



Government of **Western Australia**
Department of **Health**

A New Century for Ambulance Services

**Response to the Legislative Council Standing Committee on Public
Administration 'Critical Condition: Inquiry into the Delivery of
Ambulance Services in WA'**

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EXECUTIVE SUMMARY

Government welcomes the final report of the Standing Committee on Public Administration (Committee) Inquiry into the Delivery of Ambulance Services in WA. Notably, all 74 findings and 48 recommendations were unanimously endorsed by Members spanning representation from Government, the Opposition Alliance and the crossbench.

It is concerning that despite St John Ambulance WA's (SJWA) delivery of ambulance services being subject to 12 reports and 122 recommendations since 2009, the Committee's findings indicate substantial issues persist with respect to its performance, staffing levels, governance, and workforce culture.

There is a clear need to fundamentally change the relationship between the Department of Health (DoH) and SJWA, starting with a more contemporary contract encompassing an active role for Government with much stronger performance management and clinical collaboration.

WA Health also needs to re-examine how it partners and works with SJWA to deliver better outcomes for the community. The COVID-19 pandemic and the success of a recent initiative to embed senior DoH and WA Police officials in SJWA headquarters demonstrates the value of integrating ambulance services with the wider health and emergency management systems.

Of the 48 recommendations, 46 have received support or in-principle support and will be implemented through 28 actions across five themes:

1. **Working together to improve emergency access:** review triage accuracy, improve coordination of ambulance dispatch, divert patients to more clinically appropriate alternative care pathways, and enhance competition in inter-hospital patients transfers
2. **A more contemporary contract:** introduce new performance management measures, strengthen clinical oversight, and improve transparency on how public funds are spent
3. **A new service delivery model for country ambulance:** move away from the 'best endeavours' model, trial innovative new workforce models and do more to upskill volunteers and support paramedics
4. **Improving access and equity:** explore options to address the financial impost of ambulance fees for vulnerable members of the community, enhance Aboriginal communities' access to services and ensure services are culturally safe
5. **Strengthening governance, transparency, and accountability:** ensure SJWA meets best practice in board governance and improve public oversight of SJWA's performance

Government will report annually to Parliament on the status of each action and the performance of SJWA against Key Performance Indicators (KPIs) set out in the new contract for emergency ambulance services currently being negotiated between DoH and SJWA.

To ensure these 28 actions translate into meaningful and enduring change, Government will conduct an evaluation in late 2025 to assess whether SJWA is delivering against its new KPIs.

Consistent with Recommendation 48, this evaluation will also consider whether the contract delivers sufficient value for WA to continue engaging SJWA for emergency ambulance services.

ACTIONS TO ADDRESS THE COMMITTEE'S RECOMMENDATIONS

Working together to improve emergency access

Action 1: DoH will review the operations and service delivery of the SJWA State Operations Centre including staffing models, rostering, and KPIs. This will be enabled through open and transparent sharing of information between SJWA and the DoH.

Action 2: DoH will work with SJWA to ensure calls are triaged appropriately by:

- a. conducting a joint review of the recent Interim Response Matrix piloted by SJWA
- b. providing enhanced access to data needed by SJWA to assess its triage process
- c. expanding the use of secondary triage and other mechanisms to divert patients from Emergency Departments (EDs) in line with the NSW Clinical Hub model.

Action 3: DoH will develop a business case for the establishment of a State Health Operations Centre capable of coordinating patient flow across the health system, which received \$3m in the 2022-23 Budget for a dedicated team to progress this work.

Action 4: The Ministerial Taskforce on Ambulance Ramping will explore alternate care pathways through the Emergency Access Response Program, which received \$2.3m in the 2022-23 Budget for dedicated staffing and a rigorous redesign methodology.

Action 5: WA Health will expend \$10.5m to pilot an expansion of Virtual Emergency Medicine (VEM) to other South Metropolitan Health Service hospitals and trial adapted versions of VEM in North and East Metropolitan Health Services.

Action 6: DoH will work with SJWA to develop new guidelines that will support call-takers and paramedics to make clinically robust decisions on when emergency ambulance transport is unnecessary.

Action 7: The State Government will investigate the feasibility, appropriateness, and potential cost/benefit of transferring the functions currently performed by the State Operation Centre (SOC) (including the 000 call line) to WA Health.

Action 8: DOH will work with SJA to ensure funding under the new contract incentivises efforts to divert patients to clinically appropriate alternative care pathways.

Action 9: As part of the business case for the State Health Operations Centre (SHOC), consideration will be given to the SHOC coordinating inter-hospital patient transfers (IHPTs) in metropolitan and regional Western Australia by linking with the existing WA Country Health Service (WACHS) command centre.

Action 10: DoH will negotiate with SJWA to improve transparency and reporting under the contract for emergency ambulance services to ensure that resources are not inappropriately used for non-urgent IHPT services.

Action 11: DOH and WACHS will work with SJWA on the removal of the exclusivity clause and implement the ability to engage alternative providers for IHPTs in regional areas.

A more contemporary contract

Action 12: Government will seek to negotiate a modern contract with SJWA which will include range of measures, including minimum staffing levels linked to an agreed minimum stand-by capacity, contemporary KPIs, robust abatement schedules and the ability for DOH to intervene or terminate where there is sustained under-performance.

Action 13: DoH will work with SJA on how to incorporate the time between SJWA receiving a call and entering it as an incident into their CAD system into formal KPIs and reporting.

Action 14: Government will seek to negotiate new contractual requirements to provide DoH with greater visibility over all SAC clinical incidents (including SAC 2s and SAC 3s).

Action 15: DoH will support continuous improvement at SJWA by strengthening engagement at the clinical level and negotiating enhanced information sharing protocols.

Action 16: DoH will investigate cardiac arrest survival rates in Western Australia with a view to improving survival rates to, or above, the national average.

Action 17: Government will work with SJWA through contract negotiations to add new requirements for continuous improvement in organisational culture and measures to support the welfare of emergency paramedics.

Action 18: Government will work with SJWA during contract negotiations to access financial data on costs and revenue associated with emergency ambulance services, along with SJWA's plans to reinvest existing cash reserves into improved service provision.

A new service delivery model for country ambulance

Action 19: Government agrees on the need to move beyond a best endeavours model. It will work with SJWA to:

1. implement policy to guide establishment of regional career paramedic sub-centres
2. identify opportunities to extend the hybrid model to additional regional areas and pilot innovative and alternative workforce models to improve services
3. develop key performance indicators for regional ambulance dispatch times and require these indicators to be met.

Action 20: DoH and WACHS will work with SJWA to:

- expand opportunities for volunteers to access identified career pathways through accredited training with a pathway to professional qualification
- improve role clarity for community paramedics and ensure they are appropriately supported to work in a way that is sustainable for their physical and mental health.

Improving access and equity

Action 21: Government will consider options for improving equity of access to emergency ambulance services.

Action 22: DoH and WACHS will work in partnership with the Aboriginal Health Council of WA and the ACCHS sector on strategies to address gaps experienced by Bidyadanga and other regional and remote communities in access to ambulance services.

Action 23: Government will work with the Aboriginal Health Council of WA and all patient transport providers to ensure they implement a Reconciliation Action Plan and conduct regular cultural awareness training to staff, including with appropriate regional representation, such as a local community Elder, to oversee and guide implementation.

Action 24: To ensure patient transport services are culturally safe, DoH will:

- require patient transport service providers to set Aboriginal employment targets
- work with SJWA to identify Aboriginal and Torres Strait Islander patients as part of regular data collection and reporting practices

Strengthening governance, transparency, and accountability

Action 25: Government will require SJWA to conduct an independent review into its governance and demonstrate that the role and composition of its board is consistent with accepted best practice including Australian Institute of Company Directors (AICD) Not-for-Profit Governance Principles.

Action 26: Government will table in Parliament each year a report outlining SJWA's performance against all KPIs in the contract, including relevant data on priority 1, 2 and 3 calls for which SJWA which did not meet its target response times.

Action 27: DoH will work with SJWA to establish a formal structure to facilitate regular engagement on system-wide strategic collaboration, develop a comprehensive policy for ambulance services and provide an additional level of public oversight.

Action 28: Government will regularly review implementation of all actions in this report and conduct an evaluation in late 2025 on whether SJWA is delivering against KPIs set under the new contract. This evaluation will consider whether the agreement with SJWA delivers sufficient value for WA to continue with a contracted ambulance service.

BACKGROUND

On 19 May 2022 the Committee tabled its 190-page report entitled *Delivery of Ambulance Services in Western Australia: Critical Condition*. The report's 48 recommendations and 74 findings received unanimous endorsement from the full committee including Government Members of Parliament and representatives of the Opposition Alliance and the crossbench.

The report provides a comprehensive account of how Western Australia's ambulance has fared over a long period of time up to and including its response to the COVID-19 Omicron outbreak. Some of the positive findings in the report are a credit to the dedicated workforce and the strong volunteer culture that has enabled SJWA to deliver ambulance services across one of the most geographically sparse and challenging jurisdictions in the world.

