CORRECTED TRANSCRIPT

REPORT OF PROCEEDINGS BEFORE

GENERAL PURPOSE STANDING COMMITTEE No. 2

REVIEW OF THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THE INQUIRY INTO THE MANAGEMENT AND OPERATIONS OF THE NSW AMBULANCE SERVICE

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At Sydney on Thursday 11 February 2010

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The Committee met at 9.30 a.m.

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PRESENT

The Hon. R. M. Parker (Chair)

The Hon. A. Catanzariti
The Hon. G. J. Donnelly
The Hon. M. A. Ficarra
Reverend the Hon. G. K. M. Moyes
Ms L. Rhiannon
The Hon. C. M. Robertson

CHAIR: Welcome to the first public hearing of the review of the implementation of the recommendations of the inquiry into the management and operations of the NSW Ambulance Service. I need to make some comments at the outset about the Committee's review. As you would all be aware this is part of a follow-up of a previous inquiry that this Committee undertook into the management and operations of the NSW Ambulance Service. That report was tabled in October 2008 and part of that was a commitment that the Committee wanted to conduct a review of the progress made in implementing the Committee's recommendations. With that in mind the Committee advertised its new terms of reference last November and subsequently resolved to hold today's hearing.

If there are media here they need to be aware that in accordance with the Legislative Council's guidelines for broadcasting proceedings only Committee members and witnesses may be filmed or recorded. People in the audience should not be the primary focus of filming or photos. In recording the proceedings of this Committee you must take responsibility for what you publish or what interpretation you place on anything that is said before you, and those guidelines, as always, are available from the Committee staff.

If anyone has messages for Committee members or participants could they please pass those through the Committee staff who are here? Obviously you are able to receive messages or post-it notes or whatever from those people sitting behind you. I welcome our first witnesses today.

LOUISE CLARKE, Assistant Director, Professional Standards and Conduct Unit, Ambulance Service of New South Wales

MICHAEL WILLIS, General Manager, Operations, Ambulance Service of New South Wales

DEBORA MARGARET PICONE, Director General, NSW Health

BEVERLEY RAPHAEL, Professor, University of Western Sydney and member of Change Committee, and

ROBERT McGREGOR, Member of Change Committee, sworn and examined:

GREG ROCHFORD, Chief Executive, Ambulance Service of New South Wales, affirmed and examined:

CHAIR: Before we begin I know that Committee member the Hon. Christine Robertson has something that she wants to say.

The Hon. CHRISTINE ROBERTSON: I need to put on the record for this inquiry my membership of the Health Services Union.

CHAIR: There is an opportunity for a brief opening statement if you would like and then we will get underway with questions.

Professor PICONE: Rather than have the Committee suffer us all making an opening statement a vote was taken and I have won. I would like to thank you and the Committee very much for the opportunity to come and report back on our progress. I thought I would just give a little overview of the Ambulance Service. I know you are very familiar with it but just to refresh people. Our Ambulance Service employs 4,200 people—300 more officers than the time we met last year—in all of our locations across New South Wales. Over the past decade the Ambulance Service has grown by 50 per cent and has become a much younger and highly educated workforce. Mick is a little bit upset about that but I have told him he has just got to live with it. The Ambulance Service is also more highly skilled. In fact, as I have previously described, in the last few years over 90 per cent of the staff have undergone enhanced clinical training, broadening the skills of our paramedics.

So the picture begins to develop of a large, complex organisation with a growing workforce of extremely bright young professionals. It is a positive story but, as we well know, it is not a story without major challenges. I should also like to take the opportunity to acknowledge the very special role they play in our community. I think all of us remember those images over Christmas and New Year of the shocking accidents and it highlights what our paramedics do on a daily basis.

I would also like to say to you that you would think that the biggest issues that our paramedics deal with are chest pain and strokes and broken bones but now add to that the complexity of what they do every Thursday, Friday and Saturday night with the scourge of alcohol in our community. I know that the chief executive officer will comment on the steps the Government is about to take around those issues. But to me, as you meet with paramedics—I went to look at a series of issues a couple of weeks ago at the southern ops centre and the common theme there from the staff was that one of the biggest issues they face on a daily basis is alcohol and how that affects people and how they have to deal with it.

Since we last met there has been a large body of work undertaken by the leadership team and the paramedics themselves to respond to these challenges. There has been a concerted effort to build on a more supportive work environment for our paramedics. Of your 35 recommendations and those that were supported by the Government all have been implemented or progressed in accordance with our response that we sent to you in May 2009. Key to our progress has been the appointment of an advisory committee to assist the service, and of course Mr Bob McGregor, who I think needs no introduction to this Committee except to say a previous Director General for Health, a previous Director General of other government agencies, and a previous CEO of the Ambulance Service, Jan McClelland, and of course our very own Professor Beverley Raphael, who is an international expert on trauma and other issues around disasters. I am very grateful to those three people for the giving of their time so freely to assist us with the issues.

They have brought their wealth of skills and this, I know, has proven invaluable to Greg Rochford and his team. But I do stand by the comment that I made to you last year that there are pockets within the Ambulance Service where staff have not been working in a healthy and respectful environment, but I do not believe that the bullying is endemic in that great institution. There are officers here today, and I would like to acknowledge Jason Rutherford who is here, but other officers—paramedics actually—who I know will be happy to tell you first hand of the changes on the ground.

The Ambulance Service has been heavily focused on four areas: management, practice and support for staff; improving our clinical capability; improving our operational performance; and, of course, ensuring that the technical capability is in the service to deal with the daily issues such as equipment, vehicles, com systems and IT. There has also been a large amount of work to improve the handling of grievances and serious allegations and, importantly, developing our first-line managers to deal with these situations as they arose. I know I gave evidence to that effect last year that that is where we see the most substantial cultural change.

During 2009 the senior leadership team of the Ambulance Service, its managers and staff, have worked together to develop an organisational statement of values for the service. A group of 41 staff across the four divisions and a culture and values survey was conducted with 1,000 staff to get a representative cross-section. The information from our consultation process was used to develop a document called "Our Values", which was issued to all the staff in 2009. It sets out in everyday language the values and behaviour that employees in the organisation expect from each other: professional behaviour, acting responsibly and being accountable, promoting and encouraging teamwork, and showing care and respect. Preliminary results from the survey of staff and managers confirm a high level of awareness. Approximately 97 per cent know of the respectable workplace training and procedures. That level of awareness in itself is a remarkable result.

It is critical that we measure our progress and get feedback from our staff to ensure that we have had an impact. Deloittes was engaged last year to review our progress. We felt it was important to have an outside group of that standing to have a look at how we were going. This independent review found that the Ambulance Service had implemented 16 of the 18 specific strategies contained in the Health Workplace Strategy announced in 2008. There is an acknowledgement in many of the submissions about the work that the Ambulance Service has undertaken to rollout training courses that there is a high level of awareness. However, in the same submissions there is disappointment and some scepticism about how much change has actually occurred. You know, and we talked about this last year, that we cannot achieve cultural change in an organisation of this standing with a 115-year history through a single training course in a year. It is going to be a long-term process. I thank you for accepting that. Deloittes has recommended to the Ambulance Service that it waits until the end of next year to further evaluate progress made in changing culture.

The Ambulance Service has also increased its resources to the Professional Standards and Conduct Unit. I do acknowledge that was an issue for us and we needed to get on top of it and improve those procedures. I believe that we have. Two additional investigators were appointed in 2008 and a computerised case management system was introduced in 2009. All line operational managers are required to complete the Ambulance Management qualification. This course was developed and jointly presented by the Ambulance

Service and the Australian Institute of Management. I remain firmly convinced—and I gave the analogy to you of the nursing profession, which is the one I understand the best—that the development of that first-line manager person who is with the group of staff is the most critical development that you can do in any organisation. As of January this year 349 ambulance managers had completed the training and 400 managers are expected to have done the course by the end of July. These facts exemplify the momentum and commitment by the entire service under the leadership of Greg Rochford and his senior team.

Our Ambulance Service will continue to be in the spotlight, and so it should be. It is held very dearly in the hearts of the public and plays an enormously important role. I know that when things do not meet the community's expectations there is disappointment. The tragic death of David Iredale has had a major effect on the community and the service as a whole. Maxine Puustinen, the Assistant Operations Centre Manager, is here today. I thank her again for taking this Director General through the processes of the Operations Centre. I went over there last week or the week before and Maxine sat there and explained how the Operations Centre worked. I was very fortunate also to sit with the senior call taker and listen to how the calls are taken. I talked to her about the big issues for them. I was surprised to learn this about our operators, and I suppose you cannot read it on paper.

For example, when we advertised recently for some positions, I think it was one or two—and Maxine can correct me if I get this wrong—we had 67 applications for one position. The recruitment process was absolutely impeccable. So the people that we are appointing are already of a high calibre and then there is extensive training before they even hit the ground. But they do take up to eight calls in an hour and they are often very complicated and difficult cases. Once again, one of the issues for our operators is that people who are making the calls are regularly affected by alcohol. I am certain that Maxine can explain it much better to you. The staff were devastated by what happened to David. They were absolutely devastated and they have responded accordingly. Maxine can go through the changes that have been made as a result of that.

The other issue that has been raised recently with me, Chair—and rightly so, may I say—is the issue of schedule 4 and 8 drugs and the handling of those drugs. The senior station officer on duty at the Operations Centre also took me through the handling of those drugs. I have to be honest with you, the way I measure it is how I handled drugs myself when I used to run wards. To get to the drugs there were three keys required. So you had to get into a locked area and there was another key hidden somewhere—I still do not quite get that—and then another key opened up the drug cupboard and the drugs were there. I was shown the schedule 4 and 8 register and the checking and auditing that go on.

The paramedics were honest with me and said that they needed to improve the actual auditing procedures of drugs. I believe that they have done that. They were able to demonstrate that to me with the red ink, those improvements. There is an issue about the drugs that have to be stored in an ambulance. So we worked through those issues as well. I am certain they would be happy to go through the particulars of that. I am confident though that those control and checking mechanisms since the issuing of the new operating procedures have improved. Ian can go through the details of that. Once again I thank you for the opportunity to come back and we look forward to any questions that you may have.

CHAIR: Thank you, Professor Picone, for your introduction. Your comments will raise questions from the Committee. We have received your submission and also a number of submissions from the original participants, many of which state that there has been some improvement but not enough. They particularly draw to our attention that the rollout of the Respectful Workplace policy has happened but they feel that there are issues in management implementing the theory behind it. I draw your attention to submission No. 11 from the Independent Commission Against Corruption. The Hon. David Ipp noted that of the 96 complaints that had been received by the commission 53 related to the behaviour of supervisors and managers and examples of core management repeatedly appear. His comments were:

> The Service requires strong leadership that models the required behaviour; managers with the requisite skills and experience and an ethical culture that encourages compliance and quality work.

He further said:

> Unless the Service addresses these core problems, we believe it will have difficulty successfully implementing the Inquiry's recommendations. Without substantial improvement in those areas, there is a risk that any positive change resulting from the recommendations might not survive in the long term.

That seems to be in line with the Health Services Union survey of its members that there were still significant issues in relation to management. Would you comment on that?

Professor PICONE: I have read the submission by the Commissioner of the Independent Commission Against Corruption. I contacted him after I had read it and I had a meeting with him on Tuesday. I had an opportunity then to go through with him the extent of the reforms that the service had undertaken since the inquiry and also ongoing reforms. He indicated to me that he would welcome an opportunity for the Independent Commission Against Corruption to be fully appraised of these developments and he said he would issue some comments at that stage.

From that meeting it was clear, and the Commissioner made it clear to me as well, that they had not been updated on many of these changes. The comments from the Health Services Union I might let the team take on. They certainly agreed, in my view, that there was a heightened awareness of what was happening but were disappointed, as you have said, with some of the issues. There were many other recommendations that they did not comment on. So I cannot second-guess their views. I know they are coming this afternoon. They certainly did put in quite a thoughtful submission. About 80 per cent of the staff surveyed provided a response.

CHAIR: They were saying basically that it is still about management. A number of the submissions, in my view, say the same thing. How do you plan to improve that relationship?

Professor PICONE: That is a view that the union has—there is no question about that—and some of those other submissions. Greg might want to comment on that. It is an issue that we are going to have to continue to work on.

Mr ROCHFORD: There are a number of issues that might be raised. I will talk about two things, if I may: firstly, the organisational approach to this program and then go on with the issues with the union, which indeed are a very important part of the organisation. As the Director general has outlined, the training for individuals, which we have all received, on how to raise constructively the sort of concerns that will arise in any workplace are a very important process and a very important start to the program. But that training, we all know, will not succeed if it is not used and practised and if it is not supported by managers in the workplace. So attached to the training are a number of other initiatives. It really starts, as the Director general said, with the first-line managers who as part of their Ambulance Management qualification are trained to a greater level of detail on how to supervise the resolution of workplace concerns and, most importantly, how to escalate those concerns if they turn out to be serious or are unable to be resolved in the workplace where they arise.

Those strategies are connected to the work that has gone on in the Professional Standards and Conduct Unit. Louise Clarke, who has been managing that unit for the last 12 months, may wish to comment further. I emphasise that since this program started the role of the Professional Standards and Conduct Unit has been much more in line with the direction outlined last time I was here, that is, in relation to the more serious complaints. The proportion of serious complaints that are likely to result in significant disciplinary action has risen in terms of the caseload of that unit. Whereas previously about 30 per cent of their matters were serious, about 70 per cent of their matters are now serious. That suggests to me that the managers in the workplace are raising issues to a greater extent and enabling the Professional Standards and Conduct Unit to take proper investigative action. That action is now more prompt. The average time to resolve complaints has now gone down to five months and, in fact, half of the complaints and investigations are resolved in less than three months. So the performance has improved. Serious conduct can be taken care of more decisively now.

On top of that, the policies and procedures that are instructional for all staff have been simplified with the use of flowcharts, which accompany our submission. So anyone anywhere in the organisation can very quickly see how their concern is going to be addressed and if it is not resolved in the workplace where do they go to get it fixed. That is now a lot clearer. This is a complex system. It will become more effective as it is used. The first year has been establishing the system and training people in its awareness. Everyone, including managers and staff, need to become proficient in its use. That use will come over the next two years as people apply the strategy.

In many ways I agree with elements of the Health Services Union submission in that awareness is high but practice in the use of these tools is only beginning. In our own survey approximately half of the respondents, about 70 per cent I think of the 1,000 who were surveyed, indicated that they were comfortable with using it but only a small number indicated that they had actually used these tools in practice. So it will take several years before that settles down. I spoke with the union two days ago on this very issue. I was really quite pleased with

the response. They gave an unequivocal commitment to support the program and to use their systems to raise awareness and to ensure that complainants used the systems that we have established. That joint approach is really the only way we will make a difference.

CHAIR: The union says in its submission that there are still delays in timeliness. You say it takes five months to deal with a serious case. I am not sure what constitutes a serious case. The union submission states that its members say that timeliness is an issue.

The Hon. CHRISTINE ROBERTSON: Some.

The Hon. GREG DONNELLY: Can I just clarify something? Just for the record, with respect to submission No. 11, which is the submission from—

CHAIR: Perhaps you can clarify that when it is—

The Hon. GREG DONNELLY: No, this is important. Is this submission the same one we are talking about where 96 complaints were received about the service in the period from 2001 to 2007, and it was signed off on 15 January 2010? There is an issue with what happened in 2008 and 2009, which is not subject to the comments in this letter. Is that the case?

CHAIR: I asked Professor Picone to comment on comments that were in summary in submission No. 11 from the Independent Commission Against Corruption [ICAC]. That commented on those, so I think it is time we moved on.

Professor PICONE: If I could just add some clarification, and I apologise for not saying this earlier, they were up to 2007 but it is important to note that none of those went to an inquiry by ICAC.

CHAIR: I was asking you to comment on general comments. Thank you for that clarification. Nevertheless, our original inquiry was during that period and we are reviewing progress. We do not have much time and there is another hearing so I think we should press on. You raised the issue of Schedule 8 drugs and the internal review that you undertook. Would you be able to provide the Committee with a copy of the audit and report? You might have to take that on notice.

Professor PICONE: Yes, we will, Madam Chair.

CHAIR: Thank you. How does the standard operating policy on medications management that was released on 20 January 2010 differ from the original policy?

