



Royal Flying Doctor Service (RFDS) Victoria and St John Ambulance Victoria – Official Joint Submission

Parliament of Victoria – Legislative Council Legal and Social Issues Committee’s Inquiry into Ambulance Victoria

A. Introduction and Executive Summary

As the two not-for-profit (NFP) providers of non-emergency patient transport (NEPT) in the state, RFDS Victoria and St John Ambulance Victoria have united to provide a joint submission for the Parliament of Victoria’s Legislative Council Legal and Social Issues Committee’s inquiry into Ambulance Victoria (AV). We welcome the opportunity to contribute to the inquiry, to illustrate the importance of our respective partnerships with AV and provide constructive considerations as to where operations could be improved.

Each of our organisations advocated for the review into the NEPT sector in 2022 to maximise the impact of the NEPT offering. RFDS Victoria and St John Ambulance Victoria will continue to support the Victorian Government as we manage the implementations of the NEPT Review’s recommendations. We commend the conduct of the Government and Mr Steve McGhie MP in leading the review.

NFP providers – delivering for Victorians

NFP providers have a long history of supporting the Victorian health care system. Our respective for-purpose missions drive our ability and willingness to adapt and respond to meet the needs of an evolving health care & NEPT landscape, with an enduring commitment to caring for Victorians.

We have earned the trust of the Victorian community, with each of our organisations ranked in the topmost trusted NFP brands in the country by RepTrak’s Reputation Index.

RFDS Victoria and St John Ambulance Victoria hold long term partnerships with AV and the Victorian Government. Together we comprise a considerable proportion of the NEPT services in Victoria.

As NFPs we:

- Exist to serve Victorians no matter where they live, irrespective of profit. We are willing to go to the hard-to-reach places.
- Foster a values-driven workplace culture with staff advancing their skills and taking pride in representing our organisations.
- Offer additional expertise to support the NEPT sector such as aeromedical capability, community transport, and the delivery of formal training and qualifications programs.

- Deliver supplementary services and community programs establishing a robust platform of health service delivery such as first-aid services at major community events and during disasters, mental health support, allied health services, and general practice healthcare services.

B. Key Recommendations

(1A) A system-wide response is required to effectively address ambulance ramping. This challenge is not solely AV's to resolve; it demands the collaborative efforts of the Department of Health, hospitals, AV, and NEPT providers to investigate and implement efficiencies holistically.

(1B) The capability of NEPT providers is instrumental in minimising ramping, thus enabling emergency crews to respond more swiftly to Triple Zero calls by offering essential surge capacity support.

(1D) To enhance responsiveness to critical calls and ensure crew safety, we must further leverage AV communication technology used by NEPT crews, enabling them to activate location and duress alerts.

(1E) The inclusion of our well-equipped services in all planned and unplanned patient transportation and supporting AV's efforts to ensure fair and transparent allocation of additional shifts for NEPT providers is crucial for maintaining sector equity and efficiency.

(2A) Long-term contracts should become the standard in the sector to facilitate investment in staff, equipment, and training, drive economies of scale, and expand our reach for healthcare services and training opportunities.

(2C) In response to HealthShare Victoria (HSV) assuming responsibility for all NEPT procurement, we recommend standardised operational KPIs across Ambulance Victoria (AV) and HSV.

(2D) We advocate for AV and/or the Department of Health to implement shared procurement of equipment and consumables by extending their procurement arrangements to NEPT providers, as supported in our submissions to the NEPT Review. This initiative would significantly reduce costs for NEPT services.

(4A) We see opportunities in contract governance collaboration between NEPT providers and AV to leverage buying power, increase purchasing scale, and deliver bulk discounts, thereby

streamlining procurement processes, ensuring more efficient use of resources, and ultimately maximising the value for public funds.

(4C) To enhance operational efficiency, the partnership between AV and the Department of Health concerning standards and clinical protocols should be optimised. This optimisation will ensure seamless collaboration, enhance the quality of care, and streamline processes, ultimately leading to better health outcomes and more efficient use of resources.

(5A-C) Employment pathways in the sector should be formalised through a comprehensive workforce strategy developed collaboratively between AV and all NEPT providers. This strategy must encompass every stage of the employment cycle, from trainees and Patient Transport Officers (PTO) and Ambulance Transport Attendants (ATA), paramedics, and those transitioning to retirement.

(6A-C) The strong partnerships with AV and the NFP providers in the NEPT sector have driven countless improvements whilst ensuring a high standard of care that Victorians deserve.

C. Response to Terms of Reference

(1) *issues involving call taking, dispatch, ambulance ramping, working conditions and workloads of paramedics;*

(1A) We congratulate the Victorian Government and AV on the continuing success and increasing adoption of the Victorian Virtual Emergency Department. Aligned with the strategic priorities in Victoria's Digital Health Roadmap, the initiative to provide "more options for people to use home-based and virtual care and care closer to home" is an essential strategy in mitigating pressures on emergency departments. It is critical to acknowledge that NEPT ambulances are not exempt from ramping challenges. Addressing ambulance ramping necessitates a comprehensive, system-wide approach that cannot be managed by AV alone.

