ACT Ambulance Roster Review 2025

A review of operational readiness and future needs

ACT Government

Acknowledgement of Country

The Justice and Community Safety Directorate acknowledges the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region.

We respect the Aboriginal and Torres Strait Islander people, particularly our Aboriginal and Torres Strait Islander staff, and their continuing culture and contribution they make to the Canberra region and the life of our city.

Produced by the ACT Emergency Services Agency. Enquiries about this publication should be directed to the ACT Emergency Services Agency.

GPO Box 158, Canberra City 2601
act.gov.au
Telephone: Access Canberra – 13 22 81

If you are deaf, or have a hearing or speech impairment, and need the telephone typewriter (TTY) service, please phone 13 36 77 and ask for 13 22 81.

For speak and listen users, please phone 1300 555 727.

For more information on these services, contact us through the National Relay Service: www.accesshub.gov.au.

If English is not your first language and you require a translating and interpreting service, please telephone Access Canberra on 13 22 81.

Contents

Executive Summary

This review evaluated the implementation and impact of the new roster by examining operational data, staff insights, and system level analysis in line with the Terms of Reference. The review found that the roster is grounded in strong fatigue management principles and remains a credible model, but its effectiveness has been constrained by wider pressures across the Service and sector.

The review confirms that ACTAS is operating under sustained pressure. Demand continues to rise, ambulance utilisation remains high, and the roster cannot be filled despite additional overtime. Low-acuity workload continues to be the largest driver of demand growth. These pressures are driving late finishes, constraining response performance, and eroding the resilience of the Service.

Workforce shortages are a persistent challenge. Recruitment and retention issues long pre-date the roster change and remain unresolved. Graduate recruitment is insufficient to offset growth and attrition, and lateral recruitment has not been developed to the level required to stabilise the workforce.

Enabling functions such as Workforce Planning, the Communications Centre (ComCen), and Education are critically under-resourced. These functions are essential to effective rostering, dispatch, and training, yet they cannot keep pace with growing complexity and demand. Operating beyond capacity leaves little to no ability to implement change programs or efficiency improvements without detrimentally impacting day-to-day operations.

Leave management is a compounding problem reflecting persistent understaffing. Liabilities continue to rise, access to leave is limited and inconsistent, and cultural shifts following COVID-19 have reduced workforce availability. The result is a higher reliance on overtime and greater fatigue across the Service.

Quarantined professional development time is valued by staff, but inadequate governance has meant it is inconsistently used and poorly evaluated. The intended workforce benefits are not being fully realised.

Finally, the roster transition exposed gaps in change management practices and cultural alignment. Governance, leadership, and communication did not meet expectations, leaving staff uncertain and undermining confidence in reforms. Data systems remain immature. Reliance on manual process, inconsistent data entry, gaps in HR data, and fragmented reporting limit ACTAS's ability to monitor performance now and into the future, which undermines evidence-based decision-making.

Overall, the Service was not adequately prepared to implement such a significant change. The roster is not currently achieving all its intended objectives and will continue to fall short unless ACTAS invests in both frontline personnel and enabling capability. Sufficient paramedic numbers and improved organisational capacity for change are critical if the Service is to deliver on the expectations of the Government and the community.

Taken together, the recommendations emphasise that the roster alone cannot address systemic pressures. The priority for ACTAS is to address the interconnected challenges of resourcing, workforce management, data maturity, and governance so that the roster can deliver its intended benefits and the Service remains capable of meeting the needs of the ACT community.

Summary of issues, evidence and recommendations

The review identified 8 thematic issues and makes 13 recommendations to strengthen roster effectiveness and overall Service effectiveness.

Issue	Key Evidence	Recommendations
Frontline resourcing & utilisation	High ambulance utilisation (avg. ~68%); frequent night shift crewing shortfalls; rising late finishes; demand growth exceeding forecasts.	1. Increase frontline staffing to an agreed funding level to meet roster requirements and restore service resilience. 2. Establish a clear methodology to monitor service health and inform an appropriate relief ratio.
Recruitment & retention	Graduate intake insufficient and lateral recruitment underdeveloped to match demand; workforce shortages long predating roster.	3. Develop and resource a sustainable recruitment and retention strategy. 4. Monitor workforce trends and attrition data in real time to identify emerging risks and adapt strategies quickly.
Back-of-house resourcing	Workforce Planning, ComCen, and Education functions stretched; unable to keep pace with complexity and demand; impacts rostering, dispatch, training; no capacity to implement change without impacting day-to-day operations.	5. Support critical capabilities and resolve organisational inefficiencies and inconsistent practices.
Leave management & workforce availability	Rising leave liabilities; difficulty accessing leave; inconsistent governance; post-COVID lower threshold to book off sick.	6. Strengthen leave management governance to ensure fair and consistent processes while addressing rising liabilities. 7. Establish leave utilisation performance targets.
Professional development	PD time valued by staff; contributes to capability/retention; but inadequate governance, inconsistent utilisation, limited evaluation.	8. Strengthen governance and evaluation of professional development time to maximise its benefit.
Data & performance monitoring	Inconsistent overtime coding; HR data gaps; manual data processes; limits ability to assess roster impacts and overall Service performance.	9. Strengthen data systems and enable integrated reporting. 10. Improve consistency and governance of workforce and operational data.
Demand management	Low-acuity workload is largest driver of demand; rising faster than high-acuity.	11. Strengthen and expand secondary triage and referral pathways for low-acuity demand.
Change management & culture	Roster transition revealed weaknesses in governance, communication, and leadership; staff reported uncertainty, inconsistency, and low confidence.	12. Strengthen governance and change management capability. 13. Strengthen leadership and capability to support change initiatives.

1 Introduction

1.1 Governance of the ACT Ambulance Service

The Emergency Services Authority (ESA) was established in 2004 by the *Emergencies Act 2004*. The Emergencies Act has the objective of providing for the effective and cohesive management of the four services through provision of enabling functions. As one of these services, the ACT Ambulance Service (ACTAS) is responsible for providing emergency and non-emergency ambulance services to the ACT community.

ESA, and thereby ACTAS, are part of the Justice and Community Safety Directorate (JACS) and report to the Minister for Police, Fire and Emergency Services.

1.2 Operating environment of the ACT Ambulance Service

The ACT Ambulance Service (ACTAS) operates within a compact geographic footprint, serviced by 9 ambulance stations that provide coverage to a population of more than 460,000 people. Demand for ambulance services has increased by more than 70% in the past decade and continues to rise, driven by population growth, an ageing demographic, and increasing community expectations for timely pre-hospital care. In 2023–24 ACTAS reported more than 65,000 responses, rising to over 67,000 in 2024–25.

The COVID-19 pandemic further reshaped this operating environment by altering patterns of health-seeking behaviour, lowering community resilience, and creating sustained increases in demand that have already exceeded earlier forecasts. These pressures are expected to continue, compounded by environmental factors such as heatwaves and other extreme weather events.

Leading up to and since the transition to the new roster, ACTAS has also undergone significant internal change. Since 2019, the Service has been implementing the Modernised and Sustainable Service Plan (MSSP), setting the long-term direction for capability and resourcing. These reforms have taken place against a broader national backdrop of industry-wide challenges in recruiting and retaining paramedics, as well as cultural and procedural changes stemming from COVID-19, including stricter infection control standards and a lower threshold for staff to utilise personal leave when unwell.

Beyond brief periods of reprieve, these compounding and cascading challenges have left ACTAS unable to resolve persistent and pervasive workforce shortages, that existed long before the consideration of a new roster. Together, community-driven demand pressures and industry-related workforce constraints have directly impacted both demand and response times. While these factors provide essential context for understanding the operating environment, a detailed analysis of their broader systemic impacts is beyond the scope of this roster review.

1.3 Implementation of a new roster

The 44-hour Emergency Operations roster commenced on 11 April 2024.

In 2020, through its Workforce Planning Committee, ACTAS commenced a process to review alternative roster options for the Emergency Operations workforce. This was driven by increasing demand for services and the need to ensure the roster is better aligned workforce capacity with community needs. At the same time, the process sought to improve fatigue management and support greater work-life balance for paramedics.

The existing roster, introduced in 1983, was a 48-hour cycle comprising two 10-hour day shifts and two 14-hour night shifts in a four on, four off pattern, commonly known as the 10/14 roster. It was augmented by two 12-hour shifts per 24 hours for demand management. However, it was acknowledged that this model was no longer viable, with consideration to the unsustainable impact of consecutive 14-hour night shifts.

Following a staff survey in November 2020, alternate roster options were developed based on agreed rostering principles including improved coverage during peak demand, maintaining one core roster with a 4 x 4 pattern, shorter and fewer night shifts, fairness, equity and predictability, and a roster that supports work life balance while minimising loss of pay and entitlements.

In April 2022, a ballot of ACTAS Emergency Operations members was conducted via Elections ACT with three alternate roster options presented. The option elected by the majority of staff was a 44-hour roster with a 4 x 4 shift pattern consisting of one 10-hour morning shift, one 12-hour day shift, one 12 hour afternoon shift and one 10-hour night shift.

The ACTAS TWU Emergency Roster Working Group was established in 2022 to identify the work required and to advise on the transition path to the implementation of the 44-hour roster.

Due to the overlapping shift pattern, the 44-hour roster requires greater numbers of paramedics than the 10/14 roster. ACTAS identified the need for 60 FTE to commence implementation of the 44-hour roster. In 2023-24 ACTAS received funding for 15 paramedics to commence the initial phase of roster implementation, followed by funding for an additional 30 paramedics to continue implementation. ACTAS committed to conducting a review of the new roster 12 months post-implementation to evaluate its effectiveness and inform the staffing levels required for its ongoing sustainability. An independent review was preferred but unable to be financially supported.

1.4 Approach of the Review

This review was undertaken to assess the effectiveness of the new Emergency Operations roster and inform future workforce planning. It was conducted in accordance with the Terms of Reference, using a combination of quantitative and qualitative methods to ensure a comprehensive and evidence-based assessment.

The reviewers note that the roster was developed through subject matter expertise and reflects contemporary best-practice principles in fatigue management for a 24-hour emergency service. There is no reason to doubt that the roster represents a sound and well-considered rostering model.

Nationally, this roster is unique within the ambulance sector. As such, there is no single established framework against which to measure its success. For this reason, the review has deliberately avoided relying on any one vector of assessment (such as response times or overtime in isolation). Instead, performance has been examined across a range of operational, workforce, and system indicators to provide a holistic view of the roster's effectiveness and to identify opportunities to improve functionality.

To ensure the review is consistent with government expectations and statutory responsibilities, the methodology drew on:

- **Legislative Context:** The *Emergencies Act 2004* establishes the Chief Officer's responsibility for delivering ambulance services to the ACT community. The

review considers whether the roster enables ACTAS to meet these statutory obligations.

- **Government Accountability:** As ACTAS is funded by the ACT Government, it has a responsibility to demonstrate the efficient and sustainable use of resources in providing its service.

- **National Performance Reporting:** The *Report on Government Services (RoGS)* provides a framework for nationally consistent reporting across ambulance services. The review adopted RoGS-aligned measures wherever possible to support benchmarking and contextual analysis.

The primary framework for analysis was based on the suite of performance indicators identified in the Terms of Reference, additional staff insights and operational data points were examined to provide context and to support interpretation of the findings.

Interconnected nature of the data

It is important to note that the performance indicators assessed in this review do not operate in isolation. Each reflects the influence of multiple, interconnected factors across the system. For example, late finishes are not solely the result of workload; they may also be influenced by rising demand, resource availability, case complexity, hospital delays, and dispatch practices.

This interconnectedness means that no single measure provides a complete picture of the roster's performance. Rather, indicators must be interpreted collectively, with an understanding that outcomes are shaped by overlapping operational, workforce, and environmental drivers. Recognising this complexity is essential for identifying the true causes of observed trends and for developing effective, sustainable responses.

How to approach this report

Given the interconnected nature of the data, this report presents information in three distinct groups before synthesising findings to form its recommendations:

- **Section 3** presents the agreed performance indicators as per the Terms of Reference.
- **Section 4** presents staff insights, inclusive of survey results, focus groups, and individual submissions.
- **Section 5** presents additional operational and resourcing data required to provide context and illustrate broader impacts of the roster on ACTAS's ability to deliver ambulance services.
- **Section 6** synthesises findings to form conclusion and present recommendations.

1.5 Terms of reference

The scope of the Terms of Reference (ToR) for this review were agreed between the ACTAS and the TWU prior to commencement of the review.

As per the ToR, the purpose of this review was to evaluate the effectiveness of the new ACTAS Emergency Operations 44-hour roster, which commenced on 11 April 2024.

Specific matters to be addressed include the examination of:

- Insights from ACTAS Senior Management, Workforce Planning unit & Emergency Operations staff members on the impacts of the new roster
- Analysis of ACTAS resourcing and operational data, including the agreed performance indicators for the new roster
- Analysis of ambulance utilisation rates
- Analysis of the relief ratio, considering leave entitlement and changes in staff demographics.

The review was to also consider more broadly, and make recommendations for improvement in line with the findings, both in relation to:

- Effectiveness of the new roster with current resources and its effects on staff wellbeing and service delivery
- Sustainable staff numbers to continue implementation and address changes in workforce demographics.

The scope specifically excluded:

- Non-emergency demand and resourcing
- Aero-medical operations
- In depth analysis of drivers of demand or the service delivery model.

The reviewers want to recognise that this review is not a complete assessment of the Service's needs. As such no analysis has been undertaken on the impact or requirements of operational support service capability, plant, equipment or consumables. The reviewers understand other work is or has been undertaken to assess the Service's broader long-term needs.

2 Methodology

2.1 Conduct of the Review

Performance indicators

Performance indicator data was collected over two distinct periods: a 12-month timeframe preceding the implementation of the new roster, and a 14-month period following its commencement. This approach enabled a comparative analysis of operational performance under both the 10/14 roster and the 44-hour roster arrangements.

The agreed performance indicators are provided in Appendix 1.

Staff insights

A survey of staff working the 44-hour roster was undertaken to assess the impact of the new roster on wellbeing, fatigue, professional development, and service delivery. The survey had 140 submissions. The survey questions are provided in Appendix 2.

Semi-structured focus groups were convened across ACTAS business units. These sessions enabled reflective and detailed discussion of the implementation of the new roster and allowed the review team to identify both barriers and enablers to its ongoing success. The reviewers conducted seven focus groups with more than 40 participants. The focus group plan is found at Appendix 3.

In addition, staff were invited to provide submissions directly to the review team via a dedicated inbox (ACTASrosterreview@act.gov.au), offering an additional channel for input. Four submissions were received.

Operational and resourcing data

Additional operational data points were examined to meet the scope of the review, provide operational context and cross reference the interpretation of findings.

This included:

- Workforce demographics
- Demand
- Utilisation rates; and
- Staffing levels.

2.2 Limitations

Limited resources to conduct the review

It was the ESA's preference to engage an external party to conduct an independent review to project future workload, evaluate the effectiveness of the 44-hour roster and the MSSP, and quantify positive effects on staff wellbeing and service delivery. Due to the fiscal environment at the time this was not possible. The review was conducted internally by two senior managers within ACTAS with reduced scope.

Independence of reviewers

Given the reviewers were employed within ACTAS, the methodology was designed to minimise internal bias and strengthen confidence in the findings. By drawing on multiple sources of evidence, including operational data, survey responses, focus group discussions, and written submissions, the review team were able to validate key themes and ensure recommendations were supported by a robust evidentiary base. This multi-method approach provided transparency, strengthened independence, and ensured the outcomes of the review can be relied upon to inform future workforce planning and decision-making.

Reliance on manually input data

While this review draws on a broad range of data sources to provide a comprehensive view of the new roster's performance against these indicators, it is important to note that much of the data relies on manual input and transcription. This introduces the potential for inconsistencies, omissions, or

errors. To manage this, the reviewers have cross-referenced data points with primary sources and implemented a two-stage review process wherever possible to minimise transcription errors and enhance data accuracy. These limitations and mitigation efforts should be kept in mind when interpreting the insights presented.

3 Performance Indicators

3.1 Shifts below minimum crewing

Minimum crewing levels are set for each shift and reflect the internally established threshold of resourcing required to meet demand. The minimum crewing for each roster is found in Table 1 and 2 respectively. It is a combination of stretcher vehicles and single response units (SRUs). It does not include specialist resources like the complex patient vehicle, PACER or duty officers. A 'shift below minimum crewing' occurs when a shift has not met the minimum crewing level for the entirety of the shift. This data is augmented by the amount and willingness of staff to undertake overtime.

A 'shift below minimum crewing' occurs when a shift has not met the minimum crewing level for the entirety of the shift. This data is augmented by the amount and willingness of staff to undertake overtime.

The reviewers found that minimum crewing levels changed during the review period due to the structural overlap created in the 44-hour roster. Figure 1 illustrates the difference in minimum crewing between the two rosters. The minimum crewing on the new roster was set to ensure the level of service to the community remained consistent at the time of transition.

While this means comparison across the entire roster may not be appropriate (as minimum crewing across a large portion of the day is higher), a direct comparison between night shifts is possible as an apples-to-apples comparison, as minimum crewing was the same.

The data to report minimum crewing was not well maintained but given the volume of data and through spot auditing the reviewers are confident that the findings are valid.

Minimum crewing vs roster requirements

Minimum crewing does not reflect minimum requirements to operate the roster. As such it is not used to identify the FTE required to support the roster. This is explored and analysed in Section 5.6.

