

Ambulance Service of NSW

Healthy Workplace Program 2 Internal Audit Report

March 2012

Distribution

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1 Executive Summary

As part of the 2011/12 Internal Audit Plan agreed with the Ambulance Service of NSW (“the Service”), Deloitte Touche Tohmatsu (“Deloitte”) has undertaken an internal audit of the processes and controls supporting and managing the Healthy Workplace Program 2 (HWP).

1.1 Background

In 2008, a number of reports were published about management issues in the Service and the wider NSW Health Service. These included:

- the Department of Premier and Cabinet’s Internal audit of the Ambulance Service in NSW, June 2008 (the “DPC Report”)
- the General Purpose Standing Committee of the Legislative Council Report on the Management and Operations of the NSW Ambulance Service, October 2008 (the “GPSCLC Report”)
- the Special Committee of Enquiry into Acute Care Services in NSW Hospitals (the “Garling Report”)

The DPC Report in June 2008 included reference to issues in the Service’s prevention and management of disciplinary proceedings, complaints and grievances, bullying and harassment.

The GPSCLC Report in October 2008 made 45 recommendations based on evidence received from 261 submissions. Many of them were to address weaknesses reported in those submissions in the Service’s management of staff, and its handling of bullying and harassment allegations. Because of Committee’s concerns about these issues and about what it saw as a lack of management action in the past, the Report indicated that the Committee would review progress on implementation in October 2009. In its response, in May 2009, the Government questioned the balance of the report and the evidence for some of the findings. It highlighted that the 261 submission were largely untested and disputed some of the recommendations. It also noted that the substance of many

submissions and recommendations were already being addressed by initiatives that the Service and NSW Health had started.

In response to the reports issued, the Service made significant changes to the support services available to staff. The Service invested in and developed numerous programs to address the recommendations from these reports. A key strategy in relation to health workplace for the Service was developed. The overall approach was to implement the HWS Program which consisted of 18 strategies implemented by the Service. Additionally, a specific unit was established within the Services Workforce Unit to coordinate systems to manage and monitor any workplace conflict and to ensure that the strategies comply with relevant legislative requirements and NSW Health policy.

- To address the recommendations included in the GPSCLC Report. The Service performed an internal audit of policies and procedures for handling grievances and complaints and also through consultation with staff members, the Service has introduced an extensive range of activities to assist with the execution and ongoing development as part of the Healthy Workplace Strategies Program including: provision of Respectful Workplace Training for all staff in use of the Straight Talk tool
- new simplified Standard Operating Procedures for Raising Workplace Concerns and Preventing and Managing Workplace Bullying
- continuing workshops, forums and surveys to discuss and promote an enhanced staff induction program which includes Respectful Workplace Training
- review and strengthening of support services for staff
- the appointment of Grievance Contact Officers
- access to trained mediators if issues cannot be readily resolved at a local level
- inclusion of staff relationships as a standing item on staff and management meetings to ensure that staff issues are being dealt with appropriately

- additional skills and training for frontline Managers through the Ambulance Management Qualification
- including the implementation and application of healthy workplace strategies management accountabilities in all managers' annual appraisals.

Deloitte previously conducted an internal audit of the program and, at that time, it was found that 16 of the 18 specific strategies had been adopted by the Service, but that more proactive approaches were required to instil the most appropriate behaviours out at stations. The following proactive approaches were suggested:

- A risk assessment of the characteristics of stations/positions more at risk from bullying and harassment and/or from poor management of grievances (e.g. small rural stations or specialist units or high workload stations)
- Publicising examples of good practice in the use of the new grievance handling procedures
- Seeking feedback from the new performance appraisal process annually, to understand where management (and later paramedics themselves) feel more support is needed
- Managing unsatisfactory performance through the new performance appraisal process, in the longer term.

Since December 2009, the Service have executed the two remaining strategies, relating to the adopting of performance measures in position descriptions and the development of a DVD of grievance management which have been distributed throughout the Service. A full listing of these 18 strategies is provided at Appendix B.

Following operational and staffing changes since 2009, which may have resulted in a loss of corporate knowledge or momentum of the HWS program and its implementation, this internal audit has focused on the development and communication of the HWS program initiatives. As the HWS Program is now in the executive phase of the project, this engagement has focused on the governance and management of the 18

strategies across the Service, to assess staff awareness and compliance to the strategies implemented and developed.

