

REPORT OF PROCEEDINGS BEFORE

GENERAL PURPOSE STANDING COMMITTEE No. 2

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

Uncorrected transcript

At Sydney on Tuesday 22 July 2008

The Committee met at 10.00 a.m.

PRESENT

The Hon. R. M. Parker (Chair)

The Hon. C. M. Robertson

The Hon. A. Catanzariti

The Hon. G. J. Donnelly

The Hon. M. A. Ficarra

Ms L. Rhiannon

STEPHEN JOHN POLLARD, President, Health Services Union, PO Box 296, Young,

RAYMOND JOHN TAIT, Delegate, Health Services Union, 13A Bandalong Street, Tamworth,

DENNIS JOHN RAVLICH, Manager, Industrial Services, Health Services Union, Level 2, 109 Pitt Street, Sydney,

ROBERT JOHN MORGAN, Industrial Officer, Health Services Union, Level 2, 109 Pitt Street, Sydney, and

WARREN BOON, State Councillor, Health Services Union, 11 Ruzac Street, Campbelltown, sworn and examined:

CHAIR: Welcome to the second public hearing of the inquiry into the management and operation of the New South Wales Ambulance Service. Today we are going to hear from representatives of the Health Services Union. The Committee's third public hearing will take place on the afternoon of 28 July, when we will be hearing again from the Director General of NSW Health, Professor Debora Picone. Representatives of the New South Wales Ambulance Service will also appear. This is a public hearing. We have been hearing, and will continue to hear, from other witnesses on an in-camera basis. So it is not the case that the Committee is meeting only this morning; there are other witnesses appearing in camera.

Before we commence, I would like to make some comments about aspects of the Committee's inquiry. The inquiry's terms of reference require the Committee to examine the operation and management of the New South Wales Ambulance Service. There have been a number of inquiries into the Ambulance Service over recent years. This current inquiry by General Purpose Standing Committee No. 2 was established in response to concerns raised by ambulance officers and the community with members of Parliament and in the public domain regarding, in particular, bullying, harassment, intimidation and occupational health and safety issues. Our terms of reference, therefore, focus on these issues rather than on things such as staff deployment practices and response times, which have already been examined in depth by previous inquiries.

As front-line workers in the health system, ambulance officers are highly regarded by members of the community, and it is our responsibility—all of us—to make sure that the service is efficient and effective as well as that the workplace for ambulance officers is safe and healthy. This hearing is not intended to be a public forum for witnesses to make adverse reflections about others. It should be remembered that the privilege that applies to parliamentary proceedings, including Committee hearings, is absolute. It exists so that Parliament can properly investigate matters such as this. Therefore, I ask witnesses to minimise their mention of individual colleagues and managers unless it is absolutely essential in addressing the terms of reference.

The Committee has previously resolved to authorise the media to broadcast sound and video excerpts of public proceedings. Copies of the guidelines covering the broadcast of proceedings are available from the table by the door. I point out that in accordance with these guidelines members of the Committee and witnesses may be filmed or recorded but people in the public gallery should not be the primary focus of any filming or photographs. In reporting the proceedings of this Committee the media must take responsibility for what they publish or what interpretation is placed on anything that is said before this Committee. Witnesses and members and their staff are advised that any messages should be delivered through the Committee clerks. I also ask that everyone please turn off their mobile telephones during the proceedings. I welcome our witnesses for today who represent the Health Services Union—and who have had a busy morning already. Mr Ravlich, would you like to make a brief opening statement?

Mr RAVLICH: Thank you. I welcome the opportunity on behalf of my colleagues to appear before the Committee today. As flagged with the clerk of the Committee, we have a document to further table today that largely is a preliminary analysis and response by the Health Services Union [HSU] and its members to the review that was released by the Department of Premier and Cabinet some weeks ago. We think it is pertinent, though, to the proceedings today because it dwells on three broad issues—two that are very topical for this Committee. The first one is in relation to staffing levels, which we say is one of the root causes of many of the symptoms that the Committee has to deal with and which we have to deal with on a day-to-day basis in relation to the demands on individual staff and how the service is managed. It would be our view—as presented in this documentation—that the Premier's department review, in effect, has fallen for the three-card trick. There is certainly no doubt that there have been additional ambulance paramedics of various classifications employed in New South Wales since about 2002. However, I guess the analogy I might draw is that it is like having a rugby

league team on the field, and the Ambulance Service team had about five players on the field in 2000. There is no doubt that they have put another five players on the field, but we are still short.

The unfortunate fact is that what our members and the service employees have to grapple with on a day-to-day basis is that the number of ambulance crews that are made available to the community in 2008 is largely unchanged from the number of ambulance crews that were available to the community in 2000-01. With demand each year increasing by 5 per cent to 10 per cent, it is fairly self-evident that that creates an enormous amount of tension within the service and for members and the situations that they must confront, which again is overlaid by the issue—which is very topical at this time of year during winter—of emergency department access.