Mr WILLIS: In anticipating that we would look at medication management I made a couple of points that I will try to highlight to you to show how we have not only changed how we manage but have obviously improved how we manage Schedule 8, and for that matter Schedule 4, drugs. The key findings of our review and where we took the new standard operating procedure are in two main categories. One was how our paramedics record what we are doing—how we handle medication at the front line—and then, more importantly I guess, how we go about making sure we have the right checks and balances in place as a management team in trying to support the officers in the field.

There are five or six key points but I will speak about them briefly and summarise them for the Committee. Firstly, we have limited the authorisation to carry and in effect administer restricted medicines. This is not to just make things difficult; it is about making sure we are able to account for the amount of medications that are in the field at any time and that we can limit any possibility of medications not being accounted for in direct intervention with patients. Officers previously would routinely have medications at home in the event that they were called out, particularly our specialist paramedics in our special casualty access teams [SCAT] and the like. We have taken the step to limit that process so that we know exactly where all the medications are at a given time and we can account for them in the register.

We have put in place clear and stronger routine checking requirements in line with best practice improvements, and that includes not only simple counts of the medications but also visualising the packaging. As an ambulance service we are one user of medication and we have gone to the manufacturers to try to get assistance to pack the medication to suit our operation. That in itself is not an easy thing, but it is happening. We have also put in place processes whereby the officers not only account for but also check the medication and the

integrity of that medication. Likewise, we have strengthened and are strengthening the existing security arrangements. Some of this will need to take us into the not too distant future to where we enhance the storage—in other words the safes and the processes in the stations. Without dwelling too much on the actual security arrangements we have certainly improved those arrangements.

We have introduced and are introducing new record-keeping arrangements specific to ambulance operations. The nature of our work, whilst we endeavour to follow and do follow the practices just like any other health service, makes the way in which paramedics operate slightly different. Obviously they are out in the field and they move around. We are modifying the register of medications to suit the practice of ambulance paramedics in the field. We have introduced clearer guidelines for the disposal of unused portions of medications because that came out of our review. To a lesser degree, I guess, we are continuing to set maximum and minimum stock levels so that we do not have a plethora of medications in the field. That becomes a challenge when you are managing an increasing demand, but we have put processes in place.

In summary, we have limited the authorisation; introduced clearer and stronger checking requirements by paramedics and by managers in the field, and have more regular checking. We have introduced and are rolling out new record-keeping procedures in line with the paramedic practice, and clearer disposal guidelines, which were the key findings of the review.

CHAIR: Thank you. When are you introducing electronic swipe cards?

Mr WILLIS: The process of rolling that out across the State is not insurmountable. The process of identifying how we can do that has started. It will take us a little while to bring that in, both from a technology aspect and also just a simple infrastructure process, but the process of identifying how we do that and bring it into new facilities has commenced. We have a prototype or first-go type already operating in our education centre to test the peculiarities of how we do that.

The Hon. MARIE FICARRA: Going back to the David Iredale inquest, the Deputy Coroner commented that he was astonished that at no time prior to the inquest did the Ambulance Service conduct an appropriate review or analysis of its performance in the circumstances that led to Mr Iredale's death. He added that it was important for any organisation that provides this vital service to the community to have systems in place for self-analysis. Can you explain why the service did not conduct an internal review prior to the Coroner's inquest and the systems and review that are now in place for this most necessary self-analysis?

Mr ROCHFORD: You raise a very important point. The service does have and did at the time have a system in place for identifying critical incidents and they are reported. In fact, any member of staff who believes a critical incident may have occurred can enter it into a computer system, which is then reviewed and, when required, leads to a formal process that records an analysis that is common to the rest of the health system. So there are processes there. Records are accessed and investigations conducted for operation centre cases quite regularly whenever we have a concern about procedures that led to an unfavourable outcome. I emphasise that in our line of work an undesirable outcome can be part and parcel. We can do everything right and the outcome is not we would have hoped for at the start of the case. So the outcome itself will not stimulate a review but whenever we are suspicious or anyone suspects that some aspect of our procedure was deficient a review will be started.

In the case of David Iredale, the management of the response to finding him and rescuing him was across at least two agencies, us and the police. The assumption was made in that case that the police were the lead agency and at the time the case was completed and the tragic circumstances were finalised the Ambulance Service itself was not aware that any error or less than satisfactory service had been provided, mainly because there were three operators involved and it was not until you listened to the three recordings of the tapes lined up together that it became apparent that we could have handled it better. Normally what happens is that if we have a concern about another agency or they have a concern about us they will notify us and we will conduct a review. For various reasons in this case, as was pointed out to the Coroner, that did not happen.

I do say that as soon as we were aware of the concern, which in this case was when the brief of evidence that the police had prepared was provided to the Coroner and then passed on to the Ambulance Service, a very detailed review was undertaken. That review was completed before the inquest and indeed a great deal of the brief of evidence that was ultimately provided to the Coroner was the material that the Ambulance Service itself had identified. Much of the corrective action that was required had been taken at that time. Subsequently the recommendations of the Coroner relating to the Ambulance Service have all been

implemented. As the Director General mentioned in her opening remarks, Maxine Puustinen is one of the managers of the operations centre and was closely involved with implementing those changes. It may well be of interest to the Committee to hear directly from her about how that process went and what sort of difference that made to the staff and indeed the service we provide, because they were important improvements.

The Hon. MARIE FICARRA: We would not mind if the evidence could be kept brief. It is of great public interest.

CHAIR: The witness will have to be sworn in. While that is underway, can I clarify about the GPS systems? You said they were in every ambulance. Evidence from ambulance officers tells us that the little portable ones are not of a very good standard and they are individually handed out to each ambulance officer rather than being a comprehensive, decent GPS system in an ambulance. Perhaps you could comment on that after we have heard from this witness.

MAXINE ANNE PUUSTINEN, Acting Manager, Sydney Operations Centre, NSW Ambulance Service, sworn and examined:

Mrs PUUSTINEN: At the time of the Iredale inquest I was the assistant manager and responsible for looking after the staff's welfare and I was involved in the actual investigation of those calls. From the time of the call that was taken in 2006 until 2008 there were a number of improvements in relation to the staff numbers of call takers at the Sydney Operations Centre as well as the management structure in the centre. The recruitment of staff in the operations centre has been improved across the entire State. The process for operations identified recruitment improvements, which have since taken place.

The Respect in the Workplace charter has allowed a lot of improvements as has the remote location SOP. We have a remote location training package, which was rolled out across the State to ensure that all our staff undertake remote location training. This training is to ensure trainer review in the call taker training process. We have had a number of very good outcomes since the Iredale inquest in finding people in remote locations.

Professor PICONE: One thing that impressed me about the changes in education was getting staff to listen to how they had taken a call.

Mrs PUUSTINEN: When staff go to the education centre they are there for three weeks and they learn the protocols and how the computer system works and they then go to the operations centre and are mentored for a period of time. When they are about halfway through their training they are taken to the quality assurance office. The quality assurance staff take them through their calls and how they are audited. They let them listen to the way they are performing on their calls and provide them with advice on how to improve the way they take their calls. This relates to customer service and their compliance with protocols.

They also undertake a random audit across the State. Three per cent of all the work is audited routinely every month and all staff are provided with feedback on their performance in relation to that report. There is also an increased amount of reporting to management if there is anything in the audit that they feel may need to be further addressed. The assistant managers then listen to those calls, look at the audit and seek an explanation if required. An explanation is required if we believe the performance is against policy. That has certainly led to an increase in reporting to senior management.

CHAIR: Mr Rochford, do you want to make a response about why you did not put wide-end GPS systems in each ambulance rather than giving portable ones to officers to take home?

Mr ROCHFORD: Yes. We were really pleased to get the grant of $1.2 million to equip ambulances with GPS. The first option was to integrate them in the ambulance and have a seamless transition with the address of the caller automatically going through our CAD system and then being sent to the ambulance so officers would not have to enter the coordinate details. That involves lining up several different technologies from Telstra to our own computer-aided dispatch database and then the ambulance itself and various modes of transmission. We looked at it for some six months and were not able to find a successful application that was strong enough for application in emergency services environment. We expect that technology will be improving in the next few years and it will become available, and indeed, a recent upgrade we have done to our own

system will make it a little more accessible. But it will not be a practical option for a couple of years yet, in our view.

In the short term, we acquired these units. It was a major contract. The process of acquiring was simply that we called for expressions of interest. Six different models were made available to us. We gave them to teams of paramedics to try them in the field and they played with them for some time. In the end they were short listed to three and the most suitable, based on paramedic uses, was identified. I have one of them in my car. I have to say, they take a bit of familiarisation to get used to.

CHAIR: Do they include hospitals as a point of interest on them?

Mr ROCHFORD: Mine does not. They have been programmed with the latest database but the rationale for personal use was simply to encourage officers to use them as much as possible so they could become quicker and more accurate at using them. That was the idea. These sorts of devices are always prone to theft. We did not want to encourage people to leave them in the ambulance but to take them home and keep them in your pocket. Using them in their private car when they were off duty was something we were keen to encourage and it turned out to be quite an economical option for the short term until the better technology becomes available.

Reverend the Hon. Dr GORDON MOYES: Mr Rochford and Mr Willis, I have read through all the submissions we have had and I want to make some general comments and ask for your response to general comments. I know there are quite a lot of changes in policies and practice and I think they read as sound changes but there seems to be a disparity between managers adhering to your new policies and practices. Is there any way you are checking up on this?

Mr ROCHFORD: Yes, thank you for the question. Perhaps I would not use the word disparity but there is variability in how well they are applied. That reflects the variability in skills across the management area, which is one of the reasons we very early on prioritised the delivery of that management qualification to frontline managers so they could acquire the skills and we could raise the overall standard. The procedures are still new and anyone who has dealt with strong interpersonal conflicts in the workplace will understand it is a difficult task for any manager to take on and you do not expect success on every occasion. Often, differences of opinion amongst staff members, particularly in our organisation—staff members may have been with us for 20 or more years, as have family members, and is more like a family dynamic than a workplace in some cases. So those differences will remain, so we will not always get success.

The vital thing is to support the program, trying to manage and make the managers accountable for applying these procedures. Every manager now has an annual performance review—it is actually reviewed twice a year—and one of the requirements of managerial performance is to demonstrate how they have promoted the organisational values and the behaviours connected to them and how they have applied the respectful workplace tools and the new procedures to improve the level of harmony in the workplace. That will be a process in the next two years, to build skills and to increase consistency. Already we have some examples where the procedures have been applied very effectively and difficult interpersonal relationships have been resolved to the satisfaction of all involved.

Mr WILLIS: For a long time we could argue—and I guess I am living proof of that—that as managers go we have been very good paramedics. What I mean by that is, traditionally we have taken people who have shone as standout paramedics and brought them into the management field and then progressed on through the service. Now we have a honed-in, targeted training program that says we are going to take that expertise that you have shown and demonstrated as a good practising paramedic and now we are going to turn you into an operational, front-line manager, putting also into the mix that we have increased the number of front-line managers so we are increasing the idea of support to our paramedics in the field.

It is important that we recognise, and we have done that, through the targeted training of front-line managers, that you are not just a paramedic any more, you are a manager and we need to give you those skills. One of the key skills in the ambulance management qualification, in the training we are delivering, is a communication skill. That communication skill is about understanding the needs of front-line paramedics and then as a manager taking that on board and transposing it into action. That is a real key. We are all good ambos; we are not necessarily all good managers, and the training we are delivering now is about trying to improve that skill set, and that takes us to the compliance with standard operating procedures and how we go about our business.

Professor PICONE: Could I just add a general comment, because we did give evidence at the last inquiry, and the analogy I made that I understand very well is nursing. I remember when I was the most senior renal nurse on the ward and the next day I was the charge sister. No-one told me what I was supposed to do the next day. You learnt it on the job and you were appointed because you were the most senior person, hopefully reasonably good at your job. So, this is the situation now in our ambulance service, where it is a highly professional service—and I would not want that to change, I do not want generic managers managing at the first line, I want paramedics managing. But, where we have not done enough, and I appreciate Bob McGregor's comments and Beverley's as well, we have not done enough around giving that station officer, superintendent, the skills necessary to do that job. We have kept them as good paramedics. I think this might be some of the dissidence we are seeing, and that takes time, it just cannot happen overnight. Even taking a person into a learning environment and giving them a set of skills, they do not transform into complicated things.

Reverend the Hon. Dr GORDON MOYES: You need competent managers to create a culture change. At the inquiry we all recognised how important culture change was. I must say to both of you gentlemen that reading through all the reports, including the ones we are not able to discuss publicly, phrases were being used over and over again—and I am talking only in a generic sense now—which meant so many people were saying they were disillusioned, that there were bad examples of poor management practices quoted, that there was—I am sorry to say this—continual raising of bullying and harassment issues, which I had hoped would have been cleared by now, and a general comment, "I don't think anybody out there is listening." I do not want to revisit those, but what proposals do you have for developing confidence in the management of the service?

Mr ROCHFORD: I think the confidence starts at the first line of managers, and building their skills is a current priority. But we cannot just keep focusing on that of course. After the ambulance management qualification is well installed, which will be about the middle of this year when all current managers will have been through it, we will be introducing—

Reverend the Hon. Dr GORDON MOYES: The problem is you get more and more highly qualified disillusioned people.

Mr ROCHFORD: Well, I say two things. There will always be those who are not happy with management decisions. On occasions those people will have grounds for their unhappiness and they need to have those decisions reviewed and addressed. On other occasions they do not have grounds and it is just a matter that they do not agree. That can lead to disillusionment and we have to develop processes for moving on from that point. Some of those who have maintained that position of disillusionment have already exhausted every avenue in this State for review of their circumstances, and a number of those who have made submissions have had a final letter from the Ombudsman acknowledging that there is a disagreement and that that does not mean that the Ambulance Service has done anything wrong, that there is just disagreement and the Ambulance Service needs to keep managing and moving on. So, not every level of disillusionment is justified but where it is, it is open to be reviewed and addressed. The management skill and the organisation will gradually improve over time, and the most important thing I think we can all do is to support the system that is in place and encourage staff to use it to its full extent.

Reverend the Hon. Dr GORDON MOYES: Mr Willis, have you any comments about how you propose to rebuild confidence in the senior management of the service?

Mr WILLIS: The comment I would make, backing up what I have said about taking good ambos and going through the training process and bringing them through as managers, is that as we go through the change process in culture, and I also add the extent of change we are going through clinically in our operations—and that is quite huge and we are now one of the leaders in clinical practice in out-of-hospital and pre-hospital care—combined with that is making sure that not only our front-line managers but, as Mr Rochford as indicated, right through the management tree that we are held accountable. One of the key components of that accountability is the performance management framework that we are introducing in answer to your question, what are we doing going forward.

Rolling that performance management framework right out through the organisation so that we are able to gauge—I am doing this in a positive way—how we are managing change and also how we are handling and managing our paramedics as they come along through the change. To me, that is the key thing we can do so we have a constant look back on how we are going, are we bringing everyone with us—and to me that is an important part in this organisation, especially with the work we do—so we are not leaving people behind and we

are supporting our managers as they are supporting our paramedics as they go through the change. To me, that is the important part, making sure we are performing.

Mr ROCHFORD: May I add one very brief comment? I noticed in one of the submissions there was a question asked about my own performance and how that was reviewed. My performance does get reviewed by the director general regularly and subsequently in the Department of Health annual report.

The Hon. CHRISTINE ROBERTSON: That would be a lot of fun.

Mr ROCHFORD: I welcomed the opportunity, I remember. It is a two-way process and it is a chance to set some realistic goals. But that performance review is not widely known to staff and it occurred to me on reading that submission that I and the other executive officers in the Ambulance Service have their performance reviewed regularly and strictly. That process should be reported to all for all to see. So, that will be one idea that comes from the submissions which is I think are beneficial.

CHAIR: So you are going to put it on the website or something, are you?

Mr ROCHFORD: Yes, we will publish it at the appropriate time. The other thing, and you may not want to ask Louise to comment on this, when serious misconduct does occur—it is not common but it does occur—the outcomes of investigations, indeed the eight members of staff I unfortunately needed to dismiss from the service last year, three of them were for bullying type behaviour, are not widely known in the organisation. This year we are developing a process of reporting in anonymous terms the sort of conduct that has come to attention and the results of that so that people can see that action is taken and the process leads to some results. Measures like that, that level of openness, will help confidence grow.