1.2 Objective and scope

The objectives of the internal audit were to:

- Understand the current procedures and processes in place for the planning, management and resourcing arrangement for implementing the strategies and staff compliance with the program
- Understand the monitoring and evaluation process in place to assess the inputs, outputs and outcomes of the strategies and the performance measures and baseline data available to support them.

We did not conduct an assessment of the implementation phase of the 18 strategies, as this was previously assessed in our internal audit undertaken in 2009. Instead our work consisted of an internal audit of the governance around the program to drive the 18 strategies and other activities.

The compliance areas covered and addressed by this internal audit are outlined in the table below. For each of these risks, we documented the processes and controls currently in place to manage the risk and assessed the adequacy of design as well as the operating effectiveness of key controls.

Process	Key risks identified
Healthy Workplace program	1. Strategies to ensure the continuity of a healthy workplace have not been identified, assessed and defined including the following: <ul style="list-style-type: none"> • project timelines and responsibilities. • financial planning and management including staff and overtime. • operational planning including training requirement, handling of staff issues.
Program	2. staff do not know what is required of them in

Process	Key risks identified
communication	relation to the Healthy Work place program 2 3. Staff do not know what services or tools are available to them in relation to the Healthy Workplace program 2.
Training programs	4. A formal education program has not been designed for staff providing guidance on the healthy workplace program.
	5. Staff do not attend training they have enrolled in or do not provide sufficient notice and approval where they are unable to attend.
	6. Training is not accessible to all staff.
Strategy awareness	7. Lack of communication of the healthy workplace program tools and services to Service staff.
	8. Inappropriate behaviour undertaken by staff
	9. Non-compliance with Healthy Workplace Strategy
	10. Implementation and application of the healthy workplace program strategies are not included in staff performance appraisals.
Program Execution	11. Lack of availability of healthy workplace services, such as anonymous help lines and counselling.
Monitoring and reporting	12. Strategy is not monitored or reviewed on a regular basis.
	13. Feedback, complaints or concerns provided from staff is not documented, recorded or followed up
	14. Failure to collect information on key indicators of capability, activity and outcomes to allow a clear measurement across the Service and comparison of trends including: <ul style="list-style-type: none"> grievances reported and resolved

Process	Key risks identified
	<ul style="list-style-type: none"> enquiries made of Grievance Contact Officers staff who have completed training

1.3 Work performed

The following approach was undertaken during the internal audit:

- Examined the Service’s documentation for planning, management and resourcing arrangements for the strategies including, project timelines, financial planning and management, operational planning and management.
- Assessed the Services process for evaluating strategies, and the information needed to support them, including pre-implementation baseline, current state data and future state expectations, and information on inputs, outputs and outcomes to the extent feasible.
- Prepared a risk and controls matrix to map the key risks to the controls in the processes that manage those risks and assess the adequacy of design of the controls.
- Through a consultative process with Rozelle management, selected three stations (agreed with the Director, Workforce) and tested the above arrangements in operation.
- Provided recommendations to enhance the existing control environment and/or improve process efficiency and effectiveness.
- Conducted a meeting with Michael Landsbergen , General Manager Corporate Services, following completion of the fieldwork to discuss:
 - the results of our work.
 - Recommendations to improve procedures and controls highlighted during the internal audit.

1.4 Professional standards

Our work was performed in accordance with the International Standards for the Professional Practice of Internal Auditors issued by the Institute of Internal Auditors. This report does not provide assurance, as defined by the Australian Audit and Assurance Standards Board. As such we did not express an audit opinion.

Our work was undertaken in accordance with the terms and conditions of our contract with the NSW Ambulance Service and continued with our engagement letter from the Service, dated 18 December 2009. Deloitte’s independence policies apply, which cover all of the requirements of the Code of Ethics for Professional Accountants issued by the Australian Accounting Professional and Ethical Standards Board.

1.5 Overall engagement risk rating

The overall risk rating for the infection control internal audit is satisfactory (as shown in the table below). See Appendix A for details on the classification of these risk ratings.

Risk Level	Risk Commentary	Rating
Unsatisfactory	Significant or moderate issues are either numerous or have a high level of severity. There is a major risk to the process subject to examination and requires urgent attention.	
Requiring improvement	Moderate (and isolated significant) issues represent a risk to the process subject to examination and require improvement within an appropriate timeframe.	
Satisfactory	Only isolated risks have been identified and they are mainly moderate or low .	✓
Low	Risks identified are isolated and mainly low or relate to future plans. Areas where risks have	

Risk Level	Risk Commentary	Rating
	not been addressed or controls may be improved are relatively minor or low risk to the process subject to examination.	

