Carmel Tebbutt MP

Deputy Premier | Minister for Health

P10/846

Ms Lyn Lovelock Clerk of the Parliaments NSW Parliament Macquarie Street SYDNEY NSW 2000

Dear Ms/Lovelock

I refer to the Final Report of the Inquiry into the Management and Operations of the Ambulance Service of NSW tabled by the Legislative Council General Purpose Standing Committee No.2 (GPSC2) on 30 April 2010.

Enclosed is the NSW Government's response to the GPSC2 Report 33 – April 2010.

Yours sincerely

Carmel Tebbutt MP

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Deputy Premier

Minister for Health

Received at 2.45 pm
Wednesday 3 November 2010
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NSW GOVERNMENT RESPONSE

TO THE

LEGISLATIVE COUNCIL
GENERAL PURPOSE
STANDING COMMITTEE
NO.2

REVIEW OF THE INQUIRY
INTO THE

MANAGEMENT AND OPERATIONS
OF THE

AMBULANCE SERVICE OF NSW

CONTENTS

1.	Introduction			
2.	Overview of NSW Government response to April 2010 recommendations			
3.	Deta	Detailed response to each recommendation		
	3.1	Recommendation 1	Senior Executive Performance Reviews	
	3.2	Recommendation 2	Investigation KPI	
	3.3	Recommendation 3	Medications Security	
	3.4	Recommendation 4	Single Officer Crewing	
	3.5	Recommendation 5	Satellite Navigation Units	

1. Introduction

In 2008, General Purpose Standing Committee No. 2 conducted an inquiry into the management and operations of the Ambulance Service of NSW, which contained 45 recommendations, 33 of which were supported by the NSW Government.

In February 2010, NSW Health submitted a detailed response to the Committee's recommendations. The response described the substantial program of reform within Ambulance that has been underway for ten years. These reforms have focused on changing and upgrading clinical practice and structural changes to operations, implementing new technology and improving management practice and support to staff.

The response also noted the additional momentum associated with staff support arrangements and management practice gained from the recommendations from the Legislative Council's General Purpose Standing Committee No. 2, issued in October 2008.

This program of reform and development must continue if the Ambulance Service is to respond effectively to the changing needs of the community. The current major reform strategies set out in the Ambulance Service's Excellence in Care: Future Directions for Ambulance 2009-2012 are:

• Management Practice and Support for Staff:

strategies to ensure the Ambulance develops a management culture to promote best practice and a supportive working environment for staff.

Clinical Capability:

strategies to ensure that Ambulance staff are trained for best practice, that Ambulance has the right mix of skills and that we are measuring and improving quality of care.

Operational Performance:

strategies to ensure that Ambulance's operational procedures and work practices are geared to delivering quality care.

Technical Capability:

strategies to ensure that Ambulance has the equipment, fleet, bases and communication and information systems to operate at contemporary best practice standards.

The 2008 report also included an undertaking that the Committee would review the implementation of these recommendations. In April 2010, the General Purpose Standing Committee reviewed the implementation of the 2008 recommendations, which resulted in an additional 5 recommendations.

This Response addresses these 5 recommendations.

2. NSW Government Response to April 2010 Recommendations

Recommendation 1

That NSW Health publish the results of the Chief Executive's and senior executive managers' performance reviews on the Ambulance Service of NSW's website and email system, within one month of each review being completed.

NSW Government Position:

This recommendation is supported in principle

Recommendation 2

That NSW Health establish a Key Performance Indicator in which the Professional Standards and Conduct Unit reports the percentage of investigations completed within three months. Performance against the indicator should be reported in the NSW Health Annual Report.

NSW Government Position:

This recommendation is supported in principle.

Recommendation 3

That the NSW Government fund NSW Health to introduce personal electronic access cards for drug safes in all ambulance stations across New South Wales, as a matter of priority, in the 2010-11 State Budget.

NSW Government Position:

This recommendation is supported in principle.

Recommendation 4

That the Ambulance Service of NSW ensure that on-duty crews, where appropriate, consist of two ambulance officers by 31 December 2010.

