

A large green circle is centered on the page, containing the title and subtitle text. The background features a light gray geometric shape on the right side, resembling a stylized arrow or a triangle pointing right.

# ORGANISATIONAL CAPABILITY REVIEW – AMBULANCE VICTORIA

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FINAL REPORT

The Victorian Government has vested the Victorian Public Sector Commission with functions designed to enhance the performance of the public sector – fostering the development of an efficient, integrated and responsive public sector which is highly ethical, accountable and professional in the ways it delivers services to the Victorian community.

The key functions of the Commission are to:

- strengthen the efficiency, effectiveness and capability of the public sector in order to meet existing and emerging needs and deliver high quality services; and
- maintain and advocate for public sector professionalism

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# TABLE OF CONTENTS

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|   |           |
|---|-----------|
| FOREWORD FROM THE COMMISSIONER.....                           | 4         |
| FOREWORD FROM THE LEAD REVIEWERS.....                         | 5         |
| SUMMARY OF RATINGS.....                                       | 6         |
| RATING DESCRIPTIONS.....                                      | 7         |
| EXECUTIVE SUMMARY .....                                       | 8         |
| ABBREVIATIONS.....  | 16        |
| <b>1. INTRODUCTION.....</b>                                   | <b>17</b> |
| 1.1 Ambulance Victoria.....                                   | 17        |
| 1.2 Relevant audits and reviews.....                          | 18        |
| 1.3 Government policy and funding announcement.....           | 19        |
| 1.4 Inter-jurisdictional performance data .....               | 20        |
| 1.5 Organisational Capability Review .....                    | 21        |
| <b>2. LEADERSHIP.....</b>                                     | <b>23</b> |
| 2.1 Set direction.....  | 24        |
| 2.2 Motivate people.....                                      | 27        |
| 2.3 Develop people.....                                       | 31        |
| <b>3. STRATEGY.....</b>                                       | <b>35</b> |
| 3.1 Outcome focused strategy.....                             | 36        |
| 3.2 Evidence based choices .....                              | 38        |
| 3.3 Collaborate and build a common purpose.....               | 42        |
| <b>4. DELIVERY.....</b>                                       | <b>43</b> |
| 4.1 Innovative delivery.....                                  | 44        |
| 4.2 Plan, resource and prioritise.....                        | 47        |
| 4.3 Shared commitment and sound delivery models.....          | 49        |
| 4.4 Manage performance.....                                   | 52        |
| <b>5. NEXT STEPS.....</b>                                     | <b>54</b> |
| <b>6. APPENDIX 1 - AGENCY RESPONSE.....</b>                   | <b>55</b> |
| <b>7. APPENDIX 2 – INFORMATION ABOUT LEAD REVIEWERS .....</b> | <b>57</b> |
| <b>8. APPENDIX 3 – REVIEW AREAS FOR INQUIRY .....</b>         | <b>58</b> |
| <b>9. APPENDIX 4 – LIST OF CONSULTEES .....</b>               | <b>61</b> |
| <b>10. APPENDIX 5 – REFERENCE LIST .....</b>                  | <b>63</b> |

## FOREWORD FROM THE COMMISSIONER

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The Victorian Public Sector Commission (VPSC) was pleased to work with lead reviewers Mr David Butler and Mr Michael Kinnane ESM on this organisational capability review for Ambulance Victoria (AV).

Organisational capability reviews provide an opportunity to step outside day to day operations, and to think strategically about an organisation's future context, challenges and opportunities. This type of process is critical to ensure an organisation is aware of how it is tracking, and areas it will need to develop, improve and grow into the future.

The VPSC is pleased that public sector organisations like AV are taking the opportunity to critically examine their capabilities, adopt a forward focused approach, and consider how they can strengthen their capability to support the Victorian community.

AV, together with other parts of the health system, faces a number of challenges into the future driven by population and demographic changes, community expectations, and increasing complexity of social and health issues. It is important that AV has a strong understanding of these types of challenges, the potential impact they may have and the capability of the organisation to adapt and improve into the future.

While the review has identified a need for development across many areas of organisational capability, it is important to note that AV proactively sought this review. This demonstrates a readiness by the organisation, Board and Chief Executive Officer to address challenges and continue to change and improve. In addition, across the three capability domains of leadership, strategy and delivery, AV is aware of the breadth of the work it needs to do, and has already commenced or established plans for improvements in a number of areas. This will place AV in good stead for the future.

I thank the lead reviewers, Mr David Butler and Mr Michael Kinnane, for their work and expertise in leading this review.



Belinda Clark QSO

Victorian Public Sector Commissioner

## FOREWORD FROM THE LEAD REVIEWERS

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Ambulance Victoria (AV) plays a significant and critical role in the community. AV is responsible for responding to and supporting Victorians in highly stressful and often time critical situations. The importance of AV to Victorians cannot be overstated.

We were pleased to have the opportunity to lead this review. AV is clearly at an important juncture in terms of longer term organisational planning, and this review was undertaken at a good time to 'take stock' of where the organisation is at, and to clarify the key opportunities moving forward.

As with other organisational capability reviews undertaken within Australia and internationally, this review has highlighted a number of areas for capability improvement. However, AV has many strengths that can be used to drive improvements. In particular, it is clear that AV's Chief Executive Officer is committed to the long term success of the organisation and is very well regarded by staff and stakeholders, which will assist in the journey ahead. Furthermore, staff across corporate and operational functions are passionate about the role and future of AV.

We would like to thank AV's Board of Directors and staff from across the organisation for their time and assistance in supporting us to undertake this review. We thank staff in the corporate area for their assistance in arranging a great deal of meetings and discussions, and also for providing a wealth of documents to the review team.

We would also like to thank stakeholders across a number of sectors, and staff from different parts of AV, for taking time out of their busy and demanding schedules to meet with us.

We trust that AV will find this report beneficial, and wish the organisation success into the future.



David Butler  
Lead Reviewer





Michael Kinnane ESM  
Lead Reviewer




# SUMMARY OF RATINGS

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## Leadership

|                        |  |
|------------------------|--|
| <b>Set direction</b>   |  Development area |
| <b>Motivate people</b> |  Development area |
| <b>Develop people</b>  |  Development area |

## Strategy

|   |  |
|---|--|
| <b>Outcome focused strategy</b>             |  Development area |
| <b>Evidence based choices</b>               |  Well placed      |
| <b>Collaborate and build common purpose</b> |  Development area |





## Delivery

|  |  |
|--|--|
| <b>Innovative delivery</b>                         |  Well placed      |
| <b>Plan, resource and prioritise</b>               |  Well placed      |
| <b>Shared commitment and sound delivery models</b> |  Well placed      |
| <b>Manage performance</b>                          |  Development area |

# RATING DESCRIPTIONS

---

In accordance with the Australian Public Service Commission's (APSC) organisational capability review methodology, the review used the following scale to assess AV's organisational capability.

|   |   |
|---|---|
| <br>Strong             | <ul style="list-style-type: none"> <li>• Outstanding capability for future delivery in line with the model of capability.</li> <li>• Clear approach to monitoring and sustaining future capability with supporting evidence and metrics.</li> <li>• Evidence of learning and benchmarking against peers and other comparators.</li> </ul>         |
| <br>Well placed        | <ul style="list-style-type: none"> <li>• Capability gaps are identified and defined.</li> <li>• Is already making improvements in capability for current and future delivery, and is well placed to do so.</li> <li>• Is expected to improve further in the short term through practical actions that are planned or already underway.</li> </ul> |
| <br>Development area  | <ul style="list-style-type: none"> <li>• Has weaknesses in capability for current and future delivery and/or has not identified all weaknesses and has no clear mechanism for doing so.</li> <li>• More action is required to close current capability gaps and deliver improvement over the medium term.</li> </ul>                              |
| <br>Serious concerns | <ul style="list-style-type: none"> <li>• Significant weaknesses in capability for current and future delivery that require urgent action.</li> <li>• Not well placed to address weaknesses in the short or medium term and needs additional action and support to secure effective delivery.</li> </ul>   |

# EXECUTIVE SUMMARY

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## Preparing for the future

Ambulance Victoria (AV) provides an invaluable service to the Victorian community, and there is significant community satisfaction with the services AV provides.<sup>1,2</sup> AV is also very well regarded by partner stakeholders and across jurisdictions. This reputation has remained strong despite the fact that AV has undergone significant changes in leadership and administration, and been the subject of a number of audits and media attention in recent years.

Many stakeholders believe that AV has now stabilised after a difficult period, and is at a critical turning point with the opportunity to consolidate and improve as an organisation. The appointment of the new Board of Directors in December 2015 and confirmation of the Chief Executive Officer (CEO) in July 2016 are regarded as positive steps to enable the organisation to move forward. In addition, the release of *Victoria's Ambulance Action Plan: Improving Services, Saving Lives*<sup>3</sup> (the APPCC Action Plan), has provided necessary direction and focus for the organisation. Furthermore, it is important to note that on 27 November 2016 the Government announced a \$500 million plan to improve ambulance response times.

Over the past 12 months AV's Board of Directors, CEO and senior leadership team<sup>4</sup> have delivered a range of important initiatives to improve the operations and performance of AV. These include:

- a new Clinical Response Model (through major reforms to the Dispatch Grid);
- 40 hours of professional development per year for paramedics;
- a new professional conduct framework;
- more flexible rostering and leave arrangements, including:
  - part time roster opportunities,
  - single accrued days off,
  - long service and annual leave able to be taken in shorter blocks of time,
  - leave swapping and shift swapping processes, and
  - rostering of graduates with experienced qualified paramedics;
- processes for monitoring and reporting incidents of occupational violence;
- a safety accountability framework;
- an *Integrated Learning and Development Strategy*;
- a review of casual workforce arrangements;
- a review of AV's graduate program;
- information and training for paramedics to report and better manage cases involving family violence;
- new complaint management software to improve the feedback process for consumers and enhance analysis of the associated data; and
- a *Mental Health and Wellbeing Strategy 2016-2019*.

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<sup>1</sup> Council of Ambulance Authorities National Patient Satisfaction Survey 2016.

<sup>2</sup> Patient and Accompanying Person Survey, Final report, Prepared for Ambulance Victoria, August 2016.

<sup>3</sup> *Victoria's Ambulance Action Plan: Improving Services, Saving Lives*, final report, Ambulance Performance and Policy Consultative Committee, December 2015.

<sup>4</sup> Senior leadership team is defined as direct reports to the CEO.



Notwithstanding this important progress, it is critical that AV has a focus on future trends and opportunities, and organisational capability to respond and maximise the role of AV into the future.

AV sought this organisational capability review to help better prepare itself for the future. AV identified the value of seeking alternative views about longer term trends and capabilities and how it should continue to change.

Trends such as the ageing population; urban sprawl and population growth in regional areas; greater community expectations of public services; and increased complexity of health and social issues including mental health and substance misuse, mean that the AV's role and service delivery model will need to change and adapt to continue to meet community expectations.




In addition, like many public and private sector workplaces, AV will need to consider how best to attract, retain and support its workforce into the future. While there is currently a good supply of paramedics applying for positions at AV, this could change in coming years, and overall there is likely to be increasing demand and competition for health professionals both domestically and internationally.

The review, conducted by the VPSC and led by independent lead reviewers Mr David Butler and Mr Michael Kinnane ESM, has followed the APSC model of organisational capability. This model involves consideration of organisational capability across three core areas: leadership, strategy and delivery. The model is based on the premise that strong capability in all three areas is needed for an organisation to perform well and deliver strong outcomes.

The review identified that AV requires development in many areas of organisation capability. This is not an unexpected or unusual outcome as high benchmarks are set for these types of organisational capability reviews. In most areas AV is aware of its challenges and areas for improvement. In several important areas, AV has already identified or progressed work to improve organisational capability.

There are opportunities for AV to expand on current improvements and embed a longer term outlook to organisational capability. The desire within AV, particularly from the CEO, to improve and reform is clear and this will put the organisation in good stead for ongoing improvement and success. There is a sense of a new energy to make the necessary changes.

## Leadership

|                        |  |
|------------------------|--|
| <b>Set direction</b>   |  Development area |
| <b>Motivate people</b> |  Development area |
| <b>Develop people</b>  |  Development area |

In the area of leadership, the review identified opportunities for AV to articulate and drive a long term organisational vision; to develop the ideal culture for the organisation; and to take a different and longer term focus to the management of its workforce.

At the time this report was prepared, AV was implementing the *Ambulance Victoria Corporate Plan January 2016 – June 2017* (the Corporate Plan) and had commenced a process to develop a strategic plan. With the appointment of the new Board of Directors in December 2015, bringing new focus and drive, and confirmation of the CEO in mid-2016, AV is now in a position to develop a longer term vision and set of aspirations for the organisation.

AV has the opportunity to think strategically about the opportunities and risks facing the organisation, and the role and contribution of AV across the health system. Developing a longer term vision and set of goals is critical for AV to describe the role the organisation needs to play in the future.

Developing a longer term vision and aspirations for AV also provides an opportunity for the senior leadership team to be more visible to the rest of the organisation. While the review heard that the CEO is highly visible

and well regarded by staff across the organisation, it is important that the senior leadership team establishes a stronger presence. A strong leadership team, working as a collective to drive ambitious targets and results will be critical for the ongoing success and sustainability of AV.

The desired culture, values and behaviours of AV also require careful consideration. There is an opportunity for the senior leadership team to consider and articulate the type of culture AV needs, and build processes, practices and procedures which embed this culture into all aspects of its business. In addition, it is also important that AV considers the type of strategic reputation it is seeking to achieve (how AV is viewed by other health and emergency services, by Government, and by other jurisdictions), and actively pursue this. While AV is the primary provider of emergency pre-hospital care, it has the opportunity to be seen as a critical part of the health system, actively driving whole of system outcomes, and a leader in innovative and effective service delivery.

In terms of staff motivation, the review found opportunities to improve staff feedback and recognition, and to celebrate both organisational and individual successes. Enhanced internal communication is also required, including providing paramedics with greater clarity around why different performance measures are used and the links to shorter and longer term objectives, so as to ensure commitment and drive to organisational priorities.

There are a number of workforce development opportunities for AV. Organisational data suggests a very low attrition rate, with many employees staying within AV for the majority of their working lives. Staff consulted as part of the review expressed passion for their role, and a strong desire to help the community. However, many staff consulted (in particular paramedics) felt they had limited options in terms of career development and career pathways (some say they get stuck in particular roles), and that there was limited discussion on opportunities to progress and use their skills in different ways.

There are opportunities to think about the 'career offer' AV provides to corporate and operational staff - whereby individuals can expect opportunities to expand their skills, develop in different areas, and work in different roles both within and outside of AV. An increased focus on career conversations will support a more engaged, motivated and dynamic workforce.

Paramedics consulted as part of the review also expressed a need for more regular opportunities to debrief and receive coaching. In particular, paramedic consultees suggested that some new paramedics would benefit from more guidance and support in the first few years in their role.




The review heard that operational staff acting in or appointed to team leader and management roles did not always have the right skills for these roles, and more training and support was required to facilitate the transition from a paramedic role to operational management. AV needs to be clearer about the skills and capabilities required of team leaders and managers, and ensure staff appointed to these positions have the appropriate capabilities. In addition, AV needs to provide enhanced training and coaching to staff when they enter new and different roles.

There have recently been a number of senior staff who have joined AV from external organisations. However, the review understands that in the past there had been a tendency for AV to appoint staff within the organisation rather than consider the opportunity to bring people in with different skills and experience. It was also acknowledged that talent management and succession planning within the organisation is under-developed, and a high number of acting arrangements are currently in place. While work is underway to resolve current acting arrangements, sustainable practices for managing acting and leave arrangements into the future are required.

AV has committed to develop a diversity strategy. This will be important to ensure AV's workforce better reflects and is best able to support the community it serves. It is important to note that AV has developed strategies to identify and respond to skill gaps; provide enhanced induction and other training to staff; and to support debriefing. AV is also well aware of workplace health and safety issues, and is actively pursuing a range of strategies and partnerships to improve workplace wellbeing. However, there was general agreement that there is more to be done.

The important role of volunteers also needs to be acknowledged and considered in future planning and workforce design, particularly in rural and regional areas.

## Strategy

|   |  |
|---|--|
| <b>Outcome focused strategy</b>             |  Development area |
| <b>Evidence based choices</b>               |  Well placed      |
| <b>Collaborate and build common purpose</b> |  Development area |

In the area of strategy, the review considered the priorities for AV's strategic planning process; how AV analyses and uses data and evidence to inform its planning; and the extent to which AV works effectively with stakeholders.

As noted above, at the time the review was undertaken AV had commenced the development of its strategic plan. This is a critical process for AV. The review recommends this is developed as a five year plan and completed and implemented as a matter of priority.

The development of the strategic plan provides an opportunity for AV to articulate an outcomes focused strategy and clarify what success will look like. The strategic plan is also a critical tool for priority setting. Responding to recent audits and inquiries, together with progressing the APPCC Action Plan has placed a heavy resource burden on the organisation. Increased capability to work with key stakeholders (in particular Government and DHHS), on the most critical organisational priorities, and how best to phase the organisation's work program will be an important part of the development of the strategic plan.

