



NEW SOUTH WALES
MINISTER FOR HEALTH

B03/1160

Mr M Brown MP
Chairperson
Legislative Assembly Public Accounts Committee
Parliament House
Macquarie Street
SYDNEY NSW 2000

17 OCT 2003

Dear Mr Brown *Matt*

I write in response to your letter of 15 July 2003 inviting NSW Health to make a submission to the Public Accounts Committee's inquiry to examine the Auditor-General's performance audit report titled *Ambulance Service of NSW: Readiness to Respond*.

I have attached, for the Committee's consideration, a report on the implementation of the Auditor-General's recommendations by the Ambulance Service of NSW together with a submission on the value of the audit report, in terms of accountability and in improving the performance of government.

Should you or your staff seek any further information, the NSW Health contact person is Mr Greg Rochford, Chief Executive Officer, Ambulance Service of NSW on telephone (02) 9320 7602.

Yours sincerely

Frank Sartor MP
Acting Minister for Health

Ambulance Service of NSW: Readiness to respond

During the year 2000, a new executive team was introduced that included external recruitment to some key positions. By the end of the year, a number of change strategies had commenced including a cultural survey of staff, planning a series of open forums across the State to discuss findings and future reforms, and joint union and management forums and consultation structures.

There was no doubt that the Service was about to enter a period of substantial organisational change. The publicity generated by publication of the Performance Audit report provided a focal point for concentrating the views and perceptions of a wide range of internal and external groups. The value of the Performance Audit to the reform climate can be illustrated by the response of the Minister of the day to the report in appointing a new Ambulance Service Board and a series of clear statements that the Service needed to reform or be reformed.

The reform program received a considerable momentum boost from the Performance Audit. An overview of the key elements of these reforms is set out below. As can be seen, strategies and priorities are not directly linked to the actual recommendations of the report.

Management Structure

The senior ambulance superintendent functions within the Service were restructured as a first step in the reform process with 12 tenured positions replaced by 7 Health Senior Executive Service contractual appointments. The new structure integrated operational management into four divisions aligned with the jurisdictional areas of the four Operations Centres based at Sydney, Charlestown, Warilla and Dubbo which provide "000" telephone answering and control ambulance deployments.

The alignment of operational and management structures provides a robust framework for deployment and work practice improvements. The divisional structure also allows for greater emphasis on local management accountabilities by developing individuals and improving patient care delivery models. The structure is based on the principle of devolving responsibility and accountability as close as possible to the point of service delivery.

Strategic Direction

The Ambulance Service has produced a concise and clear articulation of the future direction of the Ambulance Service – *"Best Again 2002-2007 The future direction for the Ambulance Service of NSW"*. This document was based on material gathered from staff through surveys and roadshow workshops.

Best Again is an overview of key strategies to achieve reform and improvement in the provision of services. The strategies are to be implemented between 2002-2007 within the following four broad categories:

- Technical Capability
- Clinical Capability
- Operational Performance
- Management Practice

Best Again has been widely disseminated and provided the basis for management performance, consultation forums and the 2002 staff Roadshows. In 2003, a report card showing substantial progress has been widely distributed as the basis for current

consultations and discussions. Copies of "Best Again" and the "Best Again Report Card" are attached.

Operational Reforms

A series of operational reviews were undertaken to develop the most efficient match between deployment practices and demand for services within existing budget and award constraints.

These reviews provided a range of recommendations for changes that were implemented in Sydney resulting in substantial performance and efficiency improvements. In metropolitan Sydney, significant response time improvements were achieved during 2001/2002 where responsiveness increased by 18.5% to 55.7% within 10 minutes, compared to the previous year. This marked improvement in performance was generally maintained during 2002/2003 financial year despite a 4.8% increase in workload with response time of 54.4% achieved.

The key changes in metropolitan Sydney include:

- Changes to deployment practices (ratio of Patient Transport and Ambulance Officers and roster changes) to better match demand
- Improving mobilisation times (time from call receipt to ambulance en-route)
- Providing appropriate levels of relief staff
- Skills Mix (teaming higher skilled paramedics with qualified ambulance officers) and
- Introduction of Rapid Response capability (single officer for rapid early assessment and treatment).

Future enhancements and structural reforms in rural and regional NSW now form the basis of current and future year planning and operational reforms.

Clinical Reforms

Although not specifically referred to in the Performance Audit, clinical practice and review systems in the Ambulance Service have required substantial development and reinforcement. These changes have been at the forefront of priorities for ambulance officers and have underpinned rationale for many of the operational and work practice changes.

A new Clinical Governance Board sub-committee has been established comprising 2 Board members and the CEO along with community, medical and ambulance officer representatives. The clinical governance structure links the existing Medical Advisory Committee, Divisional Clinical Quality Committees, clinical practice reviews and training resources to ensure a supportive and coordinated approach to the development, investment, and accountability of the clinical practice of ambulance officers across the state.

Key developments have been a substantial boost to the core clinical skills and interventions available to qualified ambulance officers, a supportive framework for self-reporting and review of variations to clinical practice as well as the introduction of a self-directed learning and ongoing professional development approach to re-certification.

