

Assessment of the NSW Parliamentary Inquiry (Published 24 July 2018) into the prevalence of bullying, harassment and discrimination in **The Ambulance Service of NSW**

I write this as a survivor of ASNSW, a Paramedic veteran of 15 years, a sufferer of workplace induced PTSD and one (like many other past and present) who the ASNSW failed to support. I also write as an observer of ASNSW, a witness to a prior parliamentary inquiry into this issue (where promises were made and not kept), one who has tried to assist ASNSW (but had all attempts dismissed without consideration) in improving processes to better reflect community expectations and one with a unique perspective of working inside and outside ASNSW in health that can see objectively the weaknesses and failing of the organisation.

“To oust an entrenched, unhealthy work culture, which has grown in at least parts of NSW Emergency Services over time and to produce marked change, will no doubt take two or more generations. It will not come from within. The aphorism, “you can’t be a cause and a cure at the same time” appropriately comes to mind. Change from within clearly hasn’t worked, and it never will - it needs to be externally driven.” **Dr Anne Wyatt, Director, Beyond Bullying**

There has been little learnt over the course of two previous Parliamentary Inquiries into the culture of bullying and harassment in the Ambulance Service of NSW (ASNSW). The players have changed, the remedies have new names but the fundamental culture remains largely unchanged. The internal belief that those at the cause can implement a cure is at the heart of this failure and possibly future failure.

Before a more detailed analysis of the outcome and recommendations, the first significant observation about this inquiry can be made prior to hearing evidence. The best test that a new system is working is running an example case through the system to test its efficacy. The obvious, but overlooked, feature of this inquiry was that; other than organisational representatives, all evidence that was received by the panel was supplied on the condition that the witness name were suppressed. There are obvious reasons for this, that appear to have largely escaped the Inquiry Committee i.e. that those giving evidence:

- a. Have no faith in the systems and organisation to deal with such information in an appropriate and fair manner.
- b. They fear that the culture that had provided the impetus for their testimony will seek retaliation and retribution through personal or organisational means i.e. the whistle-blower will be vilified.
- c. That despite the recommendations of previous inquiries and many promises and assurances, the processes and procedures in place have failed. Otherwise, this evidence would have been already and satisfactory (by those processes and procedures) dealt with prior to the inquiry’s call for submissions.

In the last inquiry, the death of Paramedic Christine Hodder directly due to bullying and harassment and inaction by senior management, proved that all the promises and changes that came out of the first inquiry had failed to change the central and consistent issue i.e. a toxic culture. This current inquiry demonstrated through the testimony of an unnamed female paramedic that suffered sexual assault and was then treated in despicable and unconscionable manner; that the promises and changes coming out of the last parliamentary inquiry have failed to change culture. And now, even before the final report was released of the current inquiry. Paramedic Tony Jenkins took his own life,

whilst on duty, after an undocumented and unwitnessed meeting with senior management. The fact that his widow is still waiting for an explanation and this happened while the CEO of the ASNSW was defending the policies and behaviour of the individuals in the organisation is a clear indication of an alarming lack of insight. The inquiry panel despaired at this astonishing lack of insight throughout the progress of the inquiry particularly from the ASNSW CEO Mr Dominic Morgan.

The approach successive senior management of ASNSW have employed is predictable and flawed:

- Believing that its own statistics are an accurate reflection of the organisational culture rather than an indication of a failure of the system.
- Acting to produce “behavioural protocols” is the belief that by following these verbatim (as is the flawed notion of clinical protocols it uses) then everything will work out for the best. Failure to follow the behavioural protocol is therefore seen as the only cause of failure, not of the system but of the individual.
- Training and protocols may be an appropriate clinical framework but it is not appropriate for cultural change.
- Culture has enabled the strategies designed to resolve issues “Straight Talk”
- The default response by senior management (including the mechanisms set up to facilitate the culture e.g. PSU) are that the “system” i.e. the organisation is never at fault and needs to be protected. Rather the individual is the root cause of the problem and they are an easy and necessary casualty to protect the organisation.
- Whistle-blowers and complainants have “betrayed” the organisation and need to be “dealt with” to protect organisational reputation.

The *Safe Work Australia Workers’ Guide* cited at the inquiry seems an appropriate definition of workplace bullying and highlights the importance of “repeated and unreasonable behaviour”:

- repeated behaviour ‘refers to the persistent nature of the behaviour and can involve a range of behaviours over time’
- unreasonable behaviour is ‘behaviour that a reasonable person, having considered the circumstances, would see as victimising, humiliating, intimidating or threatening’

This definition however is not explicit enough to deal with the idiosyncrasies of an organisation based on a semi-military framework. Definitions in these circumstances are likely to become completely subjective i.e. as defined by the victim vs the organisation/ perpetrator. The self-sustaining culture of rank and implied authority structures in ASNSW management and/or clinical level perpetuate this culture.