Minimum crewing levels of the 10/14 roster		
Shift	**Hours**	**Minimum Resources**
AM Demand	0700 – 1900	**2**
Day	0800 – 1800	**12**
PM Demand	1100 – 1100	**2**
Night	1800 – 0800	**12**

Table 1 - Minimum crewing on the10/14 roster

Minimum crewing levels of the 44-Hour roster		
Shift	**Hours**	**Minimum Resources**
Morning	0630 – 1630	**12**
Day	0900 - 2100	**6**
Afternoon	1600 – 2300*	**10**
Night	2100 – 0700	**12**

Table 2 - Minimum crewing on the 44-hour roster

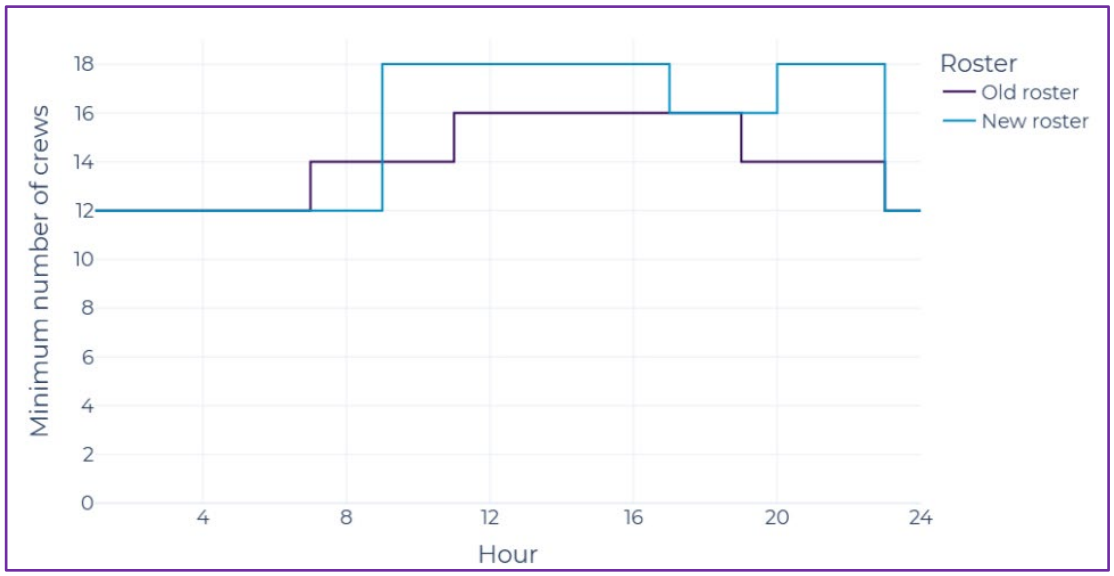


Figure 1 - Minimum crewing over 24 hours by roster

Expectation prior to implementation

The new roster was expected to deliver increased capability during periods of peak demand. This was reliant on filling all shifts to their full capacity (12 resources). In line with the recruitment plan, 'shifts below minimum' was expected to progressively decrease.

It is recognised that ACTAS has had difficulty in increasing its frontline emergency workforce.

Due to the reduction in the number of nightshifts, as well as length of shift, ACTAS anticipated an improvement in nightshift crewing levels.

Findings

Since implementation of the 44-hour roster the percentage of 'shifts below minimum crewing' increased from an average of 31% to 67% (Figure 2). The increase was realised within 4 months of implementation before plateauing, with some marginal recent improvement.

The most significant change was found when comparing nights shifts. The average percentage of night shifts below minimum crewing increased from 38% to 96% when comparing rosters (Figure 3).

Day shift comparison shows an average of 23% of day shifts falling below minimum under the 10/4 roster and increasing to an average of 57% under the 44-hour roster (Figure 4).

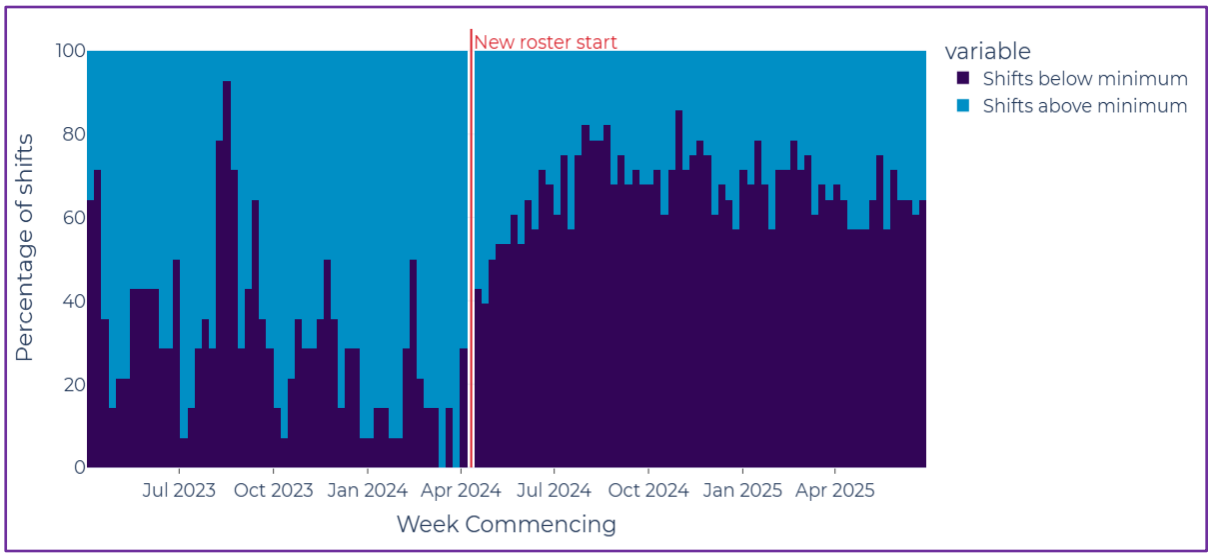


Figure 2 - Percentage of shifts below minimum crewing by week

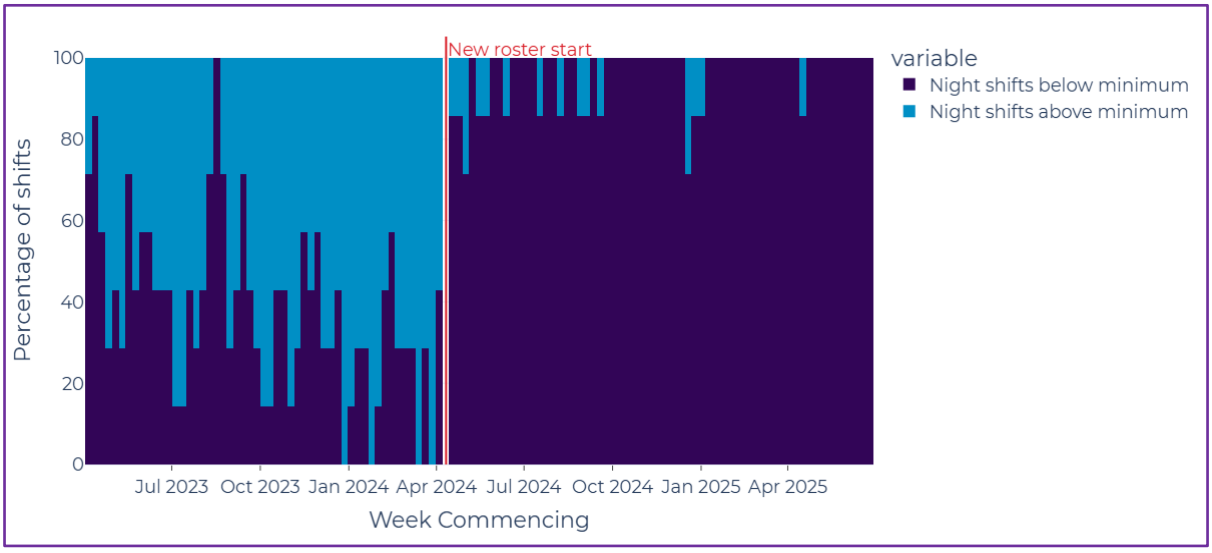


Figure 3 - Percentage of night shifts below minimum crewing by week

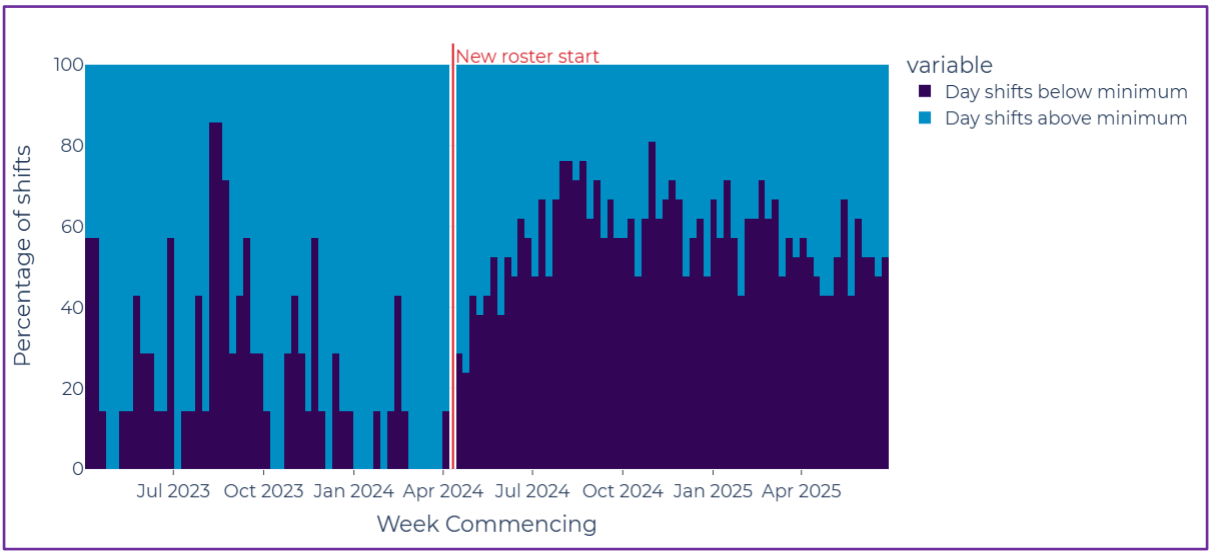


Figure 4 - Percentage of day shifts below minimum crewing by week

3.2 Late cases, shift overrun

A late case refers to unplanned incidental overtime that occurs when an ambulance crew is required to continue working beyond their scheduled shift due to operational necessity. This results in an overtime payment for the time a paramedic has worked more than their rostered shift. The data captured excluded late finishes for any reason other than actively responding to an incident. More than one paramedic crew may have responded to the same late case.

Shift overrun is associated with the balance between demand and crew availability, best represented by a utilisation level, within the last hour of a shift.

Expectation prior to implementation

The overlapping pattern of the new roster was predicted to reduce the overall number of late cases within ACTAS.

Findings

The total number of late cases per month increased on the 44-hour roster (Figure 5). The average number of late cases per month rose 11% from 72.6 to 80.7. This rise is relatively consistent between days of the week (Figure 6). At a practical level and accounting for the 44-hour having more shifts, this reflects a median increase of 1 additional late case per day (Figure 7).

Analysis at a per shift level found the highest number of 'late cases' occurred at the end of the morning shift (0630 – 1630) with an average of 3.86 cases per shift. The night shift (2100 – 0700) showed a reduction in late shifts from the previous roster, with an average of 2 per shift.

The moderate increase in late cases may be due to insufficient resources to meet demand. However, the fact that the morning shift consistently experiences the highest number of shift overruns, despite overlapping with two other shifts, suggests that internal processes within the ComCen could also be contributing to the issue.

This is supported by findings from the focus groups, where the ComCen practice of using the oncoming overlap shift to attend low acuity cases, exposing the finishing shift to a late finish as they must respond to any incoming high acuity cases.

The reviewers were unable to analyse late case data at the workgroup level. This should be undertaken to investigate if end of shift processes are being applied consistently.

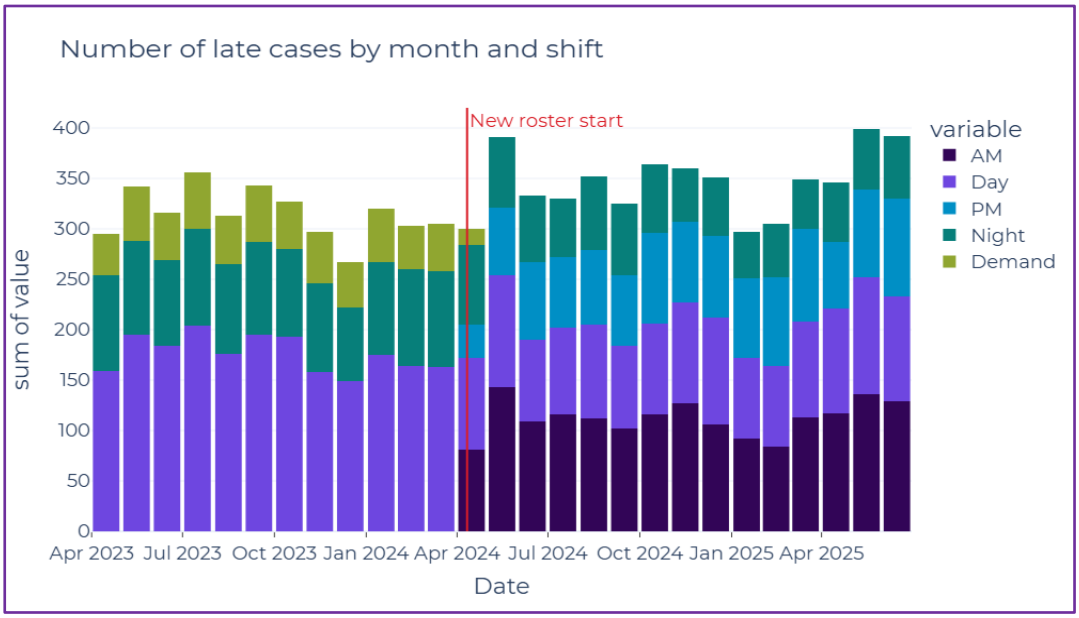


Figure 5 - Number of late cases by month and shift

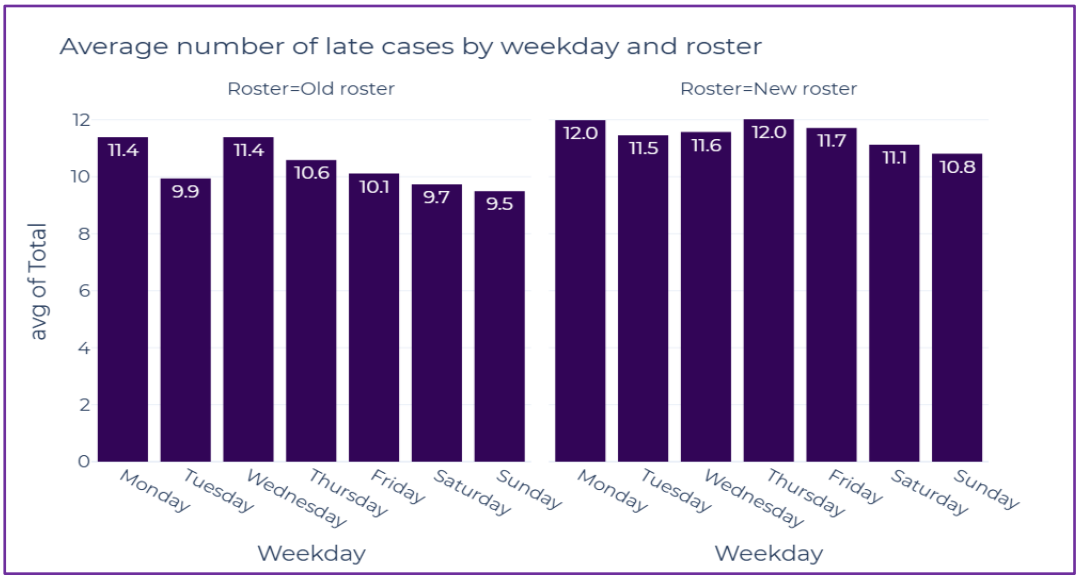


Figure 6 - Average number of late cases by day and roster, April 2023 to June 2025

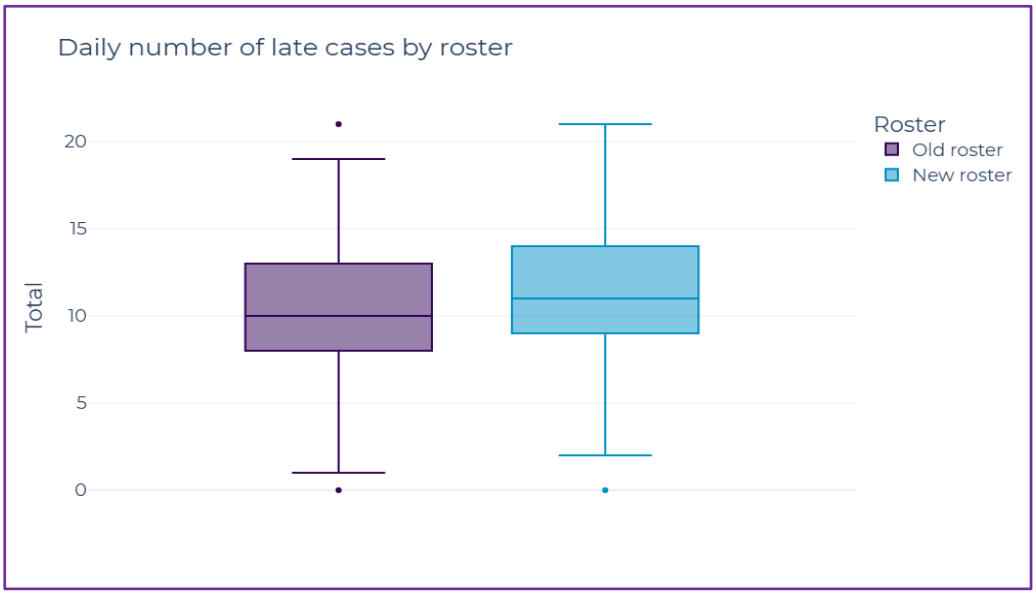


Figure 7 - Daily number of late cases by roster, April 2023 to June 2025

3.3 Overtime

Overtime refers to hours worked outside of core rostered time. This is reflected as overtime expenditure. Overtime expenditure is realised after the overtime event occurs due to pay cycles. Certain pay cycles incur greater overtime expenditure associated with holidays and seasonal events.

Overtime is coded by the ACTAS Workforce Planning team based on the reason the overtime is incurred. The reviewers could not be assured that overtime coding has been applied consistently throughout the entire review period.

For the purposes of this review overtime expenditure only included overtime costs associated with late cases, events, personal leave, training and roster cover.

Expectation prior to implementation

Overtime expenditure was expected to reduce as an optimal workforce level was reached. This was attributed to overlapping shifts and the structured professional development time reducing training related overtime. Overtime expenditure to support events was anticipated to decline due to the increased daytime resourcing.

Overtime expenditure associated with personal leave was expected to decline in response to improved working conditions and reduced fatigue.

Findings

Over the data collection period, the median overtime expenditure per month increased 30% from $162,732 to $212,231 (Figure 8). This was predominantly driven by a significant spike in personal leave overtime expenditure in the first few months' post implementation (Figure 9).

Breaking down overtime expenditure by its components (Figure 10), late case median overtime costs have risen slightly under the 44-hour roster which is consistent with previous findings (Section 3.2). Both rosters show comparable distributions for events overtime, indicating that increased daytime resourcing covering events has not been realised.

Overtime to cover the roster shows a wide range across both rosters, with a large increase in median expenditure ($38,829 v $60,303). This reflects insufficient resources to fill minimum crewing levels on the 44-hour roster.

Training overtime expenditure is consistently low across both rosters, but an increase in the median indicates the benefit of professional development time being incorporated within rostered hours has not yet been realised. The reviewers acknowledge that standard training (like in-service) could not be conducted prior to implementation due to workforce limitations and may skew this data.

In general, overtime expenditure increased moderately in line with historical trends, outside of the initial spike post implementation (Figure 11). This is consistent with total overtime expenditure for the service (Figure 12). Broken down by financial years, ACTAS experienced a 37.6% increase between the 22-23 and 23-24 financial years, with a further 19.7% increase the following year.