These changes are aimed at placing accountability for clinical quality at a similar level to that taken over financial accountability.

The Service's Business Risk Assessment

Deloitte Touche Tohmatsu were appointed in November 2001 to review the Service's internal audit services and to prepare a revised Audit Plan. The Ambulance Service Board's Audit Committee has overseen the internal audit program, which includes a number of control reviews including a review of overtime authorisation, time sheets, workers compensation claims, revenue and debtors, and general IT controls. Progress in each area is reported to the Audit Committee on a quarterly basis.

The Service subsequently engaged Deloitte Touche Tohmatsu to adapt the Treasury and Standards Australia risk management guidelines and undertake a risk assessment review of the Service's activities and the preparation of a risk management plan for implementation.

The Business Risk Assessment has formed an important foundation for the development of a comprehensive risk management model that identifies current risk management activities and will provide a framework for the management of risk on an ongoing basis across the whole of the Service's functions and activities.

ICAC Corruption Resistance Review of the Service

The Service called on the assistance of the NSW Independent Commission Against Corruption (ICAC) to carry out a *Corruption Resistance Review*.

The review made 20 recommendations, which were accepted by the Ambulance Service Board. The recommendations suggested the Service make improvements in the following specific areas in the period December 2001 - December 2003:

- Corruption Risk Management
- Corruption Prevention Strategies
- Internal Reporting and Investigation
- Complaints Handling
- Internal Audit
- Code of Conduct
- Conflicts of Interest
- Gifts and Benefits
- Secondary Employment
- Training and Development
- Recruitment and Selection

Of the 20 recommendations, 14 have been fully or substantially achieved and 6 are scheduled into current activities.

As a measure of the progress made in this area, the Service has been advised by ICAC that routine monitoring of corruption matters will cease and the Service is no longer required to provide regular reports.

REPORT ON THE IMPLEMENTATION OF THE AUDITOR-GENERAL'S RECOMMENDATIONS

RECOMMENDATION 1		
Enhance the accountability framework for the Service		
<i>Simplification of governance framework</i>	Changes implemented.	Former Board disbanded. New smaller Board of 7 members including Director General, NSW Health during transition period. Future Board appointments and governance arrangements will be consistent with NSW Health structures following IPART review.
<i>Expanded range of key performance indicators</i>	Changes implemented.	Key performance indicators have been developed consistent with National Convention standards for ambulance providers. More detailed analysis is widely published within the Service and elsewhere.
<i>Review relationships between Operations Centres and rural / metro structure</i>	Changes implemented.	Operational management structure revised to provide for 4 Divisions that align with the catchment areas of the 4 Operations Centres.
<i>Consider additional change management techniques</i>	Changes implemented.	A wide range of change management techniques in use, including; i) a formal consultative committee structure with the Health Services Union; ii) formalisation of modern management competencies for all managers; iii) regular face-to-face workshops between the executive, managers and staff; regular staff surveys; and a structured range of publications (eg Sirens, Clinical News, and Staff Development Bulletins) to appraise staff of key strategies, developments and changes.
RECOMMENDATION 2		
Enhance public performance reporting		
<i>Re-establish public reporting</i>	Disagree with finding, some changes implemented.	Public reporting continues and has been expanded with the advent of a wider range of indicators. For example, response times are now reported on the Ambulance Service of NSW and NSW Health websites.
<i>Benchmark performance with other Ambulance services</i>	Changes implemented.	National agreement has been reached on a core set of key performance indicators that enable more useful comparisons across ambulance services. Work in this area continues to evolve and develop nationally.
RECOMMENDATION 3		
Work towards a 'whole of Health' delivery of ambulance services		
<i>Set future directions and clinical relationships within Health system; and identify external relationships</i>	Changes implemented.	Roles and relationships have improved substantially for eg i) the Emergency Department Network Access strategy has substantially improved coordination across hospital emergency departments and the ambulance service; ii) the ETAMI pilot will involve identifying patients for cardiac stenting in the ambulance for transportation directly to approved facilities; iii) consultation on a range of rural reforms has been undertaken utilising Area Health Advisory Councils in the pilot area of the Greater Murray; and iv) the Ambulance Service now provides planning, training and coordination of disaster response preparedness across all aspects of the NSW Health system.
<i>Review revenue sources and charging structures</i>	Government policy decision	Charging in other States kept under review. Appropriate mix of user charges and Government funding is a matter for Government.

