

T R A N S C R I P T

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Ambulance Victoria

Melbourne – Thursday 5 June 2025

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WITNESSES

Michael Stephenson ASM, and

Paul Holman ASM.

The CHAIR: Welcome to the closed hearings of the Legal and Social Issues Committee. I declare open the Legal and Social Issues Committee closed hearing for the Inquiry into Ambulance Victoria. Please make sure that we have got mobile phones off and that any background noise is minimised.

I acknowledge the traditional custodians of the land and pay my respects to elders past and present and anyone that may be here today.

I will go towards introducing our committee. I am Joe McCracken. I am the Chair.

Ryan BATCHELOR: I am Ryan Batchelor. I am a Member for the Southern Metropolitan Region.

Renee HEATH: Renee Heath. I am a Member for Eastern Victoria Region.

Ann-Marie HERMANS: Ann-Marie Hermans. I am a Member for the South-Eastern Metropolitan Region.

Georgie CROZIER: Georgie Crozier, Member for Southern Metro, shadow minister for ambulance services.

The CHAIR: And we have got two members on Zoom as well. I will go to Sarah and then Jacinta.

Sarah MANSFIELD: Sarah Mansfield, Member for Western Victoria.

Jacinta ERMACORA: Jacinta Ermacora, Member for Western Victoria.

The CHAIR: Perfect. Thank you. We will give you both 5 minutes to give an overview of your submission and then take questions. Who would like to go first?

Paul HOLMAN: It looks like it is me.

The CHAIR: All right. Thanks.

Paul HOLMAN: Paul Holman. Just a quick background: I have got over 40 years in Ambulance Victoria. When I retired I was the state health commander and the director of emergency management. During my career I probably managed intensive care, air ambulance – most things that did not tie down.

One of the reasons that I am here today is really to give voice to a whole range of internal paramedics that do not feel that they have had a voice. The reason for my submission was a lot of feedback from them. I still mentor quite a number of still serving paramedics. So I thought what I might do in my 5 minutes is just read some of the messages that I have received from these paramedics, and then I am more than happy to answer questions on the submission itself.

I have picked three of them, because one is a manager, another one is a clinical leader and another one is someone who has been, unfortunately, unfairly victimised:

[QUOTES AWAITING VERIFICATION]

I have read your submission to the parliamentary inquiry into AV. Thanks for expressing so eloquently and succinctly what the root causes of our current predicament are. Focus on clinical excellence, patient care, timely response and ambulance availability is urgently required. Unfortunately, there are very, very few people left at AV who truly grasp our realities and have the requisite organisational memory and operational experience to turn this around, and most such people have been ignored or sidelined for simply telling the truth to power.

The second one is from a now serving manager:

I just wanted to thank you for submitting to the parliamentary inquiry and for sharing it with us today. What you have described is sadly very, very true for many of us, myself included, who are experiencing this, trying to manage it or both at the same time.

Sadly, the place is nothing like it once was, and we have significantly lost our way about what we are here for and what is important. We are far too busy creating spin and covering arse rather than doing the right thing and looking after our people and recognising effort, expertise and loyalty, all with zero accountability and what feels like no voice or avenue to challenge it.

The last one is quite concerning. This is a manager who was actually stood down for two years – just the most appalling thing I have seen in my career. He gave me a whole submission. I have just taken a bit of an excerpt:

Some middle and senior managers at Ambulance Victoria have been unfairly targeted by frontline staff and unions for simply doing their job, enforcing policies, managing budgets and ensuring service performance. Frivolous complaints have led to costly investigations, staff standdowns and operational disruptions despite evidence showing managers had acted appropriately. In some cases, staff colluded to remove managers who tried to address misconduct, such as falsified claims, misuse of rosters and unprofessional behaviour. This has harmed the managers' wellbeing, undermined leadership and diverted focus from community service. The situation is costing taxpayers millions and weakening AV's ability to respond effectively. It is time managers are empowered to lead, hold staff accountable and ensure AV operates in the best interests of the community.

That is one example of someone who was victimised and stood down. That would have cost AV in excess of \$1.5 million – that is just back-of-cigarette-packet calculations; it is probably a lot more – not to mention the financial and psychological harm that it did to that one individual, who is an Australia-wide renowned expert in his field, who was then just sidelined for the promotion that he should have got. Anyway, that is just another example.

Because of what I think the core issue is here, I want to quote from AV's submission itself, where it says:

The safety and wellbeing of our people is the number one priority of the leadership and Board of AV.

That is great, except if you try to run an organisation like the ambulance service – I look at it as three pillars that you need to run the ambulance service effectively. One is what they just said, which is the staff welfare, their terms, their conditions and all of those things that go into looking after your staff to make sure that they are okay. The second is the organisation – its structure, its leadership, its finances, its relationships with government its relationships with the community. And the third pillar is the patient. If any of those pillars gets out of whack – which I believe they sincerely are now – it affects the other two. And if you have a major focus on, if you like, staff welfare, it really affects the organisation and ultimately affects patient outcomes. It is seen in a whole range of things – the breakdown of discipline, the breakdown of standards, no accountability of staff for small things. I will just challenge you: when you have looked at ambulances with lights flashing recently, have you seen that they have got their sirens on? More often than not now they do not have their sirens on because it is not cool. However, that is the law and that is the OP. And that is just an indicator, a very low-standard thing that the paramedics have decided, 'Oh, well, this is what we'll do,' and that is basically what they are doing. So next time you see an ambulance coming up behind you with their lights going, ask yourself why they do not have their sirens on. I think I will just leave it there.

The CHAIR: Thanks so much. We will pass on to you, Michael.

Michael STEPHENSON: Thanks very much. Thanks, Joe. I appreciate the opportunity. Likewise, as Paul stated, I received a number of comments from people still working in the organisation who wanted me to voice their concerns, so I will do that and voice some of my own as well in terms of what I believe to be pretty dire circumstances for Ambulance Victoria at the moment. I reiterate what Paul said. There are two things to me that matter in the organisation. They are the care of the patient, so that has to be first and foremost, and then care of staff. I think in both of those cases the organisation is failing badly at the moment.

