential."

The Hon. TREVOR KHAN: You do not sign a document when you go to your doctor either.

Mr McDOWELL: Part of the professional standard of being a doctor is that they have to keep that confidential.

The Hon. TREVOR KHAN: I understand what potentially is the problem with peer support. I heard you say the same thing about chaplains—namely, you do not sign a document when you see a chaplain. But whatever I might think of religion, they operate by certain ethical standards. I find the concept of signing a document not necessarily convincing to be honest.

Mr McDOWELL: After signing almost twelve independent examination documents so that my information was kept confidential over 3½ years in the Workers Compensation Commission, I see the reason why we do that. In those discussions it is not just work-related information that comes out, there is personal information that comes out—your upbringing, what happened in your family, what led you to be a paramedic, what your home life is like, what your relationships are like. That information is being given to a colleague to then be potentially held against you later in your career from a file note.

The Hon. TREVOR KHAN: You heard me make that reference with previous witnesses, so you are speaking to the converted.

Mr McDOWELL: Yes.

The Hon. CATHERINE CUSACK: I return to the issue of peer support. Is there any monitoring of the effectiveness of peer support? Are people who are receiving peer support ever asked, "How is it going?"

Mr McDOWELL: From my understanding, the peer support put through a report, whether it be monthly or quarterly, to management about the number of sessions they have conducted and about the nature of those sessions—was it trauma-related or was it personally related? What happens after that, I cannot tell you.

The Hon. CATHERINE CUSACK: Does the person who is receiving the peer support get asked how it is going?

Mr McDOWELL: I never was. All I can answer is my own perspective on that.

The Hon. CATHERINE CUSACK: How would the service know how it is going?

Mr McDOWELL: They would not.

Mr DAVID SHOEBRIDGE: What happens to somebody once they make a bullying complaint or once they are the subject of bullying in an ambulance? What would be the standard path?

Mr McDOWELL: Can I give you the example of a case study?

Mr DAVID SHOEBRIDGE: Please do.

Mr McDOWELL: This will answer your question exactly. I am going to call this person Jane for anonymity. Despite requests to the contrary, Jane and her husband were placed on opposite rosters in the control centre. That meant their work and life balance was affected. They were both control centre operators—whether it be call taking or despatching of ambulances. Jane was refused reasonable requests for holidays on a number occasions. She was then subjected to multiple visits to her home by management. They hung around the front of her home on number occasions and they also called her mobile phone a number of times during FACS leave or carer's leave during the year. The particular manager who was performing these actions refused to straight talk with her in response to his bullying, which again obviously is against the policy because at that point it was just a grievance. NSW Ambulance attempted to gag this person through a legal document regarding the incident which was put in front of her to stop her speaking out about that incident. This led to psychological damage and unpaid leave, and she has had significant time at home. Upon her return to work there was a smear campaign. She wore a wrist brace due to a wrist injury. A manager in the centre was heard to say her, "Have you been self-harming again?", and laughed as she walked away. There began to be delays in processing her pay. An industrial relations hearing was filed and ironically, and as is quite common, NSW Ambulance paid on the day of the hearing. It updated her pay on the morning of her hearing.

"Jane" is not allowed to perform a casual role at the moment so she sits at home, agoraphobic, unable to leave her home. I support her in case conferences to her GP, to NSW Ambulance, to QBE. She feels unsafe. The incident has been labelled "interpersonal conflict". It is still under investigation; however, this is an example where her particular manager has taken non-witness statements and the audio recording of the bullying incident—you can hear the audio in the background of the 000 call—and hidden this information in a safe. Workers compensation investigators have not been able to obtain this information. To answer your question, the investigation that ensues after a bullying complaint has been hindered.

Mr DAVID SHOEBRIDGE: Have you heard the tape?

Mr McDOWELL: No-one has heard the tape. Her solicitor is currently obtaining the tape under subpoena because this person has taken an AVO out on this particular person in her workplace.

The Hon. CATHERINE CUSACK: This is categorised an "interpersonal dispute".

Mr McDOWELL: Correct.

The Hon. CATHERINE CUSACK: Is that appropriate?

Mr McDOWELL: Not at all.

Mr DAVID SHOEBRIDGE: There is a figure from the Public Service Commission's analysis that strikes me. The Public Service Commission says that in bullying cases in the ambulance service 52 per cent of the paramedics subject to bullying take sick leave and only 8 per cent take workers compensation. Does that accord with your anecdotal figures?

Mr McDOWELL: I understand that figure.

Mr DAVID SHOEBRIDGE: Why do you think that happens?

Mr McDOWELL: I did it myself: 2012 was the first time I fell ill. Looking back, I had symptoms then of undiagnosed post-traumatic stress—sweating, nightmares and flashbacks. I did not want to tell my employer, so I checked myself into a clinic for two weeks. In doing so, I took sick leave because I did not want to lose my career. In doing that, you do not notify the ambulance service that you have a mental illness or are suffering from a mental condition or symptoms. Therefore, the unspoken culture is that you can keep your career prospects and your promotion prospects because you are not damaged.

Mr DAVID SHOEBRIDGE: I understand that and I am in no way trying to minimise the concern about post-traumatic stress disorder—that is an appalling outcome—but what about in terms of bullying? Bullying is a different cause of psychological injury, stress and anxiety.

The Hon. CATHERINE CUSACK: I do not think that is necessarily true.

The Hon. TREVOR KHAN: You are asking us to draw the conclusion that people will hold back for a period of time before they take the step of lodging a workers compensation claim. That is the point, isn't it?

Mr DAVID SHOEBRIDGE: They might be related, as Ms Cusack says—

The Hon. CATHERINE CUSACK: They are!

Mr DAVID SHOEBRIDGE: They may be related in some cases and in others they may not. What happens? Are there the same barriers around people who have been bullied?

Mr McDOWELL: In my experience the data you are reading gives a small percentage for bullying cases because that is the outcome of flawed investigation. What should be a bullying case, and a higher percentage of bullying cases, becomes an "interpersonal conflict" case or a workers compensation case.

Mr DAVID SHOEBRIDGE: No, these figures are saying that, of those workers who have taken time off as a result of bullying, only 8 per cent put in a workers compensation claim and 52 per cent put in a sick leave claim.

Mr McDOWELL: I would say the reason for that statistic is that the obstruction starts when a WorkCover investigation starts. Unfortunately their WorkCover claim is given what is called a "reasonable excuse", which gives the insurer weeks to make a decision and investigate the grievance. In investigating the grievance, the outcome is predominantly that this was not a bullying case and was something else. The sick leave that worker has taken for a number of weeks while it is being investigated is all that they are able to do, and they have to return to work because their claim has been rejected.

Mr DAVID SHOEBRIDGE: Are we talking about section 11A of the Workers Compensation Act?

Mr McDOWELL: Correct.

Mr DAVID SHOEBRIDGE: They say it is a reasonable action of management and to just suck it up.

Mr McDOWELL: that is exactly right. That is why I am advocating for people at the moment. I have met with QBE in Newcastle twice in terms of exactly what you are talking about. At the moment we have had up to six "reasonable excuses" used which No More Neglect has overturned on every occasion based on 11A.

Mr DAVID SHOEBRIDGE: Would you say there is a culture in both QBE and NSW Ambulance of using this to deny legitimate claims?

Mr McDOWELL: Absolutely, in two cases: firstly, in bullying and harassment claims and, second, in disciplinary claims where someone has had an addiction to medication. That person may be under police charges due to their actions but there is also a workers comp component certified by medical practitioner on a WorkCover certificate. That is not being addressed, and it is being denied. The strong impression I am getting is that NSW Ambulance would rather get rid of that worker on disciplinary measure and support them through rehabilitation under a workers comp setting.

Mr DAVID SHOEBRIDGE: Is that where a paramedic has been getting access to medication and forms an addiction?

Mr McDOWELL: Correct. Let us say the station manager has access to a drug safe.

Mr DAVID SHOEBRIDGE: Some of that could be stress and anxiety in the workplace, which has them—

The Hon. TREVOR KHAN: And it could also be an addiction problem for a whole variety of reasons. It is the same as in hospitals, Mr Shoebridge, and if we go down that track—

Mr McDOWELL: A lot of them, to answer your question, start as a physical injury, like a back injury, and they become addicted to opioids. Then through undiagnosed mental illness, potentially, that exacerbates the issue and then access to drugs and pharmaceuticals makes it a long process.

Mr DAVID SHOEBRIDGE: Super vulnerable workers.

Mr McDOWELL: Absolutely.

The Hon. CATHERINE CUSACK: I have some questions about post-traumatic stress. You are probably the only witness who is able to talk openly about this.

The Hon. TREVOR KHAN: Is that part of the Committee's terms of reference? I am very concerned that, with one of our previous witnesses, we might have gone into an area that may not have been helpful to them.

The Hon. CATHERINE CUSACK: I wanted to ask whether the trauma of what people are dealing with on the job is contributing to post-traumatic stress. Could you talk about the nature of post-traumatic stress as an injury as opposed to a psychotic-type illness?

Mr McDOWELL: A psychological illness.

The Hon. CATHERINE CUSACK: Exactly.

Mr McDOWELL: My own experience is a perfect example of that—

The Hon. CATHERINE CUSACK: I am not asking you to talk about that. You are welcome to, but I am not asking you to.

Mr McDOWELL: No, I am happy to. I have nothing to hide. Through therapy I am much better now. Eight years on-road did not break me. What started to break me was this: When I went to my employer with a doctor's certificate from my psychiatrist after early symptoms, my doctor asked me to try six months without night shifts. He signed a medical certificate saying, "Please roster Steve on set shifts every week for six months as a trial." In response to that a week later, I was asked by my direct line manager to provide an additional medical certificate from my psychiatrist to prove I was not scared of the dark. After that I was pulled into a zone manager's office, which is higher than my direct manager, and for an hour I was berated about how, if I had been like this when I joined the job, I would not have been employed, and that I should find a different career now because I was not a real paramedic because I was not doing night shifts. That led to my moral injury, which led to my subsequent workers compensation claim a year later, which led to a TBD claim which has recently been accepted. My deterioration was not as a result of my trauma. I believe my deterioration was a loss of trust.

The Hon. CATHERINE CUSACK: Is the nature of this injury such that you can make a recovery?

Mr McDOWELL: Definitely.

The Hon. CATHERINE CUSACK: I want to distinguish it from other forms of mental illness. If someone has this injury, it does not mean they had it before they started.

Mr McDOWELL: No, it does not. There can be predisposition to it, and I admit now that I had a predisposition through my family life, but post-traumatic stress disorder is curable. I had what is called "eye movement desensitisation and reprocessing" over three years. I will not go into detail, but it is an amazing therapy tool. I attended three times a week for three years. That tool allowed me to stop the flashbacks, stop the symptomology and stop the physiology of the illness. I still have periods of depression; I still have periods of anxiety. But I am sitting here in front of a parliamentary Committee with a diagnosis of PTSD, so I must be doing something right.

The Hon. CATHERINE CUSACK: Thank you for talking about it.

Mr DAVID SHOEBRIDGE: I will ask you one final question, which is a question I asked of the Australian Paramedics Association. At least 30 per cent of the more than 4,500 staff in NSW Ambulance say they have been subjected to bullying. How is it that in 2015-16 the Professional Standards and Conduct Unit only considered eight bullying matters?

Mr McDOWELL: I can tell you exactly why that occurred, in my opinion and through documents that I have seen—hundreds of documents that have been before the Professional Standards and Conduct Unit [PSCU]. The PSCU is colloquially termed "the cover-up unit". Files go missing. Government Information (Public Access) [GIPA] requests are denied under vexatious reasons. The head of this unit left suddenly in

February. With that departure a lot of the accountability from that department left as well. Over the previous number of years that department has psychologically damaged so many staff that I am aware of. I can say that with certainty, because their investigation techniques favour the organisation and they use techniques in their investigations where they do not allow certain managers to give statements. As I said before, they hide recordings of any audio that may be available. They hinder the investigations by repeatedly delaying for up to two years—psychologically damaging the worker, hoping the worker either gives up, resigns or kills themselves.

That system is not independent. It is biased. It reports to the executive. In reporting to the executive, the outcomes of the bullying numbers you are seeing are low because, as I have said before, the outcome is written down as interpersonal conflict, psychological injury or that it is null and void—there was no issue. What you are seeing on paper is a result of tactics used by the professional standards unit to conceal information and to misinterpret information given to them—not only from doctors but from WorkCover. In doing so they are not only being unsupportive, they are actually being quite vindictive to their own staff. It is unsaid, and it is probably difficult to prove without a thorough independent audit and investigation into the maladministration of this organisation, but I can tell you that nine out of 10 people on-road, in control centres or at headquarters would laugh when you mention the professionalism of the professional standards unit. That is why it is colloquially termed "the cover-up unit".

The CHAIR: Thank you very much for coming, and thank you for your evidence.

(The witness withdrew)

(Luncheon adjournment)

STEVEN FRASER, Paramedic and elected member, Health Services Union Council, Health Services Union, affirmed and examined

GERARD HAYES, President, Health Services Union, affirmed and examined

The CHAIR: I welcome the Health Services Union. Would you like to start by making a short opening statement?