The overall engagement risk rating has been determined by:

- Considering the residual risk rating for each identified risk
- Giving due consideration to the overall performance of Healthy Workplace Strategies core objectives in relation to its potential performance if operating within an optimal policy framework and control environment.

1.6 Key findings

During this internal audit we also noted the following positive aspects to the HWS:

- Straight talk tool was widely known, understood and utilised on a daily basis. The term “Straight Talk” was noted on several occasions during station visits.
- Awareness, buy-in and support of the HWS was noted to be high from the stations visited during this internal audit.
- Awareness of the avenues for grievance resolutions was high.
- Awareness of the procedures for Raising Workplace Concerns and Preventing and Managing Workplace Bullying was high.
- Training tools developed and distributed across the Service were received positively by staff at the Stations.
- A positive culture towards the HWS was present in each of the stations visited during this internal audit.

Our detailed suggestions for improvement in areas within the scope of our work are included in Section Two of this report. A summary of findings is contained below. A recommended course of action has been agreed with management for each of these findings, refer to section 1.7.

1.6.1 Issues identified

- **Monitoring and Analysis of Existing HWS Initiatives (ref 2.1.1)**

Testing identified that there is currently no formal monitoring and evaluation process or execution plan in place to analyse the initiatives implemented by the Service for the HWS Program. In our report issued in December 2009 Management response agreed that no formal evaluation of HWS would be undertaken until 2012 however a preliminary survey of staff at the end of 2009 would be performed to help formulate strategy development in 2010.

There is still much work to be undertaken in terms of documenting, recording and analysis of the items reported to date to enable effective monitoring and evaluation. For example, testing identified a gap at the Station Manager level in terms of documenting the number of grievance reported in order to provide valuable and effective analysis of data.

- **Development of a Documented HWS Specific Program Plan (ref 2.1.2)**

Discussions held with the Senior Project Officer, HWS team, confirmed that there is currently no documented HWS specific program plan in place at the Service. We acknowledge that the 18 strategies and initiatives implemented to address the recommendations from the GPSCLC report originally formed the structure for the existing HWS initiatives and a Workforce Division Plan and ASNSW Business plans have been established, however the future vision of the initiatives is not recorded in a formal program document.

The lack of long term plan may negatively affect management buy in and ability to ensure senior management are aware of the long term strategies of the program. This may also result in a lack of available funding for the program. We would encourage the Service to be proactive by implementing a HWS specific Program plan to assist in project planning for the HWS initiatives.

1.6.2 Business process improvement opportunities

- **Communication of Healthy Workplace Strategies (ref 2.2.1)**

To assess the awareness of staff at the stations in regards to the Healthy Workplace strategies and the support available to raise workplace concerns Deloitte selected a sample of six stations, in consultation with Management, and interviewed staff at each station to gauge staff awareness. The interview results reflect a confidence among Ambulance staff in respect of the effectiveness of the HWS Program and the tools available to improve the workplace environment and to help staff members resolve workplace issues or concerns. Testing identified:

- one out of 18 (6%) employees was unaware of the tools that are available to staff to assist with workplace concerns.
- at two of the six (33%) stations visited the raising workplace concerns flowcharts were not displayed on the staff noticeboard or in the station
- at three out of six (50%) stations visited the grievance handling flowcharts were not displayed on the staff notice board or in the station.

In the following table, we summarise the risks within the scope of our assessment and the residual risk rating after taking into account our testing of the adequacy and operating effectiveness of the various controls in place to manage those risks.

Business Process	Scope Area	Risks Internal audited	Detail Finding Ref	Residual Risk Rating	Primary Cause
Healthy Workplace program	1.	Strategies to ensure the continuity of a healthy workplace have not been identified, assessed and defined including the following: <ul style="list-style-type: none"> project timelines and responsibilities. financial planning and management including staff and overtime. operational planning including training requirement, handling of staff issues. 	2.2.1	Low	Procedure
Program communication	2.	Staff do not know what is required of them in relation to the Healthy Workplace program 2	N/A	Low	N/A
	3.	Staff do not know what services or tools are available to them in relation to the Healthy Workplace program 2.	2.2.1	Low	Process
Training programs	4.	A formal education program has not been designed for staff providing guidance on the Healthy Workplace Program.	N/A	Low	N/A
	5.	Staff do not attend training they have enrolled in or do not provide sufficient notice and approval where they are unable to attend.	N/A	Low	N/A
	6.	Training is not accessible to all staff.	N/A	Low	N/A
Strategy awareness	7.	Lack of communication of the Healthy Workplace Program tools and services to Service staff.	N/A	Low	N/A
	8.	Inappropriate behaviour undertaken by staff	N/A	Low	N/A
	9.	Non-compliance with Healthy Workplace Strategy	N/A	Low	N/A
	10.	Implementation and application of the Healthy Workplace Program strategies are not included in staff performance appraisals.	2.1.2	Moderate	N/A
Program Execution	11.	Lack of availability of Healthy Workplace services, such as anonymous help lines and counselling.	N/A	Low	N/A

