LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON PUBLIC ACCOUNTS

(Reference: Auditor-General's report No 4 of 2009:
***Delivery of ambulance services to the ACT community*)**

Members:

MS C LE COUTEUR (The Chair)
MR B SMYTH (The Deputy Chair)
MR J HARGREAVES

TRANSCRIPT OF EVIDENCE

CANBERRA

WEDNESDAY, 3 MARCH 2010

Secretary to the committee:
Mr G Ryall (Ph: 6205 0142)

By authority of the Legislative Assembly for the Australian Capital Territory

WITNESSES

CORBELL MR SIMON, Attorney-General, Minister for the Environment, Climate Change and Water, Minister for Energy and Minister for Police and Emergency **1**

CROSWELLER, MR MARK, Commissioner, Emergency Services Agency **1**

DUTTON, MR DAVID, Deputy Chief Officer, ACT Ambulance Service **1**

FOOT, MR DAVID, Chief Officer, ACT Ambulance Service **1**

Privilege statement

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Amended 21 January 2009

The committee met at 11.16 am.

CORBELL MR SIMON, Attorney-General, Minister for the Environment, Climate Change and Water, Minister for Energy and Minister for Police and Emergency
CROSWELLER, MR MARK, Commissioner, Emergency Services Agency
FOOT, MR DAVID, Chief Officer, ACT Ambulance Service
DUTTON, MR DAVID, Deputy Chief Officer, ACT Ambulance Service

THE CHAIR: Good morning everybody and welcome to the public hearing of the Standing Committee on Public Accounts inquiry into Auditor-General's report No 4 2009—*Delivery of ambulance services to the ACT community*. In light of recent events, I must make sure that everyone is aware of the privileges card. If you like, I am happy to read it to you, but you would probably prefer that I do not. You have all got it?

Mr Corbell: No, we have not.

THE CHAIR: In that case I will have to read it out to you:

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Does anyone have any problems with that? No? Thank you. Before we proceed with questions, minister, have you got an opening statement?

Mr Corbell: Yes, I do, and thank you, Madam Chair, for the opportunity to appear before you and your colleagues on the committee this morning. I would just like to make an opening statement and then I and officials from my department and the ESA will be happy to try and answer your questions.

The ACT Ambulance Service has been protecting and preserving life through the delivery of professional ambulance services to the ACT since 1935. I would like, up-front, to place on the record my thanks and commend the work of the ACT Ambulance Service staff for their continued efforts in the delivery of such an important community service.

Since its inception, the ACT Ambulance Service has grown into one of the most respected services in Australia, offering the highest standards of clinical care, consistently achieving community satisfaction ratings of 95 per cent or higher. The Ambulance Service is also unique as it is the only ambulance service in Australia that offers the community an intensive care paramedic level on every single front-line emergency ambulance. Unlike in other services where some officers are trained to advanced levels but below intensive care, all of our officers are trained to an intensive care level.

The delivery of ambulance services to our community is not without its challenges. Increased demand for such services is being driven by an ageing population and health and socioeconomic issues that have led to a number of ambulance services around Australia, including Western Australia, South Australia, New South Wales, Victoria and, more recently, the ACT, being subject to external review.

A key theme emerging as a result of those reviews has been that our ambulance professionals are required to deliver a complex range of services within an environment of increasing demand and limited capacity. Essentially, the role of ambulance services is changing. Service delivery models have moved from one of taking the patient to care to one of taking specialist clinical care to the patient in a pre-hospital environment. Ambulance services are now also expected to develop specialist capabilities in the areas of urban search and rescue and chemical, biological and radiological capacity to support patients affected by such scenarios, as well as other front-line response personnel.

The ACT Ambulance Service is not immune to these challenges. In the 2008-09 financial year the Ambulance Service attended over 32,000 incidents, involving over 34,000 responses, with this high level of response as an indicator of cases in the community where two or more ambulance crews were required for the management of complex or multiple patient management. To put that in perhaps more concrete terms, the ACT Ambulance Service is responding to an average of 90 incidents every 24 hours and in the 2008-09 financial year the ACT Ambulance Service provided 61 per cent of the total responses undertaken by all four services within the ACT Emergency Services Agency.

To address the challenges faced by the Ambulance Service, the ACT government has responded by increasing resources in support of our ambulance professionals. Since 2007, an extra $11.6 million in capital and recurrent funding has been provided to the ACT Ambulance Service. This has been to assist in the recruitment of 30 additional staff to key areas of the ACT Ambulance Service in front-line and support operations. Two additional ambulance crews have been operating during times of peak community demand since March 2009.

Additional positions have also been recruited to the service in areas including operational support, clinical services and non-emergency patient transport. Significant capital investment into the service has resulted in older intensive care vehicles in the ambulance fleet being replaced under the ESA's fleet replacement program. Since 2007 ambulances that have reached the end of their useable life have been replaced with brand new intensive care ambulances representing the most modern technology

and occupant safety standards.

The 2009-10 year will see the replacement of two more intensive care vehicles, the replacement of a specialist four-wheel drive vehicle and non-urgent patient transport vehicle, bringing the total vehicle replacement program in the service since 2007 to eight intensive care vehicles, one specialist four-wheel drive vehicle, one specialist bariatric vehicle, one specialist all-terrain vehicle and two non-urgent patient transport vehicles.

Ensuring that our Ambulance Service has access to the most modern equipment has also remained a priority for the government. Funding provided to the service has provided new cardiac monitors which incorporate advanced patient monitoring features, including 12 lead ECG defibrillation and capnography measurement, patient stretchers with loading cam technology designed to reduce the risk of manual handling injuries, and a new patient clinical information system that will replace the current manual process of patient clinical records and substantially enhance research and audit of clinical practice.

Of course, the interests of the committee this morning are into the Auditor-General's report. That report has informed considerable work already within the Ambulance Service to enhance administrative capability in particular, as well as existing communication and governance arrangements. In July last year, I announced and committed to an independent review into the current and proposed future structure of the service to ensure that it retains its position as an ambulance service with a reputation for excellence.

That review is being undertaken by Mr Grant Lennox, who is the former chief executive officer of the Tasmanian Ambulance Service. That work is progressing, and there have been an extensive number of meetings in Canberra with stakeholders. His draft report has recently been provided to my department and to me, and it is anticipated that his final report will be made available by the end of March this year.

Challenges in meeting community demand for ambulance services were also recently highlighted in a media article which suggested that our ambulance staff amble. I would like to reject that assertion. It is insulting to our ambulance officers and it downplays the very significant commitment that they demonstrate each and every day to continue to deliver an essential service to the Canberra community.

The way that the ACT measures response times has been an issue of some commentary. I would like to state that the way the territory measures response times is best practice. Our community can be assured that we measure our response time performance from straight after the 000 call is received into the comcen. Compare this with reporting practices of those across the border in New South Wales or, indeed, in Queensland, who report from the dispatch of a vehicle or, alternatively, the Northern Territory, who report response times from the transfer to crew. This is a significant difference.