Mr HAYES: I appreciate the opportunity to appear before this upper House inquiry. As you would be more than likely aware, the ambulance service has been subject to a previous upper House inquiry in relation to these types of matters. There are several points that I would like to make. One is that bullying and harassment, whether it be perceived or real, goes not only to an individual but also the service across the board. One of the important things that we have noticed over many years is that, while there are individuals who have this sort of behaviour in their DNA, a lot of the people who are subject to the perception that they carry out bullying or harassment are probably relatively normal people under pressure or stress through lack of resources, training and education. I think that is something that will go a long way to resolving any kind of systemic behaviour across the board.

We have been able to see from statistics over the years—from 2012 to 2017—a decrease in survey results of the numbers of people indicating that they have been bullied. That is a step in the right direction. However, at the end of the day it is large organisation—an organisation under pressure. People working within that organisation are subject to sleep deprivation, and fatigue is a huge issue within the ambulance service. When we are looking at individuals' actions it is very important that we also look at the cause of those actions.

The Hon. PETER PRIMROSE: I address this question to Mr Hayes, but also to Mr Fraser if he too wishes to answer. We heard some evidence from a number of witnesses earlier today in relation to trauma, the effects of vicarious trauma and people reliving experiences, and the effects on their behaviour. One of the proposals to address that was that there should be access to a 24/7 service with specifically qualified people who can engage in trauma counselling. That would be available to people not through the hierarchy of the ambulance service but externally so that there would be no issues about confidentiality or problems with the chain of command affecting people's qualifications or their futures. Could you talk to that and say whether you think that that would be a reasonable proposal?

Mr HAYES: That is a good proposal. Indeed, waiting for someone to exhibit the effects of post-traumatic stress, for the breakdown of their family unit or for signs of some other kind of debilitating condition and only then reacting to it is frankly a waste of time. Proactivity and early intervention with someone who is exhibiting any kind of signs or who is building pressure within themselves—unlike many other forms of employment, what paramedics see on a daily basis and what they take home with them—I will put it like this: Most of us would be used to going to a barbecue. Many paramedics would go to a barbecue but they would probably think about the things that can go wrong at a barbecue because they have been through those sorts of things. In the back of a paramedic's mind they know that not all social events will necessarily work out well. These things sit in people's heads consistently.

It is outstanding to have an opportunity to debrief or access that form of counselling on a regular basis. However, paramedics have only recently had to enter a huge fight to have their death and disability protected. An important part of that fight was ensuring the front-end load was there to protect paramedics before a disaster happens and before a reaction has to occur. That front-end investment keeps someone as safe as they can be and prevents them from going down a path of self-destruction.

The Hon. PETER PRIMROSE: One of the issues raised about the need to have an external provision was that the existing services, such as support from peers and chaplains and whatever that were available, are within the service. People have expressed concern about issues of confidentiality and of training. Do you think the existing support is adequate or do we need something outside the service?

Mr FRASER: The support is not adequate. This is partially because of the huge geographic size of our State. Those paramedics who live and work at Coonabarabran do not have the same access as the paramedics who work at Belrose. The support is not adequate for that reason and there is an inherent mistrust amongst paramedics that information they share will not be kept in confidence. I am not saying that is the case, but there is certainly a perception that if they share information it might be used in a way that stops them from getting a promotion or might stop them from achieving the next clinical level. That perception and fear stops people addressing those problems, so an external organisation may be the right answer.

The difficulty is twofold with resourcing. How do you get the same service to the paramedics in Coonabarabran as you do to the paramedics in Belrose? The other difficulty is with immediate counselling for a major trauma. Unfortunately, that is what we do. When we go to a major trauma, if we have immediate counselling—which I think we should have— somebody must be available to step into our place while we are off the road and unavailable, because there could be another trauma—and there often is one straight afterwards. The resourcing must be there to enable us to have time away from our duties and get help.

Mr DAVID SHOEBRIDGE: I have been looking for your submission but all I can find is this page and a half covering letter. Where is your submission?

Mr HAYES: That is our submission.

Mr DAVID SHOEBRIDGE: Is that seriously your submission?

Mr HAYES: I have just said that.

Mr DAVID SHOEBRIDGE: Have you had a look at the rates of bullying that are identified in the Public Service Commission's ongoing annual reports between 2012 and 2017 in relation to paramedics?

Mr HAYES: I referred to that in my opening statement.

Mr DAVID SHOEBRIDGE: Why is there no analysis of that in your submission?

Mr HAYES: The analysis is quite simply that we can report on what comes before us, so over the last 18 months we have had in excess of 1,000 paramedics contact us. Four of those paramedics raised bullying claims. We see this as a resourcing issue. We are not in a position to suggest it is an endemic issue. It is interesting that while this is emergency services agencies where the ambulance service is in health and yet there is huge amounts of bullying in health. This is not part of this inquiry either

Mr DAVID SHOEBRIDGE: Of all the agencies covered by the Public Service Commission's bullying assessment in 2017, the ambulance service had the highest reported incidence of bullying across the entire public service. Do you say that bullying is not an issue for your membership?

Mr HAYES: I just mentioned to you the data that we have. I am not privy to the data that is supplied by each agency in these inquiries. We can deal with the 35,000 members that we look after and what they bring to us.

Mr DAVID SHOEBRIDGE: Almost half of the ambulance service responded to the Public Service Commission's survey.

Mr HAYES: In 2012 the same survey came in at 42 per cent. In 2017 my figure is 29 per cent.

Mr DAVID SHOEBRIDGE: It is the highest of any agency in the public service.

Mr HAYES: I am not arguing about other agencies. I do not support other agencies but what I am saying to you is we support our membership who come through our union. I do not see that there is anything unreasonable in that. But to go into an analysis of data that we do not have, I would be interested in some advice as to how I could activate that data or, indeed, get the results of those individual concerns from people who may or may not be members of our organisation.

Mr DAVID SHOEBRIDGE: We have a longer, more detailed and more considered submission from No More Neglect that has no resources than we have from you, the HSU with all of your resources.

The Hon. DAVID CLARKE: One man.

Mr DAVID SHOEBRIDGE: I have to say I cannot understand how we are in this situation.

The Hon. PETER PRIMROSE: Point of order: We have witnesses who have appeared voluntarily. I think that we have an opportunity to ask some questions relevant to our terms of reference, not to attack the witnesses. I think we should stick to our terms of reference and actually ask some questions.

Mr DAVID SHOEBRIDGE: I have asked all the questions that arise from their submission.

The CHAIR: I uphold the point of order.

The Hon. CATHERINE CUSACK: How many paramedics do you represent?

Mr HAYES: In excess of 2,000.

The Hon. CATHERINE CUSACK: The Committee heard from another organisation, the Australian Paramedics Association. Is that a competitor to you?

Mr HAYES: No.

The Hon. CATHERINE CUSACK: Will you explain how that works? I genuinely do not understand your relationship to them.

Mr HAYES: We do not have a relationship with them.

The Hon. CATHERINE CUSACK: Do some paramedics belong to both organisations?

Mr HAYES: I could not answer that.

The Hon. CATHERINE CUSACK: How much does a paramedic pay for membership of your union?

Mr HAYES: Is that relevant to this inquiry?

The CHAIR: No.

The Hon. CATHERINE CUSACK: I am trying to understand the advocacy system for these paramedics.

Mr HAYES: I can tell you a lot about our organisation if you would like to know. I am happy to do that. It is an organisation of 35,000 members with a staff of 104 people and it has five lawyers on staff. I think it is about $11 a week thereabouts that we charge. I thinks that is including GST—I will have to check that figure. We take in excess of 10,000 phone calls in our members service department every year supporting our members. I am not sure if that is helpful.

The Hon. CATHERINE CUSACK: You said that you have been contacted by 1,000 paramedics in the past 18 months.

Mr HAYES: Yes.

The Hon. CATHERINE CUSACK: Will you provide the Committee with a breakdown of what they contacted you about?

Mr HAYES: We could probably do that but I do not have that without notice at the moment.

The Hon. CATHERINE CUSACK: But you say only four them related to bullying?

Mr HAYES: Correct, that is right.

The Hon. CATHERINE CUSACK: Do you represent management as well as paramedics?

Mr HAYES: We represent all people in health, except for doctors and nurses. We represent junior medical officers.

The Hon. CATHERINE CUSACK: Do you ever find yourself in a situation where one member is making allegations against another member?

Mr HAYES: That happens, yes.

The Hon. CATHERINE CUSACK: How does that get handled?

Mr HAYES: It gets handled by two different lawyers or two different industrial officers or two different organisers. We make sure that everybody has the appropriate representation.

The Hon. CATHERINE CUSACK: I refer to post-traumatic stress and the policies of NSW Ambulance in relation to how that is identified and whether it is being dealt with quickly enough.

Mr HAYES: Post-traumatic stress is a very difficult situation. I have had an experience having been attached with the ambulance service since 1986. I was a serving intensive care paramedic for many years and many of my friends who are probably approaching retirement certainly struggle with a whole range of issues. Many people who have left the job struggle with a whole range of issues. It was described I think by an ex-police officer who said it is pouring water into bucket and when that bucket is going to overflow nobody really knows. That is why it is so important to be proactive as opposed to reactive. It is no point waiting until someone has serious mental health issues, serious relationship breakdowns et cetera, which does happen, or worse, who commit suicide and that sort of thing—

The Hon. CATHERINE CUSACK: I am trying to understand the NSW Ambulance model for dealing with it and what work you are doing with them on it?

Mr FRASER: It is very much self-reporting and that is the weakness of it. If there is a major incident it is up to the local managers to identify and ensure the welfare. The problem is those local managers—the DOMS, as we call them—are often on the tools themselves, if you like, so they are responding from job to job and rarely have the time to do efficient follow-ups. The recent D and D campaign we had where we fought to make sure that we had that death and disability protection, we ended up with a $43 million investment in paramedic welfare. We are pushing very hard as a union to work with NSW Ambulance to make sure that those welfare actions that are put into place are proactive identifying potential for post-traumatic stress disorder as part of it, identifying ways to decrease manual handling injuries but particularly to prevent the illness occurring in the first place. So we are working along those lines.

The Hon. DAVID CLARKE: The thrust of this inquiry is about the prevalence of bullying, harassment and discrimination. In your one page this is what you say about that issue: "There is no doubt that an amount of bullying from individual old-school managers exist within the NSW Ambulance Service. The HSU is prepared to work with the chief executive and senior management to stamp it out." There are no submissions relating to that issue here. We have a full report from a one-man organisation, Mr Steve McDowell from No More Neglect. A lot of information has been given to us by the Australian Paramedics Association. All I can assume is that you are here and on that issue of bullying, victimisation and harassment you have no submissions to make to this inquiry. Is that correct?

The Hon. COURTNEY HOUSSOS: Point of order: Whilst the Hon. David Clarke has outlined clearly the first point of the inquiry, which is around the prevalence of bullying, the inquiry is also around support structures that are in place, support services that are available and a range of other issues. These witnesses have a range of experiences to share with us but to simply quiz them about other submissions that have been received is not useful.

The Hon. CATHERINE CUSACK: That is their submission.

Mr HAYES: I am happy to answer it.

The CHAIR: I will allow Mr Hayes to answer the question.

Mr HAYES: Could you ask the question again, please?

The Hon. DAVID CLARKE: The thrust of this inquiry is about bullying, harassment and discrimination. You refer to those matters in your submission to us, which states:

> We are aware … of victimisation ... Many of our members contacted us at the time to express their concerns over these stories.
>
> There is no doubt … an amount of bullying from individual, old school managers …

And so on as I said before. What I am pointing out to you is we have submissions and information from a one-man organisation and the Australian Paramedics Association. You are the union. You specify here that you are the union that is dedicated to paramedics and support staff. These other two organisations are not unions.

Mr DAVID SHOEBRIDGE: The Australian Paramedics Association is a registered union. They each have memberships that crosses over.

The Hon. DAVID CLARKE: Fine. The APA has given us a substantial report with back-up material if required. I am not talking about substance abuse. I am talking about the issues of bullying, harassment and discrimination. There is not a single submission here about those issues—not one.

Mr HAYES: I am not here to give anecdotal information. I am here to give you the facts as we have them. Can I finish?

The Hon. CATHERINE CUSACK: But your submission has focused on paramedics drinking.

Mr HAYES: No, it has not.

The Hon. CATHERINE CUSACK: It certainly has.

Mr HAYES: It talks about a service that we supply.

The Hon. CATHERINE CUSACK: It states:

> We have not detected any culture at all of paramedics (or other staff) drinking before or during shifts.

I was very surprised by that because there is nothing in our terms of reference about paramedics drinking. I do not understand the thrust of your submission at all because it does not seem to deal with the terms of reference. You have talked about paramedics drinking.

Mr HAYES: Going back to your PTSD question, as Mr Fraser mentioned, what are we doing in relation to the ambulance service to improve things? Recently I invited the chief executive of the ambulance service to come to Foundation House, a rehabilitation centre that the Construction, Forestry, Mining and Energy Union [CFMEU] and HSU co-fund so that our members have a fully accredited recovery program. We have invited the ambulance service to come to look at that because, if there are PTSD or alcohol issues, how do we proactively and freely enable people to be in a recovery program?