However, the Committee's report also reflects on the need for major changes in the way our ambulance service is contracted, overseen by WA Health, and delivered by SJWA. The COVID-19 pandemic has put immense pressure on our ambulance service and surfaced important questions about the adequacy of the existing service delivery model and what more should be done to resolve unacceptable delays in access to emergency care.

For more than a century, SJWA has run ambulance services for the WA Government through arrangements which separate it from the rest of the health system. Unlike our public-private partnerships with St John of God Health Care and Ramsay Health Care, the contract with SJWA is an 'agreement to purchase a service' with limited levers for WA Health to be involved in how that service is delivered. This presents a 'single point of failure' risk within our health system.

This lack of integration manifested as a serious problem in early 2022 when SJWA experienced significant crew shortages and fell out of step with the WA Health system in its response to the Omicron variant of COVID-19. To address this problem, in May 2022 the State Government announced that a Multi-Agency Response team of senior officials from DoH and WA Police would be embedded in SJWA's headquarters. The arrangement has worked exceptionally well in supporting SJWA to fully activate its business continuity plans, draw on support from relevant government agencies, and improve its incident management processes.

The negotiation of a new contract with SJWA in 2022 offers an opportunity to fundamentally rethink our approach to contracting ambulance services. SJWA have indicated they are open to negotiating a contemporary contract that links funding with performance, facilitates innovation, and integrates ambulance services with the rest of the health system.

Government is willing to provide SJWA with a longer contract term in return for significantly enhanced KPIs and greater transparency over its investment of public funding. In late 2025, over two years out from the end of the next contract, Government will evaluate SJWA's progress and determine whether a contracted ambulance service delivers sufficient value for WA.

In conjunction with this approach, WA Health will bolster its internal capability to manage SJWA's performance, enhance clinical collaboration, improve coordination of ambulance dispatch under the new State Health Operations Centre, and work collaboratively with SJWA and other health providers on clinically appropriate alternative models of care to divert unnecessary ambulance presentations away from Emergency Departments (ED).

1. WORKING TOGETHER TO IMPROVE EMERGENCY ACCESS

1.1. Integrating emergency ambulance dispatch with the health system

The Committee raised concerns with the SJWA State Operations Centre (SOC), which has responsibility for receiving 000 calls, allocating priority levels and dispatching ambulances.

Receiving 000 calls

Government notes the Committee's findings that SJWA:

- had the poorest performance of all jurisdictions in Australia in answering 90 per cent of calls within 10 seconds during 2020/21 (**Finding 2**)
- has not been rostering sufficient communications officers in the SOC to meet their contractual requirement to answer 90 per cent of calls within 10 seconds since 2018/19 (**Finding 6**)

The Committee recommended DoH review the adequacy of staffing levels at the SOC, establish KPIs for minimum staffing levels, ensure appropriate reporting on staffing levels and consider requiring a demand based rostering system (**Rec. 3**).

Since the establishment of the Multi-Agency Response team in May 2022, Senior DoH officials embedded in SJWA have been working with SJWA to better understand their staffing models, rostering and incident control measures for the SOC. DoH will continue to work with SJWA to review staffing levels and address issues through ongoing contract negotiations. SJWA has indicated that it welcomes discussion regarding appropriate staffing levels in the SOC.

Action 1: DoH will review the operations and service delivery of the SJWA State Operations Centre including staffing models, rostering, and KPIs. This will be enabled through open and transparent sharing of information between SJWA and the DoH.

Allocating priority levels

SJWA currently allocates a priority level between 1 and 3 to each call using a patented American software product called ProQA, introduced after the 2009 Parliamentary Committee Inquiry. While the call-taking software ProQA is currently used by more than 3,700 agencies worldwide, it is inherently 'risk averse', resulting in over-prioritisation of the call by assuming a 'worst case scenario' approach and restricting call takers' and dispatchers' discretion. Modifications to the questions asked by the call taker or the resulting medical advice given requires the formal approval of the US National Academy of Emergency Medical Dispatchers. It is used in all Australian States and Territories.

Consistent with this, the Committee found that "*ProQA is a risk-averse system that tends to over-prioritise calls. Approximately 25 per cent of patients categorised as priority 1 actually require urgent treatment. This over-prioritisation can increase wait times for patients who have a time critical condition (Finding 9).*"

To improve triage accuracy, the Committee recommended that DoH:

- require auditing of ProQA involving experienced call takers with patient outcomes considered (**Rec 4**)
- conduct a review of priority codes, acuity filters, urgency codes and final patient outcomes to identify over-prioritisation of 000 calls by ProQA (**Rec 5**)
- prioritise development of a system to feedback patient outcomes to SJWA (**Rec 6**)

On 14 June 2022 SJWA deployed a 16-week pilot of a new Interim Response Matrix for allocating priorities. This matrix is intended to provide a more contemporary approach to the use of ProQA for allocating an initial triage level.

To support ongoing review and improvement of SJWA's triage system, DoH will build on recent steps taken in 2022 to expand SJWA's access to health system data. This will allow SJWA to conduct regular analysis of patient outcomes (in particular admission to hospital following attendance at ED) and support continuous improvement.

Notably, NSW Ambulance uses ProQA to provide an initial triage allocation which is then further interrogated by a trained clinician as part of a 'clinical hub'. This 'clinical hub' process involves a multidisciplinary team who identify clinically appropriate alternative care pathways, enabling some calls initially allocated a Priority 1 or 2 to be downgraded and diverted from ED.

At the beginning of 2020, SJWA introduced a secondary triage for calls triaged by the ProQA software as Priority 3. DoH and SJWA believe that developing a more extensive approach in line with the NSW Clinical Hub model to address the potential over-classification of Priority 1 and 2 calls has significant potential to prevent unnecessary presentation to ED.

Action 2: DoH will work with SJWA to ensure calls are triaged appropriately by:
a. conducting a joint review of the recent Interim Response Matrix piloted by SJWA
b. providing enhanced access to data needed by SJWA to assess its triage process
c. expanding the use of secondary triage and other mechanisms to divert patients from Emergency Departments (EDs) in line with the NSW Clinical Hub model.

Coordinating dispatch to reduce unnecessary ED presentations

The Committee found that:

- alternate care pathways to divert patients away from hospital emergency departments can help to reduce presentations to hospitals and increase the availability of emergency ambulances (**Finding 37**)
- there is uncertainty between frontline paramedics and SJWA management about the circumstances in which paramedics can exercise their discretion to refuse to transport patients, which may contribute to unnecessary presentations to hospitals (**Finding 31**)

The most recent data from WA Health suggests that almost half of all patients arriving by ambulance to emergency departments are discharged without being admitted to hospital. Year to date figures for 2022 show that:

- 21% of ambulance arrivals have been triaged by the ED as ATS 4 (semi-urgent) & 5 (non-urgent)
- 53% of ambulance arrivals were admitted for further care (noting variability between tertiary and general hospital sites)

A comparison with other jurisdictions indicates that an ED diversion target of 25% is potentially achievable within the WA context. For example, Ambulance Tasmania introduced 24/7 registered paramedics and nurses, and by using a clinical decision support system was able to divert 26.5% of 000 calls away from EDs.

The Committee made recommendations to increase the diversion rate including:

- working with SJWA to support paramedics to exercise discretion in circumstances where they deem transport unnecessary (**Rec 15**)
- upscaling the Fiona Stanley Hospital's Virtual Emergency Medicine (VEM) Program to other hospitals in WA (**Rec 17**)
- investigating the expansion of alternate care pathways (**Rec 18**)

For these measures to work it will be critical to have a State Health Operations Centre (SHOC) capable of coordinating decision-making and supporting access to alternative services across the interfaces of hospitals, patient transport (SJWA, RFDS, Wilson Medic One, National Patient Transport, Medical Edge Australia, and Absolute Medical Response), primary care, and residential aged care facilities.

Without these arrangements, fragmented clinical governance and a lack of reliable, timely access pathways will make it difficult for secondary triage clinicians or paramedics to be confident in making decisions to divert patients.

At the inquiry SJWA “*acknowledged the benefits of establishing a State-run Health Coordination Centre where all emergency ambulance services could be tracked, monitored and coordinated.*”¹

Action 3: DoH will develop a business case for the establishment of a State Health Operations Centre capable of coordinating patient flow across the health system, which received \$3m in the 2022-23 Budget for a dedicated team to progress this work.

The recently established Ministerial Taskforce on Ambulance Ramping, chaired by the Minister for Health, is overseeing a program of work which will explore alternative care pathways such as mobile diagnostic services, outreach and rapid access clinics and expanded telehealth programs such as Hospital in the Home.

Action 4: The Ministerial Taskforce on Ambulance Ramping will explore alternate care pathways through the Emergency Access Response Program, which received \$2.3m in the 2022-23 Budget for dedicated staffing and a rigorous redesign methodology.

¹ Michelle Fyfe, Chief Executive Officer, St John Ambulance WA, transcript of evidence, 24 September 2021, p 10.

