Reform Plan for NSW Ambulance
The core business of the NSW Health system is to provide the best possible care to patients. And the 4,000 committed and dedicated staff of NSW Ambulance provide a vital service for people who need urgent, life-saving treatment.

Under the former NSW Government, NSW Ambulance was the subject of many reviews and inquiries – in fact ten have been undertaken since 2005.

When I became Minister for Health, I recognised that there were outstanding issues that needed to be addressed. I knew it was important that we drew a line in the sand and establish a clear direction for NSW Ambulance as an integral part of the broader health system in meeting the needs of patients wherever they may reside across NSW.

I commissioned the Director-General of NSW Health to undertake an independent strategic review of NSW Ambulance. Mr Brendan O’Reilly was appointed to lead this review, assisted by a steering committee and reference group. They considered the recommendations of previous reviews and met with those working on the frontline to ensure that we developed a clear direction for the future.

A number of areas have been identified where improvements can be made to NSW Ambulance. These improvements will be immediately addressed by the NSW Government as we implement a number of key actions to ensure that Ambulance can get on with its core job of providing critical care services for the people of NSW.

Our plan includes a focus on five key strategic directions:

1. Integrating NSW Ambulance within the broader health system
2. Separating non-emergency patient transport (NEPT) from urgent medical retrieval patient services so that NSW Ambulance is able to focus on its core role – attending to emergencies
3. Developing new models of care and investing in new providers to effectively manage demand, have a positive impact on response time, reduce paramedic fatigue and improve the operating costs of NSW Ambulance
4. Ensuring that NSW Ambulance has effective infrastructure and has a funding model that will ensure financial sustainability in the future
5. Strengthening the leadership, workforce and governance structure of NSW Ambulance and embracing the CORE values of Collaboration, Openness, Respect and Empowerment

The NSW Government now has a clear plan of reform for NSW Ambulance. All elements of the NSW health system will work together with other key stakeholders, including industrial organisations, to implement this Reform Plan.

I offer my sincere thanks to Mr O’Reilly, the steering committee and reference group for their work in developing this Plan for the future of NSW Ambulance.

Hon Jillian Skinner MP
Minister for Health
Minister for Medical Research
Patient story

Kiama’s Bob Young is lucky to be alive. When he suffered a heart attack, it came on with few of the tell-tale symptoms but was almost enough to claim his life.

Mr Young first experienced a “shifting sensation in his chest”. “All I had was a little movement - a little bubble - move in my left breast. I thought at the time, ‘I wonder what that was’,” he said.

The following day, while working at home, he suddenly became disoriented and experienced blurred vision. “I just stood up and couldn’t get things into proper focus. I wasn’t well and knew something was going on, but these were the only symptoms I had. There wasn’t any pain,” he said.

Concerned for her husband, Mrs Young contacted the doctor who called an ambulance.

Paramedics Darren Plumb and Neil Shepherd attended and made the decision to transport Mr Young to Shellharbour Hospital.

While en route, however, Mr Young went into cardiac arrest. The paramedics stopped on the side of the road and Mr Young was successfully resuscitated.

Mr Young is thankful to his wife Annette for insisting he seek medical attention, and to the NSW Ambulance paramedics who saved his life in an emergency roadside pit stop.

“Someone said I must be a rugged sort of fella to get through all that, but I think it was just the good hands I was in,” Mr Young said.

“I cannot speak highly enough of the paramedics. Had I not had that service, it’s doubtful I would be alive right now.”

Bob Young
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Strengthening the leadership, workforce and governance structure of NSW Ambulance and embracing the CORE values of Collaboration, Openness, Respect and Empowerment
The NSW Government is committed to enhancing the capacity of NSW Ambulance in its important role in providing high quality clinical care, rescue and medical retrieval services, particularly where patients need urgent emergency care.

Numerous reviews into the operations of the NSW Ambulance Service over recent years have led to some improved practices but left a number of important recommendations unaddressed.

