

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

Pierce Tyson, Victorian Lead, Ambulance Managers and Professionals Association,

Ian Hunt, Delegate, Ambulance Managers and Professionals Association, and

Neil Blanchard, Delegate (*via videoconference*), Ambulance Managers and Professionals Association, Professionals Australia.

The CHAIR: Welcome this morning. I am Joe McCracken, the Chair. I am going to go around and introduce the committee members, and then I have got to read out a thing. Joe McCracken, Western Victoria.

Ryan BATCHELOR: Ryan Batchelor, Southern Metropolitan Region.

Renee HEATH: Renee Heath, Eastern Victoria Region.

Ann-Marie HERMANS: Ann-Marie Hermans, South-Eastern Metropolitan Region.

Georgie CROZIER: Georgie Crozier, Southern Metro, Shadow Minister for Health and ambulance services.

Rachel PAYNE: I am Rachel Payne from the South-Eastern Metropolitan Region.

Sarah MANSFIELD: Sarah Mansfield, Member for Western Victoria.

The CHAIR: Jacinta Ermacora online is Western Victoria as well. You are on mute there, Jacinta.

Jacinta ERMACORA: That would explain it.

The CHAIR: All good. I will just read this out. All evidence taken at this hearing is protected by parliamentary privilege as provided by the *Constitution Act 1975*, *Defamation Act 2005* and where applicable the provisions of reciprocal legislation in other Australian states or territories. However, it is important that you note that any comments you make outside this hearing, including effective repetition of what you have said as evidence, may not be afforded that same privilege. Basically what it means is what you say in here is protected, but what you say outside, even if it is the same thing, is not protected. It is also important to note that any action which seeks to impede or hinder a witness or threaten a witness for the evidence that they would give or have given may constitute and be punishable as a contempt of Parliament, and I also remind everyone to not disclose anything that anyone else has said, basically.

Okay. For Hansard, can you just please state your name and the organisation that you are appearing on behalf of.

Pierce TYSON: Pierce Tyson, Ambulance Managers and Professionals Association as part of Professionals Australia.

Ian HUNT: Ian Hunt. I am an employee of Ambulance Victoria, but I am here as a Delegate for the Ambulance Managers and Professionals Association.

Neil BLANCHARD: My name is Neil Blanchard, and likewise I am employed by Ambulance Victoria but here as a Delegate of the Ambulance Managers and Professionals Association.

The CHAIR: Perfect. Thanks so much for that. We have got your submission. You can consider it read, but there is an opportunity if you want to make an opening statement, and then we will go to questions. Over to you.

Pierce TYSON: Thanks for having us here today, Chair and committee. My name is Pierce Tyson. I am the Victorian Lead of the association, which I will hereafter refer to as AMPA, and we are a division of Professionals Australia representing the corporate, administrative and managerial staff in Ambulance Victoria. I am here today with Ian and Neil, and I might just ask them to quickly introduce what they do.

The CHAIR: Ian.

Ian HUNT: I have been with Ambulance Victoria in various organisational structures for 37 years. I am a mobile intensive care ambulance paramedic by qualification and currently operate as an area manager in regional operations that cover the north of Melbourne.

The CHAIR: Neil.

Neil BLANCHARD: I have been with Ambulance Victoria for approximately 20 years across a number of roles in technology, from relationship management to project delivery, and involved with the AMPA organisation for approximately five years as well.

Pierce TYSON: Thanks. I thought it was important to bring both of these gentlemen along today, representing the administrative and corporate side and also the management side of AV. As committee members will have read in our submission, there have been a few key events in AV over the last few years which I think highlight the problems in the organisation and some of the solutions as well. Firstly, and most importantly, while the government has invested in an unprecedented recruitment of on-the-road paramedics since 2014, which is very welcome, we have faced a silent crisis in Ambulance Victoria, which is that no proportionate investment of corporate, administrative and managerial staff has been made to support them. We have seen attrition, stagnation and cuts. It is not just unfair, it is completely unsustainable, and we have seen that time and time again, particularly over the last few years.