WA Health will adapt the VEM concept so that it is suitable for use in other hospitals, noting that the VEM program established at Fiona Stanley Hospital (FSH) cannot simply be upscaled for other sites and will require substantial adaptation.

Action 5: WA Health will expend \$10.5m to pilot an expansion of Virtual Emergency Medicine (VEM) to other South Metropolitan Health Service hospitals and trial adapted versions of VEM in North and East Metropolitan Health Services.

Alongside the development of a SHOC and expanded alternative care pathways, DoH will work with SJWA to on new guidelines to support call-takers and paramedics exercise appropriate discretion on diversion to clinically suitable alternative care pathways.

Action 6: DoH will work with SJWA to develop new guidelines that will support call-takers and paramedics to make clinically robust decisions on when emergency ambulance transport is unnecessary.

Control over existing SOC functions

The Committee recommended Government investigate whether patients would experience better outcomes if ambulance dispatch and 000 call taking came under the control of the State (**Rec 8**).

In its response to the Committee's recommendation, SJWA raised concerns about the recent experience of Victoria having a 000 call centre run by a separate agency to the ambulance service. Government will carefully consider the findings of the Ashton Review into the Victorian Emergency Services Telecommunications Authority and seek further input from SJWA on this.

In developing the business case for the SHOC, DoH will work with key stakeholders and experts from other jurisdictions to consider all options including the Committee's recommendation, as part of a holistic service to enhance timely access to appropriate levels of care for patients.

Action 7: The State Government will investigate the feasibility, appropriateness, and potential cost/benefit of transferring the functions currently performed by the State Operation Centre (SOC) (including the 000 call line) to WA Health.

1.2. Recalibrating funding to focus on ED diversion

In 2020, the State Government negotiated a variation to the agreement with SJWA to provide demand-based funding through two new payment mechanisms:

- A demand-based funding growth payment linked to the number of patients transported
- An extended transfer of care (ETOC) payment linked to the number of hours of ramping across the system during a financial year over 10,000 hours

This arrangement was intended to ensure SJWA would be able to continue to provide emergency standby capacity of 45.7% even under more challenging COVID-19 conditions and enable SJWA to increase staffing and ambulances to meet increased demand.

These payments, which came into effect on top of indexed base funding arrangements, have produced substantial increases in SJWA's funding including a 16% increase in 2020-21.

SJWA is also permitted under the contract to charge patients a fee for service of \$1,006 which is contingent on delivering a patient to the emergency department. This delivered \$188.6 million in revenue for SJWA in 2020-21, up from \$177.8 million in 2019-20.²

The Committee raised concerns that the ETOC payment acts as a "*potential financial incentive that results in increased ramping*" and recommended that Government review the payment in the next contract with SJWA (**Finding 28**).

There is no evidence to suggest SJWA deliberately engages in ramping, and it has put in place a range of measures in collaboration with WA health aimed at reducing transfer of care time.

However, the suite of existing payment mechanisms do not create any financial incentive for SJWA to divert patients to alternative care pathways and reduce unnecessary presentations to ED. Government intends to address this issue in the next contract.

Action 8: DOH will work with SJA to ensure funding under the new contract incentivises efforts to divert patients to clinically appropriate alternative care pathways.

1.3. Inter-hospital patient transfers (IHPTs)

The Committee found that:

- emergency ambulance resources are used to conduct inter-hospital patient transfer services despite these services being contracted separately by DoH (**Finding 18**)
- when volunteers perform inter-hospital patient transfers in regional areas the local capacity to respond to emergencies may be diminished (**Finding 19**)

It also identified other issues with non-emergency IHPTs including:

- hospital staff being required to undertake administrative tasks involved in organising patient transfers³
- SJWA's dominance and a lack of separation between emergency ambulance and non-emergency patient transport undermining competition in the metropolitan area⁴

In response, it recommended that DoH:

² St John Ambulance WA Ltd., *Annual Report 2020/2021*, pg. 59. Note that this figure includes \$46.7 million provided by the WA Government for concessions to patients over 65 years of age.

³ Legislative Council Public Administration Committee, *Delivery of Ambulance Services in Western Australia: Critical Condition*, 19 May 2022, pg. 94 at [5.84].

⁴ Legislative Council Public Administration Committee, *Delivery of Ambulance Services in Western Australia: Critical Condition*, 19 May 2022, pg. 67 at [4.27].

- establish a centralised coordination centre to organise inter-hospital transfers in metropolitan and regional Western Australia (**Rec. 9**)
- expand the operational hours of inter-hospital patient transfers to allow all service providers to perform this service 24 hours a day (**Rec. 10**)
- remove SJWA's right of first refusal for regional inter-hospital patient transfers (**Rec. 11**)

Need for centralized coordination

Government accepts the need for centralised coordination and will establish a SHOC to coordinate inter-hospital patient transfers (IHPT) in metropolitan and regional Western Australia.

WA Country Health Service (WACHS) commenced a co-located coordination centre for regional IHPTs in January 2022 in a collaboration with SJWA and the Royal Flying Doctor Service (RFDS). This service will link to SHOC once established.

Action 9: As part of the business case for the State Health Operations Centre (SHOC), consideration will be given to the SHOC coordinating inter-hospital patient transfers (IHPTs) in metropolitan and regional Western Australia by linking with the existing WA Country Health Service (WACHS) command centre.

Competition for metropolitan IHPT and separation from emergency ambulance contract

Government supports in-principle expanding the operational hours of inter-hospital patient transfers, noting that on 31 May 2022 hours were extended from 6:30am - 7pm to 6am - 10pm under the new Non-Emergency Planned Patient Transport Services (NEPPTS) panel contract.

However, given the lack of volumes outside of these hours and concerns by Health Service Providers (HSPs) about the clinical risk of transporting non-urgent patients after 8pm, Government believes it would be more effective to address concerns about the use of SJWA's emergency ambulance resources for non-urgent patient transport through enhanced transparency and reporting.

Under the new NEPPTS arrangement, DoH has prohibited the use of emergency ambulance resources to conduct inter-hospital patient transfers. This will ensure the most medically appropriate vehicle is used based on the individual patient needs.

Action 10: DoH will negotiate with SJWA to improve transparency and reporting under the contract for emergency ambulance services to ensure that resources are not inappropriately used for non-urgent IHPT services.

Competition for regional IHPT

As part of the current Services Agreement for emergency ambulance services, SJWA acknowledged that WACHS will seek a future change to the delivery of services in country WA such that SJWA no longer has the exclusive right or a first right of refusal to perform IHPT.⁵

Government agrees with the Committee's view that removing this right will enable alternative providers to relieve some of the work currently undertaken by volunteers without preventing them from performing this service should they wish to continue.⁶

SJWA has raised concerns that there would be financial implications for volunteer-run Sub Centres which earn revenue from IHPT services. Without this revenue, SJWA argues that it may be more difficult to maintain the financial viability of the volunteer model.

DoH and WACHS are committed to working closely with SJWA in understanding the impact of expanding the use of alternative providers for IHPTs in regional areas in particular on the ongoing financial viability of regional Sub Centres. This issue will also be considered as part of the negotiation for the new contract with SJWA.

Action 11: DOH and WACHS will work with SJWA on the removal of the exclusivity clause and implement the ability to engage alternative providers for IHPTs in regional areas.

⁵ Department of Health, Emergency Services Agreement, 25 September 2020, clause 2.12(a).

⁶ Legislative Council Public Administration Committee, *Delivery of Ambulance Services in Western Australia: Critical Condition*, 19 May 2022, pg. 69 at [4.35].

2. A MORE CONTEMPORARY CONTRACT

2.1. Manage performance

Current services agreement with SJWA

The current Services Agreement with SJWA for emergency ambulance was originally signed in 2015 for a three-year term. This was extended in 2018 for a further two years.

The Committee noted with concern that the 2019 Auditor General's follow-up report found:

Our 2013 audit recommended developing a new funding model focusing on standards, performance and risk. The current contract, which was extended in 2018 to 2020, made no substantial changes to the funding model. It does not connect funding with performance or demand for services, or provide a clear view of the cost of services such as IHPT [inter-hospital patient transport], or facilitate in-depth analysis of complex matters such as the impact of ramping on response times and patient outcomes. While SJA is motivated to perform well by its mission and culture, weaknesses in the contract mean the DoH does not have a clear view of how its funding is being used and if it's getting value for money.⁷

Due to the COVID-19 outbreak, in mid-2020 it was deemed necessary to extend the agreement again until 30 June 2022. However, despite being in the middle of a pandemic, the decision to extend the agreement in 2020 was accompanied with a contract variation that included:

- a new demand driven pricing model that links performance and payment to enable SJA to plan and invest in new ambulances
- increased data reporting enabling opportunities for better triaging and ED management
- establishment of a foundation for WACHS to progress implementation of the Country Ambulance Strategy, to improve services for regional communities

While these measures delivered significant improvements, the current service agreement still has limited KPIs and does not have performance measures nor an abatement regime. This places it out of step with more contemporary agreements WA Health has with other service providers, such as the one with St John of God Health Care to run the Midland Health Campus.

