

# Ambulance Service of NSW

## Healthy Workplace Strategies – Progress Review

December 2009

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# 1. Executive Summary

## Introduction

As part of the 2009/10 Internal Audit Plan provided to the Ambulance Service of NSW (The Service), Deloitte Touche Tohmatsu (Deloitte) has examined the Service's progress in implementing a program called Healthy Workplace Strategies (HWS) announced in 2008.

The Healthy Workplace Strategies were introduced to respond to concerns about the Service's management of staff, including the management of bullying and harassment, grievances and complaints.

This internal audit examines the coverage of HWS, their planning and management arrangements, and progress on implementation. More details of the scope and methodology of our work are included in our terms of reference dated May 2009, a summary of which is included in Appendix A.

The results and findings arising from the performance of our procedures should be read in conjunction with the Statement of Responsibility provided at Appendix C. For the avoidance of doubt, the procedures performed do not constitute an assurance engagement as defined in Australian Standards for Assurance Engagement, and no audit opinion is expressed.

## Background

In 2008, three reports were published that examined management arrangements in the NSW Ambulance Service and in the wider NSW Health Service. These reports were:

- The Department of Premier and Cabinet's Review of the Ambulance Service in NSW, June 2008 (DPC Report)
- The General Purpose Standing Committee of the Legislative Council Report on the Management and Operations of the NSW Ambulance Service, October 2008 (GPSCLC Report)
- The Special Committee of Enquiry into Acute Care Services in NSW Hospitals, November 2008 (Garling Report).

All three reports referred, amongst other things, to issues associated with the management of staff; to concerns about bullying and harassment and about the management of staff grievances and complaints. All made recommendations for improvement in these management arrangements; some of them overlapped.

The Service had already started to reinforce staff management and grievance handling arrangements before the last two reports were released. In September 2008 the Service appointed a Manager to develop and coordinate a program of work called Healthy Workplace Strategies (HWS). This program was designed to address the recommendations made in the three external reports that were accepted by the Service and by NSW Health.

In October 2008, in its response to the GPSCLC report, NSW Health outlined actions it would take in response, noting many initiatives were already in progress or planned by the Service to address grievance handling issues. It also identified a number of recommendations made by GPSCLC that it did not support.

In March 2009, in *Caring Together*, its response to the Garling Report, NSW Health reinforced the steps the Ambulance Service had already taken and announced additional measures to be adopted by the health service as a whole in NSW, including the Ambulance Service, to strengthen staff management and grievance handling processes.

The scope of our internal audit engagement includes examining those parts of HWS that relate specifically to key recommendations in the DPC Report, the GPSCLC Report and the Garling Report. These 12 recommendations were (see Appendix B for specific wording and the Service's response):

- DPC Report – Recommendations: 11, 13, 15, 16
- GPSCLC Report – Recommendations: 5, 6, 7, 8, 9
- Garling Report – Recommendations: 42, 43, 44

These 12 general recommendations each contained a number of components. In total they generated 18 specific strategies in HWS as well as some outside of this program. These strategies were designed to build the infrastructure for improved staff and grievance management through clearer policies, procedures and responsibilities, reinforced by extensive training and support programs for staff.

The main fieldwork for this review was undertaken between June and August 2009 by which time the Service had planned to have most of this infrastructure in place. A draft report was produced in September and subsequently updated in October and December to reflect continuing progress in implementation. The current report (dated December 2009) reflects the position at the end of November 2009.

## Summary of Findings

### Progress on Implementation of HWS

By the end of November 2009, the Service reported 16 of the 18 HWS strategies as complete. Progress on each is summarised below. More details are in Section 4 and Appendix B.

Strategies	Planned Completion Date	Actual Completion Date
Rollout of the Respectful Workplace training (RWT) program.	May 2009	June 2009
Management to be trained as a priority	October 2008	October 2008
Develop and implement one page Grievance Resolution Flowchart	January 2009	April 2009
Develop and implement one page Raising Workplace Concerns Flowchart	January 2009	April 2009
Include grievance handling accountability and performance measures in position descriptions and performance agreements	November 2008	Work In Progress
Management representatives to open RWT sessions	Ongoing	June 2009 Ongoing
Establish grievance handling KPIs	November 2008	April 2009
Report issues arising from RWT to relevant managers	Ongoing	June 2009 Ongoing
Implement NSW Health Grievance Resolution Policy and flowcharts	January 2009	April 2009

Strategies	Planned Completion Date	Actual Completion Date
Articles in Siren	Ongoing	Ongoing
Establish Grievance Contact Officers (GCOs) to support staff	March 2009	August 2009
Enhance local grievance handling capacity	February 2009	April 2009
Implement Bullying Guidelines	March 2009	November 2009
Develop model charter “our values”	March 2009	August 2009
Create specific guidelines which outline management responsibilities to address performance related issues	April 2009	September 2009
Establish a reporting framework to record grievances and internal complaints, including bullying and harassment	August 2009	April 2009
Provide training to GCOs	May 2009	August 2009
Develop DVD on Grievance Management	July 2009	Work In Progress

The original timetable that the Service prepared, anticipated implementation of all elements of the HWS framework by August 2009. There has been minor slippage to this timetable however nearly all elements of the framework defined by the Strategy were in place by September 2009 (12 months after the strategy was agreed). The two exceptions were;

- the (linked) issues of universal implementation of position descriptions, performance agreements and performance management guidelines which are part of longer-term initiatives and are dependent on negotiations with staff representatives;
- the implementation of the case management system, currently in progress at Professional Standards and Conduct Unit (PSCU) and the reporting/auditing of performance on the handling of complaints that it will allow.

### HWS Coverage of the Recommendations

We examined the coverage and “fit” of the Service’s action plans under HWS with the 12 related recommendations from the three reports. With the exception of one recommendation that the Government disagreed with (related to establishing an independent appeals process, GPSCLC Rec #9), all other recommendations in our scope were being responded to by the Service’s Healthy Workplace Strategies or by related developments in the Service or at NSW Health.

On two recommendations, the Service’s response does not address the specific detail of the confidentiality provisions included in the recommendations, as indicated below.

Report	#	Recommendation and Action
GPSCLC Report	5	<p>This recommendation called for NSW Health to amend its Grievance Resolution Policy to provide greater emphasis on confidentiality provisions .... and that breaches are serious issues subject to remedial or disciplinary action.</p> <p>The Service’s amended Grievance Resolution Policy was issued in April 2009. It refers to the confidentiality required in the process and the confidential advice available. However it does not include specific reference to the</p>

Report	#	Recommendation and Action
		<p>consequences if breaches in confidentiality occur.</p> <p>The Service argues that these are adequately laid out in the Code of Conduct and in the NSW Health Grievance Resolution Policy.</p>
Garling Report	43 (f)	<p>This recommendation called for NSW Health to formulate protocols for, and mechanisms to protect, confidentiality during investigations of bullying complaints, clearly identifying where confidentiality will not be kept (e.g. if a person discloses self-harm or a criminal offence)</p> <p>The Service's policy: <i>Promoting a Respectful Workplace – Preventing and Managing Workplace Bullying.(S.O.P.2009-063)</i> was implemented in November 2009. The policy states that all complaints of bullying or harassment are required to be dealt with in a confidential manner. However, it does not include specific reference to circumstances where confidentiality will not be kept.</p> <p>The Service has informed us that these circumstances are adequately covered in PSCU procedural guidelines.</p>

We suggest that an explanation is documented for each element of the original recommendations not specifically addressed and signed off, to minimise any residual risk involved.

### Planning and Management Arrangements

The Service has invested considerable time and effort in HWS: approximately \$750k in establishing and managing Healthy Workplace Strategies, most of it in developing staff training and in its delivery. The costs to provide cover for staff involved in training added approximately \$300k.

The Service has set timetables for delivery of all major components of HWS and logistics support have provided plans/databases to ensure all stations and staff are reached. The HWS Manager reports progress on implementation monthly to the Executive.

The HWS program has now reached the end of its implementation phase. Staff now have a wider range of mechanisms to discuss and report grievances confidentially, and management have clearer guidelines and responsibilities on what to do in responding to them.

The program now moves into its “operational” phase which should be focused less on project management and more on supporting the take-up of the new processes and ensuring that they operate as they were intended, to reduce inappropriate workplace behaviours.

One of the risks in such projects is management focusing on the grievances that are reported. That may give a false impression of the adoption of healthy workplace behaviours state-wide. A proactive approach is needed that focuses on workplaces at greater risk. To support this, we suggest the Service should consider the following:

- 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, and

- Managing unsatisfactory performance through the new performance appraisal process, in the longer term.

## Monitoring and Evaluation

Monitoring to date has focused, rightly, on progress in implementation of the specific Healthy Workplace Strategies. Monitoring going forward will focus more on the take-up of the new opportunities created by the infrastructure now in place and the impact of the whole HWS program on workplace behaviours.