In terms of evidence based practice, AV staff consulted as part of the review, together with a number of stakeholders (including other jurisdictions), stated that AV is well regarded in terms of its clinical research. AV has a long standing focus on linking with a range of different organisations to progress clinical research. AV staff consulted as part of the review cited this as one of the organisation's key strengths. The review was provided with a number of examples of innovative and leading clinical practice arising from this research program including the Victorian Ambulance Cardiac Arrest Registry (VACAR), a leading initiative in cardiac arrest data and research. The key area for consideration identified by the review in relation to clinical research is the opportunity to work with partner organisations to better analyse and 'close the loop' on patient outcomes, and use this information to inform practice and service delivery approaches.

Notwithstanding the strengths of AV's clinical research program, the review found that AV does not have adequate systems in place to undertake analysis and make evidence based choices about its operations. While AV has a good understanding of some aspects of its operations and patient cohorts, there is a need for AV to strengthen the use of data and analysis in annual and cyclical planning, and to challenge and reform service delivery and workforce utilisation models. The review also identified an opportunity for increased analytics and focus on future risks and opportunities, and long term trend and horizon planning. Improved capability in these areas is necessary so that AV can be best informed about how it can continue to improve current and future performance, and to facilitate discussions with the Board, Government, and key stakeholders around reforms required to drive improved performance and outcomes.





While many external stakeholders consulted as part of the review indicated that they have a positive relationship with the organisation, there are key stakeholders with which AV needs to develop more strategic and purposeful relationships. In particular, it is critical that AV strengthens its capability and capacity to work with Government to enhance the organisation's credibility. Both AV and DHHS need to invest in a strong and productive working relationship to ensure the success of AV.

There is consensus among AV's leaders and key partners that AV should see itself as a strong and important part of the health system. The review heard that AV is well placed to contribute to improved outcomes across the health spectrum and can play a key role in reducing health costs in Victoria, particularly

in terms of hospital presentations. AV has the opportunity to establish more strategic relationships with stakeholders around its role and system contribution, and ways of working together to maximise outcomes for the community.

AV could also benefit from a greater focus on benchmarking and learning from other organisations. There are opportunities for AV to consider and learn from how other ambulance services work and manage issues. There are also opportunities to learn from other sectors in terms of operational and strategic planning and stakeholder relations.

## Delivery

|  |  |
|--|--|
| <b>Innovative delivery</b>                         |  Well placed      |
| <b>Plan, resource and prioritise</b>               |  Well placed      |
| <b>Shared commitment and sound delivery models</b> |  Well placed      |
| <b>Manage performance</b>                          |  Development area |

The review examined how AV delivers its operations, including areas of: innovation, planning and prioritising, working with others, and how well it reviews and manages performance.

The review heard from staff and a number of stakeholders that in the area of clinical innovation, AV is regarded as a leading organisation across the country. Key innovations in the clinical setting include: the VACAR; the early introduction of Mobile Intensive Care Ambulance (MICA) Paramedics; and more recently the Air Versus Oxygen In myocardial infarction (AVOID) study.

Notwithstanding strengths in clinical innovation, the review did not find well established processes for staff to raise ideas and suggestions on different ways of working. The review heard that the tendency to over-engineer the processes involved in establishing pilots mean these are rare, can take considerable time, and the willingness to test different ways of working is often 'dampened' by excessive process.

There is a general sense of inflexibility and a homogenous approach to operations across the organisation. While this type of organisational disposition is important in supporting the operation of a large clinical service, there is a need for AV to find ways to encourage and support new ideas, and different ways of working to be tested.

AV responds to the day to day demands of the organisation and works well to deploy staff on a 24 hour, seven day a week operational model. AV out performs other jurisdictions on most measures reported in the Report of Government Services (RoGS), and has high consumer satisfaction.

AV is also progressing a large number of organisational reform priorities, and is committed to successful implementation of a number of strategies and reforms, in particular the initiatives outlined in the APPCC Action Plan. There is a need, however, for AV to better triage priorities, by identifying key organisational and divisional priorities to be progressed immediately and the hierarchy of subsequent priorities.

Given AV's most important resource is its people, the organisation needs to think carefully about how best to enhance the engagement of the workforce. Planning for changes in the profile of the workforce should be directed at ensuring AV has a highly skilled and capable workforce now and into the future. The ability to offer different and more flexible working arrangements and to cater for personal and professional development needs will help AV to continue to be an employer of choice, and will ensure staff are engaged and motivated. Different and more flexible working arrangements may also assist in addressing broader workforce issues including skill retention, fatigue and absenteeism.

While there has been an underinvestment in information communications and technology (ICT) systems to support operations, these have been identified by the organisation and work is underway to make the

necessary improvements. Ongoing focus and completion of key improvements planned for human resources (HR), financial and analytical systems are also required.

The review did not find a consistent view from AV staff consulted about how to improve performance in relation to access and timeliness of key performance indicators (KPIs). AV needs to have a much stronger understanding of the range of drivers and influences on performance at both a state-wide and regional level and be testing new and different ways of improving performance.

As noted in the area of strategy, AV requires improved capability in analytics to assess operations regularly and adjust current practices to ensure the achievement KPIs. Understanding and managing performance at both a strategic and local level is critical for AV in order to plan and use its resources most effectively.

The review also heard from staff consulted that there are different views on the importance of KPIs, and some staff consulted suggested that some measures are not achievable. AV needs to find a way of effectively communicating the importance of KPIs to staff which makes it clear that staff health and welfare is of paramount importance, whilst also engendering a sense of urgency in meeting KPIs.

In working with Government on the development of new KPIs, AV needs to bring a clear understanding of what types of measures are likely to best promote good outcomes; efficiency and effectiveness; and how different types of measures can drive collaboration and improvements by partners across health and emergency services.

## Priority areas

In undertaking this organisational capability assessment, the review was acutely aware that in recent years AV has been working to respond to a significant number of recommendations related to audits and inquiries into the organisation. It is therefore important that this review sits alongside these other recommendations and moreover, assists the organisation to prioritise the most critical areas of organisational capability that require improvement.

The review has categorised capability improvements into five key areas for focus:

- deliver a strong five year strategic plan;
- embed improved governance arrangements;
- build stronger relationships;
- enhance workforce management; and
- improve performance.

These are reflected in Figure 1. Indicators of success are reflected in Figure 2.

**Figure 1: Five key areas of focus**



shaded text indicates immediate focus – up to 12 months

unshaded text indicates longer term focus – 12 to 24 months

**Figure 2: Indicators of success**

### **Indicators of success**

- Vision and strategic plan are well understood and adopted by staff across the organisation.
- A five year strategic plan is implemented. It clearly identifies short and long term organisational priorities and the measures of success. It is owned by the organisation and key stakeholders.
- Highly visible leadership that operates as a team.
- Staff increasingly feel engaged, included and informed in the organisation's directions.
- Staff skills and capabilities increase and skills gaps decline.
- Clear succession planning in all parts of the organisation.
- Evidence, analysis and evaluation is used to inform and challenge organisational planning and delivery.
- AV is able to clearly articulate its role and value in the health system, and has robust analysis and modelling readily available to support the case for change or enhancement to the service delivery model.
- AV stakeholders work together to progress a common vision and improved outcomes across the health system.
- New ideas are surfaced across the organisation and lead to innovative practice.
- Mature systems support high functioning business practices.
- ICT systems continue to support and enable the organisation.
- KPIs are routinely met, and when they are not AV has a clear understanding of barriers.
- Ambitious results are achieved.

# ABBREVIATIONS

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| Abbreviation | Full name   |
|--------------|---|
| ALS          | Advanced Life Support                                   |
| APM          | Australian Police Medal                                 |
| APPCC        | Ambulance Performance and Policy Consultative Committee |
| APSC         | Australian Public Service Commission                    |
| ARV          | Adult Retrieval Victoria                                |
| ASM          | Ambulance Service Medal                                 |
| AV           | Ambulance Victoria                                      |
| CATT         | Crisis Assessment and Treatment Team                    |
| CEO          | Chief Executive Officer                                 |
| CFO          | Chief Financial Officer                                 |
| CIO          | Chief Information Officer                               |
| DHHS         | Department of Health and Human Services                 |
| EMR          | Emergency Management Response                           |
| ESM          | Emergency Services Medal                                |
| ESTA         | Emergency Services Telecommunications Authority         |
| HR           | Human Resources   |
| ICT          | Information Communication Technology                    |
| KPI          | Key Performance Indicator                               |
| MICA         | Mobile Intensive Care Ambulance                         |
| MFB          | Melbourne Fire Brigade                                  |
| PACER        | Police, Ambulance and Clinical Early Response           |
| PATT         | Police Ambulance Triage Team (trial program)            |
| QSO          | Queen's Service Order (New Zealand)                     |
| RoGS         | Report on Government Services                           |
| the Act      | Ambulance Services Act 1986                             |
| VACAR        | Victorian Ambulance Cardiac Arrest Registry             |
| VACIS        | Victorian Ambulance Clinical Information System         |
| VAGO         | Victorian Auditor-General's Office                      |
| VPSC         | Victorian Public Sector Commission                      |



# 1. INTRODUCTION

---

## 1.1 Ambulance Victoria

### History and role

AV was formed as a state-wide service in 2008 as a result of an amalgamation of the Metropolitan Ambulance Service, Rural Ambulance Victoria, and the Alexandra and District Ambulance Service.

AV is a public entity established under the *Ambulance Services Act 1986* (the Act). The role of AV is to provide an emergency pre-hospital care and transport service, including quality and timely responses to Victorians facing life-threatening emergencies.

The objectives of AV, as outlined in the Act, are as follows:

- respond rapidly to requests for help in a medical emergency;
- provide specialised medical skills to maintain life and reduce injuries in emergency situations and while transporting patients;
- provide specialised transport facilities to move people requiring emergency medical treatment;
- provide services for which specialised medical or transport skills are necessary; and
- foster public education in first aid.

The Act specifies that AV is the only organisation in Victoria with responsibility for emergency pre-hospital care and transport. Other community and private organisations can register with the Department of Health and Human Services (DHHS) to provide non-emergency transport within Victoria.

Key facts and figures regarding AV's workforce and delivery are as follows:

- AV employs approximately 4,000 staff.
- More than 80 per cent of AV's workforce is employed as on-road clinical staff (paramedics).
- In 2014-15, AV responded to 840,188 emergency and non-emergency cases.
- AV provides services for 5.8 million people across 227,000 km<sup>2</sup>.
- Over the last five years, AV has experienced a steady increase in demand for emergency road transport, and a decline in demand for non-emergency road transport. Air transport has remained relatively stable.

### Recent organisational changes

AV has undergone significant organisation change in recent years in terms of leadership and organisational administration. Key changes are as follows:

- August 2011: The Board of Directors was replaced. Eight of the nine members were either removed or not reappointed at the end of their term.
- December 2014: The Board of Directors was removed and replaced with an Administrator. The Administrator's appointment coincided with the retirement of AV's CEO in November 2014.
- December 2015: A new Board of Directors was appointed, chaired by Mr Ken Lay APM.
- July 2016: The CEO was appointed after acting in the role for an 18 month period.

In addition to recent changes to AV's leadership and administration, there has been significant industrial relations activity in recent years. In July 2015 the *Ambulance Victoria Enterprise Agreement 2015* was reached. In March 2016 the Fair Work Commission recommended new pay rates for paramedic classifications.

## 1.2 Relevant audits and reviews

A number of audits and reviews have examined AV's operations in recent years. In 2010 the Victorian Auditor-General's Office (VAGO) released a report into *Access to Ambulance Services*. In 2014 VAGO released two reports which include commentary regarding AV: *Emergency Response ICT Systems*; and *Heatwave Management: Reduce the Risk to Public Health*. In 2015 VAGO released an audit of AV's delivery against *Emergency Services Response Times*. In 2016 VAGO released a report into *Bullying and Harassment in the Health Sector*. Key findings in relation to each of these reports are outlined below. In addition, on 23 November 2016, the Government announced a state-wide review of the emergency response to the thunderstorm asthma event that occurred on 21 and November 2016.

### Access to Ambulance Services

The 2010 VAGO report *Access to Ambulance Services* examined AV's responsiveness by considering response time data from the previous six years, the conditions in which AV operates and publically available performance information. Key findings of the report included:

- AV's response time performance relied on many factors outside of AV's control;
- there was insufficient evidence to support the view that the 2008 merger of ambulance services negatively affected response times; and
- AV faced problems with its organisational culture and these were impacting response time performance.

### Emergency Response ICT Systems

The 2014 VAGO report *Emergency Response ICT Systems* audited processes and systems used by the Emergency Services Telecommunications Authority (ESTA) to receive emergency calls and dispatch emergency responders. Findings relevant to AV included:

- ESTA had not met ambulance emergency dispatch standards for the past three years due to issues with ESTA procedures and staffing;
- ESTA was not meeting the day-to-day performance objectives for metropolitan emergency ambulance dispatches and was not initiating dispatch instructions within agreed time frames. This affected AV response times and AV's ability to meet key performance indicators; and
- ESTA's performance is subject to performance standards published by the Inspector-General for Emergency Management and the standards for ambulance had not been updated to reflect changes to the ambulance call-taker process, including changes which impact dispatch time.

The report recommended that AV reassess the structured call-taking script and develop a single structured call-taking script for Triple Zero calls.

### Heatwave Management: Reducing the Risk to Public Health

The 2014 VAGO report *Heatwave Management: Reducing the Risk to Public Health* examined the Department of Health's heatwave framework and the response of government agencies to the 2014 heatwave. Findings relevant to AV included:

- heatwaves place additional pressure on emergency services and in particular ambulance services. During the 2014 heatwave AV needed to recruit additional resources to respond to demand;
- AV was well prepared for the 2014 heatwave and its health incident action plans were more comprehensive than those of other agencies; and
- heatwaves increase the incidence of cardiac arrest, which AV respond to as Priority 0 callouts. The anticipated increase in heatwave frequency, combined with Victoria's ageing population, is likely to place increasing demands on AV's resources.

## Emergency Services Response Times

In 2015 VAGO published the report *Emergency Services Response Times*, which discussed findings from its examination of emergency service response data from January 2012 to June 2014. Key findings of the report included:

- response times were not appropriate as standalone measures of the overall performance of emergency services;
- the response time targets were outdated or not evidence based;
- AV's system for generating response time data was less reliable than Emergency Services Telecommunication Authority's (ESTA) Computer Aided Dispatch system and produced less accurate data; and
- AV was the only emergency service which was not performing at or close to response time targets.

## Bullying and Harassment in the Health Sector

The 2016 VAGO report *Bullying and Harassment in the Health Sector* examined whether AV and a number of other Victorian public health services effectively managed the risk of bullying and harassment in the workplace. The report did not include any findings that were specific to AV or paramedics. The report included the following findings for the health sectors considered as part of the audit:

- leadership teams had inadequate oversight of bullying and harassment, failed to manage the associated risks and did not prioritise it as an issue;
- formal complaints about bullying and harassment were not effectively managed and staff were not held accountable for inappropriate behaviour; and
- organisations had a poor understanding of the extent and contributors to bullying and harassment because data was poor and incidents were under-reported.

## State-wide Review into Thunderstorm Asthma Emergency

On 23 November 2016 the Government announced a state-wide review of the emergency response to the thunderstorm asthma event that occurred on 21 and 22 November 2016. The review, to be led by the Inspector-General of Emergency Management and to be provided to Government by late April 2017, will examine:

- the appropriateness and adequacy of the response under the Public Health Response Plan during events of 21 and 22 November, including the speed of escalation;
- the Role of Emergency Management Victoria and the department in respect of this public health event, and adequacy of support provided to emergency and public health services;
- consideration of public warnings and health advice, taking account of predictability and preventive steps available for this type of event; and
- other relevant matters.

## 1.3 Government policy and funding announcement

### APPCC report and action plan

In January 2015, the Ambulance Performance and Policy Consultative Committee (APPCC) chaired by the Hon. Jill Hennessy MP, Minister for Health, Minister for Ambulance Services, was established. The APPCC's interim report was released in March 2015.

*Victoria's Ambulance Action Plan: Improving services, saving lives* (the APPCC Action Plan), released in December 2015, outlines five key focus areas in accordance with the key priorities for reform identified in the APPCC's interim report.<sup>5</sup>

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<sup>5</sup> Ambulance Performance and Policy Consultative Committee, *Working with paramedics to end the ambulance crisis Interim Report*, March 2015.

- providing the right response to patients;
- improving paramedic health, wellbeing and training;
- strengthening partnerships and collaboration with health services;
- improving access to care and patient outcomes in rural communities; and
- developing a positive culture that is centred on patients and staff.