NSW Government Position:

This recommendation is supported.

Recommendation 5

That the Ambulance Service of NSW replace all personal Satellite Navigation Units with one high-quality Satellite Navigation Unit, fixed in each ambulance.

NSW Government Position:

This recommendation is **not** supported.

3. Detailed Response to April 2010 Recommendations

3.1 Recommendation 1

That NSW Health publish the results of the Chief Executive's and senior executive managers' performance reviews on the Ambulance Service of NSW's website and email system, within one month of each review being completed.

NSW Government Position: This recommendation is supported in principle.

The Ambulance Service is committed to open and transparent reporting of its performance.
 The Ambulance Service will publicly report on the performance of the senior executive each year.

3.2 Recommendation 2

That NSW Health establish a Key Performance Indicator in which the Professional Standards and Conduct Unit reports the percentage of investigations completed within three months. Performance against the indicator should be reported in the NSW Health Annual Report.

NSW Government Position: This recommendation is supported in principle.

- The Ambulance Service acknowledges that protracted conduct investigations can cause significant stress to some staff, and can impact on the options available to the Service in resolving issues.
- Ambulance supports the establishment of a KPI based on investigative best practice that
 recognises the serious nature of the allegations investigated by the PSCU. Public sector
 investigative guidelines recognise that a period of time longer than 12 weeks is appropriate
 for the investigation of more serious allegations, or investigations where there may be a
 concurrent criminal investigation or other proceedings or actions.
- A new case management system introduced in PSCU will assist the unit to track and monitor matters and easily identify matters that are delayed and assist Ambulance Service staff monitor the timely management of investigations.

3.3 Recommendation 3

That the NSW Government fund NSW Health to introduce personal electronic access cards for drug safes in all ambulance stations across New South Wales, as a matter of priority, in the 2010-11 State Budget.

NSW Government Position: This recommendation is supported in principle.

- Medications, including Schedule 8 drugs, are currently stored on stations in safes. Access
 to the safes is currently managed by the issue and return of the safe key and by completing
 a manual record of the event signed by the Paramedic responsible.
- The implementation of a state-wide security access control system that involves the issuing
 of personal access cards is the subject of discussion between NSW Health and the
 Ambulance Service.

The NSW Government recognises the importance of contemporary security measures for the storage of medications.

Recommendation 4 3.4

That the Ambulance Service of NSW ensure that on-duty crews, where appropriate, consist of two ambulance officers by 31 December 2010.

NSW Government Position: This recommendation is supported.

- The majority of Ambulance crews comprise of two (2) officer units which are available to respond to incidents and transport patients.
- Single officer units are also deployed for Rapid Response and Extended Care roles to provide treatment and initial assessment, and in a number of cases the intervention of the single officer is sufficient and transport is not required. Supervisors, Clinical Training Officers, and paramedics in transit or on-call are also available to respond to emergencies in their vicinity.
- Single paramedic responses are supported by the dispatch of additional resources when required.
- The use of the mix of two officer transport crews and single officer crews in NSW reflects contemporary international ambulance deployment practice.

3.5 Recommendation 5

That the Ambulance Service of NSW replace all personal Satellite Navigation Units with one high-quality Satellite Navigation Unit, fixed in each ambulance.

NSW Government Position: This recommendation is not supported.

- Navigation aids such as Navman's are an additional tool for locating patients. Paramedics also continue to have access to paper based maps (UBDs) and contact with the Operations Centre which have access to the electronic mapping systems used by all NSW emergency services.
- The Ambulance Service has some satellite navigation units that are fixed into vehicles. These units are significantly more expensive than portable units and until this year, upgrading mapping software on fixed units has had to be done manually using a CD-ROM, which is a logistical and resource intensive burden.
- Satellite navigation technology has a shelf-life of approximately 3-6 months before being superseded by more sophisticated technology, and the cost of retro-fitting the Ambulance fleet with fixed units would also be prohibitively expensive. As appropriate technology and funding becomes available satellite navigation technology will be upgraded.
- Options for linking navigation with ambulance dispatch systems and hardware in the vehicle will be expanded as technology and funding become available.