

**Government Response to the  
Recommendations contained in the  
58<sup>th</sup> Report of the Public Accounts  
and Estimates Committee on  
Victorian Rural Ambulance Services**

**June 2005**

## Introduction

The Government is pleased to respond to the 58<sup>th</sup> Report of the Public Accounts and Estimates Committee (PAEC) on the review of the Auditor-General's special report no.51 – Victorian Rural Ambulance Services: fulfilling a vital community need.

The Government is pleased to note the Committee's acknowledgment of Rural Ambulance Victoria (RAV) for the significant improvements in many areas identified by the Auditor-General in his 1997 report, following RAV's creation in March 1999. In particular the Committee acknowledged RAV's high quality pre-hospital medical care and transport to its clients throughout Victoria, and the introduction of more efficient corporate operations and strategies. The Committee also commented favourably on the commitment of RAV to serving the community and the professionalism of the Services' officers.

This Government has ensured that the commitment continues through 2005-06 with the allocation of \$6.8 million to complete RAV's emergency communications Transition Strategy; \$2.5 million to ensure replacement of its ambulance vehicles and \$2.5 million (\$1.2 million capital funding and \$1.3 million recurrent) to establish a new 24-hour ambulance service in Ocean Grove/Barwon Heads.

Since July 1999, Government investment in ambulance services has been significant with a recurrent funding increase of 103.8% (an injection of approx \$102m). This has enabled the following improvements to occur:

- The number of operational paramedics (ambulance and MICA) in Victoria has increased by 453;
- The number of ambulances on the roads has increased by 50;
- The substantial upgrade in air ambulance services, including the introduction of four new pressurised twin-engine turbo prop King Air planes to replace the old Cessna aircraft and the upgrade of the Essendon and Morwell helicopters;
- The establishment of a new ambulance helicopter service in Bendigo;
- Ambulance paramedics throughout Victoria being trained in advanced life support skills;
- The establishment of new stations at:
  - Torquay, Lorne, Bright, Romsey, Ballan, Irymple and Mooroopna;
- The upgrade of single paramedic stations to two officer crewing at
  - Cowes, Wonthaggi, Lakes Entrance, Moe, Warragul, Colac, Bairnsdale, Kilmore, Seymour, Hamilton, Castlemaine, Benalla, Portland, Maryborough, Mansfield, Cobram and Kyabram;
- Other upgrades at Swan Hill, Gisborne, Woodend, Kyneton, Avoca, Kangaroo Flat, Ararat, Stawell, Omeo and Mallacoota;
- The establishment of new MICA units in Bendigo, Latrobe Valley, Geelong and Ballarat; and,
- Funds are also being invested in supporting rural ambulance service delivery through Community Emergency Response Teams (CERT) at Nangiloc, Nagambie, Birchip, Boort, Lang Lang, Grantville, Halls Gap, Hawkesdale, Wedderburn, Leigh Catchment (Dereel) Nullawarre, Walwa and Buchan. These teams provide basic life support and first aid care in the local community until the ambulance arrives.

The Government thanks the Committee for its report.

# **Financial Management**

***Recommendation 1 - The Department of Human Services fund Rural Ambulance Victoria on a full accrual basis inclusive of depreciation and employee entitlements.***

Not accepted.

Although funding depreciation through Revenue for Outputs is considered an appropriate method of funding Departments for their Asset Investment Program, it does not necessarily follow that Departments should then pass on depreciation funding to their Agencies. Government does not allocate separate funding for depreciation as such, the depreciation component of output funding being assigned by Government to the capital budget. Depreciation funding is deployed to the new capital projects that Government determines each year through the budget process.

All asset investments, whether to maintain or replace the existing building or vehicle stock or create new facilities (new ambulance stations), are a strategic decision of Government. Under this approach, as is acknowledged by the PAEC in its report, substantial improvements to infrastructure has occurred over the past five years.

***Recommendation 2 - Additional resources be deployed by the Department of Human Services to finalise a Rural Ambulance Victoria funding model inclusive of a base component along with activity and availability funding.***

Accepted.

Ambulance services have to operate with unused capacity to be able to respond immediately to emergency calls for assistance. The ambulance service program major cost elements include the cost of providing capacity (availability) and the cost of delivering a response (activity). These are defined as follows:

- Availability costs –the establishment and recurrent costs of stations and staff, excluding response or case costs, representing approximately 80 per cent of all costs.
- Activity costs – the direct marginal cost of providing an ambulance response, i.e. fuel costs, vehicle maintenance costs and medical consumables, representing only 20 per cent of costs.