### **\$500 million plan to improve ambulance response times**

On 27 November 2016 a \$500 million plan to improve ambulance response times was announced by the Honourable Daniel Andrews, MP, Premier of Victoria and the Honourable Jill Hennessy MP, Minister for Health and Ambulance Services. The investment includes:

- employing 450 new paramedics over the next three years;
- establishing six new 'super response centres' supported by more than 200 paramedics to meet growing demand in Melbourne's suburbs including the west, the outer north-west, the north, the north-east, outer east and south-east;
- building new or upgrading 15 branches across the state, on top the 20 upgrade projects already underway;
- deploying 225 new paramedics in 22 branches across the state, assessed as highest priority and in need of further resources to meet local demand;
- purchasing new ambulance vehicles and equipment to support the additional paramedic teams;
- creating 12 new services in rural and remote towns with a local paramedic and vehicle, based on a successful model trialled at Wedderburn and Warracknabeal; and
- treating more patients in emergency departments sooner with a \$50 million boost to hire more clinicians and open more beds.

## **1.4 Inter-jurisdictional performance data**

The Productivity Commission's RoGS is released annually and compares ambulance service data from all Australian jurisdictions. RoGS data shows that over the five years 2010-11 to 2014-15, Victoria's cardiac arrest survival rates have been consistently amongst the best in Australia among comparable jurisdictions for both witnessed and non-witnessed events. While New South Wales, Queensland, South Australia and Tasmania have all equalled or exceeded Victoria's performance at points in recent years, only Victoria has demonstrated consistently high performance on this indicator.

AV's cardiac survival rates also compare well with the London Ambulance Service (LAS) and St John's Ambulance Service in New Zealand. For the period April 2013 to November 2014, the LAS recorded an overall cardiac arrest survival rate of 31.6% (compared to the England average of 27.5%)<sup>6</sup>. For the period October 2013 to June 2014, St John New Zealand recorded an overall cardiac survival rate of 30%<sup>7</sup>. Estimated equivalent rates in Victoria have fluctuated between 32% and 35% over the last five years. It is important to note, however, that international data collections may not be entirely comparable.

Over the three years 2012-13 to 2014-15, RoGS data shows that Victoria's pain management indicators have consistently exceeded all other comparable jurisdictions, noting a very slight overall decline in the proportion of patients in Victoria reporting a clinically meaningful pain reduction (contrasting with improvements on this measure in other jurisdictions).

Over the last ten years AV's response times have worsened. During this period, the 90<sup>th</sup> percentile state-wide response times increased from 17.0 minutes in 2005-06 to 22.9 minutes in 2012-13. Although

<sup>6</sup> Care Quality Commission (2015) *London Ambulance Service NHS Trust Quality Report*.

<sup>7</sup> St John New Zealand (2014) *Out-of-Hospital Cardiac Arrest Registry Annual Report 2013/14*.

response times have declined slightly since peaking in 2012-13, they remain considerably longer than they were ten years ago.<sup>8</sup>

## 1.5 Organisational Capability Review

### Review context

In September 2016 AV engaged the VPSC to undertake an organisational capability review. AV sought this review to examine its strengths and weaknesses in terms of organisational capabilities, and to assist the organisation to prepare for the future. The review was undertaken between September – November 2016.

### Review methodology

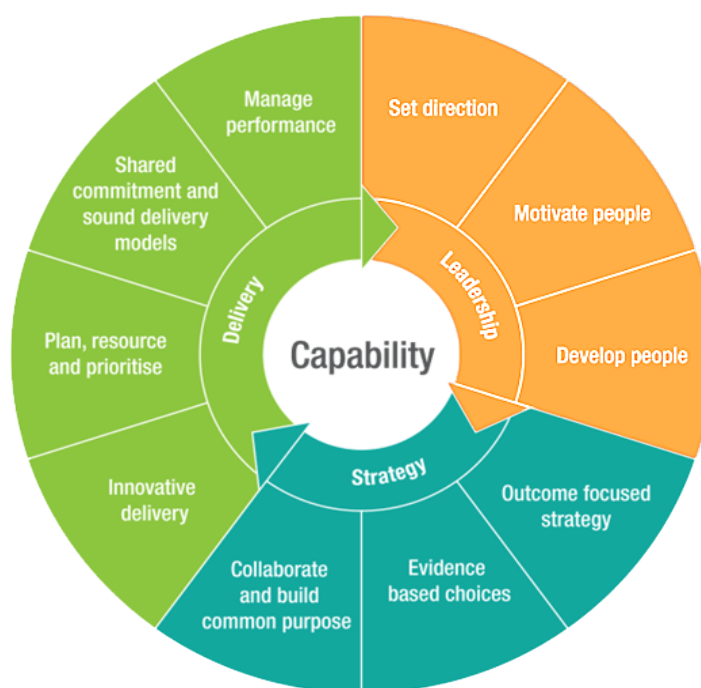
The review was delivered by the VPSC, and led by two independent lead reviewers, Mr David Butler and Mr Michael Kinnane ESM who hold specific experience and expertise in the areas of organisational capability reviews and emergency management respectively. Information about the lead reviewers is at Appendix 2.

An organisational capability review is a forward focused review. It focuses on the future context facing the organisation, and the capability (based on current circumstances and practices) to deliver on key priorities into the future.

The review used the APSC’s organisational capability review model; which was developed as a hybrid of different organisational capability models used internationally.

The model (see Figure 3) involves examination of three core areas of organisational capability: leadership, strategy and delivery. An outline of each domain for examination against the three core areas is provided at Appendix 3.

**Figure 3 – Model of capability**



The review gathered, examined and tested information against three capability domains. It also involved regular discussions with the CEO of AV about emerging findings and trends as the review was progressed.

Interviews were conducted with key stakeholders and a selection of staff across AV to hear about the organisation’s strengths, weaknesses and opportunities against the capability domains. The review interviewed AV’s senior leadership team, the Board of Directors, senior staff within the Victorian Government,

<sup>8</sup> Report on Government Services 2016, Volume D: Emergency management.

CEOs from several hospitals, senior leaders across other emergency service organisations, the Victorian branch of Ambulance Employees Australia, and CEOs of ambulance services in a number of other jurisdictions. A full list of individuals interviewed for the review is at Appendix 4.

The review also held five roundtable discussions with a selection AV staff in operational and corporate roles, as follows:





- metropolitan operational staff who have been with the organisation for less than three years;
- metropolitan operational staff who have been with the organisation for more than three years;
- regional operational staff who have been with the organisation for less than three years;
- regional operational staff who have been with the organisation for more than three years; and
- a cross section of corporate staff.

Each of these five roundtable discussions included between 10 - 16 staff members.

AV also provided a range of organisational documents (more than 200) to inform the review.

### Rating descriptions

In accordance with the APSC's organisational capability review methodology, the review used the following scale to assess AV's organisational capability.

|   |   |
|---|---|
| <br>Strong             | <ul style="list-style-type: none"> <li>• Outstanding capability for future delivery in line with the model of capability.</li> <li>• Clear approach to monitoring and sustaining future capability with supporting evidence and metrics.</li> <li>• Evidence of learning and benchmarking against peers and other comparators.</li> </ul>         |
| <br>Well placed      | <ul style="list-style-type: none"> <li>• Capability gaps are identified and defined.</li> <li>• Is already making improvements in capability for current and future delivery, and is well placed to do so.</li> <li>• Is expected to improve further in the short term through practical actions that are planned or already underway.</li> </ul> |
| <br>Development area | <ul style="list-style-type: none"> <li>• Has weaknesses in capability for current and future delivery and/or has not identified all weaknesses and has no clear mechanism for doing so.</li> <li>• More action is required to close current capability gaps and deliver improvement over the medium term.</li> </ul>                              |
| <br>Serious concerns | <ul style="list-style-type: none"> <li>• Significant weaknesses in capability for current and future delivery that require urgent action.</li> <li>• Not well placed to address weaknesses in the short or medium term and needs additional action and support to secure effective delivery.</li> </ul>   |

## 2. LEADERSHIP

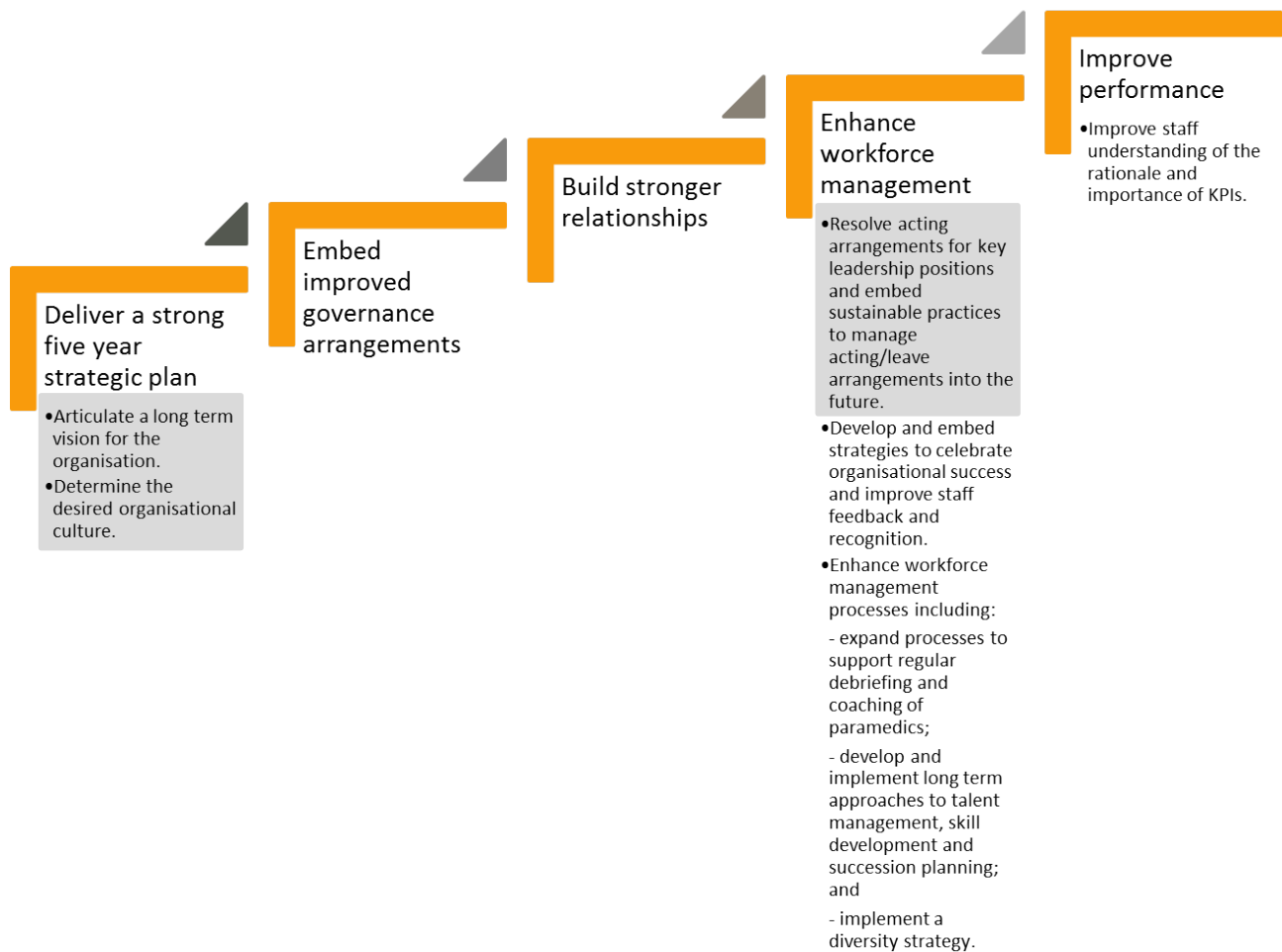


### Introduction

The review examined three areas in the domain of leadership:

- set direction;
- motivate people; and
- develop people.

The review concluded that AV requires development in all three areas. The areas of focus identified by the review are highlighted below.




shaded text indicates immediate focus – up to 12 months

unshaded text indicates longer term focus – 12 to 24 months



## 2.1 Set direction

|                           |   |
|---------------------------|---|
| <b>Guidance questions</b> | <ol style="list-style-type: none"> <li>1. Is there a clear, compelling and coherent vision for the future of the organisation? Is this communicated to the whole organisation on a regular basis?</li> <li>2. Does the leadership work effectively in a culture of teamwork, including working across internal boundaries, seeking out internal expertise, skills and experience?</li> <li>3. Does the leadership take tough decisions, see these through and show commitment to continuous improvement of delivery outcomes?</li> <li>4. Does the leadership lead and manage change effectively, addressing and overcoming resistance when it occurs?</li> </ol> |
| <b>Rating</b>             |  Development area  |

### 2.1.1 Vision

AV needs to develop a long term vision and set of aspirations for the organisation as a matter of priority. At the time this report was prepared, AV was implementing the Corporate Plan, and had commenced development of a strategic plan. The current strategic planning process is considered, by the senior leadership team in particular, as a critical opportunity to focus on longer term organisational priorities.

AV's service delivery model will need to adapt to demographic changes; population growth and distribution; greater complexity in health presentations and inter-disciplinary responses; and changing community expectations of health services. Development of a longer term vision and aspirational goals will be an important process for AV to outline where the organisation needs to be in five to ten years to tackle emerging opportunities and challenges. AV's strategic plan, and subsequent plans, will be critical vehicles for outlining how the organisation will work with its staff and stakeholders to deliver against its longer term vision.

The review heard that ambulance services in other jurisdictions are considering the possibility of future competitors (in both non-emergency and emergency pre-hospital care), and are using this as an opportunity to clarify the unique role their organisation performs now and in the longer term. Some ambulance services in other jurisdictions have also looked at the role their service can play in the health system and are using this to work with Government and other stakeholders to position their organisation for the future. The review heard, for example, of a cost-benefit analysis undertaken by another ambulance service which indicated that while the ambulance service received a relatively small proportion of the health budget, it has the potential to affect more significant outcomes and cost savings across the health system.

Many stakeholders spoke about the potential role AV can play into the future and the opportunity for AV to make a significant contribution to improved outcomes and efficiencies across the health system. Establishing a long term vision, aspirations and goals for the organisation will be a critical step in long term planning and organisational sustainability.

### 2.1.2 Leadership team

The review found that while the CEO is highly visible and valued by staff across the organisation, it is important that AV's senior leadership team becomes more visible in driving the organisation and, when necessary, be seen to be collectively making tough choices and decisions.

The review heard of a number of ways that the CEO is effectively communicating and engaging with staff including: site visits, continued involvement in front line service delivery, and fortnightly all-staff emails. These approaches to engagement have been very well received. Staff consulted advised the review they have enormous confidence in and high expectations of the CEO.





While high levels of visibility, confidence and expectations of a CEO are all valuable, it is not necessarily a complete and sustainable organisational model. AV needs a strong and visible senior leadership team that works as a collective to: lead the organisation; communicate the organisation's objectives; and make tough choices and decisions. The senior leadership team needs to have strong and effective relationships with people at all levels within the organisation, and drive ambitious targets and results across its operations.

A strong senior leadership team provides 'weight' to decisions. It also ensures the organisation has leadership strength, and is not reliant on a particular individual to maintain direction and credibility for the organisation.

The review notes that the CEO has been finalising appointments to the senior leadership team and as part of this, is increasingly setting out the expectations for all members of the team. For example, there is an expectation that each member of the senior leadership team should regularly visit different metropolitan and regional areas to stay in touch and engage with operational staff. The review supports this approach, and implementation of further opportunities for the senior leadership team to become more visible to staff across the organisation.

In addition, the development of the strategic plan provides an important opportunity for the senior leadership team to visibly work together to develop, communicate and implement the organisation's plan. Development of the strategic plan will require the leadership team to identify how best to sequence organisational change and improvement priorities in order to improve performance and outcomes in the short and longer term. It will also require effective engagement with staff around the plan, and key priorities for the organisation.

In addition to focusing on the role and function of the current leadership team, it is also important that AV maintains a focus on future leadership. AV has acknowledged that it is not well placed in terms of succession planning, particularly for leadership roles, and that this creates risks. AV should embed processes to consider the future leadership requirements and capabilities, and actively work to source and develop the next tranche of leaders.

### 2.1.3 Leading and managing change

Change has not always been managed effectively in AV. Given the need for AV to adapt and change to respond to population and demographic trends, and to test new ways of working to improve performance, managing change will need to improve to become a strong discipline.

The review heard a number of examples where change has not worked well, including lengthy organisational restructure processes, and examples of middle managers not always supporting organisational change processes instigated by more senior management.

Some stakeholders commented on the tendency for AV to focus on the status quo as the best or easiest option, even when current arrangements were not always achieving desired results nor best suited to changing workforce requirements. The view of these commentators was that AV's inability to implement change effectively was too heavily influenced by a belief that the workforce would be resistant to change.

