

2021

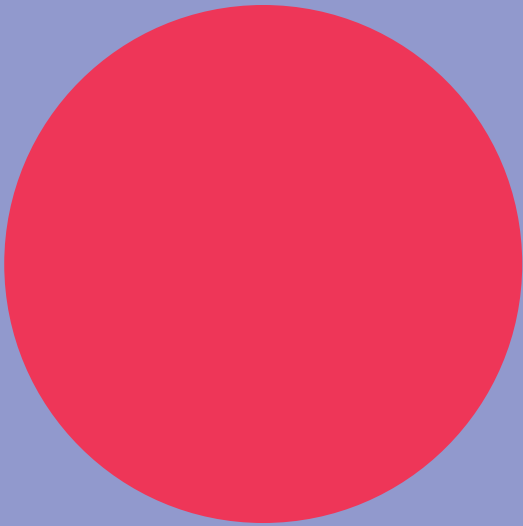
ANNUAL
REPORT

2022



Ambulanc

Victoria



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Chair and CEO Report

Ken Lay AO APM

As the lives of many Victorians started to return to normal in 2021-2022, we remained confronted by a once-in-a-lifetime health issue, COVID-19, that continued to place significant pressure on our people and our partners.

The coronavirus (COVID-19) pandemic presented many obstacles to health services across the world. The significant planning and processes we developed over many years gave us a solid platform to meet these challenges.

We created a COVID-19 Incident Management Team to enable us to manage the pandemic while allowing other parts of the business to provide our usual service to the community. Our workforce and our patients continued to be protected from COVID-19 infection through strict health and safety measures, including vaccination of all staff and the ongoing use of Personal Protective Equipment (PPE).

We undertook record recruitment, including 716 paramedics, and implemented a medium acuity transport service to help free up paramedics for the most life-threatening cases. We forged partnerships with external agencies, to create a surge workforce to support our paramedics to deliver high quality care in the face of record demand.

Our Triage Services were also bolstered by new recruits to become the largest service of its type in any ambulance service in the world. This further increased our capacity to assist Victorians, with 19.8 per cent of Triple Zero (000) callers for ambulance provided advice or safely directed to appropriate, alternative care against a target of 15 per cent.

While our work continued to be driven by the Strategic Plan 2017-2022, we also discovered new ways of working. In collaboration with Northern Health, we launched a dedicated pathway for on-road paramedics to refer patients to an in-home virtual emergency department service in October 2021. The service commenced

expansion state-wide in March 2022 and named

Our collective challenge is to create an equal workplace at Ambulance Victoria, that is safe, fair and inclusive. This means working with our people to actively transform our systems, structures and previous ways of working that were causing inequality or harm.

outcomes in the survival and quality of life for heart attack, stroke and trauma patients.

We attended a record number of cardiac arrest cases, representing a 6.1 per cent increase on last year and continuing an increasing trend. The trajectory of bystander cardiopulmonary resuscitation (CPR) and survival trends are now slowly moving back to pre-COVID levels. Adult survival to hospital for patients presenting in a shockable cardiac rhythm has improved to 54.7 per cent in 2021-2022 compared with 52.5 per cent in the previous financial year.

Never has our health system experienced such a prolonged and difficult health emergency as the global COVID-19 pandemic. At the same time, our organisation was confronted as never before by an independent review commissioned by AV that found too many of our people had been harmed in a workplace lacking equality, fairness and inclusion.

The Victorian Equal Opportunity and Human Rights Commission's (the Commission's) Report into Workplace Equality in Ambulance Victoria was released in two volumes, in November 2021 and March 2022. We have accepted all 43 of the Commission's recommendations and are embarking on a roadmap of reform to drive long-term cultural change.

While the Commission acknowledged long-term culture change is hard and can take some time, we share its confidence that we can achieve this transformation together.

From the release of Volume 1, we have been laying the foundations for the long-term reforms to create a safer, more equal, fair and inclusive workplace. This includes establishing a new Equality & Workplace Reform Division, improved governance arrangements with external expertise, and additional safety measures.

We have the opportunity in front of us for meaningful and generational change. Our dedication to treat patients with dignity and respect, must be matched with the everyday experiences of our people.

Our collective challenge is to create an equal workplace at Ambulance Victoria, that is safe, fair and inclusive. This means working with our people to actively transform our systems, structures and previous ways of working that were causing inequality or harm. We must keep our people safe and support them to thrive.

We all rightly deserve Ambulance Victoria to be a great place to work and volunteer, as we provide best care to our community.



Ken Lay AO APM
Chair, Ambulance
Victoria

Professor Tony Walker ASM
Chief Executive Officer,
Ambulance Victoria



We have accepted all 43 of the Commission's recommendations and are embarking on a roadmap of reform to drive long-term cultural change.

Declarations and

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I, Tony Walker certify that Ambulance Victoria has put in place appropriate internal controls and processes to ensure that it has complied with th
with th

It was a year like no other for AV.

The global COVID-19 pandemic continued to impact on the health of our community, leading to sustained record emergency demand.

We welcomed the largest annual intake of paramedics in our history and, during the height of the pandemic, partnered with other organisations to create a surge workforce to help paramedics care for our community.

And, while its content and themes were confronting, an independent review into workplace equality at AV provided us an opportunity for meaningful and long-ord.

AV's Best Care framework continued to shape our vision to provide a caring, safe and exceptional experience for all patients – from the call for help through to hospital discharge and every step in between.

Ambulance Victoria Best Care

AV is committed to providing a caring, safe, effective, and connected experience to every patient, every time – it is what we call Best Care.

This year, despite the continuing challenges of the pandemic, we worked together to build and embed systems, structures and processes that support and enable our people to provide an exceptional patient experience.

This section of the report provides a closer look at some of this year's key activities that deliver against our Best Care goals.

Patient Care Academy

The Patient Care Academy harnesses expertise across AV, our patients and expert partners to plan, design and improve models of patient care. We are tackling the challenges we face at AV and across the emergency health sector, using an evidence-based and human-centred approach to achieve better outcomes. This innovative work is grounded in empirical research, data and the lived experience of our people, patients and healthcare partners.

Residential Aged Care Enhanced Response (RACER)

The Residential Aged Care Enhanced Response (RACER) pathway connects and coordinates Triple Zero (000) calls from residential aged care facilities to better meet patients' needs and avoid unnecessary transport to emergency departments.

This alternative care pathway, developed in 2022 and scheduled for launch in 2022-2023, also helps minimise unnecessary, disruptive, and stressful transfers for patients in residential aged care facilities.

The RACER pathway has been designed to use Victoria's Virtual Emergency Department to bring the emergency department to the patient rather than transporting them. An aged care specialist

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- ✓ Improve the patient experience and outcomes for residential aged care facility residents, their families, and carers.
- ✓ Provide access to the right services for the patient's needs within residential aged care facility services.
- ✓ Reduce the risk of delirium and healthcare acquired trauma, infections and mortality that can be a complication of hospitalisation of older people.
- ✓ Reduce non-urgent call outs and improve ambulance availability for the acutely unwell.
- ✓ More than 100 stakeholders from across the sector (including health services, aged care facilities, and consumers) were engaged to contribute to the development of this pathway.

Palliative Care Connect

Palliative Care Connect is being developed to enhance the experience of palliative and end-of-life care patients. The academy worked with regional teams to identify evidence-based strategies that support patients and provide a clear pathway for escalation of care.

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Improving responses to patients at risk and experiencing family violence

As part of state-wide family violence reforms, AV strengthened its workforce capacity to identify, respond to, and prevent family violence. These Department of Health funded measures included:

- › The Multi-Agency Risk Assessment and Management (MARAM) framework to identify areas for action.
- › A series of webinars for first responders.
- › A family violence training package co-designed with subject matter experts, Victoria Police and victims of family violence.
- › Joining the Victorian Government Elder Abuse and Safeguarding Advisory Committee.

The role as SGC officer has been really rewarding. I am an advocate for vulnerable adults and children in our community, and I support my colleagues by following up or reporting on situations of child safety and family violence they have encountered on the road. Paramedics are very appreciative, saying things like 'Thanks for letting me know the outcome, that has really put my mind at ease.'

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and Paramedic**

Victorian Virtual Emergency Department

Telehealth services have been at the forefront of healthcare innovation since the beginning of the COVID-19 pandemic.

The pandemic increased pressure on ambulance and hospital resources, with staff isolating due to illness or exposure. Alternative care pathways for patients, and adjustments to workplace arrangements for staff, became more important than ever.

AV collaborated with Northern Health to establish a dedicated in-field ambulance referral pathway for on-road paramedics to refer patients within the hospital's catchment to the Victorian Virtual Emergency Department (VVED).

VVED provides in-home virtual clinical assessment, medical advice, treatment, and local referrals to appropriate services for patients who would normally attend an emergency department via ambulance or self-presentation. The service aims to connect patients to care pathways that best match their health needs in a timely manner. At the same time, VVED serves to decrease AV transports to hospital, improving AV resource availability in the community.

Within one week of the project launch in October 2021, the number of patients presenting with COVID-19 rapidly increased in Melbourne, highlighting the need to broaden the initial geographic boundaries beyond Northern Health's catchment.

At the three-month mark, over 350 patients had been referred to the VVED service within the north-east metropolitan area, with 84 per cent safely referred to community-based healthcare, avoiding transport to hospital.

While still in its infancy, the ambulance referral VVED pathway demonstrated enormous benefit in bringing healthcare to the home and reducing the number of patients transported to the emergency department, especially those with COVID-19.

Following a Victorian Government commitment of funding for a state-wide VVED service, AV rapidly

10,000 patients to VVED

78%

of patients with
suspected or

commenced a staged rollout to provide access for all paramedics attending patients with COVID-19 during the peak of the Omicron wave from April 2022.

The South-East Health Service Partnership inclusive of Alfred Health, Monash Health and Peninsula Health commenced delivery of VVED for residents in the south-east metropolitan catchment.

During the first nine months from inception, in-field paramedics referred over 10,000 patients to a VVED service. Approximately 8 per cent of patients with suspected or confirmed COVID-19, and approximately 12 per cent of patients with non-COVID related injury or illness, were recommended alternate care pathways.

The VVED pathway within AV has room to grow and plans are already underway to commence expanding to other sectors of the organisation, including our Secondary Triage service and the non-emergency patient transport service.

Quarterly patient experience feedback



Number of complaints

Promoting a positive patient safety culture through learning and improvement

AV launched a clinical discussion series for operational employees aimed at promoting open dialogue and reflective practice on pressing clinical care topics. This online, interactive forum promoted learning and systems improvement and explored clinical care and practice. The series provided opportunities for staff to share insights and receive input from clinical subject matter experts.