Behind every paramedic are AMPA members supporting them to keep Victorians healthy. We have experienced these crushing delays across the entire organisation, whether it be fleet procurement, IT or occupational health and safety, as well as to the right to the most basic functions of recruitment, HR and payroll. It is not uncommon for staff to have investigations hanging over their heads for years at a time or for basic payroll queries can take months, and these are symptomatic of archaic and inefficient systems across the organisation. Our members battle burnout, working unpaid overtime, covering roles well beyond their remit and propping up an organisation crippled by red tape. AMPA believes a key solution would be mandated and legislated ratios for administrative and corporate staff to their colleagues on the road.

Another case study is the Victorian Equal Opportunity and Human Rights Commission, the VEOHRC, report into bullying and victimisation in Ambulance Victoria. This was really meant to be a wake-up call for AV, and in the end it was basically a snooze button. Following years of blame-shifting, undermining and cruelty across AV – and I am sure the committee is speaking to many of those affected individuals – we have not seen any sort of redress scheme as part of that for those affected. Some of our members who went through that period of Ambulance Victoria will never work again and have never received an apology, let alone compensation.

Rigid hierarchies are also paralysing decision-making. We have senior executives approving absolutely trivial paperwork through the organisation instead of focusing on strategy. Delegations to make decisions are extraordinarily high and disempowering, and this manifests in a culture where it is difficult to get a simple decision without going straight up to the top of the chain. Let us not forget the AV payroll scandal, which was, I believe at the time, a key reason given for setting up this inquiry. Five dedicated employees were publicly scapegoated for systemic failures they had long warned about. These allegations of fraud were ultimately unsubstantiated, despite causing basically lifelong trauma for the AMPA members whose dignity and professionalism were undermined.

With the fourth Ambulance Victoria CEO in as many years starting imminently, there is a great opportunity to finally start making improvements in the governance, staffing and function of the organisation. From 2022 we have faced a senior management obsessed with fighting their staff every step of the way. Over the last six months or so of Andrew Crisp's leadership, as well as his associated executive Jesse Maddison as executive director of HR, we have seen a dramatic improvement in engagement from many parts of the organisation, and that is absolutely welcome. Our members are not asking for special treatment. They are asking for fairness, functionality and the chance to do their jobs without being crushed by a broken bureaucracy. Our members are career professionals devoted to supporting the Victorian community, and we welcome the opportunity to improve the service. Thank you.

The CHAIR: All right. We will start on questions. I will lead off. You spoke in your submission about keeping-in-touch days and a few of the challenges there. Can you expand on that for us, please, Ian?

Ian HUNT: Yes. The example has possibly resolved in the meantime – that particular example around keeping-in-touch days – but I will use it as an example that still is contemporary to other similar processes. The keeping-in-touch days, you may well be aware, are a federally legislated entitlement. A paramedic, an employee, can have 10 days to keep in touch with work whilst on any form of parental leave. We do not necessarily budget for it. But to activate a KIT day for a paramedic, we submit something called a demand bid. The demand bid is simply the mechanism for spending resource hours to allow someone to come back to work. Whilst the KIT day is not necessarily in a budget, the idea of a demand bid is that you say, ‘We need operational resources to come from on the road, let’s say, to a role in training or something else.’ They have got to do a day of training. A demand bid is the mechanism for spending those resource hours. If they are budgeted resource hours, we should have a budget at the start of the year. Our budget came out in March this year, so that is a problem. Once we want to spend that demand bid, it is simply a tick-and-flick. But the organisation historically has not trusted people like me or other managers even below me.

The CHAIR: Why not?

Ian HUNT: Mr McCracken, I do not know if you know how much I get paid, but it is the equivalent of public service AV 7, and I am not trusted to make a decision around something that is already budgeted.