On the other hand, a number of paramedics consulted as part of the review said they were not always aware of changes within the organisation, or to organisational policies. A number of paramedics consulted advised that due to the nature of shift work and rostering arrangements, they do not always have sufficient time to check emails or speak with colleagues or their manager about changes to policies and practice. Within this context, it was acknowledged that paramedics prioritise clinical updates, and that there is less opportunity to engage with broader organisational matters.

The review also heard from a number of consultees that some staff are still adjusting from the merging of the metropolitan and rural ambulance services in 2008, and that this change process has continued to have an impact. Given this occurred eight years ago it is surprising this remains an issue.

In order to implement change more effectively, AV's senior leadership team needs to develop new and different ways of working with staff – both to engage staff in change processes, and to communicate with




staff about changes. Staff should be involved in discussing the rationale and impacts of change, and the role they can play in the process.

The senior leadership team will also need to be more creative in communicating with the workforce. It is clear that emails, for example, have limited reach and that different communication mechanisms, or ways of structuring of rosters, is required to ensure information is effectively communicated to staff – in particular paramedics. New and different ways of using technology for delivering messages to staff could be considered to enhance internal communications. Implementing effective approaches for AV to systematically engage with its workforce will be important to building and maintaining a well informed and engaged workforce.



## 2.2 Motivate people

|                           |  |
|---------------------------|--|
| <b>Guidance questions</b> | <ol style="list-style-type: none"> <li>1. Does the leadership create and sustain a unifying culture and set of values and behaviours which promote energy, enthusiasm and pride in the organisation and its vision?</li> <li>2. Are the leadership visible, outward looking role models communicating effectively and inspiring the respect, trust, loyalty and confidence of staff and stakeholders?</li> <li>3. Does the leadership display integrity, confidence and self-awareness in their engagement with staff and stakeholders, actively encouraging, listening to and acting on feedback?</li> <li>4. Does the leadership display a desire for achieving ambitious results for customers, focussing on impact and outcomes, celebrating achievement and challenging the organisation to improve?</li> </ol> |
| <b>Rating</b>             |  Development area   |

### 2.2.1 Organisational culture

In developing a longer term vision, and the strategic plan, AV needs to consider the type of organisational culture it needs, and how this can be developed and supported. This should be embedded into all aspects of its business.

The senior leadership team needs to describe and model the type of culture that is needed and what is expected of all staff across the organisation. Leaders need to respond to behaviour that does not align with the desired culture. It is important that staff understand the types of behaviours that are valued in AV, and that this is supported not only by senior leaders but also by middle and more junior managers in AV. Culture change will work best in the longer term if it is driven and reinforced by staff across all parts of the organisation.

An *Alignment and Engagement Survey* undertaken by AV staff in November 2015 indicated that a large proportion of AV staff are proud to work at AV. However, this survey also highlighted issues in terms of the extent to which staff feel they can trust managers, and perceptions that inappropriate behaviour is not always effectively addressed.

The review notes that in implementing the APPCC Action Plan, AV has committed to developing a positive culture centred on patients and staff, and that AV has commenced a review of its organisational values. The review by AV into its organisational values is an important process to clarify and drive AV's desired culture. It also provides an opportunity to examine how the public sector values are embedded, and ways to ensure that staff across the organisation are aware of AV's role as a public sector organisation.

### 2.2.2 Motivating people

#### Career conversations

The review heard that AV does not engage with staff about their career, and that operational staff in particular feel that they have few opportunities to expand their career both within and outside of AV.

AV workforce data suggests a low attrition rate (approximately 5 per cent), with many employees staying with AV for the majority of their working lives. While there are strengths in a stable workforce, the review found that AV does not have a culture or processes in place to engage with staff around their career development and career pathways both within and outside of the organisation. There are limited discussions between staff and managers about opportunities to progress, or how staff could have different experiences and use their skills in different ways.



Establishing a culture where staff feel that they have opportunities to learn and grow is critical to maintain an engaged, motivated and productive workforce. Without a focus on career planning and pathways, there is a risk that staff feel that they are 'stuck', and in turn become demotivated.

Creating a culture and systems to support a mobile and dynamic workforce would be beneficial for AV. Investing in and supporting staff in career development is likely to build morale and motivation and would assist AV in gaining exposure to new and different ways of working from other disciplines.

## Reward and recognition

The review found that there are opportunities to better reward and recognise achievements of AV and its staff.

It is evident that audits of AV's service performance in recent years has meant AV has had a heightened focus on areas where the organisation has not performed well, and on defending the organisation in relation to negative media reports. By contrast, less energy has been directed to celebrating and promoting positive outcomes and good news stories. While in recent years there has been an increased focus on celebrating the work of paramedics (such as patient and paramedic reunion stories and 'Thank a Paramedic Day'), the review notes that there are many areas where AV could be better celebrating and promoting its success as an organisation, including AV's performance in terms of patient outcomes. A recent media release from the Honourable Jill Hennessey MP, Minister for Health and Ambulance Services, for example, highlighted recent improvements in response time performance in a context of growing demand.<sup>9</sup>

Acknowledging and promoting the successes and achievements of the organisation can enhance engagement of the people in AV. It is also critical to building and maintaining trust and credibility with external stakeholders and in the community.

It is clear from consultations that staff within AV are highly committed to their role, and to helping people in the community. The review heard from paramedics that they have a high degree of intrinsic motivation, and that staff in corporate functions consulted as part of the review see their roles as supporting paramedics to provide the best possible service and outcomes for the community. These findings are supported by results from the 2016 People Matter Survey<sup>10</sup>, in which 95 per cent of respondents<sup>11</sup> agreed that the work they do is important. This view by AV employees about the importance of their work is consistent with findings in similar (benchmark) health organisations.

The review did hear of some examples where staff performance was recognised. In addition, the CEO advised that the staff awards program which, historically, has focused on recognising length of service, is expanding to include a focus on recognising excellent staff performance. However, the review did not hear of well-established and systemic practices within AV to harness staff commitment and drive, and to reward and recognise good performance and outcomes at state-wide and local levels.

Paramedics consulted as part of the review commented that they tend to receive feedback when things do not go well, but receive limited positive feedback and recognition in relation to things that do go well. For example, paramedics consulted indicated that they would be asked to explain why they did not meet key performance measures related to 'scene time'<sup>12</sup>, but there would be limited discussion on the outcomes achieved for patients. Results from the recent AV *Alignment and Engagement Survey* support these comments with only 14 per cent of respondents agreeing that AV had effective programs for recognising and rewarding the achievements of its people.

<sup>9</sup> Media Release from The Hon Jill Hennessey MP, Minister for Health and Minister for Ambulance Services: 'More Ambulances Arriving Sooner thanks to record investment', 28 October 2016.

<sup>10</sup> People Matter Survey 2016 - Ambulance Victoria, Benchmark Report: Core Survey.

<sup>11</sup> AV's response rate for the 2016 People Matter Survey was 14%, which is significantly lower than comparable organisation response rates of 55%. The low survey response rate means that results may not be representative of the workforce.

<sup>12</sup> 'scene time' refers to the length of time between ambulance arrival at a scene, and either transportation to hospital or clearance and availability for re-tasking.



The senior leadership team needs to consider how best to engage and motivate staff within their organisation. Celebrating individual successes, together with organisational success, and showing staff that good performance is valued, is critical to maintaining and growing good staff, and also to achieving organisational objectives.

### Driving ambitious results

The review found that staff consulted as part of the review have different views on the relative importance of different KPIs, and there is a need for AV's senior leadership to better communicate the rationale and importance of KPIs to drive ambitious results.

A number of staff consulted as part of the review referred to a recent VAGO report into Emergency Service Response Times, which described AV's Code 1 KPI as "not based on evidence".<sup>13</sup> Based on this finding, it appears that there is some ambivalence from staff on the extent to which this measure can be achieved.

While AV's senior leadership described a direct correlation between timeliness and patient outcomes, the review heard from some paramedics consulted that they may place greater importance on patient outcome measures, with less focus on timeliness measures. This suggests a need for greater communication around the importance and inter-dependencies of KPIs.

In addition, the review understands that, historically, there was a view within AV of the need to achieve performance 'at all costs', and this has resulted in a negative view of the impact of performance measures on staff health and wellbeing. While AV is working to ensure that the focus is not on performance at all costs, and has implemented a range of initiatives around health and wellbeing, the legacy of this view continues to impact on perceptions of KPIs.

AV needs to find a way to communicate with staff, in particular paramedics, about the importance of KPIs which makes it clear that staff health and welfare is of paramount importance, whilst also engendering a sense of urgency in meeting KPIs. Performance dashboards may assist with this process. In addition, embedding KPIs in the strategic plan may assist in driving engagement.

Ensuring staff have a common understanding of the rationale and importance of KPIs is also a critical area for consideration for AV's leadership. The senior leadership team need to provide clear and consistent messages to staff (in particular paramedics) on the rationale for performance measures and why they are important, and ensure that staff understand how their performance impacts on the system as a whole. High performing organisations have clarity across the organisation on key priorities and deliverables, and why these are important.

### 2.2.3 Leaders encouraging feedback

The review found an opportunity for AV's leaders (both the senior leadership team and operational managers) to embed more systematic processes to seek feedback from staff and stakeholders.

The review was advised that the CEO has provided an open invitation for staff to make contact with any issues or comments. However, the review did not hear of similar processes in place for staff to provide feedback to other senior leaders; or systemic mechanisms by which AV's leaders seek, encourage and act upon feedback. The review encourages senior leaders to regularly create opportunities to meet with staff and middle managers in their work environments (including operational environment) to seek such feedback.

Similarly, there did not appear to be mechanisms in place for the organisation to gather feedback from stakeholders, in particular partner agencies that AV works with regularly. The review was advised of informal conversations about particular incidents, but was not advised of any formal feedback processes.

Providing opportunities for staff and stakeholders to provide feedback to AV's leadership is likely to assist in driving greater awareness of strengths and opportunities. It is also likely to support staff engagement, and foster stronger working relationships with partners.


<sup>13</sup> *Emergency Services Response Times*, Victorian Auditor General's Report, March 2015.

This review has provided an important first step in seeking views from AV's staff and key stakeholders on organisational capability and areas for improvement.





## 2.3 Develop people

|                           |   |
|---------------------------|---|
| <b>Guidance questions</b> | <ol style="list-style-type: none"> <li>1. Are there people with the right skills and leadership across the organisation to deliver your vision and strategy? Does the organisation demonstrate commitment to diversity and equality?</li> <li>2. Is individuals performance managed transparently and consistently, rewarding good performance and tackling poor performance? Are individuals performance objectives aligned with the strategic priorities of the organisation?</li> <li>3. Does the organisation identify and nurture leadership and manage talent in individuals and teams to get the best from everyone? How do you plan effectively for succession in key positions?</li> <li>4. How do you plan to fill capability gaps in the organisation and in the delivery system?</li> </ol> |
| <b>Rating</b>             |  Development area  |

### 2.3.1 Coaching and support for paramedics

The review heard from staff consulted that some new paramedics feel that they would benefit from more guidance and support in the first few years in their role; and that the paramedic workforce more broadly would benefit from improved debriefing and coaching arrangements.

Some paramedics consulted as part of the review felt that they did not always have the experience and confidence they would like to perform their roles, particularly early in their career. These staff are keen for increased opportunities to learn from more experienced paramedics.

The review also heard that operational managers are expected to have around 20 direct reports, but that it is common to have 40 and sometimes up to 50 direct reports. These are very high manager/staff ratios which greatly limits opportunities for direct contact with a manager who may only see some of their staff once a month. While some paramedics consulted as part of the review felt that their manager had a sense of the challenges they face, others felt there was limited oversight and 'checking-in'.

The review notes that AV is actively working on a number of strategies to strengthen coaching and support for paramedics. In particular, the APPCC Action Plan recommended 40 hours a year of continuing professional development training and this has been implemented by AV. The APPCC Action Plan also recommends better support for graduate paramedics and this is currently being progressed by AV through a review of its graduate program.<sup>14</sup> Further, the Corporate Plan outlines that the organisation is actively working to roster graduates with experienced paramedics, with the intention that this will assist in providing graduate paramedics with greater experience and confidence in their clinical skills.<sup>15</sup>

An important aspect of the five focus areas of the APPCC Action Plan is to improve paramedic health and wellbeing. The review understands that a range of initiatives are being progressed to support this, including the *Mental Health and Wellbeing Strategy 2016-19*. This strategy includes improving existing mental health initiatives; and development of an organisation-wide mental health training program. The review also notes the recent introduction of 40 hours of professional development per year for AV's paramedics.

The review supports the implementation of work in these areas. In progressing this work, it is important that AV considers ways of addressing structural issues (such as large span of control) which impacts on

<sup>14</sup> Deliverable 52 of the Corporate Plan.

<sup>15</sup> Deliverable 49 of the Corporate Plan.



debriefing and support for staff. Embedding a culture which values and prioritises staff support, coaching and debriefing will also be an important part of this process.

In addition, the review suggests that consideration should also be given to providing coaching and support for non-operational staff.

### 2.3.2 Identifying and addressing skill gaps

The review found a need for AV to better identify and address skill gaps and better support staff with professional development.

The review heard from a number of consultees that operational staff acting or appointed to team leader and management roles did not always have the right skills for these roles, and that more training and support was required to facilitate the transition to different roles. This included the transition from a paramedic role to an operational leadership role, or from an operational role to a corporate role.

AV needs to be clearer about the skills and capabilities required of team leaders and managers and ensure staff appointed to the positions have the appropriate capabilities. In addition, AV needs to provide enhanced training and coaching to staff when they enter new and different roles.

A number of strategies are being pursued by AV to identify and address skill gaps. In particular, AV is implementing an *Integrated Learning and Development Strategy*.<sup>16</sup> This is expected to involve an organisation-wide learning needs analysis in 2016-17 to identify current and future capability gaps in priority areas such as management and leadership, business skills, strategic thinking and clinical operational skills. AV has also committed to a review of its leadership programs and this will include a focus on equipping managers with required leadership and management skills.

In identifying and responding to skill gaps within the organisation, it is important that AV considers opportunities to train and develop existing staff, as well as opportunities for the organisation to recruit people with different skills. It is also important that training and development, particularly for management and leadership roles, looks to multi-disciplinary programs to provide the opportunity for AV staff to learn about different ways of approaching issues and working. AV also needs to consider how best to tailor training to the needs of the organisation. Training should also be appropriately pitched, recognising existing skills and experience, and engaging participants in new and relevant information readily applicable to day to day work.

Some external stakeholders consulted as part of the review provided examples where they or staff within their organisation had been provided with the opportunity to work within a large Government department, or to participate in a multidisciplinary leadership program as a way of gaining exposure and experience of different ways of thinking and working. These types of externally focused training and development opportunities could be better utilised by AV.

While there are a few examples of secondments, AV could provide more secondment opportunities for staff to work in different roles (or locations) within AV or to experience other parts of the health and public sector and bring these experiences back to the organisation.

### 2.3.3 Staff performance management

The review understands that AV has recently implemented a new performance management process. This is at an early stage. The review was advised that this involved developing a single and consistent performance management tool for all staff across AV.

It is important that this performance management tool and associated feedback processes clearly link to AV's strategic plan. It is important that there is clear alignment between organisational priorities and organisational performance goals, and individual performance goals and measures for staff.

<sup>16</sup> Deliverable 30 of the Corporate Plan.





### 2.3.4 Diversity and equality

AV has committed to develop a diversity strategy.<sup>17</sup> This is an important process to drive workforce diversity, flexibility and gender equality.

AV does not currently collect information on the cultural backgrounds of its workforce, aside from the number of Aboriginal and Torres Strait Islander paramedic employees. Current data shows a very low number of Aboriginal and Torres Strait Islander paramedic employees.<sup>18</sup> Development of the diversity strategy will be an important process for AV to consider the diversity of its workforce, and how it can ensure its workforce reflects and is best able to support the community it serves.

A number of senior AV staff consulted as part of the review indicated that AV had known for some time that the number of women within its workforce has been increasing, but that AV did not utilise this information to reconsider and implement systematic changes to rostering and shift work arrangements to enable flexible and part time work. Workforce data shows that the proportion of female employees in AV increased from 36.2 per cent in June 2011 to 40.7 per cent in June 2016.<sup>19</sup> With a greater number of women than men entering paramedic university courses, it is anticipated that this trend will continue.

AV acknowledges that the increasing number of women in its workforce, coupled with increasing expectations from the workforce more generally for greater flexibility (from both men and women), will require AV to think differently about how it structures shift work and rosters to ensure it meets the needs of the changing profile and expectations of its workforce. The review was advised that some work to provide flexibility has been progressed, but this is not well advanced.

In addition, senior leaders within AV have acknowledged that further work is required to increase the number of women in leadership positions, particularly given the growing proportion of women in the organisation as a whole. AV workforce data shows that at November 2016, 30 per cent of management and leadership positions within the organisation are filled by women.<sup>20</sup> This is lower than the proportion of women within the organisation at June 2016 more broadly which is 40.7 per cent. AV is aware of this, and is considering strategies to encourage and support a greater number of women in leadership positions.