HWS now has a broader range of information sources to draw upon for monitoring purposes because of the new initiatives. In addition to the number of formal complaints available previously, the measures reported include:

- the number of grievances reported (their type and their resolution)
- the number of enquiries made of Grievance Contact Officers (and their type)
- the number of people trained in Respectful Workplace Training
- the number of front line supervisors who have completed the Ambulance Management Qualification.

Together with information from the new performance management system, these can provide a framework for the Service to monitor and evaluate the impact of the Healthy Workplace Strategies over time. However, a long-term perspective is needed as changing behaviours takes time and experience as well as commitment. It is suggested the Service should not consider formal evaluation of the impact of HWS strategies for at least two years.

In the meantime, it should encourage the completion and collection of information from the above sources as part of its management efforts in 2009/10 so that by the end of the year, a more complete and stable baseline of grievance activity can be measured, and used to compare against trends going forward. The current low reporting rates on new information sources (GCO contacts, grievances reported) do not provide a reliable indicator to judge the current position or to compare it with previous years.

## Acknowledgement

We wish to place on record our appreciation of the assistance and cooperation received from the management and staff at the Ambulance Service of NSW.

## Report Clearance

The contents of this report have been discussed with Louise Ashelford, Phil Keene and Michael Landsbergen.



**Pamela Robertson-Gregg**  
**Partner**  
**December 2009**

## 2. Background

In 2008, three reports were published regarding management issues in the NSW Ambulance Service and the wider NSW Health Service. These reports included:

- The Department of Premier and Cabinet's Review of the Ambulance Service in NSW, June 2008 (DPC Report)
- The General Purpose Standing Committee of the Legislative Council Report on the Management and Operations of the NSW Ambulance Service, October 2008 (GPSCLC Report)
- The Special Committee of Enquiry into Acute Care Services in NSW Hospitals, November 2008 (Garling Report).

The DPC Report covered a wide range of management and governance issues and made recommendations in a number of areas including to strengthen measures for prevention and management of complaints and grievances, bullying and harassment.

The GPSCLC Report was based on evidence received from 261 submissions, including a number from serving ambulance officers. It focused on the Service's management of staff and its handling of bullying and harassment allegations. It made 45 recommendations, many in similar areas to those in the DPC report. One of its recommendations was to review progress in implementation a year after handing down its report (i.e. in October 2009).

The Service had already started to strengthen staff management and grievance handling arrangements before the last two reports were released. In September 2008, the Service appointed a Manager, to develop and coordinate a program of work called Healthy Workplace Strategies (HWS). This program of work was designed to address, amongst other things, the recommendations made in the three external reports that were accepted by the Service and by NSW Health.

In October 2008, in its response to the GPSCLC report, NSW Health outlined actions it would take in response, noting many initiatives were already in progress or planned by the Service to address grievance handling issues. It also identified a number of recommendations made by GPSCLC that it did not support and would not implement.

In March 2009, in *Caring Together*, its response to the Garling Report, NSW Health reinforced the steps the Ambulance Service had already taken and announced additional measures to be adopted by the health service as a whole in NSW, including the Ambulance Service, to strengthen staff management and grievance handling processes.

This engagement examined the progress on the implementation of the healthy workplace strategies that were designed to address the recommendations that were noted in the DPC Report, the GPSCLC Report and the Garling Report. The 12 recommendations subject to follow up include:

- DPC Report – Recommendations: 11, 13, 15, 16
- GPSCLC Report – Recommendations: 5, 6, 7, 8, 9
- Garling Report – Recommendations: 42, 43, 44.

The Service developed 18 strategies and initiatives to address the above recommendations. They were:

- Pilot and rollout Respectful Workplace Training (RWT)
- Management to be trained as a priority
- Develop and implement one page Grievance Resolution flowchart
- Develop and implement one page Raising Workplace Concerns flowchart
- Include grievance handling accountability and performance measures in relevant position descriptions and performance agreements
- Management representative to open each session of RWT
- Establish grievance handling KPIs
- Report issues arising from RWT to relevant managers to address in consultation with affected staff
- Implement NSW Health Grievance Resolution Policy in conjunction with flowcharts
- Articles in Siren to demonstrate the commitment of the organisation's executive leadership regarding Respectful Workplace strategies
- Establish Grievance Contact Officers across the Service to support staff
- Enhance local grievance handling capacity by expanding the internal mediation process
- Implement Prevention and Management of Workplace Bullying: Guidelines for NSW Health
- Develop and implement model Charter of Respect (now renamed "our Values")
- Create specific performance management guidelines which outline the responsibilities of each level of management to address performance issues relating to conduct and behaviour
- Develop system to record grievances and internal complaints, including bullying and harassment, and monitor incidence and trends
- Provide training to Grievance Contact Officers
- Develop DVD on Grievance Management.

The Service and NSW Health also initiated parallel developments in the PSCU (new case management system) and in Workforce (recruitment and selection processes review) to support elements of the recommendations.

## 3. Coverage of Strategies

### 3.1 Healthy Workplace Strategies and Initiatives

In September 2008, the Service began actively reviewing its approach to grievance management to address the 12 recommendations arising in the DPC Report, the GPSCLC Report, the Garling Report, and the Proactive Resolutions Report. The major action plans and initiatives developed include:

- The state-wide rollout of the RWT program. As at end June 2009, 96% of existing staff have attended and completed the RWT.
- The state-wide rollout of the AMQ program for front-line managers. This course commenced in November 2008 and includes practical training on how to resolve workplace conflict and management responsibilities.
- Developing policies and procedures to build a respectful workplace and to prevent or minimise bullying and harassment. Prevention and Management of Workplace Bullying - Standard Operating Procedure (SOP) was submitted to the Executive Team in August 2009.
- Developing policies and procedures for an initial response to concerns and grievances raised by staff, dealing informally and locally with the individuals involved. The Raising Workplace Concerns SOP was implemented in April 2009 and provides a broad outline of the steps for staff to raise workplace concerns such as complaints, conduct issues and staff grievances. The SOP also included a one page Raising Workplace Concerns Flowchart and a one page Grievance Resolution Flowchart. These flowcharts are designed to identify easily pathways for raising various types of workplace concerns, including grievances and bullying and harassment matters. They also provide expected timeframes for action at each stage to manage expectations and monitor timeliness of response.
- Developing systems to record grievances and internal complaints, including bullying and harassment. Grievances requiring the assistance of a manager need to be reported using the Grievance Reporting Form. The form should be completed by the relevant manager once the matter has been completed and forwarded to the Manager, HWS.
- Enhancing local grievance handling capacity by expanding the internal mediation process. This has included promoting the early resolution of workplace conflict at a local level. Staff have been encouraged to speak directly to the other person involved. If staff are not able to resolve the concern with the other person or are unable to resolve the concern, the concern should be discussed with the immediate Manager. Only serious misconduct issues should be referred to the Professional Standards and Complaints Unit (PSCU).
- Establishing Grievance Contact Officers (GCO) across the Service to support staff. The GCO positions were advertised across all Divisions and key areas. Interviews for the position were conducted in mid 2009 and 18 successful applicants attended a two day training programme in August 2009. The GCO Policy was also approved and implemented in August 2009.
- Developing and implementing a Statement of Professional and Personal Values and Behaviours referred to as “Our Values” which was rolled out in August 2009.

Details of the Service’s response and the initiatives that have been designed to address each recommendation can be found in Appendix B of this report.

### 3.2 Strategies vs. Original Report Recommendations

During our review, we examined whether the action plans implemented or in progress address all recommendations as noted by the external bodies.

The Service did not provide an action plan for recommendation six of the GPSCLC Report. This recommendation suggested that the service establish an independent process to appeal the PSCU's decisions. In the response to the GPSCLC Report, the Government did not accept this recommendation noting that the new procedures for dealing with various types of grievance issues were fair and transparent and that this recommendation was addressed by the following action plans:

- Appointment of a Manager Healthy Workplace Strategies to coordinate mediation processes, procedures and programs to address staff grievances and complaints, including workplace conflict, bullying and harassment.
- Implementation of policies and procedures to promote healthy workplace responsibilities and behaviours. This includes providing workplaces with poster-sized copies of the Grievance Resolution Flowchart and the Raising Workplace Concerns Flowchart for display.
- Enhancing local grievance handling capacity by expanding the internal mediation process. This includes establishing the GCO role and encouraging staff to resolve issues at a local level.
- Re-focusing the PSCU's role to deal with serious staff misconduct only. The PSCU has an investigative and advisory role and all decisions may be appealed to the Government and Related Employee Appeal Tribunal and the Industrial Relations Commission. NSW Health also provides an additional independent mechanism for review of individual decisions of the Service in respect of staff grievances or other human resource matters.

All other recommendations in our scope were being responded to by the Service's Healthy Workplace Strategies or by related developments. On one recommendation, the Ambulance Service is awaiting further advice from NSW Health before making changes, believing current arrangements are adequate:

Report	#	Recommendation and Action
GPSCLC Report	9	<p>This recommendation called for NSW Health, as part of its review of Ambulance Service selection processes, to establish clear guidelines for selection panel members which emphasise that selections must be based on merit. The guidelines should emphasise that conflicts of interest and corrupt conduct are breaches of NSW Health policy, and can lead to disciplinary action.</p> <p>In its response the Government indicated that a review of current policies on recruitment, selection and appointment was underway and would address any weakness identified. It also noted that selection on merit was already clearly established in the current NSW Health policy; Recruitment and Selection Policy and Business Process – NSW Health 2006. The Ambulance Service Code of Conduct also lays out staff responsibilities for reporting conflicts of interest or conduct.</p>

On two other recommendations, it appears the Service's response does not specifically address all elements of the recommendations made.

