

CEO's response to
wellbeing & culture
reviews

St John's

Introduction

The past 18 months have been about asking questions, examining, and listening—for our organisation and for me personally. So, with the release of the Phoenix and Independent Oversight Panel (IOP) reports today, I am keen to share with you all—St John staff and volunteers and families—not only my response to the specifics of these reports but my personal reflections on the journey we've been on.

Many of our staff and volunteers know me well. But for those of you who don't, my involvement with St John started 43 years ago as a volunteer. Then, 36 years ago I became an employee, spending 10 years on-road—including two years in the country and stints in the SOC (in the days when on-road staff also worked there).

Over that long and varied career I have had the opportunity to see our organisation from many different perspectives, inside and out, including through my close dealings with ambulance services and other St John organisations nationally and internationally.

I have seen the paramedic profession develop since the 1970s when the role of a paramedic as we know it today first came into being. I have seen the organisation grow from a small, almost family, organisation to the large and complex organisation it is today.

Now, as I draw on all of my varied experiences to interpret and respond to our workforce culture and wellbeing reviews, I am reminded of one thing I have learned over my career: there are usually no simple answers to complex issues. But we can achieve extraordinary things by prizing common sense, mutual care, and productive and respectful communication.

I am motivated by striving to create the best possible workplace for all of our staff and volunteers, and by working with you to serve our community by giving them a world-class ambulance service and building their resilience through first aid.

I am as excited by those goals today as I was on my first day with St John Ambulance.

TONY AHERN
CHIEF EXECUTIVE OFFICER



Executive summary

Key messages on findings and recommendations

St John is grateful to Phoenix and the IOP for the work they have done. We have asked ourselves questions most organisations don't, and I am proud of our organisation for our courage in opening ourselves up to deliberately harsh scrutiny on the most sensitive issues any organisation can face.

I am also extremely grateful to the 72 staff and volunteers who had the courage to come forward and share their stories. None will be forgotten, and I genuinely appreciate their contribution to the future direction of St John.

With a large number of findings and recommendations, I thought it might help to summarise a few of my key points.

Wellbeing and support

These are issues with complex challenges including:

- ▶ the enormity of the problem in our society with eight suicides in Australia every day
- ▶ the added stresses of the ambulance environment
- ▶ differing (conflicting) expert opinion
- ▶ conflict between duty of care responsibilities and privacy rights
- ▶ conflict between some expert medical views and expert legal views.

Despite our immense investment into wellbeing and support at St John, we want to do more. It seems that the intense focus that has seen us make great strides with reducing the stigma around mental health issues, building resilience through education and building a culture where 'everyone looks out for everyone' has left some feeling we have not sufficiently focused on the issue of PTSD.

St John is committed to continuing to build and improve its services. There are things which the organisation has done well:

- ▶ making good progress with reducing the stigma
- ▶ building resilience through education thus decreasing the chances that our people end up needing critical intervention
- ▶ demonstrating the confidentiality of the system of support
- ▶ empowering each of our people to positively own their own mental health journey
- ▶ creating a culture of everyone looking out for everyone else
- ▶ a 600% increase in the number of St John people accessing support over two years is suggested to be an indicator that stigma associated with accessing mental health support has been reduced.

There are also things we need to do better:

- ▶ Reassure people of our acknowledgement of PTSD as a significant component of the complete health and wellbeing picture.
- ▶ Engage with the workforce proactively in the continuing development of wellbeing and support services.

- ▶ Increase the training provided to managers—management training generally and specific training associated with the requirements of management in relation to psychological wellbeing.
- ▶ Help people with the process of career transitioning.

I could not be prouder of our incredible Wellbeing and Support team and the People & Culture directorate that has driven a large program of work that has helped thousands of people. My job is to work out how I can support them even more to take care of our people. To create the change we've achieved we found a unique innovator who challenged conventions and tested our thinking. In the next season of Wellbeing & Support we are recruiting a registered psychologist to lead the work started by the State Chaplain.