This reflects that the roster has had a negligible impact on overtime expenditure to date and that improvements can be realised by initiatives that address personal leave and roster coverage overtime expenditure.

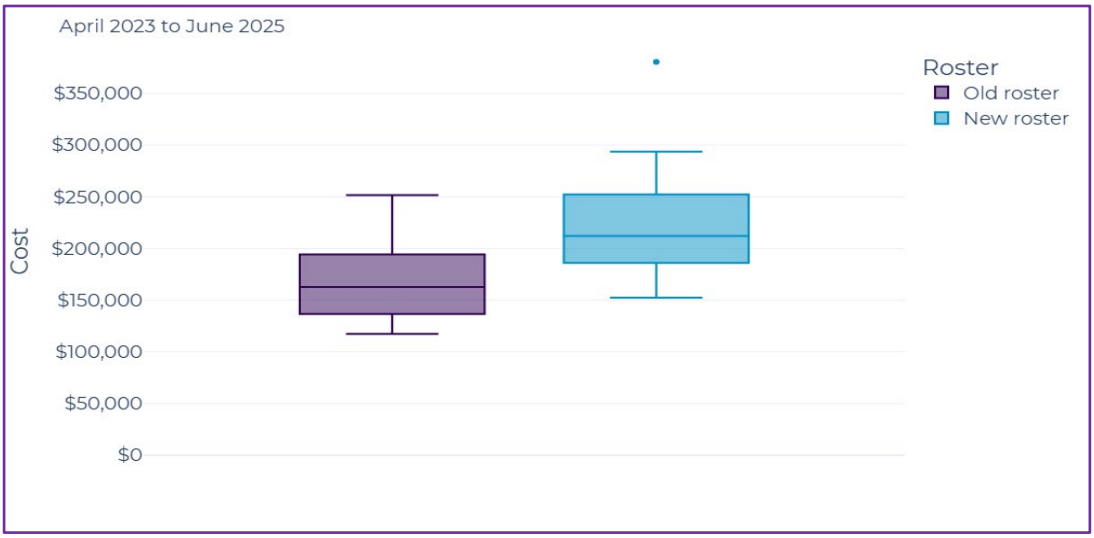


Figure 8 - ACTAS performance indicator overtime cost comparison, April 2023 to June 2025

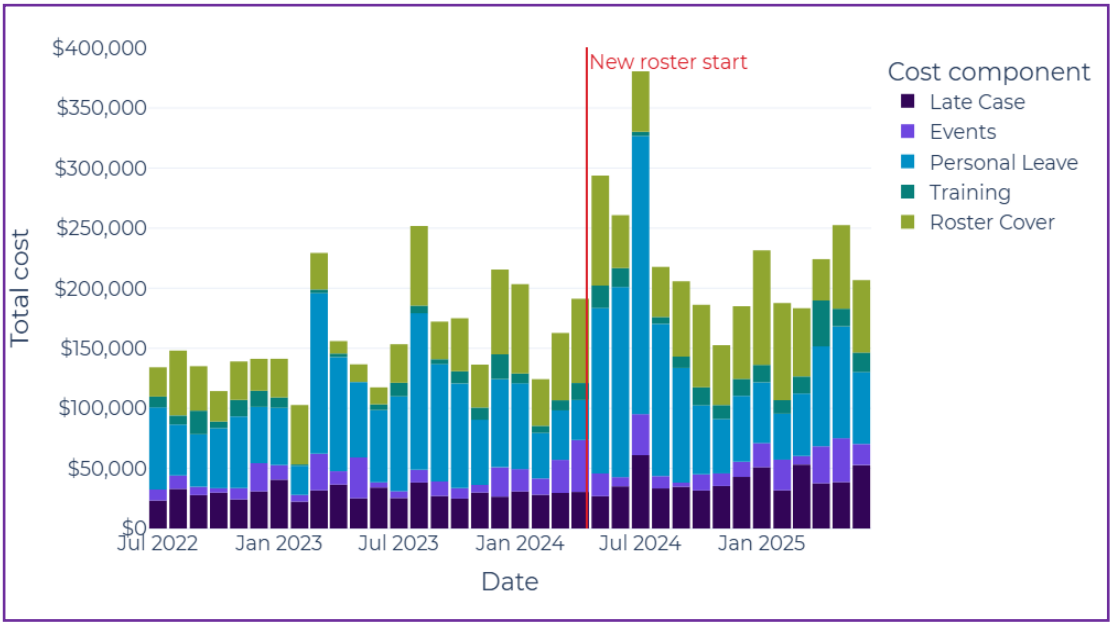


Figure 9 - ACTAS performance indicator overtime costs per month

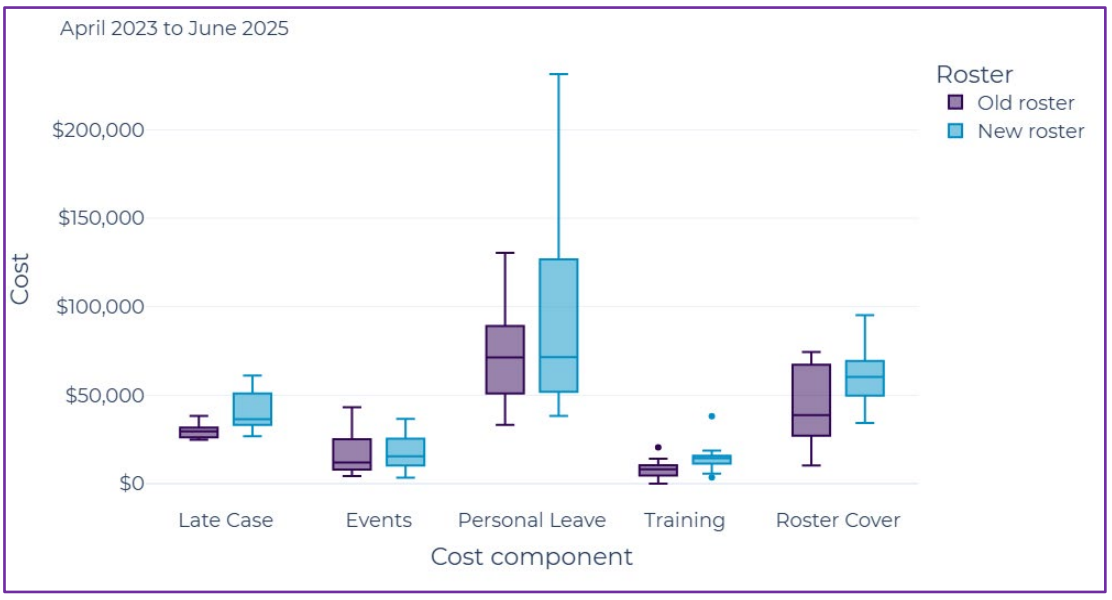


Figure 10 - ACTAS performance indicator monthly overtime cost by cost component, April 2023 to June 2025

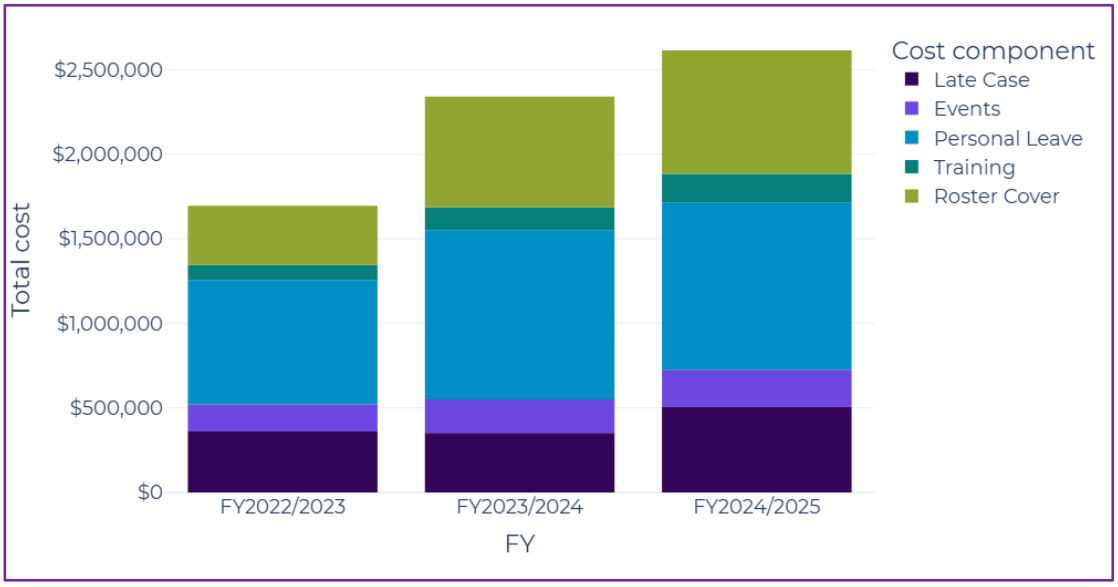


Figure 11 - ACTAS performance indicator overtime expenditure 22-25

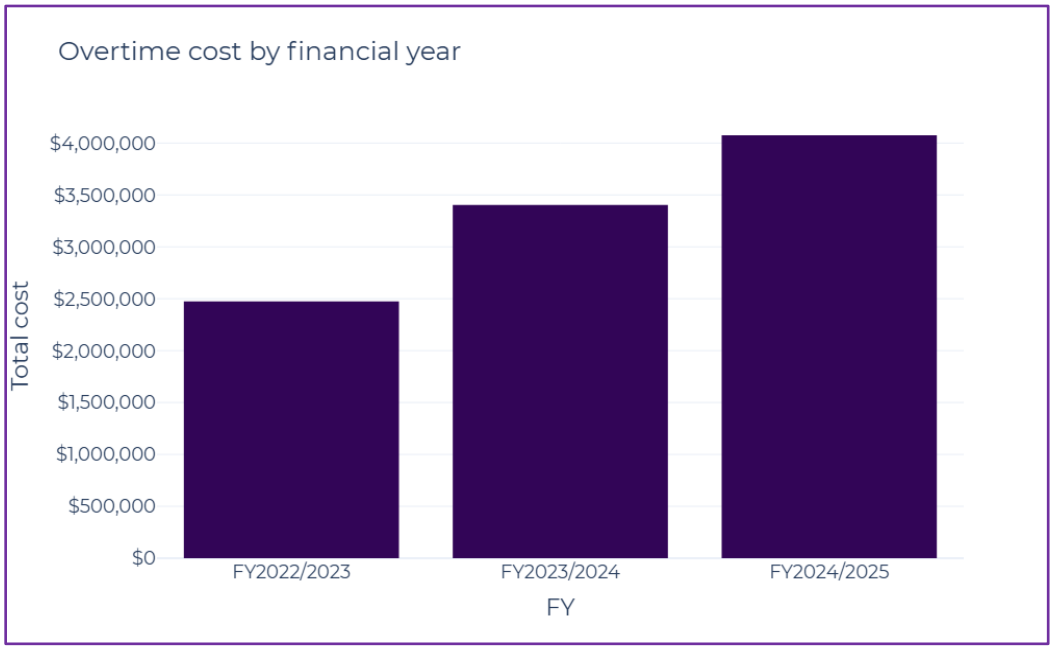


Figure 12 - ACTAS total overtime expenditure by financial year

3.4 Response times

Response time is defined as the time from call time (call taker's first key stroke) to the time the first ambulance service response arrives at the incident scene. Response time data is extracted from the ESA Computer Aided Dispatch (CAD) system and aggregated using the 50th percentile (median) and the 90th percentile. Times are recorded and calculated to the second and response times are reported in minutes.

Reporting is consistent with RoGS. Response times are reported based on the final grade of the incident. Response time data was obtained for Priority 1 (P1) as well as Priority 2 (P2) incidents at the 50th and 90th percentiles across a 24-hour period, on a weekly basis.

A P1 response is defined as *an emergency requiring an immediate response under lights and sirens required due to incident being potentially life threatening*.

A P2 response is defined as *urgent requiring an undelayed response without lights and sirens.*

The performance measure target for Priority 1 (P1) response times is 8 minutes at the 50th percentile and 15 minutes at the 90th percentile. There is no national standard performance measure for P2 response times.

To ensure the most accurate reporting, some incidents are excluded from the calculation of response times (Appendix 4).

Expectation prior to implementation

Response times were expected to improve as an optimal workforce level was reached and maintained, at the time of implementation.

Findings

Since implementation, response times have shown a modest but measurable increase at both the 50th and 90th percentiles for P1 and P2 incidents (Figure 13). This was consistent when analysed by time of day (Figure 14).

In 2022–23 P1 response times were 10.0 (50th percentile) and 16.8 (90th percentile) minutes. In 2023-24 this marginally improved to 9.9 and 16.7 minutes respectfully. In 2024-25 this marginally deteriorated to 10.4 and 17.8 minutes, reflecting a 5% and 6.6% increase respectively compared to the previous year.

P2 response times grew disproportionately to P1 response times, with a 21% increase at the 50th percentile and 23% at the 90th percentile. The median P2 response time increased from 31.9 to 38.6 minutes. While at the 90th percentile it increased from 101.2 to 124.6 minutes.

This indicates reduced efficiency in meeting P2 demand, particularly for those patients waiting the longest. This finding is supported by utilisation rate analysis (Section 5.5) and likely an outcome of prioritising available resources to meet P1 response targets.

In context, there has been a steady increase in 90th percentile response times for both P1 and P2 incidents over the past 20 years (Figure 15). This increase is most significant from 2020, with the 90th percentile response time for P2s showing the greatest increase.

However, the recent escalation in the P2 90th percentile response times following the roster change suggests that the longest-waiting patients are now waiting significantly longer and the increase in response time does not correlate with increases in demand (Section 5.4).

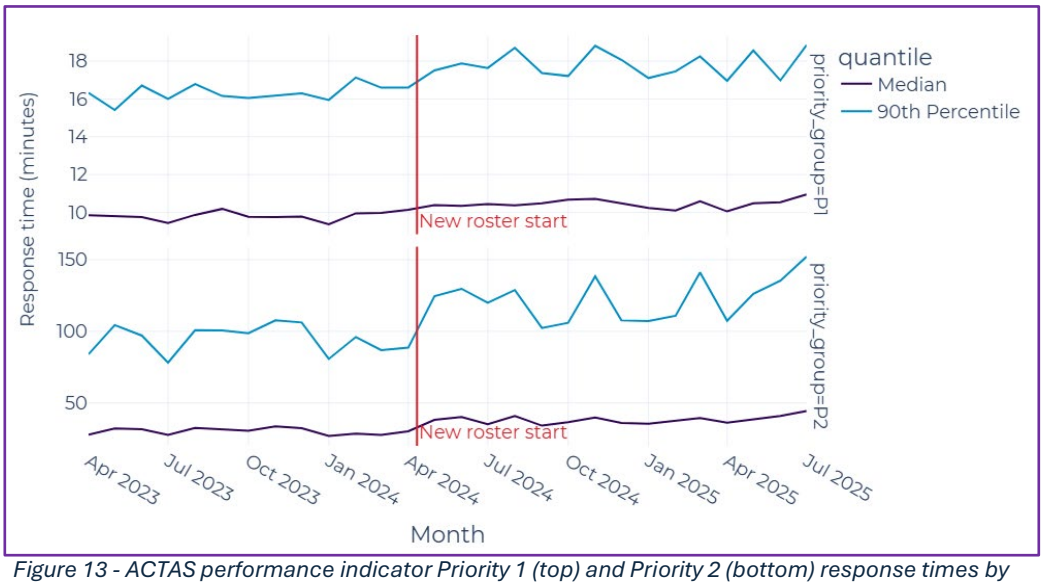


Figure 13 - ACTAS performance indicator Priority 1 (top) and Priority 2 (bottom) response times by month

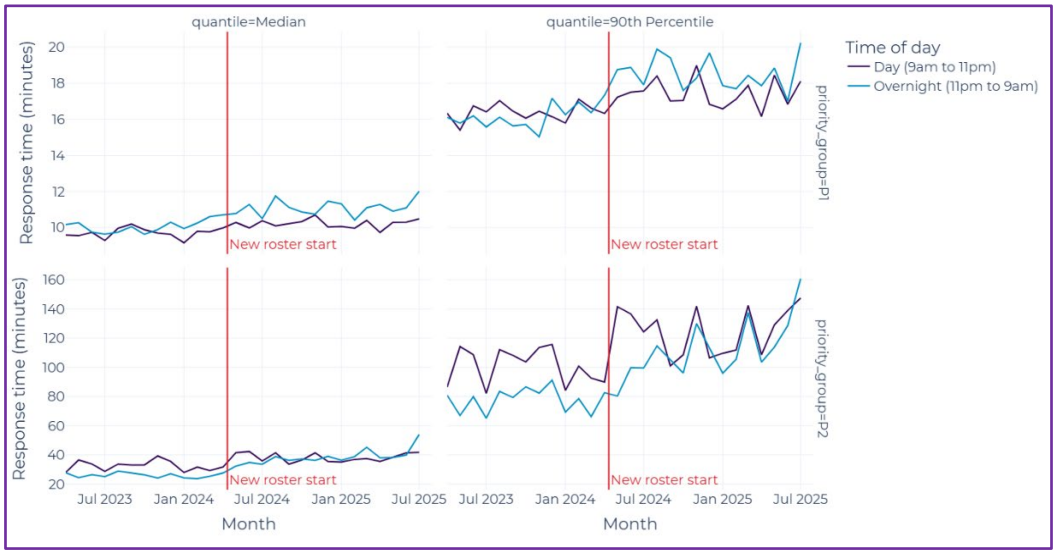


Figure 14 - ACTAS performance indicator Priority 1 (top row) and Priority 2 (bottom row) response times by month and time of day

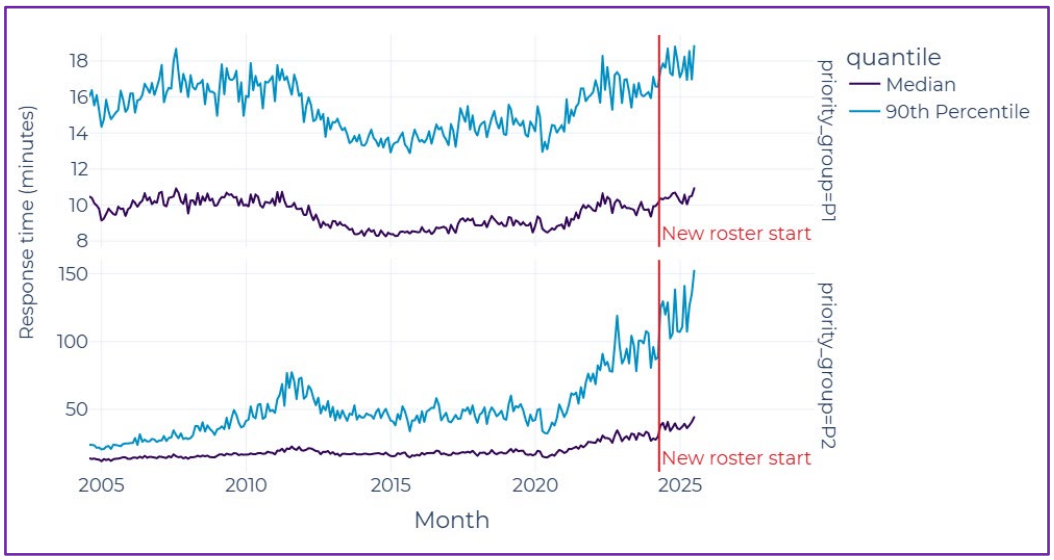


Figure 15 - ACTAS performance indicator Priority 1 (top) and Priority 2 (bottom) response time 20-year comparison

3.5 Flexible work arrangements

A flexible working arrangement (FWA) refers to an agreement between an employer and an employee that allow for changes to the standard working hours, patterns or locations to better accommodate personal commitments. An employee may request a flexible working arrangement in accordance with the circumstances provided for in the *Fair Work Act* (2009).