The second issue that we dwell on in our response is what appears to be the lack of accountability with the service. The Premier's department review and a number of reviews that we have participated in over the previous eight or nine years consistently identify issues that the service needs to do better. Yet no-one is accountable, 10 or eight years later, for none of those things being addressed or being done better. For example, it has been recognised by our members and this union for several years, going back almost to 1997, that one of the ways of managing demand in New South Wales or in any ambulance service is the effective utilisation of a non-emergency transport arm of the Ambulance Service. That began to be rolled out by the Ambulance Service in 1998 with our full cooperation. But there is a difficulty that we have identified to various reviews—whether it was during a previous appearance before a Legislative Council committee in 2003 as a follow-up to the Auditor-General's report on the Ambulance Service or submissions we made to IPART in 2005 clearly identifying that a much more effective tiering of services would lead to beneficial effects on the way in which emergency services are delivered.

What we now have is the Premier's department identifying yet again in 2008 that the service should do that better, even though it was identified in 2003 and 2005 that it should do it better. It was self-evident that it should be done in a particular way in 1997-98. Yet it would appear that, having regard to the degree of accountability that is expected of individual ambulance officers on a daily basis when they perform their duties and respond to emergencies under great stress—they are held clinically accountable and accountable for their conduct and the way they deliver their services—what particularly annoys our members is that over a period of 10 years it appears that no-one particular in the Ambulance Service is held to the same degree of accountability for the way that those services, we say, have been mismanaged over that period of time. That is but one example. The sad thing that our members took from the review released by the Department of Premier and Cabinet is that the Ambulance Service itself entered into a performance agreement with the Department of Health for the year 2007-08 that effectively guaranteed inferior performance than the preceding years. This appears almost to institutionalise the expectation that the service cannot reach a particular performance or satisfactory performance level.

A number of the issues—whether it be occupational health and safety issues and fatigue or the way that the service has mismanaged a number of other topical issues such as bullying and harassment—in part, again, reflects on that service's inability either to manage appropriately or see things through to the end. I am not sure, for example, whether the Ambulance Service as an organisation suffers from individual complaints of bullying and harassment that are any more or less than any other comparable size organisation that is State based. But certainly our observation in assisting members almost on a daily basis when they are confronted with situations—whether it be complaints, claims or allegations about what is happening in the workforce—is that there certainly seems to be a very high incidence of the service being unable to manage those complaints that are made. Certainly we are often placed in a position where we are providing not only moral support but legal support, for example, to provide the relevant advice about how to respond to that.

Our members also have concerns that the way that the Ambulance Service conducts itself in relation to the investigation of complaints or disciplinary matters has almost institutionalised a rather aggressive approach to staff—indeed, almost to the point of being harassing in itself. In this response today—we do not name any names, and we also outlined this in our submission to the Legislative Council, as we have previously—we say that it simply is not good enough, for example, for a particular ambulance officer to be found guilty of misconduct for how they conducted themselves and restrained a young person who was threatening self-harm. That person, as an employee suspended during the period of investigation, is then found guilty and, because it was a young person, there are various other ramifications. We put to the chief executive—and some of us at this table participated in putting the question to the chief executive and other senior members of the Ambulance Service—what that person actually did wrong. What was the form or level of restraint that that person used to

prevent a young person from self-harming? What was it that they did wrong and, if there was an alternative way they could have conducted themselves in restraining that patient, could they please identify that to us?

The answer was silence. The answer continues to be silence. The answer finally was, after about 18 months of our active representations, that that person was absolved, but it destroyed a career and in fact probably came near to destroying that family. That form of conduct is unconscionable. We have again raised that issue in a whole variety of ways directly with the service and with others and yet the best we get now out of the Department of Premier and Cabinet review is that bullying and harassment should not be tolerated. To suggest that that is stating the obvious would be the case. I am happy to table that document. I think this is a wonderful opportunity for our members, and the uniformed members are here today to speak directly and freely to Committee members. We will assist as best as we can, so I formally table the documentation in the requisite numbers for the Committee.

Document tabled.

I will close on the remark that certainly the topicality and the angst felt by members was demonstrated this morning in what commenced as having a small group to escort us here this morning and give us support and encouragement as we proceeded here started with an idea about handful of people, which grew to hundreds of people appearing in Martin Place, clearly demonstrating their angst as to the situation they find themselves in and constant pressures they find themselves conducting themselves in. On that basis I conclude my opening remarks.

CHAIR: The Health Services Union covers a broader membership than just ambulance officers. What is the percentage of membership of ambulance officers in relation to other health service employees?

Mr RAVLICH: Certainly you are correct in that we cover something like 38,000 members in the public and private health and aged care industries. Of those, our ambulance membership constitutes something like 3,300, although having said that, our density within the Ambulance Service is something like 95-plus per cent, so it is certainly an area which, as a proportion of our overall membership, might be seen as small but as a reflection of union density is exceptionally high and certainly that is an important indication of what members feel.

CHAIR: In relation to that then, how does the number of members from the Ambulance Service compare in terms of the time, workload and issues raised with the union in relation particularly to workplace issues, grievances, bullying, harassment, et cetera?

Mr RAVLICH: The workload and resources that this union devotes to the Ambulance Service is completely disproportionate to the number of members we have when compared to, for example, public health. If we had the level of activity across the board as we do to the ambulance, we would probably need a staff of 100s.

CHAIR: Yet we hear in your opening statement that you attribute a lot of those issues to a lack of resources, et cetera, a lack of growth in numbers of ambulance officers in particular in relation to population growth. We hear the same issues in relation to other health services. Why is it then that the Ambulance Service has so many problems that are raised with you?