The Hon. CATHERINE CUSACK: Mr Hayes, do you have the faintest idea how bizarre that evidence is in the context of this inquiry? This has got nothing to do—

The Hon. PETER PRIMROSE: Point of order: If we are going to get into a debate about what this inquiry is about, I will read out item 1 (c). It states:

> … the support services available to emergency services workers and volunteers to assist with mental health issues resulting from workplace trauma and the effectiveness of those programs

The issues associated with Foundation House, which you have mentioned, issues to do with drug and alcohol abuse as a consequence, particularly relating to vicarious trauma, are all directly relevant to what we are talking about in this inquiry.

The Hon. CATHERINE CUSACK: Except that he says there is no evidence that the paramedics are drinking. The whole thing is bizarre.

The CHAIR: I think we have laboured the point in relation to the content of the HSU submission. I think it is important that with the time we have remaining with these witnesses you should ask any questions you have in relation to the role of HSU.

The Hon. DAVID CLARKE: Dealing with the terms of reference item 1 (a), do you have any submissions to make to this inquiry today about the prevalence of bullying, harassment, and discrimination?

Mr HAYES: I do. Thanks. One point in case that I would like to discuss is in relation to what we would see as targeted official bullying of one member out of several people on the mid North Coast at Coffs Harbour. This goes back to 2015. It was seen fit after our consistent objections to processes that these people were subject to, which were all fully legal and formal, that an independent investigation by an ex-president of the Industrial Relations Commission [IRC] would be undertaken. That ultimately was undertaken. Following a report, all activities in relation to the individual and two others from the performance improvement program were found to be null and void—not required. Those people were put through a very difficult period. It was legal, it was formal and it was wrong.

Now the same individual is subject to another concern being raised. In a letter put to the individual it says an independent person is going to review the matter: "Although there is no serious misconduct here, we will get an external person to come in." This person does not know what the allegations against them are. They have not seen anything. They have seen no result to this formal legal process. The letter that I have here was written on 12 January 2017. We are in September. There is no resolution.

The CHAIR: To clarify, is this a letter that was written by the ambulance service to one of your members who has been accused of bullying?

Mr HAYES: He has not been accused of bullying. He does not know what he is accused of. And here we are, nine months down the track. Here is a person who is stressed, who is taking time off. But, ultimately, is it bullying? It is a formal process; it is a legal process.

The Hon. CATHERINE CUSACK: How does he know it is bullying?

Mr HAYES: I did not say that. He does not know what the allegations are. That is the problem. But it is a formal legal process that takes nine months.

Mr DAVID SHOEBRIDGE: What does "formal legal process" mean? I do not understand.

Mr HAYES: It is within the scope of the ambulance service to do these things. It is not someone behind a door saying, "I don't like you," someone excluding you from something, or something along those lines. It is processes that get put into place.

The Hon. DAVID CLARKE: Has one of your five lawyers prepared a letter for him to send asking for particulars of what the allegations are?

Mr HAYES: We are working through that with our member.

The Hon. DAVID CLARKE: Has it been done already?

Mr HAYES: I cannot give you updated detail on this particular case.

The Hon. DAVID CLARKE: When was the allegation made against him? How long ago was that?

Mr HAYES: I do not have that detail with me.

The Hon. DAVID CLARKE: Do you know approximately what year it was?

Mr HAYES: It was just before the date of this letter, so it would be maybe December last year.

Mr DAVID SHOEBRIDGE: Is this individual being dealt with in accordance with the May 2011 ambulance procedure?

Mr HAYES: I could not answer that.

Mr DAVID SHOEBRIDGE: Has the individual been dealt with in accordance with the Straight Talk process?

Mr HAYES: Over nine months, this individual has not been dealt with in way, shape or form or in any reasonable way.

Mr DAVID SHOEBRIDGE: My question was: Do you know if they have been subject to Straight Talk?

Mr HAYES: We do not have a problem with ambulance service investigating matters, but with the investigation of a matter for nine months which is not serious misconduct.

Mr DAVID SHOEBRIDGE: How do you know that? Because you do not know what the allegations are.

Mr FRASER: I could answer the question about Straight Talk.

Mr HAYES: Because it comes in the letter from the management.

The Hon. CATHERINE CUSACK: This is really weird.

The Hon. DAVID CLARKE: Have your lawyers prepared a response by the accused person?

Mr HAYES: We work with our membership and we deal with this matter consistent with our members. So we will be dealing with this matter individually.

The Hon. DAVID CLARKE: But you say it has been going on for a year.

Mr HAYES: Yes, and that is the ambulance service.

The Hon. DAVID CLARKE: I am asking if you have made any representations back to management on behalf of this worker.

Mr FRASER: Yes.

The Hon. DAVID CLARKE: When was that done?

Mr FRASER: It has been done on several occasions, the last one being today. We have communicated both verbally and in writing to request a formal response as to where this is at. To address the question about whether this is being dealt with under the procedures, in the letter it identifies that this is not misconduct so they are dealing with it under a disputes resolution procedure that seems to be outside of the normal process. The member still does not know what the issue was. A complaint was made by a trainee about him. At the same, he was identifying that they were having interpersonal problems and was trying to move the trainee to someone else. The management stopped that process. It is not being dealt with under that disciplinary process. It seems to be alongside that process. And yes, we have made contact with the service.

Mr HAYES: I will take that under advisement, thank you.

The Hon. CATHERINE CUSACK: How many cases are you handling on behalf of paramedics at the moment?

Mr HAYES: That is a very difficult question you ask. I will be happy to supply that detail for you in due course.

The Hon. CATHERINE CUSACK: Do you know if it is more than 10 or less than 10?

Mr HAYES: We are an organisation of 35,000 people; it is pretty robust.

The Hon. CATHERINE CUSACK: No idea really.

Mr HAYES: I have four major departments, one of which is Ambulance. So I do have a pretty fair idea, thanks very much. But, to be accurate—

The Hon. CATHERINE CUSACK: Can you share that with us?

Mr HAYES: I think I said something about truthfulness at the outset; so I will share it with you but I will get the exact detail for you.

The Hon. COURTNEY HOUSSOS: We are obviously interested in support structures that are in place to ambulance workers. In your submission you talk about your partnership with Foundation House, you have made a reference to that. Was the reason that you sought out that partnership because there was a lack of services or was that because people prefer to seek support outside their employment? What was the reason for you seeking the partnership?

Mr HAYES: What we see is very important to our members right across the board is very important in not only their industrial lives but also their family lives, as much as possible that the union can be of support. So whether it is an individual who may have a problem or an individual's family who may have a problem, our members get those services for free. Those services in the private system cost you $10,000. Many people in this day and age, under the stress that is currently upon us, the financial difficulties that people see when they can only get a 2.5 per cent increase, it prohibits them being able to take care of themselves adequately when they are under hard times. So not only do we do things for our members on a daily basis—a lot of things—we also look after our members as much as possible in their personal lives, and that is why if anyone has any of these kinds of afflictions, we are there to support them.

The Hon. CATHERINE CUSACK: Is the union asking for funding for this facility?

Mr HAYES: Absolutely not. The union does not go cap in hand to anybody.

The Hon. CATHERINE CUSACK: What was the purpose of the commissioner's visit to the facility?

Mr HAYES: To get the commissioner to look at what can be done. Our members, if they are in a position of these sorts of difficulties, this might be something that the ambulance service could give advice to, if they are a member of ours, to be able to access these sorts of opportunities. Absolutely not—the last thing I would ever do, and I would suggest would be totally corrupt, would be to go and ask an employer to contribute to his union activity.

Mr DAVID SHOEBRIDGE: What is the difference between a staff grievance and a conduct issue in terms of ambulance complaints, as far as you know?

Mr FRASER: A staff grievance tends to be an altercation between two staff members where they have, if you like, a difference of opinion or an argument or a personality clash and have a problem with each other, whereas a complaint tends to be related to conduct issues in terms of either outside procedures or process.

Mr DAVID SHOEBRIDGE: Where does bullying fit, in your mind?

Mr FRASER: Bullying fits, to me, right across that board. It could be a grievance, it could be a conduct issue. It certainly is poor conduct, in my mind, but it is often identified, in my mind as well, as starting as a grievance issue.

Mr DAVID SHOEBRIDGE: How is it dealt with in the ambulance service? Is it dealt with as a grievance or is it dealt with as a conduct issue?

Mr FRASER: A lot of it comes from how it is presented in terms of how it is identified. If it comes in as a complaint or a grievance, it starts in the grievance resolution process, from my understanding with the ambulance service, and then moves to a conduct issue that bullying is actually identified.

Mr DAVID SHOEBRIDGE: Do staff have any guidance about whether they should put their bullying concerns down for a grievance procedure or a conduct? What is the guidance given by the ambulance service and by your union?

Mr FRASER: There are flow charts that are very hard to understand. To me, it is very unclear for staff. Part of my criticism of the ambulance service is that the processes are very, very unclear. There are flow charts put out about what is a grievance and how to follow a grievance, there is advice given in newsletters and different emails and processes, but it is very unclear to the average paramedic how you identify and how you make a grievance, particularly if it is your line manager.

Mr DAVID SHOEBRIDGE: Do you not see my frustration in trying to tease this out of you in oral evidence when none of it is found in your submission? I look at the flow charts myself; I have the same

concerns. But I can get that from looking at the flow charts myself. You are meant to be experiencing this through your members and I have to tease it out of you in these questions. It is not even referenced in your submission. Do you understand the frustration from this side of the table?

Mr FRASER: I can, yes.

Mr DAVID SHOEBRIDGE: There is a lot of it, I have to tell you.

The Hon. CATHERINE CUSACK: Have you proposed any improvements to those processes?

Mr FRASER: In the normal consultation processes through their JCCs.

The Hon. CATHERINE CUSACK: I am talking about a submission saying how they should be improved?

Mr HAYES: There is no formal submission from us in terms of that. I do not know that there are any formal submissions.

The Hon. CATHERINE CUSACK: So it is a big concern but you do not have a proposal for improvement?

Mr HAYES: This issue has arisen in recent times. We have been involved in the same issue, I think it was 2007, 2008. We have seen, since that time, decreasing percentage points in surveys. It does not say that the issue is resolved. One of the important things that we do say is that constant fatigue to the point of exhaustion, lack of funding, 1,000 staff less than adequate, goes a long way to creating the problems that we have. We have been making those commentaries and representations time and time again, and yet nothing happens.

The Hon. CATHERINE CUSACK: So are you saying the problems are getting worse or the problems are improving?

Mr HAYES: I am suggesting to you that what I have been able to glean from the surveys that have been put forward—the People Matter surveys—the percentage points are decreasing, but they are not at the point of being resolved and I do not think we will get to the point of resolution until we see the ambulance service funded appropriately, staffed appropriately, trained appropriately and resourced appropriately. For a paramedic to be on a road for eight to 10 hours—and I will give you an example: In Tenterfield, an eight- to 10-hour day shift, two hours sleep at night and then gets another job to go to Lismore on a very dangerous, dark road for another four or five hours. These are the things that are building intense pressure, intense fatigue, but they are doing this because they are at least 1,000 people short, and that has been time and time again and nobody will address that issue.

The CHAIR: Mr Hayes, have you got any comments to make, or maybe you, Mr Fraser, in relation to the Professional Standards and Conduct Unit [PSCU] and how it conducts itself?

Mr HAYES: I am not a fan of the PSCU. I have seen over the years areas—one in particular stands out in my mind: for nine months an officer was removed from his station and put into a station in a regional area probably about 50, 60 kilometres away. Nine months, 12 months later, following the reviews and so forth and investigations of the PSCU, remedial action was decided to be taken. That person's life was in turmoil; they were not living with their family, and so serious the nature of this, nine months, 12 months later they say, "We will undertake remedial action." I think the PSCU has a lot to answer for, getting involved in a process that seems to be all about dotting i's and crossing t's as opposed to working with what could well be seen—and if it is remedial action at the end of the day that is required, it cannot be terribly serious but serious enough to destroy someone's life for 12 months.

The CHAIR: Thank you very much for coming today. I note you are going to provide some documents to us on notice. The secretariat will be in contact with you and you have 21 days to produce them.

(The witnesses withdrew)

DAVID DUTTON, Executive Director, Service Delivery, NSW Ambulance, affirmed and examined

DOMINIC MORGAN, Chief Executive, NSW Ambulance, affirmed and examined

ROBYN BURLEY, Acting Deputy Secretary, People, Culture and Governance, NSW Ministry of Health, affirmed and examined

The CHAIR: Would any of you like to commence by making a short opening statement?

Mr MORGAN: Thank you, Mr Chair. NSW Ambulance welcomes this inquiry. It provides the opportunity to put the spotlight on some complex and difficult issues that the organisation faces. It is a matter of record that NSW Ambulance participated in another inquiry some nine years ago and much has been achieved on improving the workplace culture and introducing systems to eradicate bullying, but it is inarguable that bullying remains within our organisation at a level that is not acceptable to us and not acceptable to the community.

Bullying impacts lives. I believe it is the responsibility of all leaders, the executive of this organisation and me to do what we can to reduce the impacts of inappropriate workplace behaviours. We have to acknowledge that bullying does occur today and has occurred at rates that are no longer acceptable. For those who have had those experiences, I am very sorry for those experiences. I believe no-one ever comes to work to be harmed. It must be acknowledged that some may remain unwilling to report and we must accept and ensure wherever possible that we foster an environment where people feel encouraged to speak up and speak out against inappropriate workplace behaviour and bullying.