Committee findings regarding SJWA performance

The Committee's findings on the metropolitan ambulance service delivery model include:

- SJWA did not meet their target response times for priority 1, 2 or 3 calls in 2020/21 (**Finding 23**)
- Emergency ambulance stand-by capacity ranged between 23.5% and 33.5% between November 2020 and September 2021 despite the contract with SJWA providing funding for ambulance stand-by capacity of 45.7% (**Finding 34**)
- Since 2015/16 Western Australia has had the worst paramedic witnessed cardiac arrest survival rate in Australia (**Finding 38**)

⁷ Office of the Auditor General, Delivering Western Australia's Ambulance Services – Follow-up Audit, 31 July 2019.

The Committee noted there is conflicting evidence about the practice known as ‘stopping the clock’, which is allegedly where single-occupancy response vehicles are used to make response time KPIs appear better than they would otherwise be.⁸

As discussed in section 1.1, the Committee also made findings concerning the performance of the SOC including inadequate staffing levels and that it had the poorest performance of all jurisdictions in Australia in answering 90% of calls within 10 seconds during 2020/21.

The Committee observed deficiencies in the existing contract with SJWA for emergency ambulance services and recommended that Government:

- establish new key performance indicators for emergency ambulance services that measure patient outcomes and clinical compliance (**Rec. 1**)
- require all emergency ambulance services to maintain minimum levels of ambulance stand-by capacity (**Rec. 16**)

Government and SJWA both agree on the need to contemporise the contract and SJWA has indicated that it accepts the need to improve governance, accountability for meeting KPIs, and demonstrating continuous improvement in emergency ambulance services.

Action 12: Government will seek to negotiate a modern contract with SJWA which will include range of measures, including minimum staffing levels linked to an agreed minimum stand-by capacity, contemporary KPIs, robust abatement schedules and the ability for DOH to intervene or terminate where there is sustained under-performance.

Calculation of response times

The Committee suggested that response times are calculated from when an ambulance is dispatched, in contrast to some other jurisdictions like Victoria and England where response times are calculated from the moment a 000 call is received (**Finding 24**). It recommended that DoH require ambulance response times to be recorded from the moment a 000 call is received by the ambulance service (**Rec. 13**).

SJWA advise that response time calculations are currently measured from the moment a 000 call is first saved into the CAD system as an incident, and not from the moment of dispatch as claimed in the Committee’s report. In the first six months of 2021 the average time between a call first being presented to SJWA and the incident first being saved in CAD is 144.5 seconds.

Nonetheless, given that other jurisdictions including Victoria, Tasmania, South Australia, the Australian Capital Territory and England’s National Health Service have all opted to capture this additional time period, there is merit to considering how this additional period of time should be incorporated into formal KPIs and reporting requirements.

Action 13: DoH will work with SJA on how to incorporate the time between SJWA receiving a call and entering it as an incident into their CAD system into formal KPIs and reporting.

⁸ Legislative Council Public Administration Committee, *Delivery of Ambulance Services in Western Australia: Critical Condition*, 19 May 2022, pg. 95 at [5.89].

2.2. Improve clinical oversight

The Committee found that:

- there is no process in place to address clinical governance issues identified by the Joyce Report in 2009 (**Finding 40**)
- there are claims that not all Severity Assessment Code (SAC) 1 events are reported and some SAC 1 clinical incidents were classified as SAC 2s (**Finding 41**)

The Committee's recommended an independent body review all SAC clinical incidents involving ambulance providers (**Rec. 21**), with the independent body to be regularly audited by the Office of the Auditor General (**Rec. 22**).

Government accepts the need to address these issues but believes it would be more effective for WA Health to strengthen its existing clinical oversight role and for DoH to require SJWA to meet the same requirements as HSPs.

HSPs report SAC1-3 clinical incidents to DoH alongside annual reporting of trends and key themes identified through investigations.

Action 14: Government will seek to negotiate new contractual requirements to provide DoH with greater visibility over all SAC clinical incidents (including SAC 2s and SAC 3s).

The Committee also recommended that DoH investigate cardiac arrest survival rates in Western Australia with a view to improving survival rates to, or above, the national average (**Rec. 19**). Government supports this recommendation and will work with SJWA through a more involved approach to clinical collaboration.

This will include an exploration of further evidence-based mechanisms to support dissemination of best practice and quality improvement, such as facilitating clinical networks, audit and feedback, and access to national benchmarking data.

Action 15: DoH will support continuous improvement at SJWA by strengthening engagement at the clinical level and negotiating enhanced information sharing protocols.
Action 16: DoH will investigate cardiac arrest survival rates in Western Australia with a view to improving survival rates to, or above, the national average.

2.3. Workplace culture

The Committee found that "*there continues to be unresolved issues concerning workplace and organisational culture*" at SJWA despite reviews in 2009 and 2016 (**Finding 61**). It found evidence suggesting that frontline staff lack trust in senior management (**Finding 57**) and have concerns current processes to address harassment and bullying are inadequate (**Finding 60**).

It recommended that DoH require SJWA to:

- implement specific programs to support the welfare of emergency paramedics and mitigate their risk of psychological harm (**Rec. 31**)

- undertake regular employee culture surveys and utilise the resulting data to adopt strategies to improve organisational and workplace culture (**Rec. 33**)
- comply with workplace culture KPIs that measure and map workplace and organisational culture (**Rec. 36**)
- comprehensively re-evaluate their organisational and workplace structure and processes (**Rec 35**)

It also recommended that DoH develop workplace culture KPIs for ambulance service providers that involve undertaking regular audits of programs designed to improve workplace and organisational culture, to be tabled in Parliament annually (**Rec. 34**).

In its response to these findings, SJWA stated that it “*recognises organisational culture is an area for ongoing investment and improvement.*” SJWA also indicated that recently introduced listening activities will inform strategies for continued development in organisational and workplace culture.

Action 17: Government will work with SJWA through contract negotiations to add new requirements for continuous improvement in organisational culture and measures to support the welfare of emergency paramedics.

2.4. Require investment plans and financial data

The Committee noted that SJWA is a financially successful enterprise with net reportable surplus of \$31.9 million in 2020/21 and \$14.3 million in 2019/20.⁹

SJWA financial statements for 2020-21 indicates the contract with WA Health (\$122.6m) and ambulance transport fees (\$188.6m) comprised 83% of its total revenue across all activities.¹⁰ SJWA’s cash reserves have increased from \$72.3m in 2017/18 to \$137.6m in 2020/21.¹¹

The Committee recommended DoH and SJWA consider a mechanism in the Emergency Ambulance Services Agreement for an investment plan for reinvesting any surplus from government funded activities back into the delivery of emergency ambulance services in Western Australia (**Rec 46**).

In its response, SJWA stated that “*The implementation of this recommendation would appear to reverse that intention previously communicated by WA Department of Health and risks eroding the benefits generated from an outsourced delivery model.*” However, SJWA said it would welcome contract mechanisms that ensure adequacy of funding required for infrastructure and equipment investments and incentivise via outcomes the optimum utilisation of these funds.

Consistent with other actions committing to a closer relationship between DoH and SJWA, there would be benefit to Government developing a better understanding of both the cost drivers for ambulance services and how revenue from public sources is acquitted.

⁹ Legislative Council Public Administration Committee, *Delivery of Ambulance Services in Western Australia: Critical Condition*, 19 May 2022, pg. 170 at [9.47].

¹⁰ St John Ambulance WA Ltd., *Annual Report 2020/2021*, pg. 59.

¹¹ Ibid, pg. 40; St John Ambulance WA Ltd., *Annual Report 2018/2019*, pg. 37.

DoH has previously engaged external providers to review SJWA's utilisation of Service Agreement funding, most recently in 2018 with WA Treasury Corporation. Government will consider the merits of another independent review to assess how public funds have been expended by SJWA.

Action 18: Government will work with SJWA during contract negotiations to access financial data on costs and revenue associated with emergency ambulance services, along with SJWA's plans to reinvest existing cash reserves into improved service provision.

3. A NEW SERVICE DELIVERY MODEL FOR COUNTRY AMBULANCE

3.1. Move away from 'best endeavours' and improve services

The contract with SJWA requires regional sub-centres with career paramedics (career sub-centres) to achieve target response times for patients within 10km of the town centre. Sub-centres run entirely by volunteers are not required to comply with target response times.

The Emergency Ambulance Services Agreement only requires SJWA to use their 'best endeavours' to provide an ambulance service in regional areas. This does not guarantee regional communities have access to ambulance services (**Finding 45**).