The reflective practice helped to establish a positive learning environment that focused on continuous improvement in the care we provide to the community.

Accessibility Action Plan

AV's Accessibility Action Plan 2020–2022 outlines how we will better meet the needs of people living with disability, including our patients, our staff and our community. As the Plan's implementation nears completion, AV is building a communication tool that will empower people living with disability to better understand and access our services.

At the same time, we are training and equipping our paramedics with the knowledge, skills and resources to improve engagement with people with disability, their carers and support networks.

To achieve this, AV partnered with Scope Australia in 2021 to develop new training and communication resources for emergency health services workers across the patient journey. These include dialling Triple Zero (000), first response and treatment by ambulance staff, and handover to hospital emergency department staff. Gippsland and Metropolitan Melbourne were the trial sites for this work.

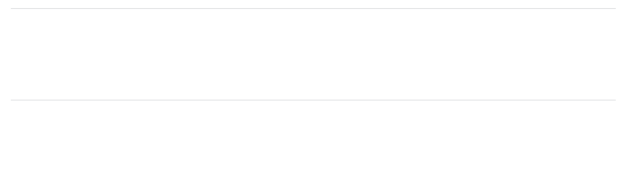
While the impact of COVID-19 reduced our ability to engage within our workforce, it allowed us to take a deeper dive into the co-design, development and testing of our new tool to better support patients with complex communication needs. This innovation and associated training aims to enhance communication between operational staff and our patients when implemented in 2022-2023.

Victorian Stroke Telemedicine

The Victorian Stroke Telemedicine (VST) service helps diagnose and treat people with acute stroke. Working remotely from the patient, VST specialists help local doctors treat stroke patients locally and arrange transfers to tertiary centres for potentially life-saving surgery.

VST connects clinicians at 19 participating sites throughout Victoria and Tasmania with a network of stroke specialists and neurologists.

We believe the increase in demand for the VST service can be partly attributed to a greater awareness and acceptance of telehealth and telemedicine during the COVID-19 pandemic.



The design of the next-generation Mobile Stroke Unit has been completed and forms part of a multi-stage grant awarded to the Australian Stroke Alliance, led by the Royal Melbourne Hospital and key partners including Ambulance Victoria.

Work has also commenced to purchase and fit out a new ambulance with specialist stroke capability, following philanthropic investment and \$12 million in Victorian Government funding to establish a second mobile stroke unit in Melbourne's south-east in 2023.

The Ambulance Improvement Plan further boosted

Ambulance Improvement Plan

As part of the Ambulance Improvement Plan 2022-25, AV secured a \$121m Victorian Government investment to enhance performance and demand management through the delivery of new on-road initiatives, including additional capacity for Secondary Triage and our regional and metropolitan communications centres.

Improvements this year

- › We implemented a fleet of Medium Acuity Transport units to help free up valuable resources to respond to the most urgent and time-critical cases. The new service of 22 vehicles and 165 dedicated staff has a focus on providing care to priority 2 and priority 3 cases. This pilot program also supported the development of a new graduate pathway and increased options for our qualified workforce seeking flexible working arrangements.
- › We implemented three peak period units in Moe, Warragul and Leongatha to provide additional coverage during peak demand periods.
- › Four branches were converted to 24-hour coverage at Cobram, Mansfield, Yarrawonga and Korumburra.
- › Three new 24-hour branches now operate out of Thomastown, Hoppers Crossing and Bayswater.

› **We implemented four new units in Mernda, Craigieburn, Boronia and Templestowe to assist with peak demand periods.**

Our communications centres expanded with 16 new clinical support paramedics in our metropolitan and rural centres, as well as planning to support new clinician roles in the latter half of 2022.

Air Ambulance 60th Anniversary

Air Ambulance celebrated 60 years of world-class pre-hospital aviation care in May 2022.

Air Ambulance was established in Victoria in 1962 with one rotary wing and one fixed wing aircraft.

Sixty years on, our fleet of four fixed-wing aircraft and five helicopters provide a vital link between rural communities and metropolitan health services.

Fixed-wing aircraft typically staffed by Advanced Life Support (ALS) flight paramedics and helicopters crewed by Mobile Intensive Care Ambulance (MICA) flight paramedics service Victoria, parts of southern New South Wales, northern Tasmania and South Australia.

The service is supported by a dedicated team of flight co-ordinators, pilots, aircrew officers, doctors, engineers, trade assistants, retrieval services and administrators.

This year, our Air Ambulances responded to 7,758 incidents, 51 more than the previous year, with our fixed-wing fleet responding to 5,282 incidents, an increase of 217 incidents.

The fixed-wing planes fly patients with acute medical conditions requiring surgery, and transfer often critically injured and ill patients from regional hospitals to specialist care. Our air fleet also transports people from remote and rural areas for treatments such as chemotherapy and radiotherapy.

the number of lives saved since 1962, over the past decade, AAV has assisted more than 50,000 people throughout Victoria and

MICA 50th anniversary

AV celebrated the 50th anniversary of Mobile Intensive Care Ambulance (MICA) – a revolution that paved the way for Victoria’s world-class pre-hospital care.

Australia’s first MICA service – only the third in the world – commenced operations from a converted Dodge vehicle on 9 September 1971.

Before long, the MICA unit was responding without doctors on board and attending 250 cases each month.

The advent of MICA brought coronary care and intensive care into the streets, homes and workplaces of Victorians who needed urgent medical help.

Rather than rushing patients to hospital, MICA brought hospital level care to them [Ò ; Í f ó ž C ê f õ Ÿ - Å ô Ÿ - & . f ž ê - ; # & Z O | -

The skills, training and clinical expertise of all Victorian paramedics, including Advanced Life Support (ALS) paramedics, had their foundations in the early days of MICA.

Today’s MICA paramedics are highly trained specialist clinicians with a # . ; Æ & f ! C f ; - % C f ê Ò ô Ÿ f ; Ò õ þ » Í - a f & - capable of comprehensive patient

assessment, the administration of a wide range of drugs and are able to perform advanced procedures to treat life threatening illnesses and injuries.

Year on year, MICA has continued to deliver quality care to the community. It has saved the lives of countless patients across the state and touched the lives of many more.

There are people alive today because our MICA paramedics did extraordinary things in extraordinary circumstances to deliver fantastic care.

As we celebrate 50 years of MICA, we ; Í f õ ç ; Í - # Ò õ - - & Ò õ Æ f ó ž C ê f õ Ÿ - Å ô Ÿ -

Membership

Operating since 1935, the AV Membership Subscription Scheme (MSS) provides Victorians with protection against the cost of using ambulance services, including emergency and clinically necessary non-emergency transports as well as providing AV with an additional direct source of revenue.

With 2.82 million members and approximately 400,000 direct interactions per year, MSS is often the first point of contact with AV for Victorians.

Our contact centre operates 60 hours per week through our service partner Startek to handle membership enquiries and payments.

Service Victoria also provides an optional channel for our members to join, renew, make a payment or update contact details.

Membership Subscription Scheme

In 2021-2022, the Membership Scheme attracted 89,000 new memberships resulting in a total net growth of 32,000 memberships more than the previous year.

COVID-19 presented a challenging year for the Membership Scheme in terms of ensuring required staffing levels were maintained to meet contracted service levels. Sick leave and agent attrition resulted in higher than expected wait times, averaging slightly greater than three minutes for customers.

Snapshot

\$97 mil

Direct revenue provided



54%

Family members



46%

Single members

Usage



Members used

17% of all
Ambulance Victoria transports

This resulted in

187,000

Ambulance transport invoices that were covered for our members

Customer Contact

345,000

Phone calls

15,000

Online chats

35,000

Emails and letters

Customer Satisfaction

97%

Satisfied

Quality Account 2020–2021

In lieu of publishing a full Quality Account for 2020-2021, due to the ongoing focus on responding to the Victorian community during the COVID-19 pandemic, AV published key patient stories and improvement in care projects on the AV website. Voices from the Community page which can be found at www.ambulance.vic.gov.au/community/voices-of-our-community/community-voices/.

This provides an ongoing opportunity to highlight patient experiences and provide patients' unique perspective of their care back to the community.

COVID-19 Clinical Practice Guidelines

COVID-19 led to two years of constant change in everyday paramedic practice. We are proud to have been at the forefront of providing evidence-based care for patients with COVID-19. An important part of this process was ensuring our clinical practice guidelines and procedures were kept up to date, in line with rapidly developing research and emerging variants.

These guidelines supported the health system by establishing safe referral pathways for low-acuity patients to be cared for in the community. This allowed the hospital system to focus on caring for patients who were more severely ill from COVID-19.

As well as informing clinical practice, the models of care in our COVID-19 guidelines informed other ambulance services and broader health care system guidelines. We shared our guidelines with many Australian and New Zealand ambulance services to support development of their own models.

Property

The Victorian Health Building Authority (VHBA) delivered new branches at Templestowe and Lilydale in May 2022.

AV delivered the new Rawson Ambulance Community Officer branch, located at a Victorian State Emergency Services site, and secured a lease for nearby paramedic accommodation. Additional paramedic accommodation locations were also delivered in Skipton, Lismore, Heywood, Warrnambool, Rupanyup and Bright. Relievers quarters were converted into rest and recline facilities to support the upgrade of Daylesford, Yarrowong and re

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Partnerships are at the core of AV's mission to achieve the best health outcomes for our patients.

Throughout the year, we initiated a range of productive collaborations across various sectors, from transport to health education, to meet the needs of diverse communities across the state.

Community and Consumer Plan

The AV Community and Consumer Engagement Plan 2020-2022 recognises that shared leadership and action by our organisation and the community is needed to deliver Best Care to our patients.

We are committed to ensuring our local level engagement is place-based and achieves local outcomes. We aim to support the community to prepare for health emergencies, including heat health, fire and floods, and ensure local community engagement reflects diverse community views.

This year, our six Operational Community Engagement Liaison Coordinators, situated in each Victorian region, developed localised engagement plans to meet and respond to local community needs, and delivered community engagement material in accessible languages and formats.

Other highlights to improve engagement include:

- › A revised and relaunched Patient Charter of Rights and Responsibilities, endorsed by our Consumer Advisory Committee.
- ›

A recruitment and awareness campaign in October 2021 saw the number of registered GoodSAM community responders ready to step in and help grow by 1,010.

Heart Safe Communities

After pausing due to COVID-19 in 2020, the Heart Safe Community program recommenced in 17 locations across Victoria in 2021. The

Paramedics volunteer to provide memorable experiences for children with terminal illnesses on the TLC Ambulance.