<i>Develop non-emergency transport services for hospitals</i>	Changes implemented.	Patient Transport Service introduced.
<i>Review deployment of paramedics</i>	Changes implemented.	Paramedics now deployed as part of mixed skill crews with qualified ambulance officers. Changes are rolling out through natural movements and attrition.
<i>Review contribution to State's rescue capabilities</i>	Changes implemented.	Subject to ongoing review by State Rescue Board from time to time.
RECOMMENDATION 4		
Further develop management information capabilities to support decision making		
<i>Ensure levels of activity, staffing etc are regularly reported to the Board</i>	Changes implemented.	Board level reporting has been enhanced.
<i>Implement rostering automation software</i>	Disagree with finding.	The proposed software packaged was inadequate for this purpose.
<i>Utilise resource modelling tools</i>	Changes implemented.	Detailed modelling analysis of staffing levels and deployment strategies completed for State.
<i>Analyse workload, utilisation and responsiveness</i>	Changes implemented.	In-house capability developed and continues to be refined.
RECOMMENDATION 5		
Identify and remove barriers to flexibility of resource deployment		
<i>Review current Award and improve flexibility</i>	Changes implemented.	Currently in negotiations with the Health Services Union in accordance with industrial processes.
<i>Review inflexible management and work practices</i>	Changes implemented.	Examples include: i) new Sydney rosters to better align deployments with demand; ii) widespread staff consultation and communication has improved; iii) substantial reduction in industrial disputation over workplace changes.
<i>Monitor developments in best practice</i>	Changes implemented.	Examples include: i) International survey and analysis undertaken by operational health research consultants, ORH; ii) establishment of Operational Strategy directorate; and iii) active participation in CAA activities.
RECOMMENDATION 6		
Enhance consultation with external stakeholders		
<i>Identify customer and stakeholder expectations and perceptions</i>	Changes implemented.	Participation in regular National patient surveys coordinated by the Convention of Ambulance Authorities.
<i>Inform community of Service's progress directions and plans.</i>	Changes implemented.	Formal policies and guidelines for community consultation have been established with community representation on major operational committees and utilisation of Area Health Advisory Councils for local issues.
RECOMMENDATION 7		
Review recruitment and development strategies		
<i>Enhance management training and development</i>	Changes implemented.	A combination of strategies utilised, including: i) introduction of core management competencies; ii) external assessment centres; and iii) internal development courses coordinated by full time Learning and Development Consultant.

<i>Maximise workplace-based distance learning and training</i>	Changes implemented.	Service intranet capability established and available in major centres. A range of distance learning packages developed and video conference facilities utilised. Awaiting access to State-wide broad band connectivity.
<i>Review Retained and Honorary Officers, PTOs and communications staff.</i>	Changes implemented.	Honorary policy and procedures formally established. Extension of the honorary scheme will be piloted through the Murray district. Patient Transport Service established. Review of communications centres undertaken and reforms and changes are being introduced.
RECOMMENDATION 8		
Continue to place a high priority on addressing issues relating to culture and ethics		
<i>Increase ethics training and awareness activities</i>	Changes implemented.	Cultural and system reforms monitored by ICAC. Sixty percent of existing employees have received formal training to date and all new employees trained as part of their orientation program.
<i>Update risk assessments and control reviews.</i>	Changes implemented.	Business risk assessment completed and regularly revised as part of the routine audit and corporate governance cycle.

Ambulance Service of NSW
Submission to the
Public Accounts Committee Inquiry into progress of implementing the
recommendations of the Auditor-General's Report
"Readiness to Respond"

Introduction

This submission has been prepared for the Legislative Assembly Public Accounts Committee by the Ambulance Service of NSW to provide an outline of key reforms activities that have been undertaken since March 2001 publication of the Auditor-General's performance audit report "Readiness to Respond".

The Committee conducted a site visit to Ambulance State Headquarters and the Sydney Ambulance Centre on 31 October 2003 and met with senior staff of the Service. The submission consolidates information provided under each of the recommendations from the Performance Audit.

Recommendation 1 "Enhance the accountability framework of the Service"

1 (a) "(that) the governance arrangements for the Service be simplified to re-inforce lines of accountability for the Service to its Board, and of the Board to the Minister."

Ambulance Service Board

Following release of the Auditor-General's report, the membership of the Board was changed and the number of members reduced. The Director-General of the Department of Health and the Deputy Director-General, Operations were appointed members of the Board for a time. New Finance, Audit, Corporate Governance and Clinical Governance committees of the Board have been established

Corporate Governance Committee

The governance structure has successfully harnessed essential corporate governance information for the benefit of the Board and the Service Executive.

As a consequence, the Board receives clear focused advice on key performance indicators and strategic governance issues according to a pre-determined timetable. This ensures the Board and Service meet their mutual obligations in regards to the management of the Service.

In accordance with its Charter, the Corporate Governance Committee reviews the cycle annually, or as necessary, to ensure its continued relevance and so the frequency of reporting as planned meets current Service and Board objectives.

The cycle of strategic governance issues and the frequency of reports

Executive Capabilities	Annually
Finance/KPIs	Monthly
Asset Management	Six monthly
OH&S	Monthly
Workforce Planning	Annually
Public Awareness Community Consultation	Annually
Clinical Quality and Improvement	Six monthly
Ethical Governance	Six monthly
Strategic Planning / Board/CEO Performance Agreement with Health	Six monthly
Strategic Partnerships	Annually
IT Strategy	Annually
Statutory and regulatory compliance	Annually

Performance Agreement and Review

The Service has improved accountability arrangements with the NSW Department of Health by aligning performance arrangements with its own stated future direction as set out in the publication *Best Again*.

In 2001/2002 and 2002/2003 the Service met 87% and 100% of the targets set out in the Performance Agreement respectively.