Workplace culture

The report makes difficult reading in that, while the picture painted of bullying within the organisation shows that St John is identical to national norms, these national norms are unacceptable to me. I want St John Ambulance to go further than most organisations go—striving to foster a culture that actively works to disallow any bullying. We are implementing the Class Act Conduct program to help us achieve this, along with other workplace behaviour initiatives.

Next steps

The first two steps we need to take are to act on recommendations 1 and 2 of the IOP:

- ▶ establish our own Expert Advisory Group to support our workforce wellbeing program
- ▶ instigate a workforce-wide survey to accurately understand the views and experiences of the St John workforce, and then finalise the operational plan to implement the recommendations in consultation with the workforce through the EEP.

As an organisation we'll have some tough things to work on together, as well as strengths to protect and prosper. What I most want through this next stage is that we discuss and advance on those things productively, respectfully, and taking the best care of each other and our organisation.

We haven't always got these important conversations right in the past. From here on, we must. You have my commitment to doing all that I can to make sure we all come to work every day to an emotionally safe, productive, positive, bullying-free workplace. Our conversations to achieve that culture should model the culture we seek.

Key principles

The IOP has provided 27 recommendations that give us an excellent framework towards our goal to create a work environment that ensures the best possible mental health and workplace culture for our staff and volunteers.

The panel has also offered an extensive literature review focused on addressing mental illness in the first responder sector.

However, to help you accurately interpret the IOP report, I need to explain its context and scope.

To ensure participants were freely and confidentially heard through this process, the IOP chose a methodology that did not test their submissions by hearing counter argument (ie other sides of a story) or by testing their evidence. Rather, their process sought to invite views and identify themes.

The IOP report presents us with quite a number of issues. To accurately understand them, the first two steps we need to take are to act on recommendations 1 and 2 of the IOP:

- ▶ establish our own Expert Advisory Group to support our workforce wellbeing program
- ▶ instigate a workforce-wide survey to accurately understand the views and experiences of the entire St John workforce.

The panel has recommended we take this latter step noting that it did not review a representative sample of our workforce, and it has not been able to test the validity of contributions:

"The consultation process was not intended to provide a representative sample of the St John workforce. With approximately 100 staff voices contributing to the Review, it is only a small proportion of the total workforce and the views expressed cannot be extrapolated across the entire workforce. Readers should therefore interpret the relevant sections of this Report with this knowledge."

"Similarly, it is important to emphasise the subjective nature of the information provided through the consultation process and represented in Chapter 7 of this Report. What appears are the opinions and views put forward by individuals, and the Panel has not attempted to confirm or negate the objectivity of the comments made. Rather, the Panel has attempted to identify key themes raised by the participants and highlight the issues."

The IOP has only been able to hear from 72 of our 7500 staff and volunteers. That's 72 people who say they are not happy with the way St John supports them, and I take that seriously, and sincerely thank them for sharing their views.

However, while I embrace the panel's recommendations, these limitations do require of us a great deal of measure and care.

As one of our colleagues from Beyondblue said recently when meeting with the Council of Ambulance Authorities (CAA—comprising the CEOs of all of the 10 Australasian ambulance services), the development of a psychologically healthy workplace cannot be done in an adversarial environment. My entire focus is on HOW we go about progressing the recommendations and continue our journey of learning in this space.

One of my key responsibilities now is to move us past counterproductive adversarial communication and ensure the constructive tone and language of our discussion.

We have spent 18 months hearing concerns, discussing our problems and challenges, and opening ourselves up to deliberate scrutiny as few organisations ever do. The time for prosecuting problems is past. It's now time to pursue progress.

In my following summary on the panel's findings and recommendations, I have attempted to do exactly this. I am keen to demonstrate my thanks to the panel and my sincere commitment to the issues raised. Moreover, where on occasions I do hold a different view to the panel or need to clarify an inaccuracy, I try to do so with the utmost respect and courtesy.

Finding and recommendations

I have had some of the toughest conversations of my professional life over the past two years. Mental illness is a uniquely lonely and frightening battle. It tests us as few other of life's challenges do. No-one can work for years as a paramedic or serve in first response without knowing the personal impacts of helping people deal with trauma.