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Business Process	Scope Area	Risks Internal audited	Detail Finding Ref	Residual Risk Rating	Primary Cause
Monitoring and reporting	12.	Strategy is not monitored or reviewed on a regular basis.	N/A	Low	N/A
	13.	Feedback, complaints or concerns provided from staff is not documented, recorded or followed up.	N/A	Low	N/A
	14.	Failure to collect information on key indicators of capability, activity and outcomes to allow a clear measurement across the Service and comparison of trends including: <ul style="list-style-type: none"> • grievances reported and resolved • enquiries made of Grievance Contact Officers • staff who have completed training 	2.1.2	Moderate	Process

1.7 Overall management comments

Ambulance agrees that the work undertaken has extensively reduced the risks identified in the internal audits and enquiries referred to in Sub-section 1.1., resulting in a more positive organisational culture. This has been validated by surveys of the impact of Ambulance Management Qualification (AMQ), an EAP study, reduction in behaviour/human performance patient complaints and the positive impact on absenteeism.

The initiatives have been designed to develop best practice approaches in workplace conduct and resulted in considerable investment in resources, policies, staff development and training programs. As a result the Healthy Workplace Strategies (HWS) program won the overall Risk Management Leadership Award for demonstrated leadership in the development, implementation, promotion and improvement of risk management and/or risk management activities in the NSW public sector.

In the recent review of Workplace Conduct, Governance, Processes and Culture undertaken by KPMG on behalf of Fire and Rescue NSW, Ambulance was listed as one of the three organisations believed to have 'best practice approaches to workplace conduct matters'¹ which they saw as leading to positive organisational conduct.

Additionally, a comparative review of international ambulance service best practice conducted on behalf of the UK National Health Service², referred to our HWS program as staff morale and workplace culture improvement program.

¹ KPMG for NSW Fire Brigades, *Review of Workplace Conduct Governance, Processes and Culture*, (2010), [p76].

² Office of the Strategic Health Authorities, UK National Healthy Service, coordinated by National Healthy Service Interim Management and Support. *Emergency Services Review: A Comparative Review of International Ambulance Service Best Practice* (2009) [p8].

Apart from the residual benefits in all areas of Ambulance it has also impacted on other speciality areas such as Risk Management, Workers Compensation, Wellness programs, Professional Standards & Conduct and other Human Resource initiatives, For instance, staff performance appraisals include an assessment of behavioural objectives in accordance with Our Values. Managers provide comment on how Our Values objectives have been met each 6 months and this is discussed at the review interview with the supervisor.

Staff awareness of the HWS program was consolidated with Phase 2 Respectful Workplace training rolled out in 2011-2012 to Managers and staff at all levels. It not only reminded staff about Phase 1 but also introduced the range of programs and resources introduced since then. Feedback from staff indicated that 95% of participants 'Recommended' or 'Highly Recommended' the DVD used to highlight the processes incorporated over the preceding 3 years. By mid-February 2012, 92% of available staff had attended this course. Although the roles and responsibilities for recording and reporting grievances are clearly set out in the Raising Workplace Concerns SOP11-003 it is agreed that further work can be done to improve the collection of data from Managers and Supervisors making interventions in resolving workplace grievances. Additional work will ensure that Managers work plans are assessed against HWS grievance reporting. It is anticipated that a more accurate baseline of data will be identified as a result of this.

To build strategy awareness the Respectful Workplace Management Adviser is widely promoted and utilised as a resource to assist and coach Managers in dealing with early signs of bad behaviour, bullying, harassment or conflict. Other confidential resources available are the Grievance Contact Officers.