1 (b) “expand the range of key performance indicators for performance measurement”

The Ambulance Service continues to report an extensive range of key performance and activity based indicators on a daily, weekly and monthly basis such as incident and response activity, response (P1) < 10 minutes and mobilisation (P1) < 3 minutes.

The Ambulance Services' Computer Aided Dispatch (CAD) system is the major source of operational performance data. Major data items are extracted for the purpose of preparing and maintaining a robust data set. Validation of CAD data is an essential function ensuring accuracy in operational reporting and performance monitoring.

A data warehouse has also been established to integrate the Patient Health Care Record, CAD and other data sets within the Service enabling a wider range of reports and analysis.

See also 4 (a) (c) and (d).

1 (c) “review relationships and accountabilities between Area and Operations Centres in the new Rural/Metropolitan structure”

A review by the Service in 2001 into relationships and accountabilities between Area and Operations Centres has been progressed with the development of action plans for the implementation of divisional structure across the State.

The new structure serves to integrate operational management into four divisions aligned with the jurisdictional areas of the four Operations Centres based at Sydney, Charlestown, Warilla and Dubbo and has provided a robust framework for further deployment and work practice improvements.

The divisional structure for operational management allows for greater emphasis on local management accountabilities by developing individuals and improving patient care delivery models. The structure is based on the principle of devolving responsibility and accountability as close as possible to the point of service delivery. Detailed plans for the implementation of reform in each division have been developed and progressed.

Four Divisional Managers have been appointed and extensive consultation is underway with relevant unions on further progression of the reforms which will serve to clarify linkages between senior management and operational ambulance officers.

1 (d) “consider additional change management techniques to address more effectively barriers and impediments to the effective implementation of new technologies and structures.”

A number of different change management techniques are being applied to support the Service's substantial reform program and includes:

- annual staff workshops across the State have involved the Executive team and over 700 staff from all facets of Service operations. Staff have enthusiastically participated in prioritising change issues for the Service;
- project management structuring has established standards to ensure individual change activities involve key stakeholder input and communication;
- a management development program involving formal assessment, training and performance appraisals for senior managers;
- staff run awareness programs and seminars targeting issues such as response times and use of new technology;
- a new “Service Development” bulletin explaining the proposed changes as they are developed, actively seeking staff feedback and comments;
- formal consultative structures involving 8 special purpose “Ambulance Advisory Committees” coordinated by a high level “Peak Consultative Committee” that includes the CEO of the Service, Secretary of the Health Services Union, United Services Union and Labor Council, chaired by the Director-General of Health;
- management workshops in Regional Areas with the Executive Management Team engaging frontline management in the change process and strategic future directions.
- development of an Ambulance Service of NSW Quality Improvement Program by adopting the NSW Department of Health's recommendations contained in ‘Managing the quality of health services in New South Wales’ (1999).
- the Service has established a Clinical Governance Committee as a Board Sub-Committee to manage the review and implementation of pre-hospital care best practice and monitor clinical performance.
- a Senior Management Conference to provide a formal mechanism for management input into the strategic and operational direction of the Service;
- development of management competencies for managers;
- a cultural survey is conducted providing insights into opinions and knowledge of the Service's reform program amongst staff and managers. The results are reported to every staff member and have provided credible evidence of improved communication, outlook and attitudes across the organisation.

See also Recommendation 7(a)

Recommendation 2 “Enhance public performance reporting”

2 (a) “re-establish public reporting of reliable responsiveness data and trends”

Public reporting of responsiveness data continues through the Ambulance Service's Annual Reports and other publications, and monthly reports to the Board. It does not require re-establishment. However, the quality and range of key performance indicators, including responsiveness indicators, is being improved (covered in 1(b), 4(c), 4(d) and 6(b)).

2 (b) “finalise deliberations with the Convention of Ambulance Authorities to benchmark and report the comparative performance of ambulance services.”

As one of 11 members of the Convention, the Service has continued to develop partnerships with other services in a number of forums to allow the development and monitoring of benchmarking and reporting of the comparative performance of ambulance services.

While this an ongoing process, deliberations with the Convention have been finalised and performance in a number of key areas such as activation, mobilisation, response and hospital turn around times is now reported through the Convention's Annual Report.

The establishment of call prioritisation in NSW continues to progress with all four operations centres utilising the call triage system. The progression of this system has assisted comparison by allowing valid comparisons of response performance to "life threatening" cases in line with other states.

The final phase of the implementation of call prioritisation involves matching vehicle deployments with prioritisation determinants.

The response to Recommendation 1 (b) is also relevant to this issue.

Recommendation 3 "Work towards a "whole of health" delivery of ambulance services

3 (a) and (b) "clearly set out future directions and clinical relationships and networks within the Health system" and "identify external relationships to ensure interchange of information and consistency of standards"

The Service has developed clinical and agency partnerships (*Best Again*) which focus on internal reforms and priorities while monitoring links with NSW Health Strategic directions and Area Health Service user requirements.