Ms LEE RHIANNON: Mr Rochford, when you gave your presentation you spoke about the relationships with the Health Services Union. Can you just elaborate on that? You gave the impression you were confident it was a good relationship. Could you elaborate on the relationship and how you work together?

Mr ROCHFORD: I am pleased with the level of support the Health Services Union has expressed on the healthy workplace program. I have to accept that the relationship with our union, particularly over the years, has been a difficult one. There is not widespread support for some of the reforms that have been introduced and there is a level of dissatisfaction amongst their membership group with some elements of it. That does not mean to say that those reforms are not important to proceed but the level of support they have demonstrated for the workplace program has been a common talking point that we can use to build the relationship.

The meeting we had on Tuesday—our regular meeting—which lasted two-and-a-half hours and covered 30-odd agenda items about specific changes and issues in the service, was a cordial, constructive discussion of a range of matters. The processes in place to deal with the differences of opinion about what is going on in the service are working very well. I compliment the union and its members for the way in which they are going about following those processes. I will not pretend that it is purely harmonious, because given the level of organisational change that we are embarking upon, and it must be made, there will always be areas of tension. However, I am confident that the systems we have in place allow those tensions to be resolved in the most constructive way possible.

Ms LEE RHIANNON: Are you saying that there is a bit of give and take and that you respond given that the union is there to represent the conditions of its members and that you are taking that on board and changing, or that you are expecting them to come on board with your program?

Mr ROCHFORD: It is definitely a matter of give and take. Through the consultation processes we often learn more about the options available and some of the practical applications of new systems from the union submissions. They have been very helpful and we welcome them. Mike Willis may want to give a couple of practical examples of where the input from the unions has assisted us to achieve a goal.

Mr WILLIS: I will give some examples of where we are improving. The development of the relationship and the recognition of the need to have an effective relationship with the union came about because we were held to account for the process by which the service engages with the union through consultative committees. In fact, we responded to that positively. From a state level down through our divisional levels and to our sector levels we have a formalised process through which we can engage. That has provided an

opportunity for all members/staff and management to meet on a regular basis away from the heated argument of the state level, as happened the past, and to resolve issues.

By way of example, many of the agendas in the sector JCCs, the very frontline process by which we engage with the union, are fairly blank in the sense that matters are being resolved at that level. The opportunity is there now to apply a consistent approach to resolving difficulties with the award or interpretation of various policies. That is one example of how we are solving things. Another key example is where we have been called to account for greater consultation on matters. These are not necessarily award-related matters but changing operational practice. I am the first to admit that we probably do not get that consultation right all the time.

However, what is improving now is the ability for us to sit down with the union and to ask almost for an opinion as opposed to the past practice of going through the process. A classic example is that we recently engaged with the union on a new response standard—in other words, how we should go about organising the operational response of our vehicles. The union has come back very positively and clearly and assisted us in invoking a new response standard that allows clearer direction to the operation centres, where Maxine works, on what ambulance should be sent to what place. In the past our relationships would perhaps not have got us to that level of detail very quickly.

Ms LEE RHIANNON: They are the positive stories. Can you give us some examples of an impasse with a union position or where you do not agree?

Mr ROCHFORD: I can provide two examples. One arises from the award negotiation and the major industrial case in the Industrial Relations Commission last year. I think it was going on at the time we last met. The outcomes of that case were complex, but one matter was of concern to the union and, indeed, to a large number of staff in Sydney and on the Central Coast who had a certain arrangement for meal penalties. The commission removed that arrangement and replaced it with a different system. There was some concern that that decision may lead to a loss of income for officers working in Sydney and on the Central Coast.

The union agitated strongly about that and represented the views and concerns of its members very effectively. As a result, I gave an undertaking that after a year's experience with the new arrangements we would assess any claim from any officer who felt he or she was worse off under the new system and provide compensation for that year to soothe those concerns. In fact, at the meeting on Tuesday we talked with the union about the process of assessing those claims as they come forward, which is about to occur. That is an example of a bipartisan approach to a very tricky and sensitive issue for members, and understandably so. Even though we could not make a decision about how that award was finalised—it was made by the Industrial Relations Commission—the outcome concerned us and the union was helpful in addressing its members' concerns and helping us to come up with a solution that would enable the middle ground to be found.

Ms LEE RHIANNON: You would be aware that the Health Services Union's submission includes concerns about the timeliness of investigations by the Professional Standards and Conduct Unit [PSCU]—it is claiming that unreasonable delays persist. Can you comment on that?

Ms CLARKE: Serious matters that are dealt with by the PSCU do take some time to investigate. Our investigation of serious matters—that is, serious misconduct matters that require a formal investigation consistent with the Ambulance Service regulations or serious criminal matters which are required to be notified under the regulations and which relate criminal proceedings or serious traffic offences—can take some time to finalise.

Ms LEE RHIANNON: Are you saying that you cannot speed it up and that nothing can be done?

Ms CLARKE: I would like to think that we could reduce it. We have already reduced it from six months to five months, but we can implement further refinements. We have a new case management system that will help us with workflows and tracking. There are some spots where we can reduce the time frames to some degree. However, a range of the matters are out of our control.

Ms LEE RHIANNON: Is the delay because of lack of staff or the complexity of the process?

Ms CLARKE: The complexity of the process. Having said that, if we had unlimited resources we might be able to slightly speed up some parts of the process. In general, the time taken to deal with the most

serious matters that we report on is down to five months, and half of them are dealt with in less than three months. It is usually because of the complexity.

Ms LEE RHIANNON: A survey conducted by the Health Services Union found that 68 per cent of respondents still felt that the recruitment and selection of staff was a not a transparent and fair process. Mr Rochford, how do you respond to that?

Mr ROCHFORD: In two ways. Anyone who is dissatisfied with a selection process can raise that with our human resources area. In the general level of management skill in the organisation, recruitment is, of course, an important skill for any manager to develop. I think that the management team and I would be the first to accept that we can improve the level of skill across management. The management qualification focuses heavily on the process of staff selection. That is not to say that decisions are being made badly, but often they are not communicated effectively and the feedback given to staff about why a decision was made a certain way is not as constructive as it could be. That can lead to quite a level of dissatisfaction.

Ms LEE RHIANNON: Would you agree that 68 per cent is a lot?

Mr ROCHFORD: Yes, it is.

Reverend the Hon. Dr GORDON MOYES: It is more than two-thirds.

Ms LEE RHIANNON: It is troubling.

Mr ROCHFORD: I do not want to sound as though I think it is not an issue; I do think it is an issue. In fact, prior to being made aware of the survey I had asked the manager of human resources to conduct an internal review with an external expert to assess how we go about the internal selection processes. People often move from station to station; there is a lot of movement. Over time the procedures that govern that have become localised and not consistent around the State. In some areas it is done well and in some areas we seem to get more complaints than in others. I do not think that is satisfactory. We will be looking to upgrade those procedures. Now that the management qualification and the performance agreements that go with it are in place, we will have a system to implement the change procedures as they come along.

CHAIR: We will take that opportunity to have a break.

(Short adjournment)

CHAIR: I am sure that Government members would like to ask questions.

The Hon. TONY CATANZARITI: I have a question for Mr Rochford. We have all heard reports of violence towards paramedics. Are the incidents increasing? What is being done about it?

Mr ROCHFORD: Thank you. Yes, there is an issue of violence and poor behaviour towards paramedics generally. It is a big issue for the service. Over the last four years there has been an increase in the reports of those sorts of difficulties. We have taken a number of steps to address those, which I will run through just briefly. Mr Willis may well want to elaborate on some of the detail, if required. The first is violence prevention and safe practices in high-risk environments, which is a simple name for the program. It is for all paramedics covering how to deal with potentially volatile situations and minimising the risk of assaults. There was always a component of that training in their education. That has been upgraded and reissued as a supplementary course.

There are specific procedures that have been updated for paramedics to follow when they do feel that they are in danger, in particular engaging police assistance as a matter of urgency. Mr Willis is engaged with union representatives in defining those issues further at the moment. There is an automatic system in place to provide warnings to paramedics when we dispatch responding crews to a location where there is known to be a hazard. That may be a hazard, for example, where there is a dangerous chemical present, or it may be a hazard where we know that there have been violent incidents in the past. We have also run regular campaigns, especially involving paramedics, in making a zero tolerance approach to any form of violence.

With those programs in place, it is pleasing to note that in 2008 there were 157 reports of assault or aggressive behaviour towards paramedics. In 2009, that number reduced to 111. The reduction is pleasing, but

111 is still far too much. I note the director general's comments in her opening statement about the involvement of alcohol. As the single biggest cause of difficulties at the scene for paramedics, alcohol would have to be up there. I have spoken with the Commissioner of Police about this issue and about some of the police data. You appreciate that paramedics are often called to the scene of a police incident where somebody may be injured. It is quite instructive.

If I may, I will sprint through a couple of numbers: for youth aged between 11 and 24 years, who have been subject to legal action, the offender has been shown to drink prior to the offence in 40 per cent of assaults; 25 per cent of sexual assaults; 60 per cent of public order offences and street offences; 25 per cent of damage; and 40 per cent of trespass. Also from the police figures we know that each week, on an average week, 70 Australians under the age of 25 will be hospitalised, due to alcohol-related injuries; four Australians under the age of 25 will die, due to alcohol-related injuries.

I fully support the commissioner in his call for greater control of access to alcohol, particularly for people in the younger age group. In addition, I have asked the director general and the Minister for Health to increase the penalties for anyone convicted of assaulting a paramedic. I have also proposed to our State and Emergency Management Committee, which is in the Emergency Services portfolio, that an offence be created for hindering paramedics in the course of their duties, to bring paramedics in line with other emergency service officers. I have received a very positive response to those requests, and hope to see the outcome of Government deliberations in the future.

Professor PICONE: I might just comment that the Minister is completely supportive of that and clearly has spoken to the Attorney in relation to that. I think we will see some major changes in those regulations and legislation very soon. The Minister is happy for me to make that comment today. Can I just make a comment about alcohol? I do not want any of you to think that I am obsessed about it, but—

Reverend the Hon. Dr GORDON MOYES: I would not mind.

Professor PICONE: It is a major, major problem.

Reverend the Hon. Dr GORDON MOYES: Do you mean to say I have been right for 40 years?

Professor PICONE: You have, and I am joining you. There is recent scientific data about neurobiology and other effects of alcohol on the young brain. I know that you are aware of that. Some quite brilliant work has been done. I was talking to some of our paramedics and I said, "How do you do it every Thursday, Friday and Saturday night?" In their usual professional way, they said they might get a little bit tired when it comes to number 10, but they understand why people are behaving like that.

There is now very strong scientific evidence about the effect of alcohol on the young developing brain. As a society, I think that, now the evidence is in, we really do now need to be considering our position. But I am very grateful to the Minister for taking the issue on that Greg has raised. It should be an offence to hinder a paramedic who is trying to carry out their duties and responsibilities.

Reverend the Hon. Dr GORDON MOYES: Hear, hear.

The Hon. GREG DONNELLY: We are obviously aware that the issue of bullying has featured in both the previous inquiry and this one. There has been some comment made today, both in opening statements and comments, in terms of addressing some of the questions already presented. I am just wondering if we could have a pretty detailed explanation of what is being done to tackle it? Perhaps, if it is useful, could you provide some examples of work done in specific stations, or in circumstances that show us the sorts of things that are being done to tackle the issue on the ground?

Mr ROCHFORD: Thank you for the question. Madam Chair, with your permission, I would like to invite Louise Ashelford to provide some of that detailed response. Louise is the manager of our healthy workplace unit, which is newly created, and in fact has overseen the development and implementation of much of the program. It may be useful also for the Committee to seek comments from some of the paramedics present who may have stories to tell in this regard.

CHAIR: We will have to have Louise sworn in.

LOUISE MARIE ASHELFORD, Manager—Health Workplace Strategies, New South Wales Ambulance Service, sworn and examined:

Ms ASHELFORD: Thank you, honourable members. You may recall that when the inquiry was on in 2008, I gave evidence before the Committee in camera at that time in my role as senior investigation officer of the professional standards and conduct unit. I made a number of recommendations as to what I thought, as an individual, could help to improve some of the practices within the Ambulance Service. I was lucky enough to in fact be heavily involved in some of the reform that the service has undertaken. I was appointed to the position of Manager—Healthy Workplace Strategies in September 2008.

But in response to the honourable member's question—the service now has in place a substantial framework that will really assist, with the passage of time, in the way that we deal with concerns raised by staff, including ones that amount to bullying and harassment. The raising workforce concerns standard operating procedure and one-page flow charts—which are now in all workplaces and, importantly, in all managers offices, so that anyone can look at them very quickly—provide a step-by-step process that staff and managers can take when concerns are raised.

It also provides an assessment process so that people can determine what is the appropriate response. Is it appropriate for me as a front-line manager to do this? What are we looking at? Are we looking at an incident of apparent bullying, or is it more about interpersonal conflict? I think the members would be aware that many of the concerns raised by staff, and those I share, are often talking about interpersonal conflict as opposed to what constitutes actual bullying. I think the Raising Workplace Concerns Standard Operating Procedure helps all staff to make those distinctions, which are incredibly important to make because obviously that will determine the appropriate response.

That policy is supported also by the prevention and management of bullying and harassment. The Ambulance Service has undertaken, as I said before, a range of strategies, but prevention is one of the key ones we have tried to look at. That is really the key reason we introduced the respectful workplace training: first, so staff knew what was okay and what was not okay, and, second, how to raise those issues. I think we have probably all had situations where we have been in conflict with someone, it has felt really uncomfortable, but it is really hard to deal with it. When conflict is left unchecked, and when people behave badly and it is left unchecked, sometimes that escalates into bullying and harassment. That is why we have taken the approach to try to prevent it before it damages the workplace.

Although the programs are still relatively new, I can give you a couple of examples where I think some of the initiatives have worked in practice. As part of the healthy workplace strategies we also introduced the grievance contact officers. As members may know, they are volunteers who are trained to assist staff to raise workplace concerns and support them during that process. They are a confidential sounding board, if you like, that staff can go to outside of the management structure. I think sometimes many of us are like this: in some cases it is easier to talk to a peer than it may be to talk to our manager. Having said that, though, the grievance contact officers are also providing support to our management, who contact them for advice, they make referrals for their staff, et cetera.

One case we had recently involved a junior member of staff who was concerned about the way he was being treated by the senior officer he was working with. He felt the senior officer was being a bit harsh given that he was new and obviously was just learning the role, et cetera. He wanted to talk to the senior officer about it but did not feel particularly confident. So he contacted one of the grievance contact officers, who talked to him about the steps that he could take, including using the straight talk, which is the conversational template outlined in Respectful Workplace Training, and also about the fact that if he did not feel that he could talk to the other officer directly he could raise those concerns with the manager.

The grievance contact officer talked to this junior staff member and advised him what the response of the service would be. As a junior officer who was new to the organisation he was unclear as to what would happen. And you know what it is like when you start a new job: you really do want to put your best foot forward and make a good impression. Because people want to do that they are sometimes reluctant to raise concerns that might appear as though they are criticising other staff or the organisation. The outcome of that was that the staff member did talk to the other paramedic, with the support of his manager. The manager made an assessment of those concerns, identified that it was a bit of interpersonal conflict, outlined different approaches, and was able to assist those staff to sort it out.

As members may know, as part of the healthy workplace strategies we also introduced an internal mediation program. We have a number of accredited internal mediators. Where concerns cannot be resolved at the local level, managers and staff are able to request what I describe as more formal mediation. I say that to distinguish it from a meeting that is facilitated by a manager, which in many cases is all that is required. But, as we know, some conflict can become intractable, and that is another option that managers have.

We had a recent case—it is not so recent now—where there was quite a lot of conflict, in particular between a couple of staff members, that unfortunately had not been able to be resolved in the first instance with the assistance of the manager. It involved concerns about the way they worked together on scene. Also there was an issue of trust between the officers, in that one officer had previously been involved in a complaint that this officer had actually taken money. So there had been a breakdown in the trust between the staff, and that had effectively played out in their working relationship together. They did not trust each other when they were working together, and they found it difficult to get on sufficiently to deliver the patient care that they were required to do.

They were referred for mediation, and that mediation was undertaken with one of the accredited mediators. During that mediation those staff members talked about their concerns, and then together, with the assistance of a mediator, were able to develop strategies that they could comfortably sit with to enable them to work together. That was quite a successful process. It might interest the members that we get regular requests for mediation. Rather than seeing that as a sign that Managers are not doing their jobs, I think it is a recognition that there are some issues that people need support in terms of managing. So I am pleased to see the regular requests for mediation come through.