When compared to other services, NSW Ambulance has seen the greatest decline in experienced bullying rates of 13 per cent, however, it also has the highest rates of bullying among the five agencies at around 29 per cent and the highest rates of witness bullying. Significantly, even in the “reduction phase” in 2016 senior managers, were identified as the most frequent sources of the most serious bullying i.e. culture in the organisation was unchanged. However, no attempt has been made here to identify the corresponding events that align with the observed changes in the ASNSW data. The assumption otherwise can be made that there has been an improvement, however this may be just a decrease in reporting rates due to recording problems or a loss of trust in the process/outcome. Interestingly, ASNSW several years ago (and when faced with political pressure from the then NSW Health Minister concerning response times), changed the measured metrics to suggest that a

significant change (improvement) had been achieved. The disingenuous culture in manipulating data to provide the most optimistic perception is an entrenched part of ASNSW culture and stems from the belief that the most important stakeholder is NSW Health rather than either the patient or staff.

The Committee identified the lack of “independent oversight” in the investigation of bullying, harassment and discrimination and a lack of an efficient system of data recording. The sad truth about the previous Parliamentary Inquiries into the ASNSW culture was that the momentary period of scrutiny during the inquiry, with its recommendations and promises, soon and predictably lost momentum when out of the public eye. The processes and procedures set in place as “perfect remedies” to the issues identified, were internally governed and managed under the same cultural principles at the heart of the problem. This in-tern led to a lack of confidence in the system, under-reporting (which benefits those who are the perpetrators) and re-enforced the cultural status-quo. The victim still has no independent and effective pathway to have issues and complaints dealt with that are not:

- a. Directly overseen by those who are “culture” representatives.
- b. Linked to disciplinary processes.
- c. Likely to result in retribution and/or career ramifications.
- d. Predominately biased toward determining individual failure rather than system or organisational failure.

“There is an obvious need for an external monitoring agency’ and highlighted that attempts to change the culture internally within the individual agencies have not been successful: To oust an entrenched, unhealthy work culture, which has grown in at least parts of NSW Emergency Services over time and to produce marked change, will no doubt take two or more generations. It will not come from within. The aphorism, “you can’t be a cause and a cure at the same time” appropriately comes to mind. Change from within clearly hasn’t worked, and it never will - it needs to be externally driven”.

Dr Anne Wyatt, Director, Beyond Bullying

This comment from Dr Anne Wyatt, Beyond Bullying is one of the most poignant of the inquiry but lost on the ASNSW representatives including its CEO. The simple but unescapable truth is that changing culture has to come from an external force and scrutiny. Two inquiries and no solution, demonstrates firstly; that it is likely that the recommendations of a Parliamentary Inquiry are insufficient to be this “external driver” and it is further predicted that this will also be true of this latest inquiry and its recommendations. Secondly, that internal “change” managed by those who benefit from a continuation of the current culture is not only inappropriate but also doomed. The Ombudsman has already been involved in complaints against ASNSW senior management, stretching back many years but has failed to make the most necessary changes needed at organisational level. The suggestion of independence and standardisation of complaint reporting by those giving evidence and expert advice is a key improvement but would require strong policy direction to ensure that the process response (at organisational level) did not continue to be manipulated by those intent on preserving a damaging but historical culture. Quite predictably, the opinion of Mr Dominic Morgan (CEO ASNSW) was that “the service provides adequate internal processes for reporting complaints”. These comments even surprised the committee representatives, who noted the distinct and palpable lack of insight by the ASNSW CEO. It is apparent that if the statements by the CEO were correct, then there would be no evidence to consider by complainants at the inquiry, relating to ASNSW.

Numerous inquiry participants argued that senior leaders within the agencies, including agency heads, have not been held to account for their actions and indeed inactions when it comes to unacceptable workplace behaviour, particularly bullying, by their employees and members, or for the culture of the workplace, and that this needs to change. This point is extremely descriptive of the underlying issue with a hierarchical (rank and clinical authority) system that is ASNSW. To hold senior management or those with real or perceived authority to account for their actions is seen as a threat to “culture” and the reputation of authority structures and the creation of doubt in promotional decisions. Ironically, this failure only further serves to perpetuate the lack of faith in the “system” in dealing with issues, fairly and ethically. This fact is a further indication of the lack of capacity within ASNSW to actually affect cultural change by just focussing on internal policy and protecting the perceived reputational value of perpetrators. Bullying, harassment and discrimination in ASNSW are (according to the data presented) a “top-down”, learned behaviour, rather than a “few bad apples” that can be silenced if lower ranked and protected if in a position of actual or perceived authority.