DHS is conducting a review in consultation with the Department of Treasury and Finance and the Department of Premier and Cabinet, which includes an examination of funding arrangements.

***Recommendation 3 - The Government determine its expectations of Rural Ambulance Victoria in terms of RAV's ability to respond to emergencies and provide levels of clinical care compared to best practice with other ambulance services throughout Australia. Once desired outcomes are established, the***

*Department of Human Services and Rural Ambulance Victoria develop financial models and strategic directions in order to determine what resources and commitments are needed to achieve those desired outcomes, along with the timeframes involved.*

Accepted.

The Government is committed to the development of quality standards for ambulance. This project is being progressed during this term of Government under the auspice of the Ambulance Service Policy Consultative Committee (PCC), chaired by the Parliamentary Secretary for Health, and comprising representatives from RAV, MAS, DHS, the Ambulance Employees Australia – Victoria Branch (AEA-V) and the Health Services Union of Australia (Victoria) No.5 Branch (HSUA).

## Overtime and Industrial Relations

**Recommendation 4** - *The Department of Human Services provide expert assistance to Rural Ambulance Victoria in negotiating a new enterprise agreement that addresses industrial practices that add substantially to overtime and allowance costs.*

Accepted.

The recent round of enterprise bargaining, which commenced in February 2004, was undertaken by a negotiating team consisting of representatives of MAS, RAV and DHS, and overseen by a Steering Committee comprising DHS, RAV and MAS. The Department of Human Services worked closely with the services to ensure that negotiations were conducted in accordance with Government wages policy, which included the requirement to achieve service delivery and productivity improvements.

As an example a key element of the employers' claims was increased flexibility in the rostering of paramedics to better meet operational requirements and ensure greater efficiency in allocating resources. The inappropriate use of standby and the higher overtime costs associated with this is also being addressed. However, despite intensive negotiations over a period of six months, no agreement had been reached with the AEA-V over this or other issues in dispute between the parties.

Following the initiation of industrial action by the AEA-V in support of its claims the ambulance services, in consultation with the Department, applied to the AIRC to terminate the bargaining periods initiated by the AEA-V. These applications were granted and the industrial action ceased. However, subsequent conciliation of the dispute by the AIRC proved unsuccessful. The issues in dispute were therefore referred to a Full Bench of the AIRC for arbitration of an award pursuant to s170MX of the Workplace Relations Act (Cth).

One of the principle elements of the employers' proposed award is the introduction of greater roster flexibility, which will assist in better resource allocation and improved OHS outcomes.

**Recommendation 5** - *The Department of Human Services provide an undertaking to Rural Ambulance Victoria as to the extent to which any employee benefit increases negotiated in future enterprise bargaining agreements will be funded by the department, after taking into account Government policy.*

Accepted.

In the 2003-04 budget the Government announced a reform of departmental funding arrangements to apply from 2004-05. Under these arrangements in return for an approved escalation factor and removal of the productivity dividend, departments are accountable for managing all costs (including cost pressures from enterprise bargaining agreements) and ensuring delivery of agreed services within the Government's financial parameters.

**Recommendation 6** - *The Department of Human Services give priority to the funding of computerised information systems, including a computer assisted dispatch system that will enable Rural Ambulance Victoria to more efficiently, effectively and economically manage its resources for the benefit of the rural Victorian community.*

Accepted.

RAV has developed a program for the implementation of computerised information systems to assist in resource planning. The three parts of the program, a computerised rostering system, a human resource information system and an improved and integrated payroll system, will provide area managers with greater ability to monitor and manage resources within their area. While this information is currently provided to the RAV Senior Executive and Board of Directors through a largely manual system the development of the computerised information systems program will greatly assist in the timeliness and accuracy of these reports.

In addition, as the Committee noted, RAV has identified 12 categories of reasons for overtime being taken and each area manager is provided with a monthly overtime budget for each of the categories. RAV also has a monitoring process that reviews overtime and case demand at each ambulance branch and this is reconciled on a monthly basis and provided to Area Managers for appropriate action.

As detailed in the response to recommendations 11 and 12, RAV has already been allocated \$5M through the Health budget to commence the transition strategy to a computer aided despatch system. Additional funding of \$6.8m has been allocated over two years to complete the transition strategy (\$4.8m in 2005/06 and \$2m in 2006/07).