The Hon. CHRISTINE ROBERTSON: Recognising that Reverend the Hon. Dr Gordon Moyes touched on the issue in relation to particularly organisations such as the Health Services Union worrying that staff were not supported by their management, could you give us a little more detail on the priorities for the management training program and how you perceive it is improving the workplace for ambulance officers themselves?

Mr ROCHFORD: I might talk about the priorities first and then hand over to others for their perceptions on the impact in the workplace. The priorities have been firstly to train all first-line managers who currently occupy first-line management positions, and there are some 400 of those. By about the middle of this year they will have all completed the course. As we progress through this year, there will be the opportunity to expand places in the course for managers who are not in front-line operational positions but in other front-line positions, such as the corporate services staff and managers of technical areas, so that there is consistency of the skills and knowledge across the organisation.

Also during this year people who aspire to management roles will be given the opportunity to undertake the course and, once it is sufficiently available, we will be making the ambulance management qualification an essential requirement for anyone to occupy a management position. As sometimes happens now, people are acting and they may not have a lot of management experience. Through this approach, that will be a thing of the past. But it is very important in our priorities to make sure that those currently in positions are equipped with the full range of skills. As I noted earlier, the management qualification goes hand in hand with a performance development and review system.

Every six months, every front-line manager will be sitting down with their supervisor to go over how they have supported things and implemented things such as the respectful workplace program in their workplace, how they have managed staff concerns, and how they have supported their staff through various stresses that go part and parcel with the job. So each manager will be accountable for what they do, and if in that process a need for further development is identified it will be picked up at each one of those six months reviews so that appropriate corrective action can be taken. Ultimately it will raise the minimum acceptable standard for management performance in the organisation.

That is the priority of how it rolls out. It is not an overnight process; these managers, in addition to acquiring new skills, must also operate the Ambulance Service and deliver the care. This will be a gradual increase in skills capacity over three years or more. That is not to say that there is not strong management capacity in some parts of the service now—indeed, there is. We would not have gotten this far without implementing a whole range of new clinical skills, new operational skills, new response models, and the changes in our operations centre if there were not good management skills there. It is available; we are in the

process of lifting it up, particularly in the areas of how managers support staff. I might hand over to Mick and perhaps one of the other front-line managers who are present to give some practical examples of their experience in terms of how this approach has relevance to roles in supervising the workplace.

The Hon. CHRISTINE ROBERTSON: May I interrupt for a moment. How are you dealing with the response, "I have been running this place for 20 years and no-one is going to tell me how to do it"?

Mr WILLIS: I think the first way of dealing with that is by saying that all of our existing front-line managers are going through the training program. It is not an option; they have all either completed it or are going through it. The short answer to your question is that they are being told how we are going to change it. If I may give you an example of how it is working and getting over that response, "I have been doing this for a long time and I know what I am doing." At the end of last year Mr Rochford and I completed our annual roadshow, which is getting out to the front line and visiting every station, and two things were prominent.

One was that at every station it was confirmed that we now get to see a manager, hear from a manager, because of the remoteness, or know there is a manager available or front-line staff to contact. The second thing was that at each station we went to the Raising Workplace Concerns, the flowcharts, the material we had sent out, was quite prominent in the workplace. But it was not our doing or our State headquarters' doing; it was the managers themselves getting on and showing that they had taken the workplace concerns seriously, that their new role was to support staff, to be out there, to use the vernacular, in their face in a sense, but in a nice way of supporting.

I want to give one other example. From an operational manager's perspective, one of the key indicators to me that something is working is when our response performance improves. I can inform the Committee—I am quite proud of this—that we now have the best response performance since May 2007 in Sydney and across the State on a State average since September 2008. That is really good; it means that we are responding well. But added to that is our clinical indicators which highlight to us now that not only are we getting there in better time and in the appropriate time but we are actually delivering a higher skills set of care. To me that is important because that is direct patient care. That is a sign to me that things have turned around in regard to front-line management.

The last point I raise before we have the opportunity to hear from the horse's mouth, so to speak, is that the training we are putting front-line managers through, as I mentioned earlier, is not just about communication skills or about learning to be effective and appropriate front-line ambulance managers, but it is also about straight-out operational management. As the Committee would be aware, just over the last few months we have had to deal with some significant incidents, ranging from the bushfires in October-November to floods in the northern part of the State. What we are seeing now is that we are able to devolve that operational management down to the new front-line management and those managers that are trained. So it is a combination of management skills and operational skills, but it is really based around making sure that our managers support our staff; it is not a directional thing. I actually believe that those 20, 28 or 30-year-old managers are taking on board that something has changed and are coming on board with the changed process.

CHAIR: I think we will have to move on. It is interesting information, but we still have a few questions to ask. You may wish to take this question on notice. Could you provide the Committee with the 2009 corporate culture survey?

Professor PICONE: Yes.

CHAIR: I refer to a couple of the issues you raised about violence against our ambulance officers. During our last inquiry some of the witnesses talked about issues with the uniform and they said that that was leading to confusion. They also talked about the need for radios, to allow ambulance officers to be in contact with each other. I note you said that some extra radios have been rolled out. Why does not each ambulance officer have their own radio so that they can be in contact at all times?

Mr ROCHFORD: I might get Mr Willis to comment on the details of that. But you are right, we have increased the number of radios and every crew that goes out does have a radio as a matter of requirement. But the details of how that works—

CHAIR: The question was about why does not each officer have one so that they can be in contact with each other and particularly if there is a situation where they are in a house and feeling in danger?

Mr ROCHFORD: Sure, and that is generally the case. I will get Mr Willis to explain how it does work and where it can go wrong on occasions.

Mr WILLIS: As best as I can to answer your question and the understanding of it: I think the ideal situation—every car has a portable radio on it. The radios are linked to the car because in our op centres we deal with car numbers not people numbers, so that is trying to explain the concept of how we have it. The ideal situation is to be able to ensure that the patient treating officer—generally the first officer in—has a portable radio and is able to communicate. From our experience in various parts of the State our portable radio coverage, as in radio technology coverage, is not always 100 per cent perfect and we have alternates in the remote areas in regards to satellite phones. I will not go into the detail more.

In Sydney we recently—a little while ago now—increased the amount of portable radios; in fact, an additional 48 portable radios were required, and we spoke earlier on about how we work with the union to solve some issues and I am happy to be on record as saying it was a matter that was raised by the HSU and our response to date is an additional 48 radios. We are currently looking at purchasing more. We have just done a recent audit of how many additional portable radios we would have to increase the amount. We do not have a portable radio for near on 4,000 officers, we do not have that many. We certainly have a guarantee that every vehicle has a portable radio in that vehicle as we roll it out, and, as I say, we are examining ways in which we can go about increasing the amount of portable radios by a recent audit that we have undertaken.

CHAIR: During the last inquiry a new association was established who say they represent 700 or something ambulance officers. A number of our submissions say that access to that association's website is blocked by the Ambulance Service. What is the reason for that?

Mr ROCHFORD: It is a fairly simple reason but could I start by saying that the Ambulance Service has no objection to any staff member belonging to this association. Indeed, we actually provide a payroll deduction service for I think 640 staff who joined it. Everyone is at liberty to join an organisation of that nature and we are quite happy with that. The difficulty arises when that organisation, which is not a registered trade union, attempts to engage in some sort of collective bargaining activity. The Ambulance Service invests a lot of time and management time in building relationships with the registered trade unions, the main one being the Health Services Union, and that has an important part of managing the workplace.

The EMSPA group does on occasions seek to act as an industrial organisation, and that is simply not allowed in the State by a matter of law. The EMSPA website encouraged, by way of example, staff members to report issues like a radio shortage or an unavailability of a radio for a crew, particularly at the changeover of shift. An example might be where the dayshift has not returned to the station but the nightshift has come on; they have a vehicle and there is only one radio for the crew instead of two, which sometimes happens when an ambulance is delayed elsewhere. That is important management information that should be reported to the manager responsible for that workplace so that the situation can be corrected if at all possible.

The information on the EMSPA website was partial and did not represent all stations or, indeed, all staff and was not complete and that would have been a disruption to management resources to investigate a second line of reporting when a direct line of reporting should have been for the workplace. So in order to reduce the amount of diversion of management resources to dealing with the issues that EMSPA may raise we have stopped access by the Ambulance Service intranet site to EMSPA. But there is nothing stopping individual staff members from using the EMSPA site in their own time and their private capacity; it is simply not a facility that EMSPA has access to any ambulance workplace. In addition it is very similar to the fact that we do not allow any organisation that is not a registered trade union access to the workplace for the purpose of putting up posters or promotional material or stuff of that nature, and that applies to any organisation that is not a union, and it is just a matter of managing the workplace efficiently.

CHAIR: The Deloitte report in 2009 that you mentioned before, Professor Picone, which was about the strategy for grievance handling, said that that particular strategy was due to be completed in November 2008. That has been delayed. What is the reason for that and can you tell us when you expect that that report on that strategy might appear?

Mr ROCHFORD: I am sorry, Madam Chair, the name of the program you are talking about? I just missed the start of your comments.

CHAIR: The Deloitte report of 2009 says that the strategy for including grievance handling, accountability and performance measures in position descriptions of performance agreements were supposed to be completed by November 2008 but that it has been delayed. I just wonder where that is up to?

Mr ROCHFORD: It is being progressed. It is just a matter of time going through individual performance agreements and upgrading them. One reason for the delay is, in fact, in the operations centre where the position descriptions are all being renewed; they are being changed for a new set of skills to upgrade work practices and, indeed, training for the operations centre. So all of those staff, which is almost 300 staff in the service, that will not happen until the new position descriptions are finalised and then it will be included in the new one system. It is simply a matter of efficiency. There is no question in my mind that the performance program that is in place for all managers already has it in place. So there is a management requirement and as position descriptions are updated they will be completed.

CHAIR: What is the time line for completion of that?

Mr ROCHFORD: We would expect this calendar year for all positions, but it is just a matter of going through it in a steady way and not diverting resources unnecessarily.

CHAIR: Professor Raphael, we appreciate the role you have been playing and your assistance with a number of ambulance officers who have significant issues. I wonder if you might be able to comment on the fact that we still have a number of officers out there who understand the grievance process but are still within the service or on leave and still battling very much to get a result and a resolution. As an individual Committee member I cannot understand why those people are not managed efficiently so that they can get on with their lives and have some positive outcome. They still seem to be out there, many of them still working but teetering on the brink. Could you comment on what needs to happen there so that we can get some resolution for those people?

Professor RAPHAEL: I think there are several processes that have already been put in place which contribute to making things better and preventing this from becoming such an intense problem in the future. That includes the grievance management process and it includes the whole of the prevention and the management of bullying in the workplace, it includes the respectful workplace strategies and it includes the backup provided through the range of systems that are documented in the response including the support for people that were having an acute incident and referring them into the free assistance program and external providers.

Nevertheless it would be fair to say that in most workplaces there are ongoing trauma issues particularly when there were profound encounters with the sort of problems that Professor Picone and Mr Rochford described, and I think that this is a change across all workplaces where those concentrations are part of it. The whole process for managing trauma better in a way that encourages rehabilitation and helps people both use the best available resources to get better by it but also to manage if they have ongoing syndromes relating to trauma and effectively being relocated is a challenge—it is a challenge in the military where this is profound in relation to combat. There is a lot of work going on to create workplace environments that are more protective, but, nevertheless, across all major services systems—health, police and the military, just for examples—that is an ongoing issue.

Many of us are working very hard to progress more positive strategies and build resilience in relation to counterterrorism agencies as well and the development of resilience within organisations and positive mental health strategies are the future and there is a commitment in ongoing ways in this strategy in the documentation to move in that direction. Mr Rochford has certainly invited me to continue to inform this process as it goes on, and I think there is a very hopeful future in the actions that have been taken. I think it was excellent that the actions taken addressed the specific issues raised by people in the first instance and practical management systems strategies and there is a movement towards making the system more responsive both in the tasks it has to do and in terms of response to complaints and distress. But it will take a period of time to change the culture and build in stronger systems, as it would across all health processes.

CHAIR: But the question is what happens to those people in the meantime?

Professor RAPHAEL: Ongoing support in rehabilitation and positive strategies to assist them to get the best available mental health care to deal with the trauma, depression and despair and the impact on their capacity to function. One of the dangers is that people are often not provided with adequate rehabilitation and I

think it is critical. But there also has to be empathy towards people who have this sort of experience. Many people stay in the workplace because they need to, there is no easy way of exiting, they have to work, and sometimes that is helpful. But we do know that these problems, even with very good care, often stay on into the older years. So it is an empathic and supportive response and helping ensure that ongoing mental health care to deal with these syndromes is available.

Mr McGREGOR: I just support what Professor Raphael said. In any organisation there will always be some people who have experiences that create behavioural problems and issues for them in terms of illness and injury. They can become intractable. We know that the Ambulance Service has increased its resources to deal with some of those issues but at the end of the day some of those issues cannot be resolved.

Professor PICONE: I wanted to make a comment. I just wanted to thank you in particular, Chair, for the kind way that you tried to care for those individuals and how we do try to help them to get access to the services that they needed. I always appreciate your kindness in that regard to those people.

Reverend the Hon. Dr GORDON MOYES: A couple of questions to Mr Willis, which I hope we can get through—about one minute for each question. I noticed in reading through a number of the submissions there are issues concerning allocation of overtime, that basically mates are given the large dollar shifts and it all depends upon your relationship with your area manager whether you get remunerated well.

Mr WILLIS: An interesting question really because from my recollection the allocation of overtime is in two ways: one is, because we operate as an emergency service, the health arm of the emergency services, because of the very nature of our work a lot of it is the extension of shift overtime in the sense that you cannot just stop and park the ambulance and leave the case; the case needs to be finished. In regards to other overtime—or planned overtime is probably a better way of explaining it—it is my understanding that in each sector the allocation of overtime is preplanned in the sense of officers making themselves available for that overtime with declaring their availability in a process of—given the time we have got, quickly—the process of working through those names on a list as they have been put into that process. I am not aware of incidents of any sort of dubious behaviour in the allocation of overtime; it is more the opposite. At the moment, because of where we are and the diminishing requirement for overtime, getting people to do the overtime is the challenge for us, particularly with the increased demand.

Reverend the Hon. Dr GORDON MOYES: That is not what is stated in some of the comments we have received. I note the coordination centre is able to allocate a crew to do a job up to one minute prior to the completion of a shift. So one minute before the shift ends the group can be allocated to a new job. There is no time to restock, to clean, to complete paperwork or to transfer drugs during paid time. All of that has to be done without reimbursement in their own time. I also note comments that at the end of a shift staff are expected to do maintenance on vehicles, checking oil, water, tyre pressure, airbag readiness and so on, and that also has to be done in their our own time, not during paid time.

Mr WILLIS: Once again, I will take on board what you are saying. I can only speak from (a) my own experience and (b) my understanding of the operational practices that occur. Your first question in regards to one minute to the completion of shift, it is the same thing. Because of the nature of our work shifts start and finish at predetermined times. For the allocation of triple-0 calls, emergency calls, crews are routinely tasked to emergency calls on or near the completion of shift. I mentioned earlier in our proceedings today how we work with the union and continue to do so in new response standards.

Reverend the Hon. Dr GORDON MOYES: I am not concerned about the allocation of a new crew to do a triple-0 emergency call. I am concerned that a crew can be rescheduled within one minute of the end of shift and there is no time for staff members to do all the things that need to be done, such as, restock, clean, check drugs, complete paperwork. That has to be done in their own time.

Mr WILLIS: Can I add to that in coming to the very point of your question, crews routinely return to station after a case, after their finish time, and we make it a matter of practice that the vehicle should be made ready, which includes restocking and refuelling—I would probably concede on checking the tyre pressures and the oil—but certainly making the vehicle ready to go to the next case and then call clear to the Operations Centre in completing the shift.

Reverend the Hon. Dr GORDON MOYES: So they would be paid for those activities?

Mr WILLIS: That is correct, that is what I am saying. I will go back to the other point that reflects in the allocation of cases. Through the triaging process that we use in the Operations Centres now we are able to allocate a priority to cases. The new response standards do exactly what you are saying in the sense that if this is a low acuity case it is not necessary to put on a crew that is about to finish its shift—referring to your one-minute example—but wait for another crew to come on, with the exception certainly of triple-0 life-threatening cases, which is understandable.