Mr RAVLICH: There are a number of aspects to that. Firstly, rather unusually the Ambulance Service effectively had a staff freeze between 1999 and 2001 despite it being a front-line service. I am not really sure what the explanation for that is. They were difficult times, as it often is, when difficult decisions were being made at a global level by government but even from my recollection that sort of freeze should not have been imposed on front-line services and clearly that was, for whatever reason, within the Ambulance Service. In 2001 the service, by way of a bipartisan review that was conducted with ourselves at the request of the Industrial Relations Commission, identified that in 2001 the service was something like 300-odd down on what was required to effectively staff the rosters that they had in existence then.

Shortly after that, the service then again sought the assistance of an overseas consultant that said on top of that it did not have anywhere near the requisite relief factor that was required to staff those rosters. The starting position of the service, whilst staffing is always an issue in some of the other public health and it always is a demand especially in relation to some of the scarce resources of public health professionals or health professionals working in the public health system—and I guess we saw a demonstration of that again as recently

as yesterday in relation to certain services that could be provided at a particular hospital—I am hard-pressed to identify any other area that has had to start from so far behind and everything that has been done since, however commendable, has really been only playing catch-up to 2001-02 levels, and that then manifests itself in all sorts of ways in a chronic reliance or increasing reliance on overtime.

The service by definition will always have to rely on off-duty officers being on call because of the spread of the service that it provides. It is fairly unique in that much of the community in New South Wales outside of the regional centres are largely dependent on off-duty officers being on call and being able to provide a service effectively 24 hours a day. That, whilst replicated in part in public health in some services, does distinguish the service in relation to that. So the service and the services it provides is exceptionally sensitive to any variations or reductions in staffing and that, we believe, manifests itself in institutionalisation of overtime, the inadequacies of people being able to access reasonable rest and breaks during their shifts or between shifts and the like, and it really is a struggle for many of our members.

CHAIR: Many of your members are working those extras shifts and overtime to boost their salaries, is that correct, because the base salary, in their view, is not sufficient, or is it a fact they are doing it just to fill in the lack of officers to fill those rosters?

Mr RAVLICH: I believe there is an element of both. Certainly there is an element and it is no secret that the union holds a view and our members hold a view that their base salary is somewhat unsatisfactory when compared to what they are currently required to do, so certainly a number of them undertake and utilise the overtime shifts as a means of embellishing their rates of pay. However, having said that, I think there is also, especially in rural and country areas, a particular commitment to the community. We have officers who are responding to casualty calls on their days off because of a commitment to the community.

We have recorded instances where, unfortunately, some officers feel that on their days off they literally have to leave the town so as not to be put in that bind of trying to combine a period which is supposed to be for their rest and recreation and other activities with their families or friends, yet knowing that the phone could still ring. They are put in that terrible bind of clearly having to respond: it is not a money issue; it is an issue about a commitment to the community because they are part of that community.

CHAIR: We have had evidence of 14-hour shifts with no meal breaks and that sort of thing. Is that consistent with what you are hearing?

Mr RAVLICH: Yes.

CHAIR: When you are talking about country areas, we have also heard that there is a temporary solution, I understand, to single-crew ambulances. Do you have confidence that that will be permanently resolved?

Mr RAVLICH: It is certainly not a solution. We see that as a problem and part of the problem rather than a solution. Certainly, part of what we have attempted to do over the last five or eight years is to minimise the reliance on single-officer responses to emergency calls, which were still quite prevalent seven or eight years ago in rural and regional New South Wales. It is still prevalent, for example, in the western parts of the State where Station Officer Tait is from. It is still prevalent in some parts of the Hunter and outer Hunter. We do not believe that in a service that largely in the late 1970s, early 1980s eradicated single-officer crewing as being not the optimum level of service to the community nor a safe level of service for the officer, that that still is retained or seen as some form of solution to the problem. That is quite different to the service grappling with a rapid responder capacity to assess and perhaps respond to those cases that have been identified as perhaps only requiring assistance and treatment rather than transport.

CHAIR: A number of submissions have talked about long, lengthy and difficult grievance processes. We have heard about lack of debriefing and lack of access to counselling services, although we have been told, on the other hand, that that is available. We have heard in a number of submissions about ambulance officers taking their own lives and we have asked for statistics to back that up or refute that. Do you have confidence in the grievance management process with the Ambulance Service?

Mr RAVLICH: No, and our members do not.

CHAIR: The other issue that was raised in the Premier's inquiry just recently was about putting the rescue unit under the Fire Brigades and then dispersing ambulance paramedic officers into the Ambulance Service. Does your union have a position on that?

Mr RAVLICH: We certainly do and we reject that view. Part of what we tabled this morning is a couple of pages that specifically address and use that recommendation as an example of how ill-thought out, ill-conceived and superficial much of that report by the Premier's Department is. That recommendation appears to be based on 2½ pages including a table which, from a research or analytical point of view, is almost an insult. There are a number of factors that I can dwell on. Firstly, the data used by the Department of Premier and Cabinet appears, if I may say so, quite unusual in that the last time that the true rescue response was audited by the Auditor General in 2005, based on the State Rescue Board statistics, it showed, for example, that the Ambulance Service was the second largest professional provider of rescue in the State. It showed that the Ambulance Service rescue, and I might add the Police Service rescue, were amongst the most efficient in relation to the number of rescues conducted by each unit.