TLC for Kids

It was our privilege to continue our support for TLC for Kids – a not-for-profit charity that provides memorable experiences for children with terminal illness. Paramedics voluntarily provide expert care and clinical treatment, enabling children to enjoy treasured experiences.

Despite ongoing challenges around COVID-19 restrictions, risk and workforce fatigue, we managed several trips this year, including visits to the Melbourne Aquarium and Scienceworks. These memorable trips were captured on GoPro cameras for loved ones to enjoy and remember.

While a second TLC Ambulance has been delayed due to supply chain issues, we look forward to the possibility of expanding this service to regional Victoria.

The TLC for Kids and AV partnership also featured in an episode of the Victorian-based Paramedics show.

Ambulance Victoria Chas Martin OAM Museum

Chas Martin OAM, served his community for over 60 years, providing care for his many patients before embarking on a role preserving our history at the Ambulance Historical Society Museum.

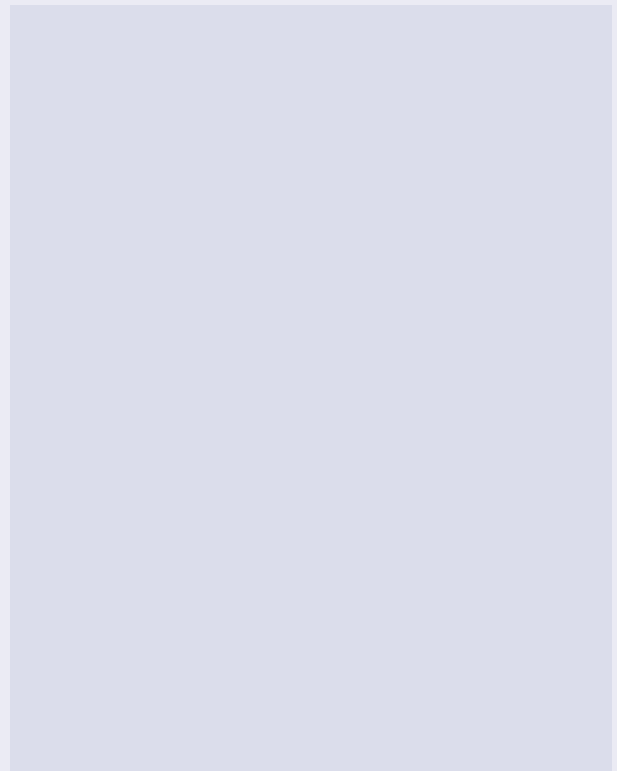
In 2005, he accepted the challenge to establish an

Ambulance Victoria is committed to developing a culture of continual learning and development.

Equality and Workplace Reform Division

In early 2022, we set up the Equality and Workplace Reform Division, as recommended by the Victorian Equal Opportunity and Human Rights Commission. The division's role is to lead and coordinate efforts across AV to create a safe, fair and inclusive organisation. The initial focus will be implementing recommendations arising from the Commission's independent review, with the aim of creating a workplace that is good for our people and enables best patient care.

By May 2022, the structure of the new division



Diversity & Inclusion Council

In 2021, AV welcomed its second iteration of a Diversity & Inclusion Council, following an invitation to employees to nominate for a two-year membership.

The Council focuses on creating awareness of key areas of diversity: gender, age, disability, sexual, and cultural and linguistic diversity as well as Aboriginal and Torres Strait Islander peoples. The Council supports data collection to help understand the diversity of our workforce. This knowledge now informs AV events and our multicultural employment program.

Reconciliation Action Plan

As part of our continued program of work towards reconciliation, AV is developing its first Reconciliation Action Plan and proudly published a Statement of Commitment to Reconciliation.

Feedback from Reconciliation Australia to AV's first Reconciliation Action Plan draft has been incorporated into a fresh draft which has been re-submitted for a second review.

Statement of Commitment to Reconciliation

At AV we recognise the diverse and unique heritage of Aboriginal and Torres Strait Islander peoples and value the knowledge of countless generations of custodians. Moving forward we are committed to working together to build a fair and just future.

We will come together with Aboriginal and Torres Strait Islander communities to identify, understand and develop opportunities.

To prioritise Aboriginal culture and communities, we will celebrate Aboriginal and Torres Strait Islander culture so that we can show respect and dignity to the people we live and work with.

Our goal is fair and impartial care and service of Aboriginal and Torres Strait Islander peoples. We will achieve this by acknowledging that the attitudes we hold can either positively or negatively impact health outcomes. We will work to address a positive shift in these attitudes.

We commit to collaborate with Aboriginal and Torres Strait Islander communities with the aim

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of creating safe and supportive environments for individuals and families which promote strength and resilience.

We are committed to working with Aboriginal and Torres Strait Islander communities to understand our shared priorities and integrate sustainable services which contribute to improving outcomes of physical, emotional and social health and wellbeing.

This is the beginning of our shared journey. We will listen and learn from each other to create a healthy and vibrant future together.

Working Towards Gender Equality

Important steps were taken to address gender equality and meet obligations set in the Gender Equality Act 2020. The Act sets out the framework that government organisations can implement to promote and improve gender equality in the workplace.

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third Psychosocial Survey to measure the health and wellbeing of our people, and focused on stigma reduction through the establishment of communication plans and engagement activities.

Pleasingly, over the course of the plan's implementation, we saw an increase from 6,603 contacts in Year 1 to 10,758 in year 3, in the use of our counselling services. This reflects our focus on early intervention and the improved accessibility of care for AV staff, first responders and family members.

To build on AV's continued commitment to the wellbeing of our people, we embarked a significant co-design and consultation process to develop the new Mental Health and Wellbeing Action Plan 2022-2025.

The new plan, to be launched in July 2022, is focused on four key pillars:

- ✓ Prevention and education
- ✓ Early intervention
- ✓ Building on our strengths
- ✓ Partnering for success

Designed to respond to the needs of our organisation in an integrated way, the plan retains the person-centred model of care that has been a key feature of our wellbeing programs and encompasses a suite of services.

Respiratory Protection Program

The AV Respiratory Protection Program was formally implemented in January 2021 after an initial trial period in November 2000.

Through the program, masks are tested on each operational employee to ensure a complete seal

to ensure protection against droplet and airborne pathogens.

Almost 7,000 mask fit tests have been conducted to the end of June 2022. A re-testing program has commenced for staff member, ml45nho ask eVB4 Q164b & S

healthcare staff in public and private hospitals, ambulance services and public residential aged care by 15 August each year. We are committed to a 100 per cent influenza vaccination rate, with 54.5 per cent of all of AV staff having received their influenza vaccinations by 30 June 2022.

Extensive recruitment

As demand for our services grew, so too did our workforce. In 2021-2022, AV recruited 716 paramedics – the largest number of paramedic recruits in AV's history.

Our new recruits comprised:

- ✓ 647 graduate paramedics (including 60 Medium Acuity Transport Service Graduate Bridging Program paramedics)
- ✓ 69 qualified paramedics

Ambulance Auxiliaries

Ambulance Auxiliaries are part of our fabric, and the additional support they provide AV contributes to better patient outcomes and a healthier Victorian community. Their sense of community and passion for their local area enable them to make significant contributions over and above government grants which is truly appreciated by AV.

AV has over 350 Auxiliary volunteers ranging from community members to Ambulance Community Officers and paramedics who build strong relationships with local businesses and organisations, leading to significant contributions towards operational and medical equipment, branch improvements, and training and education.

Funds raised through community events such as plant sales, barbecues, cake raffles and trivia nights make a significant difference to the service that ambulance branches provide within their local communities.

This year, we witnessed exceptional contributions from our 44 Ambulance Auxiliaries, despite fewer opportunities for fundraising due to the impact of COVID-19. Across rural Victoria, Auxiliary volunteers donated their time and energy to raise money to help their local ambulance branches.

Supported by the Community Fundraising team, Ambulance Auxiliaries raised approximately \$345,000 in 2021-2022.

Through the generosity of donors, branches benefit from purchases such as specialised training manikins for paramedics to practise new skills. Auxiliaries also help to improve public access to automated defibrillators across Victorian communities by moving internal AED units to external, publicly accessible cabinets.

What our volunteers say

A high performing
organisation

AV continued to pursue technical innovation, reimagining the work environment to meet the challenges of COVID-19. Faced with the reality of staff unavailability, we developed a surge workforce of more than 1,700 personnel drawn from a range of partner agencies and university paramedic students. We adapted and transformed as an organisation, introducing new ways to look after our people and the planet.

Performance

The global COVID-19 pandemic continued to have an unprecedented impact on demand for emergency care. While the lives of Victorians started to return to normal following restrictions, the extraordinary strain on our paramedics, first responders and the entire health system persisted.

This led to three consecutive quarters of record demand for emergency ambulances, from October 2021 to June 2022.

In 2021-2022, we responded to 377,386 time-critical Code 1 cases – a substantial increase of 3,820 lights and sirens cases (16.6 per cent) than the same time a year earlier.

This demand had an impact on performance, with 67.5 per cent of Code 1 cases responded to within 15 minutes, below the state-wide average target of 85 per cent.

The state-wide average response time to Code 1 cases was 14 minutes and 58 seconds compared with 12 minutes and 48 seconds last year.

For the most critically ill Victorians – our Priority 0 cases – we were on scene delivering life-saving care within or under our 13-minute target in 76.9 per cent of cases.

While we strive to meet our response performance targets and community expectations, it is important to recognise that response times are only one measure of a quality ambulance service. We continue to meet or exceed all our patient quality and care measures, leading to better outcomes in the survival and quality of life for heart attack, stroke and trauma patients.

There was also a 13.9 per cent increase in cases handled by Adult Retrieval Victoria, which provides clinical coordination, retrieval and critical care services. The team handled 6,365 cases in 2021-2022 – compared with 5,587 for the previous year and 3,096 patient movements by road and air.

377,386

Time-critical Code 1 cases



Cardiac Arrest

AV attended 7,360 cardiac arrests in 2021-2022 compared with 6,934 the previous reporting year, continuing a trend of cardiac arrests attended by AV steadily increasing each year.

It is well established that rapid access to defibrillation is paramount to cardiac arrest survival, with evidence showing that reducing delays to defibrillation leads to better outcomes for patients in a shockable rhythm, including improved quality of life outcomes. The Victorian Ambulance Cardiac Arrest Registry (VACAR), an AV-led registry, routinely monitors timeliness of emergency medical services response to cardiac arrest and whether defibrillation is provided by AV, first responders or public access defibrillators (PADs).