Reverend the Hon. Dr GORDON MOYES: I am sure that members of your service who have complained about these issues will be glad to hear of your reassurances.

Mr ROCHFORD: Madam Chair, can I add a clarifying point? As a result of the strategy that Mick has outlined for a non-life-threatening triple-0 call, the operators frequently will wait for the oncoming shift to take the case where it is clinically appropriate. When that procedure was introduced we had a number of complaints about that procedure. People were concerned about missing out on the opportunity for overtime. This is an area where there is always discussion and different points of view. The rules are very clear, however, that the officers will get paid until they have completed all their duties associated with that case. If there are individuals who are not being managed that way they should be putting their hand up and letting either their manager or the appropriate person in the organisation know so that that situation can be corrected. It would certainly be in the minority in my experience. Only as recently as two or three weeks ago I was out on a crew and that is exactly what happened. We went out on a case one minute after their finish time because of its urgency. I was able to experience that first-hand.

CHAIR: We have to wind up. There may be further questions on notice from the Committee because of time constraints. Our objective is not to reopen the whole inquiry but to keep it as concise as possible. You have taken questions on notice to provide the Committee with answers on key issues. I thank you for your participation today and for your ongoing objective to address the inquiry's recommendations. This has been a good process where a parliamentary Committee has made significant recommendations, focus and attention has been given to them and more is to be done.

(The witnesses withdrew)

(Short adjournment)

DENNIS RAVLICH, Director of Operations, Health Services Union,

SEAN WILLIAM O'CONNOR, Vice President, Health Services Union, and ambulance paramedic,

WARREN BOON, State Councillor, Health Services Union, and ambulance paramedic,

ANGELA HUMPHRIES, Media and Government Relations Officer, Health Services Union, and

BOB MORGAN, Industrial Officer, Health Services Union, sworn and examined:

CHAIR: There is an opportunity for a brief opening statement if you would like to make one.

Mr RAVLICH: Our statement will be very brief. We have provided a submission to this inquiry. As explained in that submission, we have sought to rely on two main forms to try to elicit feedback from our members and the employees of the Ambulance Service, primarily directly through the structures that the HSU has within the workplaces but also we undertook, as explained in our submission, a random survey by telephone where we sought to obtain as best we could quantitative and qualitative data directly relating to the recommendations and the views of those members and employees as to the progress or benefits that have accrued from them. I think that speaks for itself so I will conclude rather than elaborate further and allow Committee members additional time to ask pertinent questions.

CHAIR: Thank you. We appreciate having that survey. It gave us quite a bit of information and focused attention on the outcomes from your survey results, some of which we have questioned the Ambulance Service representatives about today. We have a number of submissions that say there have been improvements in a number of areas and that Respect in the Workplace training has been undertaken, but a number of submissions came from people who still feel they are not being managed through the system and there are issues in relation to management, in particular, that still need addressing. Can you give us a brief comment on the key recommendations that you think still need to be addressed and any that have not been addressed as effectively as you think they should have been? I know that is a broad question.

Mr RAVLICH: Certainly our members acknowledge, as we do, that since the inquiry produced its original recommendations much work has been done, or at least resources appear to have been devoted. One of the manifestations of that has been the Respect in the Workplace training, about which there is no dispute between the parties that the vast majority of employees, if not all, have now gone through. There is some question, based on the feedback we have received, as to how effective that may be in remedying the culture, albeit recognising that a culture identified as containing profound bullying and harassment simply cannot disappear overnight.

Our members and we in our initial submission at the first inquiry indicated that some of the feelings they had arose not so much from bullying and harassment that might have accrued from their colleagues in the workplace but from the way that certain processes and procedures were undertaken within the service itself. That then went to the operations of the professional standards and conduct unit, the methodology it used and the time frames it used. We note that additional resources have again been made available there, although it is difficult for us to say that on a day-to-day basis—and it is certainly the view of our members with a number of investigations that are currently in train—there has been that profound or dynamic change in the way those are dealt with and the time frames in which they are dealt with. Indeed, as noted in our submission, we have had calls in recent months to proceed back to the Industrial Relations Commission to try to expedite some of those investigations that have been on foot for quite some time.

There certainly is confusion, and I can use one broad example to demonstrate that which certainly illustrates the feeling of many of our members. It was confirmed during the course of last year by the former Minister for Health that assaults on ambulance officers had increased by 66 per cent, from memory, over the previous two years, which clearly is not a situation that anyone could find satisfactory. At the same time as the Minister released that information we had a member, and still have, who felt they were under profound physical threat during a case. That member called what is known as a code 1, which is a call for urgent assistance, because she and her working partner felt the need for urgent assistance to protect them, quite rightly.

However, the ramification or outcome of that action is that they have been reported to the police to be investigated for public mischief. I do not wish to dwell on that any further because it is still the subject of an active police investigation, but you can understand when members talk about bullying or harassment in a workplace culture they point more to some of the systematic decision-making at the top of the pyramid, not necessarily what manifests itself at a workplace level. Clearly that is an example that defies comprehension when we should be promoting a view among their employees and our members that at any opportunity or in any situation where they feel under threat they should seek appropriate assistance. They should not be looking over their shoulders and wondering whether that will then be the subject of a police investigation.

Incidents and examples like that still occurred in the second half of last year and are ongoing, and baffle our members. As an organisation that attempts to represent their interests it baffles us as to what public interest accrues from undertaking that action. In general, the feedback we received was that the way things were going was at best 50:50. As I said, we acknowledge that it would be difficult to have a profound change in the culture in the workplace overnight. Equally, and this was noted in some of the comments we received, perhaps the level of training and acknowledgment of the problem is not simply the preserve of the officers of those professionals working on the road but also those who manage it, from middle management right up to the peak level.

Some of the decisions they make seem to demonstrate a poor understanding of what occurs at two o'clock in the morning on a roadside and some of the onerous situations that many of those around this table, and certainly me, can attest to from previous experience working for the Ambulance Service. These are difficult judgement calls to make and to then be concerned about being the subject of a police investigation—I will not dwell on it, but you can understand what that does. It is almost impossible to explain to people the logic that has been used by the service in that regard,

CHAIR: Have members of your union commented at all that by participating in the inquiry they received any ramifications from that, from our original inquiry, that they perhaps have not got the promotions they thought they deserved or that there had been some sort of identification of their contributions to our last inquiry from the levels above them?

Mr RAVLICH: None of those who directly provided evidence via us or that we are aware of. We have not been contacted in that regard that it was as overt as you suggest. Certainly we acknowledge that in our submission, that when we were contacting over 500 of our members across the State, certainly there was a significant majority who were either disinterested in participating because they thought it was the same old, same old, what is the point, do not want to get involved, you know what they are like. This was even though we were assuring them this was completely confidential, that we were not interested in names but we were interested in collating their ideas and thoughts, but no, I cannot say that we have been contacted or anyone has identified their appearance before this Committee or evidence they gave has led to a detrimental outcome to them.

CHAIR: When we were talking with representatives from the department earlier, we were addressing issues such as operational issues that assist in management. We talked about the GPS system, the radio system, the schedule 8 drugs and the processes for improving security surrounding those. Do you think some of those key areas have improved the life of an ambulance officer out there, or not?

Mr RAVLICH: Certainly the GPS tracking system, and I think in the case I previously mentioned and others that we are aware, there appeared to be discrepancies. The GPS is indicating the vehicle is in one position—in fact, we had one situation where the GPS was showing the vehicle was on station—which would have indicated the crew received the call by telephone, when it is well recorded they were en route in between jobs on the road and received the call by way of radio, nowhere near the ambulance station. We have identified to the service, and they do arise during investigations, that the GPS has been used for punitive purposes rather than for security or protection purposes.

In relation to scheduled drugs, and our workplace representatives may wish to dwell on this when I conclude, certainly we note that a new medication procedure was released on the 20th, which we were not aware of. We were only aware of it when our members contacted us to say that a new procedure had been put in place and we started receiving questions about what do I do when I cannot physically comply with this new protocol? We said we will have to check, because we did not even know that a new protocol was in position. Again this is something we have ventilated with the service subsequently and certainly we indicated to it that we would have preferred an opportunity to have provided it with some practical first-hand feedback from our

members, its employees, in the first instance, because many issues have arisen that clearly indicate that the service itself is not complying because the level of security or the number of security devices at the station are not sufficient to provide the different security needs that would prevent certain officers from having access to other drugs, if that is the concern.

Many stations only have the one safe or security, which a number of clinically trained officers at differing levels have to reach and is the only secure place on the station to store drugs, which inevitably means that the protocol suggesting they should be quarantined elsewhere and only accessed by those officers with the authority cannot be complied with. There are other issues about rural New South Wales, off duty officers on days off who are responding. It seemed to not recognise the reliance the service is placing on them or what process or protocol would be used in relation to accessing subsequently the drugs. As recently as last Tuesday at a meeting with the service we registered out dissatisfaction with the way that the policy was promulgated.

We clearly indicated this left officers and the service in a very difficult situation. It released a policy that it and its employees could not comply with in some instances. We do not cavil that the organisation and its employees have to abide by all the legislative requirements. That is not the issue. The issue is a policy has been released that seeks to ensure that people comply with legislative requirements but the facilities do not allow or have not accounted for the fact that the imposition of this policy may lead to delays in responding to emergency cases, which then need to be weighed up how you approach that.

Mr O'CONNOR: As early as breakfast this morning I had this discussion with one of the intensive-care paramedics who does various roles. His role may be being on road in a town such as Young and carrying, say morphine, we will use as an example here, with him. A middle manager would be moving through these towns and may be able to assist in certain cases but may end up at the end of the day in Sydney and he may be there a couple of days. With the new standard operating procedure as it is written, had we been consulted prior to it being distributed we would have avoided such things as he now not being able to comply with it by taking the S8 drugs, so he does not take them at all, which is a breakdown in the service he is able to provide. That is only one, and, as I say, that was as early as breakfast this morning. I do not know how many more paramedics who are qualified to carry and administer this drug do not do it because they cannot comply with the standard operating procedure.

Mr BOON: Certainly in Sydney it has raised quite a number of concerns. Sydney is quite a high workload area. In relation to this the general view out there was that it was another knee-jerk reaction, un-thought-through and un-consulted with us or the members. Everyone was basically saying to cover drug security and station security, which has always been a problem as well, why did they not go down the path of swipe cards? Swipe cards are not new technology. Our members out there were saying that was a simple fix. Indeed, the Ambulance Service has swipe cards at its headquarters, using our current ID cards. That would provide tracking. It seemed to be the logical solution, yet for some reason, unbeknown to us not being in the loop, that was not proceeded with. It certainly is providing problems in an operational context.

The Hon. CHRISTINE ROBERTSON: The submission does not say it has been written off.

Mr BOON: No, I am not saying that, swipe cards, no. But at this stage we have had no correspondence with the Ambulance Service or no interaction with it in relation to it, so we would not know. I was particularly expressing the view of members out there who just roll their eyes and say this makes it almost impossible. I can use my whole stock of drugs in the first three hours of my duty and then I have to try to get back to the station—my own station—to restock. At the moment we generally have problems trying to get back to station to have a meal. So, it was seen as logistically problematic, would be the politest term.

Mr RAVLICH: In the discussions with the service on Tuesday its response was yes, we issued a new policy. Yes, we accept there are issues of non-compliance but we will fix it up over the next three or four months. It would have been preferable to have identified as many of the issues as possible prior to release. We are not cavilling that there needs to be a change. Some of the examples that have been demonstrated are very practical. You have a number of stations where there is only one safe. How does the policy then fit around that lack of facility available at the station?

I am sure it consulted and it had pharmacists and expert people developing it, but it seems to demonstrate a disconnect from the real world and the situation is as Sean has indicated, that a number of the supervisory officers, district managers, and the like who are often the peak clinician in those cases are now in a bind as to whether they are permitted under the policy to carry drugs or they have to await a blanket

dispensation from the policy by the divisional manager. It would have been far better to tidy this up because inevitably, as Mr Morgan pointed out at that meeting, we now await the first time that one of these officers gets subject to disciplinary proceedings for not complying with the policy. It fills us with dread that we are then going to an argument saying that they could not comply with the policy.

The Hon. MARIE FICARRA: We were told this morning that the Ambulance Service has a better relationship with your union, that things have improved in, say, the past several months. Is this the case and are there any outstanding issues you want to bring to the attention of this Committee?

Mr RAVLICH: These are always comparative judgements. Certainly if we compare it to the more obvious manifestation of disputation in 2007-08, when we had hundreds of people marching in the streets and marching up to Parliament House—have we replicated that in the past 12 months? No. If you define consultation as being genuine and an absolute attempt to resolve issues, I can give you one example that has occurred in the past 48 hours, and perhaps the Committee can then draw its own conclusion. The Committee might recall during the course of the 2007 inquiry we were in the midst of a major industrial case and the service and the department held great weight on a number of those outcomes to resolve a number of issues pertaining to fatigue and meals, and one of their solutions during those proceedings was the introduction of what was effectively a four by five roster, which would solve issues of fatigue on the night shift of 14 hours, down to 12, et cetera.

It is fair to say that our members were a bit ambivalent about the impact that roster would have at the time but certainly once the independent umpire had made its judgement, and that was the roster that they had predicated all the decisions on for other subsequent changes in the award, we then went about at the end of 2008, early 2009 to have some sort of orderly implementation of that four by five roster. The service then changed its mind and said it does not want a four by five roster. We then had to return to the Industrial Relations Commission in the full bench where the full bench, which dealt with the major case, clearly said you only proposed one alternative roster regime—that was the four by five.

That was what you wanted, that was what we predicated changes to meals and overtime and all sorts of other things, and that should be read as what is in the award. We thought they had resolved the issue. It was unfortunate that, as the full bench commented, both sides had changed the positions they had been extolling in the previous six months. That has been successfully introduced in Sydney and on the Central Coast. The third round of changes was always then to accrue to 24-hour regional and regional rosters working on all sorts of configurations, including the 14-hour night shift. Unfortunately, a number of them are still working a 14-hour night shift even 12 months after that further decision of the full bench.

We then contacted the service progressively during last year and then finally in January this year and said that we need to know definitively their position on four by fives. What they are saying at the local level is that that is so last decade and that we have moved on. The response from the service was that it does not necessarily think it was bound to the four by five. We discussed it on Tuesday at a statewide JCC meeting, escalating it using the consultation process. We then indicated to the service at that point that if we are diametrically opposed in interpreting an outcome of the full bench of the commission in March 2009, we probably should return to the commission and it can tell us who is right and who is wrong. It appears that we have exhausted all the levels of consultation.

They exhorted us: "No, no. Before you do that, let's have one last shot at it. Let's have a meeting next week to see if we can sort it out." We agreed. However, while we were in the meeting being exhorted not to take it to the Industrial Relations Commission, one or two rural stations were having posted, without consultation and at direct odds with what was being said at the JCC, new rosters which did not conform with the four by five and, indeed, which were the very subject of the dispute about which we wanted to approach the commission that afternoon to seek its help. We were told to be good blokes and talk to the service again next week. Contrary to the judgement of some of our workplace representatives, we said that we should satisfy ourselves that we have completely exhausted the discussions and that we do not want to unnecessarily trouble the full bench of the commission again. We then returned to work to a series of emails asking why new rosters had been posted that were the subject of discussions. How do we explain that?

The Hon. MARIE FICARRA: Poor management.

Mr RAVLICH: There was a clear and profound disconnect. It probably now means that we will be in dispute and that we will have to seek the assistance of a third party to resolve it. However, that action diminishes

our standing in the views of our members because they take from that that the meetings we are having and the statewide structures and consultative processes from the station level to a peak level are pointless because they have no bearing on what happens in the workplace.

Reverend the Hon. Dr GORDON MOYES: I have written down a couple of questions about the effectiveness of the implementation of the four by five roster system. I now think it would be very premature to ask those questions.

Mr RAVLICH: It depends on the measurement of the effectiveness of the four by fives.

Reverend the Hon. Dr GORDON MOYES: Can we say that that is under constant review?

Mr RAVLICH: At this stage we would like it to be implemented at all the relevant stations so that we review it.

Reverend the Hon. Dr GORDON MOYES: I read that in your commentary and I was going to ask about the effectiveness of the implementation, but it has not been implemented.