It is essential to engage with staff, calling on everyone to take an active role and stand up for others who may not be in a position to do it for themselves. As an organisation we actively provide information on making confidential disclosures to the Professional Standards Unit, public interest disclosures, external oversight bodies or to police where appropriate. Indeed, I even wrote to the workforce when this inquiry was announced to encourage them to make submissions to help us further address the issues and normalise the conversation that these behaviours will no longer be tolerated.

The impact of inappropriate workplace behaviours was brought home to me on my return to New South Wales. I had a long career as a clinical paramedic with New South Wales until 2009 when I relocated to Tasmania as the chief for 6½ years. On returning in early 2016 I decided to undertake what I called a listening tour. I travelled sporadically for four months to every corner of this State with David Dutton and visited every zone. I did this because I believed it would be really easy for me to come back and presume that I knew what was going on. Whilst many issues were raised with David and me along our journey on the ground, two stand out and struck me with fresh eyes: the impact of our work on the mental health and wellbeing of our staff, which I believe has a direct link to inappropriate workplace behaviours if not expertly managed, and occupational violence.

Unwellness often manifests as bad behaviour. Within six weeks of returning I announced via an all staff video message the first ever wellbeing and resilience summit and an Occupational Violence Prevention Strategic Advisory Committee [OVPSAC]. The OVPSAC has delivered its report and the recommendations are now being addressed through the new funding allocation by government. The work from this wellbeing and resilience summit resulted in over 835 staff suggestions on addressing workplace issues which we have used to build our platform for this year. Much of this progress is recorded in our submission.

Importantly, we are tackling this complex issue with clarity of purpose and determination at a strategic level by support, largely outlined in our submission, leading by example, as can be seen in my culture straight talk presentation. We have copies of that here today for the benefit of the Committee. I have delivered this talk to every management unit across the State, to all educators. I am now working my way through all of the corporate staff about my clear expectations on managing inappropriate behaviour in the workplace; to every new inductee on my expectations around accountability, responsibility and the place of values in our organisation; and finally tackling it through the middle with the vertical slice of workforce attending now two summits on culture, where 770 staff have been brought together, 12 months apart, to talk about these difficult issues of culture and leading from the top.

Of course, it is essential to measure how we are improving and progressing with these initiatives. We use a number of tools to do this, both qualitative and quantitative. Specifically, we use our People Matter survey results, workers compensation rates, professional standards referrals and a range of other feedbacks such as industrial forums to guide our programs. Our People Matter survey results show that there has been a five-year sustained reduction in bullying across NSW Ambulance and a correlating reduction in numbers of staff

witnessing bullying. Last year there was a four percentage point drop from the previous year, or 12 per cent change. We have had the largest reduction in reported observed bullying across all emergency services surveys. But, sadly, it is against a backdrop of unacceptably high rates, and remains high compared to other emergency services despite the improvements.

From our survey results we have run focus groups to better understand the outcomes and implemented responses. We have increased our communication on bullying and bullying behaviours and focus on our core values, particularly through my "speak up" video message and other electronic communications. We take allegations of bullying seriously. Over the past seven years, 66 complaints have been referred to our allegations review group. Three resulted in dismissal and eight staff were allowed to resign, being a substantial penalty. Policies and procedures are in place and all policy complies with the broader policy of NSW Health to ensure consistency and transparency. Since our submission we have confirmed funding allocation from the interagency oversight committee—an investment of $9 million, representing phase one of our new programs, which will deliver more peer support officers, more chaplains, a community awareness program to reduce violence against staff and the engagement of a physiotherapist and occupational therapist to assist people with workplace injuries. There is a strong linkage to the development of secondary mental health injuries from prolonged physical injury. Whilst we are making good inroads, there is much work yet to be done and we are committed to continuing this journey as an executive team and, for me personally, as the head of this organisation. I look forward to further discussing the work to date and new programs and approaches NSW Ambulance will take with the Committee today.

The Hon. PETER PRIMROSE: Can you tell me the rationale for an agency, which is part of the health system, presenting itself as a paramilitary organisation?

Mr MORGAN: This is a really good and important part of our cultural journey. There is no doubt that the ambulance services come from that paramilitary background. I have been employed as the Chief Executive of NSW Ambulance, and it is true that there are parts of the role that relate to the historical command and control of the commissioner of the service. I distinguish between these two very much. I believe my role is to significantly move the organisation much closer to the Health portfolio. Our strategic vision is to be a mobile health service. The notions of paramilitary and command and control have a place, but in day-to-day relationships and day-to-day working, we must move to be more like the rest of the rest of the health system.

The Hon. PETER PRIMROSE: I understand the historical basis, the Knights Templar and all that from the Middle Ages. But in the twenty-first century, is it appropriate to have people dressed in braid and for that ethos to flow through the whole organisation? We have heard evidence that if you are at one level—and I will use as an example being a corporal, while others use the term "a blue badge"—when someone arrives who is of a higher rank—

The Hon. CATHERINE CUSACK: At an accident scene.

The Hon. PETER PRIMROSE: —at an accident scene, you must immediately stand to attention and allow the others to come in. I understand the issue of the history, but in your view is that the right model and the right presentation? Tell me why people here today are dressed in braid.

Mr MORGAN: Their cultural journeys are long. There is no doubt that my alignment with the broader New South Wales health system and my clear direction about us being a health service is the example that we are setting. To directly answer your question, "Is there a place for command and control?", the truth is there is a place for command and control in operational incidents. We heard before we came in that there are 12 total fire bans for tomorrow, and in the complexity of multi-agency incidents, being very clear about who is working with who at what level across agencies is critically important to the saving of life. Do I think that that is relevant in a day-to-day workplace? That is the whole philosophy around being suitably qualified leaders and far from having a rank structure, other than in that specifically operational environment.

The Hon. PETER PRIMROSE: I do not think you have answered why people are still wearing braid. That is how your personnel present, regardless of what you have said about changing culture. That is still the culture that you are presenting to your workforce and to the community, that of a paramilitary organisation. I still do not believe that having a paramilitary operation is the only way to organise effective control in organisations, although I understand the history. When are you going to stop having uniforms that replicate military uniforms, for example?

Mr MORGAN: First and foremost, the place of a uniform, as you have acknowledged, is around tradition and culture. Importantly, its most specific purpose is around command and control in operational incidents, particularly multi-agency incidents. That is the answer to that part of your question. In terms of the development of managers, the relationship to rank and status is not part of the management training. It is all

about the foundation competencies to lead and manage in any organisation. The Ambulance Management Qualification is the requirement that all managers go through and it does not have any reference to specific rank or paramilitary history. They study components on command and control for multi-agency incidents, and that is a separate piece of work that they do. But it is not part of the baseline qualifications.

The Hon. PETER PRIMROSE: How long will the uniforms continue to be in use?

Mr MORGAN: There is no organisational plan at the moment to move away from having an operational uniform.

The Hon. PETER PRIMROSE: I thought that was the case. Thank you.

Mr DAVID SHOEBRIDGE: We are in the twenty-first century and your senior management are wearing twentieth century-styled military/paramilitary uniforms with braids. That is jarring. Do you accept that?

Mr MORGAN: I believe it is a question of time and place. In formal proceedings—

Mr DAVID SHOEBRIDGE: I do not understand what "time and place" means. Is it just about status when you are there with the police and the fire brigade at an emergency scene for a few moments in the course of your overall work? Is it about having relative status at an emergency scene?

Mr MORGAN: No, I would not argue that it is a question of status. In major incidents, the time to make decisions is limited because of the amount of information that is flowing through your head from the inputs you receive from all sorts of stimuli that need to be rapidly processed. The one thing you do not want to do is have to look around and try to work out which person from which agency is the person who can assist you with the particular problem you have. It is not about status; it is about recognition—

Mr DAVID SHOEBRIDGE: Do you have to wear a fancy uniform because that is the only way you will be identified at an emergency—

The Hon. PETER PRIMROSE: You are supposed to appear in blue overalls.

Mr DAVID SHOEBRIDGE: —as having a role?

The Hon. CATHERINE CUSACK: It is not what happens on battlefields.

Mr DAVID SHOEBRIDGE: That seems to be a bizarre reason to keep a twentieth-century uniform.

Mr MORGAN: There are two elements to the uniform issue. One is, as I have covered off, the emergency management arrangements, which are the arrangements that exist in all States and Territories of Australia that have paramedics in uniforms. First and foremost, the uniform represents for our paramedics on the road and our operational managers on the road personal protective equipment, because they are immediately recognisable—

Mr DAVID SHOEBRIDGE: But what Mr Dutton is wearing is not personal protective equipment. That is what I am talking about; it is right next to you and it is not personal protective equipment. It is status driven.

Mr MORGAN: That is not where the question started, so I can park the emergency management side of it to address this one. The history of these things is recognition that this is a formal situation, and Mr Dutton is paying respect to the Committee by ensuring that he presents himself in the formal uniform of the organisation.

Mr DAVID SHOEBRIDGE: I am not doubting that Mr Dutton is respectful; that is not the point at all, and I think you are misunderstanding my question, Mr Morgan. Mr Dutton has turned up in a respectful manner to the Committee, dressed in the uniform that the organisation requires him to wear. The question is not about respect; the question is whether or not it is appropriate for the organisation to require Mr Dutton to wear that uniform, given that this is 2017, not 1954.

Mr MORGAN: My response to that is that every organisation has history and tradition. We have covered time and place in terms of command and control. It is consistent with the rest of the country. I make a decision on whether I wear a uniform or a suit, depending on whatever is more appropriate at any given time. Particularly when I engage with colleagues within the broader health system, there would be no place for a uniform. But you are entirely correct that if I was to engage with my colleagues from emergency services, there would be a time and place where I would wear a uniform. It is about using discretion, I would say. There is no requirement for Mr Dutton or others to wear a uniform. In fact, Mr Dutton regularly wears a suit, depending on the circumstances of what he is doing in the organisation or outside the organisation. It is not as if there is an absolute line that he must wear a uniform.

The Hon. CATHERINE CUSACK: Mr Morgan, to take you back to the original purpose of the question, which was how uniforms relate to culture change, I believe most people would welcome your comment that you want to move the organisation closer to the Health portfolio and integrate it within that portfolio. It was suggested that the uniforms are a hurdle to be overcome, and I put it to you that nurses no longer wear starched caps, for example. My mum was a nurse, and I know that doctors when performing surgery and nurses in theatre wear the same protective gear, which is fit for purpose. They are not covered in medals and nobody salutes in those situations. Is there not scope for the ambulance service—particularly since it wants to be health-wide—to move in that direction, and would you not consider the uniforms as a relic that needs to be put behind it, as other services have done successfully?

Mr DAVID SHOEBRIDGE: As a barrier.

Mr MORGAN: I should be clear, no-one is saying that anything is off the table. Certainly I think the consideration is that the first and foremost thing that I have done and continue to do is reflect by my own example that there are times and places for things. Anzac Day is another good example, and things like that, and there are other occasions where they are not. Certainly, the message I send through the organisation is that it is about time and place. I think it is fair to say under my leadership that the wearing of formal uniforms is far less than it ever used to be, and people understand much more that these things are about time and place.

The Hon. CATHERINE CUSACK: Is it not an icon of a culture that we are trying to move away from?

Mr MORGAN: I would agree with you, I think the notion of the upper end of formality does represent an element of difficulty for parts of the organisation to reconcile. I agree with that statement.

The Hon. CATHERINE CUSACK: Can I ask you on notice to benchmark the New South Wales uniform with overseas services and see what paramedics are doing in other countries? Because anecdotally we are being told that we are very out of step and anachronistic in not making that change. I would appreciate your thoughts on notice.

Mr MORGAN: Certainly.

Mr DAVID SHOEBRIDGE: Mr Morgan, whilst I accept that there has been a fall in reported bullying in the Public Service Commission's analysis, which you pointed out in your opening submission, it is still a race between you and the Rural Fire Service to be the worst performing agency across the whole of the public sector when it comes to experiencing bullying and witnessing bullying. Therefore, when in your submission you say that there were only eight cases of possible bullying or harassment referred to the Professional Standards Unit [PSU] in 2015 to 2016, how do you tally that?

Mr MORGAN: The Professional Standards Unit is the unit that looks at those matters that would reach a threshold of misconduct. Importantly, there are lots of what may in the first instance be presented as grievances within a local area. Ms Burley and myself may have a disagreement about a particular matter. It may be interpreted as bullying but it can be resolved by the local first line manager. If that can be done, then no records are kept at that point. If it is a more complex matter that requires some assistance, then there will be local file notes kept. It is not until grievances reach a threshold under the policy where a form is submitted to, in the first instance, Healthy Workplace Strategies, and that is requiring a more complex response. What we do know is that over seven years there were an additional 45 matters went to those, and 37 matters—I think was the number—were actually resolved, representing an 82 per cent resolution rate. The more serious ones on top of that go to Professional Standards for assessment as a misconduct allegation.

Mr DAVID SHOEBRIDGE: An additional six a year go to the level below that, is that right?

Mr MORGAN: Again, that is trending down. In the peak of 2012—

Mr DAVID SHOEBRIDGE: My question was, there are an additional six a year that you say go from local to that intermediate level?