Data from 2021-2022 is consistent with previous years, with cardiac arrest survival to hospital observed to be higher when patients are first defibrillated by a PAD compared to when AV is first to shock (68 per cent compared with 54 per cent in 2021-2022, and 65 per cent versus 50 per cent in the previous reporting year). Similarly, the proportion of patients who survive to hospital discharge is higher when first defibrillated by a PAD compared to when AV is first to shock (48 per cent compared with 24 per cent in 2021-2022 and 50 per cent compared with 27 per cent in 2020-2021).

Out-of-hospital cardiac arrests that are witnessed by bystanders have more positive survival outcomes, particularly when cardiopulmonary resuscitation (CPR) is applied. Bystander CPR ensures that patients in cardiac arrest are over six times more likely to be in a shockable rhythm when emergency services arrive (unadjusted, 2021-2022). The importance of bystander CPR

COVID-19

A surge workforce of
1,700+

COVID-19 Incident Management Team

Throughout the pandemic, AV's paramedics and first responders rose to the challenge of working in a complex and changing environment, while managing the same personal pressures that were felt across the Victorian community.

As the complexity of the pandemic increased, an AV COVID-19 Incident Management Team (IMT) was established to oversee the whole of organisation activity to prepare for and respond to an expected surge in workload and demand. Based in the Department of Health and co-located with our Emergency Management Unit, the COVID IMT focussed on all matters relating to AV's response to COVID including safety, operations, planning, logistics, finance and administration, public and workforce communication, and intelligence.

Surge Workforce

As part of our approach to manage extraordinary demands resulting from the COVID-19 pandemic, from September 2021 AV implemented a surge workforce with the support of partner agencies.

While qualified paramedics remained responsible for patient care, a hardworking surge workforce of 1700 people supported and worked alongside our staff at emergencies and hospitals as required.

Complex logistics lay behind identifying, recruiting, inducting and managing a diverse workforce of approximately 1,246 first responders from outside of AV. With additional support from more than 500 AV Ambulance Community Officers (ACOs) and Community Emergency Response Team volunteers (CERT members), the total surge workforce of more than 1,700 people allowed us to continue to provide Best Care to the Victorian community.

AV's COVID-19 Surge Workforce included:

- ✓ AV Ambulance Community Officers (ACOs)
- ✓ AV Community Emergency Response Team volunteers (CERTs)
- ✓ St John Ambulan

Demand Management Strategies

AV of Road

In 2021-2022, we expanded the use of AV of road teams at emergency departments.

In an effort to allow paramedics to of road patients as quickly as possible, of road areas were created at six metropolitan and two rural health services. Staffed by a paramedic supervisor and agency nurses, these facilities allow for three patients at a time to be cared for by one healthcare professional, freeing up three ambulances to return to the community.

Grid changes

AV's dispatch grid is a database of more than 1000 classifications that are assigned to patients during Triple Zero (000) calls. This year saw three tranches of changes to the dispatch grid in response to COVID-19, with a total of 35 event types changed.

Safely recategorising these case types increased the number of low acuity events diverted to secondary triage for further assessment and consideration of appropriate alternate service providers, allowing the emergency fleet to be prioritised for critical, high acuity cases. The grid changes occurred following thorough assessment, including oversight from AV's Medical Advisory Committee. Following implementation, the COVID-19 Patient Safety Monitoring Group undertook extensive patient safety monitoring.

Secondary Triage

Our Secondary Triage team continued to expand and is now the largest service of its type within any ambulance service in the world. In 2021-2022, 19.8 per cent of Triple Zero (000) callers were safely provided advice or alternative health care rather than an emergency ambulance.

During periods of peak demand, about 45 per cent of state-wide Triple Zero (000) call volume was able to be directed to Secondary Triage.

This allowed AV to better connect 156,581 Victorians with appropriate services that not only provide the patient with Best Care but help increase ambulance availability to respond to those people who need us the most.

In response to the changing environment due to the COVID-19 pandemic, new ways of managing calls needed to be developed. A new role was created within Secondary Triage – the Practitioner Assist. Forty Practitioner Assists were recruited to work alongside our triage practitioners, to further increase our ability to provide Triple Zero (000) patients advice and support.

To add flexibility and minimise the impact of furloughing of staff we refined and expanded our working from home capability. Many of our triage practitioners continue to work from home, with access to all department systems a first for an Australian ambulance service.

Our working-from-home model ensures we continue to provide world-leading Secondary Triage to the people of Victoria.



Ambulance Service Medal Australia Day 2022

Six AV paramedics and a CERT volunteer were recognised for their outstanding service and contributions in the 2022 Australia Day Honours List.

Josephine Brookes ASM

Ms Josephine Brookes demonstrated exceptional service, providing training and public education as the Paramedic Community Support Coordinator for AV in Mitta Mitta/Towong, North-East Victoria.

Through developing and implementing a service-focused approach to supporting rural communities, Ms Brookes has markedly improved patient outcomes. Ms Brookes has also encouraged meaningful collaboration, respect, and support for patients and health agencies in the district.

Ian Dunell ASM

Mr Ian Dunell has dedicated the past 16 years to volunteering with AV as a Community Emergency Response Team (CERT) member and has served as team leader for the past 10 years.

During this time, Mr Dunell has demonstrated passion, support and care for his team and the Kinglake community. Following the 2009 Victorian Bushfires, Mr Dunell was instrumental in rebuilding Kinglake's CERT and establishing new protocols.

The pandemic again highlighted Mr Dunell's strength and dedication to his volunteer role; he led the Kinglake CERT through this period while maintaining a high level of engagement and comradery.

Bernard Goss ASM

Mr Bernard Goss has been a dedicated frontline paramedic for 40 years. Following the 1998 Longford Incident, Mr Goss was instrumental in providing post-event support to paramedics who suffered post-traumatic stress, well before AV introduced any formal psychological support service into the organisation.

Mr Goss continued to demonstrate distinguished service in the provision of mental health support for current and retired paramedics, bringing the How Are You Travelling (HAYT) program to Gippsland in May 2016. HAYT provides a safe place for paramedics to discuss challenges and stressors of the job and share their mental health experiences.

Gavin Keane ASM

Mr Gavin Keane is a career paramedic with more than 47 years of service with AV. He has also volunteered with the Lang Lang Community Emergency Response Team since its inception 17 years ago.

Mr Keane has volunteered thousands of hours to train recruits and taught CPR and use of automated external defibrillators. He was instrumental in obtaining over 50 public access defibrillator sites in Lang Lang and surrounding communities.

Ziad Nehme ASM

Mr Ziad Nehme is an Advanced Life Support paramedic who has worked to improve the evidence base for paramedic care. He has made a significant contribution to pre-hospital emergency care and resuscitation research.

Mr Ziad's research has influenced local and international resuscitation guidelines, and co-authored and managed AV's Air Versus Oxygen In myocardial infarction (AVOID) study.

AV Excellence Awards 2021

The AV Excellence Awards recognises the exceptional work and dedication of our employees, volunteers and auxiliary members.

These peer-nominated awards raise awareness of the people and projects that demonstrate AV's values. Winners are:

TelePROMPT

for Best Care

AV Healthy Signs – Auslan

for Community Engagement

Mallacoota First Responder Team and Mallacoota PCSC

for First Responders and Volunteers

COVID -19 Infection Prevention & Control Response

for Health, Safety and Wellbeing

Tiarni Allan

Senior Officer – First Responder Programs
for Inclusive Culture

Rachelle Pellow

Acting Regional Director Gippsland
for Leadership

Mental Health Destination Tool

for Performance and Innovation

Deb Riseley

Patient Review Coordinator
for Performance and Innovation

AV Uniform Recycling

for Social and Environmental Responsibility

Dr David Komesaroff Initiative Award 2021

The Dr David Komesaroff Initiative Award is awarded every three years to an AV paramedic for exceptional achievements. It encourages paramedics to be innovative and put their ideas into practice to continually improve paramedic practice in Victoria.

MICA Flight Paramedic **Ben Meadley** received the award in recognition of a PhD submission relating to the physical demands on paramedics working on helicopters.

CAA Awards

The CAA Awards for Excellence recognise the hard andse

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CAA Women in ambulance awards

The CAA Awards for Excellence recognise the hard and innovative work of member ambulance services from Australia, New Zealand and Papua New Guinea. AV won in both the patient care and leadership categories in the 2021 Awards:

[Anna Devereux](#)

Senior People Partner

[Bronwyn Lambert](#)

Paramedic Educator

[Debbie Ray](#)

Area Manager

[Eileen Craven](#)

Project Manager Solution Delivery

[Lindsay Mackay](#)

Director Triage Services

Rod Moore Memorial Award 2022

The Rod Moore Memorial Award was established in honour of respected paramedic Rod Moore who overcame many hurdles to succeed as a paramedic before his death in 2007. The Award recognises paramedics who demonstrate exceptional drive, determination, personal

Workforce Data

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Statistics



Alcohol and Other Drugs

AV's Alcohol and Other Drugs (AOD) testing program consists of four distinct areas, with a key performance indicator set at 20 per cent (N=1470) of the AV workforce (N=7350).

Pre-employment AOD testing is conducted as part of the medical selection process prior to being employed with AV. The total of 830 candidates

Research Report

AV is an international leader in pre-hospital research. Research activities range from epidemiological analyses of key patient cohorts to review and refinement of systems of care, and world-first clinical trials. Results have been published in high-ranking, high-impact journals, disseminated throughout the wider health system, and translated into improvements in patient care internationally.

The primary goal of AV research is to strengthen the evidence base that underpins ambulance protocols and systems to allow the best and most efficient care for patients and staff.

As of June 2022, 120 active research projects were registered in the AV research governance system. Our research portfolio is highly collaborative, involving partnerships with key organisations, including universities, hospitals, and institutes such as the Turning Point Drug and Alcohol Centre. In 2021-2022, AV research continued to contribute substantially to pre-hospital literature despite the operational burden of the COVID-19 pandemic, with staff co-authoring a record-breaking 85 research articles in peer-reviewed medical journals.

The AV Centre for Research and Evaluation also continues to foster research education and mentorship through supervision of higher research degree students, many of whom are paramedics who have balanced research education with clinical duties. The AV Centre for Research and Evaluation has also supervised and mentored internationally based higher research degree students who have chosen to work with AV for our reputation for clinical and research excellence.

AV is proud to be a leading partner in some of the largest research collaborations in our region, including the National Health and Medical Research Council (NHMRC)-funded Centres for Research Excellence in Pre-hospital Emergency Care (PEC-ANZ) and the Australian Resuscitation Outcomes Consortium (Aus-ROC), which are administratively based at Monash University.