Remember right at this present time Ambulance Victoria has experienced record low-level performance, the worst it has ever been since its inception. If you go back to 2018–19, Ambulance Victoria met its KPIs for the first time in its history. There was something significant at that time in terms of the performance into 2018–19. There was significant investment into ambulance, granted, but the set-up of ambulance at the time, the establishment of the executive, the establishment of the organisation in terms of the way it worked and what it focused on – and it did focus very much on patient care and care of staff. That was after Ambulance Victoria had had a period of administration under Howard Ronaldson. I would say to you that is the most effective I have ever seen the place function. Howard – extraordinary brain, extraordinary capacity to focus the organisation, or narrow the focus of the organisation, to do what it was meant to do. It certainly lost its way subsequent to that time. What I would say to you is that is a significant failing of leadership, and I cannot see that what is being done at the moment is going to fix that in any way. I do not see anyone in the organisation who has the capacity to lead major organisational change or to lead through a time of significant disruption.

Certainly at the moment it is a very difficult time. There is an issue of transparency around ambulance performance at the moment. I think if you want a very good example, ambulance performance on the department's website is reported in seconds. Who understands what 50,000 seconds means? I mean, it is just ridiculous that we would report to the public in that way. So there certainly is not transparency of performance. The issues of performance, what is happening in terms of staffing and what is reported to public are of real concern, because it is not uncommon at the moment for Ambulance to be significantly understaffed. It is not uncommon for there to be almost no MICA paramedics on the road at night in Melbourne. Those things are not known to people; they are not disclosed. When issues are raised with Ambulance in public and in the media, the common rhetoric is, 'We'll investigate it and we'll get back to you.' No-one ever gets back to it. You never hear the answers to those questions – never. And so the rhetoric that the public hear is clearly misleading.

I raised in my submission the misuse of public funds, and I take that issue very seriously. This is taxpayers money. They are entitled to know where it goes, and they are entitled to think it is being used on an ambulance service. I raise the issue of VEOHRC, and I notice they have made a submission here. VEOHRC should be held to account for the disruption they have caused in Ambulance Victoria. They have cost millions of dollars to write a report, a report that was based on, in many cases, false claims, and what is wrong with that is the organisation knew those claims to be false at the time. They have been independently investigated by good, competent, independent investigators. The noise occurred in the media, Ambulance got VEOHRC in. VEOHRC cost millions to do a report. They then cost millions to do the monitoring and wrote a subsequent report to say that things were worse than they were before they came.

There was significant investment in the department to look after the issues that VEOHRC had raised, a significant amount of ex gratia payments to staff who were disgruntled – and none of that is seen in the public. There is no transparency about the money spent there – and there are millions and millions being spent – and the organisation is in a worse state. The quality of leadership has been driven by that report, and there are now statement appointments, if you want to call them those, so people placed in senior positions to make a statement. I can assure you that the workforce finds those statement appointments and the leadership very poor quality at this time. There is no-one in operational leadership in ambulance who has held a senior operational role prior to being at executive or acting executive level. Nobody. I have made the comment in my submission: there are many people in ambulance who do not come to work now because they will not work for those leaders. So they take long-term sick leave, years of sick leave, or years of WorkCover leave.

I know a number of senior managers, and Paul raised the issue of one, that particular case: stood down in October of 2022, given some spurious allegations in April 2023, returned to work in June 2024. A senior manager on more than \$250,000 a year, a cost to the state of more than \$300,000, has got to be backfilled, and then somewhere along the line someone has got to be backfilled on overtime. It ended up in the Fair Work Commission repeatedly, ended up nothing found, came back to work, reinstated, paid their legal fees, signed a deed of agreement to say they will not talk about it in public so that the organisation cannot be exposed for its wrongdoings and has lived through that misery for almost two years. That is one example – and I have got many. There are many of them.

This would be costing our AV millions of dollars a year for this sort of ridiculous behaviour. There is another very prominent case where someone took two years of WorkCover leave after being accused of something that they did not do, and it was to take the flak for a former CEO. There was meant to be an IBAC investigation. IBAC, as they often do, referred back to the organisation and said, 'Can you investigate and report back to us?' None of the people who knew the facts of that matter were ever interviewed, and yet someone was threatened to be terminated. They spent two years on WorkCover at an incredible cost to their mental health. Ultimately, in a court-facilitated mediation, they got an apology, got their legal fees paid and got reinstated into a job of their choice after two years off work. These are disgraceful, these things that have been happening in that organisation, and they will continue to happen because many of the people who have perpetrated those wrongdoings are still there. That particular last case was sanctioned by a former CEO, and the chair of the board was involved. None of the people who knew the facts of that matter were ever interviewed, and yet someone was threatened to be terminated. When Ambulance Victoria speak about that matter publicly, they say, 'Someone was investigated.' They know damn well that that person did no wrong and they know damn well that they should not have been investigated, but they continue to hold up and say a person was investigated.

It is absolutely disgraceful that people are treated in that way. I could go on all day about it, but I will not. And of course the public funding that goes into that, the amount of money that it costs the organisation and ultimately costs the taxpayer, is extraordinary. We have got people that are not coming to work, we have got people who have been stood down from work, we have got people who have been on WorkCover and we have currently got very senior managers who are not coming to work because they will not work for the current leadership.

A member: Wow.

Michael STEPHENSON: And of course if you have been in the job for 40 years, you have got a lot of leave. So you just take a couple of years off sick and then take a couple of years of long service leave and out you go. And there are plenty of examples of that – plenty.

The CHAIR: Are you happy to take questions now, Michael?

Michael STEPHENSON: Yes, certainly.

The CHAIR: No worries. I will start off. In your submission you said MICA staffing, particularly in the evenings, is pretty low – under 20 per cent at some points, you said. Where does that happen, and what are the consequences of that?