Mr MORGAN: No.

Mr DAVID SHOEBRIDGE: Is it six?

Mr MORGAN: No.

Mr DAVID SHOEBRIDGE: You said 45 over the last seven years.

Mr MORGAN: That is correct.

Mr DAVID SHOEBRIDGE: Why is 6.2 wrong?

Mr MORGAN: What I can tell you is that in 2012 it peaked and there were nine cases. This year there have been four.

Mr DAVID SHOEBRIDGE: Between 12 and 16 cases a year of bullying and harassment go from the local to either the intermediate or the PSU level, is that right?

Mr MORGAN: Correct. And in addition to that there are workers compensation claims, which again we had a peak in 2012 of 12 cases, and they have now this year come to four.

Mr DAVID SHOEBRIDGE: There are 4,655 employees in your organisation. In the last survey 27 per cent said that they had experienced bullying, which is approximately 1,265. Yet you have 12 cases of bullying or harassment that are escalated from the local level to either the intermediate or the PSU level. That is less than 1 per cent. Are you saying that your local resolutions are so terrific that 99 per cent of all bullying and harassment cases are successfully dealt with at a local level?

Mr MORGAN: What we are endeavouring to do is assist the Committee by providing the information and data that we have got. I would not sit here for one minute and suggest that there is not under-reporting.

Mr DAVID SHOEBRIDGE: We are not talking about a small amount of under-reporting. On the figures you provided in your submission from the Public Service Commission's report, 0.6 of 1 per cent of people who had experienced bullying found their way up to the PSU level. Can you tell me about what happens to the other 99.4 per cent of your employees who experience bullying?

Mr MORGAN: Hopefully, I have covered most of where the other parts are that they get recognised and picked up formally. The rest of it is the local management and the resolution at a local level.

Mr DAVID SHOEBRIDGE: That is the 99.4 per cent I am talking about. Tell me about them?.

Mr MORGAN: We have a range of programs we give our workforce now, and have done since 2008. It is essentially around giving skills to the workforce to resolve matters at the lowest possible level. It is called our Respectful Workplace Program. We have had three phases of this. The first one was about culture straight talk, and I have mentioned to the Committee about how we are actually going about that and I am leading that conversation as an executive.

Mr DAVID SHOEBRIDGE: Stopping you on Straight Talk, that is where you have the alleged bully and the victim come together and discuss it? Am I right?

Mr MORGAN: The policy does not require a bully to confront a victim. That is a misunderstanding if that is the understanding.

The CHAIR: Can you explain what Straight Talk means? Because that is not the evidence we have been getting.

Mr DAVID SHOEBRIDGE: We are told that if a mediation is refused, the file is shut. If the Straight Talk process is refused, the file is shut. Is that true?

Mr MORGAN: No. It can go on and be dealt with by local—I should go back and answer the Chair's question.

The CHAIR: Just explain your version of how Straight Talk is supposed to work, because that is not the evidence the Committee has been getting.

Mr MORGAN: Quite simply with Straight Talk, we have a grievance resolution process, which is our policies, and I believe is part of our submission.

Mr DAVID SHOEBRIDGE: I have got the flowcharts.

Mr MORGAN: Good. You will see there one of the options that may be available to the staff member is Straight Talk.

Mr DAVID SHOEBRIDGE: On grievance, it is not "may"; it is the entry point. There is no alternate entry point, on your own flowchart.

Mr MORGAN: If you read the document it will talk about "may use Straight Talk". Further, if the employee—

Mr DAVID SHOEBRIDGE: No, you referred me to the flowchart. Your flowchart does not have a "may"; it is a compulsory entry point.

Mr MORGAN: We do need to read the policy in total, and the policy is clear.

Mr DAVID SHOEBRIDGE: Take me to it. What I read is, "1.2 Staff Grievances. Staff grievances should be managed in accordance with the grievance resolution flowchart." Then I go to the grievance resolution flowchart and there is no "may".

Mr MORGAN: As you will see, that is Appendix 2 of the policy on raising workplace concerns. When you go through—and that clearly represents a summary of a much larger document—the policy document, it clearly talks about how it "may" be an option for the staff member to have a Straight Talk with the potential perpetrator, or the person that they have a grievance with. Importantly, the policy goes on to say that if they were not comfortable in having that conversation with the individual, they may raise it directly with their manager. If they believe that their manager is the aggrieving party, they may raise it with the next immediate manager above that. There are options for the person, and there is no requirement for the person to confront the bully in the way that it is characterised.

Mr DAVID SHOEBRIDGE: What do you say to the witnesses who have told us that if they do not participate in Straight Talk their grievance is terminated?

Mr MORGAN: That is not my understanding at all. The Healthy Workplace Strategies Unit works with the local management team to come up with ways to resolve or to manage the interpersonal conflict within the workplace. There is a range of things that can go to additional training and personal development plans for individuals, and it can be that the behaviour escalates and it is referred to the Professional Standards and Conduct Unit. There is a range of options in each of those situations.

Mr DAVID SHOEBRIDGE: We know that 0.6 per cent get referred to the Professional Standards and Conduct Unit. So we can ignore that for most cases. I am talking about the 99.4 per cent of bullying matters that do not go to the Professional Standards unit. Do you have any transparency about that? Do you know how many of them are resolved?

The Hon. CATHERINE CUSACK: Are they recorded?

Mr MORGAN: Yes, the ones that have escalated to the threshold; that is, the 45 I referred to earlier. We know that 82 per cent of them were—

The Hon. CATHERINE CUSACK: We are talking about Straight Talk.

Mr MORGAN: No, there are no direct records.

The Hon. CATHERINE CUSACK: So no-one records them and you do not know how many Straight Talk conversations have been had in the ambulances?

Mr MORGAN: If two people have a straight talk and resolve the matter and it is not escalated to management there would be no records.

Mr DAVID SHOEBRIDGE: What about if the victim is monstered again by the bully in a Straight Talk and they then drop it? What happens then?

Mr MORGAN: All the managers are trained in a range of techniques to monitor how their staff are going in the workplace. I can refer to exactly what they learn in their management training. I can tell you what is in the Looking After Self, Looking After Others training program. In 2011-12, all managers attended the Promoting Employee Mental Health and Wellbeing Training for Managers, which covers the area we are talking about. It was delivered by Phoenix Australia, who are the experts in the area. They covered responsibilities of managers and supervisors and what a manager should look out for. This exactly goes to the case in point.

You might notice behavioural changes in an individual if they have been, to use your words, "monstered by a bully". They learn about how to respond to those concerns; to initiate conversations with employees; how to obtain specialist advice; referral for fitness for duty assessments; recordkeeping; understanding psychological trauma; post-incident support; and promoting positive health and resilience. That was in the main training package. Subsequently in 2015, we did additional training. The Looking After Self, Looking After Others program was developed specifically, and 188 managers have attended from the duty operations manager level and above. It covered resilient leadership, employee mental health, and supporting employees post a difficult incident. That last part goes to your point in particular, Mr Shoebridge. It also covered coping strategies, self-care and looking out for staff, early warning signs, and physical and mental health connections.

The Hon. CATHERINE CUSACK: I would like to clarify a couple of points. First, when a bully is in a management position and the victim is subservient to him, is it appropriate for bullying behaviour to be classified as interpersonal conflict?

Mr MORGAN: No.

Mr DAVID SHOEBRIDGE: I have read though the 2011 Raising Workplace Concerns document. I understand that it is still current.

Mr MORGAN: Yes. It is currently under review.

Mr DAVID SHOEBRIDGE: From 2011 until now, between 45 per cent and 27 per cent of your workforce have said they have experienced bullying. Would you accept that bullying is a very substantial and real workplace concern?

Mr MORGAN: Correct. As I said in my opening statement—

Mr DAVID SHOEBRIDGE: How many times does the word "bullying" appear in the Raising Workplace Concerns document? What would you say if I said that the answer was "none"? I am happy for you to correct me; it could be mentioned once and I may have missed it. I am happy for everyone behind you to search the document and to tell me how many times it occurs.

Mr MORGAN: No, that is fine. Importantly, how it is addressed within the context of the organisation is through the checklist on bullying, which is part of one of our standard operating procedures.

Mr DAVID SHOEBRIDGE: I am talking about this grievance document.

Mr MORGAN: All of our policies are documents that wrap around to try to address the whole raft of interpersonal bullying.

The Hon. CATHERINE CUSACK: It seems like the bullying processes are the same as the interpersonal conflict processes.

Mr DAVID SHOEBRIDGE: Mr Morgan, can you answer my question: How many times does the word "bullying" appear in the document?

Mr MORGAN: The word "bullying" is taken to be part of addressing those—

Mr DAVID SHOEBRIDGE: Answer my question directly: How many times does the word "bullying" appear in the document?

Mr MORGAN: To my knowledge, it is not considered to be separate from other workplace concerns.

Mr DAVID SHOEBRIDGE: So the answer is "none"; not once?

Mr MORGAN: Not once.

Mr DAVID SHOEBRIDGE: How can you possibly have an organisation with 4,650 people and have a document dealing with conduct and grievances that does not mention bullying once when between 45 per cent and 27 per cent of your staff reported experiencing bullying? It is your key reference document. How can you possibly have that situation?

Mr DUTTON: Perhaps I can assist in answering Mr Shoebridge's question. I think it is important to correct a couple of potential misunderstandings. First, Straight Talk is not a gate to proceeding further into the system. It is simply a toolkit or toolbox provided to all staff, particularly managers, to assist them in resolving issues at the lowest possible level. Of course, there will always be more serious matters that will need to progress through other pathways.

Mr DAVID SHOEBRIDGE: That is the 0.6 per cent.

Mr DUTTON: If I could continue and assist you to gain an understanding. The other matter is that we have a comprehensive suite of documents that assist staff and managers in this space. I will quickly outline them for you and then perhaps explain how they might be applied. There is the NSW Health Code of Conduct, which applies to every member of NSW Ambulance; the NSW Health Managing Misconduct Policy Directive and Procedures; the Resolving Workplace Grievance document you have been referring to specifically in your questioning; the Bullying Prevention and Management: Workplace Bullying in NSW Health document that has been adopted by NSW Ambulance for use in the workplace; the Prevention and Management of Unacceptable Workplace Behaviours in NSW Health module—

The CHAIR: I am sorry to interrupt. That is all very interesting, but the point Mr Shoebridge is trying to get to—or got to a while ago—is that there seems to be an exercise, perhaps somewhere in middle management, where these lower level processes are preventing bullying accusations or events from finding their way up to the Professional Standards and Conduct Unit. There are literally 1,000 or more of these events that are not getting into the system. Do you accept that?

Mr DUTTON: There is a range of documents that prescribe processes. However, clearly documents alone do not change—

The CHAIR: To my simple mind, it sounds like a bureaucratic nightmare.

Mr DUTTON: Every organisation sits within a policy framework. What is much more important and, I think, much more effective is the journey that this organisation has embarked on since the arrival of the Chief Executive Officer. We have gone out to the coalface. We could have a library of documents in folders on shelves. The reality is that the Chief Executive Officer and the executive leadership team have sat around meal room tables across New South Wales and stood at the bonnet and the back step of ambulances across the State.

The CHAIR: Again, with all due respect, they are all good photo opportunities. Are they reflected in the statistics?

Mr DAVID SHOEBRIDGE: How many bullying complaints did you have given to you in the course of that tour?

Mr DUTTON: I had no bullying complaints directly presented to me.

Mr DAVID SHOEBRIDGE: Mr Morgan, how many bullying complaints did you have given to you in the course of your tour?

Mr MORGAN: Likewise—

Mr DAVID SHOEBRIDGE: Is the answer "none"?

Mr MORGAN: The answer is that people raised concerns with us about things that were an issue—

Mr DAVID SHOEBRIDGE: My question was specific. How many bullying complaints did you have given to you in the course of your tour?

Mr MORGAN: Over the four months, I received emails in relation to a number of matters that people wanted me to have reviewed. I forwarded them to the Professional Standards and Conduct Unit for assessment.

Mr DAVID SHOEBRIDGE: Can you just answer my question?

Mr MORGAN: It was in the order of six or seven, mainly historical issues that people wanted—

Mr DAVID SHOEBRIDGE: Were they bullying complaints?

Mr MORGAN: They were—

Mr DAVID SHOEBRIDGE: Just answer my question, Mr Morgan. How many bullying complaints did you receive in the course of your tour?

Mr MORGAN: I would like to answer your question. Their stories are long and detailed and they may or may not have consisted of historical events that had or had not been investigated when I arrived. I referred it to the appropriate part of the organisation to review and contact was made with those individuals about their matters. How many of them went on to be new claims? None.

Mr DAVID SHOEBRIDGE: I do not want the wrong impression on this.

The CHAIR: What systems are in place for managers to manage any conflict of interest when dealing with bullying or interpersonal matters? In other words, what is to prevent those conflicts of interest stopping those bullying complaints from being escalated to where they need to be dealt with properly?

Mr MORGAN: That is dealt with under another specific area of policy, which is the Preventing and Managing Workplace Bullying policy, which specifically goes to the areas. Often these matters, whether they are subsequently determined to be interpersonal or whether bullying is something that comes out of the inquiry—all of our policies, including the Preventing and Managing Workplace Bullying, allow our workforce—and I have written directly to the workforce on numerous occasions, saying that they can raise matters directly with me or directly with the Professional Standards unit. So the staff have full opportunity to do that directly around their line management, if they feel so inclined.