In particular, a review conducted by the Department of Premier & Cabinet in June 2008 declared:

‘Ambulance Service resources could be far better matched to demand with some new arrangements for the provision of non-emergency patient transport (NEPT). ‘…. emergency ambulances [are] being used for routine patient transport work, affecting the cost structure of Ambulance Service operations without any measurable additional benefits for clients of the service.’

The government of the day announced the establishment of a further review to address recommendations made in the 2008 review including the need to:

‘…. Assess the potential for any contestability in the provision of NEPT services,’ ‘...better matching resources to patient presentations, reducing multiple deployments.’

These recommendations were not progressed. As part of this Reform Plan, the NSW Government has identified five strategic directions that will assist in improving the capacity of NSW Ambulance to focus on its key role – responding to emergencies and providing patients with timely access to the health system.

All elements of the health system will work together with staff and industrial organisations to implement a range of strategies to ensure that these directions are met and access to healthcare services is improved for patients.
Our Strategic Directions and Reforms

Strategic direction 1: Integrating NSW Ambulance within the broader health system

Our reforms:

• Strengthening relationships between NSW Ambulance and other health entities to enable collaboration in the development of project and policy proposals
• Including the Chief Executive, NSW Ambulance in forums where key issues affecting the health system and patient care are considered
• Instituting locality based meetings between NSW Ambulance, Local Health Districts and Specialty Health Networks, to monitor performance in relation to patient care
• Monitoring outcomes of locality based meetings in quarterly performance meetings between the Ministry of Health, Local Health Districts, Specialty Health Networks and NSW Ambulance
• Ensuring the NSW Health Patient Allocation Matrix, which enables paramedics to match the clinical needs of the patient to the destination hospital, is up to date and used as a tool to improve patient care

Strategic direction 2: Separating non-emergency patient transport (NEPT) from urgent medical retrieval services

Our reforms:

• Establishing NEPT as a separate service from the urgent, emergency service provided by NSW Ambulance
• Implementing a centralised booking system which will manage all NEPT transport requests
• Engaging a range of providers including community, existing Ambulance green fleet, Local Health District transport services and private providers to provide existing and future NEPT services

Strategic direction 3: Developing new models of care and investing in new providers to effectively manage demand, have a positive impact on response time, reduce paramedic fatigue and improve the operating costs of NSW Ambulance

Our reforms:

• Better managing the transfer of patient care from the ambulance crew to emergency department staff
• Introducing a new operational response grid – which guides how NSW Ambulance responds to a triple zero call – to improve response times, reduce paramedic fatigue and improve operating costs, and working with the Council of Ambulance Authorities to develop a nationally agreed response grid
Streamlining low acuity triple zero calls to healthdirect Australia who provide a free 24 hour telephone health triage, information and advice service, and help determine if an ambulance transport is the best response to the patient’s needs

Working with clinicians to finalise the Low Acuity Pathways (LAP) protocol. The protocol will provide for the transfer of patients - triaged by a registered nurse on arrival at an Emergency Department whose condition is determined to be of low acuity and low complexity within Triage Category 4 or 5 - from the ambulance direct to the waiting room to release ambulances more quickly back into the community

Increasing the capacity for urgent Ambulance crews to respond to life threatening emergencies by expanding single responder paramedics who will transport patients with minor illnesses, who do not require active treatment, to emergency departments in standard passenger-carrying vehicles

Establishing a project group with representation from NSW Ambulance, Fire & Rescue NSW, the Rural Fire Service, the Ministry of Health, the Agency for Clinical Innovation and the Health Education & Training Institute to progress the development of a First Responder Program to improve response times and patient outcomes

Working with the Commonwealth and developing new models of care to ensure that nursing home residents receive the care they need to avoid unnecessary transportation to an emergency department and unnecessary hospitalisation

Strategic direction 4: Ensuring that NSW Ambulance has effective infrastructure and has a funding model that will ensure financial sustainability in the future

Our reforms:

- Developing plans for new modern Ambulance Stations and including key infrastructure projects on the NSW Health forward capital plan
- Including the NSW Ambulance headquarters - which requires upgrading - in future accommodation plans for the Ministry of Health, with collocation providing the opportunity to share common infrastructure
- Educating the community on the appropriate use of ambulance transports, emphasising that they are not a free service, and through this increased awareness, reducing the current level of NSW Ambulance’s unpaid debt
- Working with NSW Treasury and other Government agencies to consider improvements to the funding of ambulance services
Strategic direction 5: Strengthening the leadership, workforce and governance structure of NSW Ambulance and embracing the CORE values of Collaboration, Openness, Respect and Empowerment

Our reforms:

- Implementing the proposed organisational structure for NSW Ambulance and ensuring delegations of authority are appropriately exercised
- Immediately recruiting to permanent positions which are vacant within NSW Ambulance and which are currently being filled on an ‘acting’ basis
- Increasing leadership skills in the NSW Ambulance workforce by developing programs that enhance the capacity of the organisation
- Developing a policy proposal for future paramedic training to ensure the best paramedics are recruited and the best outcomes can be delivered for patients
- Ceasing the psychometric testing program that forms part of the paramedic recruitment process
- Ensuring the needs of people living in rural and remote communities are met by following the principles set out in the Health Professionals Workforce Plan. This includes exploring whether a “community paramedic” role may meet the needs of rural and remote communities taking into account the range of extended scopes of practice already available to nurses and paramedics
- Ensuring employees on secondment are not financially disadvantaged when they take up professional development opportunities
NSW Ambulance is the third largest ambulance service in the world, providing high quality clinical care and health related transport, including medical retrieval services, and contracts both fixed wing and helicopter aeromedical services.

What it provided last year

In 2011/12 NSW Ambulance provided:

- over 1,183,795 total responses (both emergency and non-emergency) compared to 1,149,820 total responses in 2010/11
- an average of 3,234 responses per day – equivalent to a response every 26.7 seconds
- 865,725 total emergency responses compared to 837,070 in 2010/11
- 2,365 emergency responses per day compared to 2,293 per day in 2010/11 – an increase of 3.1 per cent
- 318,070 non-emergency responses, which include other responses such as non-emergency patient transports, priority medical admissions, aeromedical and sports special events, compared to 312,750 in 2010/11
- of the 2011/12 total non-emergency responses, 227,113 were non-emergency patient transport road trips or 621 trips per day

Its people

NSW Ambulance is part of the NSW Health system, with its Chief Executive reporting to the Director-General, NSW Health. As at 30 June 2012, it employed 4,360 people, of which 90 per cent are operational staff involved in frontline service delivery.

Operational Centres

Four control centres in Sydney, Newcastle, Wollongong and Dubbo receive emergency triple zero (000) and non-emergency telephone requests and coordinate road ambulance services within their geographic region. In addition, there is a statewide specialist aeromedical control centre planning the movement of fixed wing aircraft and helicopters.

Control centre officers use sophisticated software to prioritise every call based on questions answered by the caller. They then assign the closest appropriate ambulance vehicle utilising GPS tracking technology.

Details of emergency and non-emergency calls are transmitted to a mobile data terminal located in the front cabin of the ambulance. This provides paramedics with relevant patient information before they reach their destination.
Infrastructure and Fleet

NSW Ambulance operates from 267 locations throughout the state, including 226 permanently staffed stations and several volunteer run services, and uses a fleet of 1,574 vehicles. Ambulance also contracts six fixed wing aircraft and nine helicopters.

Spending on ambulance services

In 2011/12, total NSW Ambulance expenditure was $698 million of which:

- $585 million related to emergency Ambulance responses
- $22 million related to the Non-Emergency Patient Transport Service
- $91 million related to Aeromedical (helicopter and fixed wing responses)

Other Providers:

NSW Ambulance is only one of a number of organisations that provide transport for people needing to access health care services. Other organisations providing health related transport include Local Health Districts, Community Transport Organisations and other private and not for profit organisations delivering road, helicopter and fixed wing transport services.