**Recommendation 7** - *Rural Ambulance Victoria take action to ensure that its management of occupational health and safety, including injury management and return to work programs, reflects best practice.*

Accepted.

Performance measures that reflect RAV's safety management performance are contained in RAV's Strategic Plan. Statistical reports containing details of reported incidents, injury and claims experience are reported to the RAV Board on a monthly basis. A further set of performance measures that support the development of a positive safety culture are under development to encourage compliance with OH&S management initiatives and to give recognition to effective management of OH&S at a local operational level.

RAV has greatly improved its claims frequency and return to work performance over the five years of its existence as is evidenced by its reducing WorkCover premium. Health and Safety Systems are one of the key areas in the RAV Strategic Plan for 2004-2007 and these are directly linked to performance indicators that are aimed at continuous improvement in the management of health and safety for the organisation.

RAV has set itself the objective to obtain, by 2006-07, accreditation under SafetyMap, a program recognized by the Victorian WorkCover Authority for safety management. The key elements of the SafetyMap plan are:

1. Health and Safety Policy
2. Planning
3. Implementation
4. Measurement and Evaluation
5. Management Review

Each of these elements contains a number of subsets that together provide a framework for a comprehensive safety management system.

Safety audit systems, OH&S training for managers and health and safety representatives, incident investigation and risk management procedures form part of the overall management techniques which are at varying stages of implementation across RAV's operational areas.

The geographic dispersion of RAV's operations and emergency services nature of the work performed pose unique challenges for managing OH&S where the work carried out by the majority of staff is done in an uncontrolled environment. The establishment of a central team of OH&S specialist staff in 2000 to support operational managers has assisted RAV to respond to these challenges.

Injury and occupational rehabilitation management are well established with specialist workers compensation claims administration and rehabilitation services available to support operational managers on an ongoing basis. Managers have been trained in their roles and functions as Return to Work Coordinators and take a proactive approach to managing employees to achieve a return to work as soon as practicable subject to the medical constraints of the worker. Claims are regularly monitored at a central level to minimise claims costs and premium charges.

RAV makes specific budgetary provision for OH&S and injury management programs as part of its annual recurrent budget. RAV has taken advantage of other sources of funding such as Safety Development Fund and Workplace Injury Insurance Fund. Both of these funds involve working together with WorkSafe Victoria, MAS and the Unions on specific projects dealing with issues including Manual Handling.

***Recommendation 8 - Rural Ambulance Victoria include in its annual report performance data on its management of occupational health and safety, along with targets set at the beginning of each year.***

Accepted.

RAV is closely monitoring its accident and incident reporting and compensation performance. The RAV Annual Report has included performance data against targets in the OH&S Improvement Strategy since 2002. Over this time average claims costs have decreased by nine per cent.

***Recommendation 9 - Rural Ambulance Victoria, as a matter of priority, finalise a workforce plan.***

Accepted.

One of the agreed priorities in the 2004-05 Statement of Priorities signed by the Minister for Health and the RAV Board of Directors is the development of a workforce plan. The Plan will accurately quantify the level of staff attrition and identify strategies to address this issue.

**Recommendation 10** - *Rural Ambulance Victoria investigate the incidence of sick leave, and subsequent overtime, at locations exhibiting levels of sick leave and overtime in excess of average levels taken elsewhere across Victorian ambulance locations.*

Accepted.

Key Result Areas (KRAs) are reported as appropriate to the RAV Board of Directors, Area Managers and Station Officers on a monthly basis with the level of information provided appropriate to the recipient. The Board receives an overall strategic 'RAV wide' report, whereas Area Managers receive a report covering all of their Area and individual stations. Internal benchmarking ensures these reports highlight locations that require investigation and management.

As RAV's current Human Resource Information System does not support full business reporting, the monthly KRA process is heavily reliant on several analysts' time to ensure timeliness and accuracy of the monthly reports. As noted in the response to recommendation 6, RAV is developing a computerized rostering program, a human resource information system and a computerized payroll system program for the implementation of computerized information systems to assist in resource planning.

RAV has established strategies designed to minimise the use of sick leave overall. These include:

- The allocation of overtime shifts to persons who have not utilised significant sick leave;
- Reporting of sick leave information within Area Manager forums for action at a local level, including the previous action as well as creation of preventative measures; and
- Annual influenza vaccinations are offered to all employees.

The proposed RAV award, which is currently subject to arbitration, includes items related to roster reform and the use of Ambulance Community Officers in smaller branches which are intended to reduce levels of fatigue and consequently improve the health of RAV staff.