The Premier's Department review then has some figures—and I am not sure where these figures are from, but we note this in our response—which seem to suggest that within a year or two of that audit by the Auditor General the Fire Brigades, it is claimed, was conducting triple the number of rescue responses that it was doing when the audit was done in 2005. We have some real question marks as to what that data is and where it is from. It misunderstands that outside metropolitan Sydney the rescue services provided by the Ambulance Service and our officers are not a discrete service. It is a service they do in addition to their operational activities. Members are on an operational roster, but if a call comes in that a rescue is required they can respond in the rescue vehicle and provide those services in addition to their clinical services.

It also misunderstands a position that the State Rescue Board had in 2002, when this issue was raised, that there were considerable benefits to the community in having a multi-agency approach, in that the situation where one or a number of services can have a surge capacity to backfill or assist in a time of great crisis provides significant benefits. It is entirely consistent with how rescue is done in a number of other States of Australia where it is a multi-agency approach. It also does not take into account that a number of rescue services provided by our members are fairly unique—vertical rescue; using bushcraft; having to go out into the country; and confined space rescue. That is demonstrated not only by the rescue officers but also by the special casualty access teams, which are currently part of the rescue capacity of the Service.

It leaves completely unaddressed how those critical situations and the officers and ambulance paramedics with Special Casualty Access Team [SCAT] and rescue capacities who are being utilised not only in incidents in New South Wales but throughout Australia and internationally should be replaced with some mantra that two is good or five is good but one must be better. We reject that categorically. We say the figures used by the Premier's Department need much more forensic examination. We suggest that something is not right with those figures. Certainly my colleague Warren, who is a paramedic rescue officer, could elaborate further but our position is it is ill conceived on a number of counts and there are great benefits to the community. Indeed, the report indicates that very little in the way of savings or freeing up of resources would result anyway.

The Hon. MARIE FICARRA: Just keeping on the topic of the rescue arm of the Ambulance Service, and perhaps this is something Warren might wish to address, I refer to the level of training that is required for Ambulance Rescue officers and the training required for fire and police officers. As it is a multi-agency team effort can you explain to us what the differences are and what level of training your officers might be given in comparison with the other agencies?

Mr BOON: Certainly in my mind Ambulance Rescue, as it stands today, is probably the most highly qualified rescue provider in the State, if not Australia. That is due in large part to the funding commitment from government in 2001, which was the last time that the Ambulance Service tried to divest itself of Ambulance Rescue. In relation to your question, Ambulance Rescue officer specialists currently fulfil and meet the minimum criteria for road crash rescue set by the State Rescue Board. They actually exceed it. They also undertake chemical, biological and radiation response, urban search and rescue, vertical rescue and a wealth of others including, as has already been mentioned, bushcraft and helicopter operations. The difference between them and, say, a Fire Brigades unit is that they are supposed to be a dedicated rescue unit, as all the ambulance rescue units are. Quite often you will find they are a dual-purpose unit—they are a pumper unit as well as rescue. Their training, I believe, is generally of much less duration. I cannot elaborate, not having undertaken it, on the content of it and I am not very comfortable about getting into that sort of argument about who is better than whom. Certainly I would like to emphasise that one of the things that has not been considered and which is

crucially important is that there is no real cost benefit in relation to getting rid of Rescue. I would actually take that one step further and say there is going to be quite a substantial cost in getting rid of Rescue. There is the depth of feeling out there. The Ambulance Service will stand to lose quite a substantial number of people. The other side of it is that all these other operational capacities that Ambulance Rescue specialists currently fulfil will go by the wayside. Pretty much everyone I have spoken to has said they will no longer do it if Rescue goes. That is going to put a big hole in the emergency response capability of the State and certainly in health and the Ambulance Service.

That does not even take into consideration the fact that they will lose the funding for it. There is a small capacity for income generation from rescue, but they will lose that and they will have to provide substantial funding to bring on extra ambulance vehicles that are fully equipped. The report does not even mention that. I think it highlights the fact that it will actually cost the Government so much more and they will come out of it with ambulances being tied up in trolley block and not having those rescue resources as a rapid medical response, which they currently fulfil as well. There will be a big black hole in relation to emergency response capabilities.

The Hon. MARIE FICARRA: In view of the multi-agency team response, if there was a major accident, can you give us an example of how the multi-agency team response would work to the benefit of the trapped victims?

Mr BOON: Depending on the type of situation, certainly the first responding rescue unit is supposed to advise the Police Operations Centre if additional rescue resources are required. Traditionally for us that would be if more than two people were trapped in a vehicle. The cost efficiencies of Ambulance Rescue and indeed Police Rescue have been identified numerous times because we have two officers rostered to those units, whereas the Fire Brigades—and less relevant I guess, some of the volunteer agencies—have a wealth of people; five-plus. If we identify that we have two people trapped in a motor vehicle and another person trapped in another vehicle some distance down the road, we would automatically advise that we required another rescue unit if it was available. Certainly distance is involved in that. If it was something of a much more major nature, the emergency management procedures come into play. Where the benefit is really felt is that we have paramedic trained rescue operators who can actually gain access. As you can imagine, as with Thredbo for example, if one person can gain some sort of contact then naturally that person would be much better off being highly clinically trained. With a major incident you have the breadth of knowledge from all the different sectors that can come into play. Generally I have found we interact very well at scenes.

