Te Whatu Ora
Health New Zealand

9 September 2022

DH Consulting
fyi-request-20209-f1af161b@requests.fyi.org.nz

Tēnā koe DH Consulting,

Your Official Information Act request, reference H2022010091:

Thank you for your email of 12 August 2022 requesting information about the Air Ambulance Service.

As part of the health and disability system reforms, as of 1 July 2022, the functions previously under the Manatū Hauora National Ambulance Sector Office (NASO) directorate have transferred to Te Whatu Ora Health New Zealand (Te Whatu Ora). As the matters you have raised now fall under the functions of Te Whatu Ora, our agency will respond to your request, which has been considered under the Official Information Act 1982 (the Act). I shall quote and respond to each part of your request below.

> *1) What key metrics/KPIs are measured in regard to the four key elements "time, clinical crew, equipment and destination"?*
>
> *1a) how has performance changed since 2017 against these metrics?*
>
> *1b) what programs/actions/activities has MoH initiated to improve this performance?*

The information you have requested is not directly captured by NASO under the "key element" categories you have suggested.

NASO does capture and process information related to the following Key Performance Indicators (KPIs), which we have assessed as the closest match to the terms of your query:

a) Clinical crew numbers for pre-hospital air missions
b) Clinical crew skill capability for pre-hospital missions
c) Urgent pre-hospital response times
d) Operational availability

These metrics relate to pre-hospital rotary-wing performance, rather than inter-hospital transfers (IHTs).

In respect of "time", NASO measures the time from when the Air Desk has dispatched a helicopter to the time it becomes airborne (response time). Target response times are 10 minutes during the day and 20 minutes at night.

In respect of clinical crew, NASO assesses the qualifications and number of crew members available. Each mission should carry a minimum of one Clinical Care Paramedic and a second clinical crew member qualified at least at the level of Emergency Medical Technician. We note that several providers exceed the minimum qualification level for the second crew person.

Lastly, "operational availability" relates to the window of time that a crew and aircraft can respond to calls for service.

As your questions in 1a and 1b reference the terms you have specified in question 1, we are unable to answer these parts of your request. However, Te Whatu Ora is happy to assist you with future requests that reflect the KPIs we have indicated.

2) With regards to "Effectiveness, Efficiency, Risk Reduction" What key metrics/KPIs are measured for each outcome?

2a) how has performance changed since 2017 against these metrics?

2b) what programs/actions/activities has MoH initiated to improve this performance?

The requested information is not held by NASO under the categories or format set out in your request. Therefore, we are unable to answer directly on the elements of "Effectiveness, Efficiency, Risk Reduction". However, as per the response to question 1, the following KPIs are captured and measured:

- Clinical crew numbers for pre-hospital air missions
- Clinical crew skill capability for pre-hospital missions
- Urgent pre-hospital response times
- Operational availability

3) What are the key achievements/deliverables/successes achieved to date in the 10-year modernisation program for the Air Ambulance?

NASO can advise that key achievements from Phase One of the modernisation programme are:

- Improved aviation safety and clinical care through the elimination of single-engine rotary-wing aircraft
- Service contract consolidation to three regional providers (down from 10) for rotary-wing air ambulance, which reduced service variation and improved relationship and performance management between the National Ambulance Sector Office (NASO) and providers, as well as increased cooperation between providers
- Development of a standardised national contract for pre-hospital retrieval and IHT services (previously, there was significant variation in service specifications for IHTs, which were developed individually by DHBs)
- Rotary-wing air ambulance providers taking responsibility for clinical governance in the aeromedical environment, including the establishment of a Medical Director role
- Clarified and increased expectations of rotary-wing air ambulance providers regarding aviation and clinical capability and standards
- A reduced proportional dependence on community fundraising to support service financial sustainability due to increased public sector contributions
- Improved performance monitoring and data collection in general across the national ambulance service to support current service delivery and inform future design work
- Increased Air Desk[1] (dedicated coordination and tasking) coverage for the pre-hospital service to 24 hours per day (up from 15 hours); and
- More information on Phase One and the Aeromedical Commissioning Programme (Phase Two) is available on the Te Whatu Ora website at: www.tewhatuora.govt.nz/about-us/publications/reconfiguration-of-the-national-air-ambulance-service/

4) What has been the total cost of this program to date?

Due to a change in Manatū Hauora finance systems in March 2020, detailed historical data before that date is not available. Calculating this total cost would be a complicated process in any event, as the programme's cost is comprised of external and internal costs and split between resources that have been funded in part or wholly by ACC. Therefore, this part of your request is refused under section 18(g)(i) as the information requested is not held by Te Whatu Ora.

> *5) How has been paid to consultants and/or contractors (broken down by year) for this project?*

See the response to question 4 above.

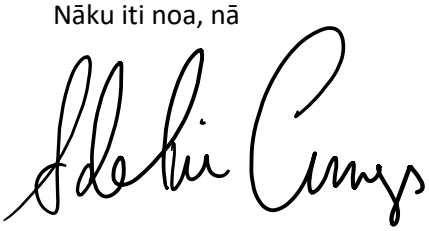
> *5a) what is the average length of engagement of contractors for this program?*
> *5b) what is the average hourly remuneration paid to contractors, by job title/band.*

This information is not held by Te Whatu Ora or Manatū Hauora in the form you have requested. While the Act does allow New Zealanders to ask for information from Ministers and Government agencies, it does not create an obligation for agencies to create new information or compile information they do not hold. While it may be possible to compile this information, it would involve sourcing and analysing disparate and inconsistently formatted information held across different systems within the Ministry of Health, Te Whatu Ora, and ACC. Accordingly, this part of your request is refused under section 18(g)(i) of the Act.

I trust the information provided is of assistance. You are advised of your right to also raise any concerns with the Office of the Ombudsman. Information about how to do this is available at: www.ombudsman.parliament.nz or by phoning 0800 802 602.

As this information may be of interest to other members of the public, Te Whatu Ora may decide to proactively release a copy of this response on our website. All requester data, including your name and contact details, will be removed prior to release.

Nāku iti noa, nā



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