These research centres have helped to build capacity in pre-hospital and cardiac arrest research through collaborative projects between leading researchers, clinicians and ambulance services in Australia and New Zealand. The aims of the PEC-ANZ and Aus-ROC Centres for Research Excellence are to strengthen the evidence base underpinning pre-hospital emergency care and cardiac arrest treatment, policy and practice.

Collaborations

AV has also engaged in new collaborative projects, such as contributing to the creation of the National Transfusion Dataset (NTD). The NTD will be administratively based at Monash University and has been developed to expand transfusion data coverage by integrating pre-hospital transfusion data with hospital transfusion data and linking the dataset with registry transfusion data. Ultimately, the NTD will create new research opportunities to inform national transfusion policy and practice, improve blood utilisation and patient management and outcomes.

Additionally, we are excited to engage with the National Centre for Healthy Ageing, a partner

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Pre-hospital clinical trials at AV are world-leading and our paramedics are internationally recognised for their success in recruiting eligible patients.

Clinical trials

Pre-hospital clinical trials at AV are world-leading and our paramedics are internationally recognised for their success in recruiting eligible patients. Enrolment into various clinical trials that had to be postponed due to the COVID-19 pandemic has now resumed, and we look forward to another productive year of pre-hospital clinical trial research.

The lignocAine Versus Opioids In myocarDial infarction (AVOID-2) trial was a phase II multi-centre randomised controlled trial, designed to examine whether lignocaine is an effective and safe alternative analgesic agent compared to fentanyl in patients with suspected ST-elevation myocardial infarction (STEMI). We successfully enrolled over 300 patients between October 2020 and July 2021, completing recruitment months ahead of schedule.

Trial results show that although lignocaine significantly reduced pain, it was not as effective as fentanyl for pain relief. Despite this, lignocaine was better tolerated than fentanyl, with fewer

patients experiencing adverse events. AVOID-2 was undertaken during challenging times in the COVID-19 pandemic, and despite this, over 140 teams in the metropolitan region contributed to patient recruitment. Importantly, more than 80 per cent of patients had confirmed STEMI on coronary angiogram and there were very few protocol deviations. We are absolutely thrilled with this result and would like to congratulate AV paramedics for leading the world in evidence-based practice.

Despite several interruptions, the CPR, pre-Hospital ECMO and Early Reperfusion (CHEER-3) trial has now enrolled seven patients. CHEER3 is assessing the feasibility and impact of dispatching a paramedic with two Alfred Health intensive care physicians to eligible cardiac arrest patients to receive extracorporeal membrane oxygen (ECMO) therapy in the field. ECMO is similar to a heart and lung machine and provides support to patients who are refractory to standard resuscitation techniques.

Recently, the manual pressure AUGMENTation in de brillation of Ventricular Arrhythmias: (AUGMENT-VA) randomised controlled trial began

increasing training and the wider performance and engagement via training.

The AV Centre maintains the Victorian Improvement (VIM) on paramedic deaths of patients with a heart

In addition, the Centre Evaluation continues Victorian State Trauma trauma patients and paramedics; the Trauma Centre for all drug related ambulance Victorian Cardiac Care is a state-wide population registry aiming to improve provided to patients

We have also provided Australian Stroke Centre novel data linkage project examine the impact of treatment, and triage term patient outcomes

Awards

The Director for the Centre of Research and Evaluation Professor Karen Smith, was in 2021 recognised as the publishing researcher in the world for pre-hospital emergency care research for 2000-2020 cited author internationally paramedic related projects

Dr. Ziad Nehme, an Australian Paramedic and Senior AV, was recognised as a Future Leader in Resuscitation and Investigator in International Science

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AV received three awards for our efforts in climate action and sustainability in the Global Green and Healthy Hospitals (GGHH) Climate Champion Awards announced in February 2022.

AV was awarded gold in both the Climate Resilience and Climate Leadership categories, and silver in the Renewable Energy category. The awards recognise the steps we are taking to prepare for the impacts of extreme weather and the shifting burden of disease, as well as educating staff and the public by promoting policies that protect public health from climate change, and help reduce health care's own carbon footprint.

AV is committed to reducing our key emissions from road vehicles, building energy usage, and air ambulance services.

We have set ambitious targets, and are making strong progress to meeting reduction targets for our Scope 1 and 2 emissions on our path towards zero net carbon emissions:

2025: 39 per cent emissions reduction

2030: 60 per cent emissions reduction

2045: Net zero emissions

By way of further commitment, AV participates in the Race To Zero, a global campaign to rally leadership and support from businesses, cities, regions, investors for a healthy, resilient, zero carbon recovery that prevents future threats, creates decent jobs, and unlocks inclusive,

2025

39%

emissions
reduction



2030

60%

emissions
reduction



2045

Net 0

emissions



Virtual care solutions

An investigation into the clinically appropriate use of alternative service providers has demonstrated improved social and environmental outcomes.

Patients across Victoria have benefited from increased flexibility and service choice made possible through recent developments in virtual care and connection to alternate service providers when safe and clinically appropriate.

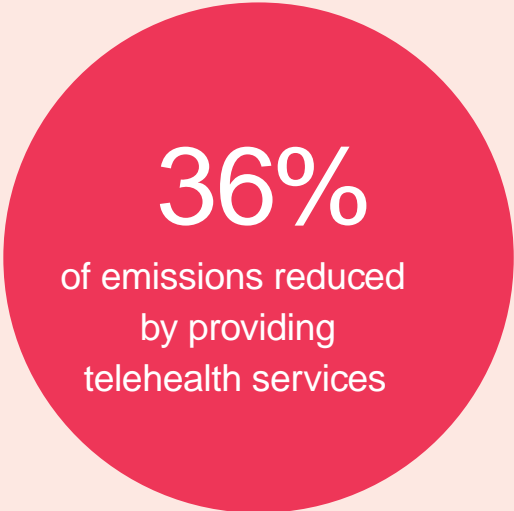
Triage Services care has proven to be a cost effective, real-time and convenient alternative to the more traditional face-to-face way of providing paramedic care. This innovative program introduced by AV managed to avoid dispatch to lower acuity patients during COVID-19 and preserve emergency ambulances for time critical events.

This alternative care model, initially introduced to alleviate pressure on the 4m ambulance call outs, was also studied for its environmental impact. The study found that across the year 395 tonnes of carbon pollution was avoided by diverting calls to a mix of alternate service providers.

Statistical analysis revealed:

- › On average, 11 kilometres of travel and 5.8 kilograms of carbon pollution was avoided per diversion to an alternative service provider.
- › Approximately 36 per cent of emissions reduced was by the provision of telehealth services.
- › The use of a domestic vehicle in place of an ambulance can reduce emissions by more than 60 per cent.
- › Provision of taxis instead of an ambulance where clinically appropriate for the patient reduced kilometres travelled on average by 40 per cent.

AV continues to investigate how programs like these can improve the delivery of care to unique cohorts which would have further environmental and social benefits.









Social Procurement

Through our buying power, we generate social, economic and environmental outcomes that benefit the Victorian community and the environment. Our Social Procurement Framework provides the basis of our collaboration with our suppliers, to improve the social and environmental value of our purchasing decisions.

This Social Procurement Framework sets the governance requirements by which AV intends to apply social procurement to achieve its related enterprise performance objectives.

Our social procurement aligns with and supports the AV Strategic Plan 2017-2022 objective of operating in a financially and environmentally sustainable way.

AV's approach to social procurement is grounded by nine key objectives, based on the Victorian Government's Social Procurement Framework objectives. These objectives are considered in purchasing decisions to deliver the social and environmental value we strive for.

These objectives are:

- › Providing opportunities for Victorian Aboriginal people.
- › Providing opportunities to Victorians with disability.
- › Promoting gender equality and women's safety.
- › Providing opportunities for disadvantaged Victorians.
- › Supporting safe and fair workplaces.
- › Engaging social enterprises, Australian disability enterprises and Aboriginal businesses where possible.
- › Supporting sustainable Victorian regions.
- › Consideration of a project's environmentally sustainable outputs.
- › Sustainable business practices adopted by suppliers.
- › Implementation of the Victorian Government's Climate Change Policy objectives.

Over the past 12 months, AV has delivered a range of work in line with the Framework. These include:

- › Obtaining membership of Social Traders who aim to connect certified enterprises with business, creating a positive impact through jobs, community services and support for the most marginalised.
- › Conducting an analysis of the AV procurement spend in conjunction with Social Traders, to

In accordance with the Victorian Government's Social Procurement Framework, AV actively seeks to use its buying power to generate social value above and beyond the value of the goods, services or construction being procured.

Social value refers to the benefits for all Victorians when social and sustainable outcomes are achieved through procurement activities. The below examples highlight opportunities that have been realised under AV's Social Procurement Framework.

Be Well Be Safe Program

Ambulance Victoria implemented the Be Well Be Safe Healthcare Workforce Wellbeing Grant Program. Fruit boxes were delivered fortnightly by fruit2work across metropolitan Melbourne and to Geelong's Regional Office. Fruit2work is a social enterprise that provides employment opportunities to those who have been involved with the justice system.

Paramedic Refreshment Program

AV required a strategy to support paramedics and staff in combatting fatigue during the COVID-19 pandemic. Waverley Social Enterprises Catering and the Salvation Army were able to assist by supplying after hours snack boxes at our premises at Wesley Court and the latter also at our Ballarat call centre. These were very well received by AV staff. Both suppliers felt a strong connection in supporting AV and in turn playing a part in assisting in the fight against the pandemic.

Uniforms

AV contracted two uniform providers with social procurement practices embedded within their operations.

Thread Group Australia is an Indigenous owned business, registered with both Kinaway and Supply Nation. It is also a registered supplier on the Victorian Government Ethical Supplier Register and accredited to Ethical Clothing Australia.

Workwear Group is a registered supplier on the Victorian Government Ethical Supplier Register, 222V staffalia id aert2ocw

AV reports to the Minister for Ambulance Services through the Department of Health. During this reporting period, two Ministers held the portfolio. The Hon. Martin Foley MP from 1 July 2021 to 27 June 2022, and the Hon. Mary-Anne Thomas MP from 27 June 2022 to 30 June 2022.

Appointed by the Governor in Council on the recommendation of the Minister, the Board of Directors (the Board) is responsible for the provision of comprehensive, safe and efficient ambulance services to the people of Victoria. While organisational operations and management is vested in the Chief Executive Officer and the Executive team, the Board is accountable to the

ensures annual performance and effectiveness reviews are conducted and reported.

