



PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

2009-10 AND 2010-11 FINANCIAL AND PERFORMANCE OUTCOMES QUESTIONNAIRE — PART TWO

AMBULANCE VICTORIA

Question 1

It is noted that two timeliness performance measures, 'Proportion of emergency (Code 1) incidents responded to within 15 minutes' and 'Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than 7,500 population'¹ did not meet targets set.

(a) Can AV provide reasons why this was the case?

For the year, our response time performance did not meet our targets. This is an ongoing challenge. However, we continue to search, with our health services partners, for areas where improvements may be possible. Indeed, some of the challenges faced by AV were identified by the Auditor-General in a comprehensive report tabled in State Parliament on 6 October 2010, including funding issues, staff rostering levels and the time it takes to hand over patients at hospital emergency departments.

Pleasingly, the report acknowledged the quality of our clinical performance, and identified that our response times still compared favourably with other states. It is extremely rewarding to confirm the high public esteem for our paramedics and their professional caring delivery of our services, which are highly valued by the community.

(b) Can AV provide information on what initiatives were instituted in 2009-10 and 2010-11 to improve performance on these measures and reasons why any were not successful?

A key example was the consolidation of our rural communication centres which, at the time of the merger, operated discretely from five regional centres. We have now successfully transitioned emergency call-taking and dispatch from the five communication centres to a centralised, state-of-the-art call centre in Ballarat, run by the Emergency Services Telecommunications Authority (ESTA). This complex reform was achieved on schedule, with no adverse incidents and now ensures that emergency callers in the rural regions receive a fast and consistent response when they call 000 as part of a proven and auditable state wide service.

We also increased the accessibility to our highly trained MICA paramedics with the deployment of 13 extra single responder units (SRUs) in the metropolitan region, and five additional MICA SRUs in regional centres, providing speed, flexibility and the highest level of triage and care to more Victorians.

We continued to increase the number of ALS paramedics in our five rural regions, as part of a strategy to improve our response in rural communities, improve roster design, decrease overtime and tackle the long-standing challenge of paramedic fatigue. The need for more paramedics in the rural regions was an issue identified at the beginning of the 2008 merger, and continues to be a key focus for AV.

(c) Can AV please detail future plans to improve performance on these measures?

AV will continue to strive to improve response times through a series of measures, including managing demand.

Central to this strategy is AV's Referral Service, which deals with 000 calls classified as low medical priority, where the patient's condition indicates that an ambulance may not be necessary. The aim is to ensure the caller gets the medical help that resolves their issue, which may mean a referral to more appropriate care – such as seeing a doctor or self treating the condition.

The strategy reduces emergency ambulance response demand by around 8 per cent in the metropolitan

¹ Ambulance Victoria, *Annual Report 2010-11*, August 2011, p.27

region, and we have developed plans to expand the program in the future. This referral service managed 42,484 emergency calls during the year, an increase of more than 8.4 per cent, and referred 31,781 callers to alternative care, almost 10 per cent more than the previous year.

We will also continue to work with the Department of Health and health services to improve the time it takes to transfer patients to hospitals in the metropolitan area, because of the impact this has on ambulance availability and, subsequently, our response times.

Question 2

- (a) Does AV conduct inquiries into individual cases where response times are greater than targets?

AV does not conduct specific inquiries into individual cases where response times are greater than targets unless a patient experiences a clinical issue as a result, however, AV reviews and analyses drivers on an ongoing basis.

- (b) How is this type of inquiry conducted?

Response performance is regularly reviewed across all elements of the patient journey and any deterioration is then drilled into to understand the key drivers, such as increasing hospital transfer times or peak increases in demand.

- (c) Are recommendations made as a result of such inquiries?

Recommendations are made regarding strategies to address the drivers to deteriorating performance based on this analysis. This occurs on an ongoing basis at a team, regional and executive level. For example, local managers work with their teams to improve 'turn-out' times and with local health services to try and address issues relating to worsening hospital transfer times.