In its review of this 'best endeavours model', the Committee's findings included:

- the best endeavours model of delivering ambulance services is inconsistent with the DoH framework for statewide ambulance services operations (**Finding 46**)
- the model used by SJWA to determine if career paramedics should be allocated to a regional sub-centre is not satisfactory (**Finding 47**)
- neither DoH nor WACHS have real-time visibility about whether a regional ambulance sub-centre is able to provide a response at any point in time (**Finding 48**)
- there is insufficient information about a regional sub-centre's ability to respond to calls which leaves WA Health unaware whether it can mount a response (**Finding 49**)
- continued reliance on volunteers to perform the majority of ambulance services in regional Western Australia is not sustainable (**Finding 56**)

The Committee recommended that WA Health:

- establish KPIs for regional ambulance dispatch times and response times and require ambulance service providers to meet these indicators (**Rec 23**)
- ensure the provision of ambulance services in regional WA is consistent with its stated policy position to reduce inequity between metropolitan and regional WA (**Rec 26**)
- implement a policy to guide establishment of regional career sub-centres (**Rec 27**)
- investigate extending the current ambulance service delivery model in regional areas with a hybrid model where appropriate (**Rec 32**)

The recent commitment in the 2022-23 State Budget of \$30m for paid paramedics in the regions provides an opportunity to expand the number of career paramedics whilst also piloting innovative workforce models. These may include paramedic practitioners, dual qualifications, Emergency Management Technician roles and extension of Nurse Transport Trials.

Action 19: Government agrees on the need to move beyond a best endeavours model. It will work with SJWA to:

- 1. implement policy to guide establishment of regional career paramedic sub-centres**
- 2. identify opportunities to extend the hybrid model to additional regional areas and pilot innovative and alternative workforce models to improve services**
- 3. develop key performance indicators for regional ambulance dispatch times and require these indicators to be met**

3.2. Skilling up volunteers and supporting community paramedics

In regional WA people rely on the dedication of community volunteer ambulance officers who run the emergency ambulance service and transport patients between health facilities.

Except for 16 Paramedic Depots located in high population areas and major country towns, regional WA is serviced by 144 Sub Centres operated by approximately 3,200 volunteers supported by 27 paid Community Paramedics (CPs). CPs are responsible for recruiting, training and retaining volunteers and are not expected to respond to emergency events.

The Committee found that CPs regularly respond to calls for ambulance services despite this not being a requirement of their job (**Finding 52**). It also found that CPs would be better utilised responding to emergency ambulance calls (**Finding 53**) and recommended DoH and SJWA require paramedics in regional areas to respond to emergency calls (**Rec 29**).

It also recommended DoH and SJWA investigate:

- engaging dedicated trainers to provide scheduled training for volunteers in regional areas to free-up CPs (**Rec 30**)
- providing volunteers with opportunities to access identified career pathways via TAFE or similar providers (for example, an accredited Certificate IV in nursing or paramedicine) (**Rec 28**)

The Committee acknowledged that CPs operate in challenging environments which take a toll on their physical and mental wellbeing and recommended DoH require SJWA to implement programs to support the welfare of emergency paramedics and mitigate their risk of psychological harm (**Rec 31**).

Government agrees a more contemporary and consistent definition of the CP role is required which clearly articulates what requirements exist to respond to emergency ambulance calls.

However, this will require further work to understand fatigue management issues, whether it is sustainable for a local CP being on call to always respond to emergencies, and what other models of care could enable improved responsiveness whilst supporting the volunteer model.

Action 20: DoH and WACHS will work with SJWA to:

- expand opportunities for volunteers to access identified career pathways through accredited training with a pathway to professional qualification
- improve role clarity for community paramedics and ensure they are appropriately supported to work in a way that is sustainable for their physical and mental health

4. ACCESS AND EQUITY

4.1. Financial impost of emergency ambulance fees for individuals

The Committee raised concerns about the impact of fees for emergency ambulance services, especially for Aboriginal patients and people experiencing hardship. It recommended:

- ambulance transport fees from Jandakot airport (**Rec. 37**) and ACCHS (**Rec. 38**) clinics be paid by DoH as if they were IHPT services
- a full subsidy on emergency ambulance fees for holders of current pensioner concession cards who are under the age of 65 (**Rec. 2**)
- DoH and SJWA investigate expanding the availability of subscriptions for comprehensive ambulance cover to people living in metropolitan Perth (**Rec. 44**)

The AHCWA, which represents the ACCHS sector, strongly supports these proposed changes and has also suggested they be extended to include regional and remote patients airlifted from WA communities and transported by ambulance from regional airports to regional hospitals.

A one-off fee of \$1000 can present an enormous financial impost on patients with limited financial means. This is evidenced in the latest SJWA Annual Report for 2020/21 which indicates SJWA wrote off \$29.1m in bad debt,¹² understood to be principally from fee waivers and unsuccessful debt collection relating to emergency ambulance callouts.

At present, SJWA has a team which considers applications for fee waivers, payment plans and other hardship measures on an individual basis. SJWA has indicated that it would be interested in developing a more systemic approach to waiving fees, such as through the establishment of a fund with established criteria and process.

Action 21: Government will consider options for improving equity of access to emergency ambulance services.

4.2. Enhance remote Aboriginal communities' access to services

Where there is no local ambulance sub-centre in a regional area, ambulance services are provided by a WACHS nursing post or Aboriginal Medical Service, typically through off-road vehicles as opposed to a fully outfitted ambulance.¹³

The Committee raised concerns that the Bidyadanga regional community—the largest Aboriginal community in Western Australia—does not have any local sub-centre (**Finding 65**).

SJWA advised the Committee that they are not required to provide ambulance services to Bidyadanga under their contract with DoH, although they will do so when it is feasible.¹⁴ SJWA

¹² St John Ambulance WA Ltd., *Annual Report 2020/2021*, pg. 40.

¹³ Legislative Council Public Administration Committee, *Delivery of Ambulance Services in Western Australia: Critical Condition*, 19 May 2022, pg. 155 at [8.14].

¹⁴ *Ibid*, pg. 155 at [8.17].

noted that it is often faster for the emergency needs of the community to be services by RFDS when an aeromedical response is warranted.¹⁵

The Committee recommended that DoH and WACHS:

- develop a strategy to ensure the availability of ambulance services to Bidyadanga residents (**Rec. 39**)
- identify any other regional communities that do not have access to ambulance services and develop strategies to address this service gap (**Rec. 40**)

AHCWA's subsequent advice to Government indicates that in addition to Bidyadanga, other remote communities in the Kimberley including Beagle Bay, One Arm Point and Lombadina also experience a lack of access to ambulance services. AHCWA strongly supported the Committee's recommendations and urged the Government to implement these in partnership with AHCWA and the ACCHS sector.

Action 22: DoH and WACHS will work in partnership with the Aboriginal Health Council of WA and the ACCHS sector on strategies to address gaps experienced by Bidyadanga and other regional and remote communities in access to ambulance services.

4.3. Ensure ambulance services are culturally appropriate

The Committee made several recommendations based on advice from AHCWA about the need to improve cultural competence and cultural safety in ambulance services, including that DoH:

- require ambulance service providers to develop a Reconciliation Action Plan before the commencement of any future service agreements (**Rec 41**)
- require SJWA to provide all staff with regular cultural awareness training (**Rec 42**)

AHCWA have advised Government that these efforts should incorporate appropriate regional representation, such as a local community Elder, to oversee and guide its implementation.

Action 23: Government will work with the Aboriginal Health Council of WA and all patient transport providers to ensure they implement a Reconciliation Action Plan and conduct regular cultural awareness training to staff, including with appropriate regional representation, such as a local community Elder, to oversee and guide implementation.

WACHS' Inquiry submission recommended ensuring St John WA has "*relevant cultural governance, training frameworks and Aboriginal health workforce plans including workforce targets and Aboriginal leadership roles.*"¹⁶ AHCWA has indicated to Government that it strongly supports this and that increasing Aboriginal employment at SJWA will improve cultural safety.

¹⁵ Legislative Council Public Administration Committee, *Delivery of Ambulance Services in Western Australia: Critical Condition*, 19 May 2022, pg. 155 at [8.17].

¹⁶ WA Country Health Service submission to the Standing Committee on Public Administration, pg. 21.

AHCWA has also advised Government that in order to provide culturally safe services, ambulance providers need to appropriately identify Aboriginal patients, as is standard practice for hospitals, primary healthcare facilities and inter-hospital patient transport.

Action 24: To ensure patient transport services are culturally safe, DoH will:

- require patient transport service providers to set Aboriginal employment targets
- work with SJWA to identify Aboriginal and Torres Strait Islander patients as part of regular data collection and reporting practices.

5. GOVERNANCE, TRANSPARENCY AND ACCOUNTABILITY

5.1. Ensure SJWA governance meets best practice requirements

During the Committee's public hearing on 1 December 2021, testimony from SJWA Board Chair Shayne Leslie indicated a surprisingly interventionist approach from the board. For example, at one point Mr. Leslie referred to a "*mantra the board tried to sell to management, and anyone else who would listen*" that was referred to as a "*drop and run*" policy to address ramping.¹⁷ This may offer some explanation for why months later, an email from an executive member of SJWA created confusion in the media about a 'drop and run' policy being enacted despite such a policy never being jointly approved by the SJWA Chief Executive Officer and WA Health.