Committee activities continue to be periodically reviewed, to ensure they remain fit-for-purpose, aligned to legislation and government frameworks and best practice governance, and advance the Board's role and responsibilities under the Ambulance Services Act 1986.

Finance Committee (section 18 requirement)

The committee's work is supported by a strong cross-section of skills and experience of its members in the areas of law, banking, finance, commerce, government, hospitals and insurance.

The committee continues to update and refine AV's risk and risk appetite framework, as well as staying connected to internal and external emerging risks. In 2021-2022, the committee continued its oversight of material risks including, but not limited to, the COVID-19 pandemic and organisational culture.

Quality and Safety Committee (section 18 requirement)

The Quality and Safety Committee is responsible to the Board for monitoring the performance of AV with regard to whether:

- › effective and accountable systems are in place to monitor and improve the quality, safety and effectiveness of services provided by AV;
- › any systemic problems identified with the quality, safety and effectiveness of ambulance services are addressed and the results reported in a timely manner; and
- › AV continuously strives to improve the quality of the services it provides and to foster innovation.

The committee actively monitors the performance of quality care and service provision against the five domains of the Safer Care Victoria Clinical Governance Framework and AV's own Best Care Framework.

Membership includes AV Directors (each with extensive health service and clinical governance experience), paramedic observers and Community Advisory Committee members.

The committee maintains an ongoing commitment to evolving its knowledge and consideration of new clinical governance practices and frameworks, comprehensive quality and safety reporting, and ways to effectively monitor and measure patient care, safety and experience. This is supported by the connection of its directors to emerging best practices across public health generally, as well as the advancements in data and clinical practices delivered by management.

Patient case examples remain a consistent part of this committee's work plan, to provide members with a direct connection to patient experiences, AV clinical practices and clinical governance performance.

Members traditionally meet at least annually with the Audit and Risk Committee and the Community Advisory Committee on shared areas of interest and responsibility.

People and Culture Committee

The purpose of the People and Culture Committee is to advise the Board on material policies and strategies to improve the health, safety, wellbeing, development and performance of AV employees. The committee monitors the development and implementation of strategies to ensure the organisation fosters and promotes a positive culture that enables delivery of high-quality patient care, and a safe and supportive environment for all staff.

The committee's concentration points continue to align with: workforce health, safety, workplace cultural programs, staff engagement, operational structure reviews, emerging technology practices relevant to clinical performance and manual handling, strategic workforce planning, and other imperatives that collectively enhanced outcomes for our people.

In 2021-2022, the committee maintained a strong focus on the health, safety and wellbeing of AV's workforce, which has included overseeing management's development of various related strategies, plans and work programs. Management's development of internal leadership capability has also been a key focus of this forum over the past year.

Community Advisory Committee

The Community Advisory Committee (CAC) informs and guides the Board and Executive on key issues associated with AV's work with the community.

Independent community members come from a diverse range of backgrounds, experience and education sets and have been an important part of the CAC's successful contribution to service design planning and AV's patient care commitments.

Chaired by an AV Board Director, the CAC reports regularly to the Board, including on the progress of AV's Community and Consumer Engagement Plan 2020-2022. The CAC has become a valued source of patient, consumer, and community insights as to how we can better deliver our services.

In March 2021, the Board approved a new strategic direction for the CAC, requesting it to focus its expertise on community while allowing the consumer component to be overseen by other governance forums within the organisation and at Board level. However, many CAC activities, including the joint meeting, were not undertaken this year due to the pressures arising from the COVID-19 pandemic.

Ken Lay AO APM

Ken Lay is a professional non-executive Director and was appointed AV Board Chair in December 2015.

Ken's career was with Victoria Police, concluding as the Chief Commissioner (2011-2015). He has since conducted a number of reviews for both state and federal governments concerning significant social policy, community safety, governance and leadership issues.

In 2021-2022, Ken's Board portfolio continued to include the National Heavy Vehicle Regulator Board (Director), and chairing roles with Ambulance Victoria and the Victorian Institute of Forensic Mental Health (Forensicare). In July 2020, he was appointed by the Victorian State Government to lead a review into establishing a second supervised injecting room in Melbourne which remains ongoing.

Ken is an Officer of the Order of Australia and an Australian Police Medal recipient. He has also been admitted to the degree of Doctorate of Laws (Honoris Causa) by Monash University.

Ken attends a variety of Committee meetings

Dr Joanna Flynn AM



Anna Leibel

Anna Leibel has been an AV Board Director since July 2019.

Anna was previously the Chief Technology and Delivery Officer with superannuation fund UniSuper and had earlier led Digital

Executive Structure

Chief Executive

Medical Director
Dr David Anderson

Executive Director Corporate Services
Garry Button

Chief Operations
Elizabeth Murphy

Chief Information
Gavin Gusling

Executive Director Equality and Workplace Reform
Simone Cusack

Executive Director People and Culture
Alison Goss (acting)

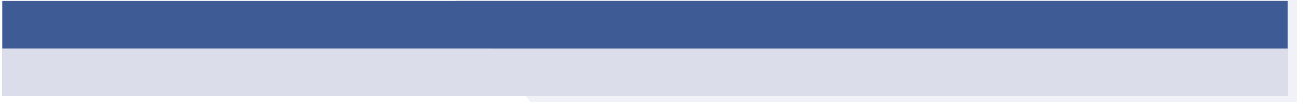
Executive Director Communication & Engagement
Nichola Holgate

Executive Director Clinical Operations
Mick Stephenson

Statement of Priorities

AV's Statement of Priorities is the key service delivery and accountability agreement between Ambulance Victoria and the Victorian Government. This agreement facilitates delivery of, or progress towards, the government's commitments for the financial year.

Part A Summary



| Strategic Priorities | Deliverables | Outcome |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Commence delivery of the government's \$121 million Ambulance Improvement Plan (AIP) to update AV's operating model to better meet the emergency health needs of Victorians. Progress and implementation of initiatives will be reported via the AIP steering committee.</p> | <p>The Ambulance Performance Improvement Program 2022-2025 will implement a suite of practical initiatives to deliver operational change to improve Code 1 response performance, in recognition of continued increase in Triple Zero (000) demand, as follows:</p> <ul style="list-style-type: none"> Expand AVs secondary triage, which connects Triple Zero (000) callers who do not need an ambulance, with alternative care providers. Recruit additional mental health staff to expand TelePROMPT to 24-hours. Recruit additional staff to Operational Communication centres to support increased workload and demand. Introduce a new medium acuity patient transport service across the state, including vehicles and staff to target medium acuity workload. Convert four on-call locations to 24-hour coverage – Cobram, Mansfield, Yarrowonga and Korumburra. Four rural Peak Period Units operating out of Moe, Bendigo, Warragul and Leongatha. | <p>The Ambulance Performance Improvement Program 2022-2025 Year 1 progress against deliverables is as follows:</p> <ul style="list-style-type: none"> The Secondary Triage Program has progressed recruitment of 31 Referral Service Triage Practitioners against a program target of 43 FTE. The program is on track for September 2022 completion, with the second recruitment campaign launched in April 2022. Additional mental health staff have been engaged through mental health providers and the government funded TelePROMPT service now operates 24 hours a day, 7 days a week. Following the introduction of additional Clinical Support Paramedics earlier in the year, the introduction of additional clinicians into both the metro and regional communications centres is on track for completion in August 2022. 22 Medium Acuity Transport Units (MATS) continue to operate effectively across the state. The transition of our first MATS Graduate Bridging Paramedics (GBP) into the Graduate Ambulate Paramedic Program will occur in August 2022. As part of this process, a new group of MATS graduates will commence in the MATS pilot program. Korumburra, Mansfield, Yarrowonga and Cobram have been successfully converted to 24-hour coverage. Peak Period Units at Leongatha, Moe, Bendigo and Warragul have been implemented. |

| Strategic Priorities | Deliverables | Outcome |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MENTAL HEALTH ROYAL COMMISSION REFORM | | |
| <p>Work with the Department of Health, Department of Justice and Community Services, Victoria Police and the Emergency Services Telecommunications Authority to deliver initial planning and design for the implementation of Recommendation 10 of the Royal Commission into Victoria's Mental Health System to enshrine health-led responses to mental health crises.</p> | <p>The Final Report of the Royal Commission into Victoria's Mental Health System sets out the reform agenda to redesign Victoria's mental health and wellbeing system including 65 recommendations. Specific to AV is recommendation 10, which details the requirements of emergency services when responding to mental health crises. AV will:</p> <ul style="list-style-type: none"> Develop an implementation plan in response to the Royal Commission into Victoria's Mental Health System Final Report. Commence implementation of initiatives aligned to recommendation 10 of the report so that we can improve patient outcomes and experience, reduce emergency demand and create greater job satisfaction for paramedics. | <p>In response to Recommendation 10 of the Final Report of the Royal Commission into Victoria's Mental Health System, AV has progressed deliverables as follows:</p> <ul style="list-style-type: none"> A detailed and dynamic Implementation Plan has been developed with our partner agencies and implementation initiatives have commenced. The 'project initiated' phase of the draft completion with the development of project management tools, current state data and interdependency mapping. Workstreams have commenced, including Legislation, Clinical Safety & Patient Experience (CSPE) and Service Design. AV has provided critical input into the draft Mental Health & Wellbeing Bill comprising of 10 chapters and an addendum. |
| VICTORIAN EQUAL OPPORTUNITY AND HUMAN RIGHTS COMMISSION REVIEW | | |
| <p>Develop a detailed plan to implement recommendations contained in Volumes 1 and 2 of the final report from the Victorian Equal Opportunity and Human Rights Commission's independent review into workplace (w/ int) 1y80 (e)10 (vi)0 (vie)10 1 ()38 (ORIAN EQU)rulaORIAN EQU Eg of 10 chapters and an addendum.</p> | | |