In evidence of this, the committee further noted that despite several initiatives recommended for implementation around WHS related to bullying, harassment and discrimination, they could not determine what progress had actually been made. More importantly, even if initiatives were nominally “in place” as part of policy, it was not evident what improvement (if any) had been realised and impacted on rates. This failure includes a lack of interest in implementing the *Mental Health and Wellbeing Strategy for First Responder Organisations*.

The evidence provided by Safework NSW summarised the risk factors of mental illness (including PTSD, anxiety and depression). The assessment of ASNSW was not surprisingly that it has a significant risk of mental health issues, largely due to senior management issues. This was a confirmation of what has been obvious for many years and has not changed. These risk factors describe the perfect storm that is the ASNSW -

- **Job Demands** – the overall level of demands, conflicting demands and perceived pressure in an employee’s day to day work.
 - No other service has such an urgent workload than ASNSW. Each Paramedic is exposed to more time critical, life threatening emergencies per capita than any other service.
 - Paramedic crews are hounded from one traumatic situation (sometimes alone) to the next with no consideration of the psychological impacts of the events or sense of living under extreme pressure.
- **Job Control** – the extent to which a worker is capable of making decisions on how they carry out their work’.
 - While there is a degree of clinical autonomy in decision-making in patient care, the job is governed by clinical protocol and priorities are directed by others (sometimes without clinical expertise and with little understanding of the challenges of the job). The workplace is organised as a semi-military hierarchy with rank and clinical levels as competing authorities.
 - The complexity and duration of a Paramedic’s day is dictated by factors outside of his/her control. There is no certainty each day if they can meet social commitments outside work or if they will be exposed to traumatic or tragic events.

- **Social Support** – the perceived support from colleagues or a supervisor.
 - The cultural appraisal of ASNSW shows low levels of perceived support from supervisors and senior management.
- **Organisational Change** – this can range from technology and management changes to downsizing or restructuring or relocation and can lead to job insecurity.
 - The staff of ASNSW are constantly under pressure to maintain and improve their skills and knowledge. In fact, unlike other sectors, their jobs are dependant on passing a formal “recertification” including any new technologies and procedures.
- **Conflict and Trauma** – includes bullying, discriminatory behaviour, exposure to potential or real threats or violence, or to other traumatic events.
 - It is obvious that all indicators demonstrate that the ASNSW has the poorest record for workplace bullying, discriminatory behaviour and exposure to violence. It is also apparent that this is compounded by the reality that ASNSW staff are (more than any other service), are frequently exposed to traumatic events on a daily basis. Given the nature of the work conducted by paramedics, senior management should be keenly aware of the factors that could exacerbate mental health issues and effectively minimise those it can control, however they have failed.
- **Temporary employment** – include casual, short or zero-hour contract jobs, and subcontracted roles.
 - Whilst only a small percentage of ASNSW staff are classified as “casual” many face similar stressors. On-call staff in rural areas are expected to respond within 2 minutes of a call (regardless of their situation); staff are forced to work overtime (including long transfers without adequate rest); staff are sent to other stations to save on staffing costs and never know where and when they will return; each employees works under the pressure (although this is somewhat disproportionate due to internal hierarchies) each day that their decisions and actions are under scrutiny and could be only one poor decision away from losing the ability to treat patients.
- **Hours worked or shift patterns** – the number of hours or timing, which can be fixed or variable, of when a person works.
 - ASNSW staff never practically know when they will start and finish work each day nor if they can meet their family commitments. On-call rosters in rural areas (due to poor staffing) effectively mean staff being “at work” 24/7, causing added stress and unpredictability with no quality down time and restrictions on how far they can travel from their designated station (even in their own time). Shift lengths of 12 hours without sufficient or required breaks increase stress and fatigue.
- **Organisational justice** – the fairness of rules and social norms within organisations.
 - Organisational justice is one of the major cultural failing of ASNSW as highlighted in the inquiry. Individuals in different groups (management and/or clinical rank) are protected in decisions of misconduct. Systems put in place (like the PSA in ASNSW) can misuse their power, delay or deny natural justice. Decisions can be delayed indefinitely, leaving individuals in doubt over their futures.

- **Psychosocial safety climate** – the balance of concern by management about psychological health versus productivity goals and reflects management values and philosophy and priorities.
 - Productivity and indicator compliance are always seen as more important in ASNSW than psychological health. Management values were questioned by the inquiry and it became apparent that the focus of senior management in addressing the toxic culture was both inept and inadequate. These “revelations” have been noted in the past two inquiries, with little action by ASNSW and no proof of significant progress.
 - Staff are forced (under threat of disciplinary action) to be complicit in manipulating data to make it appear the ASNSW is compliant with benchmarks (particularly in Operations Centres), actions that violate the individual’s moral and ethical codes.
- **Organisational culture or climate** – an individual’s appraisal of the culture or social climate in their workplace.
 - All witnesses and data presented clearly demonstrated that ASNSW overwhelmingly believe the organisation has a toxic culture and the senior management and supervisors are involved in institutional bullying, discrimination and harassment. As one complainant explained so well to the inquiry...