Michael STEPHENSON: Well, the consequence is you do not get a MICA unit. The consequences of not getting a MICA unit can be pretty grave. We are talking about an ambulance service that is regarded around the world as a terrific ambulance service and MICA care being the highest level of care you will see from an ambulance service anywhere in the world. So you are talking about intensive care level patients who need resuscitation who do not get resuscitated. Now, people get an ambulance, granted – mind you, it takes a long time to get an ambulance in Victoria at the moment; I think everyone understands that – but MICA units are there to support the advanced life-support paramedics and to provide life-saving care in critical illness. If they are not available, you just do not get it, you just get taken to hospital in an ambulance. You get high-level advanced life-support care – paramedics in Victoria are very competent – but MICA paramedics are the next level. We have the system in place for a reason: because it is known to work. We are talking about one of the safest cities in the world and one of the safest states in the world to have a cardiac arrest. That is because of the care that is offered, and MICA provide the high-level care. You have got now situations where a MICA unit would normally be dispatched – it will not be dispatched. Ambulance paramedics want a MICA unit to support them after they find a sick patient. They do not get one. What we have resorted to in Victoria is then only turning MICA paramedics out to cases of actual cardiac arrest or cases where paramedics asked for them, rather than dispatching them pre-emptively. Now, MICA paramedics at the moment are very grateful for that because they have been overworked, because they have been running around chasing their tails forever because they are so short-staffed. Staffing is being improved, and I am well aware that that is going on, but nonetheless people still are not coming to work and so you are not getting the highest level of care. The state is paying for it; taxpayers are paying for it. They are not getting it.

Paul HOLMAN: Particularly Friday and Saturday nights. There is no accountability.

Michael STEPHENSON: In these things there is no transparency around staffing. There was an article in the press about MICA staffing in Geelong one night. That is every night; it is somewhere every night. So it gets a run for a day, but in reality if someone had said, ‘Well, what was MICA’s staffing in Melbourne like last night?’ it would have been exactly the same or worse, and that is the norm. Again, as I said, there is no transparency. The community do not know what they are not getting, and they should. They are paying for it; they are not getting it.

The reality of it is, if you believe in the system, if you believe that you need MICA paramedics, well, then they should be there. I was a MICA paramedic for a long time, and a proud MICA paramedic, and you do save people’s lives. That is the reality of it. Every now and again you get to genuinely save someone’s life, and it is the greatest thrill you will ever have. But if you are not there, you cannot do it. It is as simple as that. So if we believe genuinely that MICA paramedics save lives, then them not being available means that lives will be lost. It is as simple as that.

And I can assure you in this system, over time and particularly sort of pre COVID and through COVID and now, there are patients dying all the time. Patients never died on ambulance stretchers. Now they do, in hospitals. Never. In my career I remember it happening once, and it was outrageous. It caused enormous consternation. During COVID, subsequent to COVID, people died on ambulance stretchers all the time. I know when I was raising those issues during COVID I was asked not to raise them, not to make them public. I was directly asked by the [REDACTED] of the organisation, our organisation, because the department had asked for me, in meetings of health professionals, not to talk about it.

There are people dying unnecessarily; there have to be. And if you think, if you have a performance target of 85 per cent of all code 1 cases across the state and you are at 64 per cent, why say 85? If you are not worried about 64 per cent, why say 85 per cent? Eighty-five per cent was an arbitrary number, but what I do know is when we were running at 85 per cent the noise goes out of the media, you are not getting complaints from the public, cardiac arrest survival is high, people are happy at work. You are actually getting to patients. So I cannot for the life of me believe that the community is safe at 64 per cent. They cannot be.

The CHAIR: I have only got about 30 seconds, so quickly, Paul, I will ask you. You mentioned in yours that merit-based advancement is overshadowed by non-operational considerations and the prerequisite of paramedic experience and qualifications is ignored. Just quickly.

Paul HOLMAN: Yes, it is the biggest issue, I think. It started in the 1990s, when someone thought it was a good idea to change our culture. We have had everything from nurses, accountants, HR, police and firemen all put in senior operational paramedic positions, and it continues today. Just recently we had a chief superintendent or assistant superintendent of police that for 18 months was the [REDACTED]. All good people, but they are not paramedics.

My issue is not only that, but it is also the make-up of the board. If I look around this table here, there are a whole bunch of educated, qualified people in terrific fields, I am sure, but if I made you the board of the ambulance service tomorrow? And that is what we have done. There is no-one on the board of Ambulance Victoria that has any knowledge of prehospital care or paramedicine in any way, shape or form. Until recently there have never even been paramedics. The senior, the executive and the leadership have all been non-paramedics. It is a recipe for disaster. It has not worked for 20-something years. I do not know why we keep doing the same sort of thing. It would not be tolerated in the police force. If I went to the police force to be chief superintendent, and I am the one of the most qualified paramedics in the country, would I get a job in the police force? Would I get a job as a director of nursing? Yet we have got it. At the present moment we have got a [REDACTED] who is a [REDACTED] at Ambulance Victoria.

The CHAIR: I am going to pass you over to Mr Batchelor now.

Paul HOLMAN: Certainly.

Ryan BATCHELOR: Thanks very much –

Paul HOLMAN: Just cut me off, because I will talk all day. I will not be offended.

Ryan BATCHELOR: We are in the Chair's good hands on that front. Mr Holman, Mr Stephenson, thanks so much for coming. Mr Stephenson, you were one of the former senior leaders of the ambulance service.

Michael STEPHENSON: Correct.

Ryan BATCHELOR: When did you finish up?

Michael STEPHENSON: The start of 2023.

Ryan BATCHELOR: So some of the things you talked about were occurring during the time that you were in a leadership role.

Michael STEPHENSON: Correct.

Ryan BATCHELOR: What were the circumstances that you finished up on?

Michael STEPHENSON: I finished up after having a pretty nasty dispute with the organisation actually, but I finished up with a redundancy, which I was very happy to leave with.