(1B) We support the notion of separating planned and unplanned transports, however, hope that government see the value in the *planned* NEPT workforce still providing valuable surge capability for Ambulance Victoria.

Whilst outside of Ambulance Victoria's direct control, further investigation is required with Victorian hospitals and Department of Health to enable efficiencies for admission of NEPT patients to hospitals where beds are booked, outside the hours of Monday to Friday, 9am to 5pm. These patients and the NEPT crews, admitted via Emergency Departments outside of these hours, can often be ramped as they are a low priority for emergency.

NEPT planned and unplanned transports are often impacted by hospital ramping, however we believe NEPT capability can play a key role in minimising ramping and freeing up emergency crews to respond quicker to Triple Zero calls.

(1C) We commend the work of AV to improve working conditions for NEPT ambulances with the same mobile data technology and radio communications technology. This has resulted in our NEPT crews being provided with timely, lifesaving information on bushfires by AV from their position in the Victorian Emergency Control Room. As per RFDS Victoria's recommendation in the NEPT review, this technology could allow all NEPT vehicles to be quickly diverted and respond rapidly to life threatening events as required, especially in the regional and rural areas where resources are already limited. This would also improve communications and safety of NEPT staff who can activate location and duress alerts.

(1D) Both RFDS Victoria and St John Ambulance Victoria aim to see their extensive resources and dedicated staff utilised to their fullest potential. We advocate for the inclusion of our services in both planned and unplanned patient transport scenarios. Our organisations are well-equipped with the necessary expertise and resources to handle a wide range of transport needs. We recognise the efforts of AV in addressing the allocation of spill-over and extra shifts for NEPT providers, ensuring a fair and transparent system for the distribution of these additional shifts is crucial for maintaining equity and efficiency within the sector.

(2) procurement practices, including contract management and oversight, and their adequacy in ensuring transparency, fairness, and value for public funds and identification of any systemic patterns of mismanagement or lack of oversight;

(2A) As NFPs in the health care sector, we act as strong advocates for long-term contracts of up to 5-10-year periods, as done in other jurisdictions. The assurance provided by long-term contracts enables investment in staff, equipment, and training, drives economies of scale, and advances our reach for health care services and training opportunities. Without this assurance, we contend it is detrimental not only to NEPT providers but also to AV and the Victorian Government. From an NFP perspective, short-term contracts present significant challenges, including financial constraints and operational inefficiencies, which limit our ability to expand our additional health care and training services. These contracts have significant ripple effects on staff, providers, and the Government. They lead to increased costs for the Government, higher staff turnover, elevated risks for contractors, and a hindered ability for providers to invest in essential equipment, recruitment, and workforce planning. As detailed in our NEPT review, we will continue to advocate for longer-term contracts as a critical factor in the sector's stability and efficiency.

(2B) Longer-term contracts empower NFPs to make strategic investments in equipment, staff, and the assessment of additional healthcare services that support the Government's healthcare agenda. As the two primary NFP providers for NEPT in the sector, our platform for further healthcare services is reinforced by the expertise and skills of our NEPT crews. The adverse effects of short-term contracts, such as workforce insecurity and limited investment capacity, are particularly pronounced in our operations. Longer-term contracts will enhance stability, foster growth, and ensure the sustained delivery of high-quality healthcare services across the state. Moreover, sustainability is crucial for our continued ability to deliver these essential services. Without the assurance of long-term contracts, our capacity to plan, invest, and innovate is significantly hampered.

(2C) We commend the Victorian Government's decision for HealthShare Victoria (HSV) to assume responsibility for procurement practices, but will require HSV to invest in appropriate procurement expertise that understands the NEPT sector and service delivery models, which has posed challenges previously. A single procurement process simplifies this by removing the two-tier system. This was recommended in RFDS Victoria's review of the Non-Emergency Patient Transport (NEPT) sector. We recommend standardised operational KPIs across Ambulance Victoria (AV) and HSV.

(2D) Better management of public funds could be ensured through shared procurement of equipment and consumables by extending access to AV and/or Department of Health procurement arrangements to NEPT providers which was supported in our submissions to the NEPT Review. This would reduce costs for NEPT services by mitigating the need to duplicate our procurement processes to access the same suppliers. The increased purchasing scale could also deliver bulk purchasing discounts for AV and the Department of Health. NFP operators working with AV also assist its commitment to social procurement. The proceeds from commercial contracts support the health programs we deliver into the Victorian community.

(3) allegations of fraud and embezzlement and the adequacy of financial controls and oversight to prevent misconduct;

(3A) RFDS Victoria and St John Ambulance Victoria have not knowingly experienced any activities related to fraud and embezzlement. We have only observed AV acting in a transparent and fair manner.