Community Transport Organisations

Community Transport Organisations are not for profit organisations that provide community transport services, including transport for those needing to attend hospital and medical appointments. Community Transport Organisations deliver over 2 million customer trips per year.

Local Health District and Specialty Health Network NEPT services

Local Health Districts and Specialty Health Networks provide or have access to non urgent transport services to help patients access medical appointments and treatment or to transport patients between hospitals to access diagnostic and other forms of specialist care. Collectively, Local Health Districts and the St Vincent’s Health Network provide around 190,000 non urgent patient trips to health services per year.

Private and Not for Profit Sectors

The private and not for profit sectors play an important role in transporting patients requiring access to health care services. This can range from taxi services through to those who provide helicopter and fixed wing medical retrieval services for both adults and children across NSW.

Funding Support for Rural and Remote Patients

In NSW, patients travelling long distances to access health care services may be eligible for various forms of funding support including that provided by the Isolated Patients’ Travel and Accommodation Assistance Scheme (IPTAAS) or the Statewide Infant Screening-Hearing (SWISH) Travel Program.
STRATEGIC DIRECTION 1:
Integrating NSW Ambulance within the broader health system

Strengthen relationships and communications

Over the past 18 months there have been a number of significant changes in how NSW Health operates. The signing of the National Health Reform Agreement, the abolition of Area Health Services, the creation of a more strategic Ministry of Health, Local Health Districts, and Specialty Health Networks, the establishment of Boards and the strengthening of the Pillar Organisations have been key drivers of this change.

The NSW Government has set a clear direction for the future operation of NSW Health, through the devolution of accountability and responsibility to the Local Health Districts and Specialty Health Networks and greater support for local decision making. This has been done in tandem with supporting a culture of cooperation, respect, openness and empowerment. There is a different way of doing business in Health, and although much work has already been done, there is still more that can be done to improve the way the system works as a whole to deliver effective patient-centred care.

As a state-wide service, patient care is put at risk if different approaches or policies are adopted at the Local Health District and Specialty Health Network level which impact the operations of NSW Ambulance. As part of our new way of working, better integration of all elements of the health system is critical to ensure that the best care is provided to patients.

Our Reforms:

- Strengthening relationships between NSW Ambulance and other health entities including Local Health Districts and Specialty Health Networks, Pillar Organisations and the Ministry of Health by:
  - Establishing linkages to enable collaboration in the development of project and policy proposals
- Considering key issues affecting the health system as a whole by:
  - Involving the Chief Executive of NSW Ambulance, the Chief Executives of the Local Health Districts and Specialty Health Networks, the Cancer Institute, HealthShare, the four Pillar Organisations and the Ministry Executive in the Senior Executive Forum
- Developing Key Performance Indicators with their implementation and evaluation reviewed by:
  - Quarterly locality based meetings between NSW Ambulance and the Local Health Districts and Specialty Health Networks. The implementation of outcomes from these meetings will be monitored by the Ministry of Health in quarterly performance meetings.
NSW Health Patient Allocation Matrix

The NSW Health Patient Allocation Matrix is a computer database used by paramedics to allocate patients transported by Ambulance to the closest, most clinically appropriate hospital. Transparent communication regarding updates to the Matrix and any changes in the operational capacity of hospitals is essential in ensuring that patients are transported to the right hospital, the first time.