In the same hearing, Mr. Leslie gave evidence that the constitutional mandate of the board requires "*an endeavour to ensure that there are two-thirds of Order members on the board*". According to the publicly available 'Guidance for Nominators' on the Most Venerable Order of the Hospital of St John of Jerusalem website, entry as a member of the Commandery of St John is available by invitation only and requires the individual to have '*performed good service for the Order and its Principal Objects in accordance with the mottoes of the order.*'¹⁸ The only exceptions to these rules appear to be for Members of the British and other Royal Families.

Mr. Leslie also indicated to the Committee that he had served four triennial terms prior to his six years as Chair, suggesting he had served a period on the board of eighteen years. This appears to be inconsistent with the SJWA constitution which sets a term limit of three terms of three years, noting the Commandery of the Order can approve exemptions.

AICD Not-for-Profit Governance Principle 3 (Board Composition) states:

- *Directors are appointed based on merit, through a transparent process...*
- *Tenure of directors is limited to encourage renewal...*
- *The board reflects a mix of personal attributes which enable it to fulfil its role effectively*
- *The board assesses and records its members' skills and experience, and this is disclosed to stakeholders*

Mr. Leslie's evidence to the Committee raises serious concerns about the extent to which SJWA's governance is contemporary and appropriate for an organisation tasked with the delivery of emergency ambulance services.

Given that SJWA receives more than \$300m per annum in revenue from public funds and ambulance fees, the community should rightly expect that its board composition meets AICD governance principles and that the board is not inappropriately interfering in the operational management of the ambulance service.

¹⁷ Shayne Leslie, Chair, St John Ambulance WA, transcript of evidence, 1 December 2021, pg. 4.

¹⁸ St John International, 2019 Guidance for Nominators, available at <https://www.stjohninternational.org/Handlers/Download.ashx?IDMF=14afdc89-090d-41fb-86f8-d34c3ea3c571>

Action 25: Government will require SJWA to conduct an independent review into its governance and demonstrate that the role and composition of its board is consistent with accepted best practice including AICD Not-for-Profit Governance Principles.

5.2. Improve public oversight of ambulance services

The Committee raised issues with the need for greater public oversight on SJWA, recommending Government consider a suite of measures including:

- legislative change for SJWA to be subject to oversight by the Corruption and Crime Commission (CCC) and Office of the Information Commissioner (OIC)
- investigating whether to introduce legislation to govern ambulance services in Western Australia or implement a comprehensive policy for ambulance services
- tabling in Parliament on an annual basis the number of priority 1, 2 and 3 calls which did not meet target response times, and by how much

The Committee also indicated some concern about the abandonment of the WA Ambulance Standing Committee, a joint SJWA-DOH governance body established in 2010 to set the strategic direction and priorities for the provision of ambulance services. It recommended Government and Parliament require an existing parliamentary standing committee be given additional functions to regularly monitor, review and report on the provision of emergency ambulance services, or that a new standing committee be established and given such functions.

While the formation of committees is a matter for the Legislative Council, Government is willing to support the ongoing scrutiny role of Parliament by tabling relevant information on an annual basis.

Action 26: Government will table in Parliament each year a report outlining SJWA's performance against all KPIs in the contract, including relevant data on priority 1, 2 and 3 calls for which SJWA which did not meet its target response times.

Government agrees that there is a need for much stronger public oversight of ambulance services in Western Australia. While there is no disagreement in-principle with expanding the jurisdiction of the CCC and/or the OIC, this would not provide an immediate solution to the issues identified by the committee and is not a legislative priority.

However, Government is committed to establishing a new structure to facilitate regular engagement between WA Health and SJWA on strategic direction and ensure there is an appropriate level of public oversight and accountability for the delivery of ambulance service.

This new structure should allow DoH to provide a level of oversight on ambulance services that is consistent with its role as a system manager. For example, DoH conducts regular performance meetings with Health Service Providers and could do the same with SJWA going forward.

This new structure would also be well-placed to action the Committee's recommendation that Government consider implementing a comprehensive policy for ambulance services.

Action 27: DoH will work with SJWA to establish a formal structure to facilitate regular engagement on system-wide strategic collaboration, develop a comprehensive policy for ambulance services and provide an additional level of public oversight.

5.3. Set clear expectations on the future of ambulance service delivery

The Committee found that *“there is a case to bring the ambulance service into public hands however a private provider may deliver essential government services, so long as it provides the services to a similar or higher standard as would a public entity.”*

In conjunction with this finding, the Committee recommended that:

- The State Government review the implementation of any recommendations it adopts from this report within the next five years
- The Department of Health develop broader KPIs that incorporate the recommendations of this report
- If the service fails to meet these KPIs, the State Government should consider alternative emergency ambulance service providers or a state-run service

SJWA has been the subject of 12 reports and 122 recommendations since 2009, including:

- the Joyce Report in 2009, which found major inadequacies in the SOC and recommended increased funding, significantly increased staffing levels and strengthened clinical governance processes aligned to DoH standards¹⁹
- the *Implementation of Recommendations Completion Report to the Minister for Health* in 2010, which noted the significant increase of funds by Government for SJWA which enabled the major reforms of the Joyce Report to be implemented²⁰
- a report by the Auditor General in 2013 which found that ambulance services had improved since the 2009 Joyce Report, but inadequacies in the contract with SJWA had made it difficult for WA Health to demonstrate the State receives value for money²¹
- an Independent Oversight Panel in 2016 commissioned by SJWA to address reports of paramedic and volunteer deaths suicide found *“some elements of the culture of St John displaying aspects which could be described as dysfunctional”*²²
- a follow-up audit by the Auditor General in 2019 which found that issues persisted with the contract as DoH could not assess the impact of ambulance performance on patient outcomes or assess if the ambulance contract makes best possible use of public funds²³

¹⁹ Department of Health, St John Ambulance Inquiry: Report to the Minister for Health, report prepared by Greg Joyce, Independent Chairman, October 2009

²⁰ Department of Health, St John Ambulance Inquiry: Implementation of Recommendations Completion Report to the Minister for Health, report prepared by Greg Joyce, Independent Reviewer, December 2010

²¹ Office of the Auditor General, Delivering Western Australia’s Ambulance Services, June 2013

²² Independent Oversight Panel, Review of St John Ambulance: Health and Wellbeing, and Workplace Culture, report prepared by Dr Neale Fong, Ian Taylor and Professor Alexander MacFarlane, Perth, August 2016, pg. 10.

²³ Office of the Auditor General, Delivering Western Australia’s Ambulance Services – Follow-up Audit, 31 July 2019, p 6.

- the Country Ambulance Strategy commissioned by WACHS and released in 2019 which highlighted deficiencies in the contract with SJWA and found that previous reviews and inquiries had not resulted in significant change to the governance of ambulance services or the operating model²⁴

SJWA advised the Committee that all recommendations have either been achieved and delivered (84); achieved and ongoing (32); or were considered unworkable (6).²⁵

Despite these reviews, the recent Omicron wave surfaced issues that predate COVID-19. These include inadequate growth in the number of paramedics, continued concerns about workforce culture, and an opaque contractual relationship under which DoH has few levers for genuine performance management and little understanding of how public funds have been acquitted.

It is therefore critical to set clear expectations for both DoH and SJWA that if things do not improve, Government is willing to seriously consider alternative providers. SJWA has requested greater long-term certainty to enable investment plans and workforce recruitment. Government will provide this through a five-year contract with a review point at least two years out from the end of the agreement to review progress and determine the long-term future of the service.

Action 28: Government will regularly review implementation of all actions in this report and conduct an evaluation in late 2025 on whether SJWA is delivering against KPIs set under the new contract. This evaluation will consider whether the agreement with SJWA delivers sufficient value for WA to continue with a contracted ambulance service.

²⁴ WA Country Health Service, The Country Ambulance Strategy: Driving Equity for Country WA, 2019, pg 5.

²⁵ Submission 71 from St John Ambulance WA, 23 July 2021, pg 5.