- (d) What is the process by which any recommendations for improvement flow through into normal operating procedures?

Depending on the level of recommendation, these are considered by the relevant managers and changes made to policies (including for dispatch) and processes in line with approved delegations. Resource availability is considered in the development of the annual AV Operations Plans. Recommendations regarding major business process redesign are considered by an Executive Operations Group and implemented based on available funding.

Question 3

In addition to the previous question, please outline any processes that AV has to capture issues brought to light during operations that have the potential to improve service provision in future operations. How are standard operating procedures updated and improvements implemented once such issues are raised?

As identified above, AV undertakes detailed analysis of drivers of response time performance on an ongoing basis. Opportunities to improve system wide performance are identified and proposed business process improvements are developed as part of the AV Annual Planning process. Additional resource requirements are captured in the development of the annual AV Operations Plans. Standard Operating

Procedures are updated by the responsible managers as part of this business improvement process.

Question 4

It is noted that AV has a Strategic Plan which includes a number of 'strategic objectives', 'strategic themes' and 'strategies'.² The annual report includes a number of 'strategic priorities'.³ Please explain:

- (a) the relationship between the 'strategic priorities' in the annual report and the elements of the Strategic Plan;

AV is required under the Ambulance Services Act to develop a Strategic Plan and have it approved by the Minister for Health. The Strategic Priorities in the Annual Report are based on a number of key priorities that AV must undertake and articulate in its annual Statement of Priorities, negotiated with the Minister for Health and DH. All the priorities listed in the SoP are covered in the strategies listed in the AV Strategic Plan 2010-12. The only times that they are not specifically listed are when government announces a new priority, after the preparation of the 3-year Strategic Plan.

- (b) the process by which the strategic objectives in strategic plans flow through to strategic priorities in annual reports; and

See above. The Statement of Priorities is drafted early in the financial year, and is based on key strategies that AV is undertaking in its 3-year Strategic Plan, but may also include newly announced government priorities not included in the Strategic Plan.

- (c) the process by which AV ensures that the strategies in the Strategic Plan are implemented by the various units of the organisation.

In Jan/Feb every year, AV commences preparation of its Annual Plan for the following financial year, in conjunction with the annual budget development process. The actions listed in the Annual Plan are more detailed activities than the broad strategies listed in the 3-year Strategic Plan. A review is conducted of the status of the previous year's Annual Plan. A draft Annual Plan is drafted based on what actions are likely to carry over from the current year plus any outstanding actions from the 3-year Strategic Plan and any additional government priorities. This is prepared in conjunction with the budgeting and risk register processes to ensure that funding exists for the activities proposed and that they address foreseeable risks. Each of the activities is allocated to a Division within AV, and that Division then prepares an appropriate bid for the required resources and articulates the specific actions to be undertaken and the expected outcomes. Once this process is complete, a final draft is sent to the Board of Directors for approval. Once approved, the Annual Plan activities are embedded into the performance management system by which mechanism each staff member is held accountable for the outputs. The performance is reviewed quarterly to track the status of the various actions and activities being implemented by each Division in conjunction with budget and individual performance reviews.

² Ambulance Victoria, *Strategic Plan 2010-12* and Ambulance Victoria, *Strategic Plan 2008-10*

³ Ambulance Victoria, *Annual Report 2010-11*, August 2011, p.26

Question 5

Please outline the ways in which the Strategic Plan supports the achievement of the performance targets detailed in the budget papers.

The Strategic Plan articulates the appropriate measures for AV's performance. The performance targets in the budget papers are set independently of AV by DH, but are a subset of the various measures that AV uses to measure its performance. The various performance measures (including those in the budget papers) are grouped into four areas, based on the four Strategic Objectives listed in the Strategic Plan which are mapped to the Statement of Priority performance measures. The latter are:

1. Improve service delivery & efficiency to better meet patient needs
2. Foster staff development & welfare
3. Develop organisational systems & resources to support improved service delivery
4. Strengthen community relationships and promote community initiatives & policy to improve patient outcomes

Under each Strategic Objective, various strategies are listed aimed at achieving that objective (and hence the performance targets linked to it).