## COMMUNICATIONS

***Recommendation 11 - The Government, as a matter of urgent priority, provide funding for a CAD system for Rural Ambulance Victoria.***

Accepted.

In 2002-03, RAV received \$5m to commence a Transition Program to rectify major telecommunications deficiencies in RAV's network ahead of a Whole of Government telecommunications strategy for rural Victoria.

The funding already provided has enabled work to commence on the following projects, which have mitigated some of the risks identified in the Report:

- Radio communications system upgrade; and
- Refurbishment of RAV's Operations Centres.

Further funding of \$6.8m to complete the upgrade of RAV's emergency communications systems has been allocated as part of the Government's 2005-06 budget announcement. The funding will enable the introduction of Computer Aided Dispatch (CAD), mobile messaging and Automatic Vehicle Location (AVL). These systems will position RAV to migrate to the proposed Whole of Government emergency communications systems as they are implemented across rural Victoria.

***Recommendation 12 - The Department of Justice undertake a feasibility study of the most beneficial means of installing a CAD system with regard to issues such as:***

- whether such a system should be specific to Rural Ambulance Victoria or be jointly operated with other emergency service organisations;
- the ability of a CAD system to service remote areas; and
- the latest developments in CAD technology and the performance of existing suppliers of the technology.

Accepted.

The Ministerial Steering Committee for Emergency Services Telecommunications is responsible for the Statewide Integrated Public Safety and Communications Strategy (SIPSAcS). This Strategy, which was adopted in 2001, identifies synergies in the current and planned emergency telecommunications needs of the emergency services organisations, including ambulance, and associated major stakeholders for public safety telecommunications in Victoria over the next decade. The Strategy forms the basis for the delivery of public safety telecommunications services to meet the demands of the Victorian community through sharing common infrastructure (where possible) and using robust, proven digital technologies.

A key element of SIPSAcS Phase 1 was to bring the outsourced metropolitan Call Taking and Dispatch (CTD) service back into Government with the establishment of Emergency Communications Victoria in September 2002. Phase 1 has also seen the commencement of three major projects:

- Mobile Data Network (MDN) – State-of-the-art, interactive, in-vehicle computers for the Victoria Police and Metropolitan Ambulance Service;

- Metropolitan Mobile Radio (MMR) – digital mobile radio system specifically designed to enhance the communications capability of the Victoria Police, the Metropolitan Fire and Emergency Services Board and the Metropolitan Ambulance Service.
- Emergency Alerting System (EAS) – a dedicated emergency messaging service that will be key in supporting the dispatch of emergency services personnel throughout rural and regional Victoria. Over 29,000 career and volunteer personnel of the Victoria State Emergency Service, the Country Fire Authority and Rural Ambulance Victoria will receive messaging (pager) units.

Rural and regional Victoria will be the major focus of proposed SIPSaCS Phase 2 initiatives, which include the introduction of multi-agency CTD facilities and enhanced voice and data technologies to regional Victoria.

Given the importance of a fully functioning CTD system to RAV and other ESOs, the Ministerial Steering Committee for Emergency Services Telecommunications has established a sub committee to oversee the development of a business case for multi-agency call taking and dispatch services. Both RAV and DHS are represented on the sub committee. The issues raised by the Public Accounts and Estimates Committee will be addressed by the sub committee in the development of the business case.

## **PERFORMANCE MANAGEMENT AND MEASUREMENT**

***Recommendation 13 - The Department of Human Services accept that the production of timely, accurate and reliable performance information from a CAD system is a major factor in any decision making about funding for such a system.***

Accepted.

The Government accepts that one of the benefits of a CAD system will be to assist in providing operational management information. As noted under the response to Recommendations 11 and 12, an amount of \$6.8m has been allocated as part of the 2005-06 budget to complete the SIPSaCS transition strategy including implementation of CAD.

***Recommendation 14 - The operational performance of Rural Ambulance Victoria be separately disclosed from that of the Metropolitan Ambulance Service in all future reports of the Government, the Convention of Ambulance Authorities and the Productivity Commission.***

Not accepted.

RAV's Annual Report includes significant data on operational performance including response time performance, clinical audit results and operational statistics.

The Convention of Ambulance Authorities (CAA) and the Productivity Commission's Government Services Report only report statewide data for each jurisdiction in order to improve comparability. The Victorian Government does not determine the form of reporting by the CAA or the Productivity Commission.