Ms LEE RHIANNON: I am interested in your interaction with the Industrial Relations Commission and their comments about staffing levels and what recommendations they have made. Could you run us through how that has played out in recent years?

Mr RAVLICH: The first adjective one would use is "frequent" and the second adjective is "very frequent" in that since about 2000, certainly 2001, I can authoritatively comment because if there have been industrial activities in the commission either myself or my colleague Mr Morgan would have been participating. The current minimum officer levels, which are known by a variety of activities, are basically the minimum levels that should be put out to the community as a standard to provide a level of service. That is entirely underpinned by the recommendations of the Industrial Relations Commission. The Ambulance Service's response in, for example, 2001 to not only ourselves but also the Industrial Relations Commission was that it sought to reduce the minimum officer levels that were to be put out. Again, this is a difficult topic because what used to be known as manning issues, or staffing issues as we know them today, is one of those areas that often are brushed aside because they are seen as managerial prerogative. For a number of years even the Industrial Relations Commission itself has seen that as not being a prerogative; it has been an essential aspect of what it has had to deal with. Largely speaking, they remain in place today excepting where they have been varied by the Industrial Relations Commission.

We have obviously made approaches to the Service on a number of occasions to say that the minimum standard by definition that was set in 2000-01 needs to keep pace and increase, but the Service has rejected all those attempts to be accountable to a 2008 level of service, if you like. The Industrial Relations Commission often finds itself mired in what might be termed operational issues, and to be frank there was a period during this decade when the Industrial Relations Commission was seen as the de facto CEO. It was a running joke amongst our membership that the commission was the de facto CEO of the Ambulance Service because in the end it was making the real decisions for the community in relation to crew numbers that had to be made available. That is not ideal. As several reviews have identified, the Service cannot plan; the Service does not

have the capacity to plan like other ambulance services so that it can foresee and prepare for increases in demand and growth in centres or geographical locations and changes in age profiles. We make the point with the case study in relation to the Central Coast. The Service has sat on its hands for eight years and done nothing in an area that is booming with families and also has an increasing aged population, many of whom live alone. Their response to that has basically been an unfinished review. The resort to the Industrial Relations Commission in general is symptomatic of a malaise in attempting to resolve issues or an inability to resolve issues in a conciliatory way directly with the Service.

Ms LEE RHIANNON: When you have interacted with the Industrial Relations Commission, are their decisions acted on? You say you are down there frequently. That usually suggests that issues have not been responded to as they have made recommendations.

Mr RAVLICH: There are a whole variety of issues. We are down there for issues that sometimes seem quite banal and yet by definition it is quite disappointing that we are down there. We are about to commence in the next week or two arbitrated hearings in the Industrial Relations Commission about ensuring two-officer crewing at some stations in the Hunter area that currently rely in some instances on single officer response.

And despite all attempts to resolve that with the service and a recognition again by the service that that is not the ideal, their response is that they are unable to fix the problem. So again we are seeking the assistance of the commission there to make some judgements. But again, it places the commission in a very difficult position because we are asking really the commission to make operational decisions in de facto of the service making them or planning them effectively. That is unfair, but often we are left with no choice.

Ms LEE RHIANNON: When you said the service recognised that there was a need for two crews but they are failing to follow that through, so it ended up in the Industrial Relations Commission, does that mean we take that back to the fact that there is insufficient money being put forward to fund those and therefore it is above the service and we take that and look elsewhere for where the problem lies?

Mr RAVLICH: It is very hard to follow the logic of the service, and the Hunter is a good example of that in that in 2005 there was to be announced by the Government that there should be a review and special consideration made for the Central Coast. We are late but, fantastic, that is what was needed. The service then said, "We think it is a bit bigger than that. We should review not only the Central Coast but the Hunter, because the Hunter is a pool of resources that is often drawn into the Central Coast, and that has repercussions for the community and the Hunter in relation to the level of services we can provide". That sounded good: fantastic, it seemed like there was a recognition that the whole of those two areas, or one operational area, should be the subject of a review to establish what the true staff numbers should be.

2006-07—it has never finished. Now the proposition is we do not need to do any change, although in here they apparently concede to the Premier's Department that at the very least they say the relief factor in the Central Coast is shot. It has been shot for the last 10 years.

Ms LEE RHIANNON: Shot?

Mr RAVLICH: Shot to pieces, I suppose—non-existent. And that has been the case. Whilst it is better than it was it is still nowhere near sufficient to resolve the issue. At the same time we have had a dispute in the outer Hunter in relation to single officer crewing, and after exhaustive discussions and, dare I say, a bit of media, they were able to reach some sort of holding pattern or accommodation to at least get over that issue. Yet next door in the Hunter we are having to go to arbitration to try to get the same sort of outcome that we managed to get agreement on in the outer Hunter.

Ms LEE RHIANNON: Could you sum it up: is it mismanagement in the service or a lack of resources so the service cannot follow through and ensure there are adequate levels of staffing, or both?