The CHAIR: I read that in your submission. It just seems bizarre that simple decisions like that are not made by those that are probably best placed to make them.

Ian HUNT: So if the KIT day example was still contemporary, I would say the person is not coming off the road, they are coming from parental leave. They are going to operate in an ambulance or in an ambulance station. There is no budget requirement; there is no decision to be made. And up until I went on leave, the regional director was the one ticking and flicking. I acted as regional director in January. Probably an hour a day I would spend ticking and flicking demand bids, and I was not close enough to the decision to know that me ticking and flicking it was appropriate.

The CHAIR: Do you think structurally that could be changed to produce better outcomes?

Ian HUNT: Absolutely. The demand bid system – it is a weird word, a weird phrase. If you have budgeted a resource and you have a demand bid system to approve expenditure of that budget, there is no further decision to be made. The only decision to be made is for the manager closest to the need, working with rosters, or our rostering department to ensure that there is not going to be an impact on on-road function. And I think a team manager two levels below my operation could do that.

The CHAIR: It seems pretty sensible to me.

Ian HUNT: This was part of a larger picture of centralising expenditure-making decisions to higher up in the organisation and not trust – I mean, I have done finance subjects in my master’s degree et cetera; it is not like I am a novice to it. A person like me is not even involved in establishing what my patch of the organisation requires as far as budget. I will give you an example: a number of years ago we spent a lot of money when we were adding resources to Yarrowonga branch following an incident; we needed to increase their resources, so for a year we spent \$40,000 on accommodation and travel. The following year, without consulting me, that money was included in the next budget. It was not needed; we changed the system. So if you do not consult with the managers who know what is going on, then you will add money to a budget or you will take it away without knowledge.

The CHAIR: My time has expired, so I am going to hand it over to Mr Batchelor now.

Ryan BATCHELOR: Thanks, Chair. Thanks, all of you, for coming in. We have had some evidence earlier today and through the submissions we have received about some poor institutional culture, organisational culture, and as we know, that can be pretty difficult in terms of a workplace environment. I am wondering if you had any reflections on the workplace culture at Ambulance Victoria, what the drivers of any problems might have been and what you think some solutions might be to try and fix it.

Pierce TYSON: I think – and I believe I touched on this in our submission – the VEOHRC report was really a culmination of many, many years of suffering from many people, be it on a colleague level or a manager level, and I think a lot of it was, ‘I suffered through this, so you’re going to go through the same’, effectively. I

know that when that report came out I think there was a glimmer of hope amongst staff that there would be a tangible change of direction from the top, but also grassroots change, and we saw neither. I think hope quickly turned to anger and then following several more years turned to apathy and then probably back to white-hot anger. While we have seen some small improvement, I know that many people would not want to even be seen in a public meeting of staff to be saying anything. So, you know, the organisation will hold town halls amongst a division, for example, a hundred people in the room: no-one would say anything, no-one would ask any questions, no-one would give any feedback to senior managers. I would get about 20, 25 text messages with those questions that they did not even feel comfortable asking.

Ryan BATCHELOR: Not to put words into your mouth, but do you think that is a sort of top-down issue with people being afraid to speak out?

Pierce TYSON: Yes.

Ryan BATCHELOR: And you sort of mentioned earlier that part of what may have driven that over time is the way that the organisation had operated over an extended period. I am just trying to figure out – this does not just happen overnight, right? – how much of this is sort of underlying issues in the organisation, how much of it has been intervening events, how much of it has been organisational and leadership reaction and then what may have occurred recently or not, like anything that may have initiated change.

Pierce TYSON: I mean, beyond the frequent changes of CEO, we have seen a revolving door of senior managers and executives as well. The term ‘silo’ is really overused, but often divisions operate as fiefdoms, where, you know, there is just this different culture in each, but each is about a degree of control. I think I touched on it once again in our submission, but even the most basic thing with HR in my dealings on an issue would be fought tooth and nail for no reason. It was not even, you know, if we are talking about a financially significant cost, absolutely not – really basic functions. There was an aggressive opposition for no reason. I think that is from the senior management side. Ian, did you have any comments?