What this means is that a number of other jurisdictions start recording their response times later, longer after the 000 call has been received, whereas we measure it effectively from the time that the call is picked up by the operator in the

communications centre. It is for this reason that the report on government services always carries a disclaimer that care must be exercised in drawing comparisons between the states and territories due to different reporting practices.

It should also be noted that, despite the significant challenges being faced by the Ambulance Service, the reported survival rate in the ACT for adults that have suffered a pre-hospital cardiac arrest where resuscitation was performed by our paramedics was above the national average. I am also pleased to advise that for the year to date, the ACT Ambulance Service has maintained emergency response times at existing levels, despite a seven per cent increase in emergency incidents compared to the same period in just the last year. This is a credit to all of those officers on the road who are doing this vital work.

I would also like to take this opportunity to acknowledge and recognise some of the significant achievements made by the Ambulance Service in the area of staff development and training, which has seen the introduction of new cert III and cert IV qualifications in communications and non-urgent patient transport, cert IV in front-line management, realignment of all assessment tools, training guides and student models to the advanced diploma of paramedical science, and capability being introduced in specialist areas such as urban search and rescue, chemical, biological and radiological response and specialist transport capabilities for patients requiring bariatric care.

We are also continuing to enhance the relationship with ACT Health. We are seeing significant improvements to the area of medical retrieval capability of the Snowy Hydro SouthCare retrieval service. Flight physicians this week—indeed on Monday—commenced training in land-based rescue techniques so that doctors can work more closely with our intensive care paramedics on the Snowy Hydro helicopter rescue service. We are planning future enhancements to the existing helicopter-based infrastructure to accommodate personnel and we have recently introduced dedicated daytime crewing, which is improving the response times of the Snowy Hydro rescue service.

There is also the introduction of a priority access program between the Ambulance Service and ACT Health which aims to significantly reduce treatment time to surgical intervention for patients requiring cardiac surgical procedures. Members may recall there has been some media coverage of this in the last few months.

There are a range of other working relationships between the service management and industrial representatives that are being worked on to support the introduction of a number of new strategies, including variable rostering practices targeted at increasing front-line crewing during peak workload periods, flexible working practices which recognise the need to achieve a balance between the work and home life of ACT Ambulance Service employees, and introducing a new support program which provides 24/7 access to welfare support for Ambulance Service members and alternative referral pathways for patients identified as vulnerable or at risk.

In closing, Madam Chair—and thank you for your patience this morning—there are challenges facing our Ambulance Service, but there is also significant work being done. I am confident that the recommendations of the Auditor-General and, indeed,

the work of Mr Lennox during his review will assist the government considerably in being able to help meet the demands that our Ambulance Service is going to continue to face into the future. Our community is ageing and people's expectations of the type of emergency medical support they will receive in their home are growing as a result. We will need to continue to work hard to address these challenges, but I am confident that, with the support of all stakeholders, as well as the work that is currently being undertaken in response to the Auditor-General's report and Mr Lennox's review, we are well placed to do that. I am happy to try and answer your questions.

THE CHAIR: Thank you, Mr Corbell. I will start with just one quote that sums it up to a large extent:

> There have been poor response times for most Canberra suburbs and occasions of closure of ambulance stations due to resourcing difficulties.

I guess the reason we are having the public hearing today is that we all think the ambulance system is really important to Canberra. Are we still having poor response times to some of the suburbs and ambulance stations being closed?

Mr Corbell: I might ask Mr Foot or Mr Dutton if they can elaborate on this issue shortly, but can I firstly say that the Auditor-General's assessment of response times based on suburb is not an approach adopted in any other jurisdiction or, indeed, in any jurisdiction. It was a measurement that the Auditor-General herself developed which is not used by any ambulance professional in the country. The government does not accept the Auditor's assessment.

Response times and deployment of resources are undertaken on a risk-based approach, on managing risk. The Auditor-General seemed to take the view that we had to be 100 per cent confident in every situation that we could ensure a response to each and every suburb in Canberra. That is not the way an emergency service goes about its business. It goes about its business based on a risk-based approach of assessing the likelihood of risk and then the likelihood and then what is needed to ameliorate that risk. That particular observation by the Auditor-General—I note it was not a finding or, indeed, a recommendation of the Auditor-General; it was an observation—

THE CHAIR: It is a key finding. I am reading her—

Mr Corbell: I beg your pardon; it was not a recommendation. It was not something that was followed up in a recommendation by the Auditor-General. It is an analysis that this ambulance service and no other ambulance service in the country works on.

MR SMYTH: But that does not invalidate it. Just because nobody else uses the measure does not invalidate the measure.

Mr Corbell: The point is that nobody uses the measure, except the Auditor-General. Could I ask Mr Foot—

MR SMYTH: So what is the problem?

Mr Corbell: I will tell you, and I will ask Mr Foot—

MR SMYTH: Do, tell us.

Mr Corbell: to explain to you why there is a difficulty with that particular observation.

THE CHAIR: Thank you.

Mr Foot: The Auditor-General, in preparing her report, did do a suburb by suburb assessment of response times to the ACT community. As we have just heard, no other ambulance service in Australia uses that type of measurement. The reason for that is it would place us in a position where effectively we would have to have an ambulance in every single street corner of every single suburb in the ACT to meet that performance recording time.

What we do from a national perspective, which was agreed to at the Council of Ambulance Authorities, is report against two specific benchmarks. One is eight minutes for 50th percentile, or 50 per cent of cases attended to in eight minutes or less, or against a 90th percentile, which is a reporting benchmark of 12.5 minutes.

To answer your original question—I will come to demand in a moment, to station closures—I believe the Auditor-General made comment of 22 instances in the 2007-08 year where we had been required to effectively shut a station in the ACT community. The ACT Ambulance Service is not unlike other departments: our staff do suffer from personal illness or whatever, where they cannot attend the workplace. When that occurs, we make every single effort to bring additional staff back to duty. If we cannot get additional staff back to duty, we have a policy in place to move resources between the various stations to maintain that maximum coverage to the community.

What I am pleased to say is that we have increased staffing since that 2007-08 period, and year to date we have had three instances for this financial year where we have had to effect the station closure.

THE CHAIR: Financial year, not calendar—three instances.

Mr Foot: That is correct.

MR SMYTH: And in 2008-09?

Mr Foot: I cannot answer that at the moment, Mr Smyth.

MR SMYTH: Would you take that on notice?

Mr Foot: Yes. I think the Auditor-General referred to 2007-08 in her report, so the figure of three was for 2008-09.

MR SMYTH: Yes, so if we could have 2008-09, then in 2009-10 it is three year to date?