“the ‘command structure of power, patronage and protection’ will continue ‘whilst the culture remains unchallenged, and officers at all levels are not seen to be held accountable”

Not surprisingly, the ASNSW consistently scored the lowest scores in all measurements n addressing the psychological factors impacting on workers mental health, indicating once again that the institutional culture is unable to be changed by solely internal will. While expert witnesses from Beyond Blue pointed out to the inquiry that the public expects that those with stressful jobs should not have to but up with an organisational culture that places them under more psychological stress. A point obviously lost on the ASNSW CEO.

Another area where the inquiry was highly critical of the ASNSW was their Employee Assistance Program (EAP). The EAP has always been seen as a system (by ASNSW Senior Management) that is an effective panacea for all responsibility in mental health support for staff. In reality there are significant concerns about its independence and confidentiality not to mention efficacy. The most significant concern raised was the lack of expertise and understanding by EAP agents of the challenges and nature of emergency service work. From experience, there little comprehension of the work atmosphere, self-doubt and identity issues that come with being part of a uniformed service. In addition, the competitive nature of the workplace relegates those who seek EAP help has “weaker” and “less competent” to handle the job. This has been proven in evidence to have led to detrimental affects on staff treatment in relation to promotion and opportunities. Although the ASNSW has established a group of trauma counsellors to pre-empt the inquiry’s recommendations, it is yet to be seen if the system has traction with staff, if there still exists a knowledge gap in understanding of the emergency service workplace. One of the consistent failing ASNSW has been to internally come up with a perceived (but untested) solution and then expect that it will solve and continue to solve all the issues it has been designed to address. It does not seem to matter if this methodology is used for the development of clinical procedures or support structures; it rarely works as intended as input is restricted to those who “should know” rather than those who “do know”.

Throughout this inquiry, the committee heard from many current and former emergency services workers who were highly critical, indeed often scathing, of their respective agencies' complaints management processes. They received many accounts of conflict of interests, breaches of confidentiality, a lack of procedural fairness and transparency, and poor communication and document management. Many individuals detailed their experiences of reprisals for speaking out, complaints taking too long to resolve and managers paying only 'lip-service' to the policies and procedures in place. The committee came to the conclusion that too many staff who have experienced bullying, harassment and discrimination feel utterly let down by the systems in place.

The reality is apparent, that if appropriate and effective systems were actually in place (including the ability to question and challenge the system and its decisions), no witnesses would have found it necessary to come forward at this inquiry. In response the committee recommended that there was very clearly was the need for an independent, external body to oversee complaints management across the emergency services agencies for bullying, harassment and discrimination complaints. That this avenue should be available to those emergency service workers who have either exhausted their agency's internal complaints management processes, or whose complaint has not been determined within a reasonable timeframe. This is a positive outcome (if it is ever established), however there are a number of issues with this recommendation that have still not been addressed, including:

- The existing culture in ASNSW is that anyone who makes a complaint outside the organisation i.e. an independent party (e.g. SafeWork NSW, the Ombudsman or the ICAC) is seen as an enemy of the organisation and treated accordingly. This includes potentially serious and detrimental ramifications for the individual for breaking an "unwritten code" and threatening the reputation of the organisation (regardless of the validity of the complaint). This has been the case in ASNSW for many years, where a strong culture of nepotism rewards and protects those seen as "friends" and punishes those seen as "enemies". The structure and hierarchy within the ASNSW coupled with the lack of accountability means that these behaviours continue unabated. There is no evidence that this behaviour toward a complainant would not continue, regardless of a "new" body.
- In determining if the internal complaints processes have been "exhausted" as a trigger for access to external independent processes, it is unclear both who will determine this and who will determine if the matter has been adequately addressed. Historically, ASNSW has made responses to external agencies that are disingenuous but make it appear as though the matter has been dealt with and closed, regardless of the complaints understanding. Dealing through a third party could complicate an amicable resolution if ASNSW insist it has complied. The committee also suggested that ASNSW report annually on complaints and outstanding matters, however as the ASNSW data (and the under-reporting rate) is so abysmally poor, it is unlikely that this will be a meaningful exercise. Additionally, and with no penalty, ASNSW can merely keep reporting inaction for ever with detriment. Regardless of the idea of "publishing" on their website, the data displayed is only as good as the data collected and the subjective view of ASNSW as to if it believes the matter is close i.e. regardless of if this was to the satisfaction of all parties, was fair and equitable represented justice.