Within ACTAS most FWAs are for staff returning to work from birth leave, those with caring responsibilities for school aged children or those 55 or older who are transitioning to retirement.

Prior to implementation of the 44-hour roster all FWAs were reviewed and renegotiated. ACTAS aligned FWAs with the new shifts to minimise impact to operational service delivery. An FWA can be aligned to a particular block shift pattern or can be for fixed days. The FWA data was provided by the ACTAS Workforce Planning team.

Expectation prior to implementation

It was anticipated that the implementation of the new roster would reduce the overall number of FWAs within Emergency Operations, thereby increasing the Full-Time Equivalent (FTE). This was due to the improved shift pattern and times, with less nightshifts when compared to the 10/14 roster. There was also a financial incentive for staff to work full-time hours with a 2.2% allowance provided within the Enterprise Agreement (EA) to ensure pay parity.

The reduction in night shift length from 14 to 10 hours was expected to lead to an increase in FWAs that included a night shift.

Findings

Since transition to the new roster, the overall number of FWAs decreased (Figure 16). However, the average FTE percentage for staff with an FWA remained steady at approximately 70%. At any one time approximately 15% of Emergency Operations staff are on an FWA.

Under the 10/14 roster, an average of 52% of staff with an FWA staff did not work nightshifts, compared to 67% under the 44-hour roster (Figure 17). Operationally ACTAS has less people on FWAs, but cumulatively they are doing less night shift hours.

The higher proportion of FWA staff not working night shifts is likely due to the reduction in the number of night shifts from two to one. Additionally, the 10-hour duration of the night shift on the 44-hour roster may make it less financially impactful to do no night shift, as staff only forgo 10 hours of pay and associated leave entitlements, compared to 14 to 28 hours on the previous roster.

Figure 16 - ACTAS performance indicator flexible work arrangements

Figure 17 - ACTAS performance indicator flexible work arrangements with no night shift

4 Staff Insights

4.1 Staff survey

A staff survey was made available to all paramedics who work in emergency operations to capture anonymous insights into the impacts on wellbeing, fatigue, professional development and service delivery. Workplace login was required to submit a response and ensured duplicate responses could not be submitted.

The staff survey received a notably high participation rate compared to previous surveys, with over 70% of the target workforce responding. Of those who responded, 86% were employed full time (120 responses) and 14% staff working under a FWA (20 responses). Of those surveyed, 75% had been working the 10/14 roster for over 12 months.

In addition to the survey, several staff members provided further insights into the impact of the roster via the dedicated roster review email channel.

Roster satisfaction

Overwhelmingly, respondents were satisfied with the roster and prefer it over the 10/14 roster (Figure 18 and 19).

While the survey did not specifically capture the impact of the new roster on families, direct feedback has highlighted mixed experiences. Some staff reported increased satisfaction under the new roster, while others have expressed concerns associated with the compatibility of shift times with parenting responsibilities. The 44-hour shift pattern presents challenges in managing childcare, and some staff with young children have found it difficult to get adequate rest following late finishes on the 9am and 11am shifts.

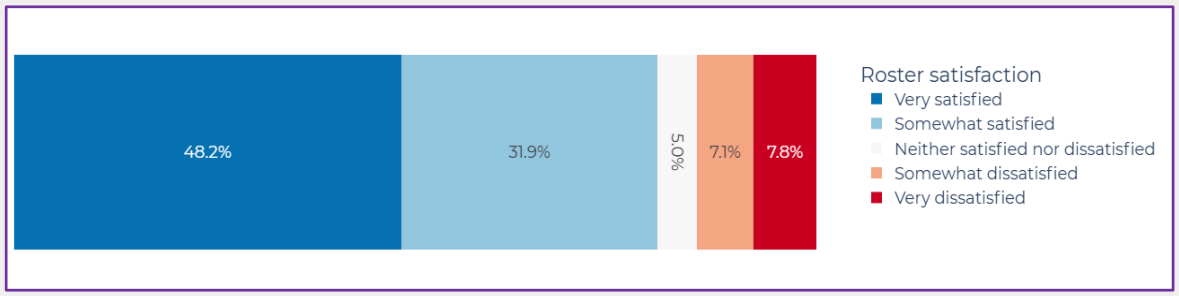


Figure 18 - Staff satisfaction with new roster (survey question 4)

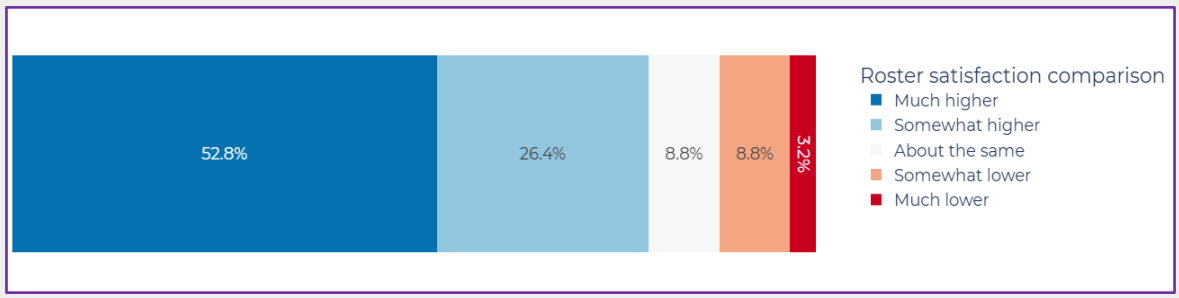


Figure 19 - Staff satisfaction with new roster compared to 10/14 or other roster (survey question 6)

Work-life balance

Most respondents had a positive work-life balance, and it had improved under the 44-hour roster (Figure 20-21). Only 21.9% of respondents advised they never or rarely have time for personal commitments between shifts (Figure 22). Several staff members, through direct feedback and focus groups, expressed concerns that limited access to annual leave is negatively impacting their work-life balance and contributing to increased fatigue.

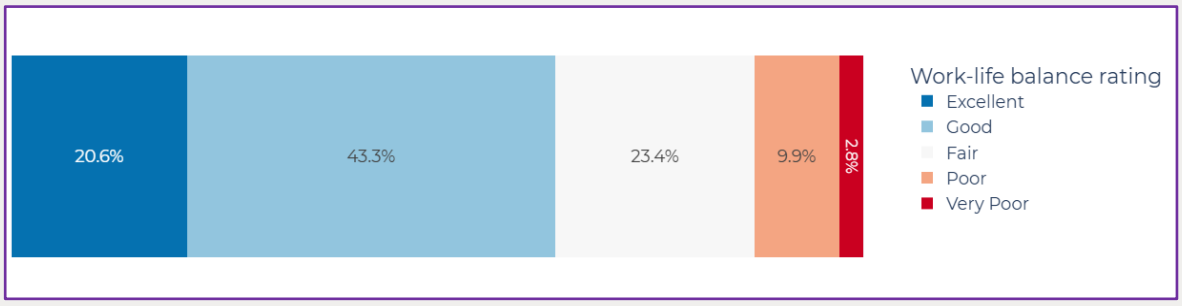


Figure 20 - Staff overall work-life balance since introduction of new roster (survey question 7)

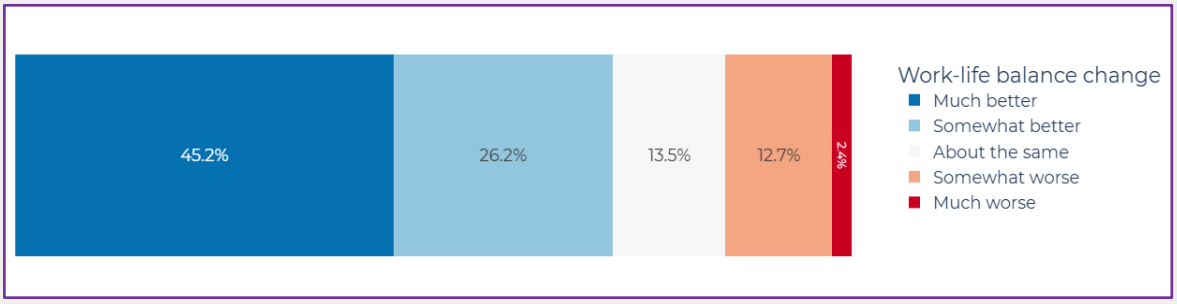


Figure 21 - Staff work-life balance under new roster compared to 10/14 or other roster (survey question 9)

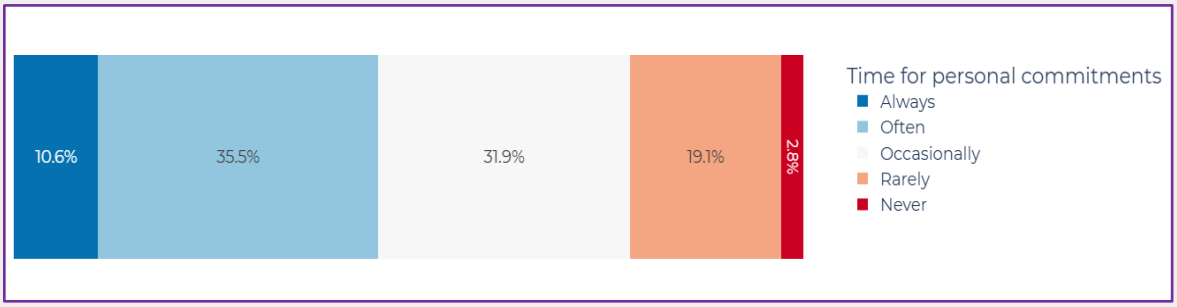


Figure 22 - Staff having adequate time for personal or family commitments between shifts (survey question 8)

Fatigue

Respondents feel their fatigue levels have improved under the 44-hour roster and feel significantly less fatigued on their days off (Figure 23 and 24). Only 31% of respondents rarely or never feel physically fatigued during shifts, and 24% rarely or never feel mentally fatigued on shift (Figure 25 and 26). Respondents identified the day shift, 0900 – 2100, as the most fatiguing shift, with almost 25% of staff experiencing the night shift, 2100 – 0700, as the most fatiguing (Figure 27).

Most respondents frequently felt well-rested on their days off (Figure 28), with only a small proportion reporting inadequate recovery between shifts (Figure 29). Feedback consistently highlighted the benefit of having only one nightshift, which was seen as a significant improvement, allowing for better recovery and more restorative time off. While staff reported that fatigue impacted their activities outside of work to some degree, 38.3% stated this rarely or never occurs (Figure 30).

Feedback gathered through direct input highlighted that continuous workload during shifts, shift extensions due to staffing shortages, station reassignments, late finishes, and delayed or missed meal breaks are contributing to elevated levels of fatigue. Feedback consistently highlighted the benefit of having only one nightshift, which was seen as a significant improvement, allowing for better recovery and more restorative time off.

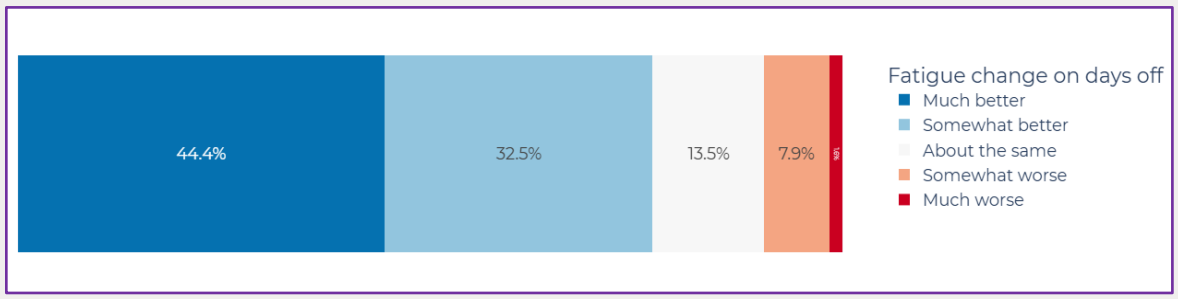


Figure 23 - Staff level of fatigue on days off compared to the 10/14 or other roster (survey question 14)

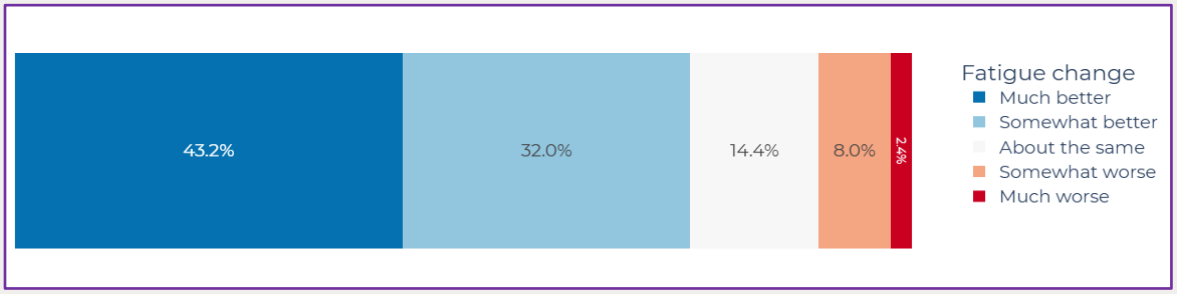


Figure 24 - Staff level of fatigue overall compared to the 10/14 or other roster (survey question 12)

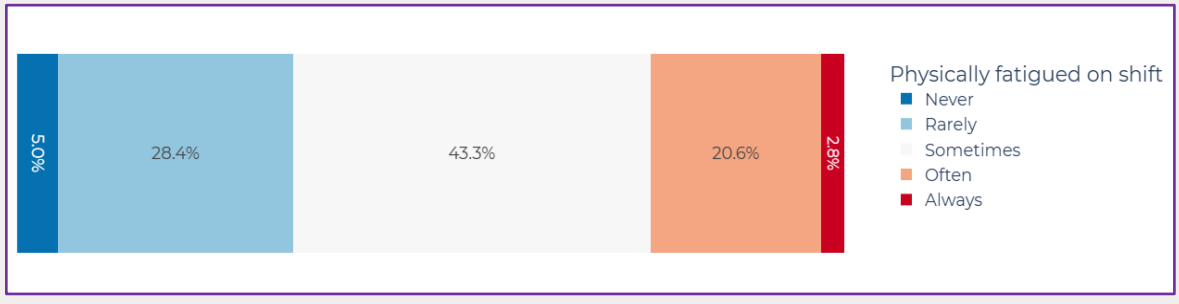


Figure 25 - Staff physically fatigued on shift (survey question 10)

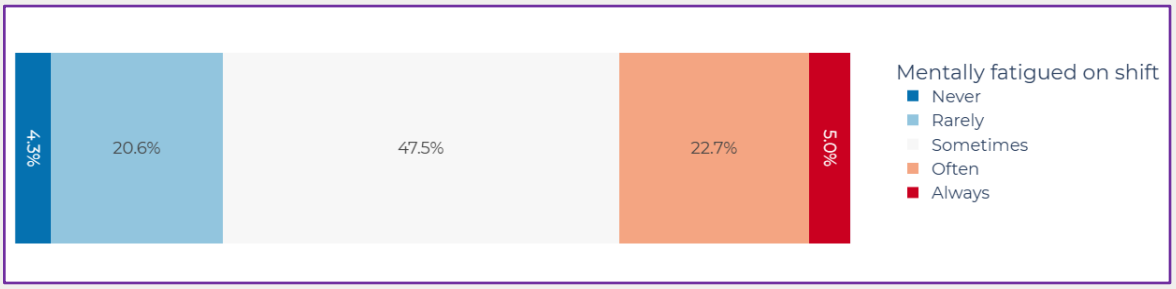


Figure 26 - Staff mentally fatigued on shift (survey question 10)

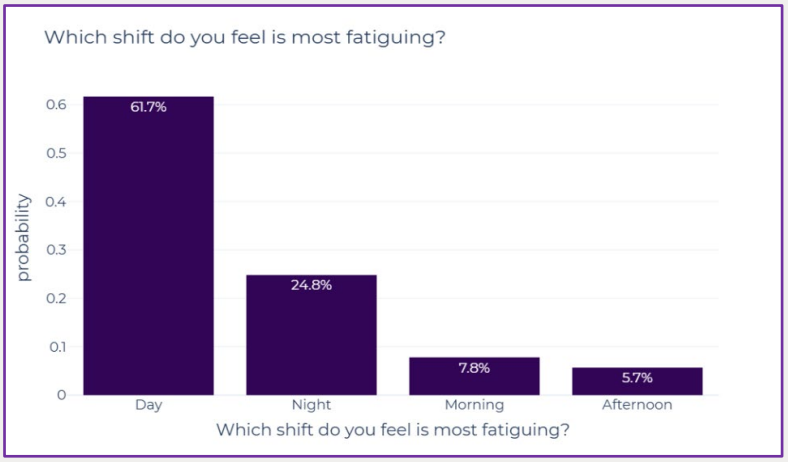


Figure 27 - Shift staff find most fatiguing (survey question 11)

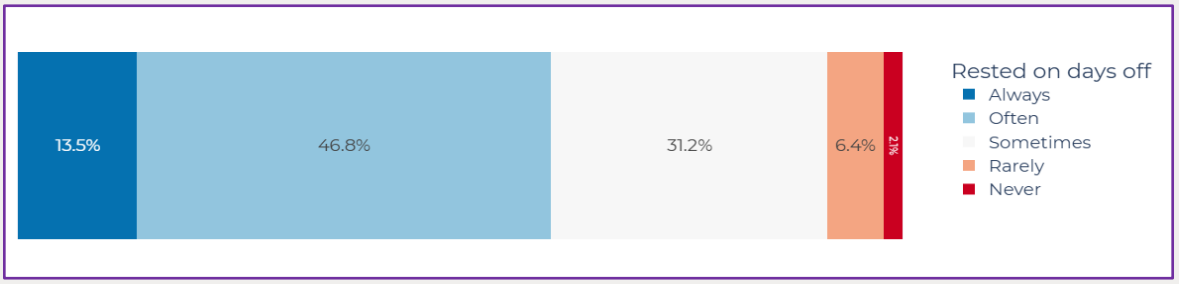


Figure 28 - Staff adequately rested on days off (survey question 13)