Ian HUNT: Yes. Thank you, Mr Batchelor. The culture for me – I said I have been in the job for 37 years – from the outset you are told to keep your head down, ‘Don’t make any waves.’ You know, people surf good waves. You can make a wave and it can be a good thing.

Ryan BATCHELOR: I have never managed to be any good.

Ian HUNT: The problem I see comes down to a saying of a friend of mine, and that is that if I bring something to the organisation, they relate to me as the problem. I am not the problem. The problem is the problem. So let us put the problem on the table and talk about it, not about me. I think the workplace culture is a culture that targets people for raising their hand and offering something. I have so many examples of things not happening because the right person did not bring it to the organisation and then later on, when the right person brings the same thing to the organisation, something happens.

The CHAIR: We might have to move on, I am afraid, because time has run out.

Ian HUNT: That is okay. I think that was what I wanted to say.

The CHAIR: All good. Ms Crozier.

Georgie CROZIER: Thank you, Chair. Thank you very much, all of you, for being before us this morning. Can I go back to the issue around the payroll scandal? You said there are systemic failures that were long warned about. How long had AV been told that there were problems?

Pierce TYSON: As I said, there was a significant increase in on-the-road paramedics from about 2014 but no proportionate increase to staff, and that includes payroll. I believe there were actually reductions over that time – attrition, people leaving and not being filled. Payroll operates on systems that are 30 years old.

Georgie CROZIER: Have they been fixed, or are they still operating on those 30-year-old systems?

Pierce TYSON: No.

Georgie CROZIER: There are still issues going on?

Pierce TYSON: Yes.

Georgie CROZIER: Okay.

Pierce TYSON: During that period of time there were significant amounts of overtime being worked, sometimes 20, 30 hours, to just get the pay sorted for the fortnight. Following that investigation, all of our members who were stood down for in excess of four months while this investigation went on –

Georgie CROZIER: Can I just stop you there?

Pierce TYSON: Yes.

Georgie CROZIER: Was a forensic accountant called in to look at this issue?

Pierce TYSON: Yes.

Georgie CROZIER: Right. And they went through it over that time period?

Pierce TYSON: Yes. The systems are so archaic. An example I can give is that manual punch cards are still used for some parts of the organisation for pay, and what this meant is that a forensic accountant could not go through anything because there was no digital footprint.

Georgie CROZIER: So are you confident, really, if the forensic accountant actually could not see what was going on, that there was not any fraud or embezzlement that has gone on?

Pierce TYSON: Absolutely. Some of our members have worked for the organisation for 20-plus years, working weekends not because they wanted to but because they value their job and their integrity. Several of them came back to the organisation absolutely traumatised, having not even had an apology, and being dragged through that process was a traumatising experience.

Georgie CROZIER: And you say in your submission that you believe this could have only been leaked by senior executives of the organisation?

Pierce TYSON: Yes.

Georgie CROZIER: During a period of particular instability?

Pierce TYSON: Yes.

Georgie CROZIER: What was going on at that time for you to make such a claim?

Pierce TYSON: This was a few weeks or months before the no-confidence motion from both our organisation as well as the Victorian Ambulance Union, when the CEO left.

Georgie CROZIER: But this had been going on before that CEO was even in that position. This had been going on for years with previous CEOs?

Pierce TYSON: Yes. I think things came to a head. I mean, I am sure Ian and Neil can attest that any sort of payroll query would take two months. So, you know, I had been underpaid overtime for the fortnight, whatever else –

Georgie CROZIER: I had many people contact me about not being paid properly and the delays in that, so clearly there were lots of issues going on. But again, if there were issues going on for an extended period – years – why wasn't it brought to the attention years ago, when the previous CEO was in place? What was stopping them from bringing it to the attention then?