The committee singled out the ASNSW in failing to move on the recommendations of the last Parliamentary Inquiry, that it had breached its promises of reform and change. While the committee has attempted to place more accountability around ASNSW action resulting from this inquiry, it is naïve to think that one can expect a different response to the same actions by ASNSW as it assumes there is insight and capacity. Having an external authority to drive the Mental Health and Wellbeing Strategy for First Responder Organisations is a positive initiative as internal attempts have failed. However, the recurrent danger in the assumption is that cultural change will naturally happen in the presence of policy, (a failed methodology in ASNSW). It also assumes appropriate capacity and insight and that the ASNSW will not work toward producing data that satisfies the “lead agency” but has no actual proof of success at the workplace level and does show cultural reform. The mistake that ASNSW have consistently made is that assuming policy = culture.

Regarding mental health, the committee recommended that each of the emergency services agencies make employee mental health a priority action in terms of prevention, early intervention and response. While this seems like a logical aspiration it is dependant on the ability of the agency to have sufficient insight into the issues. The committee was frequently astounded by the ASNSW CEO’s demonstrated lack of insight around these matters as he assured the committee his organisation was doing a “good job”. The committee rightly recognised that the “de-briefing” (operational) used by organisations such as ASNSW may be just adding to the problem. The understaffing and high workload of ASNSW (and an aversion to overtime for anything relating to welfare) staff means there is often no time for appropriate down-time between traumatic events. Although ASNSW announced additional staffing to allegedly demonstrate a “genuine” concern for staff before the inquiry report was published, the detail of the actual improvement i.e. bums of seats, has not been made clear. Traditionally, politically motivated announcements such as these are largely made up of re-announcements of existing staffing recruitment already planned and expected attrition and existing long-term operational shortfalls that are being currently not filled (i.e. stations closed) covered by overtime with existing staff. The fact that the detail has not been made public, indicated a degree of “smoke and mirrors” in this announcement rather than a genuine improvement to staffing numbers. The underlying issue, even if this is real and tangible improvement in staffing numbers (and the necessary maintenance of rosters), is that there is an increased number of staff who can be potentially failed by the organisation unless change is real as well.

Initial observations about ASNSW data that were disturbing as not only the numbers but that the cultural issues had still not been addressed after previous inquiries but that reported data showed 29% of ASNSW staff had been bullied in the last 12 months and reported it. The committee had already determined that reluctance to report inappropriate behaviour was low because of the culture and “acceptability” at senior management level of this behaviour. Even the figure (of which there is little faith it is an accurate representation of the magnitude of the issue) was the highest in all services. The overwhelming source of this bullying was from senior management, a fact known by all (including ASNSW) prior to the inquiry and concrete proof of unresolved cultural factors. Not surprisingly, the APA tabled data showed the rate of bullying by its members at 70% and a non-reporting rate of 40% and therefore the problem is not just one of the addressing the issues but in understanding the scope of the issue and accepting failure.

The committee noted (with significant concern) that in the first inquiry it identified management's failure to manage bullying and harassment effectively, with the drawn-out process of grievance and complaints handling exacerbating many situations. In its first report the committee found that some managers were unable to foster a safe and healthy work environment, resulting in high levels of unresolved conflict and extremely low staff morale. And now 8 years later they were sitting to consider (for the third time) the same reports, the same failures and the same issues. The only "response" to the inquiry by ASNSW was that "cultural change does not happen overnight"! Clearly it also doesn't happen over 10 years and three separate inquiries all saying there is a need for change! The committee concluded that "The evidence gathered during this current inquiry suggested a continuing and serious problem of bullying, harassment and discrimination in NSW Ambulance, along with poor responses to it." Unfortunately, ASNSW staff have been trying to tell those who should be interested in this for longer than the term of the three inquiries and the current inquiry still believes that this repeated finding will be addressed as a result of the latest attempt.

A very worrying trend reported by the APA was a change in the tools of bullying by ASNSW management, from overt to covert means e.g. denial of opportunities, increased surveillance of work, and inappropriate use of performance management. It is obvious that this is not a new trend but has become worse over time and it is much harder to trace

"The problem ... is that this leaves dedicated officers mentally and physically broken. They are often robbed of the job they love, their relationships suffer, and, tragically, some attempt or are successful in committing suicide ... One of the statements that we hear over and over again from our affected members is: "How can they do this to me? Our whole job is to provide care for people, so why are they doing this to me?" NSW Ambulance is supposed to care". - Witness Statement

The committee was also critical of the Professional Standards Unit (PSU) and its ability to fairly make determinations not to mention line managers who "turn a blind eye" to unacceptable behaviour and try to turn serious disciplinary events into interpersonal disputes. Statistics presented by the APA contradicted the ASNSW data (and perceptions) on bullying, harassment and discrimination with 59% of complaint unresolved, 79% believing that complaints are not treated fairly, 45% waited over 2 years for resolution and approximately 80% received no updates or detail of the resolution method. The committee heard serious issues with the ASNSW PSU that indicated errors in the unit's use of process, poor procedural fairness, unprofessionalism, the appearance of bias favouring senior management, and the use of its systems to harass staff and blaming the individual for failure rather than the system or organisation. From experience, the PSU also has a history of investigation and determining an outcome without ever making contact with those directly involved until a directive comes down. This unfair process has been referred to outside authorities but ASNSW continues to blindly and unconditionally defend all its actions and decisions.