Report	#	Recommendation and Action
GPSCLC Report	5	<p>This recommendation called for NSW Health to amend its Grievance Resolution Policy to provide greater emphasis on confidentiality provisions .... And that breaches are serious issues subject to remedial or disciplinary action.</p> <p>The Service's amended Grievance Resolution Policy was issued in April 2009. It refers to the confidentiality required in the process and the confidential advice available. However it does not include specific reference to the consequences if breaches in confidentiality occur.</p> <p>The Service argues that these are adequately laid out in the Code of Conduct.</p>
Garling Report	43 (f)	<p>This recommendation called for NSW Health to formulate protocols for, and mechanisms to protect, confidentiality during investigations of bullying complaints, clearly identifying where confidentiality will not be kept (e.g. if a person discloses self-harm or a criminal offence)</p> <p>The Prevention and Management of Workplace Bullying.S.O.P. was published in November 2009. The policy states that all complaints of bullying or harassment are required to be dealt with in a confidential manner. However, it does not include specific reference to circumstances where confidentiality will not be kept.</p> <p>The Service indicates that these are adequately covered in PSCU procedural guidelines.</p>

The Service's response and the strategies that have been designed to address each recommendation can be found in Appendix B of this report.

### 3.3 Suggestions for Action

If the Service does not intend to follow some of the specifics of the recommendations made in the three reports, we suggest that an explanation is documented for each and signed off by the CEO to minimise any residual risk involved.

### 3.4 Management Response

*Ambulance will update its internal recruitment and selection policy to ensure the consistency of terminology is in accordance with the soon-to-be released NSW Health Policy. The Ambulance Service Code of Conduct remains in place and stipulates staff responsibilities for reporting conflicts of interest or conduct. All staff receive training in the Code of Conduct and their obligations.*

*The Healthy Workplace Strategies program has been a significant investment in staff development, training programs and dedicated roles to implement a comprehensive program of communication and educational initiatives across the Service. Ambulance completed the rollout of Respectful Workplace Training at the end of June 2009 and 96% of staff were trained during this period. The remaining 4% were people unavailable and/or on extended leave and are trained as they return to work and courses are scheduled in their local area. Completion of the rollout was originally scheduled for May 2009 but was extended an additional month because of the operational impact of the Victorian bush fires and North Coast floods.*

*From April 2009, Trainee Paramedics and other new staff have been provided with Respect & Raising Workplace Concerns training during induction. This training incorporates the principles of the Respectful Workplace Training program and is delivered by the Healthy Workplace Strategies team.*

*As noted above, confidentiality provisions are set out in the Code of Conduct. There is also reference to relevant provisions in other documents namely the Grievance Contact Officer SOP and the Preventing and Managing Concerns of Workplace Bullying.*

*Ambulance has also reviewed the Promoting a Respectful Workplace- Raising Workplace Concerns SOP and considers that the confidentiality provisions will be strengthened by including specific prohibitions and consequences for potential breaches. The timing of the SOP changes will be further informed by the review being undertaken by NSW Health to identify supporting procedures and the SOP will be amended when that Health review is finalised*

*Ambulance is well advanced in implementing Healthy Workplace Strategies. The Preventing and Managing Workplace Bullying Policy was approved in November 2009. Investigation of bullying complaints is undertaken by the Professional Standards and Conduct Unit in accordance with the Procedural Guidelines for Misconduct which are made under the Ambulance Services Regulation 2005. The Regulation is due for review in 2010 and the Procedural Guidelines, including the confidentiality provisions, will be reviewed at that time.*

*It should be noted that employers have a general duty of care to all employees and will refer staff to health professionals if concerns about self harm exist. Paramedics are trained to assess suicide risk and are well placed to identify risks and report concerns about their colleagues. Grievance Contact Officers provide support to staff dealing with workplace concerns and are trained to report concerns about the risk of self harm to the employee's senior manager and the Manager, HWS.*

*Ambulance will be more explicit in its responses to those aspects of any recommendation that it does not accept or intend to follow through on. These will require approval by the CE.*

Actions	Responsibility	Time frame
R1. Documentation and sign-off for any element of the recommendations in the three reports that the Service does not intend to implement.	Director, Executive Support	31 Jan 2010

# 4. Progress on Implementation

## 4.1 Implementation of Strategies

The three external reports did not provide specific completion dates for the recommendations made. However, the Manager HWS developed an action plan to address the recommendations that included an expected completion date and the manager responsible for implementing the initiative. All were due for completion before August 2009. As at the end of November 2009:

- 16 of the 18 action plans had been implemented
- Two of the 18 action plans were in progress and have yet to be completed. They included the following initiatives:
  1. Develop a DVD on Grievance Management - Work on developing a training DVD on grievance management commenced in July 2009. It is anticipated that this DVD will be presented to Operational and Corporate management before the end of 2009.
  2. Include grievance handling accountability and performance measures in relevant position descriptions and performance agreements
    - All new position descriptions established since June 2009 have these measures included. The Service has indicated that all other position descriptions are under review to ensure consistency.
    - A performance development program is in place for all management above Assistant Divisional Manager level. Position descriptions have been updated accordingly. The program is being rolled out to Station Managers and Team Leaders in 2008/09 and to all staff by the end of 2009/10.

A summary of the action plans and the completion status of each initiative are listed in the table below:

Strategies	Planned Completion Date	Actual Completion Date
Rollout of the RWT program.	May 2009	June 2009
Management to be trained as a priority	October 2008	October 2008
Develop and implement one page Grievance Resolution Flowchart	January 2009	April 2009
Develop and implement one page Raising Workplace Concerns Flowchart	January 2009	April 2009
Include grievance handling accountability and performance measures in position descriptions and performance agreements	November 2008	Work In Progress Performance measures for all staff are expected to be implemented by end of 2009/2010

Strategies	Planned Completion Date	Actual Completion Date
Management representatives to open RWT sessions	Ongoing	June 2009
Establish grievance handling KPIs	November 2008	April 2009
Report issues arising from RWT to relevant managers	Ongoing	Ongoing
Implement NSW Health Grievance Resolution Policy in conjunction with flowcharts	January 2009	April 2009
Articles in Siren	Ongoing	Ongoing
Establish GCOs to support staff	March 2009	August 2009
Enhance local grievance handling capacity	February 2009	April 2009
Implement Bullying Guidelines	March 2009	November 2009
Develop and implement model "Our Values"	March 2009	August 2009
Create specific performance management guidelines which outline management responsibilities to address performance related issues	April 2009	September 2009
Establish a reporting framework to record grievances and internal complaints, including bullying and harassment	August 2009	April 2009
Provide training to GCOs	May 2009	August 2009
Develop DVD on Grievance Management	July 2009	Work In Progress The DVD on Grievance Management is being developed

A detailed summary of all agreed actions and the status of each initiative can be found in Appendix B.

## 4.2 Testing Progress of Strategies

During our review, we tested the implementation of action plans associated with the Respectful Workplace Strategy across the Service. We visited four locations within NSW and noted the following:

- Staff at all four locations had attended the Respectful Workplace Training. Staff and managers confirmed that a Management Representative introduced and opened the RWT sessions.
- Each location had received the poster sized copies of the Grievance Resolution Flowchart and the Raising Workplace Concerns Flowchart. These posters were displayed in common staff areas. At the time of the review, we noted that one of the four managers had not yet discussed the Raising Workplace Concerns SOP and the flowcharts with staff.
- One of the four managers interviewed was not aware that a Grievance Reporting Form needs to be completed for all grievances requiring the assistance of a manager. We note that the number of grievances reported in the first few months of the new reporting process was very small (two by August 2009)
- Two of the four managers commented that some staff remained sceptical about the impact that the recent changes in processes and training would have on workplace behaviour and on the “culture” of the organisation. These managers spoke of some staff’s views, reflected in submissions to the Parliamentary Committee, show a lack of confidence that
  - management will be able to assist in resolving grievances
  - management will deal with grievances promptly or effectively
  - confidentiality will be maintained
- They noted that grievance management training has been included in the Ambulance Management Qualification Program that all station managers and team leaders are attending, and were concerned that there is no specific grievance management training scheduled for more senior operational (or corporate) managers at this stage. (Management have subsequently informed us that planning is underway to provide such training to all managers, commencing before the end of 2009)

We would be surprised, given the views expressed to the Parliamentary Committee, if such perceptions were not present at this stage. We also recognise that these are the perceptions of a very small sample.

Changing the “workplace culture” is a long-term endeavour. Much now depends on how the new frameworks and processes are translated into practice and how management and staff are supported in taking up the new opportunities to address inappropriate workplace behaviours. This is the subject of the next two sections of the report.