Mr Foot: Correct. In response to some of the issues around managing demand, ACTAS has taken a number of steps in the last few months to put a number of strategies in place, some of those moving the paramedic to the dedicated crewing at the base. What that means for us is that in the past when we have had aeromedical tasking come in, we have had to remove the crew from operations, from front line, which essentially increases the utilisation rates of existing staff members that are left in the territory.

What we have done now is move the paramedic to the base between 8 o'clock in the morning and 1800 in the evening, so what will happen now is that that paramedic flies with the doctor and as a result we are not withdrawing our paramedic staff from front-line operations.

The only time that will happen at the moment obviously is on night shift if we obtain a mission tasking that has a search and rescue, especially with a water-based element during daytime as well, because we cannot use the physicians for those water-based mission taskings. They are quite rare. I do not have the exact numbers with me as to how many we do.

We have also undertaken recently modelling looking at ambulance deployments from priority one point of view on a suburb basis on weekdays, so from 0800 to 1800, and also from 1800 through to 0800 the next morning. We are doing that on a weekday, a weeknight and a weekend, which will much better inform our decisions about how we deploy resources into the community. That will also inform further work as we move forward into the station relocation feasibility study, where we are looking at station placements into the future.

We have also undertaken changes in the communications centre. We have put a new structure in, and that is to address some of the concerns that the Auditor-General had about E000 answering performance times in the communications centre. One of the other initiatives we are also pursuing is strengthening the governance within the communications centre, which essentially will provide us with a person that can vet the calls when they are first received. That will allow us to effectively triage and potentially seek alternative referral pathways, because we do get 000 calls that come in on the 000 system but they just do not require an ambulance attendance. At the moment we do not have that capability within the communications centre to vet those type of calls. Once again, that is a key component of managing demand within the system itself.

Mr Corbell: To highlight how the Ambulance Service is going, in the last 12 months in terms of managing growth, if you compare July to December 2009 with July to December 2008, the number of emergency incidents in July to December 2008 was 16,466. In July to December 2009, it was 17,608, or over 1,000 more incidents in that most recent reporting period; an increase of seven per cent. If you look at response times during that period, for emergency response times to the 50th percentile there was no change. Even though we had seven per cent growth, we maintained our response times at 10.4 minutes at the 50th percentile, and at the 90th percentile we actually reduced the response time from 17.3 minutes to 16.9 minutes. So, for me, using the most recent data that I have on the demand that our Ambulance Service is encountering, which is significant growth of seven per cent, we are holding at our

existing response times or reducing them. That is a very positive indicator to me that we are doing a lot to try and keep on top of that significant growth.

THE CHAIR: I am getting confused here. I wrote down that we had eight minutes for the 50th percentile and then 12.5 minutes for the 90th percentile.

Mr Corbell: I think you might be comparing the capital city with the statewide measurements. There are two measurements in the ROGS data; one is a statewide measurement performance and the other is a capital city measurement.

THE CHAIR: I wrote it down today from—

Mr Corbell: You might be referring to the target response times.

THE CHAIR: Okay. So we are still above the target response times?

Mr Corbell: Yes, we are. The point I make, though, about our performance, given that we have seen over an extra 1,000 incidents in the last full six-month reporting period—a seven per cent increase compared to the six months before that—is that we are holding our response times. We are not seeing any further deterioration; indeed, we are seeing an improvement in the 90th percentile, a 2.4 per cent reduction.

MR SMYTH: But over the five years reported in the ROGS report, there is a decline in the response times, both statewide and capital city.

Mr Corbell: No. I think you will see in the ROGS data that the ACT has just moved, in the most recent reporting period for ROGS, to a first keystroke measurement. The Productivity Commission states quite clearly that, because of that, you cannot compare the most recent reporting period with previous reporting periods in this report, because the measurement has changed. Previously, we did not report on first keystroke.

MR SMYTH: Disregard the last year then, but the previous years still show a decline over the period, during most of which you were the minister for emergency services. Why was that decline allowed to occur?

Mr Corbell: Which chart are you referring to, Mr Smyth?

MR SMYTH: Table 9A.29—whether you want to go statewide or capital city.

Mr Corbell: Sorry, which chart are you referring to?

MR SMYTH: Table 9A.29. It does not have a page number on this printout.

Mr Corbell: I am not quite sure which chart you are referring to. All I can point you to is that the response times are measured statewide and by capital city—

MR SMYTH: Yes, which is what the chart shows.

Mr Corbell: in the report, and it makes it clear that you cannot compare the ACT—

MR SMYTH: But you have just said that only applies to the most recent data.

Mr Corbell: The Productivity Commission says:

> In 2007-08 the ACT response times commence from the first key stroke, whereas, in 2003-04 to 2006-07—

these are the other periods reported in this report—

> response times commenced from incident creation. Therefore, ACT data across years are not directly comparable.

MR SMYTH: But even if you compare the last two years, where you have been using the new measurement, the 50th percentile statewide 2007-08 was 9.2 minutes, 2008-09 it was 10.3, 90th percentile at 16.3 up to 16.8.

Mr Corbell: That is correct.

MR SMYTH: In the capital city, it goes 9.2 to 10.3.

Mr Corbell: Yes, that is correct.

MR SMYTH: Then it goes 16.3 to 16.8. Even under the new measure it is getting worse.

Mr Corbell: That is correct, Mr Smyth. Yes, we are facing significant pressure. There is no doubt about that.

MR SMYTH: So what is the answer to that significant pressure?

Mr Corbell: What do you mean by: what is the answer to it?

MR SMYTH: How are you going to rectify this situation?

Mr Corbell: I have outlined to you in my opening statement what the government is doing to address these factors. We have commenced a comprehensive review of the management and organisation of the service and its funding. That is being undertaken by Mr Lennox, as I indicated to you in my opening statement. That review report is in its draft form, and I will receive the final report, I anticipate, at the end of March.

We have also undertaken significant work, since the Auditor-General's report, to address many of these issues that are raised in her report. So I believe we are properly and quite comprehensively responding to these areas of pressure. These are real legitimate pressures, and they are driven by the fact that we are seeing a seven to 10 per cent increase in demand each and every year. Each and every year we are seeing an increase in demand of between five and 10 per cent, and that is putting real pressures on this service.

MR SMYTH: So if that demand, as you say, is known year on year, what have you done to make sure that adequate capacity has been added to the service?

Mr Corbell: Again, as I outlined in my opening statement, over $11.5 million extra has been put into the service since around 2006-07 in a combination of capital and recurrent funding. I outlined all of those in detail in my opening statement, Mr Smyth. We are putting more crews on the road at peak times. We are putting extra capacity into the management of our comcen to manage the call taking and to keep better assessment of the calls that are received so that appropriate priority can be given to them. We are upgrading and replacing our fleet. We are putting extra resources into the technology available to our ambulance officers to do assessments, particularly around issues such as cardiac arrest, and we are seeing survival rates, particularly, say, in cardiac arrests, that lead the nation.