Of course, and as will all previous inquiries, ASNSW representatives claimed they had done "so much" and all this concern was old news that they have addressed by using the same failed methodology as before. The CEO claimed things in the Hunter (as an example) had got better after focus groups. Sadly, soon after these words were uttered Paramedic Tony Jenkins took his own life in the Hunter after a clandestine meeting with management, where no notes were taken. The ASNSW CEO, Mr Dominic Morgan stated he had initiated an internal review of the controversial PSU, however it is unlikely that

any misconducted will be called out or substantive reform will ensure from a non-transparent, internal review by senior management of senior management. Significantly, testimony was presented from a credible and respected Paramedic who detailed her case of being sexually assaulted by a senior officer and showing the clear and abject failure of the PSU in determining and dispensing justice, however quite predictably the ASNSW CEO defended the actions of the PSU but regretted the time it took. The defence of the PSU and its proximity to the testimony of the female paramedic victim was at best insensitive and at worst without any insight or appreciation of the issues and accountabilities. The committee correctly identified that ASNSW data was inaccurate and that their CEO had little understanding how procedures were being implemented in his own service.

While somewhat belated and drawn like blood from a stone; at his third appearance before the inquiry, CEO Dominic Morgan made three important concessions to the committee:

- he had taken steps to overhaul the systems that he had recently defended as appropriate and working well.
- That ASNSW lacked transparency in its processes
- That the ASNSW appeared to recognise the need for independent oversight of its decisions.

Disappointingly, any individual in Ambulance management or who had read the transcript of the previous inquiries would have come to these conclusions many years ago, without the need to be dragged kicking and screaming to this position.

The committee summarised the issues raised about mental health support at including the following features:

- **Poor support in the face of traumatic events** – the expectation is that paramedics should be unaffected and able to immediately undertake sequential traumatic events without respite. Any individual who appears unable to be “stoic” in the face of traumatic event is labelled as an individual failure.
- **Shame and guilt arising from patient deaths, despite the paramedic not being at fault** – self-doubt and the impact this has both at and away from work is a significant factor in mental health issues. Discipline (dependant on “class” system) is the preferred mechanism for organisational response rather than support.
- **Staff developing psychological injuries with severe anxiety, depression and suicidal thoughts due to bullying and harassment** – this is a continuing and unresolved issue that requires more than policy and training changes but needs cultural change.
- **Employees who have been bullied or harassed feeling unsupported and further victimised during their complaints process, such that their mental health is impacted** – this is a cultural issue that is beyond internal correction.
- **Injured workers receiving no support and not being treated with simple humanity in their crisis** – injured (whether physically and/or psychologically) are labelled as individual failures that should resign to protect the reputation of the service.
- **Medically retired staff feeling devalued during the exit process** – there is little if any recognition for retiring staff as they are seen as “the enemies of the organisation” and often leave still fighting for justice and fairness.
- **A perception of highhanded and insincere reference to staff support services in correspondence to injured staff** – stoic behaviour is rewarded and any perceived weakness punished. This is very much a legacy of the paramilitary character of ASNSW.

Coincidentally and belatedly the ASNSW informed the committee that they had done “a lot of work in the last 12 months”, knowing that yet another inquiry was going to find the same systemic issues and that little had been done. However, it is a serious indication of a lack of insight for the CEO to state that “the philosophy we are going for is it is their responsibility, as far as possible, to simply get well” i.e. that all help and support has to be initiated by the worker. He also made the suggestion that organisational culture was improved through university education of paramedics despite there being no evidence that university graduates are better able to cope with occupational trauma and bullying behaviour nor any indication that there is an observable correlation between cultural improvement in ASNSW and the introduction of university entry. On the contrary the situation is actually worse by all indicators.

Mr Morgan went on to state that *“Our strategic vision is to be a mobile health service. The notions of paramilitary and command and control have a place, but in day-to-day relationships and day-to-day working, we must move to be more like the rest of the health system.”* The movement away from a paramilitary structure toward a health structure is important, however there are pitfalls in adopting a NSW Health-like organisation as this structure has its flaws at many levels and is not immune from similar issues. The contradiction in the statements in defending the processes of the ASNSW and the promises that the current CEO can “fix it” if given more time and money are hard to reconcile, given the long and proven record of failure and cover-up.