Our Reforms:

- Ensuring patients are transported to the right hospital the first time by:
  - Twice yearly reviewing and updating the NSW Health Patient Allocation Matrix through the collaborative involvement of the Ministry of Health, Local Health Districts, Specialty Health Networks and NSW Ambulance
  - Ensuring that updates to the Matrix are adequately communicated with paramedics and Local Health District staff
- Identification of operational issues, including changes in availability of hospital services, and monitoring implementation and effectiveness of resolutions through:
  - Regular meetings between the Ministry of Health, Local Health Districts, Specialty Health Networks and NSW Ambulance
STRATEGIC DIRECTION 2:  
Separating non-emergency patient transport from urgent medical retrieval patient services

Non-Emergency Patient Transport (NEPT) Reform

NSW Ambulance has a fleet of emergency vehicles (the red fleet) and also operates a Non-Emergency Patient Transport (NEPT) Service (the green fleet). The NEPT Service is intended to improve emergency ambulance response times by minimising the non-emergency demand on the red fleet; while providing quality, timely and affordable inter-hospital, appointment and discharge transports to those people, who without NEPT, may not be able to access appropriate healthcare.

However, there are significant inefficiencies in the current NEPT model.

Local health services developed their own non-urgent transport services primarily because past governments failed to implement recommendations to separate the two arms of medical retrieval.

Thus NEPT is provided by NSW Ambulance side by side with individual Local Health District Health Transport Units without the benefit of a coordinated statewide approach to booking and dispatch.

Local Health District Health Transport Units have different procedures, practices and reporting requirements and lack of coordination across District boundaries, resulting in inequality of access, patients having to wait too long for drop off or pick up from appointments and the inefficient use of resources. Transport NSW also operates a community transport service to meet the needs of transport disadvantaged groups in the community and provide them with transport to access recreational activities, shopping, medical care, and social services.
Despite the operation of NSW Ambulance’s NEPT service, there are still cases where emergency ambulances are used to transport non-emergency patients.

In 2011/12 there were approximately 420,000 NEPTs undertaken by Local Health District Health Transport Units and NSW Ambulance, with approximately 104,000 of these being conducted using emergency ambulances.

This use of emergency ambulances to transport non-urgent patients impacts the availability of red fleet transport for urgent and critical care, while also affecting patient flow through our emergency departments and hospitals.

**Our Reforms:**

- Enabling NSW Ambulance to focus solely on the delivery of safe, high quality and timely, urgent emergency transport services by:
  - Establishing a separate NEPT service from the urgent, emergency services provided by NSW Ambulance

- Improving the coordination and efficiency of NEPT by overcoming the current situation where vehicles can be dispatched with single passengers when others are waiting for transportation to the same destination and other occasions where vehicles return empty when there are people waiting by:
  - Implementing a centralised booking system which will manage all NEPT transport requests

- Improving responsiveness of NEPT services by:
  - Engaging a range of providers including community, existing Ambulance green fleet, Local Health District transport services and private providers to provide existing and future NEPT services
STRATEGIC DIRECTION 3:
Developing new models of care and investing in new providers to effectively manage demand, have a positive impact on response time, reduce paramedic fatigue and improve the operating costs of NSW Ambulance

Ambulance Release Teams (ART)
ART consists of two paramedics who work on overtime to relieve an emergency paramedic crew and maintain the care of a patient who has been brought to a hospital emergency department and is awaiting the transfer of their care from the paramedic crew to emergency department staff. ART work out of a non-transport vehicle equipped with stretchers.

ART is active across the Metropolitan Division, including the Central Coast and Wollongong. An ART can be activated once one ambulance has been waiting 60 minutes to transfer a patient, two ambulances have been waiting 30 minutes to transfer patients or when an emergency department requests the assistance of an ART.

ART was introduced in 2004. Despite the deployment of ART, the time taken to transfer a patient from the care of the ambulance paramedic crew to the emergency department staff has increased. A better model to manage the release of ambulances and their crews is needed.