The Hon. CATHERINE CUSACK: I understand this is a big priority for you.

Mr MORGAN: It is.

The Hon. CATHERINE CUSACK: What I do not understand is why you are not collecting data about the number of complaints being made at that level and the number of straight talks being ignored. I cannot

see how you can, from a helicopter view, know whether your policies are working or not, or what the outcome of the policies are and whether all this training we are spending so much money on is being complied with.

Mr MORGAN: A range of our programs are evaluated, to go directly to the heart of your question which was about the collection of data. I am not sure there is any way I can word this without it sounding like I am dodging it a bit, but I am going to say it. The challenge we get into is will people want to declare that they have had a conflict and have it recorded for the purposes of statistics, because then does that escalate it to a whole new level? It is a balance, is the short answer. Of course, we are open to gathering as many statistics as we possibly can that helps us—

The Hon. CATHERINE CUSACK: What performance indicators do you have in place for the program?

Mr MORGAN: Around the whole suite?

The Hon. CATHERINE CUSACK: Straight Talk.

Mr MORGAN: Straight Talk, I would suggest the things that we rely on to answer the question about the benefit of how we are doing with a whole suite of things goes to the heart of the number of workers compensation claims we have, which over five years has been reducing; the number of grievances that we have recorded, which over five years has been reducing; the number of witness bullying, which has been reducing over five years; actual bullying which, according to the survey, has been reducing. The key thing I would say to you is that I am not saying there is not an issue. What I am saying is we are making some inroads.

The Hon. CATHERINE CUSACK: This seems to leave an lawful lot of latitude at a local level and the evidence that we are getting is that that is being abused. It gives managers power to protect each other.

Mr DAVID SHOEBRIDGE: Mr Morgan, let us be clear. The evidence we are getting is it is being routinely abused, systemically abused.

Mr MORGAN: What I can say is that since early 2016 when I became chief of this organisation, I have made a clear public statement; I have walked the walk, I have talked the talk. The managers are under no illusion as to my expectation.

The CHAIR: Who manages the managers, Mr Morgan?

Mr MORGAN: And we provide the opportunity, as far as possible, to give the imprimatur for our workforce to go around those managers and come directly to me, directly to the Professional Standards unit. We encourage public interest disclosures [PIDs].

The CHAIR: With respect to bullying, that is a little bit hard to do, is it not?

Mr MORGAN: We encourage referral to external bodies, if that is appropriate. We encourage PID—

Mr DAVID SHOEBRIDGE: How many referrals to police have there been for workplace assaults, including sexual assaults?

Mr MORGAN: I would have to take the question on notice.

Mr DAVID SHOEBRIDGE: The evidence we have had is chilling in respect of sexual assault and physical assault among your staff. I have not heard of one instance where the police have been notified.

Mr MORGAN: I believe there are routine notifications to police, but I would have to give you the numbers.

Mr DAVID SHOEBRIDGE: Of an assault by one employee on another?

Mr MORGAN: Yes.

The Hon. CATHERINE CUSACK: I suggest that it would be terrific, as we did with WorkCover, to have an in camera hearing with the agency to go through some of those allegations. It is difficult to allude to them, and I understand that you would have no information on what we are talking about.

Mr MORGAN: Certainly we can get it.

The Hon. CATHERINE CUSACK: I return to the definition of bullying versus interpersonal conflict. It seems to me that your processes for interpersonal conflict is the same process that has been used for bullying, and the feedback we are getting is that that is an inappropriate way to manage those. Do you have any comment on that? Do you agree that your processes for dealing with bullying are the same as they are for interpersonal conflict?

Mr MORGAN: Predominantly I would say that we genuinely try to approach all workplace behavioural issues by talking, as Mr Dutton said, to give managers the best opportunity to resolve these things at the lowest possible level. There are a range of different policies that apply in different circumstances. Certainly while bullying is not referred to in the Raising Workplace Concerns, as pointed out by Mr Shoebridge, it is covered by its own policy.

The Hon. CATHERINE CUSACK: Is it possible to escalate a dispute without going through Straight Talk?

Mr MORGAN: Yes, it is. I have written to the workforce a number of times on that.

The Hon. CATHERINE CUSACK: Who is in charge of the little gateway to triage the complaints?

Mr MORGAN: We have a separate unit from the Professionals Standards, which is the Healthy Workplace Strategies Unit. It is specifically charged with the responsibility of resolving workplace issues, wherever possible, by bringing in specialists to assist with that.

The Hon. CATHERINE CUSACK: Does the manager have to notify them?

Mr MORGAN: No, an individual—

The Hon. CATHERINE CUSACK: The employee can go straight to them?

Mr MORGAN: Yes, absolutely.

The Hon. CATHERINE CUSACK: I do not know that that is well known in your organisation. Nobody has said to us that they have done that, nobody.

Mr MORGAN: Okay.

The Hon. CATHERINE CUSACK: I want to ask you about two more things. The special report completed in 2010 referred to complaints taking too long to manage, that they were taking five months to process and everyone acknowledged that was too long. There was a big push to reduce these processes from five months to a much shorter period, yet we are consistently hearing that cases are taking two years and longer to be resolved. First, do you have any performance information on how long it is taking to resolve claims of bullying? Secondly, given that there is so much money and effort being invested in it, has it been evaluated to see if it is working, because the evidence we are getting is that it is not.

Mr MORGAN: I have information about average investigation times and then I will give some qualification around this. Misconduct matters, which is what we are referring to, has a time frame where investigations are completed between one and two weeks and the investigation time line is generally to be six weeks, followed by a decision-making process. The information I have for 2015-16 is of those, 11 investigation reports had an average time frame of seven weeks; for 2016-17 there were 10, of which there was an average time frame of six weeks. There were one or two outliers for each time period, which extends the average time of this, generally due to the respondent being unavailable for a period of time or additional serious allegations being identified.

The Hon. CATHERINE CUSACK: Those figures do not include a period of time known as "pre-investigation".

Mr MORGAN: Preliminary investigation?

The Hon. CATHERINE CUSACK: Yes, some people call it pre-investigation and others call it preliminary, but that seems to be incredibly long. Once they have actually decided to do it, it has gone out and it has been let. I presume that that is when you start the clock on that matter, but there is this very long period that can be more than a year to get to that point.

Mr MORGAN: That is not my understanding. I would be happy to take that on notice. My understanding for preliminary is that generally there will be a belief that something may have occurred, preliminary facts will be gathered and that is usually within the two to four week time frame, I would say with a reasonable degree of confidence, before it goes to an allegations review group, which is the gateway into the Professional Standards unit. However, the qualification that I was going to give, unfortunately these are complex matters, as I think we all appreciate. They can often involve workers compensation and long periods out of the workplace and take a long time to resolve because of that. There are certainly instances that are outside of those time frames.

Mr DAVID SHOEBRIDGE: Eight per cent of bullying claimants access workers compensation. Workers compensation is not a good matrix for determining bullying.

Mr MORGAN: Sorry, did I say workers compensation?

Mr DAVID SHOEBRIDGE: You did.

The Hon. CATHERINE CUSACK: As a measure, yes.

Mr DAVID SHOEBRIDGE: As a measure.

Mr MORGAN: Sorry, earlier in—

The Hon. CATHERINE CUSACK: No, in that answer.

Mr DAVID SHOEBRIDGE: In that answer and earlier.

Mr MORGAN: I apologise, I misspoke.

The Hon. CATHERINE CUSACK: You mentioned that there have been focus groups held throughout the administration.

Mr MORGAN: Yes.

The Hon. CATHERINE CUSACK: Is it possible for this Committee to get a copy of the report?

Mr MORGAN: I do not know that there has specifically a report been taken. My understanding is the People and Culture unit met with groups of staff and spoke to them about their response to the survey and what were the target areas that they thought that they should work on.

The Hon. CATHERINE CUSACK: But no report?

Mr MORGAN: To the best of my knowledge there is not, but I will take that on notice and clarify.

The Hon. CATHERINE CUSACK: Were there any recommendations arising from the focus groups?

Mr MORGAN: Yes, it was about tailored programs. One of the things that we are actually doing, both Mr Dutton and myself, we will be travelling around to all of the sectors. I did the initial presentation with south-east Sydney the other week as soon as the results had come out on the survey. It was part of me delivering my Straight Talk and then we followed up with the People Matter survey results and engaging with those first and middle line managers about how can we use this as an opportunity to build on the outcomes from the last report. The intention is to get the local managers to engage in improving those outcomes.

The Hon. CATHERINE CUSACK: Is the peer support program being evaluated in terms of getting feedback from the people being supported?

Mr MORGAN: The peer support program is based on good psychological evidence that is used in each State and Territory of the country to the best of my knowledge. In terms of peer support officers, basically it is a service where people choose to access a peer. This is important because the research supports the value of a peer who has an understanding and empathy for the context of the trauma. We have currently got 150 peer support officers, and the funding from government that has just been announced and endorsed by the inter-agency oversight committee will allow us to fund another 30. An evaluation is part of the new investment.

The Hon. CATHERINE CUSACK: I am not talking about it as a program, I am talking about individually. If a peer support officer was being inappropriate, and I am just talking mathematically, you would expect that there would be cases of that in such a large number. How is that being caught and what feedback is being obtained from the people being supported?

Mr MORGAN: There is a peer support team coordinator who actually oversees them. They are also developed and trained to actually look out for those key areas of there may be something going wrong here. They have responsibility and oversight of their training as well and their currency. The peer support team coordinator, the main role that I am referring to, is actually a clinical psychologist or a registered psychologist.

The Hon. CATHERINE CUSACK: If the answer is that you do not do that, that is fine.

Mr MORGAN: It is oversight.

The Hon. CATHERINE CUSACK: Do the individuals who are supported have an opportunity to give confidential feedback about the performance of that program for them?

Mr MORGAN: Not in a formal sense.

Mr DAVID SHOEBRIDGE: Do you think there might be a cultural problem in so far as people do not trust the Professional Standards unit to raise bullying complaints with them and that is why 0.6 per cent of

all bullying concerns are actually raised with them? Do you think it might be a comprehensive organisation-wide lack of trust with the Professional Standards unit?

Mr MORGAN: I would like to give the balanced answer. The balanced answer is I do not think their work is well understood. I do think that certainly can translate to a lack of trust when you do not fully understand. It is my view that they are genuine ethical people who are good at what they do; that has been my experience of them. But I do appreciate the point that you are making that most of the matters they deal with are misconduct matters under the regulations. It is very easy for people to not understand the subtleties and nuances of "why am I getting very formal letters", "outcomes have been pre-determined", "I am on this pathway that will not go well for me". I understand that and appreciate. I think there is a better role we can do in educating people about the role of Professional Standards. I think that there is scope for us to, perhaps in a less legalistic way, balance the expectations of dealing with something under the regulations and the fact that there are people at the end of these proceedings.

Mr DAVID SHOEBRIDGE: Much of your answer was from the perspective of the person who is the subject of a complaint. I am asking you to reflect on the other side, the fact that nobody takes their complaints to the Professional Standards unit, or somehow through the organisation complexity the documents Mr Dutton was describing do not reach the Professional Standards unit. The fact that they are not going there in the first place, that is the lack of trust that I am asking you to address. It seems that nobody who has been bullied takes their complaint to the Professional Standards unit.

Mr MORGAN: What I can say is that the numbers are relatively low, as we have seen in the submission from last year, these ones that met the threshold. Usually what would happen is that there is a conversation when a staff member approaches the Professional Standards unit directly and that does occur.

Mr DAVID SHOEBRIDGE: What is the threshold?

Mr MORGAN: Of misconduct under the regulations, whether or not that might make the threshold for determining that something was to be dealt with as disciplinary action rather than whether or not the matter may be dealt with by remedial action.

The Hon. CATHERINE CUSACK: Can I get some clarity around who is responsible for that determination?

Mr MORGAN: That is the allegations review group.

Mr DAVID SHOEBRIDGE: They are part of the Professional Standards unit.

The Hon. CATHERINE CUSACK: No, they are not, are they?

Mr DAVID SHOEBRIDGE: According to your submission they are.

Mr MORGAN: The director of Professional Standards or the assistant director is the chair of the allegations review group and there will be an operational manager or a subject matter expert on that panel; three people generally.

The Hon. CATHERINE CUSACK: Do you have figures on how many matters they have considered?

Mr MORGAN: Yes.

The Hon. CATHERINE CUSACK: How many have they considered of which only that number went forward?

Mr MORGAN: I can get you that number.

Mr DAVID SHOEBRIDGE: You have got Mr Dutton here, you must have someone from Professional Standards here. Are we talking 10 per cent get through the gateway, 2 per cent get through the gateway? How many get through the gateway?

Mr MORGAN: I do not have a specific number that I am aware of.

Mr DUTTON: No, I do not. It might assist you Mr Shoebridge, that the Professional Standards unit deals with a range of matters. Yes, they deal with misconduct matters and, yes, they certainly can deal with serious allegations or bullying. They also have the very important role to play in the occupational violence space against our staff, and they would manage many, many more matters in that space where they would assist staff to make statements to police and where they would follow through the court process to make sure that our staff are well supported in that space.