So we are putting in the resources. We are going to continue to encounter demand and we are going to need to continue to provide additional resourcing. That is the government's commitment. I indicated that in the last sitting of the Assembly—that there will continue to be a need to provide additional resources to help tackle demand, and we will use the findings of the Auditor-General's report, and also the recommendations I receive from Mr Lennox in due course, to inform our decision making on that.

MR HARGREAVES: My understanding of the comparative ROGS data is that one of the difficulties we have with comparing other jurisdictions with the ACT is that we have quite a different service from a lot of the other jurisdictions. I know that this is the case with the comparative policing data—we do not have a rural patrol for police, we do not have a maritime, we do not have an air wing. There are differences in the service that you provide to the ACT from what would apply to New South Wales, to Victoria, to Western Australia and the Northern Territory. Would you like to give us some sort of an idea of those differences as they confront the Ambulance Service?

Mr Corbell: As I said, Mr Hargreaves, the first obvious difference is the level of clinical training that is in our ambulances. It is at a significantly higher level than it is in many other jurisdictions, because we have got an intensive care paramedic in every ambulance that is dispatched. That is not the case in any other place in the country. So the level of clinical care is significantly more skilled as a result of that.

Can I come back to this issue of measuring performance against other jurisdictions. Let us just try and put this in some perspective. There are three other jurisdictions that measure their performance in terms of response times in the same way that the ACT does, and they are Victoria, South Australia and Tasmania. They all measure response times from first keystroke. The best performing is South Australia—this is at the statewide methodology, the statewide measure—at 9.4 minutes; ACT, 10.3 minutes. So we are certainly behind South Australia by about three-quarters of a minute. That is what we are talking about: three-quarters of a minute. Victoria is 9.9, around 15 seconds difference. In Tasmania, we are ahead, again, by around 30 seconds.

But let us look at what happens over the border in New South Wales, where they measure by transfer to dispatch, which is a more generous way for them to measure because it means they are waiting longer before they start the clock ticking: 10.3 minutes. That is the same as us, but we measure from first keystroke. So, even with that, if you like, allowance that New South Wales builds into its own data, we

still perform better because we are measuring from first keystroke

MR SMYTH: Yes, but we do not have the big distances of New South Wales. If you go to—

MR HARGREAVES: Madam Chair, I would like to hear the response, because I have a supplementary, if you could just stop the interrupting.

Mr Corbell: I am just trying to highlight that the differences here, what we are talking about, are often in the order of 10 or 15 seconds. Obviously every second counts in an emergency. I do not discount that. But I think we do have to keep in some context the types of differences we are talking about.

MR HARGREAVES: I do not know if you can actually answer this, minister, or whether it should go to your officers, but I note that we have intensive care paramedics and the rest of the people have got ALS-trained as well as just intensive care paramedics. We measure the time from dispatch, first keystroke, to arrival at the patient. I would assume, then, that if we have much more highly qualified officers at the scene there will be an impact on the amount of time at the scene before transportation to the hospital. Is there any measure or any indication or any sort of feeling that you have about the effect we are having by having those people, other than cardiac arrest, in those situations?

Mr Corbell: Mr Foot or Mr Dutton can assist.

Mr Foot: Mr Hargreaves, you are quite correct: the ACT has a model where every single front-line ambulance has an intensive care trained officer on the vehicle. If we draw a comparison between New South Wales, where the majority of the vehicles deployed in the metropolitan area are an ALS level, below intensive care, if those officers arrive at a scene and it is a full-blown cardiac arrest, the skill of intubation or advanced airway management is not available to the ALS officer. I believe they call it a level IV. In that situation, they are required to call in an intensive care vehicle, which has that skill available on the vehicle due to personnel skills at an intensive care level, or they take a decision to use an alternative airway management technique like a laryngeal mask and transfer the patient without intubation or without a controlled airway through to the hospital.

What it does impact—we see this as a key strategy of managing demand—is our officers, who are extremely highly trained. They can go to a scene, they can make an assessment of the patient and, quite often, they will make a determination that the patient can be managed at home quite comfortably with no clinical risk. Our transport, or treatment and no transport, rate is slightly higher than the other states and territories. That is a reflection of the clinical care that we actually do put out to the scene at the first part with that intensive care paramedic officer making that assessment.

The advantage it lends to us is that we are not relying on double up of resources at a large amount of our jobs. I do not have exact statistics. We would have to ask New South Wales for those, as to how many times they have to get backups to a scene. But there would certainly be an impact on the transport and also referral back to home care of the patients in the ACT as opposed to somewhere like New South Wales that

has a tiered system.

MR HARGREAVES: Do we have any indication of comparative rates around the times when the officers actually turn up and provide treatment but do not provide transport to hospital? Have you got those at all?

Mr Dutton: Our experience here has been that in approximately 20 to 22 per cent of cases an intensive care paramedic crew arriving at the scene of an emergency will make a determination that the patient does not require transport to hospital. That can be for a variety of reasons. On some rare occasions it is because the patient refuses transport to hospital. On other occasions a mutual decision is arrived at by the patient and/or their carer and the intensive care paramedic crew. It may be that, on other occasions, the intensive care paramedic crew provide some treatment and/or advice that is sufficient for the condition which they are faced with and that they are able to refer that patient to an alternative pathway. So this is not about loading up the emergency departments; it is about providing appropriate pathways for the condition that the intensive care paramedics assess.

MR HARGREAVES: I would assume then that the 20 to 22 per cent rate is so high because of the fact that we have intensive care paramedics actually on site. If these people are trained only to ALS level—which I know is a fairly high level anyway—I would assume that that rate would probably be lower.

Mr Dutton: It is fair to say that the ACT rate is at the upper end. We do need to be cautious because not all jurisdictions are using the same methodology. So, similar to the emergency response times discussed earlier, there are some differences in service delivery model and data collection between jurisdictions. Certainly, having an intensive care paramedic on every front-line emergency ambulance means that the greatest suite of diagnostic skills and tools is available to assist and to inform that decision at the point of care.

THE CHAIR: On a slightly different line of questioning, do you think that the increase in demand is influenced at all by the shortage of GPs in Canberra? Are people ringing up the ambulance because they cannot get an appointment to see a doctor?

Mr Corbell: I think anecdotally there is an element of that, yes.

THE CHAIR: A significant element?

Mr Corbell: It is difficult to quantify. But I think it is the case that access to primary care can be a factor in people making a decision to call an ambulance. Mr Foot might want to comment further on that.

Mr Foot: Thank you, minister.

Mr Corbell: Certainly, that is my impression.