The review also heard from a number of consultees that there is a tendency for AV to appoint staff from within the organisation, rather than consider the opportunity to bring in people with different skills and experience (although more recently there have been some senior people recruited into AV from other organisations). In addition to providing opportunities for people with different skills and experiences to work in AV, it is also important that AV actively seeks broader input into its planning, thinking and development of its strategies in order to bring fresh ideas and thinking.

The important role of volunteers also needs to be acknowledged and considered as part of workforce planning and design. This is particularly important in rural and regional areas.

Effective implementation of the diversity strategy will require awareness and buy-in from staff, and a culture of valuing and respecting diversity within the workforce.

### 2.3.5 Acting arrangements and succession planning

The review identified a number of acting arrangements across AV and notes that work is underway to confirm appointments to key positions. The key area of focus for AV is to take a longer term approach to succession planning.

Given that paramedics have access to ten weeks annual leave, acting arrangements will be an ongoing part of the approach to structuring workforce arrangements. Acting arrangements also provide the opportunity for staff to develop experience and skills in different roles. However, at the time of this review, it appeared that

<sup>17</sup> Deliverable 135 of the Corporate Plan.

<sup>18</sup> Victorian Public Sector Workforce data collection 2016.

<sup>19</sup> Victorian Public Sector Workforce data collection 2016.

<sup>20</sup> Workforce data supplied by AV.



AV had a significant number of acting arrangements. As at August 2016, 13 out of 34 directors and managers (38 per cent) were acting and/or did not permanently hold the position.

AV was aware of the number of acting arrangements and has taken steps to resolve this, commencing with appointments to key leadership positions. It is expected that processes to recruit and stabilise appointments across other parts of the organisation will be progressed swiftly following leadership positions. It will be important that in addition to resolving current acting arrangements, AV identifies and embeds sustainable practices to manage acting and leave arrangements into the future.

It is also critical that AV takes a longer term approach to succession planning. AV needs to be sourcing and developing staff at all levels of the organisation to ensure it has the capability to respond to ongoing organisational changes. This needs to be embedded into workforce planning.

# 3. STRATEGY



## Introduction

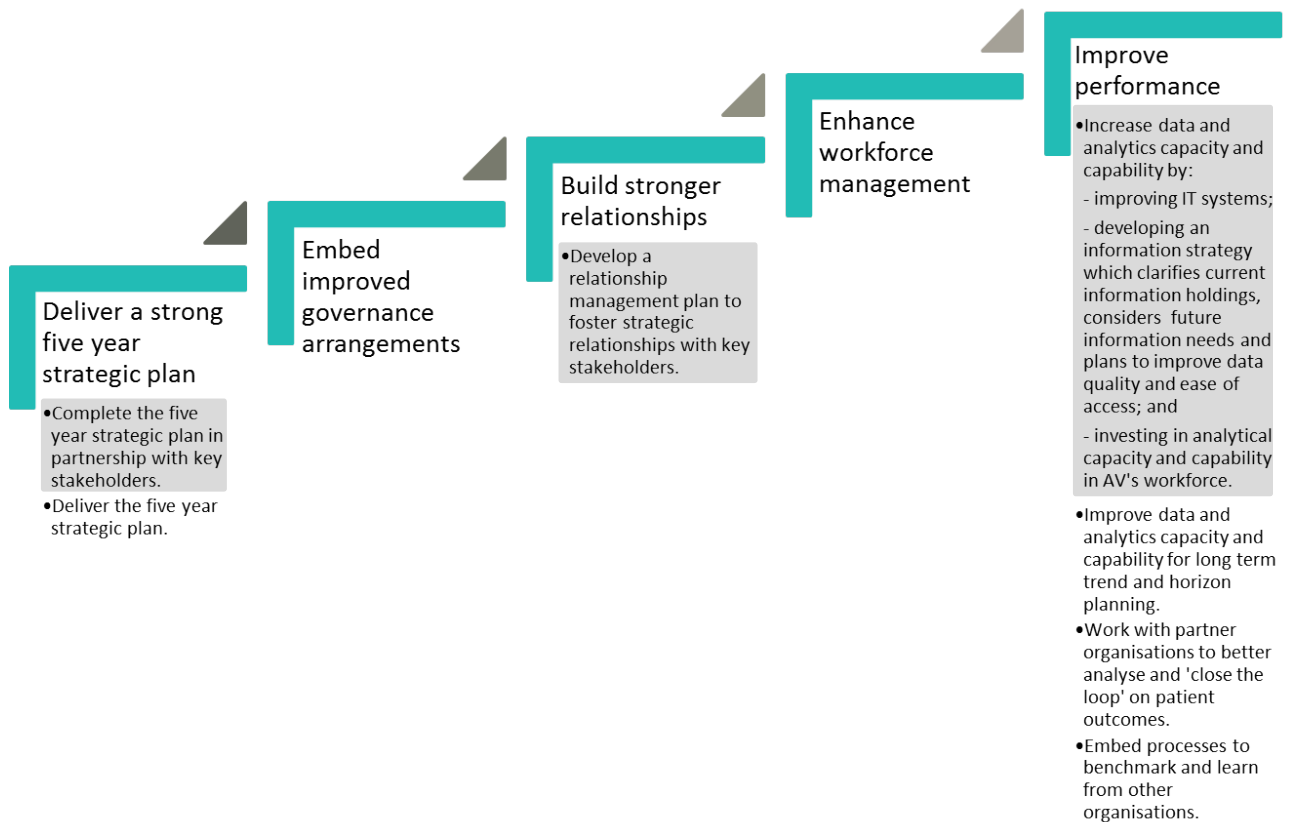
The review examined three areas in the domain of strategy:

- outcome focused strategy;
- evidence based choices; and
- collaborate and build common purpose.

The review concluded that:

- AV is well placed in the area of evidence based choices; and
- AV requires development in the areas of outcome focused strategy; and collaborate and build common purpose.


The areas of focus identified by the review are highlighted below.



shaded text indicates immediate focus – up to 12 months  
 unshaded text indicates longer term focus – 12 to 24 months



### 3.1 Outcome focused strategy

|                           |   |
|---------------------------|---|
| <b>Guidance questions</b> | <ol style="list-style-type: none"> <li>1. Does the organisation have a clear, coherent and achievable strategy with a single, overarching set of challenging outcomes, aims, objectives and measures of success?</li> <li>2. Is the strategy clear about what success looks like and focused on improving the overall quality of life for customers and benefiting Victoria?</li> <li>3. Is the strategy kept up to date, seizing opportunities when circumstances change?</li> <li>4. Does the organisation work with political leadership to develop strategy and ensure appropriate trade-offs between priority outcomes?</li> </ol> |
| <b>Rating</b>             |  Development area  |

#### 3.1.1 Importance of the strategic plan

The review notes that AV had commenced development of the organisational strategic plan. Development of the strategic plan is a key area of focus for AV. It needs to be developed and actioned as a matter of priority.

AV has recognised that it did not currently have the internal capabilities or capacity to progress the development of the strategic plan and has engaged an external consultancy firm to assist.

This is an important piece of work for AV. In recent years, the work program for the organisation has largely been driven by a range of important recommendations arising from VAGO reports, and more recently through reforms and initiatives outlined in the APPCC Action Plan. This strategic plan provides AV with the opportunity to develop an outcome focused strategy that looks at how the organisation can embrace future opportunities and prepare for challenges, and to prioritise its work program over the coming years.

The strategic plan will need to be future focussed and substantially different to the current (operationally focussed) Corporate Plan. It will need to identify where the organisation needs to be in five to ten years to tackle emerging opportunities and challenges; outline a longer term vision and aspirational goals; and identify organisational priorities.

Development of the strategic plan will need to provide clear and consistent messages to staff about the role of the organisation and key objectives. It is also a critical opportunity to engage with external stakeholders around the objectives and areas of focus of the organisation, and opportunities for collaboration in working towards common objectives.

At the time of this review AV advised that the timeframe for the strategic plan had not been finalised – with a view that it should be between three-five years. The review recommends that AV develop a five year plan to provide a sufficient long term strategy for the organisation. A five year plan would be consistent with the timeframe used by a number of relevant public sector organisations that have adopted at least a five year strategic plan. Examples include:

- Bendigo Health Strategic Plan 2013-2018: *Healthy Communities and World Class Healthcare*
- Monash Health Strategic Plan 2013-18;
- the Country Fire Authority (CFA) Strategy 2013-18: *Towards Resilience provides long term objectives to enable our people to plan for the future with confidence;*
- Victoria Police Blue Paper: *A vision for Victoria Police in 2025* (published in 2014); and
- Victoria Police Capability Plan 2016-2025.




A key challenge for AV in developing the strategic plan will be to clearly identify the few key priorities which will make a significant difference and to phase the work program. AV is currently progressing a significant number of priorities. As discussed later in this report (see section 4.2), AV is progressing 154 deliverables in the Corporate Plan, and 400 initiatives across the Corporate and divisional plans. This is a considerable work program. In developing the strategic plan, AV will need to prioritise its key reform initiatives. Reducing and phasing the short, medium and longer term priorities for the organisation is of critical importance for AV to develop a plan that is meaningful and achievable. Detailed annual divisional business planning processes, linked to the strategic plan will be an essential part of implementation.

In addition, the review is aware of a number of targeted strategic plans already in existence, including: *AV Health and Safety Strategy 2016 - 19*; *AV Mental Health and Wellbeing Strategy 2016 – 19*; *AV ICT Strategy 2016 - 20*; *AV Integrated Learning and Development Strategy 2016 - 19*. These strategies, along with annual divisional business plans, will need to clearly link to the strategic plan in order to ensure effort is focussed and aligned.



### 3.2 Evidence based choices

|                           |  |
|---------------------------|--|
| <b>Guidance questions</b> | <ol style="list-style-type: none"> <li>1. Are policies and programs customer focused and developed with customer involvement and insight from the earliest stages? Does the organisation understand and respond to customers' needs and opinions?</li> <li>2. Does the organisation ensure that vision and strategy are informed by sound use of timely evidence and analysis?</li> <li>3. Does the organisation identify future needs, plan for them and choose among the range of options available?</li> <li>4. Does the organisation evaluate and measure outcomes and ensure that lessons learned are fed back through the strategy process?</li> </ol> |
| <b>Rating</b>             |  Well placed  |

#### 3.2.1 Clinical research program and service delivery evaluations

The review was advised by a number of AV staff consulted, as well as a number of external consultees that AV has a very strong and highly regarded clinical research program, and that this is a key strength of the organisation. The review also notes that AV has undertaken important research in service delivery design as well as evaluations of recent service delivery reforms. These are key strengths and have supported AV's strong clinical reputation.

AV has cited the following examples of clinical initiatives developed as part of its clinical research program:

- the Victorian Ambulance Cardiac Arrest Registry (VACAR);<sup>21</sup>
- randomised controlled trials such as:
  - the Air Versus Oxygen In myocarDial infarction (AVOID) study,<sup>22</sup>
  - the Rapid Infusion of Cold Normal Saline (RINSE) study,<sup>23</sup> and
  - the Rapid Sequence Intubation (RSI) study,<sup>24</sup> and
- new clinical treatments such as pre hospital thrombolysis.<sup>25</sup>

<sup>21</sup> VACAR was established in 1999, is managed by AV and is a clinical quality assurance initiative incorporating both prehospital clinical and operational data and hospital follow-up data from all out of hospital cardiac arrest events in Victoria where AV are in attendance.

<sup>22</sup> The AVOID study established that giving additional oxygen to a patient having a heart attack caused harm, compared with the patient breathing normal air. The study was recently named as one of the most influential health research studies in the last 100 years by The Medical Republic.

<sup>23</sup> AV has advised that the RINSE study established that in patients with out-of-hospital cardiac arrest, induction of mild hypothermia (using a rapid infusion of large-volume, intravenous cold saline during CPR) may decrease the rate of return of spontaneous circulation in patients and produced no trend toward improved patient survival. It was concluded that this treatment should be removed from clinical practice guidelines. The study was published in the prestigious journal Circulation in 2016.

<sup>24</sup> The RSI trial showed that paramedic rapid sequence intubation in patients with severe traumatic brain injury improved the rate of patients with favourable neurological outcome at 6-months compared with intubation in hospital. The study was published in the Annals of Surgery in 2010.

<sup>25</sup> MICA paramedics administer thrombolytic (clot-dissolving) drugs on patients experiencing a heart attack. The program began in March 2014 in Gippsland and is designed to deliver timely treatment to patients in remote locations with limited access to hospital-based emergency and cardiac services. This State Government initiative has on average reduced the time-to-treatment for these patients by about one hour, which improves survival and reduces disability in this cohort of patients. More than 110 patients have now benefitted from this program.



AV has advised that these studies are highly cited and have received international recognition for their clinical impact. VACAR data is used to monitor the incidence of pre-hospital cardiac arrest cases attended by emergency services and the associated patient outcomes. This data has been used in peer reviewed studies on a variety of topics, including the effectiveness of bystander CPR, approaches to intensive care, and factors influencing patient survival. The findings of the AVOID study raised questions about the widespread and longstanding practice to routinely administer supplemental oxygen to patients suspected of having a heart attack.

In addition to the above, AV has advised that it is a partner in the recently announced Centre of Research Excellence (CRE) in Prehospital Emergency Care to be led by Monash University. This CRE is the result of a successful application for five years' funding via the National Health and Medical Research Council's prestigious and highly competitive<sup>26</sup> CRE funding scheme. The CRE in Prehospital Emergency Care aims to build capacity in prehospital research and strengthen the evidence base for prehospital emergency care. It will be a collaboration of three Australian universities: Monash University, Curtin University and Flinders University; and three Australian ambulance services: AV, St John Western Australia and the South Australian Ambulance Service.<sup>27</sup>

The review understands that AV supplements its data on pre-hospital cardiac arrest with hospital data on the outcomes of patients treated for cardiac arrest. In addition, the VACAR interviews cardiac arrest survivors after 12 months to collect information on their health related quality of life. These are important and valuable processes to evaluate and learn from outcomes.

AV has implemented evaluations for a number of recent service delivery innovations including:

- Tranche 1 of the Dispatch Grid Review;<sup>28</sup>
- the Police/Ambulance Triage Team (PATT) trial;<sup>29</sup> and
- the ALS Senior Team Manager Single Responder Trial.<sup>30</sup>

These evaluations enable AV to assess the viability of new systems and processes, and address any limitations before they are continued or fully implemented. For example, the evaluation of the Senior Team Manager Single Responder Trial found that this approach was associated with improvements in Code 1 and Code 2 response times in metropolitan Melbourne but not in Geelong. Such findings are valuable when considering the trial or implementation of this approach in other areas.

The review encourages a continued focus on evaluation and consideration of how learnings from evaluation processes can be embedded into service delivery and operational planning improvements.

In addition, to build on the strengths of the current clinical research and evaluation program, there is an opportunity for AV to embed a greater focus on improving the 'feedback loop' on clinical practice. Notwithstanding the links with hospital data in terms of cardiac arrests, paramedics consulted as part of the review indicated that there are no systemic ways for them to receive feedback on the outcomes of patients they treat. Paramedics consulted spoke of there not being processes in place to receive information and

<sup>26</sup> of 102 applications in 2016, only 16 (15.7%) were successful.

<sup>27</sup> AV has advised that the CRE will facilitate and coordinate collaborative research projects and build capacity in emergency medical research in Australia. The aim of the CRE is to strengthen the evidence base on which ambulance services formulate policy and practices, and improve patient outcomes. The main streams of research will be access to Triple Zero, pathways of care, strengthening the evidence base through clinical trials, and facilitating research translation.

<sup>28</sup> The Dispatch Grid, which is determined by AV, is the designated level of ambulance response to send to each determinant code. A review of AV's Dispatch Grid was undertaken between March and May 2015 using a combination of research, audit and clinical expertise.

<sup>29</sup> The Police/Ambulance Triage Team (PATT) trial aimed to determine whether combined response units comprised of an Advanced Life Support paramedic and two Victoria Police officers operating on Friday and Saturday nights within the Melbourne CBD and Yarra City boundaries could improve response times to specified Computer Aided Dispatch multi-agency events.

<sup>30</sup> The ALS Senior Team Manager Single Responder Trial assessed the viability of extending the role of ALS STMs within metropolitan Melbourne and Geelong. The trial aimed to reduce the number of stretcher ambulance attendances to cases where transport is not required, and ultimately reduce ambulance case times.



feedback from hospitals on patients once they were delivered to the hospital, and if they had treated patients correctly. This was described as both stressful and unhelpful in terms of improving skills and practices. Establishing arrangements with hospitals to collect, analyse and evaluate the impact of AV's service and treatment would assist in improving practice, and in driving any changes required to service delivery models.

### 3.2.2 Organisational data and analytics

The review found that AV does not have adequate systems in place to undertake robust data analysis and make evidence based choices about its operations. This needs to be a key area of focus for AV.