Mr RAVLICH: There has been one person there for 10 years and I guess we say that part of his job, the person who currently does it, is to ensure and make those agitations. But the view of the service is they are not short of staff. The view of the service is we are getting in the way or there are these particular agreements or the commission gets in the way as to the way we want to use staff—not that they have ever particularly identified to us how they would better use the staff that would be to the benefit of the community.

It is a very odd situation that we claim there is no dispute about the crew levels—not staffing levels—that are made available because of the deficit we started with. But their proposition now is, "We are pretty right. It is the way that you are stopping us from using that resource". And, again, that is directing their attack towards the symptom not the disease.

CHAIR: The Government members have got some questions. I wonder if you would mind if we take just an extra five minutes, because we were a bit late starting?

Mr RAVLICH: That is all right.

The Hon. CHRISTINE ROBERTSON: I would like to make a statement to start with that it is unfortunate that the Government has a range of questions and will definitely not have time to address them: it is just an issue that has happened with our processes today. The first question I have is a general question. Does the HSU agree that there is a culture of harassment and bullying within the ambulance service and have you actually put on the table today that you believe that that is about the implementation of the clinical governance processes? The submissions are a continuous stream of harassment and bullying allegations so I want to know from the HSU where you think that is coming from and if you think that is the general culture of the ambulance service?

Mr RAVLICH: Certainly not, happily, the culture of the Health Services Union. I guess I go back to some of my previous comments. Whether the incidence of bullying and harassment as a percentage of employees is any higher or lower in the ambulance service as compared to a comparable service, I am not sure. What we are sure is that those who appear to make those complaints have a particular difficulty in having them satisfactorily resolved. We are in the commission at the moment in relation to the end play of some issues in a particular station that commenced six or seven years ago.

Mr TAIT: Eight.

Mr RAVLICH: Eight. I am corrected by my colleague. I cannot explain that. Bullying and harassment are difficult issues to deal with. They are perhaps made more difficult in that a number of the work locations are fairly discrete and isolated, so the capacity to perhaps immediately respond by shifting people around might not necessarily be the first solution that you might think of. But certainly, based on the feedback that we have received from members, they have no confidence whatsoever in the service in dealing with these issues. Indeed, they claimed that the way that a number of the complaints are being dealt with by the Professional Standards and Conduct Unit [PSCU] is in a way that is of itself bullying and harassing.

The Hon. CHRISTINE ROBERTSON: You have got a 95 per cent cover of your workforce, so the persons being accused of the bullying and harassment are surely not the 5 per cent, there must be members of the HSU participating in this process. Is this what is happening? Do you have the two sides working with the union?

Mr RAVLICH: There is no doubt that our coverage will inevitably raise situations where there are complaints about others who are members. But, having said that, that is not to say that the HSU does not support or condone that people in the workplace are reduced in some instances to seeking AVOs on an ambulance station, which in any workplace would be seen as rather symptomatic of an extraordinary state of affairs in the way that some individuals feel they have been reduced to attempting to resolve a situation like that. I do not know whether you want to add to that, Ray?

Mr TAIT: I would just like to add that the issue that went on for eight years—and I was directly involved in that and have been since it started—had it been handled correctly by the service in the first place we would not be where we are at now in terms of the Industrial Relations Commission and an unfair dismissals situation. I have had a number of instances where officers have tried to contact the PSCU but they have basically been rejected. It seems to go in there and whoever passes their glossary eye over the complaints sort of comes up judge, jury and executioner and says, "Yes, we will do something about it" or "No, we won't".

Historically, if they decide to do something about it they step outside the system and they employ, at great expense I might add, investigators that have absolutely no background or fundamental understanding of how the system works, how the ambulance service works, what ambulance officers do. I have sat in on a number of those sorts of interviews and they are quite confronting. At the end of it these reports come out and they drop into a big black abyss: they just disappear and there is no result. As much as the PSCU claim that they

have a fairly successful track record, I would suggest that is probably because they do not listen to half the people that ring them.

The Hon. CHRISTINE ROBERTSON: All unions are known for running quite effective workplace issue educational-type programs. Has the HSU been involved in doing anything on this bullying and harassment issue?

Mr RAVLICH: We make available to our members, especially those who undertake roles as spokesperson or people who are critical or are seen as being critical representatives of people, a number of training courses for them to develop them as leaders, if you like, within the workplace or within their locality, and I think that obviously addresses a whole variety of issues including managing or minimising that part. We often get accused of wanting to run the ambulance service, and whilst tempting as it is sometimes to believe that we could do a better job there comes a point where the employer needs to be responsible for providing some of those activities and services itself.

Mr TAIT: Could I just point out also that all of a sudden since the harassment and bullying issues have drawn light of day as far as the executive of the ambulance service goes, at every OIC meeting now, any time there is a gathering of anyone, the first cab off the rank is bullying and harassment. But what someone fails to see is that this is 2008 and it has been going on—as I said, one incident for eight years—and no-one was there to fix the problem; senior executive were conspicuous by their absence in terms of leading the ship, standing up there saying, "We are not going to tolerate this"; they would rather just flick pass it to someone else and hope it goes away.

The Hon. CHRISTINE ROBERTSON: So registering that comment in what we were told by the health people when they were here, and Greg Rochford, that bullying and harassment issues certainly were now high on the agenda, and Mr Head also received issues in relation to that during his inquiry, is the union happy that this is happening and will you be participating in that process?