Mr Foot: Yes, I would agree. It is certainly a factor that would impact on the initial demand that we experience. Going back to the question that Mr Hargreaves put, this

forms an integral part of that whole pathway of care with the intensive care paramedic in the ACT going to the scene and being able to make that decision and say: "Well, you don't really need transport to an emergency department. We'll leave you in home care." As Mr Dutton said, we are at the higher end of that. Essentially, that means our paramedics have taken the decision that they are quite comfortable with the patient remaining in care. The patient is not transported through to an actual emergency department here in the ACT.

Just to take that a little bit further, the ACT is, to the best of my knowledge, the only ambulance jurisdiction in Australia that has worked in a manner with health to have a delayed offload policy. We have seen recently in New South Wales where ambulance officers or ambulance paramedics are held up at hospitals for extended periods. In the ACT, if we do effect a transport, we have a clear policy for our staff that at 20 minutes, we actually transfer the care of that patient through to the accident and emergency department. Once again, I just want to reiterate that, with that decision to effect treatment at the scene but not to transport, we see that as a key component of managing that demand for services in the territory. As to the exact impact of access to GPs after hours through CALMS or whatever service it is, I could not answer that in any informed detail.

Mr Corbell: Yes, I think it is difficult to quantify. I think the main factor that is driving this is an ageing population. Obviously, with the more acute illnesses that can occur as people age and as they are ageing at home, the expectations on the ambulance service are growing. That really is the pressure we are facing at what is essentially the very front line of the emergency health system.

MR SMYTH: Going back to the Lennox review, you said you expect the final copy by the end of March. What will be the process then?

Mr Corbell: Government will consider that review, that assessment, and make some decisions about funding and otherwise based on that assessment.

MR SMYTH: Will it be received in time to influence the 2010-11 budget?

Mr Corbell: Yes.

MR SMYTH: Will you make the review public when you receive it?

Mr Corbell: Once I have read it, I will make a decision on how the report should be treated. I have not seen the final report yet.

MR SMYTH: Why wouldn't you make it public?

Mr Corbell: As I say, I am not going to commit to making public something I have not read. I will read it, and then I will make a decision about it.

MR SMYTH: So if it is a good report, you will release it; if it is a bad report, you won't release it?

Mr Corbell: Well, no—

MR HARGREAVES: That is not helping anything.

Mr Corbell: that is not what I am saying. I am saying that I want to know what is in it and what the implications of it are, as to how the report will then be treated.

MR SMYTH: But you have had a report from the Auditor-General that highlights significant difficulties for the service and underperformance. You have initiated a review to fix this but you are not willing to make that review public—

Mr Corbell: That is not what I said.

MR SMYTH: until you have read it?

Mr Corbell: Indeed. That is what I said.

MR SMYTH: But why won't you commit to the report being public?

Mr Corbell: I want to know what the report says.

MR HARGREAVES: Madam Chair, I think the minister has answered that.

MR SMYTH: I think it is interesting.

MR HARGREAVES: We are just wasting time at the moment.

MR SMYTH: Recommendation 14—

Mr Corbell: I am not ruling out making it public, Mr Smyth.

MR SMYTH: No, but you are not committing to publishing it, either.

Mr Corbell: I am just saying until I have seen it and until I know what it means. There may be a range of things that need to be addressed through, for example, budget cabinet before it is made available more broadly. I do not know until I see what is in it. So I am not ruling it out, and I would not want to be verballed to suggest that I am refusing to release it, because I am not.

MR SMYTH: I have not said that.

Mr Corbell: I am simply saying that I am not at that point.

MR SMYTH: But you will not commit.

MR HARGREAVES: Can we move on?

THE CHAIR: Mr Smyth, we are going around in circles.

MR SMYTH: That is okay; the point is made. On recommendation 14, I notice the Auditor-General suggests that ACTAS should establish a clinical information

database. The government's response was "agreed" and says:

> The introduction of an electronic patient care record system has been identified as a priority for 2009-2010.

Having identified it as a priority, what has actually occurred?

Mr Dutton: The introduction of an electronic patient care record has been identified through the ESA ICT budget process. In fact, the project plan was recently approved and a project manager appointed. We are just about to commence procurement action in relation to the pen-tablet computers that the paramedics will use. This system takes us from an A3 carbon paper based system of generating a patient care record to an electronic platform. Apart from improvements in accuracy and legibility of records, this also provides for the back-end collection of a significant amount of clinical and patient data that can inform research and, indeed, our quality assurance and patient safety and quality programs.

MR SMYTH: And operational when?

Mr Dutton: The current project plan has the system scheduled for introduction by 30 June this year.

MR SMYTH: And you are expecting to meet that?

Mr Dutton: At this time, yes.

MR SMYTH: Minister, the auditor says in paragraph 2.2 on page 15 that the strategic direction of ESA is articulated in the department's strategic plan, yet none of the measures in the plan are specific to ACTAS, which, of course, as the auditor says, is a key functional area of JACS. What are you doing to address that?

Mr Corbell: I will ask the commissioner to address this. It is something that he has been working on. It is his first question.

Mr Crosweller: Mr Smyth, we are about to embark upon a comprehensive strategic review of ESA and its member services, particularly picking up all of the evidence in the Auditor-General's report and other reports, to forecast a more long-term view of ambulance services, fire services, rural fire services and SES. The indicators that are currently indicated through ROGS and through the government's budget papers will be incorporated into the strategic plan as measures of that planning success. We would hope to have a final strategic position in about the next three months to present to the minister to forecast that longer term five to 10-year view. The demands that are being experienced by the Ambulance Service are also reflected in fire services, as well as SES.

MR SMYTH: That will be ESA's position, minister. What will JACS do and what will occur in the JACS strategic plan to enable ESA to do their job appropriately?

Mr Corbell: I would anticipate that the work that ESA do will flow through into the various documents prepared by JACS at a whole portfolio level. The work ESA will

do will inform what goes into the whole portfolio planning and reporting framework.

MR SMYTH: Commissioner, you mentioned a different review to the review that was started last July. What is the scope of that review?

Mr Crosweller: It is essentially taking the review from the Auditor-General's report and general industry information that is held nationally through the Australian council of ambulance services, the Australasian Fire and Emergency Service Authorities Council, and other national bodies that have been indicating a number of trends over time around demographics and pressures that we need to take into account in the ACT jurisdiction. The JACS strategic plan will also be a key strategic driver and informing document into the ESA strategic direction.

MR SMYTH: When did this review start and when do you expect to receive it?

Mr Crosweller: From my perspective, Mr Smyth, the industry continues to review these drivers, these pressures, through the national bodies, through its committees and through various reports. Bushfire CRC, as an example, is a body of evidence that continues to, if you like, raise strategic issues that jurisdictions over time will need to respond to.

MR SMYTH: Is there a time line on that, or is it an ongoing process?

Mr Crosweller: It is an ongoing process in the industry. It is about looking at the pressures over time. From my initial assessment, Mr Smyth, having been here only eight weeks, the pressures are not unfamiliar in other jurisdictions across the country. Much of what the ACT is facing is, in fact, being faced at a national level. There are many bodies of work being done at the national level to assist jurisdictions in that response. We are very much engaged in that national debate and the informing of the issues across the jurisdictions to assist us in a more locally appropriate response to those challenges.