Relationships with metropolitan Area Health Services have developed considerably particularly with hospital Emergency Departments. In addition to the regular meetings between metropolitan Area Chief Executive Officers, the Ambulance Service Chief Executive Officer and senior Department of Health staff, a program of ambulance and hospital liaison officers has been established.

The new Ambulance Liaison Officer positions have built a close network with hospital bed management staff that has assisted in dealing with surges in demand for emergency services in a timely fashion and limiting the impact on ambulance operations. The program has involved establishing liaison posts in each metropolitan health service to work along side hospital bed planners, coordinating ambulance movements between hospital and emergency departments.

The Ambulance Service of NSW Senior Executive Team and senior management are very much aware of the far-reaching changes being implemented across the spectrum of health care delivery in New South Wales under the implementation strategies flowing from the Government Action Plan for Health (The GAP). These changes stem from the recommendations of the Health Council (Menadue) and Rural Health (Sinclair) reports released in February and March 2000.

As the front-line, emergency arm of the Health Services, Ambulance Service of NSW service delivery is inextricably linked to changes occurring in the rest of the health system.

The Service has been actively involved with participation in the NSW Government Action Plan for Health (The GAP). This has incorporated both:

- Direct involvement (the Emergency Clinical Implementation Group – EDCIG); and
- Indirect involvement (analysis of, and contribution to [where of most relevance]), GAP initiatives across all 14 Implementation Groups that may impact upon future Ambulance Service of New South Wales service delivery commitments.

The Ambulance Service continues to be actively involved with a whole-of-health approach to health care service delivery. This encompasses, but is not restricted to, participation in:

- The Chief Executive Officer's participation at the Senior Executive Forum and Convention of Ambulance Services of Australia (& NZ); and
- The General Manager, Medical Directorate & Health Counter Disaster Services' participation or representation in a wide ranging group of strategic State and National policy making committees.
- The Ambulance Service has responsibility for coordinating and planning for health system response to disasters and mass casualty events.

The Service assumed administrative responsibility for the NSW Health Counter Disaster Unit in January 2002. The unit plans and trains key staff for the response by the whole of the health system to any disaster or mass casualty event and is responsible for all aspects of disaster medicine including provision of appropriately trained ambulance, medical, public health and mental health personnel.

The Unit integrates expertise for incident management of the broader health system along with combining specialist equipment acquisitions and training services improving efficiency and consistency of skills.

The Service's Medical Retrieval Unit coordinates both the transport and specialist staff for medical retrievals liaising directly with contractors, hospitals, the Neonatal Emergency Transport Service at Westmead and the four Ambulance Operations Centres.

The Ambulance Service owns, operates and maintains four specially equipped fixed wing aircraft and administers contracts for a fixed wing operator and nine helicopter services to provide aeromedical transport services across the State.

3 (c) "review the Services revenue sources and charging structures"

The relative contribution of funding from Government sources to user charges is ultimately a matter of Government policy.

The Service keeps under review the fees and charges and sources of revenues in New South Wales and other States. Revenue from user fees and charges for ambulance services in New South Wales are lower and the NSW Government provides a higher level of direct funding for ambulance services when compared to other States.

3 (d) "develop an appropriate package of non-emergency transport services for hospitals"

A dedicated Sydney-wide Patient Transport Service was introduced on 18 August 2001. The new service was brought about by increasing the numbers of Patient Transport Officers from 43 to 80 providing the critical mass for a dedicated service operation in Sydney.

A dedicated control position and dispatch board has been established within the existing Sydney Operations Centre establishment for the planning, scheduling and radio control of Patient Transport Service vehicles. The Service is currently implementing a reorganisation of Operation Centre functioning, which incorporates reviewing Patient Transport dispatch operations within the Sydney Operations Centre. The Patient Transport Service has become an integral part of the State's non-emergency patient transport system, providing a range of transport options to both stakeholders and patients. Its major role is the transportation of non-emergency patients whose medical condition renders them medically unable to utilise other forms of transport.

The enhanced Patient Transport Service has led to a more focused, organised approach to non-emergency transport involving well planned, coordinated operations within clearly defined performance parameters.

The efficient use of Patient Transport Service resources is assisting in freeing up emergency ambulances for "000" responses and will contribute to a reduction in response times to emergency cases. The Patient Transport Service is firmly established in metropolitan Sydney and undertaking 80% of non-emergency transports for Sydney. The efficiency of specialised Patient Transport resources in lower population centres has not been established but is being considered as part of the current round of rural enhancements and reforms.

The advent of the Patient Transport Service will facilitate a review of current service level agreements with Area Health Services. Early indications suggest a trend of increasing use of the Ambulance Service for hospital non-emergency transport work and this is expected to continue as service standards improve.

3 (e) "review strategies for the deployment of Paramedics"

Paramedics are now deployed with general duties officers providing for a greater dispersal of paramedic interventions. The previous practice of deploying two paramedics in a vehicle now is used for training purposes as 200 additional paramedics are trained during 2002-2004. The new paramedic deployment regime is being gradually implemented as numbers increase and through natural staff movements. Currently 36 of the 47 ambulance stations in the Sydney Division deploy Paramedic Officers whereas 19 stations deployed paramedic officers together in dedicated paramedic vehicles in 2000/2001.