Mr TAIT: That is without doubt. But I would suggest to you that historically—

The Hon. CHRISTINE ROBERTSON: I understand the long-term issues.

Mr TAIT: —what will happen is it will fade into oblivion. Once the heat comes out of the kettle the water gets cold.

The Hon. CHRISTINE ROBERTSON: This is your belief. Another issue I want to address is because of the Hon. Robyn Parker's question about the 14-hour shifts. I would like you to give us a quick breakdown on the shift break-ups with the four on and however many off and the hours for the night shift and the hours for the day shift.

Mr RAVLICH: The roster configurations in the State do vary but they can largely be characterised in three broad categories. One, they are rostered in the more remote and rural locations that might constitute something like a straight eight-hour shift, and then the remainder of the 16 hours of that day is covered by on-call arrangements, and that would normally not include a mandatory unpaid meal break. You would then have a number of 24-hour stations predominantly outside of Sydney and the Central Coast that would work a four on, five off roster where they would do two day shifts at 10 hours each and two night shifts of 14 hours each. There would be no prescribed unpaid meal break per se within those shifts, but at the conclusion of a shift they would then proceed on to the five days off.

Within Sydney and the Central Coast they similarly work a 10-14 configuration but it is a four on, four off, and that is because the rosters in Sydney and the Central Coast have for many decades traditionally included reference to an unpaid meal break to provide, by definition, a break of some substance within those shifts, which I think is a historical reflection that obviously Sydney metro and the Central Coast have traditionally been the far busier stations where perhaps having no protection in relation to having a break is not a satisfactory outcome. So when the 10-14 configuration in Sydney and the Central Coast was introduced it incorporated an unpaid meal break, but then by definition that meant that the roster and the balancing of hours led to a four on, four off configuration.

The Hon. GREG DONNELLY: Just continuing along with that line of questioning, just so we are clear about this, and directed to Mr Ravlich again, in terms of an answer you gave to the Chair's question about

the 14-hour shifts, the Chair said to you that there had been a number of witnesses—and I do not think this is quite right—or there was evidence that a number of witnesses had worked 14-hour shifts without any meal break at all. I think we need to be clear about this.

CHAIR: To be clear, we specifically had a witness tell us that.

The Hon. GREG DONNELLY: Yes, but you said a number of witnesses. So I do not think that is right. But in terms of 14-hour shifts without any meal breaks—that is, both paid and unpaid—is there evidence that this is going on in any significant way, so we can be clear about this?

Mr RAVLICH: Certainly there is increasing evidence of that in the Sydney metropolitan and Central Coast areas, whereby that has introduced a tension and that tension manifests itself in that people— It is assumed on the night shift that they will have an unpaid meal break of one hour. This means that the ordinary hours that they are paid on that 14-hour shift are 13 hours. What has often been the case—and, indeed, this is another matter that has been before the Industrial Relations Commission in relation to the service's incapacity on some of those night shifts, especially on the Central Coast, for example, but also in Sydney metropolitan areas in not being able to routinely provide that break, certainly of an hour, or a sufficient break at all. This has inevitably led to a tension amongst officers and this union as to then creating a situation where people are working 14 hours but apparently getting paid for 13 hours.

The Hon. CHRISTINE ROBERTSON: So they are not getting overtime for the hour?

Mr RAVLICH: We would claim that that is the case, and we are currently pursuing that aspect.

The Hon. GREG DONNELLY: Earlier in their shift—in other words, before the thirteenth hour—they are not receiving any other break?

Mr RAVLICH: That can occur at times.

The Hon. GREG DONNELLY: There are people working 13 hours without breaks—is something that is going on?

Mr RAVLICH: Without any break provided by the service, yes.

The Hon. GREG DONNELLY: Is that something that is frequent, or infrequent, in your experience?

Mr RAVLICH: I might defer to Warren.

Mr BOON: Certainly I speak on this matter on behalf of south-western Sydney. It is the growth corridor; it is noted as being one of the busier and harder-to-manage areas in relation to the Ambulance Service. I can categorically say that it is happening very often. But I would also like to say that nightshift is not necessarily the only main issue of concern. As has been alluded to, we do 10-hour day shifts and 14-hour night shifts, with a one-hour unpaid meal break. What is routinely happening now is that, as a result, day shifts are of smaller hours duration—primarily because it is also our busier period. Our day shift crews are supposed to finish at 6.00 p.m., but it is not unusual for them to be finishing at 7, 8 or 9.00 p.m. and still not have dined.

The Hon. GREG DONNELLY: That is, an evening meal?

Mr BOON: That is their one meal for the shift. Basically, they are going out and not returning until well past their knock-off time, and still they have not dined. There are some major issues with that. There seems to be an emphasis on it in relation to night shifts. Yes, it does exist. I would contend that it actually has a greater impact as well on day shifts, which is our busier period. Unfortunately, the only thing I can put this all down to is that there is a real inequity in relation to the balance of work and resources; there is a resource mismatch there. Unfortunately, it is left to the operational officers on the road to make that up.

The Hon. GREG DONNELLY: Could you say that again?

Mr BOON: It is left to the operational officers to make up the gap.