Ryan BATCHELOR: What was the dispute about?

Michael STEPHENSON: I had some allegations put to me about workplace misconduct, and they changed over time. I never got to see who made a complaint about me or what the real complaint was. I was not allowed to see the report. In the end, as I said, I settled on a redundancy in the absence of seeing that report.

Ryan BATCHELOR: To what extent do you think that the circumstances that led to your departure have influenced your perceptions of the organisation and the evidence?

Michael STEPHENSON: I do not think they have influenced it at all.

Ryan BATCHELOR: They have not?

Michael STEPHENSON: No. I left it feeling very positive to have left, and I have had a pretty good time since. I do not bear any animosity to the organisation. I think there were some people at the time who did what they did. I think, you know, the changing mood –

Ryan BATCHELOR: What do you mean ‘did what they did’?

Michael STEPHENSON: Well, I probably knew 18 months, two years out before I left that I was probably going to be leaving and I probably was not going to be leaving of my own volition. It was made clear to me at one stage that I was the wrong gender and the wrong age at the wrong time.

Ryan BATCHELOR: So nothing happened that initiated your departure?

Michael STEPHENSON: Sorry, so nothing happened?

Ryan BATCHELOR: Yes.

Michael STEPHENSON: No, no, no. I thought my career was probably – certainly as an executive, and I tried to come off the executive probably 18 months before I actually left anyway. That just was not facilitated to the extent that I was hoping, because I suppose we got tied up; we were busy. But as I said, I had some allegations put to me. They were, from my point of view, absolutely false. As I said, the ones that I could categorically prove were false were withdrawn, and then I just got some that I could not possibly contend with because they just were not something I could say did or did not happen. I could not prove it, whereas the ones I could prove just disappeared.

Ryan BATCHELOR: What was the nature of the allegations?

Michael STEPHENSON: The first one that was put to me was that I was involved in a brawl at a conference in a public space, with CCTV, at an awards night – absolute madness. The next one was that other people misbehaved but I did not do anything about it. What the misbehaviour was I do not know, but nonetheless. And the third one was that I made an inappropriate comment to someone.

Ryan BATCHELOR: Mr Holman reflected on the need to change the culture at Ambulance Victoria. Do you think that as a leader you bore any responsibility for the culture at Ambulance Victoria that Mr Holman thinks needs to change?

Michael STEPHENSON: Yes, I did. Categorically I did, and I think if you speak to people in the organisation, they will say I was one of the leaders of good culture, and I was a firm believer in that. I think if you talk about equity and fairness and the quality of leadership, I would stand firmly on the way that I led.

Ryan BATCHELOR: Your submission talks about the likelihood of corrupt conduct at Ambulance Victoria. Did you make any complaints to IBAC about that conduct or make any public interest disclosures about the conduct you witnessed?

Michael STEPHENSON: No. I was not an employee at the time that I make those comments about now. That is about conduct that has been going on recently.

Ryan BATCHELOR: So the conduct you refer to, that you allege as being corrupt, did not occur while you were there?

Michael STEPHENSON: Not that I am aware of, no.

Ryan BATCHELOR: So how do you have knowledge of it?

Michael STEPHENSON: Well, people have disclosed that to me since, subsequently – people from inside the organisation, both in the people and culture area as well as people who have been affected by it.

Ryan BATCHELOR: And have you made a complaint to IBAC about that culture, about that conduct?

Michael STEPHENSON: No, the people who actually know the detail and have been subject to it should make that complaint as far as I am concerned, given that they have the direct knowledge.

Ryan BATCHELOR: Do you think that if there is corrupt conduct occurring at Ambulance Victoria, it should be referred to IBAC for investigation?

Michael STEPHENSON: Yes, I do.

Ryan BATCHELOR: Have you done that?

Michael STEPHENSON: No, I have not.

Ryan BATCHELOR: Briefly, Mr Holman, you talk about the problems of diversity metrics on boards. What is the problem with diversity on boards?

Paul HOLMAN: Nothing – nothing at all. I applaud diversity, and certainly within an ambulance service we need diversity. What I am on about is that we can have diversity but we need someone who actually understands the business. For example, Mr Batchelor, if we started a building company and we had 5000 employees and we put a board on and not one of the board members knew anything about building, how do you think we would go?

Ryan BATCHELOR: You are the one giving evidence, Mr Holman.

The CHAIR: I will leave that as a rhetorical there. I have got to move on. Ms Crozier.

Georgie CROZIER: Thank you, Chair. Thank you, gentlemen, for being before us – it is very enlightening. You both have extensive experience of being paramedics in this state for many, many years and I want to thank you for your service and for being before us and being so candid. Could I just ask, following on from Mr Batchelor's questioning around the misconduct – and just to go to your point, Mr Stephenson: people within the organisation are coming to you because you have mentored them in the past, you have worked with them in the past, you have been in those senior management positions, and they are coming to you because they do not feel safe to speak to anyone in Ambulance Victoria. Is that what I am assuming from your evidence?

Michael STEPHENSON: That is correct, yes. And I still have people that I mentor. I mentor people that want to be promoted and so on that still come to me for advice and help, and I coach people who ask for help. A number of times I have had lawyers that are representing people inside the organisation call me and ask for advice or ask for counsel on certain issues. So that is how I know about it.

Georgie CROZIER: Okay. And just in relation to the paramedic who took the flack of the CEO, I think you said – that issue should have been referred to IBAC – can you just expand a little bit more on that and what you know?

Michael STEPHENSON: Well, the reason the investigation occurred was because IBAC came back to the organisation and said they had a complaint, so they asked the organisation to investigate it. As I said –

Georgie CROZIER: So IBAC came back to AV to investigate.

Michael STEPHENSON: Yes, which is common.

Georgie CROZIER: Yes.

Michael STEPHENSON: So they go, ‘Well, we won’t look at it, but will you look at it and get back to us?’ That is the norm; more often than not when issues are reported to IBAC that is the way they are managed. Very rarely I think do they get involved themselves unless they absolutely have to, as far as I know.