The issues around uniforms seem out of place given the central focus of the inquiry and a distraction from more important issues. It is however a microcosm of the fundamental problems with ASNSW in developing anything (including a replacement uniform) i.e.:

- A protracted period of inaction and indecision in moving to an “appropriate” outcome
- A notional and sub-optimal assessment process managed by internal non-experts
- A compromised outcome based largely on economics
- A need to play catch-up to address issues created by a flawed process
- The implementation and support of the outcome is not thought through adequately, leading to issues
- Tradition and paramilitary based “necessities” interfere with practicality deployment

Interestingly, the ASNSW CEO also made reference to his other priority, that of occupational violence. This issue has been quoted in many witness testimonies (at all inquiries) as an important contributor to mental health issues within ASNSW. Issues that were poorly understood and managed by management. From experience, the ASNSW had developed more than 15 years ago the most comprehensive and far ranging occupational violence, policy procedures and training manual ever seen in Australia, but chose rather to disregard it and opt for a generic policy and ad-hoc training based on non-emergency health transport workers. Clearly there were many recognisable factors in this decision that reflect the current and observable failure around bullying, harassment and discrimination, including:

- Cost – ASNSW does not seem to be able to articulate and secure an appropriate funding level. Part of this is due to its position under NSW Health i.e. it is not actually an emergency service and does not sit under that portfolio or budget stream.

- Ease – Policy decisions demonstrate a lack of willingness to do the work to have effective procedures in place. The structure is not visionary and forward thinking but reactionary and task orientated (at all levels of management). Case in point, occupational violence, when it becomes a crisis issue and get unwanted media and political attention, all of a sudden there is a realisation that action is needed. However, the same indicators and evidence have been there for many years without any focus or need seen for action.
- Lack of insight – as data is poorly collected, poorly reported and poorly analysed (by design or ineptitude or both), the scope of the issues being reviewed are poorly understood. If one does not ask the right person the right question, one cannot expect the right answer on which to base actions.

The ASNSW, together with NSW Health decided to make two announcements prior to the recommendations of the inquiry. The first regarding a “staff enhancement” (although the actual detail extremely vague as to whether this is actually an enhancement). The second and more import was a public apology by the ASNSW CEO to present and past employees that the service had failed many of them. Cynically, the timing and nature of this apology may have been orchestrated to diminish the impact of the likely findings of the inquiry. If it is taken on face value it was a genuine recognition of failure and a pledge to do better. Time will tell which interpretation is accurate, however whatever the case more lives will be destroyed and lost before the situation is turned around. At the same time, he announced other measures he had actioned, prior to the release of the inquiry recommendations. These show a move in the right direction and are:

- Establishment of a team of psychologists and other specialist staff in a 24 hour a day, seven days a week staff health unit, to be headed by a chief psychologist and five senior psychologists who can be immediately deployed to any location in the state for individual staff or station teams in crisis. Paramedics will be able to self-refer to the psychologists, who are to be bound by a patient confidentiality code. The unit will also manage all of the service’s mental health and resilience programs for staff and their families, as well as chaplains (to be increased by 15 staff) and peer support officers.
- Creation of health coaching and physiotherapy services.
- Establishment of an independent and confidential bullying and harassment hotline to allow paramedics to report misconduct and seek support in a way that circumvents their managers.
- Formation of a case management database that tracks complaints and incidents within ambulance workplaces, to enable the identification of patterns of misconduct and behavioural issues, and provide a warning system for early intervention

Of course, the detail and effectiveness of the models described still need to be evaluated and hopefully this is made by independent experts and not the existing structures in ASNSW that have lacked the capacity and insight to be objective.

There were several key final summative comments made by the inquiry committee that are worth noting that accurately describe the ASNSW position and the huge gap to where it should be (if fact should have already been).

- Some eight years after the last Legislative Council inquiry into bullying in NSW Ambulance, it was immediately apparent to the committee, based on the fifty or so confidential and non-confidential submissions we received from Ambulance staff, that bullying and harassment remains a serious problem there, and that the organisation’s complaints handling systems are dysfunctional and failing NSW Ambulance employees.