# 5. Planning and Management

## 5.1 Project Management

In September 2008, the Service appointed the Manager, Healthy Workplace Strategies (HWS). The Manager, HWS is responsible for coordinating mediation processes, procedures and programs to reduce the risk of bullying and harassment in the Service and to address the recommendations noted by the external bodies. The position has been supported by:

- A budget of \$750k in 2008/9 for staff, for the development and delivery of training and for supporting communication material: posters; training materials, etc
- Staff resources equivalent to \$300k to provide backfill for staff involved in training
- Logistics support to track the coverage of training across all staff state-wide
- Coordination of all peer support services to staff under one structure including: Grievance Contact Officers, Chaplaincy, Aboriginal Coordination, Senior Project Officer for the prevention and management of workplace bullying. etc.

The Manager HWS and the Director Workforce have been responsible for:

- Coordinating the development and implementation of strategies, action plans and material to address the recommendations, with timetables, resources and responsibilities to match
- Providing the Senior Executive Team with a Healthy Workplace Program Status Report each month. This report includes the following details:
  - Progress on activities and initiatives for the reporting period.
  - A summary of the initiatives that will be implemented over the next month
  - Critical risks and issues, including feedback from staff and managers
  - Expenditure, including total expenditure to date against budget
  - Project completion date.
- Recruiting consultants (*Proactive ReSolutions*) to help develop and implement the training
- Recruiting and training Grievance Contact Officers to provide an additional avenue for staff seeking advice on grievances
- Integrating this program with wider workforce initiatives already in progress including the roll-out of the Ambulance Management Qualification (AMQ) for front-line managers and the performance agreement/performance appraisal system which, working down the organisation from senior management, will involve all supervisors and managers in 2009/10 and all remaining operational and support staff in 2010/11.

Operational planning and management has focused on ensuring all stations and staff have easy access to policies, procedures, training and guidance about the ground rules for appropriate behaviour in the workplace. It has included distributing posters and letters to all stations outlining the organisation's values; along with posters and forms to support new procedures for grievance handling and reporting, dispute resolution arrangements; plus training in their use and the expectations on all parties, both management and staff, when these values are not respected.

All station managers have been sent copies of the material prepared and all stations we visited had such information displayed. This has been a major logistics exercise organised by the Manager HWS and supported by staff from the Service Improvement Branch to organise the training program and maintain records of those trained. Sector / Divisional management were responsible for organising

training dates and locations localised. Once finalized, front line managers were responsible for staff rostering and ensuring that all staff attended the training. In most cases, senior management from the Division or Sector introduced the course to reinforce its significance.

The first round of RWT sessions were completed at the end of June 2009 with 96% of existing staff participating in the program. At the time of our fieldwork in August, the Service was collating information on employees who were unable to attend RWT during the first round so that they could be covered in follow-up arrangements, by the end of 2009/10

We have identified no major issues with the planning and management of the HWS program to date.

## 5.2 Planning and Management going forward

The HWS program has reached the end of its implementation phase. With the completion of new procedures and guidance, plus the great majority of staff trained in respectful workplace procedures including Grievance Contact Officers, the program moves into its “operational” phase. The management focus in this phase moves to one of supporting the take-up of the new processes and ensuring that they operate as they were intended. This is something that will take at least a year, given the range of circumstances in different stations across the State.

The Service has bolstered the resources of HWS with a new project officer position for 12 months to support the next phase. This role together with the role of Grievance Contact Officers will develop both informal and formal sources of information on how well the respectful workplace infrastructure is understood and being used by those who come forward. The Manager HWS will continue to be called upon to help support and resolve disputes that arise, so she will have first-hand knowledge of the application of the new framework in specific circumstances and how its use might be improved.

One of the difficulties in these situations is finding an appropriate balance between reactive and proactive management. Reacting only to the grievances that do get reported may give a false impression of the total picture state-wide on the adoption of healthy workplace behaviours. The successful use of grievance handling procedures to resolve issues locally may be less well-reported. Equally, it is possible that staff in some locations may not feel empowered to speak up when a problem occurs, even with the new procedures in place. So a proactive approach is necessary especially in locations at greater risk.

## 5.3 Suggestions for Action

To support this proactive approach, and recognising HWS resources are limited, we suggest the Service should consider going forward:

- 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). The higher risk areas should be subject to more HWS management attention; including unsolicited contact from Grievance Contact Officers. The risk classification can be used to categorise the grievances that are reported to give some indication of whether the new procedures are being taken up in vulnerable areas.
- Publicising examples of good practice in the use of the new grievance handling procedures. This could extend to encouraging managers and staff to submit case studies of good (and bad) resolution of grievances using the new procedures. It could be an assignment for managers attending the Ambulance Management Qualification. It could also become universal as part of the performance development program, as it rolls out to staff at station manager (this year) and paramedic level (2010/11). These case studies can be used in follow-up and remedial training for staff in positions at risk or staff who seek more help.

- The new performance development program for managers and its supporting position descriptions are important tools to reinforce the skills required in grievance management and to document how frequently such skills are used now; and whether more support is needed. The Manager, HWS, should seek feedback from the process annually, to understand where management (and later paramedics themselves) feel more support is needed.

### 5.4 Management Response

*The Preventing and Managing Workplace Bullying SOP includes a supervisor assessment checklist designed to assess the risks of potential bullying on staff and the workplace. A location based risk assessment would complement this checklist and enhance the early identification of higher risk areas. Workshops for management are planned in 2010 to promote the new SOP and those forums can be used to introduce the risk assessments.*

*Already a number of high risk areas have been identified and are the subject of more Healthy Workplace Strategies management attention. A survey has been developed on RWT and knowledge of Healthy Workplace Strategies policies to help identify problems and categorise targeted assistance and/or possible new procedures/policies.*

*The assessment tasks for the AMQ have already been determined and for consistency, varying those is not supported. However, the Grievance Management for Managers training provided as part of the AMQ includes examples of good and bad resolution of grievances and participants benefit from sharing experiences. Publishing these examples and communicating these in a variety of ways, in a de identified format in Sirens or other suitable mediums, will be beneficial to inform other staff.*

*Information regarding compliance with the Performance Development Program is collected by the Workforce Unit. Surveys are structured to seek information regarding the use of grievance management skills and used to identify development and support needs. The model Performance Development Program for team leaders and managers contains performance indicators regarding grievance management. Although not mandatory at this time, senior managers will be encouraged to use these indicators to assess the skills of team leaders and station managers in this area for further learning and development needs.*

<b>Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
<i>R2. Risk Assessment</i>	<i>Manager, HWS</i>	<i>June 2010</i>
<i>R3 Publicising examples of good practice</i>	<i>Manager, HWS</i>	<i>End 2010</i>
<i>R4 Use performance development program to monitor and assess staff confidence with grievance management</i>	<i>Director, Workforce Manager, HWS</i>	<i>End 2010</i>

# 6. Monitoring and Evaluation

## 6.1 Observation

Monitoring to date has focused, rightly, on progress in implementation of the specific Healthy Workplace Strategies. The monthly reporting to the Executive Team has provided that monitoring against time and budget expectations, supported by information from the databases of staff trained; documentation delivered and courses held. The Executive also receive informal feedback from managers and staff on their reactions to the new initiatives.

Monitoring going forward has a broader range of information sources to draw upon because of the new initiatives. In addition to the number of formal complaints available previously, the measures to be reported include:

- the number of grievances reported to managers (their type and their resolution)
- the number of enquiries made of Grievance Contact Officers (and their type)
- the number of people trained in Respectful Workplace Training
- the number of front line supervisors who have completed the AMQ

The roll-out of performance management systems to all supervisors in 2009/10 (with KPIs that include grievance handling) and to all staff in 2010/11, offer the potential for more, and more universal, information on the use of the new initiatives, although this is likely to be at least a year away.

Together these can provide a framework for the Service to monitor and evaluate the impact of the Healthy Workplace Strategies over time. However, we would wish to urge a long-term perspective. Changing an organisation's culture takes time. The new HWS initiatives are likely to take a year or more to bed down and get tested by management and staff in enough situations to be able to judge their acceptability to staff and to management. It will be longer still before all supervisors are AMQ-qualified and the performance development program reaches its full potential.

With this in mind, we suggest the Service should not consider formal evaluation of the impact of HWS strategies for at least two years. It should encourage the completion and collection of information from the above sources as part of its management efforts in 2009/10 so that by the end of the year, a more complete and stable baseline of activity can be measured, and used to compare against trends going forward<sup>1</sup>. The current low reporting rates on new information sources (GCO contacts, grievances reported) do not provide a reliable indicator to judge the current position or to compare it with previous years.

We have not suggested at this stage, that the Service undertake a specific staff opinion survey of the HWS changes and their impact on workplace behaviour. In our experience such surveys need to be used sparingly with their outputs used to monitor general trends rather than specific changes. Until such time as most staff have used the procedures in operation, the opinions they generate in relation to

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<sup>1</sup> The release in August 2009 of *Annual Performance Audit Tool – Bullying Complaint Management Systems*, by NSW Health, may provide a useful checklist of what baseline information might be feasible to collect.