APPENDIX 1. TABLE OF RECOMMENDATIONS AND ACTIONS

#	Recommendation	Position	Comment	Action #	Commitment
1	The Department of Health (DoH) establish new key performance indicators for emergency ambulance services that measure patient outcomes and clinical compliance.	Supported	Government supports more robust performance measures and will work with St John Ambulance WA (SJWA) in ongoing contract negotiations.	Action 11:	Government will seek to negotiate a modern contract with SJWA which will include range of measures, including minimum staffing levels linked to an agreed minimum stand-by capacity, contemporary KPIs, robust abatement schedules and the ability for DOH to intervene or terminate where there is sustained under-performance.
2	The Government and SJWA provide a full subsidy on emergency ambulance fees for holders of current pensioner concession cards who are under the age of 65.	Supported In-principle	DOH will work with SJWA to better understand the costs and benefits of a range of options to improve equity of access to emergency ambulance.	Action 21:	Government will consider options for improving equity of access to emergency ambulance services.
3	DoH review the adequacy of the staffing levels... establish KPIs for minimum staffing levels at the SJWA SOC (with particular emphasis on 000 emergency call takers) and introduce a mechanism to allow the monitoring and reporting of actual staff on shift against contractual KPIs. When determining staffing levels, DoH also consider requiring a demand based rostering system.	Supported	DoH will review the SOC service delivery including staffing models and KPIs. Multi Agency work has commenced with DOH, WA Police, DFES and SJA.	Action 1:	DoH will review the operations and service delivery of the SJWA State Operations Centre including staffing models, rostering, and KPIs. This will be enabled through open and transparent sharing of information between SJWA and the DoH.
4	DoH require auditing of ProQA be conducted with patient outcomes considered. These	Supported	It is difficult to directly link 'patient outcomes' with an assessment of triage accuracy by a call take or paramedic, so	Action 2:	DoH will work with SJWA to ensure calls are triaged appropriately by: a. conducting a joint review of the recent Interim Response Matrix piloted by SJWA

	audits should involve experienced call takers.		caution in this analysis is required.		b. providing enhanced access to data needed by SJWA to assess its triage process c. expanding the use of secondary triage and other mechanisms to divert patients from Emergency Departments (EDs) in line with the NSW Clinical Hub model.
5	DoH conduct a review of priority codes, acuity filters, urgency codes and final patient outcomes to identify over-prioritisation of 000 calls by ProQA.	Supported	It is difficult to directly link 'patient outcomes' with an assessment of triage accuracy by a call take or paramedic, so caution in this analysis is required.		
6	DoH prioritise the development of a system to feedback patient outcomes to SJWA.	Supported	Since 7 February 2022, DOH has been providing monthly data to SJWA on Triage (Date, Time, Category), Departure Status and Diagnosis Code.		
7	DoH and SJWA investigate publishing emergency ambulance vehicle availability online in a similar fashion to the Queensland Ambulance Service.	Supported	As the data is not currently available within DOH, this recommendation would need to be led by SJWA, with support from DOH. This information would be part of a future WA Health State Health Operations Centre (SHOC), but could also be done prior to its establishment.	Action 3:	DoH will develop a business case for the establishment of a State Health Operations Centre capable of coordinating patient flow across the health system.
8	The State Government investigate whether the answering and dispatch of 000 calls by the DoH would improve patient outcomes.	Supported		Action 7:	The State Government will investigate the feasibility, appropriateness, and potential cost/benefit of transferring the functions currently performed by the State Operation Centre (SOC) (including the 000 call line) to WA Health.
9	DoH establish a centralised coordination centre to organise inter-hospital transfers in	Supported	A SHOC Business Case will be prepared. WACHS commenced a centralised coordination	Action 3:	DoH will develop a business case for the establishment of a State Health Operations Centre capable of coordinating patient flow across the health system.

	metropolitan and regional Western Australia.		centre for regional IHPTs in January 2022.		
10	DoH expand the operational hours of inter-hospital patient transfers to allow all service providers to perform this service 24 hours a day.	Supported in-principle	The operational hours for IHPT were recently expanded from 6:30am - 7pm to 6am - 10pm. Providers may offer services outside those hours and 24/7 capacity exists.	Action 10:	DoH will negotiate with SJWA to improve transparency and reporting under the contract for emergency ambulance services to ensure that resources are not inappropriately used for non-urgent IHPT services.
11	DoH remove SJWA's right of first refusal for regional inter-hospital patient transfers.	Supported	SJWA has previously acknowledged that WACHS plans to remove their right of first refusal to perform inter-hospital patient transport in regional areas.	Action 11:	DOH and WACHS will work with SJWA on the removal of the exclusivity clause and implement the ability to engage alternative providers for IHPTs in regional areas.
12	DoH table the number of priority 1, 2 and 3 calls which did not meet target response times, and by how much, in Parliament on an annual basis.	Supported	This information is currently provided by SJA as part of contract reporting requirements. DOH can provide this data to Parliament in a suitable format.	Action 26:	Government will table in Parliament each year a report outlining SJWA's performance against all KPIs in the contract, including relevant data on priority 1, 2 and 3 calls for which SJWA which did not meet its target response times.
13	DoH require ambulance response times in Western Australia to be recorded from the moment a 000 call is received by the ambulance service.	Supported in-principle	This measure will assist in more accurate reporting on the amount of time it takes for an ambulance provider to mount a response.	Action 13:	DoH will work with SJA on how to incorporate the time between SJWA receiving a call and entering it as an incident into their CAD system into formal KPIs and reporting.
14	DoH conduct a complete review of the Extended Transfer of Care (ETOC) payment provision in the Emergency Ambulance Services Agreement.	Supported	Government agrees with the need to review ETOC payments to ensure financial incentives are aligned with ongoing work to reduce ambulance ramping.	Action 8: Action 18:	DOH will work with SJA to ensure funding under the new contract incentivises efforts to divert patients to clinically appropriate alternative care pathways. Government will work with SJWA during contract negotiations to access financial data on costs and revenue associated with emergency ambulance services, along with

			Government will also seek information on how SJWA has acquitted ETOC payments.		SJWA's plans to reinvest existing cash reserves into improved service provision.
15	DoH work with SJWA to develop guidelines to support paramedics exercising their discretion in circumstances where they deem transport unnecessary.	Supported		Action 6:	DoH will work with SJWA to develop new guidelines that will support call-takers and paramedics to make clinically robust decisions on when emergency ambulance transport is unnecessary.
16	DoH require all emergency ambulance services to maintain minimum levels of ambulance stand-by capacity.	Supported in principle	This could be achieved by calculating the number of crews required to maintain an agreed level of stand-by capacity.	Action 12:	Government will seek to negotiate a modern contract with SJWA which will include range of measures, including minimum staffing levels linked to an agreed minimum stand-by capacity, contemporary KPIs, robust abatement schedules and the ability for DOH to intervene or terminate where there is sustained under-performance.
17	DoH upscale the Fiona Stanley Hospital's (FSH) Virtual Emergency Medicine (VEM) program to other hospitals in Western Australia.	Supported in-principle	The VEM model at FSH is not suited in its current form for all sites; adaptation will be required for expansion.	Action 5:	WA Health will expend \$10.5m to pilot an expansion of Virtual Emergency Medicine (VEM) to other South Metropolitan Health Service hospitals and trial adapted versions of VEM in North and East Metropolitan Health Services.
18	DoH investigate the expansion of alternate care pathways in conjunction with SJWA and other healthcare providers.	Supported	Ministerial Taskforce established in May 2022 to oversee new ideas for alternative pathways	Action 4:	The Ministerial Taskforce on Ambulance Ramping will explore alternate care pathways through the Emergency Access Response Program, which received \$2.3m in the 2022-23 Budget for dedicated staffing and a rigorous redesign methodology.
19	DoH investigate cardiac arrest survival rates in Western Australia with a view to	Supported		Action 16:	DoH will investigate cardiac arrest survival rates in Western Australia with a view to improving survival rates to, or above, the national average.

	improving survival rates to, or above, the national average.				
20	The State Government investigate introducing legislation amending the <i>Corruption, Crime and Misconduct Act 2003</i> and the <i>Freedom of Information Act 1992</i> so ambulance service providers can be subject to CCC oversight and required to comply with FOI requests.	Supported in-principle	Further consultation would be required, including advice from the relevant bodies and detailed consideration by State Solicitor's Office.	Action 27:	DoH will work with SJWA to establish a formal structure to facilitate regular engagement on system-wide strategic collaboration, develop a comprehensive policy for ambulance services and provide an additional level of public oversight.
21	DoH require an independent body to review all potential Severity Assessment Code (SAC) clinical incidents involving ambulance service providers in Western Australia.	Not supported	DOH currently reviews all SAC 1 investigations. The main goal of clinical incident management is local improvement of the quality of service delivery, so best practice is for service providers to undertake these.	Action 14:	Government will seek to negotiate new contractual requirements to provide DoH with greater visibility over all SAC clinical incidents (including SAC 2s and SAC 3s).
22	The Office of the Auditor General (OAG) regularly audit the works of the independent body responsible for reviewing all potential SAC clinical incidents involving ambulance service providers in Western Australia. The OAG table the results of the audit in Parliament on an annual basis.	Not supported	Annual OAG audit of the independent body review may be challenging to implement given difficulties in auditing clinical application of the SAC1 rating. Clinical cases are complex and require decisions that are not in line with simple audit criteria.	Action 14:	
23	DoH establish key performance indicators (KPIs) for regional ambulance dispatch times and regional ambulance response	Supported in-principle	Government agrees KPIs are required for regional ambulance services and supports dispatch times being	Action 19:	Government agrees on the need to move beyond a best endeavours model. It will work with SJWA to: 1. implement policy to guide establishment