Mr RAVLICH: It has been implemented since May in Sydney and on the Central Coast. That would constitute half of the State in employee numbers. Half of the Ambulance Service staff are currently working the four by fives.

Reverend the Hon. Dr GORDON MOYES: Am I correct in assuming that roster systems in regional and rural areas create a great deal of concern among members?

Mr RAVLICH: Currently, yes, because they remain unresolved. Frustratingly, the service did bring in the four by five system in one or two rural stations of their own volition because, quite rightly in our view, they believed that that is what they should do.

Reverend the Hon. Dr GORDON MOYES: Am I also correct in understanding that there are a lot of double officer crew issues in many of those areas?

Mr RAVLICH: In the sense that it is preventing the implementation?

Reverend the Hon. Dr GORDON MOYES: Yes.

Mr RAVLICH: All of the roster systems that we are seeking to supersede with the four by five are also predicated on having double officer crews wherever possible. Unfortunately, single-officer responses are still prevalent in some areas, and certainly in Sean's area. I think that was true in the Hunter when we were last before the Committee. We are not entirely clear from what the service has told us to date about the impediments preventing the rural and regional officers enjoying the solution that has already been provided to some of their rural colleagues and all of their metropolitan colleagues.

Reverend the Hon. Dr GORDON MOYES: Am I correct in understanding that there has been an increase in the number of staff but that that has not flowed over into double officer crews?

Mr RAVLICH: The service was quite clear during the major industrial case that to introduce the four by fives necessitated additional staff. The service was happy to pay to introduce the four by fives and to make changes to the meal penalty provisions. It was quite happy to pay that price because it saw it as part of its case that the expenditure of x warranted the outcomes that it sought from those changes. We were always somewhat sceptical. Indeed, we put that scepticism in writing and said in submissions during the proceedings that we did not think they had the numbers. Nonetheless, there are issues about whether they now have sufficient staff or whether they made those calculations correctly for the four by five.

There is obviously the longstanding dispute between the parties, and we do not cavil, that there has been a significant increase in the number of FTEs or funded positions over the past decade. However, we say that on a day-to-day basis the service still struggles to reach minimum double officer crew levels in 2010 that were set eight years ago. So, yes, there is probably a smaller reliance in some instances on overtime and all sorts of other things. However, we have made submissions and a bipartisan committee identified in 2001 that the service was about 2,500 short to staff the rosters it had then. It is no surprise that many of the officers employed

are swept up to fill those existing vacancies. The lack of relief is a constant struggle. The service is now at 30 per cent relief whereas 10 years ago it was almost non-existent. Have all those numbers led on a day-to-day basis throughout New South Wales to a significant increase, or in some cases any increase in double officer crews? Our view is that it has not. I am sure that Warren and Sean can attest to that.

Reverend the Hon. Dr GORDON MOYES: I am not sure who is the appropriate person to answer this question. I was very disturbed at the number of comments we heard about harassment and bullying. We were told this morning that, I think, 96 per cent of all officers have done the workplace training programs. I also note that in your survey only about 65 per cent of those who went through it indicated that they felt there was any change or that they did not have confidence that there would be any change.

Mr RAVLICH: That is correct. There was a view that could be broadly defined in two areas. They did attend the course. In fact, there was quite a fervour to ensure that officers attended the course. There is no issue with that. We accept that that is a genuine attempt to respond to some of the inadequacies identified during the course of 2007-08.

However, the feedback that we get is largely twofold. First, there is a certain degree of scepticism as to whether simply attending a four-hour course will achieve the sort of changes required in the workplace. Secondly, and I perhaps did not articulate this correctly, there is a view that the lack of respect or some of the behaviours demonstrated in the service are those promoted by its own actions and decisions in relation to how it deals with a number of matters, including disciplinary matters. That is the cause of the feelings of being bullied and harassed as opposed to something that happens on the plant room floor in a station between officers.

Reverend the Hon. Dr GORDON MOYES: I note that some members complained that while they were not sexually harassed or bullied in the sense of some physical attack, they are frequently investigated, sometimes financially restricted and even if they were cleared after such an investigation, their colleagues are never told they were cleared, so they continue to live under this conviction that they are a troublesome staff member.

Mr MORGAN: A couple of things flow from that. I have had the unfortunate responsibility to represent many of those officers who have been subject to charges of harassment. Indeed, one matter is current. The officer has been charged and has been suspended on a base rate of pay since July last year. Very early in the proceedings the officer sought to have some mediation between the aggrieved persons and himself. That did not occur. In fact, he received no response to that invitation. That is proceeding as a disciplinary matter. That officer is, as we speak, preparing his final submissions to the chief executive. One point I draw from that is that the officer, who is a shift worker in a rural location, has been significantly disadvantaged.

Reverend the Hon. Dr GORDON MOYES: He is on base pay.

Mr MORGAN: Yes.

Reverend the Hon. Dr GORDON MOYES: As I said, he is financially restricted and disadvantaged.

Mr MORGAN: Yes.

Reverend the Hon. Dr GORDON MOYES: And in the eyes of his colleagues he is guilty.

Mr MORGAN: Yes.

Reverend the Hon. Dr GORDON MOYES: Even if he is exonerated, his colleagues will not be informed.

Mr MORGAN: That is correct.

Reverend the Hon. Dr GORDON MOYES: So he continues to live under this cloud.

Mr MORGAN: Yes. Because he is in a rural community, everyone knows that he is not going to work. That is the difficulty.

Reverend the Hon. Dr GORDON MOYES: I think you blokes should clear up that situation.

Mr MORGAN: Indeed. There is an extract from the dispute notification involving that officer and two others in respect of which the union notified the Industrial Relations Commission last year in conciliation proceedings before the Hon. Justice Conrad Staff. When we complained about the undue length of investigations, the service indicated that 12 weeks was a reasonable time frame for a straightforward investigation. That is almost quarter of a year for something they see as straightforward. That imposes a significant stress on officers and their peers. Where officers are unable to attend for duty for extended periods—particularly in rural locations—

Reverend the Hon. Dr GORDON MOYES: They are not available for overtime or anything like that and, particularly in a rural and regional area, there might be a lack of staff.

Mr MORGAN: Indeed.

Reverend the Hon. Dr GORDON MOYES: Solve it.

The Hon. GREG DONNELLY: Before I commence my questions I congratulate the union on its submission. It contains a lot of valuable information not only in terms of the government responses to the recommendations in the last inquiry but also the survey material. Thank you for that. I have just a couple of questions on this issue of grievance handling, which we have just discussed in the previous line of questioning. In some responses to this issue generally this morning, the New South Wales Ambulance Service spoke of matters of grievance that were significant in terms of, perhaps, the basis of some dismissal procedure, ultimately, of a person who may have misconducted themselves. I got the impression from their answer that there is a lengthy procedure in looking at matters that may have serious consequences.

In their evidence, they indicated their belief that, in those types of grievances, around six months was not uncommon; but they thought that, with finetuning, that could come back to perhaps around five months. I have two questions: one is in regard to matters like that, which may have serious consequences, what is your view about that period of time taken to deal with them? I might add they relied on the fact that there are procedures that require them to take that period of time, and I would like to hear your view on that. Secondly, in regard to matters that may not be of such a significant nature, do you experience time delays in resolving those types of grievances?

Mr MORGAN: Certainly the time frames are extensive. I understand from the service that there has been an attempt to distinguish between those matters that are grievances, and that can be resolved at a lower level, and those that need formal investigation. From the information I have received and my observations from my direct involvement, at the moment those distinctions do not seem to be working as effectively as they could be. The example I gave in response to the question asked earlier by Reverend the Hon. Dr Gordon Moyes indicates that there was a situation in which an officer believed that direct involvement in mediation conducted by the service may have at least been an essential and desirable first step in resolving the matter. If it did not work, obviously, it could be escalated.

Our view is that because those distinctions are not working, the time delays are excessive. Indeed, the time delay is having a significant effect on the officers under investigation to the extent that it is not uncommon for the relationship between the officer and the service to deteriorate to the extent that the officer believes that he or she has been under a cloud for so long, they have difficulty having confidence in working again with the service. Indeed, there are a couple of sad cases with which I have been directly involved. Officers, because of the extensive timeframe of the investigation, either have not returned to work or, in some cases—one of which is current—are unlikely to return to work. That is a direct consequence of the extensive timeframe involved in these investigations.

While it is always of course essential to ensure that proper investigative processes are followed, the investigative processes that are followed by the service do seem to take extensive periods of time. Indeed, when we are talking about interviewing a finite number of individuals—typically, a number of the officer's peers, and in some cases it may be a patient and bystanders—we are usually talking of not more than six to eight individual people who need to be interviewed. For that process to take several months is unreasonable, but is not totally atypical.

The Hon. GREG DONNELLY: Mr Morgan, will you confirm, in terms of the procedure of dealing with grievances and the structure of that procedure, that are we talking about the Ambulance Service Regulation 2005? Is that the regulation that creates a framework for dealing with this?

Mr MORGAN: Yes.

The Hon. GREG DONNELLY: In terms of the procedure we have just mentioned and the comments on grievance procedure that the New South Wales Ambulance Service took us through this morning, which they claim has been assisting in dealing with grievances, is their congruence between the two—in other words, their procedure, which is policy, and this regulation, and the provision of the disputes procedure in the award? Is there room to improve those three parallel arrangements operating?

Mr MORGAN: I think there is always opportunity to improve. The procedures are in place, and certainly the regulation is obviously statute. Procedures that flow from that are not in any real detail different from what occurs broadly in Health. It is the manner of execution in which we see the difficulties.

Mr BOON: If I may, I might be able to make some more comments on that. Unfortunately, I have had a fair bit to do with the professional standards and conduct unit. I have a previous history in internal investigations. My view, purely from a personal perspective, is that the timeframes are way too long. We are talking generally about cases that, with the relative ease of collection of evidence, should not take anywhere near that amount of the timeframe.

Some of the things that I have found is that they outsource a lot of their investigations. It gets to the stage where they say that it is a major investigation, which they outsource. One of the things I have found with that is that, quite often, a lot of time is taken up with that investigator trying to get their head around the logistics of the operation because no ambulance employee is attached to that investigator. I see that as problematic—that is my view, anyway, as someone who has worked along the lines of having two investigators doing an investigation.

The other thing I have found is that often, at the end of these quite extensive investigations, a finding comes back that there is no case to answer. When that comes down, generally quite often we see the CEO end up taking punitive action anyway, with records placed upon that employee's file and often, as was the last case in which I was involved, also having recommendations or directions that they will undertake certain training on their return. And that was with a no case to answer reply.

The other issue is one that I am currently involved in, and it does highlight a big issue. I had a conversation with the professional standards and conduct unit [PSCU] in relation to it. It got down to the stage where there was a possible criminal act; they identified a possible criminal act. They are obligated then to refer that to the police. It was tenuous at best. I asked them to supply the name and some documentation from the Health legal officer to whom they referred it for review, particularly considering how tenuous the linkage was. Their reply to me was, "Oh, no, we didn't do that. We've got solicitors here." I said, "Well, are you paid as a solicitor?" because they were talking about employees of the PSCU. I said, "Well, are you paid as a Health legal officer, or are you paid as a PSCU officer?" They very quickly turned around and said, "Oh, well, it was the CEO who did it. It's not us", and they generally backed away from it.

To me, that is generally inappropriate, particularly when it is a tenuous link at best. It should have been referred to a Health departmental legal officer for their advice and referred on from there. But certainly there are ongoing issues with investigations that never seem to come to a resolution.

Mr RAVLICH: I would like to clarify one point that Mr Boon has made in that, at a point during the investigation under the regulations, the chief executive is entitled to cease the disciplinary pathway and then label it remedial. The remedial action can still be based on the chief executive having formed the view that, while there is insufficient information to perhaps sustain a disciplinary action, nonetheless it is sufficient to sustain some remedial action. Often, not surprisingly, our members find it hard to distinguish between the two.

One of the frustrations of Mr Morgan, and others who deal with this on a daily basis, is that when we seek to elicit information of what basis the chief executive determined to undertake the remedial action, often that information is prevented or refused from being provided to us on the basis that, "Well, I am dealing with it as a remedial action. I don't really have any obligation to provide you with the basis of the investigation that concluded it was remedial."

Often through the remedial pathway and when the regulations were changed some years ago, we were part of that process that saw that there was value in having a flexible approach and not dealing with everything as a punitive outcome; that there were situations which, quite rightly, ought to be dealt with by way of an educative improvement process and quality improvement, rather than simply trying to deal with everything under one size fits all. But what we then have is that often there is a recourse to remedial action, which is fine: it is better than being disciplined, I guess.

Reverend the Hon. Dr GORDON MOYES: The result is basically the same.

Mr RAVLICH: At the same time, not surprisingly our members say, "On what basis did they do that? What came out of the investigation?"

The Hon. GREG DONNELLY: It was wrong?

Mr RAVLICH: No. Often if they saw that information, they may agree or they may disagree. Sometimes we break through and get access to the information, but it is not by routine—certainly judging by Mr Morgan's experience. What should have been a constructive outcome gets fuelled with this, "Yes, but what's the difference? Why aren't they taking me into their confidence? Why aren't they showing me or telling me what's happening?" Again, perhaps as Mr Morgan has indicated, it is more some of these subtleties of execution as opposed to the framework.

The Hon. CHRISTINE ROBERTSON: Recognising the issues as you have outlined them, do you think there is potential for the new processes that they are setting in place with the workplace culture stuff will result in more automatic offers of remediation straightaway, and that the kind of issue Mr Morgan demonstrated would not explode into such a long-term issue? Or do you think there is no hope that the changes will make any difference?

Mr MORGAN: Ms Robertson, obviously the old saying is that the proof of the pudding is in the eating. I think that the information, certainly from views expressed to me by our members and those whom I come into contact, indicate that there may have been some improvement, but not necessarily a quantum change. To the extent as we indicated in our submission, the delays and timeframes are extensive. Certainly, if there is a greater emphasis on the early intervention and dealing with grievances close to when they occur and close to where they occur, I believe that there would be a significant increase.

But, again, unfortunately a number of members have indicated that they have sought to have matters addressed and find that that has not occurred. I understand that at least one of our members has made a separate, independent submission to this Committee, indicating that he had sought to have some grievances dealt with, which had not been; but, in return, grievances were actually raised against him in the workplace.

The Hon. CHRISTINE ROBERTSON: He copped one back.

Mr MORGAN: Yes.

The Hon. CHRISTINE ROBERTSON: That has happened to me in the workplace.

Mr MORGAN: Unfortunately, while there has been some change, it is certainly not a quantum shift. It is not perceived that way by our members on the ground.

Mr RAVLICH: Just to conclude on that point—at a peak level, there is no question that there is a genuine attempt to address the issue. It is not just an issue, unfortunately, of the devil being the Ambulance Service. Obviously, the Garling inquiry indicated that it is an issue that the whole of the public health system needs to deal with. It is an issue, although I guess it is more starkly manifested in the Ambulance Service in a number of smaller and rural and regional locations in relation to issues of making contact and getting the support to persons.

Certainly as recently as Tuesday at the statewide joint consultative committee [JCC], one of the more positive developments was that we did start talking about how we could jointly embrace, encourage or confront the culture, and how we could further work and build upon what was done through respectful workplace training, because that is in everyone's interest. No-one has a vested interest in maintaining that view being held

in the workplace. As I noted nearly an hour ago, these things do not change overnight either. We acknowledge that if there was a magic wand available it would be fantastic. But alas, no such thing exists.

The Hon. CHRISTINE ROBERTSON: For the benefit of Hansard, could you tell us what JCC stands for?

Mr RAVLICH: Joint consultative committee.

The Hon. CHRISTINE ROBERTSON: With regard to the information you gathered from your survey, it is interesting to see that the standard operating procedure on how to raise a workplace was widely available to everyone. It is also interesting—

Reverend the Hon. Dr GORDON MOYES: Not every place had the posters up, though.

The Hon. CHRISTINE ROBERTSON: No, but it was widely available. It is also interesting how low the knowledge on the grievance contact officer was. In other words, there was a high recognition of the process on the part of the workforce but many people did not know who the hell the person who might be able to help them was.

Mr RAVLICH: It did seem to indicate that that level of detail was lacking. But it is certainly not a question that they exist: we know that they exist. And, hopefully, that is an area that can now obviously be addressed.

The Hon. CHRISTINE ROBERTSON: That sort of information transfer is always very difficult unless the person needs the services of the officer. Do you have any suggestions on how that sort of information could be better circulated through the system?