Statistical Summary



| | 2021-22 | 2020-21 ² | 2019-20 | 2018-19 | 2017-18 | 2016-17 ¹ |
|-----------------------------------------------------------|----------------|----------------------|----------------|----------------|----------------|----------------------|
| Private Hospital Transfers ³ | 2,432 | 2,389 | 2,226 | 2,214 | 2,229 | 2,071 |
| Ordinary | 65,210 | 62,315 | 62,790 | 60,768 | 56,782 | 53,863 |
| Subscriber | 164,718 | 164,165 | 155,817 | 146,491 | 132,189 | 123,187 |
| Total Compensable Road Transports | 292,154 | 290,207 | 283,580 | 276,301 | 256,353 | 241,846 |
| Community Service Obligation Road Transports ³ | 508,405 | 528,933 | 513,545 | 487,853 | 453,081 | 422,778 |
| Other ^{3,8} | 7,499 | 7,749 | 7,804 | 8,107 | 8,289 | 7,997 |
| Total P0sa7[(8)-21STd [(T5-9.01154 (9)]T85)ed b | | | | | | |

| Local Government Area Name | % Responses <= 15 Minutes | Average Response Times Minutes | Total Number of First Responses |
|----------------------------|---------------------------|--------------------------------|---------------------------------|
| Stonnington (C) | 74.4% | 14:17 | 4,277 |
| Strathbogie (S) | 28.7% | 23:38 | 890 |
| Surf Coast (S) | 56.0% | 16:26 | 1,697 |
| Swan Hill (RC) | 65.7% | 16:11 | 1,266 |
| Towong (S) | 34.7% | 26:34 | 294 |
| Unincorporated Vic | 40.2% | 30:06 | 87 |
| Wangaratta (RC) | 71.8% | 14:39 | 2,022 |
| Warrnambool (C) | 85.6% | 11:12 | 2,077 |
| Wellington (S) | 51.8% | 18:49 | 2,719 |
| West Wimmera (S) | 34.8% | 24:07 | 201 |
| Whitehorse (C) | 76.2% | 13:27 | 6,849 |
| Whittlesea (C) | 64.5% | 15:22 | 13,511 |
| Wodonga (C) | 75.2% | 13:51 | 2,644 |
| Wyndham (C) | 67.7% | 14:54 | 12,935 |
| Yarra (C) | 79.4% | 12:44 | 4,757 |
| Yarra Ranges (S) | 59.7% | 16:08 | 7,871 |
| Yarriambiack (S) | 37.7% | 25:01 | 462 |
| Total | 67.5% | 15:02 | 363,018 |

1. The Moonee Valley LGA includes the airport to which a significant number of Code 2 inter hospital transfers (IHTs) arrive. IHTs often have extended response times due to the emergency road ambulance waiting at the airport for the patient to arrive by aircraft. Removing IHTs from the Moonee Valley Code 1 response time results in performance similar to surrounding LGAs.

Code 1 First Response Performance by UCL > 7500, 2021-2022

| Urban Centre Locality Name >7500 | % Responses <= 15 Minutes | Average Response Times Minutes | Total Number of First Responses |
|----------------------------------|---------------------------|--------------------------------|---------------------------------|
| Albury Wodonga (Wodonga Part) | 79.2% | 13:21 | 2,411 |
| Bacchus Marsh | 53.8% | 17:23 | 1,137 |
| Bairnsdale | 72.4% | 14:35 | 1,175 |
| Ballarat | 81.2% | 12:39 | 7,517 |
| Benalla | 68.7% | 15:15 | 715 |
| Bendigo | 75.0% | 13:41 | 7,219 |
| Castlemaine | 67.4% | 15:37 | 552 |
| Colac | 78.2% | 13:55 | 624 |
| Drouin | 70.3% | 14:29 | 901 |

Continued >

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During 2021-2022 AV did not complete any projects subject to Local Jobs First policy outcomes.

Gender Equality Act 2020

As a defined entity under the Gender Equality Act 2020, AV has been progressively taking

more than \$10,000 and completed over two financial years.

ICT Expenditure

Details of Information and Communication Technology (ICT) expenditure

For the 2021-2022 reporting period, AV had a total ICT Expenditure of \$48.57m (excluding GST) with the details shown below (\$m).

| All operational ICT Expenditure | ICT Expenditure related to projects to create or enhance ICT capabilities | | |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------|
| Business As Usual (BAU) ICT expenditure (Total) | Non Business As Usual (non BAU) ICT expenditure (Total = Operating expenditure and Capital Expenditure) | Non-Business as Usual Operating Expenditure | Non-Business as Usual Capital Expenditure |
| \$34.94m | \$13.63m | \$1.27m | \$12.36m |

¶É° î6f6° f" hÉp•"}p

| | 2021-22 \$m | 2020-21 \$m | 2019-20 \$m | 2018-19 \$m | 2017-18 \$m |
|--|----------------|----------------|----------------|----------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

\$m

2

| | 2021-22 \$000 | 2020-21 \$000 | 2019-20 \$000 | 2018-19 \$000 | 2017-18 \$000 |
|-------------------------------------|------------------|------------------|------------------|------------------|------------------|
| Summary of Financial Results | | | | | |
| Total Income from Transactions | 1,481,874 | 1,288,269 | 1,188,563 | 1,140,919 | 1,046,405 |
| Total Expenses from Transactions | (1,453,587) | (1,298,929) | (1,175,241) | (1,084,730) | (1,030,200) |
| Net Result from Transactions | 28,287 | (10,660) | 13,322 | 56,189 | 16,205 |
| Total Other Economic Flow | 357 | 10,891 | (31,531) | (54,180) | (25,897) |
| Net Result | 28,644 | 231 | (18,209) | 2,010 | (9,692) |
| Total Assets | 1,065,675 | 1,051,955 | 1,009,164 | 739,909 | 682,088 |
| Total Liabilities | 716,849 | 749,793 | 721,527 | 430,223 | 382,555 |
| Net Assets | 348,826 | 302,162 | 287,637 | 309,686 | 299,533 |

| | 2021-22 | 2020-21 | 2019-20 | 2018-19 | 2017-18 |
|--------------------------------------------------|---------|---------|---------|---------|---------|
| Financial Indicators | | | | | |
| Current Assets Ratio | 0.39 | 0.40 | 0.36 | 0.52 | 0.49 |
| Debtors Turnover (Days) | 77 | 73 | 71 | 72 | 84 |
| Creditors Payable Turnover (Days) | 58 | 46 | 38 | 64 | 50 |
| Bad & Doubtful Debt Provision/YTD Billings Ratio | 0.13 | 0.10 | 0.08 | 0.07 | 0.07 |
| Actual Cost Per Road Incident (\$) | \$1,065 | \$1,059 | \$1,006 | \$969 | \$986 |
| Liability Ratio | 0.67 | 0.71 | 0.71 | 0.58 | 0.56 |
| Asset Turnover Ratio | 1.41 | 1.25 | 1.36 | 1.60 | 1.55 |

Financial Report for the year ending 30 June 2022

Independent Auditor's Report

Independent Auditor's Report

To the Board of Ambulance Victoria

| | |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Opinion | <p>I have audited the financial report of Ambulance Victoria which comprises the:</p> <ul style="list-style-type: none">x balance sheet as at 30 June 2022x comprehensive operating statement for the year then endedx statement of changes in equity for the year then endedx cash flow statement for the year then endedx notes to the financial statements, including significant accounting policiesx board chair's, chief executive officer's and chief financial officer's declaration. <p>In my opinion the financial report presents fairly, in all material respects, the financial position of Ambulance Victoria as at 30 June 2022 and its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the Financial Management Act 1994 and applicable Australian Accounting Standards.</p> |
| Basis for Opinion | <p>I have conducted my audit in accordance with the Audit Act 1994 which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the Auditor's Responsibilities for the Audit of the Financial Report of my report.</p> <p>My independence is established by the Constitution Act 1975. My staff and I are independent of Ambulance Victoria in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES Code of Ethics for Professional Accountants (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p> |
| Board's responsibilities for the financial report | <p>The Board of Ambulance Victoria is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the Financial Management Act 1994 and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Board is responsible for assessing Ambulance Victoria's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p> |

Auditor's responsibilities for the audit of the financial report

As required by the Audit Act 1994 my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- x identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- x obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ambulance Victoria's internal control
- x evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board
- x conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on Ambulance Victoria's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause Ambulance Victoria to cease to continue as a going concern.
- x evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

MELBOURNE
21 October 2022

Sanchu Chummar
as delegate for the Auditor-General of Victoria

Financial Statements

Comprehensive Operating Statement

Comprehensive Operating Statement

For the Financial Year Ended 30 June 2022

| | NOTE | 2022 \$'000 | 2021 \$'000 |
|-----------------------------------------------------------------------------------------------|------|----------------|----------------|
| Revenue and Income from Transactions | | | |
| Operating Activities | 2.1 | 1,481,391 | 1,287,730 |
| Non-Operating Activities | 2.1 | 483 | 539 |
| Total Revenue and Income from Transactions | | 1,481,874 | 1,288,269 |
| Expenses from Transactions | | | |
| Employee Benefits | 3.1 | (996,655) | (881,730) |
| Contract Services | 3.1 | (165,822) | (162,535) |
| Supplies and Services | 3.1 | (118,156) | (88,609) |
| Finance Costs | 3.1 | (5,359) | (6,440) |
| Depreciation and Amortisation | 4.5 | (112,707) | (118,145) |
| Other Operating Expenses | 3.1 | (50,376) | (41,470) |
| Other Non-Operating Expenses | 3.1 | (4,512) | - |
| Total Expenses from Transactions | | (1,453,587) | (1,298,929) |
| NET RESULT FROM TRANSACTIONS - NET OPERATING BALANCE | | 28,287 | (10,660) |
| Other Economic Flows Included in Net Result | | | |
| Net Gain/(Loss) on Financial Instruments | 3.2 | (21,471) | (19,934) |
| Net Gain/(Loss) on Disposal of Non-Financial Assets | 3.2 | 184 | 974 |
| Net Gain/(Loss) on Other Economic Flows | 3.2 | 21,644 | 29,851 |
| Total Other Economic Flows Included in Net Result | | 357 | 10,891 |
| NET RESULT FOR THE YEAR | | 28,644 | 231 |
| Other Comprehensive Income | | | |
| Items that will not be reclassified to Net Result | | | |
| Changes to Property, Plant and Equipment Revaluation Surplus | 4.3 | 18,020 | 14,769 |
| Total Other Comprehensive Income (o)1 (t)-4.9 (a)-6 ,16d46.5 (m)-4dpJ /18,nsivial Instruments | | | |

Balance Sheet

As at 30 June 2022

| | NOTE | 2022 \$'000 | 2021 \$'000 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------|----------------|
| CURRENT ASSETS | | | |
| Cash and Cash Equivalents | 6.1 | 153,970 | 138,121 |
| Receivables and Co d [(R -0 (c)-9.9n)-0.9 0 [(A)-1.5 (s)-4.9 (s)-4.9 (e)-9(nt)-5.3 (s)]TJ 0.007 Tw 45.093 0 Td 5(6.)-14.3 (1)TJ /TT2 1 Tf 7.241 0 Td 3253, | | | |

Statement of Changes in Equity

For the Financial Year Ended 30 June 2022

NOTE 1.5: ACCOUNTING STANDARDS ISSUED BUT NOT YET EFFECTIVE

| Standard | Adoption Date | Impact |
|----------|---------------|----------------------------------------------------------------------|
| | | Adoption of this standard is not expected to have a material impact. |
| | | Adoption of this standard is not expected to have a material impact. |
| | | Adoption of this standard is not expected to have a material impact. |
| | | Adoption of this standard is not expected to have a material impact. |
| | | Adoption of this standard is not expected to have a material impact. |
| | | Adoption of this standard is not expected to have a material impact. |
| | | Adoption of this standard is not expected to have a material impact. |
| | | Adoption of this standard is not expected to have a material impact. |

There are no other accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to AV in futu

NOTE 1.6: GOODS AND SERVICES TAX (GST)

Commitments and contingent assets and liabilities are presented on a gross basis.