We asked the panel, and our other reviewers, to help us turn over every rock so that we can continue to improve the health and culture of our workforce. The IOP wants us to do more. And that's okay, because St John WA has a long history of battling to be better.

To help all of us find our strongest and healthiest selves, and minimise the chances that any of us suffer the deepest wounds of trauma, I want to help us make a shift in our focus from mental illness to mental health.

Over the past several years, alongside my People & Culture leaders, I have immersed myself in the literature and dialogue on first responder mental health. My team and I are happy to accept most of the panel's recommendations. Indeed we are starting to implement many of them. Others were in place already.

I must say there are a few instances where the panel has reached a conclusion with which we disagree. I believe these are simply the result of the two areas where the panel has urged caution with interpretation of the report—being the very small sample size and the lack of testing the evidence.

Most importantly, however, I acknowledge in every instance the essential points the panel seeks to make in their findings. There are a couple of recommendations that cannot be implemented in the actual form of the recommendation, however, St John will make every effort to achieve the intent of those recommendations.

To help you interpret all of the findings and recommendations, I have grouped them into categories and in some instances abbreviated them. I refer in this summary mostly to the IOP's outputs, simply because the IOP report picks up most of the recommendations of the Phoenix report. However I do reference Phoenix recommendations specifically in a few instances.

The nature of ambulance work

Findings

- Finding 1:** There is a degree of reluctance by St John to accept the magnitude of the risk presented by the day to day work of paramedics, communications and transport officers.
- Response:** So this is telling me we need to do better in engaging with our people as we continue to develop our Wellbeing & Support services. Because this view is so entirely at odds with the comprehensive range of services we have to help our people deal with these risks, the thousands of people who've found help through them, and the direct feedback I've heard from so very many.
- Finding 2:** St John has a duty of care to provide a comprehensive and integrated model of wellbeing support ranging from identification/screening, early intervention, effective triage and management of care, and adequate access to immediate and ongoing specialist care.
- Response:** I accept that our concerted focus on reducing the stigma, educating staff and volunteers and on building of resilience has left some people, including the panel, feeling that we have under-emphasised the magnitude of the risk, particularly in relation to the cumulative impact of trauma and post-traumatic stress disorder (PTSD).
- Finding 3:** Improved workforce planning and support for career transition pathways will improve options for staff.
- Response:** I agree that improved workforce planning and support for career transition pathways will improve options for staff.
- Finding 4:** In the interests of minimising damage, St John's response has been overly defensive.
- Response:** I agree. At times I have been defensive. With regards to this issue, we were very much on a mission to positively build the resilience of our workforce. I believe that pig-headed determination was necessary to maintain momentum on our commitment to reducing stigma, building our education program and maximising resilience.

Recommendations

1. **Engage a mental health professional to assist with development.**

Response: Agree. I am engaging an Expert Advisory Group and my team and I will continue to develop the skillset of the St John team.

Action: Appointment of Associate Professor Jane Shakespeare-Finch (President of the Australasian Society for Traumatic Stress Studies) to chair the Expert Advisory Group. The process to recruit a clinical or registered psychologist to head the wellbeing department is underway.
2. **Conduct a workforce mental health study**

Response: Agree

Action: This will be an early responsibility of the requirements of the Expert Advisory Group.

Although agreeable to an all-emergency service in WA approach, St John is also actively pursuing a whole-of-Australasian Ambulance Sector approach through the CAA and believes this may be of greater benefit to the staff and volunteers of ambulance organisations.
3. **Work collaboratively with workforce on career transition.**

Response: Agree

Action: This is one of the major tasks of the newly established Employee Engagement Program (EEP) members. A facilitated workshop is scheduled to help the EEP get this item underway.