Mr RAVLICH: On some of the results, I have to say that was a bit surprising that they knew the process, which was great, but not necessarily how you access it or who you can access. One of the things I was minded to do following the discussions on Tuesday was to talk to the service about not only how they might propagate that information but perhaps how we could also promote that information amongst our members about who the grievance contact officers were and encourage them to use persons who have now been suitably trained to assist them during those periods of crisis. So we are more than happy to also be joint advocate or advertiser of the services that are available. Again, it seemed an enormous investment but the fact that no-one knows it exists obviously does not serve any purpose.

Mr BOON: There is one issue I want to raise and it has a number of components, and that is officer safety. I understand that the Ambulance Service management raised it this morning. There are a number of issues here. One is that we are in very generic discussions in relation to officer safety training. Their primary focus is upon single officers. I have been employed in the Ambulance Service for 17 years and have been screaming for some type of officer safety training over that time. Certainly there is big push with regard to the membership in my area, which is south-western Sydney, in relation to officer safety training. Indeed, a survey we did in September-October last year came back with 100 per cent interest in relation to officer safety.

With regard to driver training, which has been touched upon previously in the previous review, we did a survey in relation to that and found that 62.6 per cent of respondents had not been provided with any advanced driver training whatsoever and that 56.3 per cent had not been provided with four-wheel-drive or specialist driver training. These are things of real concern.

It was touched upon earlier in relation to a commencing shift. Vehicle safety checks have not been done for quite some time because there is just no time to do them. I have fundamental concerns about something happening, in relation to liability. If something happens—for example, if the brakes fail because the vehicle has run out of brake fluid—we just do not have the time anymore to do these things. The Navman units basically just do not work; they are an absolute waste of money. If you do persevere with them, it extends response times. We have been pushing for portable radios for quite some time, naturally for communications—

CHAIR: Do you mean each officer having a portable radio?

Mr BOON: What we have put forward is that they target manage and try to achieve two portable radios per category 1 ambulance vehicle and one portable radio for other categories, which we think would

supply them with enough, as well as having spares for major incidents and repairs. The GPS in the ambulances has been touched upon. I have had instances where they have called me up because I am currently either halfway in the Pacific Ocean or halfway down to Goulburn, yet they are relying upon that technology for investigations. It is quite concerning.

In relation to a lot of these, a lot of it comes back down to workload. We do not have time to do vehicle safety checks, and we have hardly any time to do equipment checks in the vehicles—and they do have quite a lot of equipment in those vehicles. People are not getting their meals. There is no training time. It is very difficult to access any training time, including with the clinical training officers [CTOs]. Given the ratio there, it is nigh on impossible for them to get around to see people. People are reporting to us that they are not even recording assaults on the incident management system, firstly because they do not have time. Some of them are only doing it when it is very major. I have the statistical data on that if you are interested.

Most recently, with no consultation, we have been advised that officers will no longer have to fill out a patient health care record prior to clearing each case. Once again, we view ourselves as professionals and we have always been told by the employer that all duties associated with the case—that is, the patient and total quality patient care—that is what it is all about. Time after time, it is just being eroded and eroded. Now, with no consultation, they have advised us, "You will be responding to other cases. Your patient health care record is no longer a priority." I have major concerns about that, being that it is a medico-legal document and about simply providing that continuum of care. They are some main things that a lot of my members wanted raised at this forum.

CHAIR: Thank you for that list. If we had time, there are a number of other issues that have been raised and outlined in submissions that we would have liked to ask you. For example, I particularly wanted to ask about debrief timing and that sort of thing. Rather than hold another hearing perhaps we could put some of those questions to you on notice, depending on what the Committee decides.

(The witnesses withdrew)

(Evidence continued in camera)

(The Committee adjourned at 3.35 p.m.)

UNCORRECTED TRANSCRIPT

REPORT OF *IN CAMERA* PROCEEDINGS BEFORE

GENERAL PURPOSE STANDING COMMITTEE No. 2

REVIEW OF THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THE INQUIRY INTO THE MANAGEMENT AND OPERATIONS OF THE NSW AMBULANCE SERVICE

At Sydney on Thursday 11 February 2010

The Committee met at 2.30 p.m.

PRESENT

The Hon. R. M. Parker (Chair)

The Hon. A. Catanzariti
The Hon. G. J. Donnelly
The Hon. M. A. Ficarra
Reverend the Hon. G. K. M. Moyes
Ms L. Rhiannon
The Hon. C. M. Robertson

WAYNE ANTHONY FLINT, Senior Liaison Officer, Emergency Medical Services Protection Association (EMSPA) NSW Inc, , Ulladulla, on former oath,

WARWICK HOLLAND, Sydney North Regional Liaison Officer, Emergency Medical Services Protection Association (EMSPA) NSW Inc., Bligh Park, and

PETER BRIAN RICHARDS, Secretary, Emergency Medical Services Protection Association (EMSPA) NSW Inc., , sworn and examined:

CHAIR: Thank you for coming along today to give evidence in camera. I remind everyone that the Committee has agreed to this part of the hearing being in camera and also that we will refer in general terms rather than specifically to individual cases so that there are not identifying names, for example, that make it difficult. There is a capacity for you to make a brief opening statement if you would like.

Mr RICHARDS: I appreciate and thank the Committee for our invitation. It was something that was unexpected and we are looking forward to being able to provide and confirm information contained in the document that we provided for you and any other feedback that you require that will help you with the inquiry into the operation and management of the Ambulance Service. So again, thank you very much for the opportunity to attend this afternoon.

CHAIR: Your organisation has developed during the course of our last inquiry. Could you perhaps run through, just to give us a bit of an understanding of your association, its objections or genesis and the membership that you have?

Mr RICHARDS: It has been identified for a long time that there is a gap within the workplace and the Ambulance Service to provide ambulance paramedics with a support network for internal issues—professional and clinical—which have not over the years been addressed and morale was such that there was a clear need for an association—a support network for officers, to represent officers—who know what is going on at the coalface within the workplace outside of issues pertaining to the award and industrial matters. It was purely for internal professional and clinical governance matters.

A group of us got together and viewed a number of models nationwide as to how to go about providing that support network within our workplace here in New South Wales and it was decided on the EMSPA model in Queensland, which has been successful in doing exactly that: providing a core function of support, and as such we approached them, they provided us with the assistance to initiate that model here in New South Wales and we have moved away and we have been providing over the last 11 months that support that officers seem to very much welcome at the moment. That is basically how we came about. There was an identified need or gap in representation internal to the service.

CHAIR: What is the sort of membership of the organisation numbers-wise?

Mr RICHARDS: As of last week our official membership is 687. They are all ordinary paying members. Of those there are three, possibly four—I think it is three actually—who are honorary members who are retired and are still wanting to provide support to their colleagues who are still employed. The honorary membership carries a specific membership criteria. But 687 as of last week.

CHAIR: You said that you were formed because of—I do not want to verbal you but I think you said because of low morale in the Ambulance Service, which was certainly something that we experienced in our inquiry period. Do you think that that morale has improved since our inquiry and since a number of recommendations have been taken on board or do you think it is much the same? What would be the view of your members?

Mr FLINT: I speak predominantly as a rural officer, and there are differences between the metro and the rural. I do get round the rural area a fair bit and I would say the status quo remains as prior to your previous review and with respect to the opinions of most officers that I speak to they have not seen any

change. In fact, some officers have stated that they were actually bullied into undertaking some of the workplace training.

CHAIR: We have had evidence in the past and we have had submissions to say that there is a difference between what exists in a rural setting as opposed to a busy Sydney, say, station. Why do you think that is? Is it because people have more time on station or is it because of personalities? What is the reason for it?

CHAIR: We will move on. The reason the Committee made recommendations about the S8 drugs protocols was because of issues such as these. There were differences in protocol between country and metropolitan stations.

Reverend the Hon. Dr GORDON MOYES: I am concerned about the last point Wayne made, that is, that area management is aware of this situation.

Mr RICHARDS: The S8 drug issue is a can of worms. A lot more time should be spent on it as a separate issue. There is a lot more detail, a lot more information that can be gleaned. As you rightly picked up about the issue of the area management, there are a lot of issues. I suppose we are probably going a little bit far outside the jurisdiction of how to run that because it is a major issue.

The Hon. CHRISTINE ROBERTSON: Interestingly, at our last inquiry quite a few of the ambulance officers did not want us to touch it because they perceived they way it was operating made it easier for them to do their job. We recognised that and that is why we carefully wrote that recommendation, although we have caused ructions in our own right.

Mr RICHARDS: If you do not mind, I will get back to the question of morale. Since the previous recommendations, as Wayne has pointed out, there is a status quo. There is also an underlying excitement amongst a lot of officers that the association has been there for 11 months and they have seen a significant number of positive steps for individual representation in this gap area that has always been wanting. Whilst internally we are on trial by our own colleagues, the proof of the puddling will be our performance. So far, with some of the information that we have provided to you and some more information that I have here—if I could table it a later stage—there is a quiet excitement amongst ambulance officers.

There are a significant number of officers who are sitting on the fence who are just not quite sure what side to jump to. Again, that is based on performance. The cultural issue with the Ambulance Service is performance. A lot of things are said; a lot of things do not get done. We have come along and they want to see how we perform. So far it is extremely positive and that is reflected in our membership growth. It has been exponential. From the start we had huge growth. It has plateaued out now, which is expected, but the morale is a quiet excitement.

Reverend the Hon. Dr GORDON MOYES: Is your organisation seen as an alternative to the Health Services Union [HSU] or do you find that many of your members belong to both or, because I do not know and I am not privy to the workings of the Australian Labor Party, is there an anti-political party concept behind it?

Mr RICHARDS: To turn to your last point, we are apolitical. We do not align ourselves with any political party. That has certainly gone in our favour as far as attracting members.

Reverend the Hon. Dr GORDON MOYES: I will give you my card for Family First.

Mr RICHARDS: Do we have members of both organisations? Yes, we do. A number of paramedics within the service still believe there is an underlying allegiance to be paying subscriptions to their industrial representatives and now to their internal representatives, being EMSPA. Do some people see that we are an alternative? No, we are not an alternative to the current industrial representatives. They have a specific charter of representing industrial matters and award matters. We do not do that. We have not purported to do that from day one. Contrary to a lot of discussion that has been out there about us, that is not what we are about. We are specifically there to fill that gap that has always been there where the service has had a monopoly on running their internal matters and officers do not have a support network. That is what we are filling.

CHAIR: We have heard repeatedly about the lengthy period it takes to deal with grievances and issues of bullying and harassment. Today we heard that the time has been reduced to five months. But that is still a lengthy time for a person to have to go through that process, perhaps being off work. It seems to me from a great deal of the evidence there are people who have been battling for years to get their issues

resolved. Is it your association's objective to reduce that period? Do you get involved to try to expedite these matters?

Mr RICHARDS: That is exactly true. Recommendation No. 6 from the original inquiry states that resources are to be allocated to the Professional Standards and Conduct Unit [PSCU]. That has occurred but not such that when it comes down to an actual investigation it is having a direct effect on the timeline of investigations of misconduct, whether they are remedial or disciplinary. The other issue is that the service is not actively providing to individuals who are involved in investigations a support appeal network outside the investigation once the decision has been made. I could hand you over to Wayne who has examples of where this is still currently the case and the timelines are exorbitant.

CHAIR: If you could give examples without identifying.

Mr FLINT: It is not our function to develop any methods for the Ambulance Service to improve how they deal with matters. Our core function is purely protection for our members in the areas where Pete has stated that they have not had it. I will give you some examples and I am happy to table this.

CHAIR: I do not mean to interrupt you but we have limited time. Perhaps you could table that document. Those examples would be useful.

Mr FLINT: Yes.

Mr RICHARDS: Could I also table the information I mentioned before regarding the history of our representation?

CHAIR: Yes.

The Hon. MARIE FICARRA: Are there members that you have who are not members of the Health Services Union [HSU]?

Mr RICHARDS: Yes.

The Hon. MARIE FICARRA: If you are representing the interests of a person who has membership in both organisations, yours and the union, would there be a case where you would find it positive to cooperate with the union in making representations on the officer's behalf? Do you ever cooperate?

Mr RICHARDS: In a perfect world it would be great for us all to cooperate. There is a perception that there are issues within the workplace that are a crossover between industrial matters and professional and clinical matters. If a member or any of our colleagues, even if not members, approached the association for advice and we review it and it is deemed to be clearly an industrial matter, we will advise that person as to the correct pathway to take in utilising the resources within their workplace to have the matter resolved. If that means we take it on because it is clearly indicated that it is not an award issue, then we will do so. If it is clearly indicated that it falls within the award conditions the person will be directed towards the appropriate union representative and the matter will be left with them. We do not withhold any advice from anybody. Our involvement, our active involvement and utilisation of members' funds for financial and legal representation are purely on matters that are not industrial; they are internal matters. That is the process that we go through.

The Hon. MARIE FICARRA: From the point of view of this Committee and what we should be looking at in our post-inquiry review, would you succinctly—because you have tabled all this information and made submissions—tell us the chief areas you believe are still outstanding and where we should be saying to the Ambulance Service and NSW Health that we are still unhappy?

Mr RICHARDS: With regard to recommendations 5, 6, 7 and 8, there has been acknowledgment that the service has implemented or has attempted to implement your recommendations. I would say that that is the case at an executive management level. They have, for want of a better word, addressed it. Have those issues flowed through to the departments that are the area of responsibility within the service? It is questionable as to whether they have fully implemented what the executive has initiated based on your recommendations. Has it then flowed through to the ambulance officers who are involved in any of those issues that form those recommendations? I would have to say that the percentage is low.

To answer your question, they would be the areas I would be concentrating on in making sure it flowed right through to the officers at the grassroots level. The policies that are implemented by senior executives for the running of the service need to be clear. They need to flow right through to the people for whom they are put in place, and they are the ambulance officers on the road. At last count there were over 3,300 officers. These recommendations basically pertain to them. They come to work and they are protected by what the management of the service puts in place. It needs to flow right through and that is not the case at the moment.

The Hon. MARIE FICARRA: We know, and we heard again this morning, that trying to get changes in workplace culture is difficult. They do not happen overnight. Mr Flint was saying that some officers think they are being bullied in having to participate in the training programs. I put it to you that we heard a lot about dysfunctional management and communication incidents that occurred. Do you not feel it is positive that everyone should be on a level playing field and trained in how to interact with their colleagues and how to respect their colleagues and work together? I would have thought that this would be a positive thing.

Mr RICHARDS: I do not disagree; it is a positive thing. If you ask ambulance officers individually they will say it is positive, but they use a reference point as their yardstick for making that decision and that is how management treat them and whether the culture is changing within management. It is fine for them to attend Respect in the Workplace training and for it to be reiterated that this is the expectation of behaviour but when they go back into the workplace and specific managers, some of whom are identified in our submission, clearly do not abide by the very rules they are there to administer it undermines the validity of the training that is put in place.

The Hon. MARIE FICARRA: So it is window-dressing without it being a permanent way of working?

Mr RICHARDS: Window-dressing, lip service, however you would like to call it.

Mr FLINT: Could I add to that comment? I noted in one of the submissions put forward to this review that there was a comment about all the training and cultural change commencing at the bottom of the ladder. It was highlighted that it needed to change from the top and work its way down. From our experience we would probably agree with that.

Reverend the Hon. Dr GORDON MOYES: I would like to ask any of the members of EMSPA this question having read people's submissions: Is it true that your organisation has in spite of your 600-plus members effectively been banned by the Ambulance Service? You are not allowed to display any literature or posters and you are not allowed to make contact with members and they are not allowed to have Internet access to you and so on. Is this correct?

Mr RICHARDS: Yes.

Reverend the Hon. Dr GORDON MOYES: What are your thoughts about that?

Mr FLINT: Do you want it in straight English or do you want it politely! The members feel that they have been shut off from the right of an association that may help defend them at a stage when they are at their lowest point and they need help.

Reverend the Hon. Dr GORDON MOYES: We were concerned about many charges of harassment and bullying and we brought in some strong recommendations in relation to that a year ago. Have you noticed any difference at the workplace?

Mr RICHARDS: Yes. There have been some changes. There would have to be some changes. You could not have had an inquiry 12 months ago from which there were 45 recommendations and a Government response and changes within the workplace with training and the standard operating procedures that are produced on a weekly basis without it having some type of effect. So, yes, there has been a change. Has it been positive? I think that for the realists out there it is a ray of light and hopefully the Ambulance Service are now taking responsibility and being accountable for looking after their staff as a result of being taken to task about the regulations that they were sorely lacking. Has it cemented itself in our workplace? No, it certainly has not at this stage.