Pierce TYSON: I am aware of one, but I believe there were two business cases done by directors of payroll over the years, so probably since 2017–18, for additional staff or for changes to, or seeking funding for, updated systems.

Georgie CROZIER: Was that denied?

Pierce TYSON: I believe one was denied, but a lot of the time these things sit on shelves and do not get approved or denied for years at a time.

Georgie CROZIER: And you talked about cuts. What cuts were you referring to?

Pierce TYSON: Across the organisation or in payroll?

Georgie CROZIER: Across the organisation.

Pierce TYSON: Even a year and a half ago, two years ago, AV attempted to cut across every division.

Georgie CROZIER: How much?

Pierce TYSON: They would not tell us.

The CHAIR: We have run out of time on this one, I am sorry.

Georgie CROZIER: Thank you.

The CHAIR: Ms Ermacora.

Jacinta ERMACORA: Thanks, Chair. Can I just capture your names again? Being online, I have missed your actual names. I have got Neil here, but –

Ian HUNT: Ian Hunt.

Jacinta ERMACORA: Ian. Okay.

Pierce TYSON: And Pierce Tyson.

Jacinta ERMACORA: Thank you. I also want to just go to the cultural element. It is very interesting – the reflections that you were saying, Mr Hunt – about the issue rather than the person. It sort of made me wonder: do you have any thoughts about changes that would assist in the cultural improvement?

Ian HUNT: Yes, I do. We have gone through a lot of change. We are, from the operational point of view – and sorry, Neil – a registered profession now, but the organisation has not been agile enough to understand that to manage registered professionals you need a good culture that supports them to be their best. We appoint people to operational roles that are not operational paramedics and not registered paramedic professionals. That limits career paths for paramedics to get to senior levels in the organisation, and then you limit the experience from within the organisation to help make decisions. So the culture that continues to thrive in that scenario is a culture of external people. I appreciate that skills that are transferable are great in certain roles. But what we do see is a lack of understanding, and then a perpetuation of perhaps a really old adage that paramedics are just ambulance drivers and that we have got no real skin in the game of our own career and organisation. So there is a mistrust.

I find it ironic that, as a man of 57 years of age, 37 years in the job, I still have to justify if I am going to work remotely to my boss. There is no trust that I am actually doing the right thing and doing my job. I will say too, I came here today because I want to do a good job and I want to be a good area manager. I still have not given up on a career path. Even though I am approaching retirement age, I still have not given up. I want to contribute, but the organisation does not necessarily promote within and they do not recognise experience. In fact they do not even recognise education. I will give you an example. A colleague of mine and I – if I can talk about it myself, I guess – both have a Master of Emergency Management, and neither of us were recognised as having the education, qualification or experience to even be interviewed for a role that requires that education, qualification and experience. The culture treats internal applicants like an external headhunting agency. It is demoralising, and we see it all the time. And then when somebody games the system, we have this daft – sorry, I should not say that. We have this video interview system, and somebody gamed the system, knowing that they could open the system and wait until it almost closed before they gave all of their answers. And now that person is under scrutiny simply for actually operating within the way that the system works. The trust is not there.

The CHAIR: We have run out of time on that question, I am sorry.

Jacinta ERMACORA: I am just wondering if Mr Tyson would like to comment on that too.

Pierce TYSON: I will be very short, Ms Ermacora. I think, beyond what we have put in our submission – and Ian has touched on it here – delegations in Ambulance Victoria are far too high. The example Mr Hunt gave – we could name dozens, if not hundreds, of similar examples across the organisation. It gets back to that trust piece, but I think as well, it gets back to people feeling heard in the workplace and like they have some influence, rather than being sort of a cog in the machine.

The CHAIR: Cool. Thank you very much. We will move on to Dr Heath.

Renee HEATH: Thank you. And thank you, guys, for coming in and for being here online. A couple of things that were mentioned were that people are afraid to speak out – that people are targeted for raising their hands. So I just want to know: do you believe that there is institutional bullying at AV?