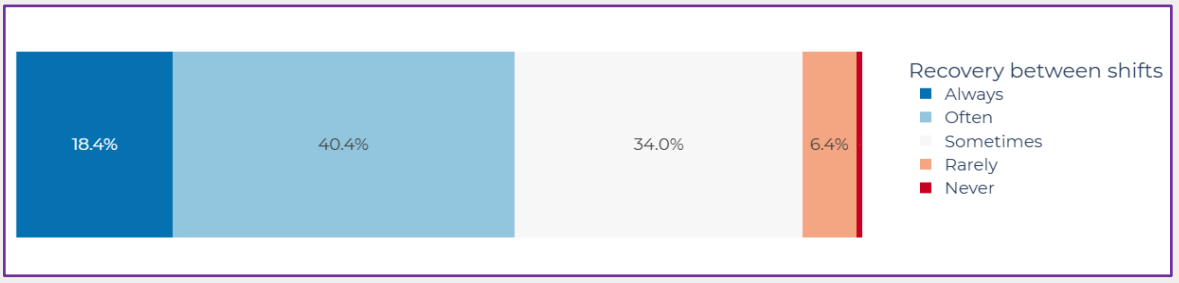


Figure 29 - Staff having adequate recovery between shifts (question 13)

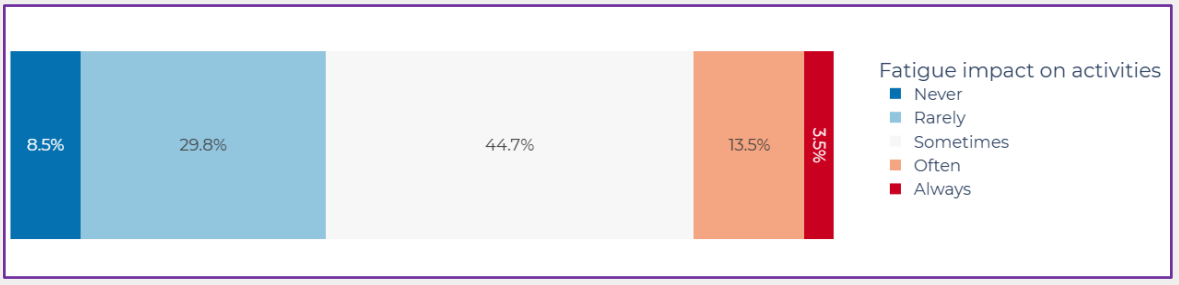


Figure 30 - Staff fatigue impacting ability to enjoy or engage in activities outside of work (survey question 13)

Overtime

Respondents experienced some level of unplanned incidental overtime under the new roster (Figure 31). While 59% feel incidental overtime has reduced compared to the 10/14 roster (Figure 32). This is in contradiction to actual incidental overtime data.

This may be associated with findings in staff feedback that identified a randomness to whether you experience incidental overtime or not, with some feeling it occurs all the time and others not experiencing it at all. The reviewers understand the occurrence of incidental overtime is less tolerable for staff given there is a significant overlap period at shift change over.

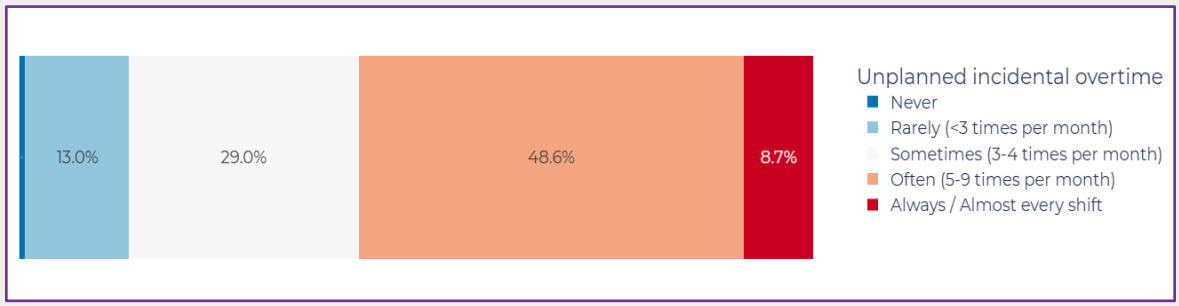


Figure 31 - Frequency of staff being required to work unplanned overtime (survey question 15)

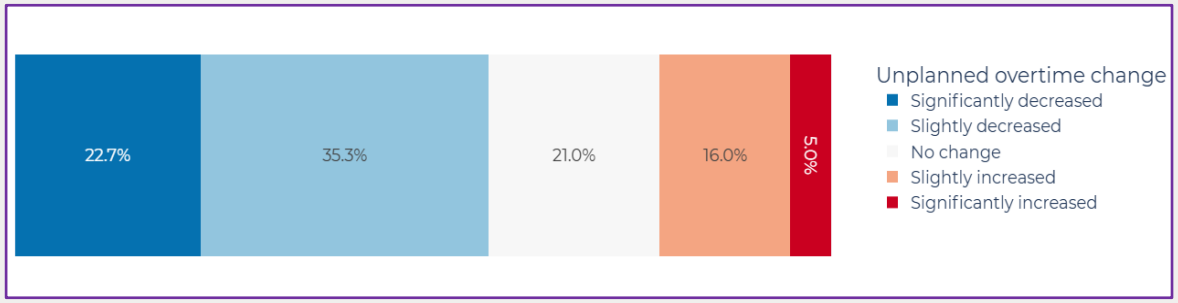


Figure 32 - Unplanned overtime under the 44-hour roster compared to 10/14 or other roster (survey question 16)

Professional development

Respondents felt strongly that their clinical capability is enhanced through the inclusion of professional development time and overwhelmingly (94%) believed the 44-hour roster better supports their ongoing learning and development when compared to the 10/14 or alternate roster (Figure 33 and 34). Most staff felt the amount of professional development time allocated within the roster is appropriate (Figure 35).

The distribution of results regarding PD time may indicate it could be reduced, with 18.4% of respondents indicating PD time allocated is at least slightly too much.

Staff feedback indicated that allocating time for professional development helped reduce fatigue and motivated individuals who might not otherwise take initiative in enhancing their skills.

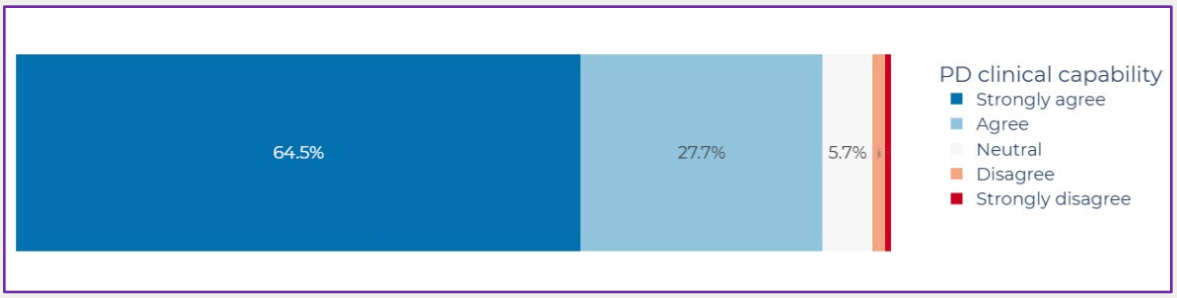


Figure 33 - Staff perception of professional development within the roster improving their clinical capability (survey question 18)

Figure 34 - Ongoing learning and development under the 44-hour roster compared to 10/14 or other roster (survey question 19)

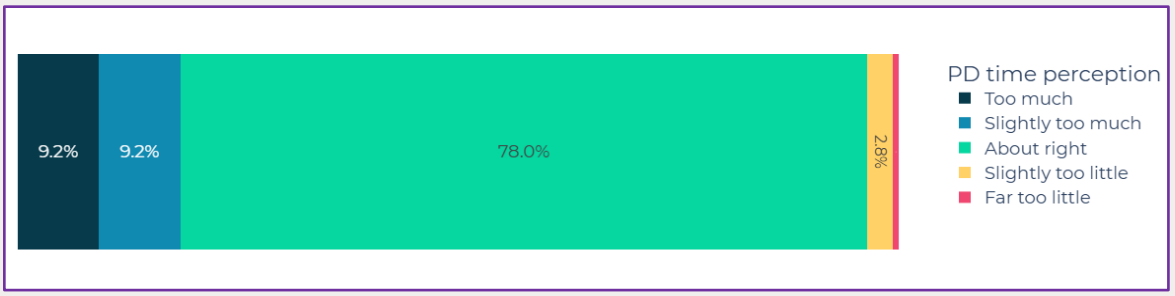


Figure 35 - Staff perception of the amount of professional development time within the 44-hour roster (survey question 17)

4.2 Focus groups

Focus groups were held across seven different ACTAS workgroups: Clinical Governance, Education, Operations, Workforce Planning, Communications Centre, Senior Leadership Team and TWU Delegates. These focus groups were facilitated by the reviewers using a consistent format of discussion topics:

- **Implementation of the new roster** – explore how implementation was managed and experienced
- **Readiness for change** – assess preparedness and perceptions of change
- **What's working / what's not working** – identify strengths and pain points of new roster
- **Barriers and enablers of the new roster** – identify what may help or hinder success
- **Sentiment and future outlook** – gauge optimism/pessimism and belief in success

The seven focus groups offered valuable insights into the implementation of the 44-hour roster, highlighting key challenges, impacts on service delivery and staff wellbeing, its strengths and barriers to success.

Through the focus groups, reviewers identified compounding issues linked to broader challenges in strategic alignment, governance and the immaturity of change management practices. In essence, the significant change exacerbated pre-existing and underlying issues, rather than the transition being the root cause itself.

Roster implementation

The implementation of the 44-hour roster was the most significant operational change ever undertaken by the ACT Ambulance Service. Given the initial review into alternative rosters to replace the 10/14 roster began in 2020, and the 44-hour roster commenced in 2024, it is reasonable to expect that ample time was available to plan and prepare for its rollout. However, overwhelmingly key stakeholders felt that ACTAS was not ready to implement the new roster.

Although the roster implementation project had a dedicated project manager, a formal working group and an oversight committee in place, feedback conveyed that the governance structure did not function as intended. Roles and responsibilities for decision-making at various stages of the project were unclear. While the TWU was actively represented on the working group and there was agreement on co-branded project communications, inconsistencies in messaging and expectations still emerged.

A breakdown in decision making and leadership was apparent to the reviewers. Changes in governance structures, delays in meetings, and changes in decisions all coalesced into no one having agency or understanding responsibility. The delays in making decisions and constant 'shifting of goal posts' meant most of the tangible work to implement the roster was compressed into the final 3-5 months prior to implementation.

> *"I knew [the roster] was happening, but not how or what was being done to address the issues"*

Reviewers also noted a discrepancy in messaging themes: while middle management acknowledged the roster change would be challenging and complex, frontline operations were presented with a narrative focused solely on its benefits. The reviewers consider this dislocation in messaging set unrealistic expectations and did not prepare staff for the potential challenges around leave access.

It was acknowledged that the change in the roster would significantly impact how the Service operates, though not exactly how.

Despite this, planning effort almost exclusively focused on the Emergency Operations workgroup and back of house mechanisms required to operationalise the roster such as, a new Enterprise Agreement incorporating the 44-hour roster, changes to KRONOS and business rules, development of new procedures, re-negotiation of Flexible Work Arrangements, projection of leave, physical resource requirements at stations, and a recruitment plan.

Knowing the change was coming, no workgroup took initiative to consider the impacts to their business areas or take reasonable steps to prepare.

There was a general sense of the problems being unknown and thus not able to be addressed. This sentiment was represented across focus groups and best reflected by a participant quote:

> *"We didn't know what the impacts would be.... there was a general sense of just getting [the roster] in and then deal with the problems"*

The most significant impacts were on ComCen and Workforce Planning team members. There was acknowledgment during the planning phase that the operation of the ComCen would change once the 44-hour roster commenced. However, the complexity and additional workload associated with the change was not anticipated.

The focus groups unanimously agreed that consultation with, and the consideration of impacts to, the ComCen was overlooked during both the planning and implementation.

While the Workforce Planning team were represented on the working group and heavily involved in the work required to operationalise the 44-hour roster, the team felt they had no agency over the change management process and no capacity to adequately prepare for the change required.

The transition day was generally seen as well-managed, with a solid plan in place to roster staff appropriately, ensure they were paid correctly and to ensure service to the community was not impacted. Outside of this small area, all other communication leading up to the transition was seen as poor.

While the need to develop and prepare for how professional development time would be utilised was acknowledged, this work was deferred until after the roster had been implemented.

Roster strengths

Participants felt the 44-hour roster provides additional resources for the ACT community at peak demand times when compared to the 10/14 roster.

There was strong support for the overlapping roster pattern, with ComCen noting it enables them to manage a high volume of work during peak demand periods. This also alleviated some cognitive burden when assigning cases to crews and trying to balance the workload. In addition, the overlap pattern allows for improved continuity of care and case management with more Clinicians during peak times.

Both managers and frontline staff reported a positive impact on wellbeing resulting from the reduced nightshift frequency, which they believe contributes to lower fatigue levels and enhanced clinical performance.

The cascading shift pattern is a big improvement, with frontline staff reporting feeling less fatigued and able to maximise their four days off. Staff also reported a reduction in both the frequency and duration of late cases, along with improved access to meal breaks.

Overwhelmingly, participants felt that quarantined professional development (PD) time is of benefit and must be preserved in some way. While PD time was

predominantly included for the benefit of the Emergency Operations staff, feedback revealed the value of this initiative flows on to other areas of ACTAS. The Education team noted the increase of high-fidelity simulation participation and the subsequent upskilling of paramedics, as well as an increase in inter-Service training within the ESA.

The PD time has been utilised by the Clinical Governance Unit (CGU) to roll-out a Service wide Immunisation program and by the Operations team to deliver an Occupational Violence training program to staff. This quarantined time within the roster has also improved the quality of discussions with paramedics when CGU is reviewing a case which has not met clinical standard or responding to an external complaint.

It was acknowledged that PD time is not equitable across all Emergency Operations capabilities, or indeed across all operational areas of ACTAS.

Challenges

The most consistent theme raised by participants was that inadequate staffing levels is the greatest challenge. Many other challenges cascade from this shortfall. Recruitment was seen as critical, but participants expressed little confidence that ACTAS has invested in a sustainable recruitment, deployment, and retention strategy. Recruitment continues largely unchanged, running at capacity with limited ability to scale. As one participant explained:

> *"The recruitment plan wasn't feasible. We didn't have the [education] staff or infrastructure".*

The inability to grow recruitment capacity, combined with ongoing attrition, places the Service in a cycle of chronic shortage. Night shift coverage was singled out as particularly problematic, leading to frequent station closures and activation of the Exceed Operational Capacity (EOC) procedure to ensure coverage of high-acuity cases.

While the overlapping shift pattern was acknowledged as having some operational benefits, staff noted that it generates a significant administrative burden. Managing the roster requires additional effort across a wide range of tasks, including:

- Building and maintaining the roster
- Processing bulk and short notice leave applications
- Conducting debriefing and review activities
- Managing plant and equipment

The overlap also requires more complex monitoring and allocation by ComCen staff, who must track which crews are due to finish their shift before dispatching. This has led to inconsistencies in dispatch practices and greater cognitive load for ComCen operators.

The increased complexity of the 44-hour roster has had major implications for the Workforce Planning team. One member of a four-person team is now almost entirely dedicated to daily rostering. This leaves less capacity for managing ComCen and NEPT rosters, or for providing managers with timely workforce advice. Staff reported feeling personally responsible for station closures or adverse outcomes linked to under-resourcing, which has contributed to stress and reduced job satisfaction.

Operations Managers reported that daily efforts to fill roster gaps consume much of their time and attention, limiting their ability to focus on leadership and staff support. Resourcing shortages have forced difficult choices between maintaining core frontline coverage and supporting specialist capabilities such as Clinicians and Duty Officers. Refusals of annual leave requests—driven by operational demands—were also identified as a growing source of staff dissatisfaction, which is likely contributing to increases in unplanned personal leave.

While PD time remains one of the most positively viewed aspects of the roster, many feel the benefits are undermined by poor governance and lack of structure. Participants noted that PD time is inconsistently applied across different capabilities, and managers reported that organising PD activities can add to their workload.

> *"We haven't realised all the benefits we thought we would get from PD time. If anything, it has increased the work in organising feedback and debriefing."*

Staff expressed a desire for clearer frameworks, more educational resources, and better alignment across Education, Operations, and Clinical Governance to ensure the time delivers genuine workforce development.

Finally, participants voiced concern that resourcing challenges could lead to increased complaints from the community regarding response times. While no data was available to confirm an increase in complaints, ACTAS has faced multiple media enquiries in 2025 on ambulance response times. Staff noted this has added to the sense of pressure and scrutiny within the Service.

Barriers to success

The following factors were identified as key barriers impacting the effectiveness and sustainability of the 44-hour roster:

1. Frontline resource constraints; insufficient paramedics to meet the operational demands of the roster.
2. Insufficient back-of-house resources; specifically in the Workforce Planning and Education teams.
3. Absence of a strategic direction and plan; lack of a cohesive long-term plan guiding the services delivered to the community and underpinned by a workforce strategy.
4. Immaturity of running an overlap roster; existing process and procedures not fit for purpose to effectively support roster optimisation.
5. Recruitment, and specifically lateral recruitment; inadequate investment to develop and implement a sustainable recruitment, deployment and retention strategy.
6. Limited leave flexibility; constraints in granting leave, contributing to staff fatigue and dissatisfaction.
7. Lack of professional development governance; absence of structured guidance and support to ensure professional development time is utilised effectively.

Sentiment and Outlook

There was broad support for taking the risk of introducing a new roster, with many recognising it as a progressive and pioneering move. All agreed that the 44-hour roster is a vast improvement on the 10/14 roster however, the overall sentiment is declining. It was acknowledged that the transition would not be smooth, and unforeseen issues would arise, however the extent of the roster-related staff shortage was not anticipated. Most stakeholders perceive the situation as worsening, with growing concerns around staff fatigue. Not only are frontline staff feeling increasingly fatigued due to workload on shift and inability to access leave, but back-of-house support staff, ComCen staff and managers are suffering from fatigue.

With sufficient paramedic resources there is confidence that the new roster will succeed, and the identified benefits fully realised. There is however concern about the Service's ability to recruit and educate at a pace sufficient to outpace attrition, increase overall staffing levels and attract an adequate number of lateral paramedics.