Reverend the Hon. Dr GORDON MOYES: I am trying to put myself in the place of the ordinary grassroots ambulance officer. I see the Health Services Union as having a very strong structure with a clear and definite purpose for its existence. There are many areas of that work, such as award conditions and so on, where you have said you do not intend to compete with the HSU. That means in effect that you become the organisation of the gaps. In other words, you only come into being where there is a gap in what is being done by either the employer or the Health Services Union. Is it your intention to strengthen that because it is a point of real weakness for your future? Do you intend to have a log of responsibilities?

Mr RICHARDS: At this point in time it is not something that we are focused on in light of the timeline of our existence. It has only been 11 months. Having said that, if the organisation wanted to

progress further into the area you have suggested it would be a matter to put to the members of the association and they would give an indication as to whether that is the direction they want the association to go. We would still maintain, in the first instance, our core function, and as such anything that came later would be a matter for discussion. We are not spending our energy focusing on that at the moment because of the sheer time we have been in existence. As indicated in our submission, there are far too many other things—

Reverend the Hon. Dr GORDON MOYES: Although this might cause a broadside against you, my own impression is your core functions are too small.

Mr RICHARDS: That might be the case for the future if we were to continue. Obviously as we evolve that would be up for review, but again it would go to the members to see whether they wanted us to fill that gap.

The Hon. GREG DONNELLY: I have provided some questions on notice to the witnesses.

CHAIR: I think they were passed on.

Mr RICHARDS: Yes, I received notice of eight questions and I have some responses.

The Hon. GREG DONNELLY: Do they not have to be passed back?

Mr RICHARDS: My apologies, I do not have them in a format so that I can table them but I can certainly respond verbally.

The Hon. GREG DONNELLY: I have some other questions, which is why I put these on notice. If you could send them to the secretariat—

CHAIR: I do not think Mr Richards understood that they had to have written responses. He would be expecting those questions to be asked today.

Mr RICHARDS: Yes, my apologies.

The Hon. GREG DONNELLY: I take you to some key issues. I am trying to understand the nature of the organisation so that we are very clear. Perhaps I could direct the questions to Mr Richards as the secretary because they go to organisational issues. Would you agree that in terms of dealing with members and potential members of your organisation matters of honesty and integrity are very important in relation to what you are all about?

Mr RICHARDS: Yes.

The Hon. GREG DONNELLY: In the rules of your organisation, specifically the objectives of the organisation, section 3 (3) says the association's objects are to represent and act as agent for members in any matter and forum related to their employment, including working conditions, industrial disputes, remuneration and benefits. Is that the provision within your rules?

Mr RICHARDS: As I have explained in response to Dr Moyes' questions, our core function is as I have stated.

The Hon. GREG DONNELLY: My question was: Is that a provision of your rule?

Mr RICHARDS: Yes, it is.

The Hon. GREG DONNELLY: Thank you. With respect to the EMSPA website, there are provisions for New South Wales and Queensland.

Mr RICHARDS: Yes.

The Hon. GREG DONNELLY: Is the New South Wales part of EMSPA separately registered? Are the Queensland body and the New South Wales body separately registered?

Mr RICHARDS: Yes.

The Hon. GREG DONNELLY: Is there any EMSPA entity registered other than those two?

Mr RICHARDS: Registered? No.

The Hon. GREG DONNELLY: In regard to the New South Wales organisation, are you seeking to model yourself on the Queensland organisation in terms of what it has been able to do for paramedics in that State?

Mr RICHARDS: Each State runs autonomously and as such we have rules written pertaining to both New South Wales' function and Queensland's function. We act differently to Queensland.

The Hon. GREG DONNELLY: Are you talking about the objectives?

Mr RICHARDS: Mm. We act autonomously to Queensland even though we are under the same heading banner. We have slightly modified bylaws which state that.

The Hon. GREG DONNELLY: But that provision of the rules I referred to—

Mr RICHARDS: Is for Queensland.

The Hon. GREG DONNELLY: No, it is your New South Wales rules.

Mr RICHARDS: The current rules have been modified by the legal representatives in Queensland. I have been in contact with them as recently as two or three weeks ago and there have been modifications. It has been indicated to me that there are specific rules for Queensland and specific rules for New South Wales.

The Hon. GREG DONNELLY: Yes, they are on the website and I have got it. What I have referred to are the provisions in the New South Wales rules.

Mr RICHARDS: So they are objectives on the website you are referring to?

The Hon. GREG DONNELLY: Yes, sure. Can I take the witness to a download from the website in regard to EMSPA?

CHAIR: It is your time. As long as it is relevant to our terms of reference and not an interrogation.

The Hon. GREG DONNELLY: This is from the Emergency Medical Services Protection Association website, specifically the Queensland part of the organisation. Could you just read that please?

CHAIR: Excuse me. Our terms of reference are New South Wales. We are dealing with New South Wales, not a Queensland organisation. The question is out of order. This inquiry is about New South Wales, not Queensland.

The Hon. GREG DONNELLY: With the greatest of respect, the witness has identified his organisation as operating—

CHAIR: Mr Richards is talking about New South Wales and we are talking about New South Wales. You should direct your questions to New South Wales, otherwise they are out of order.

The Hon. GREG DONNELLY: This question is to do with New South Wales. It is to do with the sister organisation and the focus of their activity. So, it is perfectly to do with the position in New South Wales.

CHAIR: Mr Richards, if you would like to answer in relation to New South Wales. Anything to do with Queensland is irrelevant to our inquiry. We are talking about the New South Wales Ambulance Service and your association.

Mr RICHARDS: The points you are referring to here have nothing to do with what is happening in New South Wales. As I said, Queensland operates autonomously. They have their own representation to the Queensland Ambulance Service and to the Queensland Industrial Relations Commission in matters that are happening up there at the moment. They do not pertain to us in any way, shape or form. As I have already stated, New South Wales is not involved in industrial matters, which I can clearly see you are indicating here. That is a Queensland issue, not a New South Wales issue. May I ask, just for clarification, I was under the impression that our evidence here today was to support documentation for what is happening within the New South Wales Ambulance Service and not Queensland?

CHAIR: That is correct.

Mr RICHARDS: As such, it is not about our organisational structure. It is about how we work things here in New South Wales?

CHAIR: I think that is right.

The Hon. GREG DONNELLY: We are entitled to conduct this line of questioning if it is to do with New South Wales. You cannot tell us what questions to ask.

CHAIR: Mr Richards asked for clarification. He asked me to clarify that we are talking about the New South Wales Ambulance Service.

The Hon. CHRISTINE ROBERTSON: You have done that about four times.

CHAIR: Maybe you should move on to another question.

The Hon. TONY CATANZARITI: I still want to know a little more about the background of who we are talking to. It does not seem to be coming out. On one side we are talking about it being part of Queensland and on this side we are saying no it is not, it is New South Wales. I am still not certain of your background, who you are and what you do?

Mr FLINT: We are a group of on-road paramedics in New South Wales. What we do is try to fill a gap where for a number of years now we are led to believe we have some legal protection, and a lot of members have found out the hard way that they do not. A lot of members of an industrial union that supports it are still not aware two years ago that that industrial organisation put some caveats on their coverage in events with regard to motor vehicle accidents and things like that. A recent case in our early days was where a paramedic was charged, went to his industrial organisation for support and it said no, we cannot provide you with support. You have to go to a solicitor and pay. If you win the case, well and good.

He went through his appropriate channels with the Ambulance Service of New South Wales and was told no, we are too busy, we cannot help you. So, basically, what we have taken up the opportunity to do is create an organisation where, for want of a better word, one of our people need some legal support because they have landed in it pretty thickly, that they are going to get it. It does not matter whether they have done the right or wrong thing. If they have done the wrong thing, we accept that, let us give them a

fair result. If they have done the right thing let us get them representation so they do not have to be punished for it.

The Hon. CHRISTINE ROBERTSON: You call yourself internal representatives. Can you describe what that means?

Mr RICHARDS: We are an association made up of paramedics who are supporting paramedics within the Ambulance Service of New South Wales workplace framework. It is made up of professional and clinical guidelines. We provide support and advice for ambulance officers within that framework. That is our core function.

The Hon. CHRISTINE ROBERTSON: You have discussed in some documentation difficulties with public sector media policy and the operations of your organisation. I just want to understand what sort of media issues you wish to promote or wish to use or are using that cause trouble. Because, as part of the public sector, unless you are registered as an industrial body, you are beholden by the individual public sector media regulation, talking about your workplace and what goes in it and that sort of stuff. I want to get a handle on what sort of media issues you want to deliver on in this process? I know that was convoluted, but I am good at convolution.

Mr HOLLAND: With all due respect, I do not know if I am out of line by suggesting this, but I suggest if the members would like further information on the running and setting up of how the Emergency Medical Services Protection Association works, we would be more than happy to provide further briefs on the running of our organisation, our aims and objectives if they are not clear. Again, with all due respect, we only have a limited time frame.

The Hon. CHRISTINE ROBERTSON: This media question is specific and relates to an issue you have brought forward to us. It is the media question. It is the issue about having difficulty with the service because of media statement.

Mr RICHARDS: We have a media spokesperson. He has been tasked with providing comment on behalf of the association in conjunction with issues that arise that the media outlets contact us about. He speaks purely on behalf of the association. He does not speak as a paramedic. He does not identify himself as a paramedic and, as such, he is not making a personal comment about Ambulance Service policy or where it stands on issues. Since our formation the Ambulance Service has significantly tightened up its media policy in regards to comments that were misconstrued many months ago due to incorrect identification of who was making the comment, and that has been addressed. Any issues of public domain nature that are already out there and the media asked comment about, purely as an association member he is tasked with making those comments.

The Hon. CHRISTINE ROBERTSON: So, because of the lack of protection of the registration as a union that can cause your troubles, can it, because he is a public sector employee?

Mr RICHARDS: Our understanding is from legal advice that we have been provided, that there are significant restrictions in making comment if you are making those comments on behalf of a registered union. In our circumstances we are not a registered union. So long as we do not make personal statements on behalf of the Ambulance Service or release information as a paramedic pertaining to the Ambulance Service, it is our understanding from legal advice again that if we provide a statement as a member of the association, we can make comment.

Reverend the Hon. Dr GORDON MOYES: My understanding is they can say whatever they like almost but they do not have the protection that normally a union or a registered body would have.

The Hon. CHRISTINE ROBERTSON: As public servants they cannot say whatever they like about their service, that is their problem.

Mr RICHARDS: But therein lies the issue. We cannot say whatever we like, and we do not. We stick to the facts. If there are issues that any media outlets come to us about, they are usually very specific and we have always responded to media outlets in stating, "Have you received information from the Ambulance Service?" As you would be more than aware, the responses you get from the media can be quite entertaining at times as to where they receive their information or where they are not receiving their information.

The Hon. CHRISTINE ROBERTSON: It was an interesting issue you put forward.

Mr RICHARDS: What has happened with that issue is that it was addressed right at the beginning as to what we can and cannot do. The chief executive of the Ambulance Service made notation to us as to what we could and could not do. We addressed that issue and since then we have not been taken to task at all for any comments.

The Hon. CHRISTINE ROBERTSON: That is the answer to my original question, thank you.

CHAIR: We have just a few more minutes, and we have delved a great deal into the genesis and nature of your association. I want to give you the opportunity in summary—you are aware of our original report, our recommendations, and they were broad ranging. If there are specific recommendations we have not talked about so far—we have talked about the s8 drugs and some of the other things—where you have commentary to make on behalf of your members, and they could be about operational issues such as radios, GPS, two-crew ambulances, the Ambulance Rescue Service, rural versus city, if you have any comment on those sorts of issues or any of the other recommendations, if you would like to put them forward we would be happy to hear those.

Mr RICHARDS: Firstly, I would like to state, as I stated before, I want to steer clear of the s8 drugs issue. That is too big a topic to cover here.

CHAIR: No, I was giving you the opportunity to address any of the other recommendations.

Mr RICHARDS: Briefly, recommendations 40 and 41, where it states that vehicles be equipped with satellite navigation units. The Ambulance Service has provided handheld satellite navigation units for each individual officer. This has been a significantly contentious issue. The original point was to decrease response times. In fact, it does absolutely nothing towards decreasing response times at all. My concern is that the recommendation clearly states that vehicles are to be equipped with navigation units. That would have been the sensible thing to do. Because the officers will be exactly where the vehicle is and if the vehicle is outside the patient's house, that serves the purpose.

Recommendation 41, regarding portable radios, states that portable radios to every ambulance officer, and the service has done exactly the opposite to what it has done with the satellite navigation units, which is telling officers out there that their safety is not our main concern, our response time is. So, here is your navigation unit, do not worry about the portable, there is one in the car. We have evidence there that one portable radio between two officers is not appropriate. There will come a time when there will be a significant issue regarding safety and I take it it will then be addressed. I would just like to bring to your attention those two issues.

The other issue, recommendation 37 provided dedicated ambulance service in Bundeena, consisting of an ambulance station of 24 hours. The Ambulance Service has addressed the issue of Bundeena by negotiating with the fire department in providing a first responder unit down there. So that recommendation has not been addressed in that there is no ambulance station there. There has not been any change to patient care and response times in that area. Sorry, I retract the response time issue. There is someone down there, but it is not the Ambulance Service of New South Wales.

Many ambulance officers are concerned about peer support officers. On a positive note, the service has addressed that and it is re-evaluating the structure of our peer support network to provide permanent people in that position. Recommendation 35 relates to the extended care program. There are issues at the

moment because that program is coming to the end of its trial period. There is debate about whether the service will be paying the officers the same rate of pay. There was no clinical salary base prior to the trial starting, so a managerial rate was used. If those officers continue in that role once the service takes on that scheme, they will suffer a reduction in pay. The union is looking at that, but many officers are coming to us and we are directing them to the Health Services Union to provide information.

The Hon. GREG DONNELLY: Do you consider dealing with the occupational health and safety of paramedics as a fundamental part of your role as an organisation and dealing with the issues that arise in that area?

Mr FLINT: Occupational health and safety is the responsibility of everybody in the service irrespective of where they sit in the structure. I am not sure that it is an issue as much for our association while the HSU is there and while we have occupational health and safety committees and risk managers. They are tasked to deal with that. Yes, safety remains at the forefront for all of us, but it is a matter for all parties involved.

Mr RICHARDS: I refer to recommendation 18—the increase in the number of ambulance staff to meet the minimum operating levels as determined by the Industrial Relations Commission. There has always been a concern that as the service employs more staff that that issue will be addressed. Ambulance officers are concerned about the issue of there not actually being enough ambulances on the road in line with the staff increase. However, again, that is an industrial matter. Obviously that will be addressed when the award is looked at again at a later stage. That is a significant morale issue because it directly affects workload and response times, and therefore the officers in the car. There seems to be a perception that there is an unrealistic expectation of ambulance officers to be everywhere all the time. That just does not happen. That is affecting people at an individual level.

Recommendation 11 dealt with the training issue. That has not changed and I do not think it is going to change in the near future. The Ambulance Service has made it clear that there will be no incentives or a model for officers who every day when they go to work train probationer after probationer. That has been in place for years and it has been requested. The training is as good as the people doing it. There is really very minimal effort expended in providing officers with the tools they need to train other ambulance officers. That is about all I have to say.

CHAIR: That concludes today's hearing. The Committee will make a decision later about publication et cetera. The secretariat staff will contact you once the transcript is available for you to look at and to make a decision. Our Committee will also make a decision about publication. One of the documents that you tabled today has detail that the Committee does not need. I invite you to remove some of that detail about specific cases and officers.

Mr RICHARDS: Sure. The central detail is provided to show a trail of the categories of the cases that people come to us about. We are happy to do that.

CHAIR: We do not need the names.

Mr RICHARDS: Sure.

CHAIR: We can understand the sorts of cases you are dealing with.

Mr RICHARDS: That is easy.

CHAIR: We do not want any identifying material. Further questions might be forwarded to you by the Committee secretariat or we may require clarification of some of the issues that have been raised. Thank you for appearing before the Committee today.

(Conclusion of evidence in camera)

(The witnesses withdrew)

(The Committee adjourned at 3.35 p.m.)