Government does not consider it appropriate to report individual service performance in the output group budget tables of the Budget Papers, just as individual health services are not reported at this level.

As was noted in the response to recommendation 3, the Government is progressing the development of quality standards encompassing operational performance. The project is progressing under the auspice of the Ambulance Service Policy Consultative Committee (PCC), chaired by the Parliamentary Secretary for Health, and comprising representatives from RAV, MAS, DHS, AEA-V and HSUA.

***Recommendation 15 - Rural Ambulance Victoria consider developing targets for activation and response times, taking into account geographical locations and population density in districts.***

Accepted.

The development of standards by the PCC, referred to in the response to recommendations 3 and 14, will consider the issue of targets for varying geographical locations and population densities.

***Recommendation 16*** - *Rural Ambulance Victoria undertake research into additional performance measures that could be used throughout the organisation to monitor and improve overall performance, in the event that computerised data collection becomes available.*

Accepted.

RAV, in designing its requirements for a CAD system, will ensure that it provides the most appropriate management information and will benefit from experience gained by MAS and interstate ambulance services servicing rural communities in the operation of its CAD system.

## CLINICAL STANDARDS

***Recommendation 17 - The Department of Human Services provide the necessary funding for the full implementation of the Victorian Ambulance Clinical Information System.***

Accepted.

The Government accepts the Committee's view that implementation of the VACIS system will assist in providing operational management information. The Board of Health Information Systems, which is overseeing the implementation of HealthSMART, the Whole of Health ICT Strategy, has endorsed, in principle, the allocation of \$6M for the implementation and rollout of VACIS, including some technology refresh. A Steering Committee, chaired by the Chief Executive Officer of RAV, has been established to actively monitor the project, its deliverables and the associated budget. The achievement of deliverables, according to the agreed milestones and budget, will allow funds to be released from HealthSMART to VACIS.

***Recommendation 18 - The Department of Human Services, in any deliberations on funding for a computer aided dispatch system, takes into account the benefits to be gained from the accurate measurement of responses for clinical performance evaluation purposes.***

Accepted.

As noted in the response to Recommendation 11, \$6.8m has been allocated to RAV to complete the upgrade of its emergency communications systems, including the implementation of CAD. The implementation of VACIS, as noted in the response to Recommendation 17, will also assist in capturing vital operational management information.

## SUBSCRIPTIONS

**Recommendation 19** - *The Department of Human Services undertake a review of ambulance funding mechanisms elsewhere in Australia with a view to determining whether the existing subscription scheme remains appropriate for Victoria.*

Accepted.

As previously noted DHS is conducting a review in consultation with DTF and DPC which includes an examination of funding arrangements. The review will consider the issues raised by the Committee including the sustainability of the current subscription scheme and whether it remains appropriate for Victoria.

The purpose of the Scheme is to provide Victorians with cost effective insurance against potentially high ambulance charges. The Ambulance Membership Scheme provides 16 per cent of Ambulance Services Victoria funding requirements and the number of subscribers to the Ambulance Membership Scheme is currently over 860,000, the highest level since 1994.

A key question for the Ambulance review is the long-term viability of the subscription scheme.

## AMALGAMATION OF AMBULANCE SERVICES

***Recommendation 20 - The Government undertake a feasibility study into the benefits and disadvantages of an amalgamation between Rural Ambulance Victoria and the Metropolitan Ambulance Service.***

Not accepted.

The Government is not satisfied that significant benefits or savings would be achieved at this time by an amalgamation. Amalgamation in itself will not extend the metropolitan CAD system to RAV, as until the communications infrastructure is established, MAS systems cannot operate in rural areas.

The current structure enables the ambulance services to develop models of service delivery that provide high quality ambulance services tailored to meet the particular needs of the diverse communities they serve. In addition, no significant savings would be achieved through the amalgamation of services as a single state-wide service would still need to maintain operational staff and management in metropolitan, rural and regional areas throughout Victoria. MAS and RAV have strong processes to share resources and cooperate on projects of a state-wide nature.

***Recommendation 21 - The Government conducts a review to determine whether the existing organisational and reporting relationship between ambulance services and the Minister for Health remains appropriate, especially in terms of the possibility of consolidating reporting responsibilities under one Minister.***

Not accepted.