The empowerment of Managers to better understand their responsibilities is being achieved through the AMQ. Results from a 2011 AMQ survey indicated that 78% of AMQ participants believe the program had enabled Managers to understand the impact of their behaviours on others and 84% agreed that the AMQ had reaffirmed their responsibility to monitor the

wellbeing of their staff.³ AMQ participants have responded overwhelmingly through a recent survey with 79% of AMQ participants agreeing that the AMQ had improved their knowledge of how to manage workplace concerns and/or grievances.

The Executive Development Program will provide Senior Management with a program of projects and initiatives that target employee engagement and workplace culture and will incorporate wider objectives and elements of the HWS program.

The current Workforce Business Plan Executive Summary 2011-2013 provides broad strategic direction for the workforce and provides an integrated program of strategic and operational human resource services. The Plan includes HWS program objective to provide practices and a safe workplace culture that fully engages staff in the work of Ambulance to benefit all staff, patients and their families.

The Key Internal audit Issues identified highlight areas at both a strategic and a local level where further work will enhance the integration of practices at each location and ensure full advantage is taken of the key resources (such as the Flowcharts). The programs and activities specified in the body of this Internal audit Report, along with the strategies and activities in the HWS Business Plan 2012, will improve governance relating to the monitoring and analysis of initiatives and communication of strategies.

1.8 Acknowledgement

We wish to place on record our appreciation of the assistance and cooperation received from the Healthy Workplace Management and staff of the Service.

Yours sincerely,



Harvey Christophers
Partner, Deloitte Risk Services

³ Quantitative research involves survey sent to 500 AMQ participants and 1000 non AMQ participant staff with 23% response rate.

2 Detailed findings

2.1 Issues identified

2.1.1 Monitoring and Analysis of Existing HWS Initiatives

Rating

Moderate

Observation

Testing identified that there is currently no formal monitoring and evaluation process or execution plan in place to analyse the initiatives implemented by the Service for the HWS Program. In our report issued in December 2009 Management response agreed that no formal evaluation of HWS would be undertaken until 2012 however a preliminary survey of staff at the end of 2009 would be performed to help formulate strategy development in 2010, We confirmed with Ambulance staff that feedback received from the Phase 1 training conducted in 2009 and the Ambulance Management Qualification (AMQ) surveys assisted in the formulation of strategy development.

We acknowledge that the Service have implemented measures in place to record the following information:

- a) AMQ survey assessing general staff awareness regarding employee behaviours, wellbeing and managing workplace concerns
- b) Number of staff who have completed relevant training both phase 1 and phase 2
- c) Commencement of the number of grievances reported through each of the channels available to staff (peer support, Grievance Contact Officer's (GCOs) and Chaplains)
- d) Financial analysis performed on the cost reduction for psychological claims since 2006/2007 and death and disability scheme.

However, there is still much work to be undertaken in terms of documenting, recording and analysis of the items reported to date. Testing identified the following for work place concerns reported through the following channels:

- Peer Support Officers: from 1 January 2009 to 10 January 2012 a total of 651 occasions requiring staff assistance were documented on the required form and entered into the system
- Grievance Contact Officers: from 1 January 2009 to 7 April 2011 a total of 38 occasions requiring staff assistance were documented and reported in the system. Through conversation with the Senior Project Officer we note that all forms received have been included in the database and additional support and training will be provided to encourage all Grievance Contact Officers to submit activity forms in the future. Chaplains: to date only 5 occasions requiring staff assistance have been reported on the database. Discussions held with the Senior Project Officer confirmed that this database is set up ready to use and further work is required to encourage Chaplains to provide activity reports.

The table below displays the number of grievances received by Head Office involving manager assistance over the last three years:

Year	Number of Grievances Reported
2009	4
2010	6
2011	5

Whilst we acknowledge that not all staff contact channels relate to grievances, the table above confirms that the numbers of grievances reported to various support personnel are underreported. It is noted that the strategy of the HWP is to move resolution of grievances to the front line (i.e.; Station Managers), however these grievances even when resolved should be reported within the system and closed.

Furthermore, it is stated in the Raising Workplace Concerns SOP that "Grievances requiring the assistance of a Manager will need to be reported in a de-identified format using the Grievance Reporting form. Grievances resolved directly between the staff involved do not need to be reported". Testing identified a gap at the station manager level in terms of documenting the number of grievance reported in order to provide valuable and effective analysis of data.

The current low reporting rates do not provide a reliable indicator to judge the current position of the HWS initiatives or to compare it to previous years. Part of the original HWS was to include grievance handling accountability and performance measures in relevant position descriptions and performance agreements. It is stated in the position descriptions that station Managers must "manage, monitor and report incidents that relate to their position". Based on the number of grievances reported above it would appear that this KPI is not enforced at a Station manager level.