Pierce TYSON: I think there absolutely was. Whether or not it is institutional now, I will speak for myself in my observations broadly. I have observed that that culture of fear and not wanting to speak out does not exist as what it did a year ago and the year before that, but I think too often any part of the organisation will give me a ring and let me know something that they would rather not push in their role, and it is their role to advocate, to push for things – any part of the organisation. I will get a call, and it will be asked of me to pursue it as an industrial outcome rather than something that these people should have –

Renee HEATH: Why won't they raise it directly?

Pierce TYSON: Because either they feel it will go nowhere, they will not be taken seriously, or they will be putting a target on their back.

Renee HEATH: Right. Yes. Okay.

Ian HUNT: I noticed in the VEOHRC data around bullying the percentages of reported issues, and I do not know that they will have changed terribly much. Probably a year after that report I noticed in the federal Parliament they had a report about bullying and the numbers were almost the same, so I do not think it is bullying that is not seen in every other institution. The concept of institutional bullying for me is that it is essentially endorsed covertly by the organisation. What I see is bullying in pockets of the organisation, not –

Renee HEATH: A culture of?

Ian HUNT: A culture of, yes.

Renee HEATH: Right. Which exists.

Ian HUNT: Yes. I think it still exists. I have been a victim of substantiated bullying in a pocket of the organisation. I have seen others bullied and ongoing victimisation of that person even after substantiated bullying, so I have seen no tangible change. People do not know how not to be bullies, and I think change is –

Renee HEATH: Yes. Okay. Thanks for that. I think language is important. So it is not institutional –

Ian HUNT: No.

Renee HEATH: but there is a culture of it. You also raised something very interesting that piqued my interest: when there are jobs – and it is not just you, it is others that have got a masters in emergency management and things like this – you are not even considered for. What characteristics, then, are people looking at?

Ian HUNT: Okay. The example I would give is the next position up from my role in the organisation is director level. When they seek a person to become a director, they look for people who have substantial experience acting in the role of director, which essentially just cuts out everybody who has done all of their work at the level below to try and advance.

Renee HEATH: Does that cut out experience?

Ian HUNT: It cuts out experience, yes, and it cuts –

Renee HEATH: Sorry to interrupt, but just because I know I have got 13 seconds left: if you cut out that experience, does that then translate into patient outcomes?

Ian HUNT: It translates to organisational outcomes, yes.

Renee HEATH: Thank you.

The CHAIR: Thanks very much. Dr Mansfield.

Sarah MANSFIELD: Thank you. And thank you for your presentation and your submission. I know that you highlighted issues with the on-call system and also, in talking about that, ongoing problems with rostering, shift length and paramedic safety. I am wondering if you could just elaborate on that and talk about what you would like to see changed in that space.

Ian HUNT: Oh, this is it, Dr Mansfield. This is it. This is the fundamental problem with ambulance right now. We still have 14-hour shifts. There is a trucking organisation – I will not name them – but they cannot believe that we would have people in a transport role operating for 14 hours. It is just unconscionable. What I will say about this – and this goes back to culture – is that if you are not the right person bringing an idea to the organisation, then it is not even considered. We have some shifts in the organisation that are 7 or 8 hours. They are very, very few and far between. Our organisation predominantly operates on 10-, 12- and 14-hour shifts. It is really hard to move away from it, but we need to do something. I call this the square-peg paramedic trying to be jammed into the round hole of our operational resource model. Where it really comes to life is when someone wants a flexible working arrangement to look after kids. If you have got young kids, it is likely that a 10-hour shift as a minimum available is not going to work for you. You cannot get your child to child care, you cannot pick them up from child care. The resourcing model just does not work.