While AV is able to readily source and analyse some of the data it holds (such as performance data, and data on key patient cohort groups),<sup>31</sup> there are significant system issues which prevent efficient analysis of this data in relation to inputs to the system such as:

- demand (number of calls and category of calls);
- resourcing supply (workforce, numbers of ambulances on the road, shifts dropped,<sup>32</sup> level of multiple resource responses);<sup>33</sup> and
- other contributing factors such as hospital 'ramping' times.<sup>34</sup>

AV is well aware of these current constraints with its data systems, and is developing an ICT strategy to implement improvements.

In addition to the ICT strategy, AV needs to develop an information management strategy that clarifies current information holdings, considers future information needs and sets out plans to improve data quality. This strategy would also need to describe the new analytical tools needed, and as far as possible make it easier for staff to access current and reliable data and information.

The review also identified analytical capability and capacity gaps. As a result of these gaps, AV largely undertakes analytics of its operations on a reactive basis. There is some work to determine how and what performance and service delivery areas will be analysed systematically, however this is underdeveloped. AV is not well placed to understand and predict likely trends, how performance compares at certain times of the year against previous years, and how changes to different parts of its business can have an impact on performance across the system.

Furthermore, AV has limited resources and capacity to plan for future trends and undertake horizon scanning and long term planning. There has been limited consideration of potential risks and opportunities to AV's future role and business model. AV is currently working on developing a clearer understanding of the likely demands on the service into the future, and the types of service responses that may be needed to respond to this.

Improved analysis of performance and service delivery is critical for AV to understand its business and to drive performance. The current limitations are also impacting on AV's relationships and credibility with key stakeholders. This function is central to the operation of the organisation, and must be improved to enable AV to effectively understand and improve its business.

At the time of the review, AV had engaged an external firm to provide additional capacity to undertake analytic functions. While this has provided some support, a longer term approach is required to make basic improvements and then lift analytic capability.

<sup>31</sup> The review notes recent reports which outline AV data describing the proportion of patients affected by drug and alcohol issues (Ambo Project: Alcohol and Drug Related Ambulance Attendances, Turning Point, 2014-15 Summary Bulletin) and mental health issues (Ambulance Victoria - Review of mental health-related ambulance presentations in Victoria, January to December 2015).

<sup>32</sup> due to uncovered staff absence, shifts can be 'dropped' resulting in fewer taskable resources for part or all of a shift.

<sup>33</sup> specific incident types require multiple resource responses, impacting availability of taskable resources to respond to other calls.

<sup>34</sup> 'ramping' refers to time ambulances spend at hospitals waiting to handover patients to emergency department staff.





### 3.2.3 Learning from other organisations and services

The review found that AV could enhance the way it benchmarks and learns from other organisations. AV needs to establish processes to learn from other ambulance services and other organisations more broadly.

The review involved consultation with most other Australian ambulance services, as well as St Johns Ambulance New Zealand. While there are inter-jurisdictional meetings of Australian ambulance services (the Council of Ambulance Authorities), the review did not find strong evidence of AV working with other ambulance services outside of these meetings to learn from them about the way they work, and changes and improvements they have made. Aside from the RoGS, AV does not formally benchmark or compare its performance or service delivery models with other jurisdictions.

In addition, the review found opportunities for AV to broaden its view to look to other sectors, such as Government, military, other emergency services, or the wider health system to learn about different organisational practices.

There are significant opportunities for AV to work better with other organisations to learn and benchmark. This may assist in driving new ideas and practice, and will provide quality assurance to service delivery models and outcomes.

### 3.2.4 Consumer involvement

The review recognises AV's efforts to consider consumer input and feedback in its planning processes.

In early 2016, AV established the Community Advisory Committee<sup>35</sup> to represent community views and provide input into the development of AV's strategic plan and service delivery. AV also receives feedback from consumers via the *National Patient Satisfaction Survey* and the *Patient and Accompanying Person Survey*, both of which typically find high levels of consumer satisfaction.


It is also important to note that data collected by the Health Services Commission<sup>36</sup> indicated a relatively small number of complaints are received from the community about AV. In 2015-2016, the Office of the Health Services Commissioner received 27 complaints regarding ambulance services, this represents less than 1 per cent of complaints regarding health service practitioners and providers in Victoria.

<sup>35</sup> deliverable 92 of the Corporate Plan.

<sup>36</sup> Office of the Health Services Commissioner – 2016 Annual Report.



### 3.3 Collaborate and build a common purpose

|                           |   |
|---------------------------|---|
| <b>Guidance questions</b> | <ol style="list-style-type: none"> <li>1. Does the organisation work with others in government and beyond to develop strategy and policy collectively to address cross-cutting issues?</li> <li>2. Does the organisation involve partners and stakeholders from the earliest stages of policy development and learn from their experience?</li> <li>3. Does the organisation ensure the agency's strategies and policies are consistent with those of other agencies?</li> <li>4. Does the organisation develop and generate common ownership of the strategy with political leadership, delivery partners and citizens?</li> </ol> |
| <b>Rating</b>             |  Development area  |

#### 3.3.1 Strengthening relationships

The review identified opportunities for AV to advance its relationships with stakeholders, and build more strategic partnerships and alliances. Development of a relationship management plan to foster strategic relationship with key stakeholders is recommended.

The review understands that AV's relationship with DHHS has improved in recent years. Continuing to improve and build a strong working relationship between AV and DHHS should be prioritised. It should involve regular two-way communication, active sharing of information, trends and insights, and proactive discussions about issues and solutions. AV needs to establish dedicated capacity to work with DHHS and Government more broadly.

AV also needs to forge an increasingly stronger and productive working relationship with Ambulance Employees Australia (Victorian Branch). The focus of this relationship in recent years has been on the recent enterprise agreement. It is important that AV also works effectively with the Ambulance Employees Australia (Victorian Branch) to: discuss opportunities to improve service delivery and performance in response to changing community needs and priorities; identify how deployment of the workforce may need to change into the future to drive improved service delivery and performance; and develop ways of supporting greater flexibility in workforce shift and rostering arrangements.

As noted earlier, AV is a significant and important part of the health care system. Health sector partners consulted as part of the review provided positive feedback about existing relationships with AV. Notwithstanding such feedback, there is an opportunity to establish more strategic relationships with both the primary and acute parts of the health system. These strategic relationships will be increasingly important to drive improved understandings and ways of working together to deliver optimum patient and health system outcomes.

The review notes that work is progressing in this area. The APPCC Action Plan highlights opportunities to work with partners in the health sector. The recent Duckett review<sup>37</sup> and Government response to this review also outline new mechanisms for health service collaboration. AV's Corporate Plan outlines opportunities to: work with primary health care providers with the aim of ensuring that patients receive the appropriate type of care; and work with hospital emergency departments to co-develop methods for improving performance.

The review supports this work to establish more strategic and longer term focussed relationships between AV and the health sector. There is also an opportunity for AV to have a stronger voice and role in working with emergency service providers on 'whole of system' policy and planning.

<sup>37</sup> *Targeting zero: Supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care*, Report of the Review of Hospital Safety and Quality Assurance in Victoria, October 2016.

# 4. DELIVERY



## Introduction

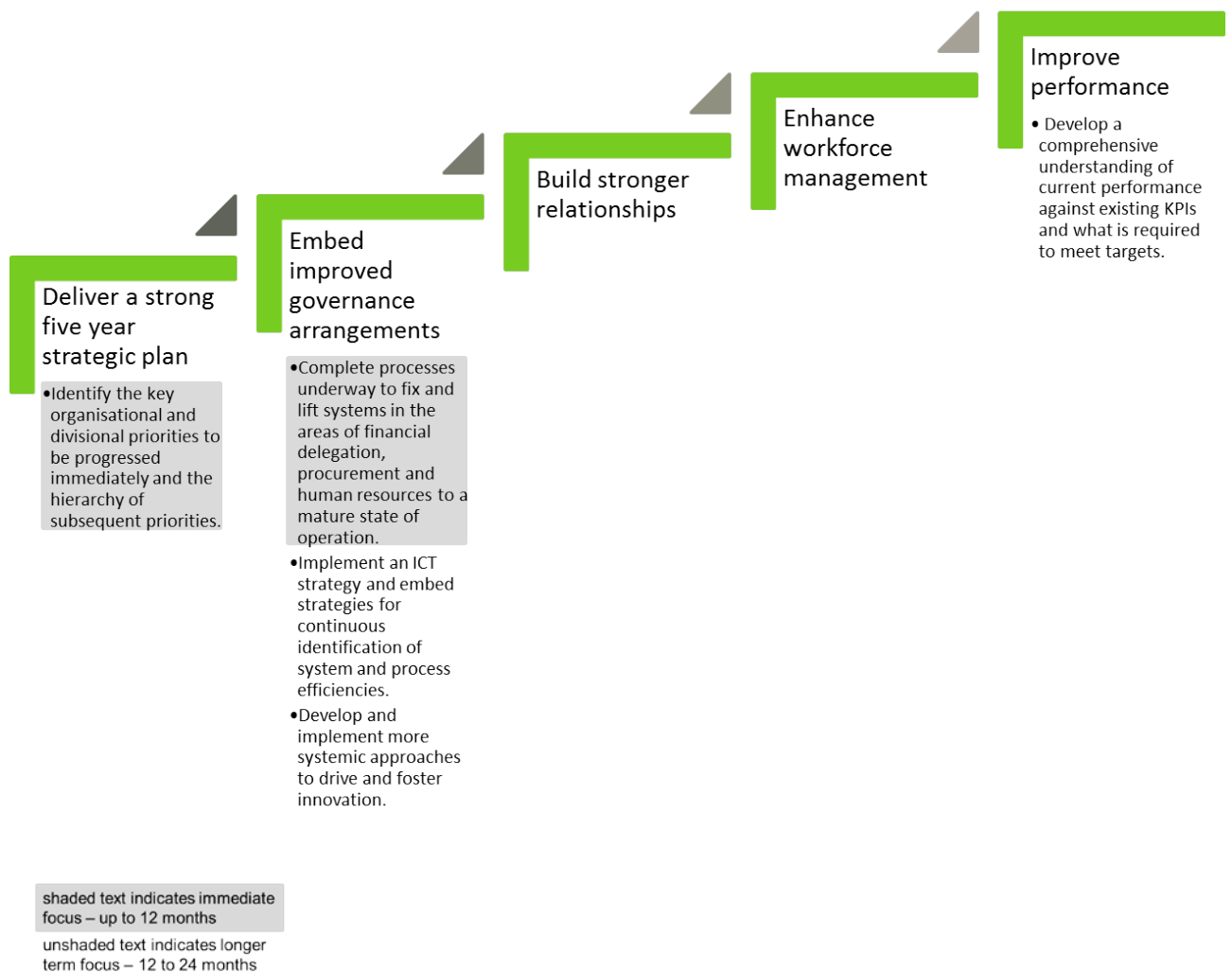
The review examined four areas in the domain of delivery:

- innovative delivery;
- plan, resource and prioritise;
- shared commitment and sound delivery models; and
- manage performance.

The review concluded that:


- AV is well placed in the areas of innovative delivery; plan, resource and prioritise; and shared commitment and sound delivery models; and
- AV requires development in the area of manage performance.

The areas of focus identified by the review are highlighted below.





## 4.1 Innovative delivery

|                           |   |
|---------------------------|---|
| <b>Guidance questions</b> | <ol style="list-style-type: none"> <li>1. Does the organisation have the structures, people capacity and enabling systems required to support appropriate innovation and manage it effectively?</li> <li>2. Does the leadership empower and incentivise the organisation and its partners to innovate and learn from each other, and the front line, to improve delivery?</li> <li>3. Is innovation explicitly linked to core business, underpinned by a coherent innovation strategy and an effective approach towards risk management?</li> <li>4. Does the organisation evaluate the success and added value of innovation, using the results to make resource prioritisation decisions and inform future innovation?</li> </ol> |
| <b>Rating</b>             |  Well placed   |

### 4.1.1 Clinical innovation

The review heard that AV has a strong reputation for clinical innovation, examples of which are referenced in section 3.2 of this report and include:

- the Victorian Ambulance Cardiac Arrest Registry (VACAR);<sup>38</sup>
- the early introduction of Mobile Intensive Care Ambulance (MICA) Paramedics;
- the Air Versus Oxygen In myocarDial infarction (AVOID) study;<sup>39</sup>
- the Rapid Infusion of Cold Normal Saline (RINSE) study;<sup>40</sup>
- the Rapid Sequence Intubation (RSI) study;<sup>41</sup> and
- pre hospital thrombolysis.<sup>42</sup>

Further examples of clinical innovations can be found in the March 2016 Clinical Practice Guidelines. The new guidelines reflect the changing nature of pre-hospital care and include new medicines and treatment options to manage nausea and vomiting, pain relief, and safely sedating agitated patients. These treatments are focussed on improving patient outcomes and paramedic safety.

<sup>38</sup> VACAR was established in 1999, is managed by AV and is a clinical quality assurance initiative incorporating both prehospital clinical and operational data and hospital follow-up data from all out of hospital cardiac arrest events in Victoria where AV are in attendance.

<sup>39</sup> The AVOID study established that giving additional oxygen to a patient having a heart attack caused harm, compared with the patient breathing normal air. The study was recently named as one of the most influential health research studies in the last 100 years by The Medical Republic.

<sup>40</sup> AV has advised that the RINSE study established that in patients with out-of-hospital cardiac arrest, induction of mild hypothermia (using a rapid infusion of large-volume, intravenous cold saline during CPR) may decrease the rate of return of spontaneous circulation in patients and produced no trend toward improved patient survival. It was concluded that this treatment should be removed from clinical practice guidelines. The study was published in the prestigious journal *Circulation* in 2016.

<sup>41</sup> The RSI trial showed that paramedic rapid sequence intubation in patients with severe traumatic brain injury improved the rate of patients with favourable neurological outcome at 6-months compared with intubation in hospital. The study was published in the *Annals of Surgery* in 2010.

<sup>42</sup> MICA paramedics administer thrombolytic (clot-dissolving) drugs on patients experiencing a heart attack. The program began in March 2014 in Gippsland and is designed to deliver timely treatment to patients in remote locations with limited access to hospital-based emergency and cardiac services. This State Government initiative has on average reduced the time-to-treatment for these patients by about one hour, which improves survival and reduces disability in this cohort of patients. As at 29/11/16 more than 168 patients have now benefitted from this program.



It is important AV maintains this focus on identifying and continuing to look for new and different ways of working to improve patient outcomes and paramedic safety.

#### 4.1.2 Service delivery innovation

As referenced in section 3.2 of this report, AV have provided the following examples of innovations in service delivery:

- the new AV Clinical Response Model (as a result of reforms to the Dispatch Grid following the Dispatch Grid Review);<sup>43</sup>
- the Police/Ambulance Triage Team (PATT) trial;<sup>44</sup> and
- the ALS Senior Team Manager Single Responder Trial.<sup>45</sup>

In addition, AV continues to explore evolving service delivery models including:

- opportunities for referral of those patients who do not require an emergency ambulance through the Referral Service<sup>46</sup> and the Field Referral Pilot;<sup>47</sup> and
- voice recording of case information for patients that are attended by paramedics but not transported.<sup>48</sup>

Continuing to explore new ideas and options to improve service delivery and response times across the system will be critical for AV into the future. The review recognises that improvements in data and analytics capability, as discussed in section 3.2 of this report, will assist in this area.

#### 4.1.3 Systematic approach to fostering innovation

Notwithstanding AV's strengths in clinical and service delivery innovations identified above, AV does not have well developed processes in place to foster and promote innovation across the organisation. The review did not find examples of systematic approaches for staff to surface ideas and suggestions for different ways of doing things, or agile testing of ideas on a small scale. Improvements in this area are required to embed a focus on innovation across the organisation.

The review heard from consultees that a number of factors are contributing to dampening innovation. These included:

- protracted decision making processes; and
- a lack of flexibility for local service delivery models and decision making.

While the review notes that AV staff take part in localised liaison committees and stakeholder networks (such as: Loddon Mallee Health Services Partnership; Corrections, Ambulance, Psychiatry, Prison and Police Liaison Committee; and Grampians Region Health Emergency Managers Network) and these groups aim to facilitate the exchange of ideas and the discussion of new and emerging issues, these appear to operate in

<sup>43</sup> The Dispatch Grid, which is determined by AV, is the designated level of ambulance response to send to each determinant code. A review of AV's Dispatch Grid was undertaken between March and May 2015 using a combination of research, audit and clinical expertise.

<sup>44</sup> The Police/Ambulance Triage Team (PATT) trial aimed to determine whether combined response units comprised of an Advanced Life Support paramedic and two Victoria Police officers operating on Friday and Saturday nights within the Melbourne CBD and Yarra City boundaries could improve response times to specified Computer Aided Dispatch multi-agency events.

<sup>45</sup> The ALS Senior Team Manager Single Responder Trial assessed the viability of extending the role of ALS STMs within metropolitan Melbourne and Geelong. The trial aimed to reduce the number of stretcher ambulance attendances to cases where transport is not required, and ultimately reduce ambulance case times.