Wellbeing and support model

Findings

- Finding 5:** The current approach to wellbeing and support, even with increased resources, is not enough.
- Response:** I agree to further broadening the focus on evidence but I must say I'm still unclear about the view formed by the IOP on our over-reliance on self-referral. Many experts are now making it clear that one of the pillars of a best-practice framework is shared responsibility. Indeed, this is made very clear in the Beyondblue framework for first responder organisations. That is St John's desire. We need further advice as to how to get this balance right and will use our Expert Advisory Group to help us.
- Finding 6:** It is the view of the Panel that screening of the frontline workforce should occur prior to, and periodically throughout employment.
- Response:** The IOP is strong on its recommendation of mandatory screening of our first responder workforce. While St John does undertake pre-screening and – notwithstanding other expert views – we will continue to work towards a solution in relation to ongoing screening that achieves the best outcomes for our workforce. Our approach will be cautious, leaning on the advice – including this provided by one barrister who specialises in occupational health and safety and industrial law:
- I note that St John WA's current wellbeing and support model relies upon a concept of shared responsibility for wellbeing. In my view, that is a sensible approach.*
- However, the Panel is highly critical of this approach and strongly advocates the implementation of potentially contentious initiatives, most notably the psychological and psychiatric screening of prospective and existing employees and volunteers, on both an initial and ongoing basis.*
- No regard has been given in the report to the obvious industrial relations and legal issues arising from the implementation of such systems and, in my view, the recommendations ought to be approached with great care.*
- Our commitment is to continue to find a solution that achieves the best outcome for our workforce.
- Finding 7:** It is the view of the panel that implementation of a tracking system to monitor staff exposure to trauma is critical.
- Response:** St John Ambulance has all of the data that is required of a tracking system. That is to say, it is possible to report on individual officers (and therefore track) in relation to exposure to potentially traumatic events. While we have the capability this is a complex and untested step for our sector. The report acknowledges that no ambulance service in Australia does this and I believe the key reasons are because of how the data would be used and its impact on individuals.
- These challenges do not constitute a case against trauma tracking, however they do highlight issues with the practicality of implementing such a system.
- Finding 8:** It is the view of the Panel that downtime immediately following a traumatic call should be provided, if requested.
- Response:** We do. That's what I want for our people. It's our policy that downtime is to be made available following a traumatic or difficult case. However, we respect that it remains the choice of the individual to take up the offer of downtime and we respect their decision.
- I want to do more work to ensure that policy is clear and being followed. I will ensure we take all necessary steps to ensure staff clearly understand the policy and adhere to it.
- Finding 9:** It is the view of the Panel that in addition to the continued whole of workforce approach to education, St John should reinstate the dedicated Peer Support network.
- Response:** I believe our approach has developed a significant social support network across this vast state. We've strongly supported our entire workforce to build greater resilience and move through stigma.
- To date, St John's approach has been on having all staff looking out for each other and significant progress has been made on building this capability.
- It's appropriate now to examine whether the addition of a dedicated peer support network would indeed enhance these strong foundations that have been put in place.
- I will ask the Expert Advisory Group to assist St John in advancing this next step.

Finding 10: It is the view of the Panel that St John needs to ensure that appropriately qualified mental health professionals are employed in the mental health team.

Response: Agreed. I am extremely proud of our Wellbeing & Support team as they provide extraordinary support to hundreds of our people every month. The team is flexing and changing each year. There are additional mental health professionals in the team now and in the recent restructure we are currently recruiting a clinical or registered psychologist to head the team.

Finding 11: Formalisation of working with other emergency services.

Response: St John is agreeable to this, however, we are putting our focus on an Australasian Ambulance Sector approach through the CAA.

In the course of its work, the IOP did not have the opportunity to engage with the ambulance sector through the CAA. Also, since the IOP completed its information gathering processes there has been considerable focus and work in this area by the CAA including joint workshops with Beyondblue. Given that a number of submissions have indicated a desire to have a strong workforce specific (paramedic) influence, working with other ambulance services through the CAA should be the major focus. However sharing information and ideas with the other WA emergency services is certainly beneficial.

Finding 12: Better response to traumatic death of staff/volunteers.

Response: St John agrees. Many people within the organisation were deeply affected by the tragic deaths amongst our people. And while there was immediate response to those closest to the deceased, I sincerely regret the response more broadly did not reach enough people quickly enough. We have learned and grown through these unprecedented events and have developed and implemented a new response strategy.

Finding 13: It is the view of the Panel that consideration should be given to the need for, and an appropriate model of, support for ex-frontline workers of St John.