	times and require ambulance service providers to meet these indicators.		reported for all locations. However there are challenges in measuring response times when distances are variable.		of regional career paramedic sub-centres 2. identify opportunities to extend the hybrid model to additional regional areas and pilot innovative and alternative workforce models to improve services 3. develop key performance indicators for regional ambulance dispatch times and require these indicators to be met
24	DoH table the number of calls which did not meet the target ambulance dispatch and response times and by how much in regional Western Australia in Parliament on an annual basis.	Supported in-principle	As per Recommendation 23.		
25	DoH require daily regional ambulance response times to be published online.	Supported in-principle	As per Recommendation 23.		
26	DoH ensure the provision of ambulance services in regional WA is consistent with <i>Ambulance services WA - a framework for statewide ambulance services operations</i> with regard to reducing inequity between metropolitan and regional WA.	Supported in-principle	Government supports moving beyond best endeavours model. As part of the new contract with SJWA, WACHS will have a separate schedule. DOH will oversee the inclusion and consideration of this.		
27	DoH implement a policy to guide the establishment of regional career paramedic sub-centres. This policy is to include a methodology based on the specific healthcare needs of individual communities.	Supported	WACHS will investigate the extension of this methodology to include not only paramedic models as a solution, but to also support innovative and alternative workforce models.	Action 19:	Government agrees on the need to move beyond a best endeavours model. It will work with SJWA to: 1. implement policy to guide establishment of regional career paramedic sub-centres 2. identify opportunities to extend the hybrid model to additional regional areas and pilot innovative and alternative workforce models to improve services 3. develop key performance indicators for regional ambulance dispatch times and require these indicators to be met

28	The State Government investigate ways to provide volunteers with opportunities to access specific identified career pathways via TAFE or similar providers. For example, an accredited Certificate IV in nursing or paramedicine.	Supported	Supporting career pathways and educational opportunities in regional Western Australia supports local resilience and sustainability of services. WACHS is well-placed to support implementation of this recommendation.	Action 20:	DoH and WACHS will work with SJWA to: - expand opportunities for volunteers to access identified career pathways through accredited training with a pathway to professional qualification - improve role clarity for community paramedics and ensure they are appropriately supported to work in a way that is sustainable for their physical and mental health
29	DoH and SJWA require paramedics deployed to regional areas to respond to emergency ambulance calls.	Supported in-principle	Government supports role clarity for Community Paramedics with respect to the requirement to respond to emergency ambulance calls. Any requirement must account for fatigue management and sustainability of local Community Paramedics		
30	DoH and SJWA investigate engaging dedicated trainers to provide scheduled training for volunteers in regional areas to free-up Community Paramedics.	Supported	Training should be aligned to a nationally recognised qualification framework and provide the opportunity for a pathway of development to professional status.		
31	Given the challenging nature of the work that paramedics do, the DoH require ambulance service providers to implement specific programs to support the welfare of emergency paramedics and mitigate their risk of psychological harm.	Supported	DoH and WACHS will seek to incorporate this requirement as part of ongoing contract negotiations.	Action 20: Action 17:	DoH and WACHS will work with SJWA to: - expand opportunities for volunteers to access identified career pathways through accredited training with a pathway to professional qualification - improve role clarity for community paramedics and ensure they are appropriately supported to work in a way that is sustainable for their physical and mental health

					Government will work with SJWA through contract negotiations to add new requirements for continuous improvement in organisational culture and measures to support the welfare of emergency paramedics.
32	The DoH investigate extending the current ambulance service delivery model in regional areas with a hybrid model where appropriate.	Supported	Alternative service delivery models which may include alternative workforces such as nurses or others, is also required.	Action 19:	Government agrees on the need to move beyond a best endeavours model. It will work with SJWA to: - identify opportunities to extend the hybrid model to additional regional areas and pilot innovative and alternative workforce models to improve services
33	DoH require providers undertake regular employee culture surveys and utilise resulting data to adopt strategies to improve organisational and workplace culture.	Supported in-principle	This item relates to SJWA's internal policies. DOH will work with SJWA to ensure this is captured as a contractual obligation.	Action 17:	Government will work with SJWA through contract negotiations to add new requirements for continuous improvement in organisational culture and measures to support the welfare of emergency paramedics.
34	The DoH develop workplace culture key performance indicators for ambulance service providers that involve undertaking regular audits of programs designed to improve workplace and organisational culture. The DoH table the results of audits in Parliament annually.	Supported in-principle	This item relates to SJWA's internal policies. DOH will work with SJA to ensure this is captured as a contractual obligation.		
35	DoH require SJWA to comprehensively re-evaluate organisational and workplace structure and processes.	Supported in-principle	This item relates to SJWA's internal policies. DOH will work with SJWA to ensure this is captured as a contractual obligation.	Action 17:	Government will work with SJWA through contract negotiations to add new requirements for continuous improvement in organisational culture and measures to support the welfare of emergency paramedics.
36	The DoH require SJWA to comply with KPIs that measure and map	Supported in-principle			

	workplace and organisational culture. This requires the identification and implementation of improvement opportunities.				
37	The DoH cover the cost of ambulance transport from Jandakot Airport to hospital for patients who are airlifted to Perth.	Supported in-principle	DOH will investigate covering the cost of ambulance transports from Jandakot or any regional airport to a hospital, for patients who are airlifted.	Action 21:	Government will consider options for improving equity of access to emergency ambulance services.
38	The DoH cover the cost of ambulance transport from Aboriginal Community Controlled Health Service clinics to hospital.	Supported in-principle	DOH will investigate covering the cost of ambulance transports from Aboriginal Community Controlled Health Service clinics to hospital.		
39	The DoH develop a strategy to ensure a reliable ambulance service is available in Bidyadanaga regional community.	Supported		Action 22: Action 22:	DoH and WACHS will work in partnership with the Aboriginal Health Council of WA and the ACCHS sector on strategies to address gaps experienced by Bidyadanga and other regional and remote communities in access to ambulance services.
40	The DoH and the WACHS identify remote Aboriginal communities which do not have access to an ambulance service and investigate the adequacy of existing emergency ambulance services. The DoH develop strategies to enhance access to ambulance services to any communities identified.	Supported			
41	The DoH require ambulance service providers to develop a	Supported		Action 23:	Government will work with the Aboriginal Health Council of WA and all patient

	Reconciliation Action Plan before the commencement of any future service agreements.				transport providers to ensure they implement a Reconciliation Action Plan and conduct regular cultural awareness training to staff, including with appropriate regional representation, such as a local community Elder, to oversee and guide implementation.
42	The DoH require SJWA to provide all staff with regular cultural awareness training.	Supported	DOH has recently included this in the Non-Emergency Planned Patient Transport Services Contract (SJWA is a panel provider).		
43	The State Government investigate introducing legislation to govern ambulance services in Western Australia or implementing a comprehensive policy for ambulance services	Supported	Government agrees on the need for a comprehensive policy for ambulance services. Existing legislation is not necessary to improve oversight or governance.	Action 27:	DoH will work with SJWA to establish a formal structure to facilitate regular engagement on system-wide strategic collaboration, develop a comprehensive policy for ambulance services and provide an additional level of public oversight
44	The DoH and SJWA investigate expanding the availability of subscriptions for comprehensive ambulance cover to people living in metropolitan Perth.	Supported	DOH will work with SJWA to better understand the costs to government of expanding access to subscriptions for comprehensive emergency ambulance cover and consider through future budget processes.	Action 21:	Government will consider options for improving equity of access to emergency ambulance services.
45	The State Government and Parliament require an existing parliamentary standing committee be given additional functions to regularly monitor, review and report on the provision of emergency ambulance services. Alternatively a new standing committee be established and given such functions.	Supported in-principle	Establishment of parliamentary committees is a matter for the WA Parliament. Government will support whatever oversight WA Parliament deems necessary, but notes that other actions committed to in this report will substantially increase oversight and accountability on ambulance services.	Action 26:	Government will table in Parliament each year a report outlining SJWA's performance against all KPIs in the contract, including relevant data on priority 1, 2 and 3 calls for which SJWA which did not meet its target response times

46	The DoH and SJWA consider a mechanism in the Emergency Ambulance Services Agreement for an investment plan. This plan should consider reinvestment and oversight of any surplus from government funded activities back into the delivery of emergency ambulances services in Western Australia.	Supported	DoH will incorporate the proposed mechanism into discussions with SJWA as part of ongoing contractual negotiations.	Action 18:	Government will work with SJWA during contract negotiations to access financial data on costs and revenue associated with emergency ambulance services, along with SJWA's plans to reinvest existing cash reserves into improved service provision.
47	The State Government review the implementation of any recommendations it adopts from this report within the next five years.	Supported		Action 28:	Government will regularly review implementation of all actions in this report and conduct an evaluation in late 2025 on whether SJWA is delivering against KPIs set under the new contract. This evaluation will consider whether the agreement with SJWA delivers sufficient value for WA to continue with a contracted ambulance service.
48	DoH develop broader KPIs that incorporate recommendations of this report. If the service fails to meet these KPIs, the State Government should consider alternative emergency ambulance service providers or a state-run service.	Supported			

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