Implication

The low number of grievances recorded will result in difficulties for management to form a stable baseline of activity to allow measurement of trends which may assist in formalising future strategies.

Recommendations

- [R1]** Management to reiterate the importance of documenting all grievances where advice and assistance is provided by the Station Manager. Enforcement of Station Managers adherence to the requirement to be reflected in performance evaluations.
- [R2]** Management to commence planning for the establishment of a formal evaluation plan to be undertaken to assess the impact of the HWS strategies, this strategy will include key milestones to be implemented and achieved including the recording of vital statistical information in the relevant databases.

Recommendations (continued)

- [R3]** Management to consider performing analysis on the Return on Investment of the program (wider than dollar value); such as:
- a. Awareness of the various support functions to all staff
 - b. Reduction in the number of stress related workers compensation claims at the Service
 - c. Take up of various support functions (i.e. use of the wellbeing spa?? Not sure what this is referring to etc.).

Management Response

Rec	Description of Action	Person Responsible	Target Date for Completion
R1	<p>Agreed. To ensure that management provides the necessary information on grievances, the following strategies are proposed:</p> <ul style="list-style-type: none"> - develop a plan of strategies and activities called HWS Plan 2012- 2014 to improve monitoring and analysis of the initiatives; - deliver a session as part of the Executive Development Program for Senior Managers - publish article for publication in Sirens; - develop resources for Zone Managers to follow up at Station Manager Conferences; - include review of managing and recording grievances as a key objective in each Managers Work Plan under the Performance; Development Program at each six month internal audit; and - continue to incorporate into the Managing Grievances training program for AMQ participants. 	<p>Manager, Healthy Workplace Strategies</p> <p>Senior Project Officer</p>	<p>July 2012</p>
R2	<p>Agreed. Development of a formal evaluation plan to be commenced to include:</p> <ul style="list-style-type: none"> - Identifying key milestones and developing databases; - Monitoring and reporting on key milestones and KPI 	<p>Manager, Healthy Workplace Strategies</p> <p>Senior Project Officer</p>	<p>June 2012</p> <p>Ongoing</p>

Rec	Description of Action	Person Responsible	Target Date for Completion
R3	Agreed. Additional information on Return on Investment to be prepared to include review of Staff Support Services, the Ambulance Management Qualification, other Healthy Workplace Strategies internal audits and impact on absenteeism.	Manager, Healthy Workplace Strategies Senior Project Officer	July 2012

2.1.2 Development of a Documented HWS Specific Program Plan

Rating
Low

Observation

Discussions with the Senior Project Officer, HWS team, and examination of relevant policies and HWP plans confirmed that there is currently no documented HWS specific program plan in place at the Service. We acknowledge that the 18 strategies and initiatives implemented to address the recommendations from the GPSCLC report originally formed the structure for the existing HWS initiatives and a workforce division plan and ASNSW Business plans have been established however the future vision of the specific HWS initiatives is not recorded in a formal document. It is important to explain and illustrate the vision in mind for these strategies to persuade staff to help achieve the vision of the Service, to improve the workplace environment by helping staff members resolve workplace issues. We understand that strategies such as the Wellbeing Resilience Program and mental health strategies have been adopted by the Service as and when they are required and implementation is dependent on NSW Health funding.

The formation of a documented HWS Specific Program Plan including communication of this plan across the Service would most likely have a positive impact on the organisational culture across the Service as there is a clear link between organisational values, vision and strategies. We acknowledge that it can be challenging for management and staff alike to have an overview and full understanding of the Services commitment, requirement and approach to the HWS initiatives if information is not available and clearly communicated to staff. The importance of creating such a plan would set the 'tone at the top' portraying management's approach to organisational values and staff behaviour and providing clear timelines, financial planning and HWS stratify methodology across the Service.

The long term strategy for the HWP should be documented to allow for:

- Management buy in
- Security of future funding requirements
- Demonstration to employees of the investment and future direction of the HWP within the Service.

Implication

The lack of long term plan may negatively affect management buy in and ability to ensure senior management are aware of the long term strategies of the program. This may also result in a lack of available funding for the program.

Recommendation

[R4] Management to consider developing a HWS Program Initiatives Program Plan which brings all of the strategies, activities and resources required from the workforce division plan and ASNSW Business plan together and provides both a washing list of “to do” items but also provides the platform from which to show progress.