Mr DAVID SHOEBRIDGE: Perhaps you could tell us on notice how you determine whether or not a bullying matter gets through the ARG gateway?

The Hon. CATHERINE CUSACK: And if there are guidelines or criteria, what criteria do they have to meet?

Mr MORGAN: Yes.

The CHAIR: I suppose it would not surprise you that the Committee has heard evidence in relation to the Professional Standards unit. As an example, I will quote from one part of that evidence:

> The PSU has an incredibly poor record of being professional while investigating staff. Investigators frequently make basic errors in law that ensure that the investigation will fail or will be extensively long. If a staff member is on restricted duties then this can have a very negative affect. In fact, it is like an unwritten punishment prior to conviction. There appears to be poor attitude to procedural fairness and the nature of the law.

That is the sort of evidence the Committee is hearing in relation to the Professional Standards unit and it goes further to say that the unit needs to be disbanded. What is your reaction to that?

Mr MORGAN: I think it is important to maintain a Professional Standards unit function. The majority of the people who work in the unit have a legal background or have worked in regulatory areas in the past. We should not lose sight of the fact that there is a risk here to say that. The vast majority of work they do is right and appropriate and protects our staff and the community from wrongdoing. I think it would be very premature to suggest that there should not be some form of Professional Standards unit. Whether or not there is room for change and room for variation and improvement in systems, I am completely open to that. But I do not think we should lose sight of the fact that it does a very good job in the vast majority of cases. It is also important to say that just because a matter that is presented to the ARG does not then go to a misconduct matter is not of itself rejected out of hand and there is usually follow-up through—well, to the best of my knowledge there is always follow-up through healthy workplace strategies.

The CHAIR: Would it surprise you if I were to tell you that the Committee heard evidence this morning from someone who was very badly disturbed by the whole process? Indeed, her first complaint to the PSU actually got lost?

Mr MORGAN: I would need specifics in relation to that particular case. What I will acknowledge, and I think it is important to acknowledge, that we are talking about some complex behaviours here and it is often about the way that this impacts the person. Evidentiary processes very commonly do not lead to satisfactory resolution because the impact on a person is not always evidenced by the fact that—

The CHAIR: I am sorry but I do not understand a word you are saying. It sounds like gobbledygook to me. If you are saying that I should not believe the evidence I heard this morning then I cannot accept that.

Mr MORGAN: I was not saying that one little bit.

The CHAIR: Then in plain English please explain to me what you are saying. I am a mere accountant, not a bureaucrat.

Mr MORGAN: Quite clearly the role of the Professional Standards unit is about gathering facts and gathering evidence. The problem with that is that sometimes it does not adequately deal with how someone felt about a situation—what may impact me profoundly may not impact a member of this Committee particularly much at all. We need to be better at understanding the impacts of workplace behaviours on people.

The CHAIR: What part of the impact can you not understand when someone sends their file to the PSU and it gets lost? Then they do not find out until six months after the event that it was lost and they have to do the whole thing again.

Mr MORGAN: As I said, I am happy to have a look and see whether we have that information.

The Hon. CATHERINE CUSACK: You would not call it complicated if an officer assaulted a junior staff member, would you?

Mr MORGAN: No, that would be a referral to police.

Mr DAVID SHOEBRIDGE: And if it had not been referred to police?

Mr MORGAN: We would refer it to police.

Mr DAVID SHOEBRIDGE: But if it had not been referred to police it would be a system failure, would it not?

Mr MORGAN: It depends on whether we were aware of it. If we were aware of it and we did not refer it to police, yes.

The Hon. PETER PRIMROSE: What disciplinary action would you take if that occurred?

Mr MORGAN: Again, there are clear expectations placed on managers in all our policies and the answer to failing to follow a policy is that it can be a disciplinary matter.

The Hon. CATHERINE CUSACK: Do you do exit surveys for staff?

Mr MORGAN: Yes, we do.

The Hon. CATHERINE CUSACK: Does the issue of bullying come up at all in exit surveys?

Mr MORGAN: From time to time, yes.

The Hon. COURTNEY HOUSSOS: Are the exit surveys tabulated at all? Are they reported? Are they publicly released?

Mr MORGAN: They are not publicly released, no.

Mr DAVID SHOEBRIDGE: They are not compulsory and someone who is often pissed off with the organisation will tell you to go jump when they are asked to fill it in. I am sorry to be colloquial, but those are the circumstances.

The Hon. COURTNEY HOUSSOS: Is the survey simply completed and then put in a drawer somewhere? What is the process?

Mr MORGAN: What I can tell you is that some staff members do complete exit surveys, some do not. I am specifically aware of an incident where a staff member split the People and Culture unit. There was an allegation of past misconduct that the person made us aware of—I think it was dating back to 2011—and the Professional Standards unit brought it to my attention as to what action we would want to take. We obviously said to go ahead and do what inquiry we could in relation to that.

The Hon. COURTNEY HOUSSOS: My question is more about the processes in place. Are exit surveys compiled and then reported to you? What is the process?

The Hon. CATHERINE CUSACK: How do you get the feedback?

Mr MORGAN: The People and Culture unit and the executive director of People and Culture use that information within the workplace. Where there are behavioural issues, then we can act on that within the People and Culture directorate.

The Hon. CATHERINE CUSACK: Do they issue the surveys to people as they leave?

Mr MORGAN: Yes, that is my understanding.

The Hon. CATHERINE CUSACK: There is a bit of bureaucracy around leaving, is there not? You have to hand back your uniform and do certain things. Is the exit survey part of that?

Mr MORGAN: That is my understanding.

The Hon. CATHERINE CUSACK: And it is handled separately to the manager?

Mr MORGAN: That is correct. My understanding is that it is all directly dealt with by Human Resources, which is part of the People and Culture directorate. If the point I understand is correct, they have the opportunity to certainly speak directly to the centre rather than through their line managers.

The CHAIR: Inquiry participants have also highlighted that following injuries or trauma the systemic response to workers compensation and return to work is highly traumatising. What is your response to that view?

Mr MORGAN: I am sorry, could you repeat the first bit about traumatising?

The CHAIR: The return to work is highly traumatising for staff returning from workers compensation.

Mr MORGAN: We have done an immense amount of work in this area in the past 12 months. The biggest area for improvement was around coordination and ensuring that we made contact with the worker. We brought into place last year two new roles—first contact officers. They are to be that one-stop shop for staff when they have injured themselves. The philosophy we are going for is it is their responsibility, as far as possible, to simply get well. We offer at that time when the workers compensation is first notified the option to

have a peer support officer or a chaplain assigned to their case now to assist them to actually go through the process of workers compensation. Importantly, we have created a new program that is called "Recover at Work". There is good evidence that the longer people are outside of the workplace the less likely they are to return.

The Recover at Work program appears to be going very well from the anecdotal feedback we have got from the workforce. We understand that the average length of claim for a physical injury was previously 33 weeks, it is now down to 18 weeks; and psychological injury, which was up to 44 weeks, is now down to 19 weeks over the space of a year. This is all multifaceted and it is not specifically just because of first contact officers. Part of that is about contact and facilitating their return to the workplace. We use injuryConnect software, which we have been doing for the past two years. So with the first contact officers—if a worker remains unfit for duty, they are contacted fortnightly; if a worker is undertaking suitable duties but on reduced hours, they are contacted fortnightly; and if a worker is on pre-injury duties and doing full hours of suitable duties, they are contacted monthly. I have specifically checked on that and I have been assured that that has been well recorded now for the past two years.

The CHAIR: We have also had feedback that ambulance officers who are retired medically unfit after trauma have been offered poor to no pastoral care as they are leaving the service. What is your comment on that?

Mr DAVID SHOEBRIDGE: They get a letter saying, "Return your badges," they get another letter saying, "Return your uniform," and then that is it.

Mr MORGAN: Earlier this year I announced what is called Ambulance Legacy. Ambulance Legacy is a new program we are doing that is run out of Healthy Workplace Strategies. The director is the chair of this committee and we have a committee of willing retired officers. Their brief at the moment is that it is all about creating connectedness with our former colleagues and providing social connectedness back to the organisation after they have left us. It is part of our phase two funding that we are looking for as part of the government commitment. We are looking to expand the program to give more full-time support, much more like the Police Legacy program and military Legacy. Families and individuals can have psychological support and legal advice. The program I announced earlier is about connectedness. It is about actually supporting in their retirement and separation from the organisation the staff members who have worked with us for a long period of time, for whom the last year or two of their employment has not gone well, often through no fault of their own.

The Hon. PETER PRIMROSE: I am going to ask for some statistics, so please take these questions on notice. On page 20 under "Staff Support Services" you list four particularly: Peer Support Officers; Chaplains; Grievance Contact Officers; and Employee Assistance and Psychological Services. I am interested in how many people were involved in those roles in the last financial year and the current financial year and in the budget. What has been allocated to provide those services? If you have the information, fine; otherwise, please take it on notice.

Mr MORGAN: I do have the information and can answer part of the question directly. There are currently 150 peer support officers. Under the government initiative, we have been funded for another 30—

The Hon. PETER PRIMROSE: Yes, you have mentioned that.

Mr MORGAN: We have 44 chaplains, and we plan to recruit another 17. There are currently nine grievance contact officers, and there is no specific cap we will put on that. In a lot of ways the last 18 months have been not just about highlighting that we have to have solid processes, policies and procedures in place, but it is also my strong view that this linkage to culture is the critical thing we have to shift. I think our next big task around engaging with the workforce—saying it is okay to have these conversations and raise these concerns—is about improving the capability and development of all levels of our organisation to give them skills and capabilities to deal with them properly, sensibly and definitively.

The Hon. PETER PRIMROSE: Can you take on notice the budgetary allocations for each of those? Are your employee assistance and psychological services provided by Corpsych?

Mr MORGAN: No, Davidson Trahaire.

The Hon. PETER PRIMROSE: That is Davidson Trahaire Corpsych.

Mr MORGAN: Davidson Trahaire Corpsych.

The Hon. PETER PRIMROSE: It used to be called Corpsych. It sounds like something out of science fiction.

Mr MORGAN: It covers police and fire as well.

The Hon. PETER PRIMROSE: I am familiar with that. On page 22 at the beginning of the second paragraph you mention services that may be activated in an event, and one is specialist trauma clinicians. Are they clinicians from Corpsych or are they other people?

Mr MORGAN: We have trauma psychologists available 24/7—

The Hon. PETER PRIMROSE: From?

Mr MORGAN: Corpsych. They are a registered psychologist with specific trauma education and they must be five years post graduation.

The Hon. PETER PRIMROSE: Without naming the individuals, can you give us what their specific trauma counselling qualifications are? Again, take it on notice. I do not expect you to have that.

Mr MORGAN: The qualifications of the trauma psychologists from Davidson Trahaire?

The Hon. PETER PRIMROSE: Yes. Being a clinical psychologist is fine and better than not being a clinical psychologist, but as both you and I know, trauma counselling and counselling for vicarious trauma is a specialised area. I am trying to get a handle on what counselling qualifications these people have. In another agency I was advised that the person had a degree in counselling psychology. That does not make you a trauma psych. I am very interested in that issue.

Mr MORGAN: That is certainly the advice that I have.

The CHAIR: How many of these sessions can you have: one, two, three, five, unlimited?

Mr MORGAN: With Davidson Trahaire there are six to start with outside of any other requirement to do anything else. In the middle of last year I also introduced separately an initiative where NSW Ambulance funds an entirely separate 10 visits to a psychologist of your own choice, and that is again outside any system. The Davidson Trahaire EAPS is specifically designed for short-term focused outcomes. The nature of the 10, which ultimately may be with your own psychologist, is really about whether or not it is a workplace matter. If it is, they are open to all of the benefits that come with workers compensation.

The Hon. PETER PRIMROSE: How do you access the 10 additional ones? What is the gateway?

Mr MORGAN: The staff member just has to ring up the first contact officer, and they will give them authorisation then and there to attend for five. Then the psychologist can basically say they need another five and we literally just pay for it then and there.

The Hon. CATHERINE CUSACK: Can I clarify who makes that decision? Who does the person ring?

Mr MORGAN: The first contact officer in the Risk and Safety unit that manages workers compensation, but it does not have to be a workers compensation matter. That is what we are trying to do. There is a degree of reluctance sometimes—which I think is true around most workers comp systems—to enter the workers comp system, and we just wanted to have a belt and braces approach.

The Hon. CATHERINE CUSACK: We have heard of a fear of disclosing or giving any clue that someone might be suffering post-traumatic stress. Paramedics are terrified. They know they are starting to get into trouble but they do not want anyone at work to find out because they fear that it will reflect poorly on them. It was quite heartbreaking: These people want to keep working, they love their jobs and are terrified of losing them, but when they feel themselves getting into trouble they are too scared to say so.

Mr MORGAN: That was the principal reason behind the first wellbeing and resilience summit. I was endeavouring to crack the lid off stigma surrounding mental health and illness. A number of our really brave paramedics who have recovered from PTSD came along and spoke, and we are absolutely trying to send a message across the workforce that PTSD is not necessarily a career-ending situation.

Mr DAVID SHOEBRIDGE: What is the average time in which a complaint that is a conduct issue is resolved?