The focus of Government over recent years has been to encourage the ambulance services to increasingly plan as members of the broader health system. This has been reinforced by the recent amendments to the Ambulance Services Act, which aligned governance provisions with the Health Services Act. Portfolio responsibilities vary between the states. Apart from Victoria, ambulance is also part of the Health portfolio in NSW, Tasmania, Northern Territory, and Western Australia.

## **Summary of Recommendations**

<b>No.</b>	<b>Recommendations</b>	<b>Government Response</b>
1	The Department of Human Services funds Rural Ambulance Victoria on a full accrual basis inclusive of depreciation and employee entitlements.	Not accepted
2	Additional resources be deployed by the Department of Human Services to finalise a Rural Ambulance Victoria funding model inclusive of a base component along with activity and availability funding.	Accepted
3	The Government determine its expectations of Rural Ambulance Victoria in terms of RAV's ability to respond to emergencies and provide levels of clinical care compared to best practice with other ambulance services throughout Australia. Once desired outcomes are established, the Department of Human Services and Rural Ambulance Victoria develop financial models and strategic directions in order to determine what resources and commitments are needed to achieve those desired outcomes, along with the timeframes involved.	Accepted
4	The Department of Human Services provide expert assistance to Rural Ambulance Victoria in negotiating a new enterprise agreement that addresses industrial practices that add substantially to overtime and allowance costs.	Accepted
5	The Department of Human Services provide an undertaking to Rural Ambulance Victoria as to the extent to which any employee benefit increases negotiated in future enterprise bargaining agreements will be funded by the department, after taking into account Government policy.	Accepted
6	The Department of Human Services give priority to the funding of computerised information systems, including a computer assisted dispatch system that will enable Rural Ambulance Victoria to more efficiently, effectively and economically manage its resources for the benefit of the rural Victorian community.	Accepted
7	Rural Ambulance Victoria take action to ensure that its management of occupational health and safety, including injury management and return to work programs, reflects best practice.	Accepted
8	Rural Ambulance Victoria include in its annual report performance data on its management of occupational health and safety, along with targets set at the beginning of each year.	Accepted
9	Rural Ambulance Victoria, as a matter of priority, finalise a workforce plan.	Accepted
10	Rural Ambulance Victoria investigate the incidence of sick leave, and subsequent overtime, at locations exhibiting levels of sick leave and overtime in excess of average levels taken elsewhere across Victorian	Accepted

<b>No.</b>	<b>Recommendations</b>	<b>Government Response</b>
	ambulance locations.	
11	The Government, as a matter of urgent priority, provide funding for a CAD system for Rural Ambulance Victoria.	Accepted
12	The Department of Justice undertake a feasibility study of the most beneficial means of installing a CAD system with regard to issues such as: <ol style="list-style-type: none"> <li>whether such a system should be specific to Rural Ambulance Victoria or be jointly operated with other emergency service organisations;</li> <li>the ability of a CAD system to service remote areas; and</li> <li>the latest developments in CAD technology and the performance of existing suppliers of the technology.</li> </ol>	Accepted
13	The Department of Human Services accept that the production of timely, accurate and reliable performance information from a CAD system is a major factor in any decision making about funding for such a system.	Accepted
14	The operational performance of Rural Ambulance Victoria be separately disclosed from that of the Metropolitan Ambulance Service in all future reports of the Government, the Convention of Ambulance Authorities and the Productivity Commission.	Not accepted
15	Rural Ambulance Victoria consider developing targets for activation and response times, taking into account geographical locations and population density in districts.	Accepted
16	Rural Ambulance Victoria undertake research into additional performance measures that could be used throughout the organisation to monitor and improve overall performance, in the event that computerised data collection becomes available.	Accepted
17	The Department of Human Services provide the necessary funding for the full implementation of the Victorian Ambulance Clinical Information System.	Accepted
18	The Department of Human Services, in any deliberations on funding for a computer aided dispatch system, take into account the benefits to be gained from the accurate measurement of responses for clinical performance evaluation purposes.	Accepted
19	The Department of Human Services undertake a review of ambulance funding mechanisms elsewhere in Australia with a view to determining whether the existing subscription scheme remains appropriate for Victoria.	Accepted
20	The Government undertake a feasibility study into the benefits and disadvantages of an amalgamation between Rural Ambulance Victoria and the Metropolitan Ambulance Service.	Not accepted

No.	Recommendations	Government Response
21	The Government conduct a review to determine whether the existing organisational and reporting relationship between ambulance services and the Minister for Health remains appropriate, especially in terms of the possibility of consolidating reporting responsibilities under one Minister.	Not accepted