<sup>46</sup> Where a request for an ambulance is triaged as non-urgent, the Triple Zero (000) call may be diverted to AV's Referral Service. The AV Referral Service conducts a secondary and more thorough assessment for the patient's presenting problem, and is then able to refer the patient to a range of alternative service providers.

<sup>47</sup> The Field Referral Pilot aimed to investigate whether an increase in emergency response availability can be achieved by paramedics in the field referring suitable patients to the Referral Service.

<sup>48</sup> The Attend No Transport Voice Recording (vPCR) Trial is designed to assist in reducing scene time and therefore increase resource availability and response time.



isolation without an overarching system for collecting ideas and feedback that may enhance AV's business processes.

The review also heard that AV has a tendency to escalate decision making, with many issues being directed several levels of management higher than what may be required. Some corporate staff also noted an overuse of detailed business cases, even for relatively small decisions.


A largely rules based organisation was often observed by the review, where detailed procedures drive practice rather than the organisation enabling a flexible, outcome and principled based approaches to be followed. For example, the review found variation in the application of paramedic roster flexibility, with some paramedics consulted as part of the review reporting high levels of flexibility related to personal or family commitments while other paramedics consulted reported great difficulty in securing leave for important personal occasions, despite making a request many months in advance. The review heard of a tendency for inflexible, strict application of 'the rules' across the organisation, and that examples of flexible, principled based approaches are rare.

In terms of flexibility for local delivery models, the review was advised that AV tends to follow a structured delivery model, with variation across geography or communities seen as counter to directives from AV's central office. The review did not hear of many examples where operational team and group managers adapt operations according to the needs of paramedics or local communities.

Providing team and group managers with the capacity to apply a principled based approach to decision making that best suits local community and staff needs is most likely to foster a culture that implements innovative solutions to problems and opportunities at a local level. Developing a more systemic approach to innovation would better position AV to leverage knowledge, experience and ideas of staff. Development of the strategic plan will provide an important framework to ensure innovation is explicitly linked to core business.



## 4.2 Plan, resource and prioritise

|                           |   |
|---------------------------|---|
| <b>Guidance questions</b> | <ol style="list-style-type: none"> <li>1. Do business planning processes effectively prioritise and sequence deliverables to focus on delivery of strategic outcomes? Are tough decisions made on trade-offs between priority outcomes when appropriate?</li> <li>2. Are delivery plans robust, consistent and aligned with the strategy? Taken together will they effectively deliver all of the strategic outcomes?</li> <li>3. Is effective control of the organisation’s resources maintained? Do delivery plans include key drivers of cost, with financial implications clearly considered and suitable levels of financial flexibility within the organisation?</li> <li>4. Are delivery plans and programs effectively managed and regularly reviewed?</li> </ol> |
| <b>Rating</b>             |  Well placed   |

### 4.2.1 Day to day planning and prioritisation

The review notes that the significant logistical challenges of day to day operations of the organisation are largely being met, and AV has continued to meet rising demand.

AV responds to the day to day demands of the organisation, and works well to deploy staff on a 24 hour, 7 days a week operational model. Improving response times in a context of increasing demand needs to be acknowledged. High patient satisfaction and a very low number of complaints to the Health Services Commissioner also show that AV’s day to day operations are working well.

It is also important to highlight that AV has made good progress on reforms to the dispatch grid.<sup>49</sup> AV has noted that this has led to the introduction of a ‘differentiated clinical response model’ which is foundational to future improvements. This is also likely to improve time-based performance measures and address other recommendations in the APPCC Action Plan.

As noted in section 3 of this report, there are limitations in terms of AV’s capacity to forecast demand and model resource responses. This has limited AV’s capacity to comprehensively identify what inputs or external factors make the greatest impact on performance, and how best to prioritise resources. Limitations in analytical capability have also affected AV’s capacity to understand the impact of resource allocation on performance. A greater understanding of this would assist AV to more proactively prepare for predictable challenges before they occur.

### 4.2.2 Prioritising and sequencing deliverables

AV is working to progress a large number of organisational reform priorities. There are opportunities however for AV to better triage priorities to enable more manageable delivery of the work program.

Following several years of significant organisational change, a number of consultees presented the view that AV is at the “precipice of a rare and great opportunity to make significant positive changes”. There has been an optimistic and constructive approach to a large work agenda involving significant numbers of priority action areas. The Corporate Plan identifies 154 deliverables, 65 of which were complete at the time of this review. This has required commitment, dedication and many long hours invested by staff, particularly the executive team. The review notes AV has a number of processes in place to monitor progress of these initiatives, including dashboard reports.

<sup>49</sup> deliverables 1-4, 126 of the Corporate Plan.



However, a feeling that “it is all important, and it is all urgent” is palpable within the organisation. While this may be true, progressing a large number of priorities is unlikely to be sustainable. When considered together, the Corporate Plan, divisional work plans and strategies outline an extremely large number of initiatives for the organisation (over 400 priorities were identified from the sample documentation provided to the review).

This large number of initiatives diffuses strategic focus and places a heavy resource burden on the organisation. AV would benefit from greater focus and capability around triaging priorities and phasing delivery of the work program with a stronger focus on the critical few and most important initiatives.

### 4.2.3 Alignment and prioritisation

While many of the initiatives outlined in divisional plans are linked explicitly to critical areas of focus identified in the Corporate Plan, many are not. This has the potential to create confusion about where best to invest effort.

Consistent alignment of all divisional and lower level work plans to the Corporate Plan priorities, and cessation of unaligned activities, will ensure resources are most efficiently deployed, and assist with internal communication, clarity of objectives and staff engagement.

As discussed in section 3.1 of this report, it is critical that the strategic plan outlines the vision, aspirations and measures of success for the organisation. Prioritisation and sequencing of action items to drive home a handful of key initiatives will be critical to achieving positive change.

### 4.2.4 Flexible work arrangements for paramedics

As discussed earlier, the review found that AV is not currently well advanced, but is progressing work to support flexible work arrangements for its paramedics. Given AV's most significant resource is its people, the organisation also needs to think carefully about how to ensure this resource is deployed effectively.

The changing profile of the workforce, together with changing expectations within the community mean that into the future AV's workforce will look for more flexible working arrangements that balance organisational priorities and individual needs. Inflexibility in rostering arrangements was cited as contributing to low morale and disengagement, and to unplanned absenteeism (particularly at the end of a demanding shift cycle).

AV has highlighted a number of initiatives which are likely to have a positive impact in this area. These include: more flexible working arrangements for paramedics and outcomes of completed trials of new rostering and shift-swapping processes;<sup>50</sup> diversity strategy;<sup>51</sup> and the *Mental Health and Wellbeing Strategy 2016-2019*. Use of technology may also assist with flexible working arrangements – for example technology that enables paramedics to swap shifts.

Improving flexibility has the potential to build a positive culture and foster employee engagement. Further work in this area is required to ensure the sustainability of the workforce and to maximise engagement and outputs of the workforce.


<sup>50</sup> deliverables 37-44 of the Corporate Plan.

<sup>51</sup> deliverables 135 of the Corporate Plan.





## 4.3 Shared commitment and sound delivery models

|                           |   |
|---------------------------|---|
| <b>Guidance questions</b> | <ol style="list-style-type: none"> <li>1. Does the organisation have clear and well understood delivery models which will deliver the agency’s strategic outcomes across boundaries?</li> <li>2. Does the organisation identify and agree roles, responsibilities and accountabilities for delivery within those models including with third parties? Are these well understood and supported by appropriate rewards, incentives and governance arrangements?</li> <li>3. Does the organisation engage, align and enthuse partners in other agencies and across the delivery model to work together to deliver? Is there a shared commitment among them to remove obstacles to effective joint working?</li> <li>4. Does the organisation ensure effectiveness of delivery agents?</li> </ol> |
| <b>Rating</b>             |  Well placed   |

### 4.3.1 Continuing to strengthen service delivery partnerships

The review found AV is well placed in the area of engaging and working with partners in day to day service delivery, and working with partners at the local level.

AV has a positive history of partnering with other emergency services. Years of successful collaboration with the Metropolitan Fire Brigade (MFB) to deliver the EMR co-responder program,<sup>52</sup> the recent collaboration with ESTA to implement the dispatch grid reform, as well as a recent partnership with Victoria Police in the PATT Trial,<sup>53</sup> are all examples of this.

Similar partnerships and collaborations are being developed with the health sector<sup>54</sup>. The review notes that work in this area is underway<sup>55</sup> and collaborative approaches between AV and hospitals to addressing issues such as hospital clearance times are being progressed in order to meet shared targets.

The review has been provided evidence of regular engagement between AV group managers and local health services through a range of committees and forums including liaison committees; project steering committees; working groups; emergency management committees; and health service provider networks. The review notes these appear to be locally focused and do not routinely generate intelligence, innovation or insights to be applied across the state.

As discussed in section 2 of this report, further focussed and consistent effort in developing and leveraging collaborative partnerships with the health sector is encouraged, and will support AV’s current and potential future role and impact across the health system.

Furthering engagement and collaboration with partners is critical to support AV to improve performance. Working with partners across the health system on AV’s end to end service delivery model to gain a detailed understanding of flow on effects and interdependencies across the system, is likely to identify how different strategies or refocused resources at different points may assist in improving outcomes. The key example highlighted by health sector stakeholders consulted as part of the review was the impact non-emergency

<sup>52</sup> EMR co-responder program which aims to improve cardiac arrest survival rates by dispatching Metropolitan Fire Brigade fire fighters to ‘Priority 0’ cases at the same time that AV paramedics are dispatched.

<sup>53</sup> The Police/Ambulance Triage Team (PATT) trial aimed to determine whether combined response units comprised of an Advanced Life Support paramedic and two Victoria Police officers operating on Friday and Saturday nights within the Melbourne CBD and Yarra City boundaries could improve response times to specified Computer Aided Dispatch multi-agency events.

<sup>54</sup> area 3.3 of the APPCC Action Plan, deliverables 64-68 of the Corporate Plan.

<sup>55</sup> for example; the *Hospital Improvement Plan St Vincent’s Hospital*.



patient transport can have on emergency resource availability. It was argued that insufficient non-emergency patient transport from emergency departments (for example transporting a patient from the emergency department to a nursing home) impacts on emergency department bed availability and in turn ‘ramping’, which affects AV and hospital KPIs. Improvement in this area may be driven by strengthened partnerships with hospitals regarding early identification of discharge requirements.

### 4.3.2 Critical ICT system upgrades

The review notes that ICT improvements have been prioritised and work is underway to progress critical improvements.

It is evident that there has previously been under-investment in ICT to support operations, and that this has led to inefficiencies. The review was told that in the past there has been a tendency toward work-arounds rather than making robust changes to operational systems.

Improving ICT systems has been identified by AV as a priority area and an *ICT Strategy 2016 – 2020* (the ICT Strategy) has been developed<sup>56</sup> and is in the process of endorsement.

The ICT Strategy outlines substantial and critical investment and is foundational to support robust, innovative and efficient delivery systems into the future. The ICT Strategy is appropriately aligned to the Victorian Government and DHHS IT strategies. The review acknowledges the recent appointment of a Chief Information Officer (CIO), and encourages AV to give early consideration to attracting appropriately skilled and suitably qualified IT experts to work with the CIO on implementation. Successful implementation will require strong governance arrangements that leverage internal and external skills in oversight and guidance, combined with an investment in enhancing internal capability to manage and deliver a project of this scale and complexity.

The ICT Strategy covers a range of work areas from refreshing current ICT capabilities through to a number of ICT innovations. Improvements in analytics and modelling will need to be a high priority in this work, and should be informed by the development of an information management strategy<sup>57</sup> which clarifies current information holdings, considers future information needs and plans to improve data quality and ease of access.

AV should seek independent design, governance and delivery input for this program of work. Consistent with best practice, the delivery schedule needs to be based on a number of small, contained projects with clear milestones and outcomes, rather than a long running broad program. Projects should be stand alone, with inbuilt ‘off ramps’ if trade-offs are required in the instance of changing circumstance, including funding.

### 4.3.3 Continuing to build appropriate governance

The review found that AV has appropriate governance arrangements in place, and is progressing important work to improve internal governance systems. There are opportunities to improve internal project management capability and governance.

Sample documents examined by the review indicated that AV’s Board and risk governance arrangements appeared to be sound. Board committees include representatives from the AV Board of Directors as well as independent, external members. Risk management arrangements also appear suitable. The organisational risk register is regularly updated and outstanding audit recommendations are taken to AV’s Audit and Risk Committee.

The review was also advised that a number of governance/organisational process improvement projects have recently or are in the process of being implemented to ‘fix’ immature systems supporting delivery in the areas of financial delegation, procurement, and human resources. Once systems are ‘fixed’ it will be important that further effort is directed to ‘lifting’ practices and approaches to a mature state of operation

<sup>56</sup> deliverable 138 of the Corporate Plan.

<sup>57</sup> discussed in more detail in section 3.2.2 of this report.



aligned to public sector standards, with inbuilt review and evaluation functions to ensure they continue to be fit for purpose into the future.

Some AV staff consulted as part of the review, however, indicated that there has not always been a disciplined approach to project management within AV, and a tendency for project timelines to slip without significant concern. Given this historical practice, and the large number of projects, initiatives and strategies currently being implemented, AV would benefit from establishing dedicated internal project management and governance capacity. This could provide guidance and oversight over the implementation of projects and strategies, and advise the CEO, Board and senior leadership on progress and emerging issues.



## 4.4 Manage performance

|                    |  |
|--------------------|--|
| Guidance questions | <ol style="list-style-type: none"> <li>1. Is the organisation delivering against performance targets to ensure achievement of outcomes set out in the strategy and business plans?</li> <li>2. Does the organisation drive performance and strive for excellence across the organisation and delivery system in pursuit of strategic outcomes?</li> <li>3. Does the organisation have high-quality, timely and well-understood performance information, supported by analytical capability, which allows you to track and manage performance and risk across the delivery system? Does the organisation take action when not meeting (or are not on target to meet) all of its key delivery objectives?</li> </ol> |
| Rating             | Development Area   |

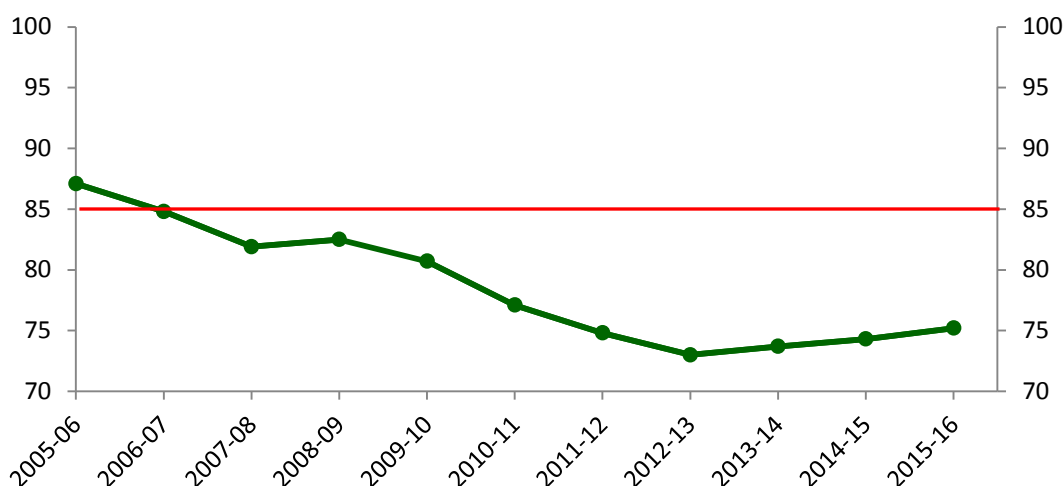
### 4.4.1 Improving performance - KPIs

The review found that AV needs to strengthen its focus on delivering and understanding performance in terms of key performance indicators (KPIs).

A range of KPIs are set by the Government to measure AV’s performance in areas covering access and timeliness; safety and quality; patient experience and outcomes; and financial sustainability.

As noted earlier, AV exceeded all targets relating to patient experience and outcomes in the financial year 2015-16. However, there has been significant media attention in recent years regarding AV’s KPIs related to access and timeliness. In particular, as noted in graph 1 below, AV has never met the target of 85 per cent of state-wide Code 1<sup>58</sup> emergencies responded to within 15 minutes (since the 2008 amalgamation). In 2015-16 the result for this KPI was 75.2 per cent of cases, an improvement on the previous year of 74.3 per cent<sup>59</sup>.

**Graph 1: Percentage of emergency (Code 1) incidents responded to in 15 minutes or less.**



Graph 1: Percentage of emergency (Code 1) incidents responded to in 15 minutes or less. The red line represents the performance target of 85%. Note that the vertical axis starts at 70%. Source: Ambulance Victoria Annual Reports 2005/06 – 2015/16.