MR SMYTH: The Auditor, on page 22 at paragraph 3.3, talks about the lack of rigour in analysing the use of the Ambulance Service. What have you changed to ensure that there is now adequate rigour and that we get a better informed service by responding to the data?

Mr Crosweller: It is a little early for me to answer that question, Mr Smyth. I am still, if you like, going through the process of assessing the Ambulance Service in sufficient detail for me to make an informed response to that question. Perhaps I can take that question on notice at this stage.

MR SMYTH: All right. Given that this report was mid last year, perhaps, minister, you can update us on what the government has done to ensure that better analysis has been undertaken.

Mr Corbell: Can you tell me which recommendation you are referring to?

MR SMYTH: Paragraph 3.3 on page 22.

Mr Corbell: Is that a recommendation?

MR SMYTH: No, it is a paragraph where the auditor talks about the lack of rigour.

Mr Corbell: Generally speaking, the government is responding to the recommendations of the Auditor-General. Where the Auditor-General has made recommendations, the government has outlined its response and what action it has taken in relation to those recommendations. The difficulty with some of report, as I think I and the government have made clear, is that there are a number of assertions which are not followed through in recommendations and with any real substantive evidence to back them up. The government has sought to address this Auditor's report constructively by focusing on the recommendations and how we will respond to those recommendations.

THE CHAIR: Would you like to say which things you are referring to in terms of not following through with evidence in the report?

Mr Corbell: I think the question you raised in the first instance, Madam Chair, about measuring response times on a suburb-by-suburb basis. There was no real analysis or reference to how Emergency Services measure and deal with risk in an urban environment. The auditor invented her own methodology, which is not used by anybody, except her, and which is not recognised as a credible way of managing risk and delivering emergency services in an urban environment. There were a range of comments and assessments like that which really make it very difficult for the government or the government's officials to engage constructively, because there is just no basis on which to engage. The assessments are made without any understanding of how emergency management agencies do their job, measure risk and deploy resources in response to risk. If you want an example, that is one.

THE CHAIR: Thinking about that example—

MR SMYTH: Before you move on, in a way, it is recommendation 4 at the end of the chapter where the auditor actually says you need to identify the drivers of demand and what data are collected and audited in order to model future demands. It all feeds into the recommendation at the end of the chapter. I note your response is that a program has been implemented consistent with ESA resourcing priorities. What program is being implemented and what are the resourcing priorities?

Mr Corbell: We have a range of strategies to address demand. Turning to that issue, for example, we are maximising the availability of existing ambulance resources by avoiding delay at offload from ambulances to the hospital. We are providing additional resources to meet that demand, and I have outlined that clearly. We are undertaking a demand management response in terms of rostering to make sure we have more resources on the road during peak times. That is something we are doing. We are doing a detailed analysis of all emergency incidents for the 2009 calendar year by time of day and location, and this will help with our future deployment of resources. Those are the types of steps that we are taking in relation to dealing with demand.

MR SMYTH: See, that was not hard.

Mr Corbell: As I say, we are dealing with the recommendations, Mr Smyth. That is what we are trying to do in this report.

THE CHAIR: Can I just talk a bit more about the suburb-by-suburb analysis, which it almost sounds like you said you were doing, because you are looking at geographic locations. I would have thought that you had to do suburb-by-suburb analysis, otherwise how do you work out where you are going to put the ambulance stations, for instance? We all know that with statistics—

MR HARGREAVES: Moving from one suburb to another is really difficult, I have to tell you, particularly with the bricks.

THE CHAIR: Yes. We all know with statistics that your 50th percentile may be well within what you expect, but that can still mean that there are a couple of per cent and that there can be some suburbs where the response time is always a lot higher. I would have thought that that was information which you needed to have to manage the system better. You need to know—I assume that you know—where you are not getting there quickly. That would be something that you would be managing to reduce. That is all the Auditor-General really said, I think.

Mr Foot: Madam Chair, I think that links to recommendation 4. I think it is important to point out that the response from the department of justice to the Auditor-General's recommendation was that the ACT Ambulance Service has previously done a large amount of data modelling to inform where we place our crews. That sort of data modelling is used to inform the deployment of peak period crews, which start at 7 in the morning and 11 o'clock in the morning. We looked at our peak curves of demand right across the 24-hour spectrum. That modelling was used to inform the placement and start time of those crews, which we commenced in March 2009.

As I said earlier, we have also done more recent modelling where we have looked at it on a-whole-of-territory basis and not so much suburb by suburb—that sort of response. The reason for that is that when you use an isochrone model, which is what the consultants tend to use—they might take Gungahlin station and draw an eight-minute isochrone circle around Gungahlin and say, "Okay, there's an isochrone that fits with the response time for that particular station," but it does take into account that Gungahlin are out on a job and a case comes in in Gungahlin. There is an element of risk in doing it.

I think the Auditor-General did not like that and said, "Well, that's why you should do it on a suburb-by-suburb basis." I made the point earlier on that if you wanted to go down that path, you would essentially need an ambulance located in every single suburb of the ACT. Obviously that is just not feasible. We look at our demand across that 24-hour period. We look at our peak periods of demand. We know that our peak starts at about 7 o'clock in the morning and it starts to drop off from about 11 o'clock at night, with our lowest ebb being at about 3 o'clock in the morning. That is why we use that data to inform the demand modelling shifts that we introduced last year.

As I said, it is early days yet, but we have seen that arrest of response times in the 50th, and a slight improvement on the 90th percentile in the last six months compared

to the six months of the previous year. It is not a perfect science but, at the end of the day, it is a good and rigorous way of applying data to inform decisions about the deployment of resources to the ACT community.

THE CHAIR: On the other hand, though, what the Auditor-General did seems to me to be very sensible, because she was actually looking at what happened. You are modelling what should happen, which also needs to be done, but in terms of working out what is happening and what has happened, I cannot see how else you would do it.

Mr Foot: We do that. We have a policy in the department, a resource deployment policy. What this means is that we look at statistics that inform us and data that we have collected in the past. If Dickson station or Belconnen crew are out, we know statistically that the next case is more likely to occur in the Belconnen region than in the Gungahlin region. If that is the case, we move resources around. It is a quite accurate way of deploying your resources. Do we get it right 100 per cent of the time? No, we do not, because Murphy's law prevails.

THE CHAIR: You do not know what is going to come.

Mr Foot: You have just moved a crew into a particular area and then your 000 comes from the area that you have just moved your crew from. This creates confusion sometimes in the community, because someone will ring in and say, "Well, I live in Calwell and I've rung 000 and it took 20 minutes for an ambulance to arrive." That is because there are no guarantees that the time the call comes in the call crew are on station.