This plan should include the following key information:

- Overall vision of the HWS Program
- Task and activity timelines
- Resource requirements
- Estimated or indicative costs of activities for each financial year
- Financial requirements needed to support the program
- HWS communication protocols and reporting requirements
- Performance or measurement targets to show compliance, or otherwise, with the HWS activities.

Management Response

Rec	Description of Action	Person Responsible	Target Date for Completion
R4	<p>Agreed. The Workforce Business Plan Executive Summary 2011-2013 provides the vision, tasks and activities and in conjunction with the Healthy Workplace Strategies Business Plan 2011-2012 sets out the activities and responsibilities going forward.</p> <p>Ongoing summaries of the implementation of Healthy Workplace Strategies programs progress will continue to be promoted within Ambulance and will be provided to the Executive, the Minister and to Parliament on request.</p>	Manager, Healthy Workplace Strategies	In accordance with Business Plan

2.2 Business process improvement opportunities

2.2.1 Communication of Healthy Workplace Strategies

Risk Rating

Low

Observation

In consultation with Service management, Deloitte selected a sample of six stations and interviewed 3 relevant station personnel, station Managers and paramedics, to determine awareness of the HWP and the support available to staff as well as the channels for raising workplace concerns.

The interview results reflect a confidence among Ambulance staff in respect of the effectiveness of the HWS Program and the tools available to improve the workplace environment and to help staff members resolve workplace issues or concerns.

Specifically, results from the interviews are suggestive of:

- A strong awareness among employees of their responsibilities in regard to the HWS Program initiative and to strive to resolve issues at a local level.
- A willingness to incorporate the principles of the HWS Program initiatives into Ambulance practice.

The following interview questions were discussed with the six stations across 18 employees to assess staff awareness:

- a) Are staffs aware of what is required of them in relation to the HWS Program, specifically in terms of "Straight Talk"?
- b) Is staff aware of the flowcharts established by the Service for reporting concerns and grievances?
- c) Are staff aware of the tools that are available to help staff (i.e. online assistance, employee trauma counselling, chaplains, GCOs etc.)?
- d) Are staff aware of the feedback tools that are in place for the current Phase 2 training process?
- e) Do you believe the existing process operates effectively with issues generally resolved at a local level?

Testing identified that one out of 18 (6%) employees was unaware of the tools that are available to staff to assist with workplace concerns. However, Deloitte noted that this staff member was yet to complete the Phase 2 training. In addition, to understand the stations commitment to communicate the HWS internal audit examined the communication displayed at the stations and noted the following:

- at two of the six (33%) Lane Cove and Macquarie Fields stations visited the raising workplace concerns flowcharts were not displayed on the staff noticeboard or elsewhere in the station
- at three out of six (50%) Lane Cove, Menai and Macquarie Fields stations visited the grievance handling flowcharts were not displayed on the staff notice board or elsewhere in the station.

Implication

- HWS Program initiatives are not effectively communicated and monitored with personnel unaware of actual procedures.
- Non-compliance may not be identified and resolved on a timely basis with erroneous or inappropriate practices adopted.

Recommendation

- [R5]** Management to communicate the importance of adherence to the HWS initiatives procedures at a local level and display a copy of the “Our Values”, “Reporting Workplace Concerns flowchart” and “Grievance Handling flowchart” at all stations.
- [R6]** Management to consider having a regular Sirens page dedicated to HWP strategies, plans and key avenues for support.

Management Response

Rec	Description of Action	Person Responsible	Target Date for Completion
R5	Agreed. Consult with relevant Managers to develop a checklist to ensure “Our Values”, “Reporting Workplace Concerns flowchart” and “Grievance Handling flowchart” information is appropriately displayed in all work locations.	Senior Project Officer	July 2012
R6	Agreed, this is already regularly reported through Sirens. HWS currently has a dedicated Life Matters section in Sirens which relates employee wellbeing and mental health matters only.	Senior Project Officer Public Affairs	Completed already in place. April 2012 and ongoing

Appendix A – Risk ratings

The risk ratings provided in this report were based on the criteria below and have been determined by Senior Management and the Audit & Risk Committee as appropriate to allow allocation of resources to the areas of greatest concern.

Overall Engagement Risk Rating

An overall rating scale for each engagement (see **Table 1** below) has been set by Senior Management and the Audit and Risk Committee as appropriate to allow allocation of resources to the areas of greatest concern. The overall engagement risk rating has been determined by considering the risk rating for each identified issue - see **Table 2**.