The review did not hear a consistent view from staff consulted about how to improve performance in relation to access and timeliness KPIs, and the particular operational changes needed.

<sup>58</sup> Code 1 incidents require urgent paramedic and hospital care, based on information available at time of call.

<sup>59</sup> Ambulance Victoria Annual Reports 2005/06 – 2015/16.



Current data, analysis and modelling limitations<sup>60</sup> are impacting AV’s ability to comprehensively understand and articulate why the Code 1 target, in particular, is not being met, and what is required to achieve the target. As noted earlier in this report, improvements in data and analytics are critical to better understand how performance can be improved and what operational changes are needed to achieve this target.

AV needs to have a strong understanding of the drivers and influences on performance at both a state-wide and regional level. AV should have detailed and segmented analysis of performance trends, and use this information to try and test initiatives to drive improvements.

In addition, as outlined in section 2.2, AV needs to improve staff engagement in working towards achievement of KPIs.

While the review heard of some collaboration with partner agencies around the achievement of KPIs, this does not appear to be systematic. Noting current work with Emergency Services Telecommunication Authority (ESTA) in relation to the dispatch grid review and work with individual hospitals around ‘ramping’, there does not appear to be systematic processes for using local and state-wide data to work with partner organisations to determine why access and timeliness KPIs are not being met. There is opportunity for AV to systematically work more closely with relevant partner agencies to implement changes to drive improvements.

It is also important that AV play a strong role in working with Government on the development of additional KPIs. The review notes that AV is due to submit a discussion paper on potential changes to KPIs to DHHS in December 2016<sup>61</sup>. In order to inform this process, and future discussions on KPIs, AV needs to have a stronger understanding of current and future demand, how it can drive performance, and the levers for improvement at the local and state-wide level. AV needs to improve its capacity to lead discussions on performance measures. It needs to have a strong understanding of how performance is measured in other jurisdictions and health or emergency settings; what types of measures are likely to best promote efficiency and effectiveness; and how different types of measures can drive collaboration and improvements by partners across health and emergency services.

#### 4.4.2 Financial control and risk management

In the area of financial management the review heard that largely manual systems, together with an inability to collect funds for a number of the organisation’s functions, have led to a significant resource burden for the organisation and delays in processing billings.

The review was advised that a significant amount of debt is written off annually (\$15.5 million in bad and doubtful debts in the financial year 2015-16) and debtors turnover days were 114 days in the financial year 2015-16<sup>62</sup>.

AV has recognised these critical financial control issues and has begun implementing system changes and automations. A consultancy firm was also commissioned to provide a thorough, *End-to-End System and Process Review of Billings and Collections – September 2016* to identify further strategies for efficiencies and improvements. Implementation of these improvements will be critical for AV to strengthen its capability in this area.

Notwithstanding limitations in forecasting and modelling previously outlined in this report, work is underway to better understand the impact of demand and delivery changes to revenue. Continued focus will be required to ensure good financial control is maintained.

<sup>60</sup> Discussed in section 3.2 of this report.

<sup>61</sup> Area 1.4.1 of the APPCC Action Plan, deliverable 14 of the Corporate Plan.

<sup>62</sup> Ambulance Victoria Annual Report 2015 – 2016.

## 5. NEXT STEPS

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The review has identified a range of development areas and opportunities for improvement for AV now and into the future. The review has also provided advice on key areas of focus and indicators of success.

An outline of AV's response and proposed steps to implement the findings of the review is provided at Appendix 1.

## 6. APPENDIX 1 - AGENCY RESPONSE

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### **Response from Ambulance Victoria**

Ambulance Victoria (AV) has a proud history that spans more than 130 years and through growth, amalgamation and innovation is now a single state-wide service providing both emergency care and non-emergency patient transport to more 900,000 Victorians each year.

To ensure that AV is well positioned to meet the future health emergency needs of the Victorian community, I requested and commissioned this Victorian Public Sector Commission (VPSC) Organisational Capability Review (the Review).

I am pleased to report that the Review journey itself has been a rewarding experience and has already impacted the way we think about our service and the way we go about our day-to-day business.

The Review team identified many opportunities for AV to build and further strengthen organisational capability and I support all of the priorities for action recommended in this report.

#### Deliver a strong five year strategic plan

The Review clearly identified the imperative for us to complete and deliver a five year strategic plan, articulating the long term vision for the organisation, as soon as possible. It also highlighted the importance of providing clarity around a desired AV culture and embedding this culture, values and behaviours into all aspects of the AV business. At the time of writing this response, AV is well progressed in developing a five year strategic plan, incorporating the findings from this Review.

#### Embed improved governance arrangements

We must invest in our business systems and complete processes currently underway to fix and lift key organisational systems to a mature state of operation. The Review found that there has been an underinvestment in information and communication technology. The development of an information management strategy should assist in guiding future information and communication technology investment.

#### Build stronger relationships

We need to foster strategic relationships with our key stakeholders around AV's role and contribution to the health system, and find better ways of working together to maximise outcomes for the community.

#### Improve performance

While our clinical care is world class and evidence based, we need to extend our appetite for innovation and evidence based choices across the organisation. In particular, we need to build our data and analytics capacity and capability to better focus our efforts on improving operational performance and meeting our key performance indicators. Embracing better communication and data sharing platforms will connect our people to the contributions they are making to our patients, and drive individual performance improvements.

### Enhance workforce management

We need to enhance the way we support our highly qualified and skilled paramedic workforce, particularly in those first few years, and open up conversations around career pathways and career opportunities. We are committed to developing a diversity strategy and working with our staff around developing more flexible working arrangements. This will be critical for AV to continue to be an employer of choice into the future.

### Concluding comments

We are already on a journey of reform following the development and implementation of Victoria's Ambulance Action Plan and are committed to progressing the key priorities for action from this Review. The significant funding contribution recently announced by the Victorian State Government must be acknowledged here, and will provide AV with the opportunity to move more quickly on the priorities for action recommended from this Review.

We plan to undertake a health-check review with the VPSC at an appropriate time within the next two years, providing transparency in our journey and achievements. Building capabilities requires a sustained effort and measuring our achievements will be an important part of motivating our people and reviewing our priorities for further organisational development.

I would like to thank the Commissioner Belinda Clark QSO and Deputy Commissioner Damian West for their support and encouragement in this review; independent reviewers David Butler and Michael Kinnane ESM for their commitment and direct and considered feedback; the VPSC review team led by Alexandra Brown for their professionalism and attention to detail; all of our stakeholders and health and emergency service partners for their time and contributions; and finally my Leadership team and the AV community for their participation and enthusiasm.

I am certain that AV will become a more agile and contemporary organisation as a result of this Review and I look forward to the next stages of this journey.



**Associate Professor Tony Walker ASM**  
Chief Executive Officer



**Ambulance**Victoria



## 7. APPENDIX 2 – INFORMATION ABOUT LEAD REVIEWERS

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### **David Butler**

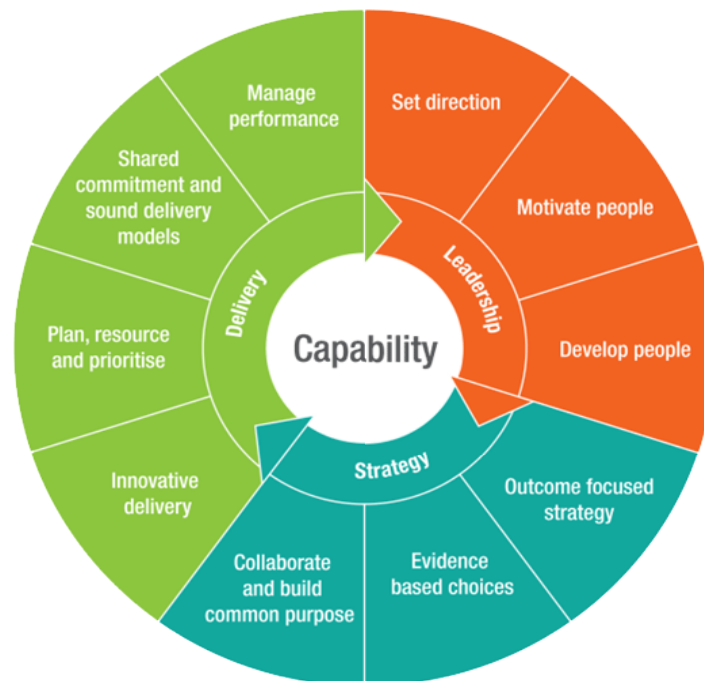
Mr David Butler brings extensive experience in the capability review of government agencies, organisational change, and public administration. He was the Chief Executive and Commissioner of the Inland Revenue Department in New Zealand, Head of the OECD's Division for Taxation Administration and Indirect Tax and a Second Commissioner of Taxation at the Australian Taxation Office (ATO), overseeing the completion of the ATO 'Change Program'. In recent years Mr Butler has completed a number of Performance Improvement Framework reviews (the New Zealand concept for capability reviews) for the New Zealand Public Service.

### **Michael Kinnane ESM**

Mr Michael Kinnane ESM brings specialist expertise in emergency management and extensive experience in corporate governance and change leadership. He was Director-General of the Queensland Department of Emergency Services and CEO of the Queensland Ambulance Service for five years. He has also held executive leadership positions in the Queensland Government and Australian Government. Mr Kinnane In 2005 he was awarded the Emergency Services Medal for his leadership in reforming Queensland's emergency services.

## 8. APPENDIX 3 – REVIEW AREAS FOR INQUIRY

The model of capability, rating descriptions and guidance questions are sourced from the Australian Public Sector Commission publication CAPABILITY REVIEW Australian Office of Financial Management, available at (<http://www.apsc.gov.au/priorities/capability-reviews>). This content is licensed for reuse under a Creative Commons BY Attribution 3.0 Australia Licence (<https://creativecommons.org/licenses/by/3.0/au/deed.en>).



### Leadership

#### Set direction

- Is there a clear, compelling and coherent vision for the future of the organisation? Is this communicated to the whole organisation on a regular basis?
- Does the leadership work effectively in a culture of teamwork, including working across internal boundaries, seeking out internal expertise, skills and experience?
- Does the leadership take tough decisions, see these through and show commitment to continuous improvement of delivery outcomes?
- Does the leadership lead and manage change effectively, addressing and overcoming resistance when it occurs?

#### Motivate people

- Does the leadership create and sustain a unifying culture and set of values and behaviours which promote energy, enthusiasm and pride in the organisation and its vision?
- Are the leadership visible, out-ward-looking role models communicating effectively and inspiring the respect, trust, loyalty and confidence of staff and stakeholders?

- Does the leadership display integrity, confidence and self-awareness in their engagement with staff and stakeholders, actively encouraging, listening to and acting on feedback?
- Does the leadership display a desire for achieving ambitious results for customers, focussing on impact and outcomes, celebrating achievement and challenging the organisation to improve?

### **Develop people**

- Are there people with the right skills and leadership across the organisation to deliver your vision and strategy? Does the organisation demonstrate commitment to diversity and equality?
- Is individuals' performance managed transparently and consistently, rewarding good performance and tackling poor performance? Are individuals' performance objectives aligned with the strategic priorities of the organisation?
- Does the organisation identify and nurture leadership and manage talent in individuals and teams to get the best from everyone? How do you plan effectively for succession in key positions?
- How do you plan to fill capability gaps in the organisation and in the delivery system?

## **Strategy**

### **Outcome focused strategy**

- Does the organisation have a clear, coherent and achievable strategy with a single, overarching set of challenging outcomes, aims, objectives and measures of success?
- Is the strategy clear about what success looks like and focused on improving the overall quality of life for customers and benefiting Victoria?
- Is the strategy kept up to date, seizing opportunities when circumstances change?
- Does the organisation work with political leadership to develop strategy and ensure appropriate trade-offs between priority outcomes?

### **Evidence based choices**

- Are policies and programs customer focused and developed with customer involvement and insight from the earliest stages? Does the organisation understand and respond to customers' needs and opinions?
- Does the organisation ensure that vision and strategy are informed by sound use of timely evidence and analysis?
- Does the organisation identify future needs, plan for them and choose among the range of options available?
- Does the organisation evaluate and measure outcomes and ensure that lessons learned are fed back through the strategy process?

### **Collaborate and build common purpose**

- Does the organisation work with others in government and beyond to develop strategy and policy collectively to address cross-cutting issues?
- Does the organisation involve partners and stakeholders from the earliest stages of policy development and learn from their experience?
- Does the organisation ensure the agency's strategies and policies are consistent with those of other agencies?
- Does the organisation develop and generate common ownership of the strategy with political leadership, delivery partners and citizens?

## Delivery

### Innovative delivery

- Does the organisation have the structures, people capacity and enabling systems required to support appropriate innovation and manage it effectively?
- Does the leadership empower and incentivise the organisation and its partners to innovate and learn from each other, and the front line, to improve delivery?
- Is innovation explicitly linked to core business, underpinned by a coherent innovation strategy and an effective approach towards risk management?
- Does the organisation evaluate the success and added value of innovation, using the results to make resource prioritisation decisions and inform future innovation?

### Plan, resource and prioritise

- Do business planning processes effectively prioritise and sequence deliverables to focus on delivery of strategic outcomes? Are tough decisions made on trade-offs between priority outcomes when appropriate?
- Are delivery plans robust, consistent and aligned with the strategy? Taken together will they effectively deliver all of the strategic outcomes?
- Is effective control of the organisation's resources maintained? Do delivery plans include key drivers of cost, with financial implications clearly considered and suitable levels of financial flexibility within the organisation?
- Are delivery plans and programs effectively managed and regularly reviewed?

### Shared commitment and sound delivery models

- Does the organisation have clear and well understood delivery models which will deliver the agency's strategic outcomes across boundaries?
- Does the organisation identify and agree roles, responsibilities and accountabilities for delivery within those models including with third parties? Are these well understood and supported by appropriate rewards, incentives and governance arrangements?
- Does the organisation engage, align and enthuse partners in other agencies and across the delivery model to work together to deliver? Is there a shared commitment among them to remove obstacles to effective joint working?
- Does the organisation ensure effectiveness of delivery agents?

### Manage performance

- Is the organisation delivering against performance targets to ensure achievement of outcomes set out in the strategy and business plans?
- Does the organisation drive performance and strive for excellence across the organisation and delivery system in pursuit of strategic outcomes?
- Does the organisation have high-quality, timely and well-understood performance information, supported by analytical capability, which allows you to track and manage performance and risk across the delivery system? Does the organisation take action when not meeting (or are not on target to meet) all of its key delivery objectives?

## 9. APPENDIX 4 – LIST OF CONSULTEES

| Title   | Organisation                                     |
|---|--|
| CEO   | Alfred Health                                    |
| General Secretary and Assistant Secretary                   | Ambulance Employees Australia - Victorian Branch |
| Board Chair and Directors                                   | Ambulance Victoria                               |
| CEO   | Ambulance Victoria                               |
| CFO and General Manager – Financial and Corporate Services  | Ambulance Victoria                               |
| Chief Operating Officer                                     | Ambulance Victoria                               |
| Director – Adult Retrieval Unit                             | Ambulance Victoria                               |
| General Manager – Clinical and Community Services           | Ambulance Victoria                               |
| General Manager – Emergency Operations                      | Ambulance Victoria                               |
| General Manager – Operational Services                      | Ambulance Victoria                               |
| General Manager – People and Culture                        | Ambulance Victoria                               |
| General Manager – Strategy, Research & Innovation           | Ambulance Victoria                               |
| Paramedic representatives on the APPCC                      | Ambulance Victoria                               |
| Regional Director, Loddon Mallee Region                     | Ambulance Victoria                               |
| CEO   | Austin Hospital                                  |
| Executive Director – Clinical Operations & Imaging Services | Austin Hospital                                  |
| CEO   | Country Fire Authority                           |
| Deputy Secretary  | Department of Health and Human Services          |
| Co-Director – DHHS and NDIS                                 | Department of Premier and Cabinet                |
| Principal Advisor – DHHS and NDIS                           | Department of Premier and Cabinet                |
| CEO   | Emergency Management Victoria                    |
| Commissioner  | Emergency Management Victoria                    |
| CEO   | Emergency Services Telecommunication Authority   |
| Health Services Commissioner                                | Health Services Commission                       |
| Assistant Commissioner                                      | Health Services Commission                       |
| CEO   | Metropolitan Fire Brigade                        |
| CEO   | Monash Health                                    |
| Chief Operating Officer                                     | Monash Health                                    |
| CEO   | NSW Ambulance                                    |
| CEO   | St Johns Ambulance New Zealand                   |

|  |  |
|--|--|
| CEO  | St Johns Ambulance Western Australia (and Chair of Council of Ambulance Authorities) |
| Deputy Commissioner                                  | Victoria Police  |
| Inspector  | Victoria Police  |
| Manager – Mental Health Unit                         | Victoria Police  |
| Minister for Health; Minister for Ambulance Services | Victorian Government   |

## 10. APPENDIX 5 – REFERENCE LIST

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