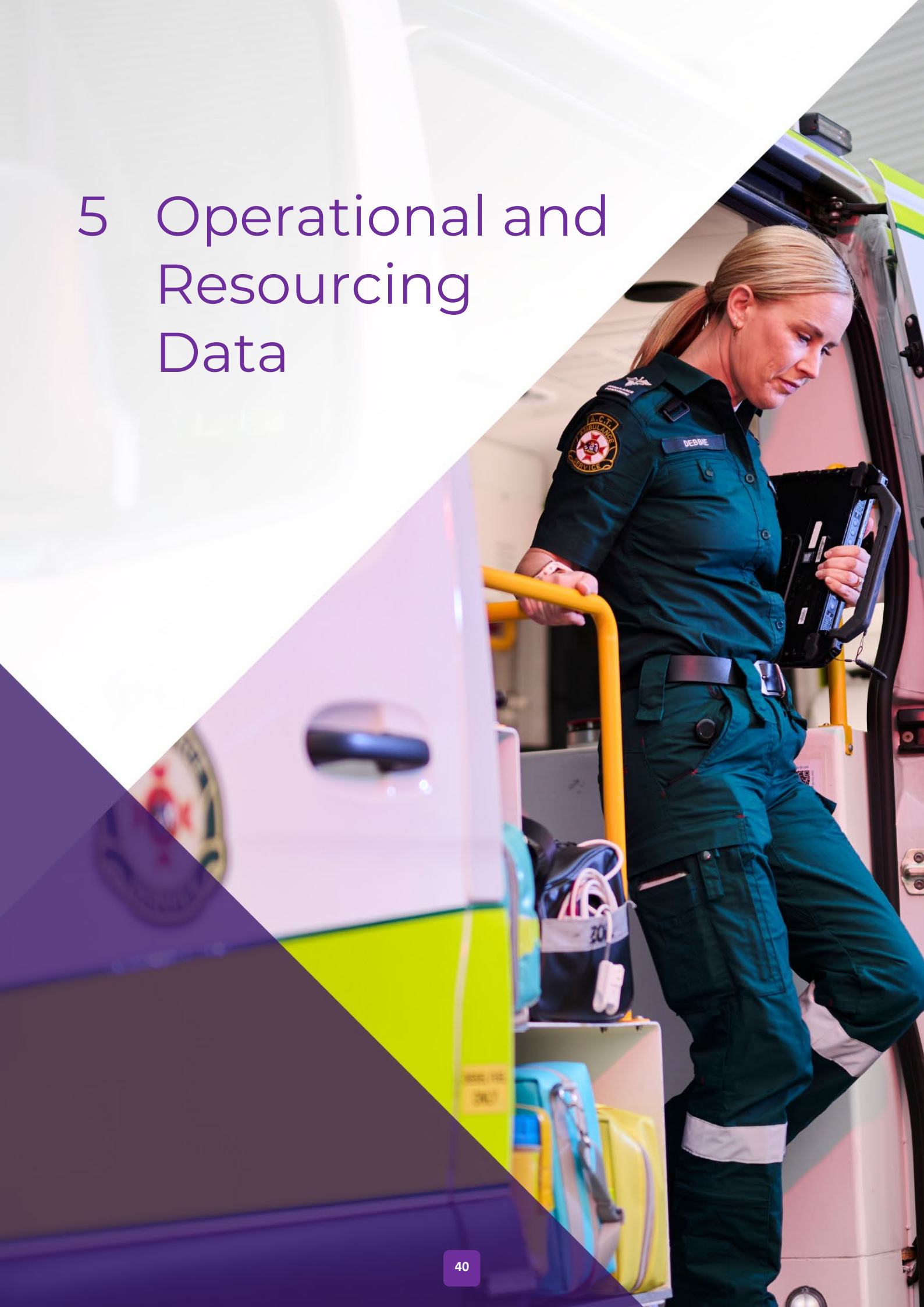
Collectively, the focus groups highlight a constellation of challenges that are interdependent and mutually reinforcing.

Chronic staffing shortages sit at the centre, driving operational strain, limiting recruitment capacity, and forcing difficult trade-offs in daily service delivery.

The administrative and managerial burden of the 44-hour roster compounds these pressures, while gaps in workforce planning and PD governance reduce the system's resilience and ability to adapt. Participants recognised the intent and potential of the roster but feel it has been implemented without the supporting investment, leaving ACTAS vulnerable to both internal workforce fatigue and external community scrutiny.

Addressing these challenges requires a whole-of-system response, not simply adding more staff to the roster.

5 Operational and Resourcing Data



5.2 Workforce demographics

ACTAS Emergency Operations staff are younger and more female than in previous years.

- **55% women, 45% men**, with over 50% of staff under 40 years of age.
- This profile increases demand for parental leave coverage and safe duties.
- Workforce planning must ensure temporary backfilling, appropriate light duties, and effective return-to-work arrangements.

Figure 36 shows the RoGS data for the ACTAS operational workforce since 2018 and includes all operational staff (Non-Emergency Patient Transport officers, ComCen staff, and Ambulance Managers). The Emergency Operations workgroup makes up approximately 75% of this data.

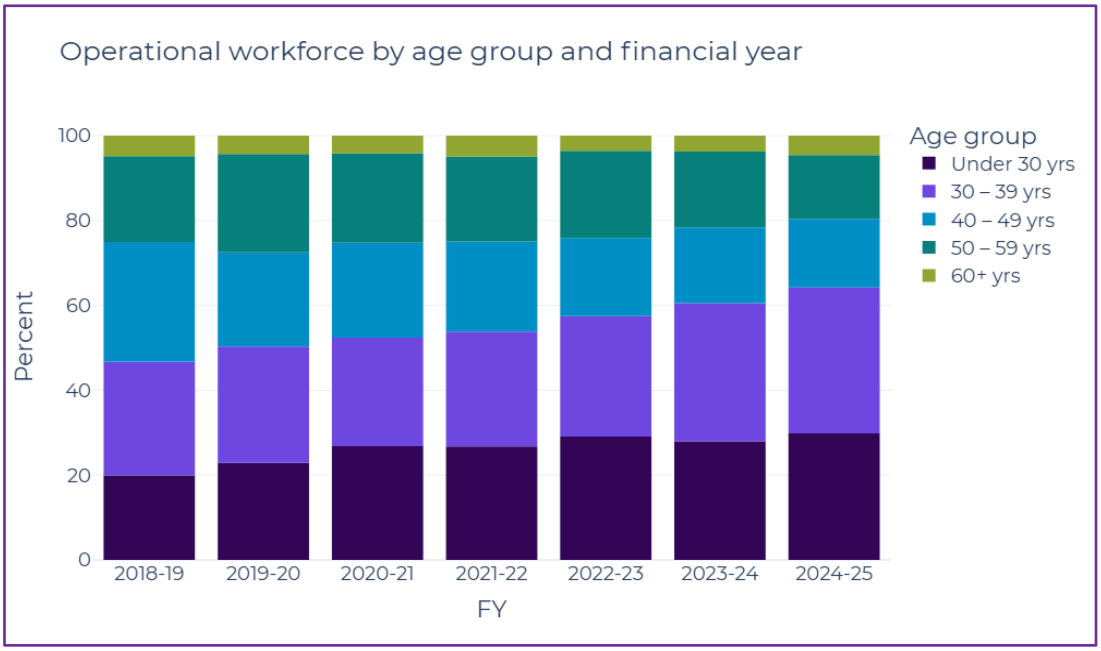


Figure 36 - ACTAS operational workforce – by age group and financial year

5.3 Demand

In the context of an ambulance service, demand refers to the total workload placed on the Service by the community. It begins with Triple Zero (000) calls but extends through to the number of incidents created, responses dispatched, and the time crews spend managing each case. Demand is shaped by the volume of work and its case complexity, with complex cases tying up more crews for longer periods.

Importantly, demand is not uniform. A growing proportion comes from urgent cases (P2s and P3s) that may not require an emergency ambulance response but nonetheless consume resources. These cases, when combined with rising call volumes, increasing case complexity (not just acuity), create cumulative pressure on service delivery. For this reason, demand is best understood as a combination of both the number and type of incidents and the duration of resource commitment.

Demand data is obtained from the CAD and includes triple 0 calls, incidents and responses. An incident is a case or event requiring a response and responses include vehicle or assets deployed to the case/event.

The Operational Research in Health Limited (ORH) Report stated in 2017, the average demand rate for ACTAS (across all ages, genders and districts) was approximately 91.4 incidents per 1,000 people. The report projected this to increase to 112.4 by 2028. These projections have already been surpassed, in 2023-24 ACTAS experienced 116.6 incidents per 1000 people.

Breaking down demand, in 2023-24 ACTAS received 62 600 calls for emergency services, resulting in 54 821 incidents. These 54 821 incidents resulted in 65 845 responses. Average job length has also increased. Between FY2017/18 and FY2024/25, median job length increased 25%, from 67.8 minutes to 84.6 minutes.

Looking at P1 and P2 incidents, demand changes throughout the day, with peak demand between 0900 and 1900 (Figure 37). ACTAS experienced a 6% increase in incidents across the review period (Figure 38).

Changing relationship between demand and response time

The reviewers investigated the Service's recent ability to absorb the increase in demand. As identified in Section 4, P2 response times grew disproportionately to P1s. On investigation the reviewers identified the relationship between demand and response times has changed.

Historically response times have remained stable as number of incidents increased. Consistent with other findings, there has been a significant change to this relationship since 2020. As shown in Figure 39, response times have significantly increased with only moderate changes in number of incidents since 2020. In general, it reflects changes in how the Service is managing incidents. Whether that be having fewer resources available to dispatch, incidents requiring greater resources or taking longer, or having immature referral pathways (an incident is held longer to try and refer, without a suitable option found).

Together these factors reflect a Service operating at capacity. With further increases in demand having a greater impact on response times than historically experienced within the ACT.

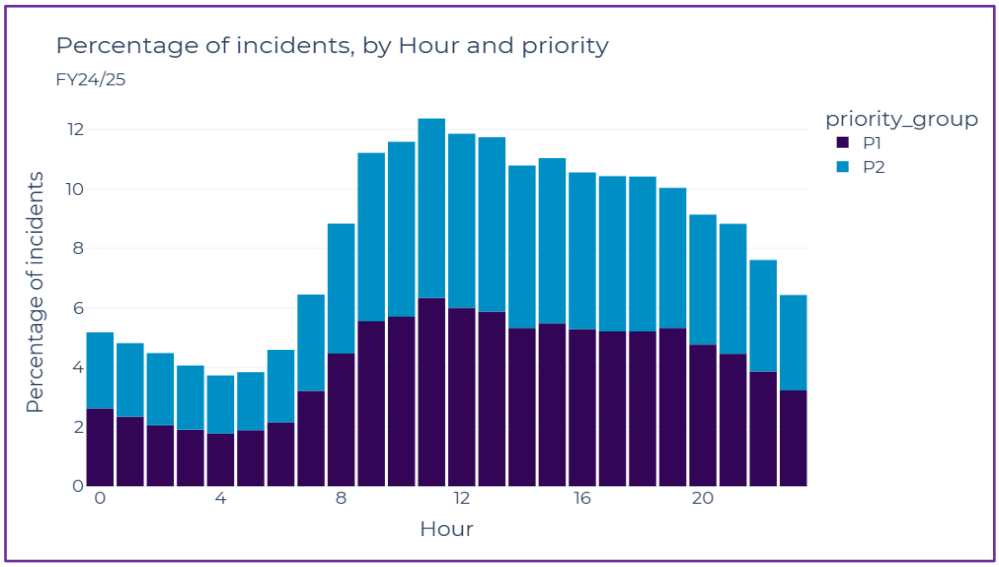


Figure 37 - Percentage of P1 and P2 incidents by hour

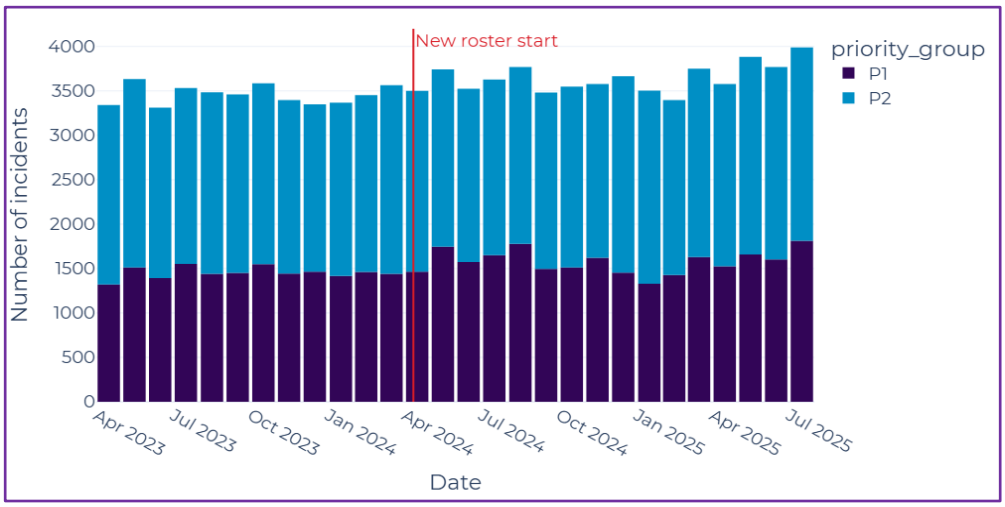


Figure 38 - Number of P1 and P2 incidents by month

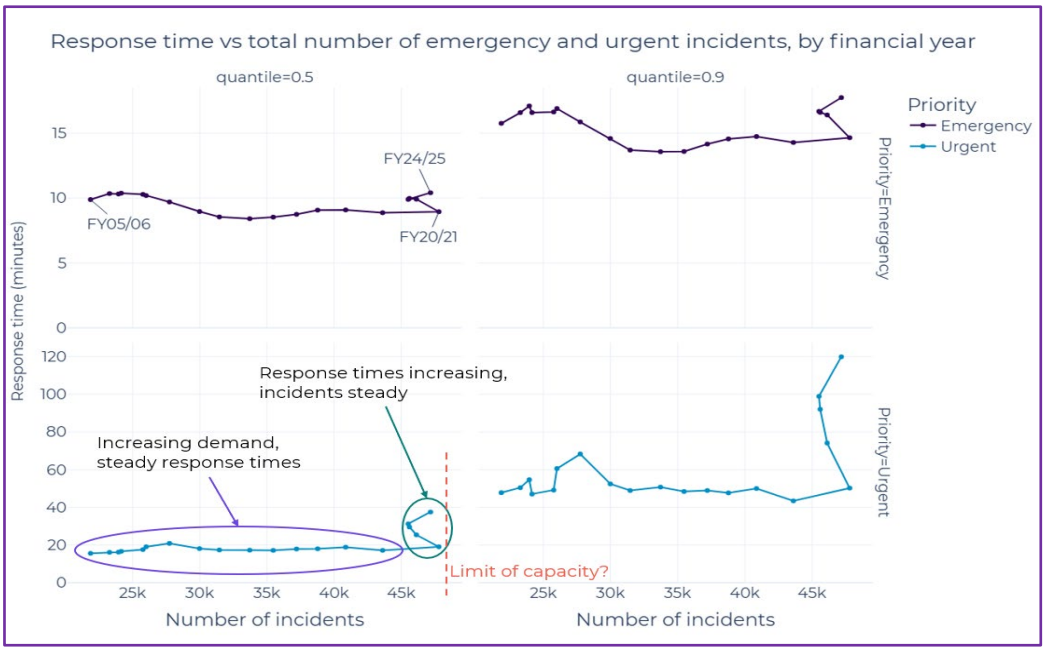


Figure 39 - Median (left column) and 90th percentile (right column) response times for emergency (top row) and urgent (bottom row) incidents, against the total number of emergency and urgent incidents, by financial year.

5.4 Utilisation

The utilisation rate represents the percentage of time resources on shift are unavailable to respond to a case. It reflects the balance of demand and capability at any given moment.

Monitoring ambulance utilisation rates is critical to ensuring the Service can meet community needs while maintaining workforce sustainability. High utilisation rates signal a system under pressure, where resources are stretched, response times may be at risk, and staff fatigue can increase. Conversely, consistently low utilisation may indicate inefficiencies or opportunities to reallocate resources.

Utilisation data informs workforce planning, guides the design of service innovations such as secondary triage and alternative care pathways, and strengthens the case for additional investment where demand is outpacing capacity. By monitoring utilisation, ACTAS can balance efficiency with resilience, ensuring resources are deployed where they deliver the greatest value for both patients and the community.

As a performance target, utilisation below 40% is broadly considered an industry standard. The 2019 ORH Report provided a comparison in ambulance utilisation between 2013-14 and 2017-18, it showed an increase in utilisation from 36.6% to 46.1%.

For this review, utilisation was calculated as the time ambulance resources spend busy, as a percentage of the time they spend on shift. This was calculated per resource for every hour of the day and then aggregated into vehicle groups and longer timeframes. Vehicle status codes from CAD were used to calculate utilisation:

- Not available - not on shift.
- Available - on shift but not attached to an incident; ready to be dispatched.
- Utilised - on shift either attached to an incident or otherwise busy and unable to be dispatched.

The time in each status code was then used to determine the total time spent either available or utilised.

Expectation

Utilisation was expected to remain consistent if not improve during peak demand. This was in consideration of increased resources during the day on the balance of the expected increase in demand.

Findings

The current utilisation rate is 68%, which indicates the ability of ACTAS to meet community expectations is under pressure.

From 2017 to 2025 ACTAS has experienced a gradual increase in ambulance stretcher utilisation, from 49.4% to 67.7% (Figure 40). This has largely been driven by an increase in overnight utilisation. Figure 41 shows ambulance utilisation levels fluctuate throughout the day. In the 2017-18 financial year, the median utilisation at 5am was 21%, and the 90th percentile was 43%. In 2024-25 this has increased to 63% and 86% respectively. The 90th percentile hourly utilisation at midday has only risen three percentage points over the eight years.

The reviewers analysed the impact a higher utilisation rate had on the availability of ambulance resources at a practical level. By calculating the utilisation every minute for one month in every year (June), the reviewers found a one percentage point increase in average utilisation rate was correlated with a 12% increase in time at 100% utilisation (Figure 42).

This means in 2025, at a utilisation rate of 67.7%, the community experienced roughly 2400 minutes (or more than 1.5 days) of no stretcher vehicles being available, every month. At a utilisation rate of 40% this drops to only 104 minutes.