In addition, the future clinical and training direction has been set and a strategy developed to provide fairer access to paramedics across NSW. The first phase of the strategy will be the introduction of Paramedics to all twenty-four hour stations in rural NSW and the provision of paramedics on helicopter services.

3 (f) "review the contribution the Service makes to the State's rescue capabilities"

This matter has been considered by the State Rescue Board. In February 2002 the State Rescue Board recommended that the Service maintain its rescue operations at this time. As a result, the Service undertook a review of current rescue operations to explore ways in which rescue operations could enhance the overall operational performance of the Service.

It identified the need to strengthen management focus for regular rescue and communication functions. Other reforms include updates for clinical skills; rotating rescue paramedics through rapid response and skills mix crews; improved activation, response and utilisation procedures; updating equipment; re-establishing specialist rescue training as well as rescue awareness training for all employees; and the development of accurate data collection systems.

The State Rescue Board will continue to have a watching brief over this matter.

Recommendation 4 "Further develop information capabilities to support decision making"**4 (a) "ensure that the Board regularly receives reports which address issues of levels of activity, staffing levels/utilisation, and significant equipment deficiencies"**

Reporting to the Board includes all currently available indicators. An example of current performance reporting is presented below. It should be noted that NSW continues to report performance for calls on the triple 0 emergency line for ambulance assistance irrespective of the urgency of the case. Other Australian services report response times only for actual emergencies. NSW reporting will be brought into line with other States as current Operations Centre reforms are introduced.

Mobilisation Time Performance (State)

(time from 000 call answer to ambulance crew mobile en route to incident)

	<1 minute	<2 minutes	<3 minutes	>3 minutes
2000-2001	4.9%	24.6%	51.1%	48.9%
2001-2002	5.0%	27.7%	55.7%	44.3%
2002-2003 (ytd)	4.9%	27.6%	56.2%	43.8%
Variance	0.0%	12.2%	10.0%	-10.4%

Response Time Performance (State)

(time from 000 call answer to ambulance crew at the scene)

	Response <5 minutes	Response <10 minutes	Response <15 minutes	Response <20 minutes	Response >20 minutes
2000-2001	7.7%	47.6%	77.1%	88.9%	11.1%
2001-2002	9.1%	52.8%	80.4%	90.6%	9.4%
2002-2003	9.3%	53.1%	80.6%	90.9%	9.1%
Variance	20.8%	11.6%	4.5%	2.2%	-18.0%

Total Activity (State)*

	Incidents (number of situations where an ambulance responds)	Responses (number of ambulance vehicles sent to an incident)	Transports (number of patients transported)
2000-2001	708,924	823,181	546,410
2001-2002	739,831	858,827	572,526
2002-2003	768,168	895,718	594,992
Variance	59,244	72,537	48,582

P1 Activity (State) (000 calls) *

	Incidents	Responses	Transports
2000-2001	471,208	565,076	324,915
2001-2002	491,120	589,029	340,669
2002-2003	504,867	610,276	351,052
Variance	33,659	45,200	26,137

* Data corrected to remove transcription errors in accordance with oral testimony by Mr Rochford to the Public Accounts Committee.

Systems for regular review and maintenance of medical and specialised equipment are in place. Major issues are reported on an exception basis and regular reports are provided on ongoing capital and equipment programs.

4 (b) “fully implement rostering automation software for all roster preparation”

The Service has resolved that the continued development and implementation of roster automation software (AmROS) identified in the Auditor-General’s Audit Report will not be compatible with recent changes to management, performance and resource utilisation reporting and AmbCAD operations.

4 (c) and (d)

“develop and implement resource modelling tools to determine optimal staffing levels and deployment strategies”

and

“develop capabilities to analyse workload, utilisation and responsiveness at stations and shift level”

The Service’s has strengthened its capacity to analyse workload and deployment issues at station and shift levels in detail:

- *Data Mining* - will afford the Service the opportunity to examine the vast amount of CAD data and locate patterns in that data. These patterns disclose areas of operations that may require additional resources. The Service is currently working with the Department of Health in the procurement and development of analytical and reporting software to maximise the value of information from this effort.
- *Quantitative Analysis* - as a discrete discipline, further refines the information evaluation process. Data dissection and evaluation can provide opportunities for operational investigation and systems improvements.
- *Operational Modelling* - is the most potentially valuable development for the Service. Given the nature and scope of the Service’s statewide operations, there is a real need to better understand the whole operations environment. The Service is currently investigating software products such as ODT’s SIREN (Simulation for Improved Response of Emergency Networks) to facilitate such modelling.

Additional benefits will accrue to managers who use the resulting enhanced operational information.

See also 1(b).

Recommendation 5 “Identify and remove barriers to flexibility for resource deployment”

5 (a) and (b)

“review, interpretation and application of current Award conditions”

and

“improve flexibility of Award conditions”

The current Health Services Union award expires on 31 December 2003. The Service has developed for discussion a simplified plain English award based on the concept of a composite salary. The proposed award provides greater flexibility for both staff and management.

