

GOVERNMENT RESPONSE TO THE PUBLIC ACCOUNTS COMMITTEE INQUIRY INTO THE NSW AMBULANCE SERVICE: READINESS TO RESPOND

Background

The NSW Legislative Assembly Public Accounts Committee (PAC) resolved to conduct a follow up inquiry on the Auditor General's (AG's) 2001 report "*Ambulance Service of NSW: Readiness to Respond*". Their terms of reference were to inquire into:

1. The implementation of the report's recommendations
2. The value of the audit report, in terms of accountability and in improving the performance of government

The Auditor General made 8 recommendations in his 2001 report. The Auditor-General noted with alarm that the ASNSW had slower response times than other states. The PAC report notes the Service has made progress toward implementing the recommendations but that further work is needed to make the ASNSW Australia's best.

The PAC has made 26 recommendations on 9 main themes. These themes are:

1. Governance Framework	3 recommendations
2. Performance Indicators	3 recommendations
3. Public Reporting	2 recommendations
4. Future Directions, Clinical Relationships and Networks	5 recommendations
5. Non-emergency Transport Services	1 recommendation
6. Deployment of Paramedics and Roster Preparation	3 recommendations
7. Training and Development	4 recommendations
8. Arrangements for Honorary Officers	1 recommendation
9. Improving Audit Office Reports¹	4 recommendations

Overview

The majority of the recommendations made by the Public Accounts Committee are consistent with current strategic developments within the Service and are already underway.

The purpose behind the changes recommended to the Service's funding status (Recommendations 1.2 and 1.3) is not clear and no analysis or evidence is presented in the Report to support the movement of the Ambulance Service from the Health portfolio to Emergency Services (Recommendation 4.1) These recommendations are not accepted.

¹ Not discussed in this response

Response to recommendations

1. Governance framework of the Ambulance Service

RECOMMENDATION 1.1: The Service's Board should only comprise members who act in the best interests of the Service and who are independent of the Department of Health.

The Department of Health is no longer represented on the Ambulance Service Board.

RECOMMENDATION 1.2: If the current funding structures remain unchanged following the current review, future appropriation acts should include a separate allocation for the Ambulance Service.

If the intention of the recommendation is to improve transparency of annual funding decisions for ambulance services, then consideration could be given to inserting a section in the *Ambulance Services Act 1990* similar to section 127 of the *Health Services Act 1997*, which, with suitable modification, could include the factors that the Minister should have regard to in determining Ambulance Service funding.

The Ambulance Service is one of a number of Area Health Services and Statutory Health Corporations which are funded through the Department of Health. The Government has recently made changes to ensure that there is a direct line of accountability from the Chief Executives of these organisations through the Director General of Health to the Minister. It is appropriate that the appropriations structure mirrors the Governance structure, ensuring that financial and service delivery accountabilities can be effectively managed. As a result direct appropriations to the Ambulance Service are not considered appropriate. Recommendation 1.2 should not be accepted at this time.

RECOMMENDATION 1.3: The Ambulance Service be listed as an individual agency in Schedule 2 of the Public Finance and Audit Act 1983 and Schedule 1 of the Public Sector Employment and Management Act 2002.

Listing of the Service in Schedule 2 of the *Public Finance and Audit Act 1983* would have the effect of providing for specific requirements for annual reporting and external auditing.

Listing in Schedule 2 would make the Service specifically liable to the reporting requirement provisions of the *Annual Reports (Statutory Bodies) Act 1984* effectively obliging the Service to provide a separate Annual Report. The Service already provides an Annual Report as an obligation of funding from the Department of Health. This Annual Report is also made publicly available. As this broadly follows the statutory annual reporting requirements it is unclear what greater certainty or clarity this would provide.

In relation to external auditing, section 45 clause 20(1)(m) of the *Public Finance and Audit Regulation 2000* already prescribes that the Service is to be audited by the Auditor General as a controlled entity.

Listing the Service in Schedule 1 of the *Public Sector Employment and Management Act 2002* would radically alter the employment status and award and industrial regimes that currently exist for staff. The rationale for such a major change is not

clear and the benefits to either employer or employees are not clear. Ambulance Service employees are already subject to the detailed staff provisions of the *Ambulance Services Regulation 2000*, which was largely based on public sector employment provisions. These provisions are scheduled for routine review and updating as part of the 2005 legislative program for Health.

The purpose of this recommendation is not clear and it would appear to provide no net gain in transparency and accountability.

Recommendation 1.3 is not accepted at this time.

2. Performance Indicators

RECOMMENDATION 2.1: Future annual reports of the Service should include benchmarks for performance information.

This recommendation is accepted and will be adopted.

RECOMMENDATION 2.2: The Ambulance Service to collect, analyse and report data on response times by clinical category.

This recommendation is accepted and will be implemented as reliable data on specific urgency categories and clinical indicators becomes available. Three clinical indicators are currently reported at Board level and further clinical indicators are being developed in 2004/2005.

RECOMMENDATION 2.3: The Service to expand performance indicators in its Annual Reports to include regional breakdowns.

Recommendation 2.3 is accepted.

Regional performance indicators will be reported as standard definitions become available. The Convention of Ambulance Authorities is developing indicators for metropolitan, urban and rural and remote Australia. The first of these indicators is expected for the 2004/2005 reporting period.