Mr MORGAN: We would have to take that on notice from whoa to go.

Mr DAVID SHOEBRIDGE: The Australian Paramedics Association has done a survey of its members and 79 per cent of the respondents indicated they did not feel their complaint was taken seriously. Of the complaints that were resolved, 45 per cent of complainants indicated that it took more than two years to address the issue. Are they a fringe group of respondents, way out of whack, or is that kind of delay in the system?

Mr MORGAN: I would not trivialise it like that. That would be disingenuous. I cannot comment on how many people that refers to. I presume you are talking about internal complaints as distinct from community complaints.

Mr DAVID SHOEBRIDGE: Yes, these are staff complaints. Is it common or uncommon for it to take two years to address staff complaints?

Mr MORGAN: It does not accord with my understanding, but I have to concede I could see a scenario where an employee raised an issue with the local manager and that would start the clock and by the time it escalated through the system to be formally recorded we could end up with different data and that would not be helpful. I would not challenge you straight up.

Mr DAVID SHOEBRIDGE: I guess, Mr Morgan, different data would not be helpful. These things are complicated. Let us be frank about it, more than two years to resolve a complaint is a system failure.

Mr MORGAN: I do not know that I can sit here and say that that is a correct statement. I do not know the example you are referring to.

Mr DAVID SHOEBRIDGE: Come back and tell me once you have looked at the data. What about grievances?

Mr MORGAN: In that particular case, if you are able to give it to me—

Mr DAVID SHOEBRIDGE: This is not a particular case. I am talking about 45 per cent of complainants.

Mr MORGAN: As I said, I cannot comment on their survey. If you had the information about a particular complaint that went for two years, I will certainly look at that.

Mr DAVID SHOEBRIDGE: What about this? Will you have a look at the conduct complaints and give us the data that you have? Rather than my giving you the survey done by the Australian Paramedics Association [APA], will you look at the conduct complaints and tell us what the average time to resolve them has been?

Mr MORGAN: We can certainly do that. We would have all of that data.

Mr DAVID SHOEBRIDGE: Why do you not have that data to hand?

The Hon. CATHERINE CUSACK: I put it to you that this is the problem. You are only measuring the investigation. The employees know when this matter started, they know when they complained. What worries me is that you are not in a position to evaluate that because you are not tracking it until an investigation starts.

Mr MORGAN: We do have resolution dates. I meet with our professional standards unit, generally speaking, every fortnight. They update me generally on the progress of matters. Certainly they record a resolution date when the final—

Mr DAVID SHOEBRIDGE: What is the average time to resolve a staff grievance?

Mr MORGAN: Staff grievance is a different matter.

Mr DAVID SHOEBRIDGE: Correct.

Mr MORGAN: Staff grievances will generally be a matter between how long it takes two individuals and the service to work with those individual to resolve their concern.

Mr DAVID SHOEBRIDGE: How long do they take to resolve?

Mr MORGAN: It will vary from a day to great periods of time. I am sure some of them would not be—

Mr DAVID SHOEBRIDGE: On average how long do they take?

Mr MORGAN: I could not answer how long on average. All I can tell you is that 82 per cent of them are resolved, according to our records. I presume that remedial action around the other 18 per cent would generally be the normal way of—

Mr DAVID SHOEBRIDGE: I will just stop you there. You said 82 per cent are resolved, according to your records. How many staff grievances were there?

Mr MORGAN: Staff grievances that were sent to the Healthy Workplace Strategies by the escalation process: there were 45.

Mr DAVID SHOEBRIDGE: You have suddenly changed the definition substantially.

Mr MORGAN: No, that was what I said at the beginning.

Mr DAVID SHOEBRIDGE: I was asking you about staff grievances. You are now talking about staff grievances that were escalated to a certain level, which is the 45 over the last seven years. I am asking you about staff grievances full stop.

Mr MORGAN: I go back to my testimony right at the beginning, which was that these things are resolved as closely as possible to the front line.

Mr DAVID SHOEBRIDGE: How long?

Mr MORGAN: I also explained that there are no records in relation to two individuals. I do not think that that is unreasonable. If two individuals resolve their matter, the last thing that they want to do is to complete forms on statistics. The matter is resolved.

Mr DAVID SHOEBRIDGE: I do not want to hide my complaints under a bushel. I do not want to be obscure about it. As I understand it, over the last seven years there have been 100 or so bullying complaints that you have any data on. Everything else has been dealt with as a staff grievance, and you have no idea at all what went on.

Mr MORGAN: We know about the serious matters that have been referred. If you are alleging that there was misconduct by anybody in between, then we would be happy—

Mr DAVID SHOEBRIDGE: It was a simple question. Over the last six years there were about 100 bullying complaints that you have any data on. Everything else is all black box to you: no records, no data, no average time, no resolution outcomes, no feedback from your staff. You have data on 100, and everything else is a big black box to you.

Mr MORGAN: I would suggest to you that that is entirely consistent with the research that suggests that these things should be resolved at the lowest possible level.

Mr DAVID SHOEBRIDGE: How do you know that they have been resolved? You do not know anything about them?

Mr MORGAN: As I said, they are free to make these referrals directly to multiple areas. We encourage them to report to oversight bodies. They can report to me—

Mr DAVID SHOEBRIDGE: You cannot sit there and say that they have been resolved if you do not know anything about them. If you do not know anything about them you have a huge problem.

Mr MORGAN: No.

Mr DAVID SHOEBRIDGE: And you have a huge problem.

Mr MORGAN: Let me be clear, and go right back to the beginning. That was the first acknowledgement I made when I sat down here.

Mr DAVID SHOEBRIDGE: You have a huge problem.

Mr MORGAN: NSW Ambulance has rates of bullying that would not be considered acceptable to us or the broader community, and we are making inroads to address that. I am not going to sit here and say that it is anything other than what it is. We are on a big journey, and a lot of work has been achieved in recent times. There is a long way to go.

Mr DAVID SHOEBRIDGE: Mr Morgan, do you accept the fundamental premise that I have put to you: there are 95 per cent of bullying claims you know nothing about because you do not capture any data and you do not have any feedback from the staff grievances? You do not even know what kind of bullying has been dealt with as a staff grievance as opposed to a conduct. You have no idea at all.

Mr MORGAN: We provide a broad range of options for staff to refer matters outside of the system. Your statement is on a premise that no-one is prepared to go outside of the system.

Mr DAVID SHOEBRIDGE: How many do?

Mr MORGAN: In terms of what gets referred from external bodies?

Mr DAVID SHOEBRIDGE: You said that it is premised on the presumption that nobody goes outside. How many go outside the system?

Mr MORGAN: I can answer that. There was a social media campaign last year where 16 specific cases were referred to SafeWork, and SafeWork did preliminary assessments on those matters and did not progress any of them.

Mr DAVID SHOEBRIDGE: Where is your report on the SafeWork investigation?

Mr MORGAN: They advise us of the outcome—that they were not progressing with those—to the chief risk and safety officer.

Mr DAVID SHOEBRIDGE: Did you investigate any of them yourself?

Mr MORGAN: No. We were not provided details on the specifics of the cases.

Mr DAVID SHOEBRIDGE: So there were 16 cases with no details, which you do not know anything about, that were not progressed by—

Mr MORGAN: What we do know is that SafeWork, in their submission, said that the majority of those claims were historical ones.

Mr DAVID SHOEBRIDGE: So it was not that they were not substantive bullying matters, or that the issue was not significant, it was just that they were historical?

Mr MORGAN: I cannot answer that question.

Mr DAVID SHOEBRIDGE: I thought that was your answer.

Mr MORGAN: It would be a question for SafeWork. I am just stating what their submission said to me.

Mr DAVID SHOEBRIDGE: I will again give you the opportunity to tell me about the other external processes that resolve or deal with bullying complaints. You have given us 16 cases you do not know anything about that went to SafeWork. Tell us about the other ones.

Mr MORGAN: Any staff member that feels that they have been aggrieved by the system have a right to appeal to the Industrial Relations Commission.

Mr DAVID SHOEBRIDGE: How many went to the Industrial Relations Commission?

Mr MORGAN: To my knowledge, none.

Mr DAVID SHOEBRIDGE: Tell us about the others.

Mr MORGAN: The premise of the question is: What are the options for people to go to?

Mr DAVID SHOEBRIDGE: No, let us be clear. I said that there were 100 cases that you know about over the last six years and everything else is a black box that you know nothing about. Then you said, "No, there are all these other external ways in which matters can be raised." I am giving you the opportunity to explain what they are. So far you have come up with not a single instance.

Mr MORGAN: I would suggest to you that it is probably somewhere between the assertion that you are making that there are 99 per cent of these cases. I am saying that the best we can do is to facilitate opportunities for people to report matters, escalate matters, go outside the system and report to external bodies—all the ones that I have just described to you—and—

Mr DAVID SHOEBRIDGE: Two.

Mr MORGAN: I can continue. Which way would you like me to go?

Mr DAVID SHOEBRIDGE: I want you to answer my original question.

The Hon. DAVID CLARKE: Continue with that list.

Mr MORGAN: There is the Industrial Relations Commission, SafeWork, and next year we will have the health regulations practitioners' professional registration board coming on line. In between we have options that they can go to—Health Care Complaints if it is a matter that involves patient care, as well.

Mr DAVID SHOEBRIDGE: I am not talking about patient care. I am really talking about bullying and the like, so that is not an avenue. Something may happen next year, we can ignore that. Patient complaints, we can ignore that.

The Hon. CATHERINE CUSACK: I think it is relevant, just because of some of the things we have heard.

Mr DAVID SHOEBRIDGE: What is the next one?

Mr MORGAN: I mentioned the Administrative Appeals Tribunal [AAT].

Mr DAVID SHOEBRIDGE: How many went to the AAT?

Mr MORGAN: We can go through all of these. What I am saying is—

Mr DAVID SHOEBRIDGE: We are going through it all, because it is your answer. How many went to the AAT?

Mr MORGAN: My answer is that I am not aware of any apart from the 16 that I said to you that were sent to SafeWork. Your premise was that there are 99 per cent of these out there that we are not aware of. I am saying that, as an organisation we are facilitating as many possible opportunities for staff to bring these matters forward—directly to me, within the service to the Professional Standards, to Healthy Workplace, actively giving information on where they can reasonably refer these matters outside of the service for any action that is possible—and we are making a significant cultural reform program to remove the stigma, to take away people feeling like they cannot raise these issues.

Mr DAVID SHOEBRIDGE: Having explored your answer with you, your answer is of no substance. There is not a single substantive avenue you have identified, not a single one.

Do you recognise that that is a problem? When I explored your answer with you, you did not establish a single substantive avenue. Do you recognise that that is a problem?

Mr MORGAN: Do you not think that being able to go to the Industrial Relations Commission, the Civil Administrative Appeals Tribunal or the Anti-Discrimination—

Mr DAVID SHOEBRIDGE: They can make a petition to the Governor-General or the Queen of England but if nobody uses it, it is irrelevant.

Mr MORGAN: We are not only advertising this and making it available and well known to people but we have repeatedly made it as clear as is humanly possible through our communications in the last 18 months that this organisation is on a cultural reform journey, that that change is coming from me, that staff can write to me, and that they are free to go to any of these other organisations. I cannot wind the clock back, but I can take the place forward.

The Hon. CATHERINE CUSACK: Mr Morgan, I put it to you that because it is a hierarchical organisation, complaining about the manager that you are reporting to is a big deal and the emphasis on local resolution is suppressing complaints from making it out of a regional zone. I can see how well intentioned it is to say, "Why can we not just have a cup of tea and work this out?" That approach may be appropriate for certain things but it seems to be catching everything. Our Committee is getting the suggestion that the more serious matters are being covered up.

Mr MORGAN: If there is an example of a cover-up, I would be pleased to hear it.

The Hon. CATHERINE CUSACK: I do not mean a cover-up as in a plot or conspiracy. I mean that officers are unable to progress matters because they have to go to the manager above their manager. They are doing this because they have been trained to respect authority, chains of command and all those things you spoke about. Realistically, a 28-year-old female paramedic will not suddenly pop up in the Industrial Relations Commission**.**

Mr MORGAN: This is why we have taken this approach. I have given my direct authority to any staff member to raise these issues outside of any normal—

The Hon. CATHERINE CUSACK: It is positive that you are communicating that to the staff because they are good people and they want to handle things properly.

Mr MORGAN: Absolutely.

The Hon. CATHERINE CUSACK: They want things to get better.

Mr MORGAN: Without reservation, so do I.

The Hon. CATHERINE CUSACK: I hear that.

Mr MORGAN: That is why I have put myself at the front of this, first and foremost, as the person trying to change the way that the organisation thinks about raising issues. The two summits we have held—the second one being on safety and culture—were seminal. On the fly at the end of the last one, I said to the group of 450 staff that attended—10 per cent of our workforce—that I could not possibly write enough memos to change a culture, but if we get 450 people in a room to hear about how we can do things differently and then have each person convince 10 others we can all have a very different organisation.

The CHAIR: Thank you, Mr Morgan. We will end the hearing for today. I note that you took some questions on notice to provide documents. You have 21 days to return those documents. The secretariat will be in contact to confirm that with you.

(The witnesses withdrew)

(The Committee adjourned at 16:33)