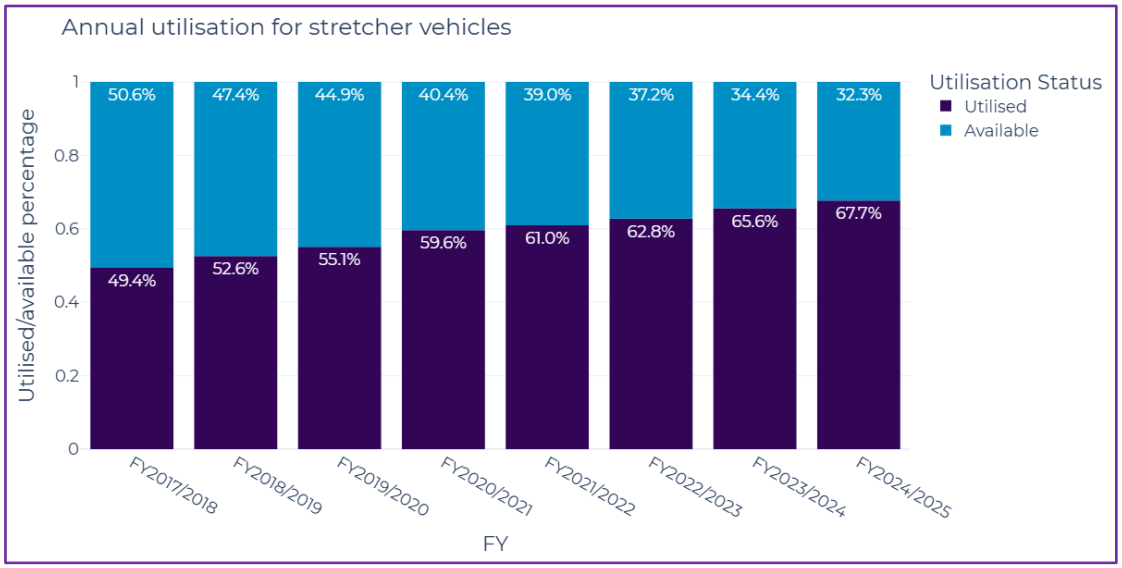


Figure 40 - Annual utilisation rate for stretcher ambulances

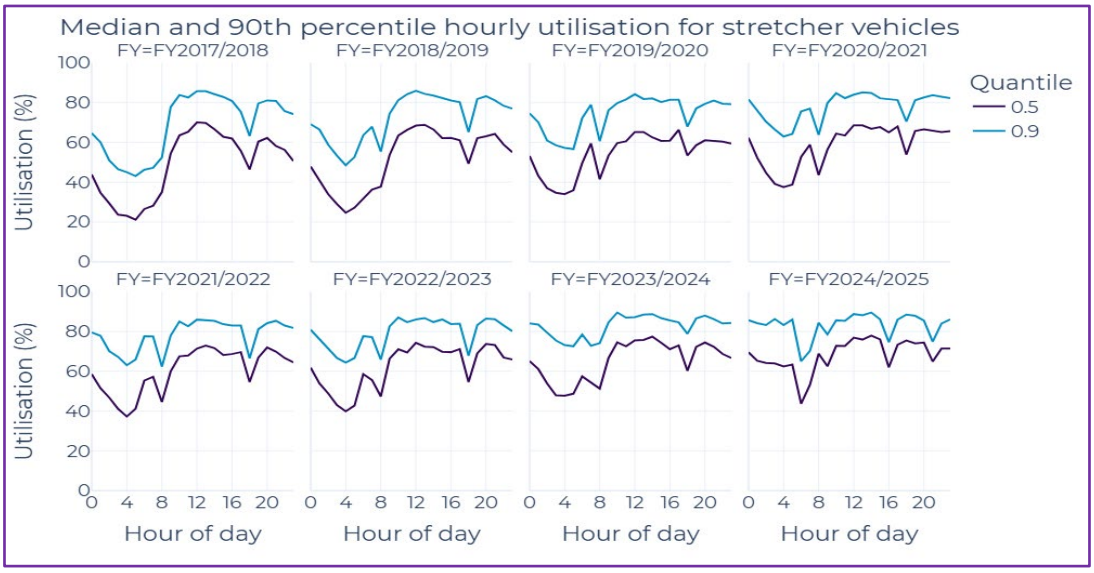


Figure 41 - 50th and 90th percentile utilisation rate by year and time of day

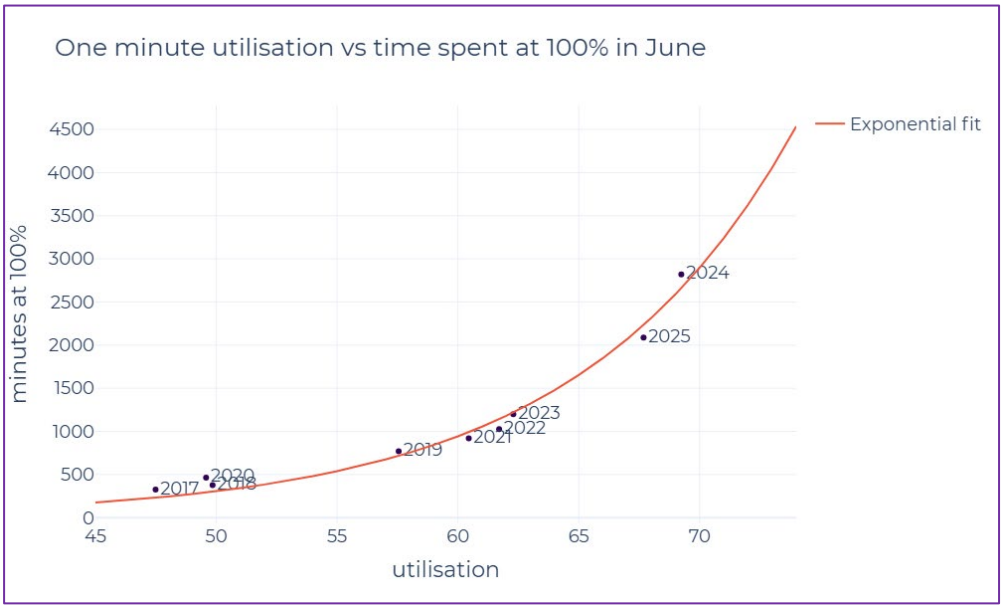


Figure 42 – Average one minute utilisation vs time spent at 100% in June, compared to an exponential function. The R-squared value for the fitted function is 0.98

5.5 Staffing needs analysis

ACTAS staffing requirements extend beyond paramedics to fill a roster position. There is additional capability necessary to meet workforce demands that enable the delivery of ambulance services to the community.

Staffing analysis for this review focuses on understanding the number of paramedics required to sustainably operate the 44-hour roster and identifying the gap between current staffing levels and what is required. While paramedics on the roster form the core of Emergency Operations, the effective delivery of ambulance services also depends on other staffing categories. For clarity, staffing can be broken down into the following pools:

- **Roster staff** – Paramedics required to fill core Emergency Operations roster positions.
- **Additional capability** – Paramedics allocated to specialised functions funded outside of the core roster (e.g. Duty Officers and Clinicians).
- **Patient transport** – officers delivering non-emergency patient transport.
- **ComCen** – staff operating the Communications Centre.
- **Management and enabling functions** – paramedics and other staff supporting clinical governance, training, human resources and support services. The back-of-house capability.

This section primarily focuses on 'roster staff', as it directly underpins service delivery and is central to the objectives of the 44-hour roster. The review also considers 'additional capability' as these positions directly impact the 'roster staff' pool and are necessary to support service delivery.

Leave liabilities

Leave is a key driver of relief requirements. While leave entitlements remained consistent during the transition from the 10/14 to the 44-hour roster, the reduction in weekly hours has stretched leave balances further. As of July 2025,

- **Annual leave liability** is 169,654 hours = ~3,855 blocks of leave (321 more than under the 10/14 roster). 22 staff > 1,000 hours; 60 staff hold 500 - 1000 hours.
- **Personal leave liability** is 186,557 hours, with 211 staff < 500 hours.

Current staffing levels

As of July 2025, the Emergency Operations workforce totalled **278 staff (249.2 FTE)**. This figure includes roster staff and additional capability staff. The difference between headcount and FTE reflects flexible working arrangements, secondments, and leave without pay.

To the best the reviewers could ascertain, the 'additional capability' staff is made up of the following funded positions:

Position	Funded FTE
Duty Officers	8
Clinicians	11
PACER	7
Extended Care Paramedics	3
Clinical Support Officers	5
TOTAL:	**34 FTE**

The reviewers understand the funded FTE for these positions was calculated on the on the 10/14 roster and may not be adequate to provide the same level of capability on the new roster. As an example, there is funding for 8 Duty Officers (DO), who provide frontline management aligned with each block. With 8 blocks this means ACTAS is funded for 1 DO per block with no relief. When a DO is on leave it is necessary to pull staff from the 'roster staff' pool to fill the position, exacerbating the workforce shortage issue. The same occurs with the clinician workgroup.

Removing the 34 'additional capability' FTE from the Emergency Operations workforce leaves **215.2 FTE** available for roster coverage. Noting this figure includes a number of staff who are not available to roster due to long term leave.

Recruitment and attrition activities

To understand the current staffing challenges the reviewers analysed the Service's recruitment and attrition activity leading up to and since the transition.

The reviewers recognise the ACTAS graduate program is the longest in Australia, between 14-18 months, compared to 12-month programs in other States. While a longer program is assumed to be of benefit there are no performance metrics to monitor the program's effectiveness or success. As such the reviewers are unable to assess whether the ACTAS program (and its length) reflect a superior program. The length is important as it creates a trailing bottleneck in recruitment capacity, as it does not align with funding or budget cycles.

Furthermore, the recruitment program is run at capacity with limited ability to recruit and train more paramedics per year. This is due to a combination of Service size (finite qualified personnel on road to supervise graduates), program design, and Education team size and infrastructure capacity.

Leading up to the roster transition a recruitment strategy projected recruitment of 147 paramedics (graduates + lateral entrants) between January 2023 and August 2025, assuming full-time work and no increase in attrition. Performance fell short with only 108 paramedics recruited in that time (shortfall of 39).

Over the same period ACTAS lost 43 paramedics through attrition. Net recruitment activity for the period was only **65 paramedics**.

Funding level and data integrity

A key challenge identified is the lack of clarity around what staffing is funded versus what is reported and actually available. Cost centre data lacks granularity, resulting in misclassification of paramedics across staffing pools. This creates a misunderstanding and the misclassification of paramedics across the staffing pools outlined earlier. Clearly separating funded FTE to fill a roster position from all other positions is necessary to help resolve the issue.

This disconnect between what Government funds and what ACTAS can deliver undermines financial accountability and makes accurate workforce planning extremely challenging. Work is underway between ACTAS and ESA to improve data integrity.

The reviewers utilised a 2015-2016 FTE baseline report undertaken by ESA to establish a point of time agreed funding level. The reviewers separated out frontline emergency FTE and then mapped FTE funded through business cases from that point to 2025.

This provided a **funded FTE of 279.68**, inclusive of additional capabilities. Removing the 34 FTE funded positions for those capabilities the ACTAS is **funded for 245.68 FTE** to support the core emergency roster.

Roster requirements

The reviewers sought to establish the required FTE to operate the 44-hour roster, excluding the 'additional capabilities'.

The roster operates on an 8-day rotating pattern with four shifts: morning, day, afternoon, and night, followed by 4 days off. This requires an 8-week cycle to provide full coverage (i.e. a person will work Monday night shift every 8 weeks). As such there are 8 blocks of staff rotating through the 8-week cycle. To provide 10 ambulance stretcher vehicles plus 2 Single Response Units (SRU) requires 22 paramedics.

The minimum staffing to fill all roster blocks without relief is **176 paramedics (22 × 8)**.

A relief ratio is then applied.

What relief ratio should be used?

A relief ratio accounts for leave entitlements and productivity loss due to illness, safe duties, training and other absences.

The current agreed relief ratio (set in 2011) is 1:1.87, based on the old 10/14 roster. Applying this, and alternative relief ratios, to the 44-hour roster shows:

Relief Ratio	Core roster FTE
1.87	329.12
1.70	299.2
1.60	281.6

At present, with 215.2 FTE available for roster coverage, ACTAS is operating at an effective relief ratio of ~**1:1.22**, well below the required level.

Analysis of entitlements shows that with full leave utilisation (personal + annual leave), a paramedic provides only **1,518.2 of the 2,002 rostered hours** required. This indicates a minimum relief ratio of **1:1.32** before factoring in birth/parental leave, long service leave, safe duties, work-related injury absences, and other specialised entitlements like military leave, which push the ratio higher.

The reviewers conclude that a revised methodology for calculating the relief ratio is required, tailored to the new roster and workforce demographics. It is recommended that ACTAS monitor three core indicators to validate the relief ratio over time:

- Utilisation rate
- Leave liability
- Overtime hours required to fill the roster

As a reasonable relief ratio is approached the average utilisation rate, annual leave liability and overtime will reduce. The reviewers expect an artificially high relief ratio will be required for a prolonged period to rectify current leave liabilities due to chronic and sustained understaffing.

Based on EA entitlements, workforce demographics and current leave liabilities the reviewers believe this will fall somewhere between 1.70 and the currently agreed 1.87.

How many more paramedics are needed?

Assuming the current funded FTE to support the roster is **245.68**, ACTAS will require funding for an additional **83.44** FTE to bring establishment up to the 1.87 relief ratio.

This additional FTE will change depending on the relief ratio applied. The final required staffing level should be based on the point where a reduction in overtime hours, leave liabilities and utilisation is realised.

The required FTE will also increase if service capability is increased in line with new stations or changes in demand.

It is critical that ACTAS ensure it can recruit to its current funded level before further funding is provided. As of July 2025, their Emergency Operations establishment is **30.48 FTE** below the assumed funded level.

Summary of findings

This analysis demonstrates a critical difference between the staffing required to operate the 44-hour roster and the staff available. This gap is amplified by leave liabilities, demographic trends and recruitment underperformance.

These findings directly underpin several of the report's recommendations, particularly those relating to appropriately funding frontline staffing, strengthening recruitment and retention, improving workforce planning, and enhancing governance of leave and enabling functions. Together, these measures are essential to building a sustainable workforce and ensuring that the roster can achieve its intended objectives.

6 Recommendations and Conclusion

6.1 Frontline resourcing and utilisation

ACTAS continues to experience persistent workforce shortages, high ambulance utilisation rates, and frequent night shift gaps, all of which directly impact response times, increase late finishes, and reduce the resilience of the service.

The review found that to operate the 44-hour roster, a minimum of 176 paramedics is required to staff night shifts across the eight-block cycle. When applying the current relief ratio (1:1.87), this equates to 329 FTE. In reality, only 215.2 FTE are available to fill roster positions once "additional capability" roles (Duty Officers, Clinicians, PACER, etc.) are excluded. This shortfall has led to consistent understaffing, particularly on night shifts, forcing changes in procedure to protect critical resources.

High utilisation rates reflect this shortage: crews are regularly operating at or beyond sustainable levels, resulting in fatigue, late finishes, and a diminished ability to respond flexibly to surges in demand. Staff repeatedly identified night shift coverage as a key concern, linking it to both service delivery risks and wellbeing impacts. These pressures cannot be resolved through rostering adjustments alone — additional frontline capacity is essential.

Recommendation 1

Increase frontline staffing to an agreed funding level to meet roster requirements and restore service resilience

Recruit sufficient paramedics to fill roster blocks with an appropriate relief ratio, reduce reliance on overtime, and lower utilisation rates. Increasing workforce size is essential to improving response capability, reducing fatigue, and ensuring night shifts are consistently crewed.

Recommendation 2

Establish a clear methodology to monitor service health and inform an appropriate relief ratio

Develop a methodology for calculating the required relief ratio that monitors three pillars of *utilisation*, *leave liability*, and *overtime trends*. This will provide ACTAS with an evidence-based mechanism for assessing workforce health over time and adjusting staffing levels accordingly.

6.2 Recruitment and retention

Recruitment and retention challenges remain unresolved and continue to undermine the effectiveness of the 44-hour roster. Graduate intake has increased but is insufficient to keep pace with attrition, while lateral recruitment remains underdeveloped and constrained by education and infrastructure capacity.

Between January 2023 and August 2025, ACTAS aimed to recruit 147 paramedics through graduate and lateral entry programs. In practice, only 108 were recruited, with 43 leaving during the same period, resulting in a net gain of just 65 paramedics. The graduate program — the longest in the country at 14–18 months — creates bottlenecks in recruitment capacity, particularly as the education team lacks the staff and equipment to expand intake. Focus group participants reported that "recruitment continued as it always had, with no true investment," leaving the system unable to scale up to meet the needs of the new roster.

Attrition adds further instability. Without better workforce data, ACTAS struggles to identify emerging risks and respond strategically, leaving staffing levels vulnerable to fluctuations. These recruitment and retention issues pre-date the 44-hour roster and remain a critical barrier to its success.

Recommendation 3

Develop and resource a sustainable recruitment and retention strategy

Design a long-term workforce strategy that includes expanded graduate intake, improved lateral recruitment, and stronger retention measures. The strategy should be informed by a 'recruit journey' mapping process to identify and address the barriers to employment and leverage incentives. This should include, but not be limited to, flexibility in the recruitment process that reduces the time and financial cost for a recruit and implementing programs that incentivise retention. The strategy should also be supported by appropriate investment in educators, infrastructure, and equipment to ensure recruitment programs can scale in line with workforce needs.

Recommendation 4

Monitor workforce trends and attrition data in real time to identify emerging risks and adapt strategies quickly

Workforce dynamics should be continuously tracked to prevent recruitment from lagging behind demand. Establish a system to routinely track attrition and workforce demographics to identify risks early and adapt recruitment strategies accordingly. Improved visibility will allow ACTAS to move from reactive to proactive workforce planning.

6.3 Back-of-house resourcing

Critical enabling functions lack capacity to implement change initiatives without sacrificing core business functions, leaving them unable to fully support frontline operations or deliver reforms like the 44-hour roster.

The Workforce Planning team has limited capacity to undertake proactive planning or strategic workforce management. Staff in this team reported feeling personally responsible when station closures occurred or shifts ran below minimum, highlighting the unsustainable burden created by chronic under-resourcing.

ComCen faces parallel challenges. On night shifts, minimum crewing levels are often not met, leading to cases being "stacked" while waiting for available crews. The overlap roster has introduced further complexity into dispatch, requiring call takers to carefully monitor which crews are nearing the end of their shifts. Focus group feedback highlighted inconsistent dispatch practices and a shared view that procedures need refinement.

The Education team is likewise stretched. The graduate program is already the longest in Australia (14–18 months) and capacity is capped by the small number of educators and limited training infrastructure. This has directly constrained ACTAS's ability to expand recruitment programs to meet demand. In addition, quarantined professional development (PD) time is inconsistently governed, undermining its intended benefits.

Together, these findings demonstrate that enabling functions are overextended, inefficient, and poorly aligned. Without strengthening these areas, frontline reforms like the 44-hour roster will continue to falter, regardless of additional paramedic recruitment.