5 (c) “review management and work practices contributing to inflexibility”

An emphasis on transparent executive and middle management has been demonstrated with the completion of two cultural staff surveys over the past two years. The results of the surveys have been disseminated to staff and indicate key improvements in “interpersonal cooperation”, “communication effectiveness”; and “awareness of organisational goals”.

A six-monthly action report card has been developed to allow individual managers opportunity to assess their progress in areas such as communicating with staff and providing feedback regarding various reform strategies, exploring more flexible work practices in their areas, and identifying development opportunities for self and staff.

Executive management continues to promote two-way communication with the recent completion of the third series of staff forums. The forums provide the Executive team with opportunities to inform staff on the development of reforms in an informal and interactive way. An important initiative arising from this forum was the formulation of the “Best Again” document which represents one component of the Service’s future direction strategy. Other strategies to encourage two-way communication continue to be developed and increasingly utilised by staff.

A performance appraisal system, supported by a robust management development system has been endorsed by the Service and has been presented to managers and relevant unions (see the response to Recommendation 7 (a)).

Senior management performance agreements are now well established with 12 of the most senior tenured Superintendent positions now replaced with seven contracted appointments under the Health SES scheme. All contracts are for a five-year term.

The improved management capabilities that are developing have enabled additional flexibility and change. For example, the implementation of roster reform across Sydney and larger regional centres has been a significant development aimed at better matching resources to demand (see the response to Recommendations 4 (c) and (d)) and providing an appropriate relief capacity allowing greater flexibility. This has been supported by significant work practice reforms currently underway in all operations centres across the State.

In addition, the progressive roll-out of officers with enhanced clinical skills continues with roster flexibility required to support the review and implementation of strategies addressing the deployment of Paramedic Officers (see Recommendation 3 (e)).

5 (d) “monitor developments and best practice within the Service and elsewhere”

The Service continues to participate in engagement with other ambulance service providers, both within Australia and overseas. The Service is active within the Convention of Ambulance Authorities Australia activities, including the March 2003 convention, and the General Manager, Medical Directorate & Health Counter Disaster Services and the Director, Operational Strategy attended the AMBEX convention at Harrogate UK during private visits in June 2003. The Service also contributes to the production of the Ambulance Services Australia Report, which facilitates benchmarking with other ambulance services in Australia and New Zealand.

Clinical protocols for treatment are being obtained from other States to monitor trends in pre-hospital care. The Service is also contributing to the standardisation of terminology to allow meaningful comparison of data including Key Performance Indicators.

A key best-practice achievement has been the upgrading of the New South Wales ambulance officer training program. Additional training and skills have been added to the curriculum enabling qualified officers to administer narceine, salbutamol and adrenalin (for non-cardiac use) and to gain intravenous access for administration of Hartman's fluid. These additional treatments place the general duties of an ambulance officer in New South Wales amongst the most skilled nationally and internationally.

The new training is included in all current ambulance officer courses and updated courses have commenced for all currently qualified officers in the Service.

The Service has adopted the NSW Health framework for Managing the quality of health service in NSW to guide and support its clinical governance and quality improvement systems. The Clinical Governance initiative utilises the same strategies and tools as Area Health Services allowing greater consistency and interaction across professional disciplines.

Recommendation 6 "Enhance consultation with external stakeholders"

6 (a) and 6 (b)

"regularly identify customer and stakeholder expectations & perceptions"
and
"keep broader community informed of progress, directions and plans"

The Service is committed to the implementation of strategies for consumer and community participation in policy development, priority setting, service planning and evaluation of services. Public Participation Guidelines have been developed in consultation with consumers and Service representatives. The Guidelines have been endorsed by the Ambulance Service Board.

Consumer representatives are already actively participating on a number of Service committees including the Medical Priority Dispatch System Steering Committee, Clinical Governance Committee, Website Working Party, Consumer and Community Participation Working Party, Integrated Complaints Handling Reference Group and the Health Access Coordination Pilot Committee.

To effectively communicate with all target audiences and stakeholders communication plans incorporating the objectives, key messages, communication tools and evaluation methods are now developed for all reforms, service delivery and health promotion activities.

The emergency work routinely performed by the Service is of considerable interest to the media. By publicising human-interest cases, the Service maintains a high profile and also promotes better health at a community level. In addition to the staff of the Public Affairs Unit, across the State 100 volunteer ambulance officers have been appointed to further promote attendance at local incidents.

Fact sheets in both English and community languages on frequently asked questions including an overview of the Service, how to call an ambulance, when to call an ambulance and ambulance fees are currently being produced for placement on the Service's website and for dissemination at community events.

Over the next 12 months the Service's website will undergo a major overhaul. Committee representatives including staff and consumers as well as focus group participation from various demographics and cultural groups will ensure that the site is interactive and meets the needs of the end user.

On an ad hoc basis across the State the Service undertakes over 250 child care/school visits. A committee with school education representation including public, Catholic and independent schools have commenced the development of an education package for primary school children. Following implementation and evaluation the program will be expanded to include secondary schools and seniors.