3. Public Reporting

RECOMMENDATION 3.1: The league table published in the Convention of Ambulance Authorities (CAA) annual report to be included in the Service's future annual reports.

Recommendation 3.1 is accepted.

Comparisons across Australian ambulance services will be published in the Ambulance Service Annual Report when the same method of reporting response times is adopted by all states, making such comparison valid.

RECOMMENDATION 3.2: The Service to promote the Convention of Ambulance Authorities in its Annual Report, website and other publications.

Recommendation 3.2 is accepted.

4. Future Directions and Clinical Relationships and Networks

RECOMMENDATION 4.1: The NSW Ambulance Service be transferred to the Emergency Services portfolio if issues such as trolley block and ambulance diversion are not resolved within two years.

Ambulance Service delays at hospital emergency departments are well documented and have been extensively analysed both in NSW and other jurisdictions.

It is widely accepted that factors causing emergency department delays include increased demand for hospital services and other issues beyond the control of the Ambulance Service.

Additional demand arises from an ageing population and decreased availability of alternatives to hospital care such as general practice, aged care and other community based services. The capacity of hospitals to meet this increased demand depends on the level of acuity of patients presenting for treatment, patient flows through the various stages of care, diagnosis, treatment and recovery and the availability of a suitably trained workforce.

It is unclear how moving the Ambulance Service to the Emergency Services portfolio would affect the causes of trolley block.

Recommendation 4.1 is not accepted.

RECOMMENDATION 4.2: That the Service collects data on ambulance diversions, including the times and hospitals at which they occur. This should then be used to plan workload and rostering at the Service level.

Recommendation 4.2 is partially accepted.

Data on time at hospital is collected and used along with other demand, demographic and logistical information in planning deployments and resource levels.

Information on the impact of ambulance diversion caused by emergency department delays cannot be collected at this time as diversions can occur for a range of reasons. For example, patients requiring specialised obstetric, paediatric, trauma or burns services may divert from a local hospital to a centre with specialist capabilities or a more distant hospital may be chosen at the request of a patient who has regular treatment there.

RECOMMENDATION 4.3: The placement of Ambulance Officers in emergency wards be discouraged as it is outside their primary role.

The use of duty ambulance officers, funded by hospitals, to assist in managing peaks in demand at emergency departments will continue. Every effort must be made to reduce time spent at emergency departments by on-duty ambulance crews required for emergency response cover.

Recommendation 4.3 is not accepted.

RECOMMENDATION 4.4: The Service should review the 2001 resource modelling analysis for Sydney to ensure the deployment of ambulance resources reflects peak call periods and takes into account the impact of peak

periods of hospital demand. The Service should continue to liaise with the HSU to ensure working agreements and relief arrangements are sufficiently flexible.

Recommendation 4.4 is accepted.

RECOMMENDATION 4.5: The Service establish strategies where middle and senior operational management are seconded to work in Services in other states and overseas and report back to the Service on possible innovations.

Recommendation 4.4 is accepted.

5. Non-Emergency Transport Services

RECOMMENDATION 5: That the Service ensures that the provision of non-emergency transport is appropriately co-ordinated. In particular, that clear lines of communication for arranging such transport are in place.

Recommendation 5 is accepted. A review of patient transport services is proposed for 2004/2005.

6. Deployment of Paramedics and Roster Preparation

RECOMMENDATION 6.1: The Service should continue to monitor the workload of the emergency rescue units in metropolitan and non-metropolitan areas through data collection so that more informed decisions about the continued use of the Service in this area may be obtained.

Recommendation 6.1 is accepted.

RECOMMENDATION 6.2: The Committee encourages the State Rescue Board to re-visit the question of appropriate allocation of metropolitan rescue units, including the use of the Ambulance Service in rescue operations.

This recommendation will be considered by the State Rescue Board at its next meeting on 2 March 2005. In the meantime, it is noted that the Audit Office of NSW is undertaking a Performance Audit into the coordination of rescue services in NSW.

RECOMMENDATION 6.3: That the Service makes it a matter of urgency to implement a suitable automated networked roster system which will assist in making rostering co-ordination activities easier.

Recommendation 6.3 is accepted. It should be noted, however, that efforts to date to find an automated roster system capable of managing the unique requirements of the Ambulance Officers' Award have not been successful. Further options are under review.

7. Training and Development

RECOMMENDATION 7.1: The Service organise opportunities for external management secondments.

Recommendation 7.1 is accepted.

RECOMMENDATION 7.2: A specific section of the Annual Report be devoted to information about the training of officers in the use of data produced by AmbCAD.

Recommendation 7.2 is accepted.

RECOMMENDATION 7.3: A specific section of the Annual Report be devoted to information about the provision of computers and Intranet access.

Recommendation 7.3 is accepted.

RECOMMENDATION 7.4: The Board to take a greater role in co-ordinating and integrating training and development courses across the organisation.

Recommendation 7.4 is accepted.

8. Arrangements for Honorary Officers

RECOMMENDATION 8: The Service use the experiences in other States as a model for the recruitment and management of honorary officers.

Recommendation 8 is accepted.

9. Improving Audit Office Reports

The Government notes the 4 remaining recommendations (recommendations 9.1 – 9.4), relating to the improvement of Audit Office Reports, are noted. It is the responsibility of the Audit Office to respond to these recommendations.