Our Reforms:

- Improving release of ambulance crews and improving patient flow by:
  - Continuing with the development of initiatives – such as increasing the surge capacity of selected hospitals, rostering additional nurses within the emergency department and introducing ‘safeflow coordinators’ - that are already being implemented in some of our emergency departments

- Developing and implementing models of care that help improve patient flow and transfer of care from the ambulance crew to emergency department staff through collaboration between the Agency for Clinical Innovation, NSW Ambulance, Local Health Districts and Specialty Health Networks

- Enabling ambulance crews to be released back into the community to respond to emergency calls as quickly as possible by:
  - Developing training for Ambulance and hospital staff on any new handover procedures through the Health Education & Training Institute

Operational Response Codes
Operational response codes provide a guide and timeline for Ambulance responses to triple zero calls. Once a call to triple zero is made, the call taker transfers the incident to a dispatcher who identifies the closest and most clinically appropriate ambulance to send to the incident. The highest percentage of responses in NSW are designated as emergency ‘lights and sirens’ responses. These require an immediate response and sometimes more than one ambulance is sent to the incident.

NSW Ambulance compared the response codes used by NSW with several other Australian jurisdictions and also the United Kingdom and found that NSW Ambulance has the highest proportion of ‘lights and sirens’ responses. A significant reduction in these responses would occur if the priorities of other jurisdictions were applied to the NSW operational response code grid. This would have a positive impact on response time performance, paramedic fatigue and operating costs.
Our Reforms:

- Improving response times, reducing paramedic fatigue and improving operating costs by:
  - Introducing a new operational response grid and working with the Council of Ambulance Authorities to develop a nationally agreed response grid that is consistent across jurisdictions

Health Access Coordination Centre (HAC) and Health Direct

The Health Access Coordination Centre (HAC) provides a secondary telephone triaging service for low acuity calls and operates from 7am to 10pm. HAC’s primary aim is to redirect non-urgent and non-serious calls away from emergency Ambulance transport and subsequent emergency department presentations. Examples of calls referred to the HAC are coughs and colds, and muscle and limb pain.

*healthdirect Australia* is a 24-hour telephone health triage, information and advice service for residents of the ACT, NSW, the NT, Tasmania, SA and WA.

Registered Nurses at healthdirect Australia have access to sophisticated decision making software systems which help them address health concerns in a safe and consistent way, and provide appropriate advice based on the latest clinical evidence. NSW Ambulance has been trialling the referral of low acuity triple zero calls to the *healthdirect Australia* advice line between 10pm and 7am, when the HAC is not operating.

HAC duplicates the services offered by the *healthdirect Australia* advice line. Streamlined approaches to addressing low acuity triple zero calls, taking into account best practice and costing implications, need to be considered.

Our Reforms:

- Improving access to assistance for low acuity callers to triple zero by:
  - Transitioning to a 24 hour service to address low acuity calls through *healthdirect Australia*, with NSW Ambulance working in partnership with the National Health Call Centre Network to implement the plan
Low Acuity Pathways (LAP) Protocol

In 2009/10 approximately 530,800 patients arrived by ambulance at NSW Emergency Departments, which is about 24% of all patients presenting at emergency departments. Over 200,000 of these were classified as triage category 4 or 5, which means their care is potentially less urgent. For example, triage category 5 is described as:

“People who need to have treatment within two hours are categorised as having a less urgent condition.” This would include, for example, a patient with an uncomplicated laceration to the lower leg.

Patients categorised as triage 4 or 5 may still be admitted into hospital. The Low Acuity Pathways (LAP) Protocol involves the transfer of patients with less urgent conditions (low acuity and low complexity triage categories 4 and 5) directly from the ambulance to the emergency waiting room via emergency department triage. This practice enables ambulances to be released more quickly, back into the community.

Our Reforms:

- Increasing the capacity for urgent Ambulance crews to respond to life threatening emergencies by:
- Expanding single responder paramedics who will transport patients with minor illnesses, who do not require active treatment, to emergency departments in standard passenger-carrying vehicles without a stretcher. When transporting to the emergency department, the standard triage process will be followed. Single paramedic transport is already undertaken by Extended Care Paramedics which has demonstrated that patients with minor illness can be transported safely.

First Responder Program

The Victorian Government undertook a pilot study to investigate whether the simultaneous dispatch of Fire and Ambulance resources to medical emergencies, including cardiac arrest, could lead to decreased response times and improve a patient’s chance of survival. The pilot data demonstrated a decrease in emergency vehicle response time as well as time to defibrillation in the pilot area, thereby improving patient outcomes.