Internal communication has continued to be an area of focus for the Service. Staff are informed and involved in the decision making process through executive station visits, the Service corporate plan “Best Again” and “Best Again – Report Card”, internal bulletins, the expansion of the staff newsletter and the implementation of an intranet site.

Recommendation 7 “Review recruitment and development strategies”

7 (a) “implement enhanced management training and development programs”

The Service has developed a set of core management competencies for Ambulance managers based on NSW Health Executive Development Centre competencies. All senior managers have now been assessed through an external Management Assessment Centre environment.

The results of these assessments are now forming the basis of development plans, with training and development requirements, for managers.

The Service has also appointed a Learning and Development Officer to advance the management training program in accordance with the development plans prepared and to implement a frontline supervisor training program.

At the same time, the Service has developed a performance management model that combines individual management goals arising from the Service’s new Performance Agreement with NSW Health with personal development targets for individual managers to support and monitor the changes to management approach being disseminated across the Service.

Staff appraisals have been developed for staff and are currently the subject of consultation with relevant unions. The appraisals will provide a valuable tool in progressing development programs and succession planning.

7 (b) “maximise opportunities for workplace-based distance learning and training”

An Ambulance Service videoconferencing system has been expanded to include all four rural ambulance education centres in NSW linking education, training and quality support networks with State Headquarters in Sydney. Students benefit from clinical tutorials involving the human sciences, case reviews and clinical governance activities. The system was introduced as part of the NSW Health Telehealth project and also links with over 130 compatible units across rural and metropolitan hospitals.

The Ambulance Education Centre is also developing a range of distance learning models and revising the Ambulance Officer education curriculum to adapt to workplace learning models. The changes are being developed in concert with the Ambulance Advisory Committee on Education and Training and will enable a greater portion of the Ambulance Officer curriculum and advance skill qualification, to be undertaken remotely.

The Service was successful in 2002 and 2003 in its applications for funding to the Australian National Training Authority to:

- Establish the Ambulance Education Centre’s capacity to moderate online courses by acquiring e-moderation skills
- Compare and evaluate different approaches to e-moderation
- Create engaging and stimulating pre-hospital care simulations
- Design and deliver engaging pilot e-moderation courses based on pre-hospital simulations
- Evaluate the effectiveness of pilot courses.

Ongoing clinical training systems for ambulance officers are also being upgraded to a continual clinical education model. This self-directed learning approach with a points system replaces the former class room and examination based re-certification system. The main feature of the new system is that the majority of work will be at the officer's own pace in their own location with the Ambulance Education Centre providing support through a variety of learning methods. Key technical skills such as resuscitation techniques will still be evaluated face to face.

7 (c) "review arrangements and strategies for Retained and Honorary Officers, Patient Transport Officers and communications staff"

Changes to the arrangements for Patient Transport Officers are set out in the response to Recommendation 3(d). The Service is undertaking a Pilot Project in the Murray District of Regional NSW to test the recommendations made in the Draft Regional NSW Review, which includes:

- developing thresholds for different models of care
- eliminating roster redundancy by introducing rosters of 2, 4, or 6 staffing establishments; and
- developing partnerships with Health Services and the Community.

This work has included a review of the Service's policy for the management of Honorary Ambulance Officers which has been endorsed by the Board.

Recommendation 8 "Continue to place a high priority on addressing issues relating to culture and ethics"

8 (a) "increase ethics training and awareness activities"

The Service continues to meet goals in strengthening ethical standards and professional conduct within the Service through policy development, training, investigating and advising.

Primary activities included the management of serious conduct and disciplinary matters in accordance with our internal policies and the law and in conjunction with appropriate operational and corporate managers.

Similarly, a number of important strategic activities have been undertaken by this unit in recent times which emphasise the issues relating to culture and ethics and place the high priority on ethics training and awareness as recommend by the Auditor General.

Corruption Resistance Review

In addressing this recommendation the Service had the assistance of the NSW Independent Commission Against Corruption (ICAC).

Training for Staff in Ethical Conduct

The Service's ethical conduct educational strategy is aimed to educate and inform staff about ethical decision making; the Service's Code of Conduct and the process of making internal complaints. 60 percent of all staff have now received this training, which was rated as highly relevant or relevant by over 98 percent of staff that attended.

Drug and Alcohol Policy

A policy for managing drug and alcohol impairment among officers was subject to a wide consultation process, which is now complete. This feedback assisted the development of the final document which has been endorsed by the Board and issued to staff.

Training for Managers by the Health Care Complaints Commission

The unit coordinated courses by the Health Care Complaints Commission in complaint investigation techniques and more recently local complaint resolution skills. Four courses were conducted over the last year and further courses are scheduled for the coming months. A total of 66 staff were trained in the reporting year.

Anti-Harassment Training

The Service has developed a new training program to deal with concerns regarding staff conflict, bullying and harassment. The program is designed to strengthen the Service's response to bullying and harassment in the workplace by providing focused training that can be tailored according to an area's specific needs.

8 (b) "review and update previous risk assessments and control reviews including approval of overtime"

Refer to submission forwarded to the Committee on 17 October 2003 (B03/1160).

Greg Rochford
Chief Executive Officer
31 October 2003