(4) governance and accountability;

(4A) RFDS Victoria and St John Ambulance Victoria see opportunities in contract governance collaboration between NEPT providers and AV. As previously stated, costs to the sector could be reduced through AV leveraging their buying power, increasing purchasing scale, and delivering bulk discounts. This collaborative approach would not only streamline procurement processes but also ensure more efficient use of resources, ultimately maximising the value for public funds.

(4B) Our long-term experience with AV and relationship managers has been overwhelmingly positive and collaborative. The governance of NEPT by AV has consistently been a high priority, reflecting a strong commitment to effective oversight and coordination from the perspective of NEPT providers. This collaborative approach has facilitated significant advancements in the sector and has been instrumental in fostering a productive partnership between our organisations and AV. However, it is important to acknowledge that we have observed instances where progress has stalled due to changes in key personnel and role transitions. These disruptions, while sometimes unavoidable, can impact the continuity and momentum of ongoing initiatives. Our commitment to working closely with AV remains steadfast, and we look forward to continuing our collective efforts to enhance the efficiency and effectiveness of NEPT governance for the benefit of all stakeholders involved.

(4C) We see opportunity for improvement in the collaboration between AV and the Department of Health in relation to standards and clinical protocols. During COVID there was confusion with protocols as AV directives were sometimes different from those of Health.

(5) the workplace culture within Ambulance Victoria, with a focus on occupational health and safety impacts, including to the morale and wellbeing of paramedics and employees;

(5A) RFDS Victoria and St John Ambulance Victoria each have a noteworthy number of staff members within our NEPT teams who have joined us from AV. Additionally, a significant number of our staff have transitioned to AV as trained paramedics after working as PTOs and ATAs while training to become paramedics. This demonstrates the strong career development pathway and collaborative relationship between our organisations and AV. We believe this should be formalised with a workforce strategy involving AV, RFDS Victoria, and St John Ambulance Victoria, as well as other NEPT providers.

(5B) Both RFDS Victoria and St John Ambulance Victoria have experience with paramedics who, in their transition to retirement, scale back their careers and workloads by returning to NEPT services, reporting high levels of satisfaction in their careers in NEPT. We commend the NEPT Review's focus on the need for a workforce strategy and its potential scope, which include strengthening training and development programs, formalising career pathways from NEPT to

paramedicine and vice versa, and implementing other measures to support the NEPT workforce. Recruitment and retention challenges are pervasive across the healthcare sector, representing a significant cost for not-for-profit (NFP) providers. RFDS Victoria and St John Ambulance Victoria are committed to collaborating with the Government and AV to develop and implement a comprehensive workforce strategy that addresses these challenges and ensures the sustainability of NEPT services.

(5C) St John Ambulance Victoria's expertise in training and education, along with the potential for NFPs to partner with Victoria University's Centre of Excellence in Paramedicine, presents further opportunities for the sustainability of the NEPT sector. The education students receive in Victoria, becoming ATAs, PTOs, or Paramedics, is of the highest quality. The employment ecosystem of NEPT is supported from the student training phase to the transition to retirement phase by RFDS Victoria and St John Ambulance Victoria.

(6) and any other related matters the committee considers relevant.

(6A) RFDS Victoria and St John Ambulance Victoria wish to reiterate the opportunities and innovations which have been facilitated through our partnerships with AV. Each organisation has been able to increase our community education, primary health care, aged care, disaster response and community transport provision across the state. The passionate NEPT staff and strategic bases in metro, regional and rural areas have provided foundations for growth and innovation.

(6B) For RFDS Victoria, we have significantly expanded our services to remote and rural communities with initiatives such as Flying Doctor Community Transport, which supports vulnerable Victorians in attending vital healthcare appointments and medical treatments when they do not require clinical oversight from an NEPT ambulance. Additionally, our Memory Lane program, largely staffed by NEPT volunteers, provides Victorians in palliative care with the opportunity to reconnect with places of personal significance, offering comfort and meaningful experiences at end of life. We also proudly deliver our Give Them Wings scholarship program, which funds medicine, allied health and paramedicine students from rural and regional areas to take their skills back to the community when they graduate.

(6C) St John Ambulance Victoria likewise is servicing this same growing need by supporting vulnerable Victorians with community transport in metro Melbourne. As a purpose-driven organisation, St John Ambulance Victoria funds its community programs without support from the Government. This is only possible when we have strong commercial partnerships, like AV, that deliver outcomes to sustain our programs. Our St John Youth program with over 500 young people is preparing the next generation of health professional. Tracking their development has



revealed that the majority of these young people progress to study health sciences at university. Our community education, training and Automated External Defibrillator (AED) installation programs that focus on out of hospital sudden cardiac arrest, are designed to improve the seriously low survival rates that can be improved with a more informed and engaged community – delivering community resilience.

(6D) These innovations underscore the value of public investment, as they not only enhance healthcare accessibility and quality but also ensure that resources are utilised effectively for the benefit of all Victorians. By harnessing the strong partnerships with AV and the NFP providers in the NEPT sector and by continuing to support our dedicated NEPT staff, we can further drive improvements and maintain the high standards of care that Victorians deserve.