THE CHAIR: Of course.

Mr Foot: There is an element of risk in our modelling, but we accept that and we try and mitigate it through making informed decisions on doing that data modelling through the statistics that we collect.

I just wanted to make the point that the Auditor-General said we should be using data to inform these decisions. We were doing that when we underwent the Auditor-General's report. The Auditor-General said that we need to strengthen that process, and I accept that, but we were actually doing it at the time.

MR HARGREAVES: Can I ask a question of the minister on this perspective? Do the fire brigade and the police use the suburb by suburb thing, or do they use a similar risk management perspective that the ACT Ambulance Service uses?

Mr Corbell: All emergency services use a risk management approach. I am less familiar with the police because the relationship is different to the services that the government directly runs. In relation to fire brigade and ambulance, they develop isochrones. They use those isochrones to determine coverage and then they also look at historical data to manage the deployment of resources in the circumstances that Mr Foot has outlined. It is just wrong to assume that the ambulance is sitting at the station ready for the call at all times. It is not. It is out on the road; it is returning from a job; it is on the way to a job. There is another ambulance somewhere else that has to be shuttled in. It is a complex picture. I think the government's concern with the

Auditor-General's finding in this regard was that it was a very simplistic way of looking at what is actually quite a complex issue.

MR HARGREAVES: The nature of Ambulance Service responses and the conditions to which they are travelling—in your judgement, in the deployment of resources, do you take into account the prevalence of various conditions around the city? For example, there may be a greater incidence of cardiac arrest in some of the older suburbs. There are more likely to be sports injuries in some of the younger suburbs et cetera. Is that folded into any of your thinking?

Mr Dutton: I might answer that, Mr Hargreaves. The work that we are currently doing, looking at the 2009 calendar year, looks at both the time of day and the geographic distribution of all our emergency incidents. It is important to emphasise that all requests for ambulance assistance coming into the communications centre are prioritised and triaged. Certainly the modelling we are looking at for our dynamic resource deployment is based on those highest risk cases.

It is also important to emphasise, as Mr Foot touched on, that that is not predictive. It is probability based. So we are dealing with the consequence potentially being the same but the likelihood changing. The current slices of data that we are taking based on the computer-aided dispatch system, which collects geographic distribution of incidents, is to look at what changes there are across the 24-hour period of the day as the population moves. For example, during the week we tend to see a concentration of incidents around the town centres, the employment centres and the schools. After hours we start to see the population disbursed back to the suburban areas. That modelling, which is on track for later this month, is to look at four separate plans based on day of week and time of day.

MR SMYTH: On the phone system and the CAD that you have just mentioned, in paragraph 4.8 on page 35, the auditor says:

> ACTAS advised Audit that it did not monitor against the standard because ACTAS' phone system was not integrated into its CAD system, which would enable monitoring against the standard.

That then feeds into the recommendations; it feeds into recommendation 5:

> ACTAS should log all emergency calls on CAD to document non-ambulance dispatch decisions, and to provide more complete data on demand.

The response to recommendation 5 from the government is:

> ACTAS has already taken steps to ensure that in-service training provided to communications centre staff reinforces the requirement to log all emergency calls.

But has the system been integrated?

Mr Dutton: There was some confusion about the answering of calls and what was a performance measure. What the Ambulance Service uses as a performance measure for emergency 000 calls is the answer on first or second presentation. At the moment,

the technology behind our systems means that there is not a direct connection between our phone system and the computer-aided dispatch system. That is currently being addressed at a whole-of-ESA level and a completely new state-of-the-art phone system is currently being introduced. That will enable much better data capture for us to look at the logging of all calls and also the way that we handle those calls internally from a business practice point of view.

MR SMYTH: But the government response, minister, says that a bit of training will seemingly fix this with the staff required to log all emergency calls. That does not allow them to put it on CAD, does it?

Mr Corbell: What we have also done, Mr Smyth, is that we have introduced a communications team leader role into the comcen. That position is responsible for front-line supervision of all activities in the comcen, including the logging and recording of all calls.

MR SMYTH: Okay, but how does it get onto the CAD?

Mr Corbell: As Mr Dutton has indicated, at the moment the system has some technical limitations, but that system is being improved to provide that that can be done.

MR SMYTH: So when will it be improved?

Mr Corbell: I think Mr Dutton has just outlined that but he can give you more information.

Mr Dutton: Certainly, Mr Smyth. From a work practice point of view, this item was actually addressed prior to the Auditor-General publishing her report. It was in approximately April that the Ambulance Service introduced work practice procedures and a reinforcement for all staff in the communications centre to log all emergency calls on the CAD system. The Auditor-General's report was tabled in June of that year. What we are now doing with the technology as an additional step is that we will have another system to log all calls. We already electronically record all calls into the communications centre, and this will give us a suite of reporting abilities to look very closely at the way that we manage demand in the communications centre.

MR SMYTH: So is the phone system and the CAD now integrated?

Mr Dutton: Not at this point in time. The new phone system for the entire ESA communications centre is currently undergoing user acceptance testing and programming business rules and is scheduled for introduction later this year.

MR SMYTH: Okay. So in approximately what month?

Mr Dutton: June-July is the last information that I had. I would take further advice from the project manager on the detail.

MR SMYTH: Thank you for that. Could I go back to the ROGS report and clarify something. Just for the record here and for the transcript for those that might read it,

what is the difference between first keystroke and commencement time from incident creation?

Mr Corbell: I will ask Mr Foot to explain that one.

Mr Foot: This relates to the different reporting methodologies right across the states and territories. In the ACT we report against first keystroke. What that essentially means is that when your 000 call is presented by Telstra to the ESA communications centre, the operator will answer the call by hitting the button on the keyboard or on the console in front of them. Once they hit that key on the computer to actually create the case, that is when our clock starts.

In 2007, this was discussed at a national level, and it was recognised that, for response times—all the states and territories had decided to engage in this sort of reporting methodology—it would push our response times out or seem to push them out. Four of the jurisdictions accepted that because, in my opinion, if a member of the public rings 000, we should be measuring from the moment they are connected to that operator and the case is created to the time that the ambulance turns up at their front door. If I am a member of the community and my wife has collapsed or my child is in the bath and not breathing, I want to know how long it is going to take for that car to turn up out the front.

The point has been made earlier that a lot of the other jurisdictions measure from transfer to dispatch. Essentially, that means the operator has recorded the case details in the initial case creation. They have then hit another button which then transfers that case to a dispatcher in the communications centre, who then starts the actual dispatch process, which is loading the case onto a mobile data terminal located in the responding crew's vehicle. The Northern Territory, to take it another step further, use transfer to dispatch—in other words, they do not actually start their clock until that case has hit the responding crews and they have acknowledged the case.