Georgie CROZIER: That CEO is now gone. We have had a revolving door of CEOs.

Michael STEPHENSON: Yes.

Georgie CROZIER: Is anyone in the organisation left who was involved in that particular complaint?

Michael STEPHENSON: Yes.

Georgie CROZIER: Okay. Can I move on to the issue around the MICA staffing. You say every night there are shortages, and the –

Michael STEPHENSON: I think, Georgie, it would be unlikely that you would have a full complement of staffing on any given night, yes.

Georgie CROZIER: You say transparency, the reporting – it is just not there. We do not understand exactly the true situation of what is happening within AV across the state and the response times. We know that. As you said, 64 per cent is a woeful target, or 66 or whatever it is currently; they are not meeting their targets. But in relation to those, you said people are dying on stretchers. Is it your understanding, from who you speak with now, that that is a regular occurrence?

Michael STEPHENSON: Well, it was happening when I was there. It started to happen, particularly during COVID, and just the significant backlog in relation to ramping. I have raised the issue of ramping in my submission. It is a really significant issue, and it is a worsening issue.

Georgie CROZIER: The ramping is still occurring every single day.

Michael STEPHENSON: Ramping is out of control. I mean, it is an incredibly dangerous circumstance. You have got people who have got significant illnesses and are significantly unwell ramped on ambulance stretchers, being cared for by paramedics when these patients are there to be admitted to hospital. It is a problem not just here obviously, but it is a problem that has become incredibly problematic in Victoria. If you look, there is a report provided to the department and to the government – or there was – every week on hours lost in ambulance ramping beyond 40 minutes. Now, 40 minutes is a generous timeline anyway, so every minute beyond 40 minutes is accounted and reported.

Georgie CROZIER: What is that report called?

Michael STEPHENSON: I cannot remember, Georgie. There is a report provided –

Georgie CROZIER: From AV to the department.

Michael STEPHENSON: Yes, to the department every week on hours lost and so on. I formulated that report in the first instance, so that is where it originated from.

Paul HOLMAN: If I could just jump in – one of the issues of why you do not have staff is because staff are going off sick. One of the reasons they are going off sick is because they spend their shift ramped at hospitals, and they do not want to come to work because they want to come to work to look after patients, they do not want to come to work to spend hours there. I think the average – I do not have the exact figures, but they are only doing one or two jobs a shift.

Georgie CROZIER: I have heard that; paramedics have spoken to me about that. There is a problem within the system and a problem within the hospital system to get people through. Can I just go quickly to the misuse of public funding in relation to that and the rostering. I am really concerned about the abuse of rostering. Can you quickly explain that?

Michael STEPHENSON: The abuse of rostering?

Georgie CROZIER: You said:

... misuse of public funding and the service that is on the road and in the air is rarely, if ever, functioning at funded levels.

Can you explain that?

Michael STEPHENSON: The organisation is funded to provide a certain level of ambulances on the road or in the air on any given day. Rarely is that service functional. It is not functioning at the level it is funded at. So where does the funding go? There is a lot of overtime, obviously. There are a lot of people being paid on sick leave. As I said, we have got people who do not come to work for years on end; they are being paid, so you are not getting the service that you are paying for.

Georgie CROZIER: Is there a problem with the rostering?

Michael STEPHENSON: Categorically there is, because 14-hour night shifts, which still occur, are just madness, and everyone in the organisation will tell you that. One of the reasons MICA is harder to staff than ALS units is that MICA rosters have traditionally remained in the 10–14 pattern, which is undesirable, and you are more likely to have people off sick on their second night shift than you are if you are working an afternoon and a night, for example. So rostering at MICA, which has historically been difficult, remains that way by and large – and rostering generally. But the reality is you have got to provide a service at night, and often patients are sicker at night – the workload is higher at night. So the service has to be provided, but rostering generally – there have been attempts at trying to fix rosters for years and years, but they do not seem to have gotten very far.

The CHAIR: We might have to move on from this.

Georgie CROZIER: Thank you both very, very much.

The CHAIR: Ms Ermacora.

Jacinta ERMACORA: Good morning. Thank you for your contribution. A couple of questions: I am just interested to know, Mr Stephenson, if you were actually involved at a senior level in decision-making regarding staff welfare or performance targets during your time at Ambulance Victoria?

Michael STEPHENSON: Yes, absolutely. Yes, I was.

Jacinta ERMACORA: So how do you reconcile that with your current criticisms of some of the same systems that you were once responsible for implementing?

Michael STEPHENSON: I am not sure the systems are the same. As I said to you, in 2018–19 we actually hit KPIs and actually met all our performance targets.

Jacinta ERMACORA: But you are no longer there, so are you saying your information might not be up to date?

Michael STEPHENSON: No, my information is up to date. Performance is clear. Performance is published publicly. We have gone from 85 per cent to 64 per cent or 66 per cent, so that is quite clear. I know in my time in the organisation at a senior level our WorkCover premiums came down for the first time ever. There were all sorts of targets that we measured in relation to people and performance. My view of it is at the time, as I said, probably under the initial stewardship of an administrator the organisation got itself straightened out and those two things became a significant priority and there were improvements. We have seen significant deterioration in those markers since in recent years.

Jacinta ERMACORA: Were there any recommendations made about cultural reform or leadership changes at Ambulance Victoria that related to your own role?

Michael STEPHENSON: I am not sure what your question is. Sorry, Jacinta.

Jacinta ERMACORA: The outcomes of the inquiries and complaints to you.

Michael STEPHENSON: Sorry, inquiries and complaints to me?

Jacinta ERMACORA: You referred to them at the very start of your first 5 minutes.

Michael STEPHENSON: Are you talking about the equal opportunity and human rights commission report?

Jacinta ERMACORA: Yes. Were there any recommendations made about cultural reform in relation to your own conduct?