HWS and related changes will have a limited basis in experience and thus offer limited insights for development.

## 6.2 Suggestions for Action

We suggest the Service:

- should not consider formal evaluation of the impact of HWS strategies for at least two years
- should collect information on key indicators of capability, activity and outcomes (e.g. grievances reported and resolved; enquiries made of Grievance Contact Officers; people trained in Respectful Workplace Training; front line supervisors who have completed the Ambulance Management Qualification) in 2009/10 so that by the end of the year a more complete and stable baseline of activity can be measured, and used to compare against trends going forward.

## 6.3 Management Response

*Ambulance agrees that it would be premature to undertake a formal evaluation of the impact of HWS strategies until 2011. Cultural change to a large extent relies on behavioural change which in turn impacts on attitudes and morale. Ambulance will review evaluation methods over the next 12 months.*

*In the meantime, Ambulance has determined to undertake a preliminary survey of staff and managers regarding their use and understanding of RWT in the workplace and knowledge of associated policies given the importance of this strategy. This will be undertaken during December 2009 and will be used to inform related strategies during 2010.*

*Data collection on grievance key indicators, enquiries made of GCOs, staff trained in RWT or equivalent and completion rates for the AMQ have already commenced and will continue during 2010. It is anticipated that this will provide useful baseline information against which future trends can be measured.*

*Ambulance will also be involved in the initiative being developed within the Health portfolio of a centralised Grievance Advisory Service which will inform the Sector more generally.*

<b>Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
<i>R5. No formal evaluation of HWS in operation until 2012; but preliminary survey of staff at end of 2009 to inform strategy development in 2010</i>	<i>Manager, HWS</i>	<i>June 2010</i>
<i>R6 Information collection during 2009/10 to provide baseline going forward.</i>	<i>Manager, HWS</i>	<i>June 2010</i>

# Appendix A: Terms of Reference

## Objectives and Scope

The objective of this engagement is to examine progress on the implementation of healthy workplace strategies designed to address the risk of bullying and harassment in the Service and the recommendations of external bodies in this area in 2008.

The scope of our work will cover:

- A comparison between the healthy workplace strategies, their objectives and coverage, the recommendations of the Department of Premier and Cabinet, the Parliamentary Review and the Garling Report, and the Government's response to these recommendations
- An assessment of progress reported on implementation of the strategies to the end of May 2009, and planned, against the timetables set by the Service and any deadlines set by the Department of Premier and Cabinet, the Parliamentary Review, the Garling Report, or by the Government in response to these recommendations
- An examination of the planning, management and resourcing arrangements for implementing the strategies
- An examination of the monitoring and evaluation processes planned to assess the inputs, outputs and outcomes of the strategies going forward, and the performance measures and baseline data available to support them.

## Methodology

The methodology supporting our work in each of these areas will include:

### 1. Strategies versus Recommendations

- Collate and group recommendations from DPC Report, GPSCLC Report, Garling Report by subject area
- Document in a table and include any responses by the Service, by NSW Health or by the Government to signify they agree/do not agree; they will take action or not.
- Map the Service's strategies onto these recommendations
- Identify any gaps or partial coverage and check with Service's management for any other initiatives or responses that address those recommendations (include any responses to take no action)

### 2. Progress on Implementation of Strategies

- Examine timetables for implementation of all strategies and their components, including any reference to deadlines set in DPC Report, GPSCLC Report, Garling Report and in the Service's or the Government's response to these reports.
- Examine progress reported against these timetables.
- Test progress reported at end of May 2009 against information sources for key initiatives (viz. Respectful Workplace Training, policies and procedures, management responsibilities and performance measures, establishment of Grievance Contact Officers)

### **3. Planning, Management and Resourcing Arrangements**

- Document planning, management and resourcing arrangements for the strategies including
  - i. project timelines and responsibilities, both centrally and in regions
  - ii. financial planning and management, including staff and overtime
  - iii. operational planning and management, including rosters for trainees and trainers, handling of staffing issues at local, regional and executive levels
- Test these arrangements in operation in 3 locations:
  - i. Headquarters
  - ii. Sydney region and 1 sector in Sydney – Western Sector, Parramatta and Auburn
  - iii. A Rural region and 1 sector in that region – North Coast and Coffs Harbour

### **4. Monitoring and Evaluation Arrangements**

- Document current monitoring and progress reporting arrangements and the information sources that support them
- Examine the Service's plans for evaluating the 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