Whilst the data is not published, that process can add anywhere from one to three minutes onto a call management time, depending on the length of the call. We knew that this was going to have a direct impact on our response times as we report them through ROGS, but, at the end of the day, it is very important to me as chief officer, ambulance, that we are reporting through the chief executive of government an honest response time to the community, as opposed to being in the position where you are editing response times to present a much prettier picture of your service's performance.

MR SMYTH: So before 2007-08, when they used response time commenced from incident creation, what was it that was different from the first keystroke?

Mr Dutton: The incident creation time point was after three key elements of information had been collected by the operator. So the operator would accept the call and answer it, they would determine a location of the incident, they would determine a call-back number in case the call was disconnected so that they could re-establish contact, and they would determine an initial priority on the first piece of information they had received. At that point, they would then hit a button on the computer-aided dispatch screen, and that was the point that the clock started.

MR SMYTH: All right, thank you.

THE CHAIR: Mr Hargreaves?

MR HARGREAVES: I am satisfied we have got the best ambulance service in the country, Madam Chair.

THE CHAIR: Very good.

MR SMYTH: Minister, in annual reports, we talked about the accepted practice of responding by a Fire Brigade vehicle when an ambulance was not available, and the answer was that, for the 2008-09 year, the Fire Brigade reported a total of 241 medical assistance calls. How does that compare with other jurisdictions? Does our Fire Brigade respond more often or less often?

Mr Corbell: I would have to seek some advice about how we compare to other jurisdictions, Mr Smyth. But the practice is in place in other jurisdictions. I would defend it most vigorously, because I think if someone has collapsed, say, at a shopping centre and the nearest available vehicle is a fire brigade pumper, with firefighters on board who are trained to a level—not as advanced as ICP; nevertheless they are trained to a level to undertake, for example, resuscitation—I think it would be negligent if we did not send that vehicle to assist.

THE CHAIR: We are not arguing against that, no.

Mr Corbell: Well, the auditor did, I have to say. The auditor criticised the practice. The government just rejects that. We think that, with the nearest available vehicle suitable for that incident, even if it is first response until an ICP crew can get there, if it is going to help save someone's life, we are going to do it.

MR SMYTH: So is it an objective or is it desirable that in normal cases we would respond by ambulance and we do not need to rely on the Fire Brigade in this way?

Mr Corbell: Well, it is all about managing demand. If our ambulances are tied up with other jobs and they are going to take a little bit longer to get there, we should be utilising other resources that we have available to us.

MR HARGREAVES: So your priority is—

Mr Corbell: But it is not just in those incidents. Often, the Fire Brigade will be responding. If there is a fire truck around the corner from an incident and there is an ambulance five minutes away, we are still going to send the fire truck, because they may be able to render some assistance until the ambulance gets there.

MR HARGREAVES: So that is a clinical decision taken at the point of call going in, isn't it? It is not a question of convenience. It is a case of response taken by a qualified ambulance paramedic at that call.

Mr Corbell: The call taker in the comcen will be assessing the situation and will

make a judgement as to what is the most appropriate thing to do in the circumstances. But the call taker will know that there may be other resources available to them, and they will make an assessment about whether or not that is needed.

MR HARGREAVES: It is a clinical assessment.

Mr Corbell: Indeed.

MR SMYTH: The year to date number of occasions when the Fire Brigade responded: do we have that number?

Mr Corbell: Year to date?

MR SMYTH: For this financial year?

Mr Corbell: No. We would have to take that on notice.

MR SMYTH: Could that be taken on notice? Thank you. What is the duty of care of the Ambulance Service to the people of the ACT?

Mr Corbell: In what respect?

MR SMYTH: In the way they deliver their services and what they are charged to deliver. What duty of care does the service take on itself?

Mr Corbell: That is a very broad question, Mr Smyth. Are you asking for some legal definition of duty of care?

MR SMYTH: No. What is your duty of care as the minister in the provision of ambulance services and perhaps the commissioner will tell us what is the duty of care of the Ambulance Service in the way they deliver that.

Mr Corbell: Duty of care normally has a legal meaning, so I assume you are not asking me to give some sort of legal opinion about what duty of care is, because I cannot do that, and I will not do that.

MR SMYTH: Why can't you do that?

Mr Corbell: I do not think it is my role to give—

MR HARGREAVES: He is not a lawyer.

Mr Corbell: No, I am not a lawyer. I would need to seek advice as to what the legal obligations of the territory are. I am not going to answer that off the cuff. If you want me to tell you generally what I feel my responsibilities are as a minister in the delivery of emergency services, I am happy to do that, but I am not going to try and give you some legal opinion or a legal position of the territory around what is a legal notion. Duty of care is a legal notion, and I do not think I can answer that in an offhand way.

MR SMYTH: You might take duty of care on notice.

Mr Corbell: Are you asking me for the legal position of the territory?

MR SMYTH: I am not directing you on how you answer the question.

Mr Corbell: I am trying to get some clarification in relation to your question. What is it you are asking me, Mr Smyth?

MR SMYTH: I am asking you—

Mr Corbell: Are you asking me for—

MR SMYTH: I am asking you for what you understand to be the duty of care of the Ambulance Service.

Mr Corbell: Legally?

MR SMYTH: Legally and non-legally. If we are going to split hairs about whether it is legal or not—

Mr Corbell: But duty of care is a legal notion, Mr Smyth. You cannot just put it out there and say, "Whatever you think it means."

MR SMYTH: All right. If you are defining it as a legal thing—

Mr Corbell: It is a legal notion, duty of care.

MR SMYTH: If you would give us a legal definition, that would be fine.

Mr Corbell: I will take it on notice.

MR SMYTH: Would you now tell us what you see that your ministerial responsibilities are in regard to the Ambulance Service?

Mr Corbell: My responsibilities are to do everything feasible within the resources available to government to deliver a quality ambulance service to the people of the ACT.

MR SMYTH: Does the service itself have an understanding of duty of care, Commissioner?

Mr Crosweller: Mr Smyth, I would reiterate the minister's comment in relation to duty of care as a legal interpretation. Our job, quite clearly, is to deliver on the government's commitments for ambulance services and to, wherever possible, utilise to the greatest effect the resources that are provided to deliver them.

MR HARGREAVES: Madam Chair, we have got a time limit here.

THE CHAIR: I do appreciate that, Mr Hargreaves. Have you finished?

MR SMYTH: I think the commissioner has finished.

THE CHAIR: Thank you. Do we have questions to take on notice?

MR SMYTH: I might have a few.

THE CHAIR: We will have questions on notice, hopefully by the end of the week. Thank you very much for your attendance today, and thank you very much, members of the public, for your attendance. It always feels much more worth while in a public hearing if we actually have the public here.

MR HARGREAVES: It is "bring your own", Madam Chair!

THE CHAIR: I have not yet resorted to rent a crowd. Thank you very much for your attendance. The hearing is now adjourned.

The committee adjourned at 12.30 pm.