- ASNSW has the highest number of reports of bullying amongst each of the five emergency services agencies, the rate of bullying and harassment, at three in ten employees in the past year, remains alarmingly and unacceptably high. The fact that the largest portion of respondents (32 per cent) reported that a senior manager had performed the bullying should be a matter of great concern to NSW Ambulance – and a focus for action.
- At first ASNSW representatives just did not seem to comprehend the problems that were all too apparent to the committee, most especially the fundamental mismatch between NSW Ambulance’s measures of bullying and those of the Public Service Commission. It is astonishing that only eight initial reviews and investigations took place in respect of allegations of misconduct involving possible bullying or harassment in 2015-16, and only 66 such matters between 2009-10 and 2015-16. It is also astonishing that NSW Ambulance had so little insight that this data suggests highly problematic processes at the local level, and in more formal complaints handling.
- The executive also did not seem to appreciate the fundamental dynamics of authority and trust at play in the organisation: the power dynamic that leads to bullying and renders a victim even more vulnerable; the extraordinary inner resources, trust in the system and support that it takes for a victim to escalate a matter up the line; and the lack of trust that NSW Ambulance staff currently have that their bullying matter will be dealt with fairly and effectively. It is very clear to the committee that such trust is especially lacking with regard to the Professional Standards Unit.
- The extraordinarily poor handling by the PSU... gave us no faith whatsoever in the unit’s ability to handle any misconduct matters satisfactorily. It also called into question the ARG’s effectiveness in fulfilling its role.
- Until the committee challenged NSW Ambulance to examine in detail its handling of a case and explain to us the PSU’s decisions and actions, our impression was that the service was operating under the illusion that bullying complaints are handled effectively there.
- The committee is pleased and indeed relieved that NSW Ambulance reached this point of understanding and action. We take some encouragement from Mr Morgan’s clear acknowledgement of the PSU’s deficient actions, and from his explicit commitment to introduce change. We note, however, our dismay that the organisation had so little understanding of the dysfunction in its midst until it was required to examine this matter, and that it took considerable effort on our part to eventually shift the service’s position.
- NSW Ambulance needs to build more independence into the complaints handling process to ensure better investigations and outcomes, and to restore trust in the process.
- The committee was struck by the isolation, fear and indeed trauma that victims reported to us as a result of how their complaint was handled. This is despite NSW Ambulance articulating support for them.
- Of course, the greatest challenge facing NSW Ambulance is to shift its culture towards respect and more than that, compassion. This will not only help prevent bullying and harassment but will also improve responses to misconduct and to mental health.
- There is a very real imperative in shifting the paramilitary culture of the past towards the health service culture of the future. It is clear to the committee that the command and control history of NSW Ambulance remains too influential, perpetuated in part by overly deferential requirements of junior staff, as well as by the wearing of braid by senior staff. There may be a small role for command and control in emergency service provision, but there is a much more substantial role throughout all levels of the service, for mutual respect, and indeed, as we pointed out earlier, for compassion.

The additional contributor in perpetuating ASNSW internal culture is not only the para-military like structure around management rank, but the disparate, elitist internal clinical “rank” i.e. that clinical

level is seen as a proxy for assumed authority, defacto management, wider unrelated expertise and a proxy for suitability for management function and expertise. This culture sees individuals with clinical skills, but little or no expertise in management, human resources or team building skills placed in positions of authority. Many examples of dysfunctional and poorly managed management responses in relation to bullying, harassment and discrimination are created by a culture of bias toward clinical level over relevant merit for the job function. It also creates a two-tiered system of accountability, leading to unfair scrutiny and treatment and unequal justice. Appeal processes are rarely if ever successful as they are seen as an admission of management failure. Nepotism and subjective merit are rife and used as tools to exert power and influence. These factors further and significantly contribute to workplace issues.

Conclusion

The notion that the ASNSW can just draw a line under the past and only has to focus on the future and new staff is a failed (but oft repeated) approach. Time and time again, the ASNSW has attempted to “future focus” rather than mending the past and present. No support has ever been given or offered to those who left (forced out) rather than fight the system and risk mental destruction. Those who the ASNSW denied justice to and refused to acknowledge their role in causing PTSD and mental illness, the ones ASNSW fought (and still fight) tooth and nail against to ensure no liability was acknowledged or compensated paid.

In fact, whilst CEO Dominic Morgan was making apologies and promises to the media, the widow of Paramedic Tony Jenkins (who recently committed suicide in the Newcastle area on duty due to this same culture) was conducting a lone protest outside Newcastle Ambulance Headquarters demanding answers and accountability for those who failed her husband. The same organisation that attested that it has had an epiphany during the inquiry and realised and acknowledged its failure and committed to focusing on doing better is still unable to do what really needs to be done to change the culture.

Nowhere in the history of previous inquiries or witness testimonies was there any evidence that ASNSW senior management possess the insight and capacity to enact real change in the core and toxic culture of ASNSW. Apologies and promises from a CEO who has had ample time (including a long career in ASNSW both on-road and in legal/policy development) that “I suddenly get it” do not and should not instil comfort in the community nor past present and future ASNSW staff that this individual assurance means organisation change will or can happen. The Ombudsman, Safe Work NSW and the ICAC has been involved in issues over the years but failed to precipitate fundamental cultural change. In the absence of any evidence that shows capacity and insight till this point, it is unlikely that internal review will result in substantive and sustainable change in ASNSW culture. The only avenue left to effectively address past, present and future issues (including individual accountability) is a Royal Commission into the ASNSW with an appropriate scope and powers, substantive enough to direct real change and make individuals accountable. It is surprising that this step has not been triggered by successive failures to comply with Parliamentary Inquiries but remains the only logical option to any meaningful resolution. One person (the CEO, of which there has been a revolving door of these) promising change, cannot change an organisational culture by themselves or solely from within.

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