# Appendix B: Summary of Actions and Status - Nov 2009

## The DPC Review of the Ambulance Service of NSW (June 2008)

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
11	<p>That the Ambulance Service review all policies and procedures on complaints handling, grievance handling, and bullying and harassment for consistency with updated NSW Health policies. Revised processes should, at a minimum, contain the following elements:</p> <p>a) A clearly articulated process wherein complaints about staff (whether from other staff or members of the public or allied health professionals) are properly assessed and handled, according to clearly defined procedures, by the right people. The role of the PSCU in handling only those matters where serious misconduct has been alleged should be spelled out clearly;</p> <p>b) An up to date Code of Conduct,</p>	Pilot and Rollout of Respectful Workplace Training (RWT) to all existing staff	May 2009	<p><b>Implemented</b></p> <p>The RWT was rolled out to existing staff and was completed in June 2009. About 96% of staff had attended the training sessions by June 2009 with the remainder to be picked up as part of induction and follow-on training.</p>
		Management to be trained as a priority	October 2008 – Ongoing	<p><b>Implemented</b></p> <p>Management were trained as a priority by participating in pilot RWT training in September – October 2008.</p>
		Management Representatives to open each session of RWT	October 2008 – Ongoing	<p><b>Implemented</b></p> <p>The RWT was facilitated by conflict management experts, Proactive Resolutions. A management representative (i.e. Assistant Divisional Manager) opened and introduced each RWT session to attendees.</p>
		From June 2008, provide all new staff with RWT of equivalent	June 2009 - Ongoing	<p><b>Implemented</b></p> <p>The RWT was incorporated into the induction training for corporate and operational employees from May 2009.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
	<p>defining and prohibiting bullying and harassment by Ambulance Service staff;</p> <p>c) A clear policy on the Ambulance Service position on the prevention and management of bullying and harassment;</p> <p>d) Amended position descriptions requiring all Ambulance Service staff to comply with the Code of Conduct and related policies;</p> <p>e) Mandatory training for all supervisory/management positions on the policy and related procedures; and</p> <p>f) Information sessions for all staff in the service about the Code, related policies and procedures and their rights and responsibilities.</p>	<p>Develop and implement a one page Grievance Resolution Flowchart and Raising Workplace Concerns Flowchart</p>	<p>January 2009</p>	<p><b>Implemented</b></p> <p>The Service's policy: <i>Promoting a Respectful Workplace – Raising Workplace Concerns (S.O.P.2009-011)</i> was issued in April 2009. The Service's policy: <i>Promoting a Respectful Workplace – Preventing and Managing Workplace Bullying.(S.O.P.2009-063)</i> followed in November 2009.</p> <p>The policies define bullying and harassment and provide an outline of the steps for staff to take if they want to complain or raise workplace concerns..</p> <p>The policy includes a one page Raising Workplace Concerns Flowchart and a one page Grievance Resolution Flowchart.</p> <p>In April – May 2009, each workplace and Manager was provided with poster sized copies of the flowcharts. It has been the Division / Station Manager's responsibility to roll out the flowcharts to staff.</p>
		<p>Report issues arising from training to relevant managers to address in consultation with affected staff</p>	<p>December 2008 - Ongoing</p>	<p><b>Implemented</b></p> <p>Proactive Resolutions provide the Service with a report for each training session that was scheduled. This report includes feedback and statistical information that was collated from participants prior to and following each session.</p> <p>Reports are reviewed by the Manager, HWS and recurring and critical feedback is communicated to the Senior Leadership Team and the relevant Divisional / Sector Manager.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
		Implement NSW Health Grievance Resolution Policy in conjunction with flowchart	January 2009	<p><b>Implemented</b></p> <p>The Service's policy: <i>Promoting a Respectful Workplace – Raising Workplace Concerns (S.O.P.2009-011)</i> was issued in April 2009. It refers to the NSW Health Grievance Resolution Policy</p>
		Articles in staff magazine Sirens	Ongoing	<p><b>Implemented</b></p> <p>In March 2009, an article was published in the staff magazine, Sirens to promote the Healthy Workplace Training (article titled – “What happens when staff don't act respectfully?”)</p>
		Establishing and implementing Grievance Contact Officers (GCO)	May 2009	<p><b>Implemented</b></p> <p>The GCO role was implemented in August 2009.</p> <p>Approval was obtained from the Chief Executive to seek Expression of Interests for the GCO role.</p> <p>The GCO positions were advertised across all Divisions and key areas. Interviews for the position were held in mid 2009 and 18 successfully applicants attended a two day training programme in August 2009.</p> <p><i>The Grievance Contact Officer Policy (SOP2009-052)</i> was published in August 2009. The policy includes the roles and responsibilities of the GCOs and how the GCO program will operate.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
		Develop and implement model Charter of Respect	March 2009	<p><b>Implemented</b></p> <p>Staff are required to comply with the NSW Health Code of Conduct which requires staff to treat all people in the workplace with dignity and respect and never to engage in or encourage bullying behaviour.</p> <p>The Charter of Respect, which is named “Our Values” was implemented and rolled out to the Service in August 2009.</p>
		Develop system to record grievances and internal complaints, including bullying and harassment, and monitor incidence in trends	April 2009	<p><b>Implemented</b></p> <p>Grievances requiring the assistance of a Manager will need to be reported using the Grievance Reporting Form.</p> <p>The Grievance Reporting Form should be completed by the relevant Manager once the matter has been finalized. Once completed, the form should be forwarded to the Manager, HWS.</p> <p>Grievances and internal complaints are also discussed at the Significant Allegations Assessment (SAA) Committee meetings each week. Divisional Managers are required to report on the number of cases that are being managed at Divisional and Station levels.</p>
		Implement Prevention and Management of Workplace Bullying Guidelines for NSW Health	March 2009	<p><b>Implemented</b></p> <p>The Service’s policy: <i>Promoting a Respectful Workplace – Preventing and Managing Workplace Bullying.</i>(S.O.P.2009-063 was published in November 2009</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
		Provide grievance handling training during Ambulance Management Qualification (AMQ)	April 2009 - Ongoing	<p><b>Implemented</b></p> <p>The AMQ program includes training on grievance management and continues to be rolled out to all front line managers and team leaders (i.e. Station Managers and District Managers).</p>
		Develop training DVD on Grievance Management	July 2009	<p><b>Work In Progress</b></p> <p>Work on developing a training DVD on grievance management for all managers commenced in July 2009.</p>
		Enhance local grievance handling capacity by expanding the internal mediation capacity	February 2009	<p><b>Implemented</b></p> <p>The Service has expanded the internal mediation capacity by encouraging staff to resolve minor issues at a local level:</p> <ul style="list-style-type: none"> <li>• Staff are encouraged to speak directly to the other person involved. If staff are not able to resolve the concern with the other person, the concern should be discussed with the immediate manager.</li> <li>• Serious concerns about conduct or repeated concerns about an employee's conduct should be dealt with by a Senior Divisional / Corporate Manager</li> <li>• Only serious misconduct issues to be referred to the PSCU</li> </ul> <p>Internal mediation capacity has also been expanded by introducing the Manager, HWS, the Special Projects Officer (Grievance and Mediation) and the Peer Support Team Coordinator, as well as the GCO positions.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
		Establish grievance handling KPIs	November 2008	<p><b>Implemented</b></p> <p>KPIs regarding grievance handling are outlined in the Raising Workplace Concerns- SOP.</p> <p>There is currently no process in place for monitoring incidence and trends and measuring compliance with these KPIs.</p>
		Amended position descriptions requiring all Ambulance Service staff to comply with the Code of Conduct and related policies	June 2009	<p><b>Work In Progress</b></p> <p>Position descriptions for all new positions established since June 2009 make reference to these policies and align with approved format and organisation structure. All other position descriptions are currently under review to ensure consistency.</p>
13	That, in order to continue to promote the welfare of staff, the Ambulance Service, by the end of 2008, evaluate its program of staff support services (including the list of available programs) and take action on the findings of the evaluation by mid-2009.	<p>Evaluate the Staff Support Services Program. This includes:</p> <ul style="list-style-type: none"> <li>• Reviewing and reporting on the ASNSW’s Staff Support Services</li> <li>• Providing recommendations to resolve issues and constraints raised in the report</li> <li>• Taking action on the recommendations by mid-2009</li> </ul>	Mid 2009	<p><b>Implemented</b></p> <p>The Staff Support Services program was evaluated and a report prepared in April 2009. This report included recommendations to resolve the issues and constraints raised during the review.</p> <p>In August, a new organisation structure for Staff Support Services was implemented under the management of Healthy Workplace Strategies. It brought together the new GCO role as well as the Chaplaincy and the Aboriginal Employment Coordinator. A new Peer Support Officer Coordinator position was established.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
15	<p>That, in order to ensure that Ambulance Service managers are well supported in undertaking their roles, the Service undertake:</p> <p>a) a review of all position descriptions for executive/management/supervisory positions to ensure that key accountabilities and management competencies are properly articulated against business requirements;</p> <p>b) an assessment of current management capabilities against revised position descriptions; and</p> <p>c) a training and development program to assist managers to deal with any issues raised in the assessment.</p>	<p>Include accountability and performance measures regarding grievance handling for managers in relevant position descriptions and performance agreements</p>	November 2008	<p><b>Work In Progress</b></p> <p>A performance development program is in place for all management above Assistant Divisional Manager level. Position descriptions have been updated accordingly. The performance development program was rolled out to Station Managers and Team Leaders in 2008/09 and is expected to be introduced to all staff by the end of 2009/10.</p>
		<p>Assessment of management capabilities will occur over time as part of the Ambulance Management Qualification (AMQ) and in line with the content of position description</p>	Ongoing	<p><b>Implemented</b></p> <p>Completion of the AMQ program will expand management capabilities and allow for further capability development in the future as required.</p>
		<p>Provide grievance handling training during Ambulance Management Qualification</p>	April 2009 – Ongoing	<p><b>Implemented</b></p> <p>The AMQ Program includes training on grievance management and continues to be rolled out to all front line managers and team leaders - i.e. Station Managers and District Managers</p> <p>The AMQ content will be revised as new training needs are identified. This will allow additional issues raised to be dealt with.</p>
		<p>Create specific performance management guidelines which outline the responsibilities of each level of management to address performance issues for conduct and behaviour</p>	April 2009	<p><b>Implemented</b></p> <p>Performance Planning, Development and Review Program Policy and Procedure was implemented in September 2008.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
16	<p>That, taking account of the previous recommendation, Ambulance Service design and implement a management development initiative targeting those people in operational roles who wish to move into management. This initiative should focus on:</p> <p>a) assessing the suitability of officers to move from operational roles into management positions; and</p> <p>b) for suitable candidates, providing training in a number of core areas: financial management; human resource management; conflict resolution; putting the Code of Conduct into practice.</p>	<p>Include accountability and performance measures regarding grievance handling for managers in relevant position descriptions and performance agreements</p>	November 2008	<p><b>Work In Progress</b></p> <p>Position descriptions for positions established since June 2008 align with approved format and organisation structure. All other position descriptions are currently under review to ensure consistency.</p>
		<p>Provide grievance handling training during Ambulance Management Qualification</p>	April 2009 - Ongoing	<p><b>Implemented</b></p> <p>The AMQ training and development program started in 2008 and was initially rolled out to 460 managers. These managers are expected to complete the course by early 2010.</p> <p>The AMQ program includes practical training on how to assist staff to resolve workplace conflict and management responsibilities.</p>
		<p>Enhance local grievance handling capacity by expanding the internal mediation capacity</p>	February 2009	<p><b>Implemented</b></p> <p>The Service has expanded the internal mediation capacity by encouraging staff to resolve minor issues at a local level. For example:</p> <ul style="list-style-type: none"> <li>• Staff are encouraged to speak directly to the other person involved. If staff are not able to resolve the concern with the other person, the concern should be discussed with the immediate manager.</li> <li>• Serious concerns about conduct or repeated concerns about an employee's conduct should be dealt with by a Senior Divisional / Corporate Manager</li> <li>• Only serious misconduct issues should be referred to the PSCU</li> </ul>

#	Recommendation	Response / Agreed Action Plan	Due Date	Action Plan Follow-Up Status
				Internal mediation capacity has also been expanded by introducing the Manager, HWS, the Special Projects Officer (Grievance and Mediation) and the Peer Support Team Coordinator..
		Develop training DVD on Grievance Management	July 2009	<p><b>Work In Progress</b></p> <p>Work on developing a training DVD on grievance management commenced in July 2009. This DVD is expected to be presented to all managers.</p>