Michael STEPHENSON: No.

Jacinta ERMACORA: Thank you.

Michael STEPHENSON: My role was singled out as one that had not been occupied by a woman previously, but that was the only mention of my specific nature in my understanding. And the equal opportunity and human rights commission report does not contain all the information. It is very single sided, the information. I know the commission said to me when they spoke to me that they were looking forward to speaking to me because they had heard a lot of positive feedback about the way I had managed culture and managed people inside the organisation, so I certainly did not have anything to fear from the report.

Jacinta ERMACORA: You mentioned gender or a position occupied by a woman. What did you mean by that?

Michael STEPHENSON: My role was singled out as one that had never been occupied by a woman.

Jacinta ERMACORA: Right, okay. Would you agree that the government has taken a number of steps to improve culture and safety and accountability in Ambulance Victoria and implement the recommendations from independent reviews?

Michael STEPHENSON: I make no criticism of government, because the people that I have worked with in government have been very capable and competent, particularly the ministers that I have worked with. Yes, there have been efforts to implement changes. What I would say to you at the moment is if you talk to people inside the organisation they will say it is in its worst ever state. I am not sure it has got anything to do with government. I think it has got to do with the organisation. Government funds the organisation appropriately. We all understand funding is difficult in any public sector organisation, but the organisation is funded to do its work. It is up to it to do its work, not the government to do the work. As I say to you, good people will say to you the place is in its worst ever state and its performance is at its worst ever. That is not in dispute; it is a historically poor performance.

Jacinta ERMACORA: Have you had direct involvement in any cultural safety initiatives rolled out since 2022, and if not, are you actually across the content of them?

Michael STEPHENSON: I am across the content involved to the extent of what people tell me and I was involved in some of those things, but I think you will find that the subsequent VEOHRC review suggested that things had not improved. It really does not concern me what is in a report in relation to cultural safety. I think we have got plenty of evidence that the place is not safe culturally, by people being stood down for years on end.

Jacinta ERMACORA: Just to clarify that answer, you have informal knowledge but not formal internal knowledge of the outcomes of the cultural reform?

Michael STEPHENSON: That is correct.

The CHAIR: I am sorry, Ms Ermacora, we are going to have to move on to the next one. I am afraid your time has run out. Dr Heath.

Renee HEATH: Thank you both for your submissions and for coming today. Obviously we have been talking about the major issues that we are facing right now. Do you think potentially that diversity is being elevated as something more important than expertise within the board?

Paul HOLMAN: Look, the reason I focus on the board is because the board sets the strategic direction and, if you like, the culture of the organisation. Then it goes down into the senior leadership and then going down. At the moment they do not actually understand paramedic culture, and that is the issue. The issue is when you talk to the paramedics on the ground and the middle managers and the ones that do the work on a daily basis, and I will use Mick as an example. I was in charge of MICA – or there was not a MICA department; they had got rid of it. Then they decided they would put it back again. They gave MICA to me and said, ‘Fix it. We’re on the front of the papers every day.’ I cannot even remember the government at the time, but it was a shitshow, excuse the expression. I was tasked with putting it together, and I went out and I said, ‘Who are the guns? Who are the clinical leaders in the organisation?’ I did not know Mick at the time. Mick was one person identified, and [REDACTED] was another one. I then employed those two and formed a department with the clinical leaders.

Renee HEATH: And expertise.

Paul HOLMAN: Expertise. People look up to them, and they still do. Clinical leadership is what the paramedics defer to.

Renee HEATH: And that is missing at the moment.

Paul HOLMAN: That is not there at all, so that respect – you cannot lead without that.

Renee HEATH: You both spoke about a time when AV was hitting all of its goals, when the culture was a lot healthier than it is today. Are you aware of what the make-up of the board was then? Was it people with clinical expertise?

Paul HOLMAN: I cannot recall. I know one of my good friends Professor Joe Epstein, who was the founder of the college of emergency medicine, was on the board. I think Dr Steve Bernard was on the board – again, an ambulance service medical officer and someone who was directing clinical expertise in ambulance. We have had ex-paramedics on the board at some times. As I said, the board does need to be diverse. That is not an issue with me. What I am concerned about is that there is no-one that has any experience of ambulance or pre-hospital care, and that then moves down to the CEOs and moves down to the senior leadership. Paramedics will not work for these people. They will not.

Renee HEATH: Yes. Were you actually told, Michael, that you were the wrong gender? You said the wrong age, wrong gender – those are things you were actually told?

Michael STEPHENSON: Absolutely I was.

Renee HEATH: Right.

Georgie CROZIER: Discrimination.

Renee HEATH: Yes.

Michael STEPHENSON: Yes, and I know where I was the day I was told and what time I was told. I know where I was sitting when I was told it. I was having a conversation about my future. I had been in a position where I had been told that I would logically ascend to the COO and CEO positions and there was planning being done for that. It does not matter whether I wanted it or not, so I am not going to make any statement about whether or not I was capable of it or whether I should have been. That is not of interest.

Renee HEATH: But those are things you were told.

Michael STEPHENSON: Clearly I was told that; absolutely I was. I had wanted to come off the executive and go back on the road as a MICA paramedic and finish my career on the road, and I was told at one stage, very clearly – again, I know where I was; I know the day and the time and where I was sitting – that it would not look like the organisation had done enough for VEOHRC if I did that. That is a quote.

Renee HEATH: Right. So those things seem to be more heavily weighted than the things that actually produce outcomes for patient safety, like expertise.

Michael STEPHENSON: I do know – and again it is second-hand, because people have told me that this is what they were told – when the last [REDACTED] was appointed the [REDACTED] said to applicants, ‘We’ll be making a statement with this appointment.’

Renee HEATH: Right, okay. And those are the statement appointments that people really are not happy to go and work under.

Michael STEPHENSON: Correct.

Renee HEATH: So that would be contributing to a huge financial burden for AV, because you have got all those people off on sick leave and blah, blah, blah but also just incredible staff shortages.