The NSW Government is committed to developing models of care that ensure the most effective and efficient treatment is provided to patients, especially during an emergency. Given the Victorian pilot, there is evidence to suggest that the Fire Service could play a role in improving emergency response times and patient outcomes through a First Responder Program.
Our Reforms:

- Examining potential for improved emergency response times and better patient outcomes by:
  - Further examining and progressing a First Responder Program by establishing a project group with NSW Ambulance, Fire & Rescue NSW, the Rural Fire Service, the Ministry of Health, the Health Education & Training Institute, and the Agency for Clinical Innovation. This project group will work to resolve industrial, training and management issues affecting implementation. Relevant Ministerial portfolios will be consulted as part of this process.

Use of Ambulance Services by Aged Care Facilities

Paramedics have indicated that they are sometimes called out to aged care facilities to perform routine services such as the changing of a catheter, which could be done by the nursing home or another primary care provider.

The Commonwealth Government is responsible for funding residential aged care and for monitoring the standards and performance of aged care facilities.

Under current provisions, the operators of aged care facilities are required to have a registered nurse on duty and the care provided by that registered nurse is paid for by nursing home fees and benefits.

Where Ambulance transport is required, residents of NSW, including nursing home residents who are pensioners, health care card holders or veterans are exempt from Ambulance service fees.

Our Reforms:

- Ensuring nursing home residents get quality, timely care in their home environments where appropriate by:
  - The Minister for Health raising the issue at the Standing Council on Health, which is a forum for discussing the respective roles and responsibilities of the State and Commonwealth Governments in meeting the health care needs of Australians, including those living in aged care facilities

- Providing outreach services for nursing home residents and assisting in avoiding unnecessary ambulance transports and hospital admissions by:
  - Developing new models of care – some already in development – through involving the Agency for Clinical Innovation working in partnership with Local Health Districts and Medicare Locals to roll out successful models across the NSW health system
STRATEGIC DIRECTION 4:
Ensuring that NSW Ambulance has effective infrastructure and has a funding model that will ensure financial sustainability in the future

Infrastructure
Consistent with the rest of the health system, there is a need to maintain and upgrade capital infrastructure for NSW Ambulance. Ambulance has already developed a Sydney Infrastructure Reform Strategy and a similar approach for regional and rural NSW should be adopted.

The current state headquarters for NSW Ambulance in Rozelle, Sydney requires upgrading or relocation of staff to more contemporary premises. The possibility of co-location with other health agencies would be appropriate given broader Government policy directions to move to shared services and co-location arrangements.

Our Reforms:
• To enable most effective operation of services across the state, NSW Ambulance will:
  - Develop an infrastructure reform strategy in consultation with Local Health Districts and include key projects on the NSW Health forward capital plan
  - Include the NSW Ambulance headquarters in the proposal for the future accommodation of the Ministry of Health to enable a sharing of common infrastructure

The Cost of Ambulance Transport
Due to a perception in the community that ambulance services are free, some individuals do not pay the fees associated with an ambulance call out and this leads to significant levels of debt for NSW Ambulance.

Our Reforms:
• To assist improving Ambulance’s level of unpaid debt and to ensure the financial sustainability of the service:
  - NSW Ambulance is developing programs to educate the community on the cost of Ambulance transports
• Working with NSW Treasury and other Government agencies to consider improvements to the funding of ambulance services
STRATEGIC DIRECTION 5:
Strengthening the leadership, workforce and governance structure of NSW Ambulance and embracing the CORE values of Collaboration, Openness, Respect and Empowerment

Workforce
A number of positions in the Ambulance Executive have not been permanently filled which has led to employees ‘acting’ for considerable lengths of time. This can have a negative impact on the workplace as it creates an environment of uncertainty. Where possible, it is preferable to have appointments made to permanent positions.