## The GPSCLC Report on the Management and Operations of the NSW Ambulance Service (October 2008)

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
5	That NSW Health amends its Grievance Resolution Policy to provide greater emphasis on the confidentiality provisions. The provisions should be updated to reflect that breaches of confidentiality are serious issues that are subject to remedial or disciplinary action.	The Department of Health will undertake a review to identify supporting procedures which ensure the policy is implemented correctly including in relation to confidentiality issues. This will be completed by August 2009.	The GPSCLC will review the progress in October 2009	<p><b>Partially Implemented</b></p> <p>The Service's policy: <i>Promoting a Respectful Workplace – Raising Workplace Concerns (S.O.P.2009-011)</i> was issued on 1 April 2009. The policy provides a broad outline of the steps for staff to raise workplace concerns such as complaints, conduct issues and staff grievances.</p> <p>This policy states that confidential advice and assistance is available for all staff from their immediate Manager or the Workforce Unit. Furthermore, it is the Manager's responsibility to treat all workplace grievances seriously, impartially and confidentially.</p> <p>The policy does not include specific reference to the consequences (i.e. remedial or disciplinary action) for breaches of confidentiality by Managers. The Service argues that these are already covered in other documents such as the Code of Conduct.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
6	<p>That the NSW Government increase resources allocated to the Professional Standards and Conduct Unit and establish an independent process to appeal the Unit's decisions.</p>	<p>The Government is already addressing the issues raised by the Inquiry in relation to the efficiency of the Professional Standards and Conduct Unit (PSCU). As the GPSC2 was advised during the course of the Inquiry and as noted in its report at 3.112 (p 35), the resources allocated to the PSCU were increased with a further two investigation staff to ensure that matters are dealt with quickly.</p> <p>The PSCU has now been re-focussed to deal with serious staff misconduct. The increase in resource support will ensure that the PSCU concentrates on and responds in a timely way to serious misconduct matters.</p> <p>The Ambulance Service's Workforce Unit now has responsibility for the management of issues arising from staff complaints and grievances, including grievances of bullying and harassment, and for dealing with bullying and harassment on a systemic or organisation wide basis. A Healthy Workplace Manager has been engaged to manage this.</p> <p>Confidential support and advice is available for all staff from the Workforce Unit, where there is concern about raising an issue locally. Further encouragement to raise and deal with workplace concerns will also be provided by the recruitment of local grievance contact officer who</p>	<p>The GPSCLC will review the progress in October 2009</p>	<p><b>Agreed Action Plan Implemented; not all recommendation agreed with.</b></p> <p>A broad outline of the steps staff should follow to raise workplace concerns such as complaints, conduct issues and staff grievances are noted in the Raising Concerns Workplace - SOP. The Raising Workplace Concerns Flowchart and the Grievance Resolution Flowchart also provide guidance on how to raise concerns and what action staff and managers will take</p> <p>The Service has expanded the internal mediation capacity by encouraging staff to resolve the majority of issues at a local level rather than referring minor issues directly to the PSCU. Only serious misconduct issues should be referred to the PSCU.</p> <p>The Government did not agree with the recommendation to establish an independent process to appeal the PSCU's decisions; it argues in its response that there are already independent review and</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
		<p>will play a key role in timely and efficient, and therefore fair, processes.</p> <p>The Government supports the principle that there is independence in relation to the management of complaints and disciplinary matters. To note, the PSCU has an investigative and advisory role only; however it is possible in some cases to appeal matters which have been dealt with by the PSCU via the Government and Related Employees Appeal Tribunal and the Industrial Relations Commission. These bodies can reverse or modify decisions of the Ambulance Service in respect to staff discipline and this process is independent of the Ambulance Service of NSW.</p> <p>NSW Health does provide an additional independent mechanism for review of individual decisions of the Ambulance Service in respect of staff grievances or other human resource matters.</p> <p>Where a complaint is made to the Department of Health that the conduct of a grievance or disciplinary matter by the Ambulance or any other Health Service is not consistent with NSW Health policy, the Department will review the action of the relevant Health Service to assess whether they are in accordance with policy. If they are not, the Department will direct that corrective action occur. This may include appointing an independent external expert to reconsider the matter.</p> <p>There are also a range of external bodies that possess appropriate powers and responsibilities to pursue matters falling within their respective jurisdictions.</p>		<p>appeal processes available; in NSW Health and in external bodies, such as the Government and Related Employees Appeal Tribunal on staff discipline matters and the ICAC for corruption cases.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
7	That, as part of its undertaking to clarify and simplify grievance procedures, the Ambulance Service of NSW should create and distribute one page, plain-English fact sheets on grievance management and disciplinary matters.	The Government is already addressing the issues in relation to this recommendation, with guides drafted and training underway. A standard operating procedure on "Raising Workplace Concerns" was issued on 1 April 2009 and contains simple one page guides. Training will be completed by June 2009.	The GPSCLC will review the progress in October 2009	<p><b>Implemented</b></p> <p>The Raising Workplace Concerns Flowchart and the Grievance Resolution Flowchart are one page fact sheets which provide guidance on how to raise concerns and what action staff and managers will take.</p> <p>In April-May 2009, each workplace and Manager was provided with poster sized copies of the Raising Workplace Concerns Flowchart and the Grievance Resolution Flowchart. It is the Division / Station Manager's responsibility to roll out the flowcharts to staff.</p>
8	That NSW Health provides contact officers within the Ambulance Service of NSW to provide impartial advice to staff on grievance and complaint policies and procedures. The contact officers should be available at all levels of the Service, of different genders, and from both rural and metropolitan areas. The role of these officers should be set out clearly for all staff within the Service.	<p>The Government is already addressing the issues in relation to this recommendation.</p> <p>A contact officer role is consistent with NSW Health policies and procedures. It is part of ensuring that employees have good access to the complaint and grievance process.</p> <p>Expressions of interest have recently been advertised for Ambulance Service contact officers to provide impartial advice to staff on grievance and complaint policies and procedures. Training of officers is scheduled for completion by July 2009.</p>	The GPSCLC will review the progress in October 2009	<p><b>Implemented</b></p> <p>GCO roles were implemented in August 2009.</p> <p>The GCO positions were advertised across all Divisions and key areas. Interviews for the position were conducted in mid 2009 with the 18 successful applicants attending a two day training program in August 2009.</p> <p>The GCO Policy was also approved by the Executive and implemented in August 2009.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
9	<p>That NSW Health, as part of its review of Ambulance Service selection processes, establish clear guidelines for selection panel members which emphasise that selections must be based on merit. The guidelines should emphasise that conflicts of interest and corrupt conduct are breaches of NSW Health policy, and can lead to disciplinary action.</p>	<p>The Government is already addressing the issues in relation to this recommendation with the Department of Health reviewing current policies on recruitment, selection and appointment for all staff. The review will include consideration of the processes for trainee paramedic selection and the resulting policy will reinforce standards for selection based on merit, and provide guidance on avoiding or managing conflicts of interest and corrupt conduct in all selection, recruitment and appointment actions across NSW Health. This review will be completed by June 2009.</p> <p>In the interim, guidelines are already in place and updated training on recruitment processes is regularly conducted by the Ambulance Service of NSW.</p> <p>The current NSW Health policy, Recruitment and Selection Policy and Business Process - NSW Health Service (PD2006_059) directs the application of selection on merit processes. This policy applies to the Ambulance Service of NSW and its appointment of all permanent positions, with a three person committee including an independent from outside the Ambulance Service of NSW, undertaking the interviews.</p> <p>NSW Health already has a Code of Conduct, which applies to the Ambulance Service of NSW. The NSW Health Code of Conduct reminds staff of their responsibilities in relation to reporting corruption, maladministration, public health issues and criminal matters.</p>	<p>The GPSCLC will review the progress in October 2009</p>	<p><b>Work in Progress</b></p> <p>The NSW Health has yet to issue revised guidance following its review of recruitment, selection and appointment of all staff.</p> <p>The Ambulance Service believes the current NSW Health policy adequately supports selection on merit.</p>

## The Special Committee Enquiry into Acute Care Services in NSW Hospitals (the Garling Report)

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
42	<p>In order to implement meaningful and long-lasting improvement to its workplace culture, NSW Health, as a key priority, embark immediately on a workplace culture improvement program based on "Just Culture" principles, that clearly identifies acceptable behaviours in the workplace and that is linked to NSW Health corporate values.</p>	<p>Commissioner Garling noted that NSW Health had a "zero tolerance" policy about bullying in the workplace...a comprehensive suite of policies and guidelines designed to eliminate bullying from the workplace (page 22, 1.136).</p> <p>In 2004, legislation was amended to support improved protected disclosure safeguards for health professionals to ensure the protected identity of complainants with Area Health Services supporting implementation. As an example Campbelltown Hospital has undertaken significant work to engage clinicians in local decision making, ensure more transparent grievance processes and provide training in patient/client communication. NSW Health will build on this work as part of Caring Culture, a state-wide culture change and improvement program</p>	N/a	<p><b>Implemented</b></p> <p>Initiatives include the appointment of a Manager, Healthy Workplace Strategies in September 2008 to develop a coordinated response that included:</p> <ul style="list-style-type: none"> <li>• Conflict Management experts, <i>Proactive Resolutions</i> facilitating and presenting the Respectful Workplace Training to ASNSW staff. The training focused on developing a culture which encouraged staff to behave respectfully toward others in the workplace. Participants also received training in the steps to follow in order to raise workplace concerns (i.e. complaints, conduct issues and staff grievances).</li> <li>• The Service's policy: <i>Promoting a Respectful Workplace – Raising Workplace Concerns (S.O.P.2009-011)</i> which includes the Grievance Management Flowchart and the Raising Concerns Flowchart were rolled out to the Service in April 2009. Each Workplace and all Managers were provided with poster-sized copies of the flowcharts. Managers were encouraged to display these posters in their office and in staff common areas.</li> <li>• The Service's policy: <i>Promoting a Respectful Workplace – Preventing and Managing Workplace Bullying.(S.O.P.2009-063)</i> was published in November 2009 and the Charter of Respect ("Our Values") was implemented in August 2009.</li> </ul>