Table 1

Residual Risk Rating	Definition
Unsatisfactory	Significant or important issues are either numerous or have a high level of severity. There is a major risk to the process subject to examination and requires urgent attention.
Requiring improvement	Important (and isolated significant) issues represent a risk to the process subject to examination and require improvement within an appropriate timeframe.
Satisfactory	Only isolated risks have been identified and they are mainly important or minor/low.
Low	Risks identified are isolated and mainly minor or relate to future plans. Areas where risks have not been addressed or controls may be improved are relatively minor or low risk to the process subject to examination.

Individual Risk Rating

Further, for each issue identified within the report, a suggested priority rating has been assigned for management action.

Table 2

Priority Ranking	Explanation
Significant	Level of risk is significant to the process/entity being assessed in that it threatens the objectives of the process/entity.
Moderate	Level of risk is of concern to the process/entity being assessed.
Low	There are no concerns relating to this risk or concerns are minor in nature or only minor opportunities for process improvements.

Appendix B – Strategies Developed

The Service developed 18 strategies and initiatives to address the recommendations provided in the three reports listed in the Executive Summary. The table below lists the 18 strategies developed and our observations regarding the implementation of each of the strategies:

Strategy #	Strategy Developed	Observation
1)	Pilot and rollout Respectful Workplace Training (RWT).	Training conducted and refresher training available.
2)	Management to be trained as a priority.	Management training provided and forms part of the Ambulance Management Qualification (AMQ) program. Over 600 Managers have received training on HWS through the program to date.
3)	Develop and implement one page Grievance Resolution Flowchart.	Grievance Resolution flowchart has been developed and distributed to all staff through the training programs. In addition, flowcharts are on display at each of the stations.
4)	Develop and implement one page Raising Workplace Concerns Flowchart.	Raising Workplace Concerns flowchart has been developed and distributed to all staff through the training programs. In addition, flowcharts are on display at each of the stations.
5)	Include grievance handling accountability and performance measures in relevant position descriptions and performance agreements.	Position Descriptions include a clause relating to performance monitoring. All Work Plan evaluations are measured against adherence to Our Values.
6)	Management representative to open each session of RWT.	The Service's approach to train Station Managers in the Workplace training and to roll the training out to station staff.
7)	Establish grievance handling KPIs.	The strategy focus has been on Managers and staff to resolve issues at a local level. KPIs have been introduced at a Station Manager Level.
8)	Report issues arising from RWT to relevant Managers to address in consultation with affected staff.	Staff are encouraged to provide feedback at each of the training sessions.
9)	Implement NSW Health Grievance Resolution Policy in conjunction with flowcharts.	Raising Workplace Concerns Standard Operating Procedures have been established and distributed.
10)	Articles in Siren to demonstrate the commitment of the organisation's	Numerous articles have been communicated in Siren including:

	executive leadership regarding Respectful Workplace strategies.	-Professional Standards and Conduct Unit (PSCU) Straight Talk - Perspective of Bullying and Harassment dated March 2010 - Role of Mediation - taking the heat out of workplace issues, dated 7 August 2010 - Life Matters, promoting good mental health, dated 6 July 2011 and 9 October 2011, 10 November 2011.
11)	Establish Grievance Contact Officers (GCO's) across the Service to support staff.	There are currently 18 GCO's, 135 peer support officers and 28 Chaplin's.
12)	Enhance local grievance handling capacity by expanding the internal mediation process.	Current Raising Workplace concerns encourages staff to resolve issues at a local level using "Straight Talk".
13)	Implement Prevention and Management of Workplace Bullying: Guidelines for NSW Health.	Raising Workplace Concerns SOP, dated April 2009, has been established and distributed throughout the Service.
14)	Develop and implement model Charter of Respect (now renamed "our Values").	Our Values charter has been developed and distributed.
15)	Create specific performance management guidelines which outline the responsibilities of each level of management to address performance issues relating to conduct and behaviour.	Flowcharts established and developed.
16)	Develop system to record grievances and internal complaints, including bullying and harassment, and monitor incidence and trends.	Raising Workplace Concerns SOP, dated April 2009, has been established and distributed throughout the Service.
17)	Provide training to Grievance Contact Officers.	Both GCO's and Peer Support Staff receive the same training that is rolled out to all staff for the HWS and RWT training. In addition, a GCO training day was held in at the beginning of 2011.
18)	Develop DVD on Grievance Management.	Developed as part of the Phase 2 training approach.