Question 6

Please outline how the targets for AV's performance measures are determined.

A number of AV's key performance targets, such as those set in the budget papers and the Statement of Priorities, are set by DH independent of AV. These targets are subsequently included in the organisation's wider set of KPIs that AV measures and reports internally to the Board of Directors. Targets for patient clinical measures have been established over the years based on clinical research and evaluation of outcomes – they are evidence-based and aim to maximise the quality of care provided to AV's patients. Targets around staffing are again based on historic evidence and trends, and aim to maximise performance and welfare based on what is believed to be achievable. Financial targets are set based on the budget situation prevailing in the year that the targets are set. Whenever any targets are changed, the Board of Directors is notified and the Board is required to approve any such changes after advice is received from AV Medical Advisory Committee comprised of leading consultants from the various fields of medicine. In addition, AV benchmarks its operational performance against other Australian and NZ ambulance services annually through the Council of Ambulance Authorities (CAA) structure and this information is also utilised in the target setting process.

Question 7

For volunteer staff, can AV provide figures showing:

- (a) the number of new volunteers recruited during the years 2009-10 and 2010-11;

2009-10 = 63

2010-11 = 47

- (b) the total number of active volunteers as at 30 June 2009, 30 June 2010 and 30 June 2011;
and

30 June 2009	30 June 2010	30 June 2011
490	474	435

- (c) expenditure on training (from all sources, internal and external) for volunteers for 2009-10 and 2010-11.

2009-10 = \$185,069
2010-11 = \$158,630

Question 8

Please provide the following OH&S data for 2008-09, 2009-10 and 2010-11:

- (a) the number of hazards/incidents reported for the year for AV;
 (b) the number of 'lost time' standard claims for the year for AV;
 (c) the average cost per claim for the year (including payments to date plus the estimate as at 30 June of the year of outstanding claims costs advised by WorkSafe); and
 (d) the full-time equivalent workforce included in OH&S statistics as at 30 June for 2009, 2010 and 2011

Year	Number of hazards/incidents	Number of 'lost time' standard claims	Average cost per claim	FTE workforce as at 30 June
2008-09	3041	99	\$32,753	3059.1
2009-10	3645	122	\$32,095	3190.1
2010-11	3543	114	\$38,557	3300.3

Question 9

Please provide, for the last three years, the growth in overall demand for ambulance services that AV expected during their forward planning for that year, as well as the actual growth that was experienced for that year, and please explain any variations greater than ± 10 per cent.

Year	Expected demand	Actual demand	Explanation for variations
2008-09	731,926	714,423	
2009-10	741,223	742,446	
2010-11	776,953	779,677	

Question 10

In the 2009-10 and 2010-11 annual reports, AV provided response time data in the form of a percentage of cases responded to below a target time. In previous years timeliness performance was provided in the form of 50th and 90th percentile times. Please supply timeliness data for the last five years in terms of 50th and 90th percentile response times.

Response: When AV was formed in July 2008 the then Government changed its response time target from 13 minutes to 15 minutes and AV subsequently reported on its performance against this target in its annual reports. The current government continues to report on the percentage of cases responded to within 15 minutes as it is a more robust indicator of AV's performance against the government target.

	2006-07	2007-08	2008-09	2009-10	2010-11
50 th percentile response time	9:00	10:00	9:57	10:02	10:42
90 th percentile response time	18:00	19:00	19:00	19:54	21:02

Question 11

It is noted that output costs for the Ambulance Services output of the Department of Health have increased by 43% over the period 2006-07 to 2010-11. Please provide reasons for this increase.

Output costs have increased due to increased staff numbers and salary rates associated with EBA outcomes and government initiatives and commitments for new resources which have resulted in increased service levels.

CONTACT DETAILS

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The completed questionnaire must be returned by no later than COB, Tuesday, 13 December 2011.

Please return the response (including an electronic version) of the questionnaire to:

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