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
43	<p>NSW Health should:</p> <p>(a) engage external expertise to develop the "Just Culture" program;</p> <p>(b) ensure that all of its senior management personally champion "Just Culture" principles and regard the program as a key priority area for reform;</p> <p>(c) implement a comprehensive training program for all staff and managers in "Just Culture" principles, to be completed within 3 years;</p> <p>(d) introduce new procedures for the management of bullying complaints, characterised by fair and reasonable treatment of complainants and respondents, the introduction of timeframes within which complaints need to be resolved and reporting to senior management on the progress of conflict resolution processes;</p>	<p>NSW Health will embark on a culture change process that includes a comprehensive training program and support for staff with improved procedures for managing bullying and complaints and evaluation of success through staff and patient surveys. Audits will be conducted with reporting through the NSW Health Annual Report.</p> <p>Front line advisors in Area Health Services will be dedicated to complaints management with a state-wide grievance advisory service established</p>	N/a	<p><b>(a) Implemented</b></p> <p>The Service engaged conflict management experts, <i>Proactive Resolutions</i> to develop a Respectful Workplace culture. This included:</p> <ul style="list-style-type: none"> <li>• Providing an overview of the ASNSW's current strategies for managing bullying, harassment and workplace conflict</li> <li>• Assessing the effectiveness of those strategies</li> <li>• Making recommendations for changes</li> </ul> <p><i>Proactive Resolutions</i> were also responsible for facilitating and presenting the Respectful Workplace Training to ASNSW staff. The training sessions focused on developing a culture which encouraged staff to behave respectfully toward others in the workplace. Participants received training in the steps for staff to raise workplace concerns and how to identify policies in their workplace that are directly relevant to workplace issues.</p> <p><b>(b) Implemented</b></p> <p>Executive management were trained as a priority and participated in the pilot RWT sessions in September-October 2008. The training was subsequently rolled out to staff and was completed in June 2009. A management representative opened and introduced each RWT session to attendees.</p> <p>Each Workplace and all Managers were provided with poster sized copies of the Raising Workplace Concerns Flowchart and the Grievance Resolution Flowchart. They are responsible for introducing these flowcharts to staff and displaying posters in common areas.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
	<p>(e) review existing resources for the management of bullying complaints and implement steps to ensure sufficient numbers of staff are able to handle and resolve complaints in a timely manner</p> <p>(f) formulate protocols for, and mechanisms to protect, confidentiality during investigations of bullying complaints, clearly identifying where confidentiality will not be kept (e.g. if a person discloses self-harm or a criminal offence); and</p> <p>(g) establish a grievance advisory service to provide independent, objective advice to complainants and respondents in relation to bullying complaints.</p>			<p><b>(c) Implemented</b></p> <p>Respectful Workplace Training (RWT) was presented to all staff. Participants received training in the steps for staff to raise workplace concerns (i.e. complaints, conduct issues and staff grievances) and how to identify policies in the workplace that are relevant to workplace issues.</p> <p>Executive management were trained as a priority and participated in the pilot RWT sessions in September-October 2008. The training was subsequently rolled out to all staff.</p> <p>As at the end of June 2009, approximately 90% of staff have attended the training sessions. Information is being collated on staff that were unable to attend RWT during the state-wide rollout and alternative options are under consideration.</p> <hr/> <p><b>(d) Implemented</b></p> <p>The Service's policy: <i>Promoting a Respectful Workplace – Raising Workplace Concerns (S.O.P.2009-011)</i> was issued on 1 April 2009. The policy provides a broad outline of the steps for staff to raise workplace concerns such as complaints, conduct issues and staff grievances.</p> <p>A one page Raising Workplace Concerns Flowchart and a one page Grievance Resolution Flowchart were developed and rolled out to the Service. The flowcharts are one page fact sheets which provide guidance on how to raise concerns and what action staff and managers will take.</p> <p>The Service's policy: <i>Promoting a Respectful Workplace – Preventing and Managing Workplace Bullying.(S.O.P.2009-063)</i> was published in November 2009.</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
				<p><b>(e) Implemented</b></p> <p>The Service has expanded the internal mediation capacity by providing clear processes for staff and management to resolve minor issues at a local level, with support from the Manager, HWS and the GCOs. Staff are encouraged to speak directly to the other person involved. If they are not able to resolve the concern, it should be discussed with the immediate manager.</p> <p>Serious concerns about conduct or repeated concerns about an employee's conduct should be dealt with by a Senior Divisional / Corporate Manager.</p> <hr/> <p><b>(f) Partially implemented</b></p> <p>The Service's policy: <i>Promoting a Respectful Workplace – Raising Workplace Concerns (S.O.P.2009-011)</i> was issued on 1 April 2009.. It refers to confidential advice and assistance available for all staff from their immediate Manager or the Workforce Unit. It is the Manager's responsibility to treat all workplace grievances seriously, impartially and confidentially.</p> <p>The Service's policy: <i>Promoting a Respectful Workplace – Preventing and Managing Workplace Bullying.(S.O.P.2009-063)</i> was published in November 2009 The policy states that all complaints of bullying or harassment are required to be dealt with in a confidential manner.</p> <p>Neither of these policies include specific reference to circumstances where confidentiality will not be kept (i.e. for self-harm/criminal offenses).</p>

#	Recommendation	Response / Agreed Action Plan	Due Date	Follow-Up Status
				<p style="text-align: center;"><b>g) Implemented</b></p> <p>The GCO positions were advertised across all Divisions and key areas. Interviews for the position were held in June-July 2009 and 18 have been appointed.</p> <p>GCO Guidelines and training for the GCOs were completed in August 2009.</p>
44	<p>In order to ensure the successful implementation of the "Just Culture" program, I recommend that NSW Health:</p> <p>(a) implement annual audits to monitor the performance of complaint management systems and compliance with agreed targets; and</p> <p>(b) measure its success in implementation by reporting on its progress in its annual report.</p>	<p>NSW Health will embark on a culture change process that includes a comprehensive training program and support for staff with improved procedures for managing bullying and complaints and evaluation of success through staff and patient surveys. Audits will be conducted with reporting through the NSW Health Annual Report.</p>	September 2009	<p><b>a) Work in Progress</b></p> <p>The PSCU is introducing a case management system to provide management information, including for audit purposes, information about case progress and outcomes. NSW Health has requested annual audits using such information to be reported annually starting in 2010 and PSCU is planning accordingly</p> <p><b>b) Work in Progress</b></p> <p>The PSCU provides a summary of complaints activity for the Ambulance Service's annual report each year. This will be extended with information from the new system above in 2010.</p>



# Appendix C: Statement of Responsibility

## Management's Responsibility

The management of the Ambulance Service of NSW is solely responsible for establishing and maintaining an effective system of internal control over its operations, staff management and grievance-handling processes, including, without limitation, systems designed to assure achievement of its control objectives, its compliance with applicable laws and regulations and its implementation of healthy workplace strategies.

## Deloitte's Responsibility

Our responsibility is to provide advice and recommendations, based on our experience and knowledge of the subject matter. For the avoidance of doubt, the procedures performed in carrying out this project did not constitute an assurance engagement in accordance with Australian Standards for Assurance Engagements, nor did it represent any form of audit under Australian Standards. We have therefore not expressed any form of assurance opinion on the findings, and none should be inferred from any comments in the above report.

## Inherent Limitations

Our Work is subject to the following limitations:

- Because of the inherent limitations of any internal control structure, it is possible that errors or irregularities may occur and not be detected. Our procedures were not designed to test the operation of management actions agreed or their effectiveness.
- The matters raised in this report are only those which came to our attention during the course of performing our procedures and are not necessarily a comprehensive statement of all the weaknesses that exist or improvements that might be made or management actions taken. We cannot, in practice, examine every activity and procedure, nor can we be a substitute for management's responsibility to maintain adequate controls over all levels of operations and their responsibility to prevent and detect irregularities, including fraud. Accordingly, management should not rely on our report to identify all weaknesses that may exist in the procedures under examination, or potential instances of non-compliance that may exist.

## Limitations on use

This report is made solely to the Audit and Risk Committee of the Ambulance Service of NSW in accordance with our engagement letter dated September 2008. It is for the purpose of examining progress and coverage of the Service's Healthy Workplace Strategies. It should not be quoted in whole or in part without our prior written consent. We disclaim any assumption of responsibility for

any reliance on this report to any person other than the management of the Ambulance Service of NSW, or for any purpose other than that for which it was prepared.

We disclaim all liability to any other party for all costs, loss, damages, and liability that the other party might suffer or incur arising from or relating to or in any way connected with the contents of our report, the provision of our report to the other party, or the reliance on our report by the other party.

## **Independence, Competence, and Experience**

All professional personnel involved in this engagement have met the independence requirements of the Australian professional accounting bodies. Our team has been drawn from our Risk Services – Business Process Improvement Practice and has the required competencies and experience for this engagement.