Michael STEPHENSON: Yes. I mean, every time someone is not there, someone has to backfill their position and ultimately what that leads to is one less paramedic on the road. Your staff are a deficit to some extent, but you are funded for what you are funded for, so you cannot have any more than you are paid for. That is the reality. And the organisation I think from my perspective when I was there was very financially responsible in that sense.

Renee HEATH: Yes. Okay. Thank you.

The CHAIR: Okay. Thank you. We will move on to Dr Mansfield.

Sarah MANSFIELD: Thank you, and thank you for your appearance today and your submissions. I will direct both of my questions to both of you, and feel free to both answer or for one of you to take the question. Your submissions touch on a whole range of organisational concerns that you have. Some of them I think are possibly related to individual styles and approaches of people in roles and some of it might be cultural, but what I am interested in is: are there structural changes that you think are required within Ambulance Victoria to overcome some of these challenges that you have identified?

Paul HOLMAN: I will go first. Yes, definitely. As I said, the need to refocus on what the core mission is – what is the core mission of the ambulance service? Again, while I applaud diversity and I applaud a lot of the programs in there, I think I have put it in my submission – response times, paramedic wellbeing, patient outcomes rather than social re-engineering. It is about: what is our business, what are we here for and what do we want to do? They have lost sight of what they want to do, and the paramedics on the road see that. And the accountability for the paramedics on the road – discipline, if you like – is shocking. Example: I am advised by one of my middle manager colleagues that they are losing up to 20 hours a day with people not turning up for work on time – 20 hours of response time a day, with no accountability. And they are only all the little, small things. My granny used to say, ‘In for a penny, in for a pound.’ It is all the pennies and all the little things that are impacting the culture all the way up. Standards need to be – I hate the word ‘enforced’ – led and lived, and they are not at the moment.

Michael STEPHENSON: I think, Sarah, clearly when an organisation is not functioning well, you look to the structure, and what that structure looks like I am not sure, but there is quite a lot of commentary from inside the organisation at the moment about the way it is structured. So it is clear and it is obvious to people that the structure is probably not right. I mean, obviously – and I said it, I think, at the start – you have to have people in the organisation and you have to have a board that is capable of major organisational change and transformational change and a leadership at the executive that are capable of that, and that that is not the way people are perceived in that organisation at the moment. I do not think you have got a leader who is obviously capable of major transformational change. So that, structurally I think, needs to be resolved.

I go back to the position I put at the start when Ambulance Victoria was under administration: it is a pretty uncomfortable place to be when you have got one person breathing down your neck constantly. I might say it was the best period I ever experienced at work and the most learning I have ever had from anybody. But that individual set the organisation up for success because they knew how to, and I have not seen that subsequent to that time. As I said, it was not a comfortable time because we got picked apart, and I think when Howard was sent to Ambulance Victoria he was sent to pull the place apart. But I might say he straightened us up, got the place well aligned, got people working well together and got the organisation focusing on patient care and the wellbeing of the staff, and those two things obviously are incredibly important. So I think there is room for structural change, and as I said, you need a transformational leader. I do not know what you do about that, but

anyway, that would be my approach. If Howard Ronaldson was up for it and I was king for the day, then I would put him back in the spot.

Sarah MANSFIELD: It is interesting, I guess with my question I was sort of wanting to explore – and I think you said that you have recognised that maybe there is a structural change that is needed, something that goes beyond the individual personnel, because obviously if you are reliant on an individual figure, when that changes over, if there are deeper structural problems within the organisation, then perhaps it does not really matter who you have in the role; those issues might persist.

I will move on. I think many of the submissions have really highlighted the fact that demand, particularly during COVID and subsequently, has remained at extraordinarily high levels and there have not necessarily been major service changes in response to that. What do you think needs to be done to deal with the fact that there is just so much more demand on the ambulance services at the moment?

Michael STEPHENSON: Well, I think we need to be clear about the facts of that matter. The demand during COVID fell and fell quite significantly, so it should have been an easier time for ambulance. It took longer to deal with individual patients, but demand fell and fell considerably; at one stage it was down nearly 30 per cent. So you need to look at the numbers pre COVID and now and actually look at what demand is. The reality of it is you have actually got probably the right amount of people or more than the amount of people you need, you have got the right amount of funding, you have got the right amount of ambulances, but they are not working as ambulances; they are standing in queues at hospital. So that is the single big issue. That is where the money being wasted; that is where time is being lost.

The CHAIR: Mr Stephenson, we might have to go in a Mrs Hermans now. Thank you.

Ann-Marie HERMANS: Michael and Paul, I just first of all want to thank you for your hours of service and for caring enough about your vocation and your colleagues and former colleagues that you are prepared to come forward and put in a submission like this and meet with us today. We do appreciate it. Now, just quickly on a number of things: you did mention, Michael, an IBAC investigation. Which particular investigation were you referring to?

Michael STEPHENSON: I was referring to an investigation which ultimately resulted in the [REDACTED] being threatened with termination or maybe even being offered termination in relation to the organisation of guards of honour for two paramedic funerals or post funerals – it was after the funerals. Guards of honour were established for two paramedics who had committed suicide.

Ann-Marie HERMANS: Okay. You also mentioned that there was a time when AV was under administration. Do you think that things would improve if it went under administration?

Michael STEPHENSON: I have no doubt it would. It is the most effective time I have ever seen in ambulance – just good-quality leadership and straightening the organisation up to focus on its priorities. I think it has clearly lost its way at the moment.

Ann-Marie HERMANS: Yes. Thank you. You also mentioned that middle and senior management has been targeted with operational disruptions by frontline staff and by unions for doing their job, and in your report you have kind of mentioned that staff have been targeted by executive management. You have mentioned some of your own experience in this, perhaps, in terms of your sense of feeling discriminated against for not being the right gender or not being the right sex at the time. Would you have any other examples of what actually happens? In what way are staff and management staff – middle management and senior staff – targeted by executive management? Are there any other examples of that?