I did a paper on HR several years ago which identified that more than 60 per cent of paramedics on the road by now will be women. Of that cohort, 40 per cent will have a dual degree in nursing and paramedicine, and they will be aged 21 to 29. Now, without being obvious about it, they are likely to want some flexibility in work, and we cannot give it to them. So they become the problem. They put in a flexible work arrangement request, and we say, 'You're a problem for us because you're not going to do night shift.' Well, we do not give them any other option. We do not give them 5-hour shifts. Honestly, we could give a 5½ -hour shift. We could sort out many problems around our meal break issues, our performance issues. A 5½ -hour shift sounds weird, but if you give them a 6-hour shift they get a half-hour meal break, so it does not work. We can give people 5½ -hour shifts, 8-hour shifts and 7-hour shifts. We have a function called super resource centres. They are not used the way that they were originally designed for. If you look at the New South Wales ambulance service's super resource centres, theirs do actually do what we should be doing, which is bringing many staff to a single location, putting them on whatever shift they want and sending them out on the road. We do not do it, because the right people have never liked the idea. We need to fix our resource model so that the square-peg ambo can fit in a square-peg hole called the organisation's needs.

And the on-call issue – what I have raised from a management point of view, particularly my rural colleagues – this is really important.

The CHAIR: Just keep going.

Ian HUNT: My rural colleagues in the area manager position all do on-call periods of time providing advice on the phone typically – that is it. I have colleagues who handle anywhere between 65 and 80 phone calls a day on Saturday and Sunday because the organisation has not yet established a resource hub in the rural sector that manages these sorts of deals. If you can imagine being a parent, being an area manager and trying to have your kids at a soccer, netball, football game and you are actually at work for the whole day on the phone, it is again an example of the organisation failing to support with appropriate systems, which means the result is area managers become seven-day-a-week workers when they are on call, when they are supposed to be a last-resort option.

The CHAIR: I might move on now to Mrs Hermans.

Ann-Marie HERMANS: Thank you, Mr McCracken. And thank you very much for coming in today. There are a few questions I have actually got here for you. You got cut off earlier when you were talking about how AV attempted to cut across every division about 18 months ago, roughly, but you said that you did not get told what they were. Well, there must have been, I would have thought, some visible lived experiences that could be observed, maybe even in patient outcomes as well as in staffing. Could you please expand on what they were?

Pierce TYSON: Yes. Approximately 18 months ago, I would say, there were about five divisions we were aware of where that was really starting off organisation wide. I think it was called a realignment at the time, from memory. But in HR language it was job cuts as well as job diminution, so ‘Your job doesn’t exist at an AV4 level anymore, but there is this AV3 position available that you can apply for’, effectively a 20, 30 grand pay cut, for example. We saw that pretty much – because it was being done across the entire organisation – every single part of Ambulance Victoria would have suffered. AMPA disputed that industrially and legally, and really with basic questions of: what is the saving to the budget? What impact will this have on both the function of teams, as well as Ambulance Victoria and the Victorian community? How many job cuts are we talking about? And we could not even get basic answers to those questions.

Ann-Marie HERMANS: Just in relation to that, were there some observable lived experiences that impacted both staff and patient outcomes?

Pierce TYSON: In that context, we successfully disputed industrially and legally to prevent those job cuts going through. We estimated at the time about 80 to 100, but we were never given an answer.

Ann-Marie HERMANS: Right.

Ian HUNT: Also, people left the organisation because they feared what the realignment was going to do to their job, so we lost people. Even though they reversed the decision later, those people were already lost to the organisation. So there is a lived experience of staff – impact of uncertainty.

Pierce TYSON: Yes.

Ann-Marie HERMANS: Okay. Again I want to bring up the comment that was made about the target on their backs if people speak up about the culture or things that they see that perhaps, at a managerial level, could be changed or done differently. Does that still exist? What does that look like, for someone to have a target on their back? What sorts of things are being observed in the workplace for people that feel targeted or may actually be targeted – what does that translate into?

Ian HUNT: Maybe it is worth shifting it from ‘target on your back’ to just essentially ‘Oh, that’s just that person talking. I don’t want to listen to them.’ It is not going after them, but it is ignoring them and excluding them.