Recommendation 5

Support critical capabilities and resolve organisational inefficiencies and inconsistent practices

Aligned with a clear strategic direction, provide staffing and support for enabling functions to implement change initiatives that resolve inefficiencies without impacting day-to-day operations. This may require temporary dedicated capacity for change implementation.

6.4 Leave management and workforce availability

Rising leave liabilities, limited access to annual leave, and cultural shifts following COVID-19 have reduced workforce availability and increased reliance on overtime, exacerbating fatigue across the Service.

The review found that annual leave liabilities for ACTAS continue to grow at a significant rate. A small but significant number of staff hold very high balances (21 staff with more than 1,000 hours, and 60 with more than 500 hours), reflecting persistent difficulties in accessing leave. Personal leave balances are also high at 184,000 hours, with widespread utilisation of entitlements.

Planned leave is almost at 100% utilisation, meaning even if people wanted to use leave, they are unable to. Managers reported that operational demands often require leave requests to be refused, which in turn contributes to staff dissatisfaction and, anecdotally, a rise in short-notice personal leave. The compounding effect is a cycle of workforce shortages, increased overtime use, and further fatigue.

COVID-19 has also reshaped workforce behaviour. Infection control standards and public health messaging have lowered the threshold for staff to book off sick. While this supports staff and patient safety, it places further pressure on an already limited workforce. Together, these pressures represent one of the most significant barriers to achieving roster stability.

Recommendation 6

Strengthen leave management governance to ensure fair and consistent processes while addressing rising liabilities

Improved governance will support staff wellbeing and operational reliability. Implement clear and consistent governance for leave management that balances staff wellbeing with operational needs. Actively reducing high leave balances should be a priority, as this will restore flexibility, reduce forced overtime, and improve overall workforce resilience.

Recommendation 7

Establish leave utilisation performance targets

Set and monitor a service-wide target for minimum levels of leave utilisation to ensure staff have regular and fair access to leave. This will prevent the build-up of excessive leave liabilities, improve workforce wellbeing, and provide a clear accountability measure for managers.

6.5 Professional development

Quarantined professional development (PD) time within the 44-hour roster is highly valued by staff and seen as a positive feature that supports retention, capability, and wellbeing. However, the governance of PD time is weak, leading to inconsistent use and limited evaluation of its impact. Without stronger structures, the full benefits of this initiative are not being realised.

The review found that managers and staff welcomed the opportunity for PD but reported uneven access across Emergency Operations capabilities and other areas of ACTAS. Feedback indicated that organising PD activities, collecting feedback, and providing educational resources created additional workload for Education, Clinical Governance and Operations teams. Staff noted that in some cases "we haven't realised all the benefits we thought we would get from PD time," as the time was not always used productively.

This inconsistency undermines the intent of PD time and risks it being viewed as a cost rather than an investment. With clearer governance, resourcing, and evaluation, PD could serve as a major contributor to professional standards, workforce satisfaction, and long-term retention.

Recommendation 8

Strengthen governance and evaluation of Professional Development time to maximise its benefit

Introduce clear structures to support consistent use of PD time, including defined expectations for activities, improved educational resources, and mechanisms to evaluate outcomes. This will maximise its benefit, ensure equity across the workforce, and demonstrate its contribution to capability and retention.

6.6 Data management and performance monitoring

ACTAS's data capture and performance monitoring systems are immature, inconsistent, and fragmented. This limits the Service's ability to accurately measure roster impacts, identify workforce trends, and make evidence-based decisions.

The review found inconsistencies in overtime coding, gaps in HR datasets, and limited capacity to link operational and workforce information. For example, key metrics such as utilisation, late finishes, and leave patterns are collected but not integrated in a way that allows for clear analysis. Staff described difficulty in producing timely or reliable data for managers, and reviewers had difficulty verifying current staffing levels due to data discrepancies.

These weaknesses create blind spots in understanding the full effects of the 44-hour roster. They also undermine accountability to government and external reporting frameworks such as the Report on Government Services (RoGS). Without robust data systems, ACTAS cannot effectively track its progress or design targeted workforce interventions.

Recommendation 9

Strengthen data systems and enable integrated reporting

Develop a phased plan to improve data maturity, starting with mapping data flows and then implementing automated, standardised reporting where appropriate. Integrated systems will allow ACTAS to analyse utilisation, overtime, and leave in combination, providing clearer insights into workforce health and roster impacts.

Recommendation 10

Improve consistency and governance of workforce and operational data

Standardise data capture and reporting processes across ACTAS, ensuring coding and classifications are reliable and transparent. Improved governance will strengthen accountability and support both internal monitoring and external reporting requirements.

6.7 Demand management

Low-acuity workload continues to grow disproportionately and is now the largest driver of demand pressure on ACTAS. Some of these cases could be managed more appropriately through alternative pathways, but without consistent options in place, the burden continues to fall on frontline emergency resources.

The review found that demand growth has outstripped earlier forecasts, with more than 67,000 incidents in 2024–25. A substantial proportion of this growth relates to low-acuity cases. These cases drive high utilisation, contribute to late finishes, and reduce the availability of resources for time-critical emergencies. Staff in both operations and ComCen expressed concern that managing low-acuity demand is consuming disproportionate effort and exposing the Service to risk.

While referral pathways and secondary triage initiatives have been introduced, their benefits are not fully realised, and staff reported variability in how consistently they are used. Strengthening and expanding these programs would reduce pressure on the roster, improve patient outcomes, and align ACTAS with national trends in demand management.

Recommendation 11

Strengthen and expand referral pathways and secondary triage for low-acuity demand

Strengthen investment in alternative care pathways, building on existing referral and triage systems. This will divert appropriate cases away from emergency ambulance response, ease demand pressures, and support patients in accessing the right care for their needs.

6.8 Change management and culture

The transition to the 44-hour roster exposed weaknesses in ACTAS's governance, leadership, and communication, undermining confidence in the change process and contributing to staff dissatisfaction.

The review found that participants across multiple focus groups described the roster implementation as inadequately managed, with inconsistent communication and delayed decision-making. Project team members reported feeling they lacked agency, while operational staff experienced uncertainty and confusion during the roster overlap period. Managers noted that the added administrative burden of the roster took them away from their leadership responsibilities, further straining relationships with frontline staff.

These governance and cultural challenges are not unique to the roster but reflect broader systemic issues in how ACTAS approaches organisational change. Without strengthening leadership capability, governance and change management processes, future reforms will risk repeating the same mistakes, regardless of their merit.

Recommendation 12

Strengthen governance and change management capability

Establish systems and processes that ensure reforms are planned, communicated, and implemented effectively. This includes clearer accountability structures, consistent communication strategies, and stronger project oversight to reduce uncertainty and improve staff trust.

Recommendation 13

Strengthen leadership and capability to support change initiatives

Strengthen leadership skills and capability across all levels of ACTAS, focusing on building trust, improving communication, and embedding a culture of continuous improvement. Improved capability will support the workforce through future reforms and help address the historical issues experienced.

Conclusion

The 44-hour roster was developed on sound principles of fatigue management and remains a credible model. However, its implementation has been undermined by persistent workforce shortages, under-resourced enabling functions, increased demand, and weaknesses in governance and change management. Under these conditions the roster was not set up to succeed and as such places pressure on service performance.

These challenges form a constellation of issues that collectively drive under-performance. They are interconnected: high utilisation is shaped not only by workforce shortages but also leave liabilities, data immaturity, inefficient enabling functions, and poor demand management. Resolving one factor in isolation will not produce sustainable change.

Addressing these problems is a complex puzzle to solve. Increasing the size of the workforce to sustain the roster is the central piece, but key corner and border issues also need to be addressed. These include strengthening governance and data integrity, resourcing enabling functions, embedding effective change management, and improving recruitment and retention systems. Unless these structural issues are addressed first, simply adding more paramedics will repeat the cycle of pressure without building long-term resilience.

The recommendations in this review therefore emphasise the need for a coordinated approach. ACTAS should stabilise its foundations before expanding its workforce, ensuring the system into which new staff are recruited is capable of supporting them. This will enable ACTAS to restore resilience, deliver sustainable service outcomes, and ensure that the 44-hour roster fulfils its potential for the ACT community.

However, ACTAS cannot accomplish this in isolation; it is reliant on the support and expertise of the ESA and JACS directorate to achieve its desired outcomes.

Annexures

Appendix	Title
Appendix 1	Performance Indicators
Appendix 2	Staff Survey
Appendix 3	ACTAS Roster Review – Focus group plan
Appendix 4	ACTAS Response Times Calculation

Appendix 1 – Performance Indicators

Indicator	Frequency	Detail	Unit of measure	Data Source
Shifts below minimum crewing	Weekly	Overall shifts	Number; % shifts	DO Shift Report
		Days	Number; % shifts	DO Shift Report
		Nights	Number; % shifts	DO Shift Report
Late cases, shift overrun	Weekly	Overall	Number	Payroll report/ Deployment Book
		Day	Number	Deployment Book
		Demand	Number	Deployment Book
		Nights	Number	Deployment Book
Overtime	Monthly	Overall	$	Finance Report
		Late case	$	Finance Report
		Events	$	Finance Report
		Training	$	Finance Report
		Personal Leave	$	Finance Report
Response times – Priority 1	Weekly	Overall	Minutes @ 50th %	CAD
		0900-2300	Minutes @ 50th %	CAD
		Overall	Minutes @ 90th %	CAD
		0900-2300	Minutes @ 90th %	CAD
Response times – Priority 2	Weekly	Overall	Minutes @ 50th %	CAD
		0900-2300	Minutes @ 50th %	CAD
		Overall	Minutes @ 90th %	CAD
		0900-2300	Minutes @ 90th %	CAD
Flexible Work Arrangements	Quarterly	Total number & FTE equivalence	Number	Workforce Planning Team
		Number that excludes night shifts	Number	Manual process
		Number that reduces night shifts	Number	Manual process

Appendix 2 – Staff Survey Questions

Section 1: About You (Demographic & Context)

1) What is your current classification?
   a) Graduate
   b) Supervised lateral Paramedic
   c) Ambulance Paramedic
   d) Intensive Care Paramedic
   e) Duty Officer
   f) Other

2) What is your work schedule?
   a) Full time
   b) FWA Fixed Day
   c) FWA Block aligned
   d) Casual

3) Did you work under the previous 10/14 roster?
   a) Yes, for more than 12 months
   b) Yes, for less than 12 months
   c) No, but I worked a different roster (either in ACTAS or another Service)
   d) No, I was new, this was my first roster

Section 2: Satisfaction

4) Overall, how satisfied with the new roster are you?
   a) Very dissatisfied
   b) Somewhat dissatisfied
   c) Neither satisfied or dissatisfied
   d) Somewhat satisfied
   e) Very Satisfied

5) How predictable do you find your rostered shifts and start times under the new roster?
   a) Very unpredictable
   b) Somewhat unpredictable
   c) Neutral
   d) Somewhat predictable
   e) Very predictable

6) Compared to the 10/14 roster or your previous roster, how has your satisfaction changed?
   a) Much lower
   b) Somewhat lower
   c) About the same
   d) Somewhat higher
   e) Much higher
   f) NA

Section 3: Work-Life Balance

7) Since the introduction of the new roster, how would you rate your overall work-life balance?
   a) Very Poor
   b) Poor
   c) Fair
   d) Good
   e) Excellent

8) How often do you feel you have adequate time for personal or family commitments between shifts?
   a) Never
   b) Rarely
   c) Sometimes
   d) Often
   e) Always

9) Compared to the 10/14 roster or your previous roster, how has your work-life balance changed?
   a) Much worse
   b) Somewhat worse
   c) About the same
   d) Somewhat better
   e) Much better

Section 4: Fatigue

10) On shift fatigue:

	Never	Rarely	Sometimes	Often	Always
I feel physically fatigued on shift:					
I feel mentally fatigued on shift:					
I have adequate recovery between shifts:					

11) Which shift do you feel is most fatiguing?
   a) Morning
   b) Day
   c) Afternoon
   d) Night

12) Compared to the 10/14 roster or your previous roster, your on-shift fatigue is...
   a) Much worse
   b) Somewhat worse
   c) About the same
   d) Somewhat better
   e) Much better

f) NA

13) Fatigue on days off:

	Never	Rarely	Sometimes	Often	Always
I feel adequately rested on days off					
Fatigue impacts my ability to enjoy or engage in activities outside of work					
I have adequate recovery between shifts					

14) Compared to the 10/14 roster or your previous roster, your fatigue outside of work is...
   a) Much worse
   b) Somewhat worse
   c) About the same
   d) Somewhat better
   e) Much better
   f) NA

Section 4: Unplanned Incidental Overtime

This section refers to finishing late due to a need to respond to a job. It is not in reference to situations you may choose to extend your shift.

15) How frequently are you required to work unplanned incidental overtime?
   a) Never
   b) Rarely (<3 times per month)
   c) Sometimes (3-4 times per month)
   d) Often (5-9 times per month)
   e) Always / Almost every shift
   f) NA

16) Compared to the 10/14 roster or your previous roster, how has unplanned incidental overtime changed?
   a) Significantly increased
   b) Slightly increased
   c) No change
   d) Slightly decreased
   e) Significantly decreased
   f) NA

Section 7: Professional Development

17) How would you rate the amount of professional development time included in the new roster?

a) Too much
b) Slightly too much
c) About right
d) Slightly too little
e) Far too little

18) Do you feel the professional development time included in the roster improves your clinical capability?
a) Strongly agree
b) Agree
c) Neutral
d) Disagree
e) Strongly disagree

19) Compared to the 10/14 roster, how does the new roster support your ongoing learning and development?
a) Much worse
b) Somewhat worse
c) About the same
d) Somewhat better
e) Much better
f) NA

Appendix 3 – ACTAS Roster Review – Focus group plan

Purpose

1. To engage ACTAS business units in meaningful, reflective discussions about the implementation of the new roster, capture sentiment, and identify barriers and enablers to ongoing success.

Target focus groups

2. Focus groups will be conducted for the following work groups. Each unit has an area of focus to investigate on the impacts of the roster to now and what they view as critical moving forward.

Workgroup	Focus	Scheduled
Workforce Planning	Rostering, FTE distribution, leave and entitlements	24 July
Clinical Governance Unit	Clinical safety, care continuity, patient outcomes	9 July
Operations	Shift impacts, welfare wellbeing and behaviour, incident response, demand modelling	28 July
Education	Professional development and training, recruitment	14 July
ComCen	Coverage, coordination, demand management and operational flow	18 August
Transport Workers Union	Industrial outcomes, workplace conditions, staff wellbeing	5 August
Senior Leadership Team	Strategic outlook, change leadership, workforce retention and sustainability	18 August

Structure & Timing (2–3 hours per group)

Segment	Duration	Focus
1. Welcome & Preamble	15 mins	Purpose, expectations, creating a safe and respectful space
2. Roster Implementation Experience	30 mins	Explore how the implementation was managed and experienced
3. Readiness for Change	30 mins	Assess staff preparedness and perceptions of change
4. What's Working & What's Not	30 mins	Identify strengths and current pain points of the new roster
5. Sentiment & Future Outlook	30 mins	Gauge optimism/pessimism and belief in success
6. Barriers & Enablers	30 mins	Identify what might help or hinder continued success
7. Wrap-Up & Feedback	15 mins	Summarise themes, thank participants, explain next steps

Facilitation Guide

3. A facilitation guide is found at Appendix 1. It includes details on the planned structure and the key discussion topics and prompts to be covered.

4. It is noted that each focus group will vary, and the facilitator is to encourage open discussion. This may stray outside of the key discussion topics but may be beneficial to the review.

Data Capture Method

5. Focus groups will be facilitated by the project team.

6. A consistent **note-taking template** will be used across groups with:

    - Key themes
    - Direct quotes
    - Emerging issues
    - Suggested actions

7. Meetings will be recorded through Microsoft teams to assist with capturing notes.

8. Digital and/or analogue collaboration tools (whiteboard) will be used, with outcomes saved/stored to inform insights.

Before the Session

9. Book a quiet, neutral venue or set up virtual links.

10. Arrange for note-takers or digital recording (if agreed).

11. Prepare printed or digital versions of:

    - This guide
    - The note-taking template
    - Whiteboard or post it notes for themes and feedback

Opening Script (Suggested)

12. “Welcome and thank you for joining today’s focus group. This is part of the ACT Ambulance Service’s interim review of the new roster. We want to understand your experiences, both positive and negative, and use this information to inform improvements going forward. This is a safe and respectful space. We are not here to assign blame or debate past decisions, but to look constructively at what’s working, what’s not, and how we can support a sustainable future.”

Ground Rules

13. Everyone’s input is valuable

14. Speak one at a time
15. Respect confidentiality
16. Focus on solutions and constructive feedback
17. Challenge ideas, not people

Discussion Topics & Suggested Prompts

18. Implementation of the New Roster
    - How was the lead-up and communication managed?
    - What surprised you during the rollout?
    - What would you change about how it was implemented?
19. Readiness for Change
    - Did you feel prepared for the change?
    - What helped or hindered your readiness?
    - Was the discomfort avoidable or part of change?
20. What's Working / What's Not
    - What parts of the roster are functioning well?
    - What isn't working or is causing stress/fatigue?
    - Are there unintended consequences?
21. Sentiment & Future Outlook
    - What's the general feeling in your unit?
    - Do you feel the roster will succeed? Why/why not?
    - Are there signs of improvement or decline?
22. Barriers & Enablers
    - What are the key obstacles to the roster's success?
    - What things are helping it work so far?
    - What needs to be maintained, improved, or added?
23. Wrap-Up (5–10 mins)
    - Summarise what you've heard
    - Invite final thoughts
    - Thank participants and explain next steps

Appendix 4 – ACTAS Response Times

This report shows response times, calculated in the same way as they are reported for RoGS. Response times are aggregated using the 50th percentile (median) and the 90th percentile.

Definitions

- Response time: time from call time to on scene time
- Activation time: time from call time to assigned time
- Turnout time: time from alerted time to mobile time

All times are recorded and calculated to the second and response times are reported in minutes.

Inclusions and exclusions

To ensure the most accurate reporting, some incidents are excluded from the calculation of response times. These are:

- **Incident type:** Incidents where the incident type contains any of the following are excluded:
  - Stand-by
  - Vehicle move
  - 000
  - Southcare
- **Callsign:** Response times are only calculated for resources with a callsign starting with "A".
- **Scene time:** Incidents where the scene time is less than 5 minutes are excluded.
- **Canberra suburb:** Only incidents where the scene is in a Canberra suburb are included.
- **Grade changes:** Incidents where the grade was changed after a resource was assigned are excluded from the calculation.
- **Grade groups:** Prior to 25th March 2024 the four available grades were A1, A2, A3, and A4. After this date grades were further broken down, e.g. A1 became 1A and 1B. To perform longitudinal comparisons before and after this date, use the grade groups (e.g. P1, which includes A1, 1A, and 1B.


ACT
Government