Michael STEPHENSON: This does not need to be about me, Ann-Marie. As I said, I am very happy to have gone and had a great career. I enjoyed myself and actually left feeling good about things despite the way I left, so there is no concern about me at all. I understand when you are in a senior position that these things happen, yes, so I get it. I do not like the way people behave necessarily, but nonetheless it happens, and I was expecting it to happen. There are a couple of examples. I have given the example of a [REDACTED] who was off for nearly two years, that Paul mentioned – the [REDACTED] who was off for two years on WorkCover. There are a couple of very good cases of people who worked in the peer support program who were stood down for long, long periods of time, again with spurious allegations that could be completely

refuted. But nonetheless, they were off work for long periods of time. There are numerous cases, and what I think needs to be done is that you say to the organisation, 'Show me all the people that have been stood down. Show me how long they have been stood down for. Tell us the cost of this and tell us the outcomes,' because the large majority of people return to their jobs.

Paul HOLMAN: One of the things I would ask for is: how many deeds of release have you signed in the last decade, how many of those secret agreements? It is significant –

Michael STEPHENSON: People are silenced by signing those agreements. You get your money back – sometimes. You get paid out if you leave or whatever it is and then you sign a deed of release to say that you will make no comment about it. There are many of them. These are a couple of good examples. I mean, those people have signed agreements to get their legal fees reimbursed, and the legal fees would be extraordinary.

Ann-Marie HERMANS: I guess the question I then have is: if we have got a number of people that are out on, let us say, WorkCover or that are having to sign these agreements, other than perhaps the financial benefit of not working and being paid, is there any other benefit, if they are away and they have got that time out? What do you think? It is obviously in the culture, but what is the benefit from this type of procedure? Why do you think systemically this is happening?

Paul HOLMAN: It is a toxic workplace. If you read any organisational manuscript and you read the description of a toxic workplace, unfortunately, it certainly is at the moment, and it has been in the past, I can say. Over my 40 years I have seen this before. It is a toxic workplace. It is usually individuals, usually about power, usually about maintaining their position and particularly, if you like, behold to the government of the day.

Ann-Marie HERMANS: It is basically trying to keep things on the down low so that people do not find out what is going wrong, and this is a way of doing it. Would you say that that is –

Michael STEPHENSON: I might say, Ann-Marie, I know people are paid whilst they are off work, but if you are away for two years, isolated, it is cruel. It is cruel and unnatural punishment, and the fact that people have not killed themselves in that period of time is by sheer luck. When I say I am still connected to people, I have spoken to those people while they have been off – people at their lowest points – and as I say, it is cruel and unnatural and completely unfair.

The CHAIR: We have run out of questions from the committee members, but I will ask: does anyone else have any last questions at all before we finish up? Ms Crozier.

Georgie CROZIER: Yes, thank you, Joe. We have got a couple more questions. Collectively, how much experience between you have you got?

Paul HOLMAN: 43 years.

Michael STEPHENSON: 26.

Georgie CROZIER: Thank you. You have talked about that toxic culture, and you have talked about how many have been stood down. What is your understanding about how many paramedics have been stood down, because of these allegations that have been put to them, in recent years? Have you got any understanding of what that is?

Michael STEPHENSON: It is many.

Paul HOLMAN: It is a lot.

Georgie CROZIER: Dozens?

Paul HOLMAN: It is dozens.

Georgie CROZIER: Dozens, hundreds?

Michael STEPHENSON: Dozens, I would say, yes. What came of the VEOHRC review was that if someone made an allegation, almost always the person that the allegation was made against was then stood down.

Georgie CROZIER: Automatically stood down – was it automatic?

Michael STEPHENSON: Yes, it was almost automatic, so what you needed to do was get in first. There is a bit of a joke that runs around the ambulance service at the moment that if you make a complaint about yourself, you get two years off. If you want to have a couple of years off, you make an anonymous complaint about yourself, and then it gets investigated and you get returned to work.

The CHAIR: I will just quickly ask Mr Batchelor if he has any last questions at all.

Ryan BATCHELOR: When did they start, the problems with culture?

Michael STEPHENSON: When was the organisation founded?

Ryan BATCHELOR: This is what I am trying to get to, right? You have given quite compelling evidence about cultural problems in the organisation. I think what we are trying to get to is: is it 24 months or is it 24 years or somewhere in between?

Michael STEPHENSON: I think if you talk to people at the moment, they will tell you the last couple of years have been the worst it has ever been. From my point of view –

Ryan BATCHELOR: ‘The worst it has ever been’ – was it ever good?

Michael STEPHENSON: Yes, I think it has been good.

Ryan BATCHELOR: When?

Michael STEPHENSON: Look, I spent probably 20 years there in what I thought was a good culture.

Ryan BATCHELOR: What was good about it?

Michael STEPHENSON: Good camaraderie. People were fair to each other, did not care what colour you were, what gender you were, what your sexual preference was; it just was not a concern to anyone. People were devoted to patient care. People enjoyed getting out. When their pager went off or their radio went off, people got up out of the chair and went and did their job.

Ryan BATCHELOR: So what you think changed? Two years ago what changed?

Michael STEPHENSON: I can tell you there was a significant change in mood in the place after VEOHRC had been through. A whole lot of good people felt wrongly targeted, and a whole lot of people who the report was meant to represent – for example, good women in the workplace – felt completely disgruntled, felt like they had been misrepresented.

The CHAIR: We might have to leave it there, I think. My understanding is that you were both happy to have your name on the record, or is that incorrect?

Paul HOLMAN: I am happy to have my name on the record.

The CHAIR: On the witness transcript?

Paul HOLMAN: Yes.

The CHAIR: Is that right?

Michael STEPHENSON: Yes. I am happy to be on the witness transcript.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

The CHAIR: [REDACTED] Thanks very much for your time anyway, gentlemen. We appreciate your presence here and your evidence. We will end this session.

Witnesses withdrew.