Ann-Marie HERMANS: But do some people feel that they do get more than just excluded? Is there more to it than just exclusion?

Ian HUNT: Oh, yes. I have seen it in my colleagues and I have seen it in myself, where it becomes so frustrating that you do not bother talking because you have possibly developed a reputation for being a talker or for being a problem, and so you just give up.

Ann-Marie HERMANS: But does it translate into perhaps a lack of shifts or a lack of opportunities for progression within the workplace?

Pierce TYSON: Progression, absolutely.

Ian HUNT: Oh, I think it definitely translates to a lack of progression.

Ann-Marie HERMANS: So if you speak up, basically you could be jeopardising your opportunities to further your career within Ambulance Victoria?

Ian HUNT: Yes, and it is the sort of organisation where something that happened 10 years ago is still a black mark on your name.

Pierce TYSON: I will give one example as well, which I think is probably relevant to what you are getting at, Ms Hermans. Even a couple of months ago, I had a very senior manager in the organisation raise with me that they believed they could save the organisation \$300,000 to \$500,000 with changes to what they were doing. But they felt they did not want to bring this up because it would mean that that saving would justify cutting their staff and their team – which it would not. They did not feel comfortable raising this cost saving to the organisation because it would actually have a negative impact on them in the first place.

The CHAIR: Thank you. We might have to move on. Our last committee member to do questions is Ms Payne. Over to you.

Rachel PAYNE: Thank you and thank you for your submission and for presenting before us today. Much of what I have questions about relates to working conditions, which you have touched on, and in particular the management structure around not feeling empowered to make decisions or there being a lack of delegated authority and some of those administrative bottlenecks. You have touched on the impact on staff morale, but I wanted to delve into that a little bit more and discuss: what impact does that have on staff morale, including retention of staff?

Pierce TYSON: In respect of working conditions?

Rachel PAYNE: Exactly.

Pierce TYSON: An example I put in our submission was around working from home. Probably there are a couple of different parts of the organisation that can work from home better than others. Obviously, our on-the-road paramedics operational side is more difficult to slot into that. But in terms of the administrative workforce, when the Victorian Public Service brought out their guidelines, Ambulance Victoria decided one day, pretty arbitrarily, after having all staff working from home effectively up to 100 per cent of the time for three years, that all staff needed to come into the office three days a week minimum. Some people were being told four or five days as well. I think it just speaks to the unnecessary conflict where there was no conversation had with us as the representatives, there was no conversation had with the staff and there is a culture of any time any change happens many staff members ask themselves, 'How are they trying to screw me?' That is the culture that we are up against, and not unjustifiably either, because there have been countless examples over the years of that occurring, where we have had to fight tooth and nail for things that we could have just had a conversation about and sorted within hours rather than spending thousands of dollars disputing through tribunals et cetera. It is just that constant battle and feeling the need for conflict rather than negotiation, discussion and bringing people along for the journey.

In terms of working conditions, I would say that there has been significant stagnation of pay, particularly over the last few years, compared to other public service agencies. But with respect to Mr Hunt's side of the operational, if you were to calculate what people were earning per hour compared to the hours that they worked, they would be very worse off.

Rachel PAYNE: I am assuming the impact of that is staff retention that you do not see.

Pierce TYSON: Yes. A difficulty in Ambulance Victoria is that it is a career for a lot of people because of the time commitment but also because of their particular role in health. I think a lot of people hope it is a career – I have a lot of members, there are a lot of people in Ambulance Victoria, who met their partner in Ambulance Victoria and have worked together for many years – but that leads to feeling trapped when you are suffering from not moving up in your position, when your pay is not substantially increasing, when there is a lot of work push down and when there are these acting arrangements for months through to years.

The CHAIR: I think that brings an end to your time, Ms Payne. Thanks. And thank you to our witnesses that have appeared today as well for giving evidence. We have really appreciated your time here and your contribution. That brings this session to an end.

Witnesses withdrew.