Mr BOON: I would also like to make the point that it is not confined to the metropolitan areas. Ambulance officers in rural New South Wales, even officers who work an eight-hour shift with 16 hours of on-call attached, are quite often called upon to work long, long hours without a sufficient break to sit down and relax and have a meal. So it is not just confined to the metropolitan areas; it is very, very common in the rural sector as well.

As an example—I will not mention station names—with respect to one of the stations I am responsible for in the part of the State where I work, I noticed that a page came through yesterday that they were held up in bedlock at about 5 o'clock yesterday afternoon in Canberra Hospital on an eight to four shift. I also noticed a page come through that they were held up in bedlock again at 9.30 last night. What has obviously happened there is that, on an eight to four shift, they have ended up in Canberra at around 5 o'clock in the afternoon, they have returned to their station, only to be loaded up with another patient to come back to Canberra Hospital. So at 10 o'clock last night they are still trying to get a meal and they are still trying to finish the shift that finished at 4 o'clock in the afternoon.

The Hon. GREG DONNELLY: In the evidence provided to us by the Ambulance Service, they explained that there is a grievance procedure in the award and that augmenting that is an internal policy document which lays out a procedure as well. It was explained to us that the two somehow mesh together to deal with the resolution of grievances. Can you confirm that that is the case? Secondly, if we do have the award and the policy document, does the fact that they are separate documents lead to some of the difficulty associated with the resolution of grievances, in your view?

Mr RAVLICH: The award—as with most awards—has a dispute resolution procedure, which I guess is more a process for institutionalised dispute about some aspect, as opposed to a grievance process whereby if someone raises a grievance, that of itself does not necessarily lead—and nor should it lead necessarily—to a disciplinary process or an apportionment of blame; it should lead to a resolution of the issue to the satisfaction of the person making the grievance and those involved in that grievance.

With regard to the award process per se, I am not sure that that would effectively deal with the matter. Certainly the Ambulance Service is required to follow a number of public health circulars in relation to grievance procedures and disciplinary processes. Whether they work hand in glove or could work better, I am not sure.

The Hon. GREG DONNELLY: Given the extent of the grievances you say you are taking to the commission, surely trying to get a better dispute/grievance procedure must be a way forward in trying to deal with the situation?

Mr RAVLICH: Many of the things we take to the commission are certainly grievances that individuals or groups of members have, and I guess resort to the commission is a manifestation of that clause where, if you are unable to resolve it collectively, you then bring in the independent umpire to resolve the matter.

Mr POLLARD: Could I also make the point that, yes, there is a grievance procedure and there are policies that are issued. The shortfall in all that is that the people who are responsible for the practical application of those policies and procedures are not taught how to manage them and they are not taught what the practical application is. It is up to the individual manager to read the policy and determine how it is going to be administered.

The Hon. CHRISTINE ROBERTSON: Will it help that they are intending to further resource station managers to take this issue on at a local level at the beginning? That is what we have heard.

Mr POLLARD: One of the issues is that unless they can bring their staffing levels up to a level whereby we can take station officers off the road to train them, that training will never occur. We have to get the baseline correct first.

The Hon. TONY CATANZARITI: The Police Service has a commissioner and the chief executive of the ministry. Is this a good model for the Ambulance Service?

Mr TAIT: I have been an ambulance officer for 35 years, and the service has best been run by uniformed head. We had it for quite a number of years; officers knew where they were going. Yes, there used to

be claims of the old boys club and all that sort of caper. But the difference between then and now is that when we had a uniformed head you had someone who knew operationally what we were going through on the streets—they have been there; they have done it. Even if they wanted to—one bloke comes to mind, where he actually came back on the road to find out what was going on.

The people we have administering us now have absolutely no idea about what we do. They could come into a public gathering like this and they could sound all warm and fuzzy, and everything looks rosy in the patch, but in fact they do not know what we do on the streets. It comes down to the fact that we firmly believe that we need to go back to a uniformed head of this organisation.

Mr RAVLICH: That view is held very firmly by members, who have made that known for a period of 10 years or more. Certainly what has occurred in the last 10 or 15 years has been a radical reduction in the number of uniformed officers in positions of authority in the service, with the replacement of, to be blunt, bureaucrats who may be very good at driving desks but are not necessarily very good at driving the business of the Ambulance Service.

Mr TAIT: There are a couple of classic examples in relation to administration within the organisation. An ambulance officer can go out and it does not matter whether someone collapses in this room or in West Tamworth Leagues Club, in Tamworth, the same treatment applies. When you bring it over to the administrative side of the Ambulance Service, we have absolute absurdities going on. One that comes to mind is that fleet did not talk to communications at one time. We were using a particular drug that was in the atmosphere and was potentially dangerous and had to be vented. So they cut a hole in the roof of the ambulance to put a vent in, with total disregard for the radio communications, and it took the ground plane out. The left hand is not talking to the right hand in this organisation, and that comes from the top.

CHAIR: We have many more questions but we have run out of time. We appreciate your presentation today, and your supplementary submission. I note that the Committee Secretariat may wish to contact you to follow up or clarify certain issues, if that suits you. With regard to the document you tabled today, could we include that as supplementary to your submission?

Mr RAVLICH: Yes.

(The witnesses withdrew)

CHAIR: I draw to the attention of members of the public the fact that the public hearing has now concluded.

(Evidence continued in camera)

(The Committee adjourned at 4.45 p.m.)