Response: Agreed. We will develop this consultatively through the EEP and take advice from the Expert Advisory Group.

Recommendations

4. Integrated wellbeing and support strategy.

Response: St John agrees.

Action: The existing Wellbeing and Support plan will be refined in consultation with the EEP and the Expert Advisory Group, taking into account the full range of recommendations and services already in place.

Phoenix Recommendation 6

► Employ a qualified mental health practitioner on wellbeing team

Response: St John agrees.

Action: In addition to existing staff who have psychology qualifications, we are currently recruiting a clinical or registered psychologist to head the team. Whilst this will be a valuable next step, to get us this far we needed to revolutionise wellbeing and support. This required a unique innovator to test us and challenge conventions.

► Modify content of mental health literacy to reflect best practice

Response: St John agrees.

Action: We are in the process of establishing our Expert Advisory Group. This will be one of their priority tasks.

► Staff guidance on support pathways

Response: St John agrees.

Action: We have established the EEP for this purpose and it has now met on three occasions. In addition, we've created a new website to help connect staff with the wealth of existing and coming services. The Expert Advisory Group will also be able to inform us of other emerging support pathways.

5. **Screening.**

Phoenix Recommendation 11

► **Implement regular mental health screening**

Response: St John will implement an anonymous online mental health screening tool for our people. St John will need further expert advice (both from mental health professionals and legal experts) and will work through this advice in close consultation with the Expert Advisory Group to inform us of the benefits and limitations of compulsory two-yearly psychological screening.

6. **It is recommended St John work in close partnership with staff, volunteers and their families on the development of wellbeing and support services.**

Response: St John agrees.

Action: We have established the EEP for this purpose. It has now met on three occasions. St John has already implemented an engagement with families during the paramedic induction program. Families will have access to the new website whilst continuing to have access to support services.

7. **It is recommended St John broaden its response to the impact of suicide and other forms of traumatic death amongst staff and volunteers.**

Response: St John agrees.

Action: This has been implemented.

8. **It is recommended that the state government give consideration to the formalised provision of wellbeing support for emergency service personnel.**

Response: This is a recommendation for Government and therefore St John cannot action.

9. **It is recommended a tracking system be implemented.**

Response: St John Ambulance has all of the data that is required of a tracking system. That is to say, it is possible to report on individual officers (and therefore track) in relation to exposure to potentially traumatic events. While we have the capability this is complex and an untested step for our sector. The report acknowledges that no ambulance service in Australia does this and I believe the key reasons are how the data is used and its impact on individuals.

These challenges do not constitute a case against trauma tracking. However they do highlight issues with the practicality of implementing such a system.

Action: To consult with our people, the work of the CAA in this area and receive advice from the Expert Advisory Group in considering how the intent of this recommendation might be progressed.

10. **It is recommended St John establish an ongoing expert panel.**

Response: St John agrees.

Action: We are establishing our Expert Advisory Group and commenced recruitment with the appointment of Associate Professor Jane Shakespeare-Finch (President of the Australian Society for Traumatic Stress Studies) to chair the group.

Operational management, policies and procedures

Findings

- Finding 14:** It is the view of the panel that training for staff moving from frontline services into management must be strengthened.
- Response:** St John agrees.
- Action:** We have recently implemented a new suite of management training programs. This training includes: development of team management systems, giving and receiving feedback, peer-to-peer coaching, transferring learning on-the-job, and essentials in fostering people to bring their best.
- Finding 15:** It is the view of the panel that a revised leadership framework appropriate for St John's professional organisation is required.
- Response:** St John does not agree with this finding. The panel did not review the management and leadership structure, nor interview its leadership team.
- Finding 16:** It is the view of the panel that St John's performance management framework needs to be reviewed.
- Response:** As with so many of these issues, this is a complex point. It is true that we must be mindful that we may see performance impacts in staff suffering mental health stresses. We equally need to be mindful of safeguarding surrounding team members from the stresses of poor performers in their team.
- I believe our performance management practices conform to accepted best practice, however, St John agrees to further reviewing these practices.