It is also important to ensure that the paramedic workforce meets the current and future needs of the communities it serves. This is a priority for NSW Ambulance. It is vital that a range of models are considered for the training and development needs of paramedics to ensure that the best outcomes are delivered for patients.
A large amount of work has been done to identify strategies and incentives to get health professionals to locate to rural and remote communities to ensure that the best services can be provided to patients living in these areas. It is important that new models of care are developed to ensure that those residing in these communities are assisted to stay healthy and out of hospital.

It is also important that strategies are implemented that assist in recruiting appropriate individuals to work as paramedics. NSW Ambulance currently uses psychometric testing to recruit paramedics. Psychometric testing is a tool that is used to select staff in a number of uniformed occupations such as the Defence Force and Police. There is no evidence to suggest it assists in recruiting to health related clinical occupations, including paramedics.

Periodically, Ambulance headquarters requires the expertise of operational staff for project work because of their knowledge and experience in key operational areas. There is not a strong financial incentive for operational staff to take up such professional development opportunities due to different award cover. Employees wishing to undertake professional development opportunities through secondment or relief arrangements should not be financially disadvantaged in doing so.

A 2008 Review into Management and Operations of NSW Ambulance by the NSW Parliament highlighted concerns about the culture within the service in relation to bullying and harassment.

While it reported in a 2010 review of its recommendations that NSW Ambulance had introduced a new Healthy Workplace Strategies Program, it is important that continued effort is made to ensure all within the service observe the Government’s CORE values of:

- Collaboration
- Openness
- Respect
- Empowerment

**Our Reforms:**

- Providing certainty of employment for those who have been acting in their positions for extended periods by:
  - Permanently recruiting to vacant positions within the Executive
- Increasing leadership skills in the NSW Ambulance workforce by:
  - Developing programs that enhance the capacity of the organisation through collaboration between the Health Education & Training Institute and NSW Ambulance
- Strengthening the paramedic workforce, by:
  - Developing a policy proposal for future paramedic training to ensure the best paramedics are recruited and the best outcomes can be delivered for patients. The Health Education & Training Institute will provide input into the proposal being developed by NSW Ambulance.
Ensuring that the needs of people living in rural and remote communities are met by:
- Following principles set out in the Health Professionals Workforce Plan, developed by the Ministry of Health in collaboration with the Agency for Clinical Innovation, to strengthen non-metropolitan services.
- Exploring whether a “community paramedic” role may meet the needs of rural and remote communities taking into account the range of extended scopes of practice already available to nurses and paramedics.

Ensuring recruitment of the most suited people to the Ambulance paramedic staff by:
- Immediately ceasing the psychometric testing program as it shows no evidence of assisting recruitment in health related clinical occupations.

Ensuring fairness for staff by:
- Ensuring employees on secondment are not financially disadvantaged when they take up professional development opportunities.
Governance Arrangements

The current organisational structure of NSW Ambulance could be improved by better aligning and grouping like functions which would improve communication, clarify reporting lines and better equip NSW Ambulance to respond to the challenges of the future. Red tape could also be reduced through more delegations being handed down to the station level.

Our Reforms:

• Flattening the organisational structure of NSW Ambulance to enable a more timely and effective service by:
  - Revising the organisational structure, following the appointment of the Chief Executive. This will see a reduction in the number of direct reports to the Chief Executive, the creation of a Business Improvement Directorate and the grouping of Executive Services and Public Affairs
  - Ensuring delegations are being exercised appropriately

Committees

Approximately 20 internal committees operate within NSW Ambulance and another 20 external committees operate that require representation by NSW Ambulance and other parts of the NSW health system. These structures should be examined to streamline work practices and make the operation of committees more efficient.

Our Reforms:

• Ensuring governance operations of NSW Ambulance are focussed on delivering best patient care by:
  - Abolishing unnecessary internal committees where these committees are not outcome focussed
  - Ensuring appropriate representation of NSW Ambulance on inter-agency and external committees and that reporting lines are clearly articulated