Recommendations

11. Training, education & support

Phoenix Recommendation 3 & 4

- ▶ **Engage with mental health professionals to provide regular and repeated workplace training for managers.**

Response: St John agrees. I am extremely proud of our operational managers and I will ensure we engage with mental health professionals to provide this training to further support them in dealing with their team members' toughest moments. We have already completed a resilience workshop. We have just commenced the second phase of education in the form of a stress management workshop.

- ▶ **Provide initial and ongoing training for managers to ensure they develop and maintain core competencies for managing and supervising**

Response: St John agrees.

Action: We have put in place a new training program to build advanced management competencies.

12. It is recommended St John give consideration to the development and implementation of a leadership capability framework appropriate to a workforce with professional staff.

Response: I do agree with reviewing the framework and this is a process that already occurs on an annual basis.

13. Performance Management

It is recommended that St John review its Performance Management process with a view to providing clear guidance on the conditions under which:

- ▶ the process may need to be amended or suspended
- ▶ expert psychological advice should be sought
- ▶ an independent person be appointed.

Further, it is recommended St John revise its performance management policy and procedures in light of the connection between poor mental health and poor performance; and the move towards professionalisation.

Response: Whilst it is current practice to amend or suspend performance management on the basis of expert psychological advice St John agrees to further review these policies and practices.

Issues specific to the country ambulance service

Findings

- Finding 17:** It is the view of the panel that the current model for ambulance services in the country poses increased risk and that a perpetuation of the current model presents risks to the community and the state.
- Response:** St John disagrees. I'm disappointed that the panel expressed this view without any examination of the country model. The panel did not interview the Ambulance Service Director or Country General Manager and did not examine any material or evidence associated with the provision of country services.
- Finding 18:** Stringent screening of and wellbeing and support for wellbeing and support officers.
- Response:** St John agrees.

Recommendations

- 14. Community & Country Paramedics**
- Phoenix Recommendation 9 & 10**
- ▶ **Provide initial and ongoing training for paramedics who work with volunteers**
 - Response:** St John agrees. This process is now well advanced.
 - ▶ **Undertake a review of country and community paramedic recruitment, role clarity, training and support processes**
 - Response:** St John agrees. This process is now well advanced.
- 15. It is recommended St John work with the State Government through WACHS to determine a long term solution to the provision of country ambulance services.**
- Response:** Whilst St John does not agree with the IOP finding in relation to country services, it supports this recommendation as strategically reviewing the provision of country services is an ongoing process and it is timely for us to undertake a review again.
- 16. Volunteer recruitment to include regional assessment.**
- Response:** St John agrees. This is current practice.
- 17. More stringent psychological screening of volunteers and explicit strategies to more effectively manage volunteer exposure to trauma.**
- Response:** St John agrees.

Organisational culture

Findings

- Finding 19:** It is the view of the panel based on consultations that the organisation's culture requires improvement. Critical to this is strong employee engagement.
- Response:** St John agrees.
- Action:** We have engaged a specialist organisation to assist in the engagement of staff and volunteers in shaping and practising our workplace culture. The Class Act Conduct program has been piloted with a group of staff and will now be rolled out to all staff and volunteers—allowing every member of our workforce to have a say in how we improve our organisational culture, and give them the practical tools to achieve it.
- Finding 20:** It is the view of the panel that strategies to improve the organisational culture must take account of the professionalisation of the workforce.
- Response:** St John agrees.

Recommendations

18. Organisational Culture and Employee Engagement

Phoenix Recommendation 5

► Undertake a review of organisational culture and employee engagement including:

- Engage relevant experts

Response: St John agrees.

- Regular staff consultation

Response: St John agrees.

- Specific communication and consultation strategies for regional staff

Response: St John agrees.

- Development of an employee engagement strategy

Response: St John agrees.

Action: The Employee Engagement Program has commenced and a specialist organisation has been engaged to provide support and expertise in psychology, training, education, and communication.

We expanded the regional seminars to include a new staff engagement day introduced this year. This new Regional Roadshow format will continue and expand annually.

19. It is recommended St John give consideration to implementing a system of periodic whole-of-workforce organisational culture/staff satisfaction survey.

Response: St John agrees.

Action: This is a component of Coach's support through Class Act.

20. It is recommended that St John investigate how to better respond to the management of conflict in the workplace.

Response: St John agrees. We are introducing additional responses to conflict where it does occur. However I am going further. The suite of initiatives we are putting place are working at a whole-of-organisation level to create a culture that disallows harmful conflict patterns in our workplace and promotes positive workplace behaviour.

Appreciation of the legal context

Findings

Finding 21: It is the view of the panel that St John needs to better understand and appreciate its non-delegable responsibility for health and safety of its workforce.

Response: St John does not agree. Many of our people could attest to the comprehensive spread of services we offer at their point of need. The view provided by the OHS, industrial law barrister demonstrates the challenge of meeting the medical aspirations within the legal context. Expert opinions differ and perhaps this is what the panel has interpreted as a lack of understanding or appreciation. The legal view obtained by St John demonstrates the differing professional views on this issue:

No regard has been given in the report to the obvious industrial relations and legal issues arising from the implementation of such systems and, in my view, the recommendations ought to be approached with great care.

Recommendations

21. It is recommended St John undertake a comprehensive review of its legal framework as it pertains to wellbeing and support.

Response: Agreed. This review has been commissioned.

Governance, accountability and risk

Findings

Finding 22: Transparency and Accountability could be improved by inclusion of key performance indicators in the CEOs performance agreement.

Response: St John agrees.

Finding 23: It is the view of the panel that St John has not recognised sufficiently enough the real risk of psychological injury in the workforce.

Response: St John recognises the real risk of psychological injury in the workforce but does accept that the very strong focus on shared responsibility, reducing the stigma of mental health and educating the entire workforce on the broad range of psychological risk, including anxiety and depression, has left some feeling that it has not sufficiently acknowledged the impact of traumatic stress.

It's also clear to me that the literature review doesn't share all of the evidence on managing mental health and the effects of trauma. It shares one view. The literature on post-traumatic growth tells us that healthy recovery from trauma, and positively managing our mental health to stay emotionally well, is possible.

The reality is these are complex issues, and there are different schools of thought on how we manage mental health as first responders. I am determined to support our people with positive, world-class care. And I'm drawing on the latest international research to get us there. The Expert Advisory Group (EAG) will help guide us in this very complex area.

Recommendations

22. The CEO's performance agreement to include the obligation for the psychological wellbeing of staff and volunteers.

Response: St John agrees to this recommendation. This is a legal obligation that exists regardless of whether or not it is reflected in a performance agreement.

23. It is recommended that regular and formal reporting of psychological risk and care of the workforce to the Board of St John should be implemented.

Response: St John agrees that current Board health and safety reporting be strengthened in terms of psychological risk and care.

24. It is recommended the contract between the State and St John incorporate agreed key performance indicators relating to psychological risk and care of the workforce.

Response: St John does not agree with this recommendation. St John already has legal obligations to its staff and volunteers. Creating a contractual obligation would add nothing to this but unnecessary red tape.

25. Systems and Documentation

Phoenix Recommendation 1 & 2

- ▶ **Review Safety & Injury Support Services documentation to reflect thorough consideration of psychological as well as physical risks.**

Response: St John agrees and this has been done.

- ▶ **Develop an evaluation and continuous improvement framework for managing psychological risks.**

Response: St John agrees.

Relationship with United Voice

Findings

Finding 24: It is the view of the panel that the relationship between St John and United Voice is dysfunctional.

Response: St John agrees. To achieve worthwhile results for our people, both parties must commit to constructive, respectful and considerate discussion. Both St John and United Voice met a number of months ago and sought to clear the air and put the relationship onto a better footing—a step that is starting to realise benefits.

Recommendations

26. It is recommended St John and workforce representatives collaborate and develop a comprehensive wellbeing and support plan.

Response: St John agrees.

Action: We have established the Expert Advisory Group and the Employee Engagement Program, which will be the vehicles used to achieve this recommendation.

Implementation of recommendations

- 27.** It is recommended a body be established to oversee the implementation of recommendations in this report with a formal progress report in 12 months.

Response: St John agrees.