NOTE 1.7: REPORTING ENTITY

AV's principal address is:

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2022

NOTE 3.3: PROVISIONS (EMPLOYEE BENEFITS IN BALANCE SHEET) (Continued)

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2022

NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT (Continued)

Note 4.1(b) Reconciliations of the carrying amounts of each class of asset at the beginning and end of the previous and current financial year is set out below:

| Land | Buildings | Leasehold | Plant and | Motor | Total |
|--------|-----------|--------------|-----------|----------|--------|
| \$'000 | \$'000 | Improvements | Equipment | Vehicles | \$'000 |
| | | \$'000 | \$'000 | \$'000 | |

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2022

| | NOTE | 2022 \$'000 | 2021 \$'000 |
|--|------|----------------|----------------|
|--|------|----------------|----------------|

NOTE 4.3: REVALUATION SURPLUS

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Ba00.959 re00.959 r (e 263 (iU)-2.2eiU)15.00.959 rt(Y)4.7 (h Y)12.heiUe 263 eiUh YU U \$'00012.776.003 T.005 Tw 642.6482021 T0 1 Tf 7.963 Tc 0.007 Tw 10.241 1.7W n(\$)-8.562021 T0 | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

Ambulance Victoria
 NOTES TO THE FINANCIAL STATEMENTS
 For the Financial Year Ended 30 June 2022

| | 2022 | 2021 |
|----------------------------------------------------|--------|--------|
| | \$'000 | \$'000 |
| NOTE 4.5: DEPRECIATION AND AMORTISATION | | |
| Depreciation | | |
| Property, Plant and Equipment | | |
| Buildings | 5,901 | 5,772 |
| Leasehold Improvements | 3,175 | 3,180 |
| Plant and Equipment | 12,691 | 11,514 |
| Motor Vehicles | 21,026 | 21,248 |
| Total Depreciation - Property, Plant and Equipment | 42,793 | 41,713 |
| Right of Use Assets | | |
| Right of Use Buildings | 10,516 | 10,520 |
| Right of Use Land | 618 | 1,236 |
| Right of Use Plant and Equipment | 1,236 | |

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2022

NOTE 5.2: PAYABLES AND CONTRACT LIABILITIES (Continued)

How We Recognise Payables and Contract Liabilities

Payables consist of:

- . Contractual Payables mostly includes payables in relation to goods and services. These payables are classified as financial instruments and measured at amortised costs. Accounts payable and accrued salaries and wages represent liabilities for goods and services provided to AV prior to the end of year that are unpaid.
- . Statutory Payables mostly includes Goods and Services Tax (GST) payable, fringe benefits tax and PAYG, are recognised and measured similarly to contractual payables, but are not classified as financial instruments and are not included in the category of financial liabilities at amortised cost, because they from a contract.

The normal credit terms for accounts payable are usually Net 30 days.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2022

NOTE 7.1: FINANCIAL INSTRUMENTS (Continued)

Note 7.2(a) Credit Risk (Continued)

Provision of impairment for contractual financial assets is recognised when there is objective evidence that AV will not be able to collect a receivable. Objective evidence includes financial difficulties of the debtor, default payments, length of time overdue and changes in debtor credit ratings.

Contract financial assets are written off against the carrying amount when there is no reasonable expectation of recovery. Bad debt written off by mutual consent is classified as a transaction expense. Bad debt written off following a unilateral decision is recognised as other economic flows in the net result.

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents AV's maximum exposure to credit risk without taking account of the value of any collateral obtained.

There has been no material change to AV's credit risk profile in 2021-22.

Impairment of Financial Assets under AASB 9

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2022

NOTE 7.2: FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES (Continued)

Note 7.2(c) Market Risk

AV's exposures to market risk are primarily through interest rate risk. Objectives, policies and processes used to manage each of these risks are disclosed below.

Sensitivity disclosure analysis and assumptions

AV's sensitivity to market risk is determined based on the observed range of actual historical data for the preceding five-year period. The following movements are 'reasonably possible' over the next 12 months:

- . a change in interest rates of 1% up or down

Interest rate risk

Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate because of changes in market interest rates. AV does not hold any interest-bearing financial instruments that are measured at fair value, and therefore has no exposure to fair value interest rate risk.

Cash flow interest rate risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in market interest rates. AV has minimal

Ambulance Victoria
 NOTES TO THE FINANCIAL STATEMENTS
 For the Financial Year Ended 30 June 2022

NOTE 7.4: FAIR VALUE DETERMINATION (Continued)

| Note 7.4(a) Fair Value Determination of Non-Financial Physical Assets | | Carrying Amount | | | |
|-----------------------------------------------------------------------|--------|--------------------|---------|---------|---------|
| 2022 | NOTE | \$'000 | Level 1 | Level 2 | Level 3 |
| Non-Specialised Land | | 11,958 | - | 11,958 | - |
| Specialised Land | | 109,956 | - | - | 109,956 |
| Total Land at Fair Value | 4.1(a) | 121,914 | - | 11,958 | 109,956 |
| Non-Specialised Buildings | | 3,881 | - | 3,881 | - |
| Specialised Buildings | | 183,925 | - | - | 183,925 |

Ambulance Victoria
 NOTES TO THE FINANCIAL STATEMENTS
 For the Financial Year Ended 30 June 2022

NOTE 8: OTHER DISCLOSURES

This section includes additional material disclosures required by accounting standards or otherwise, for the understanding of this financial report.

- 8.1 Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) From Operating Activities
- 8.2 Responsible Persons Disclosures
- 8.3 Executive Officer Disclosures
- 8.4 Related Parties
- 8.5 Remuneration Of Auditors
- 8.6 Ex-Gratia Payments
- 8.7 Events Occurring After Balance Sheet Date
- 8.8 Equity
- 8.9 Economic Dependency

NOTE 8.1: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES

| | 2022 \$'000 | 2021 \$'000 |
|----------------------------------------------------------------------------|----------------|----------------|
| Net Result For The Year | 28,644 | 231 |
| Non Cash Movements | | |
| Depreciation and Amortisation | 112,707 | 118,145 |
| Indirect Capital Contributions | (23,466) | (8,561) |
| Medical Supplies | (3,577) | (1,669) |
| Resources Received Free of Charge | 3,577 | 1,669 |
| Assets Received Free of Charge | - | (2,884) |
| Movements Included in Investing and Financing Activities | | |
| (Gain)/Loss from Sale of Property, Plant and Equipment | (678) | (683) |
| Movements in Assets and Liabilities | | |
| Change in Operating Assets and Liabilities | | |
| (Decrease)/Increase in Provision for Make Good | 516 | 65 |
| (Decrease)/Increase in Allowance for Impairment of Contractual Receivables | 6,478 | 2,123 |
| (Increase)/Decrease in Receivables | (15,853) | (25,600) |
| (Increase)/Decrease in Inventories | 373 | (3,470) |
| (Increase)/Decrease in Prepayments | 3,120 | (2,449) |
| (Decrease)/Increase in Payables | 13,775 | 23,809 |
| (Decrease)/Increase in Employee Benefits | 4,679 | 8,708 |
| (Decrease)/Increase in Contract Liabilities | (10,202) | 2,672 |
| (Decrease)/Increase in Deferred Grant | 5,228 | 9,614 |

Ambulance Victoria
 NOTES TO THE FINANCIAL STATEMENTS
 For the Financial Year Ended 30 June 2022

NOTE 8.3: EXECUTIVE OFFICER DISCLOSURES

Executive Officers' Remuneration

The number of Executive Officers, other than Ministers, Governing Board and Accountable Officer, and their total remuneration during the reporting period is shown in the table below. Total annualised equivalents provides a measure of full time equivalent executive officers over the reporting period.

| | 2022 | 2021 |
|--------------------------------------------------------------------------------------------------|--------|--------|
| | \$'000 | \$'000 |
| Remuneration of Executive Officers (including Key Management Personnel disclosed in Note 8.4) | | |
| Short Term Employee Benefits | 7,490 | 6,024 |
| Post-Employment Benefits | 683 | 585 |
| Other Long-Term Benefits | 312 | 360 |
| Termination Benefits | - | 100 |
| Total Remuneration | 8,485 | 7,069 |
| Total Number of Executives ¹ | 32 | 29 |
| Total Annualised Employee Equivalent ² | 30.5 | 24.1 |

¹ A number of executive officers who meet the definition of Key Management Personnel (KMP) of the entity under AASB 124 Related Party Disclosure are also reported within the related parties note disclosure (Note 8.4).

² Annualised employee equivalent is based on paid working hours of 38 ordinary hours per week over the 52 weeks of a reporting period.

Ambulance Victoria
 NOTES TO THE FINANCIAL STATEMENTS
 For the Financial Year Ended 30 June 2022

NOTE 8.4: RELATED PARTIES (Continued)

| | 2022 | 2021 |
|-------------------------------------------------------------------------------|-----------|---------|
| | \$'000 | \$'000 |
| Significant Transactions with Government-Related Entities | | |
| During the year, AV had the following government-related entity transactions: | | |
| Government Grants from DH | 1,154,173 | 968,017 |
| Government Grants from DJCS | 7,108 | 7,846 |
| Government Grants from TAC | 9,968 | 12,091 |
| Government Grants from ESTA | - | 500 |
| Government Grants from DPC | - | 100 |
| CBS Interest Income from DTF ¹ | 483 | 690 |
| Transport Revenue from Victorian public hospitals | 43,839 | 37,019 |
| Transport Revenue from TAC | 25,505 | 23,877 |
| Transport Revenue from WorkSafe | 6,446 | 8,659 |
| Insurance Premium paid to VMIA | 1,388 | 1,326 |

¹ The Standing Directions of the Assistant Treasurer require AV to hold cash (in excess of working capital) 41 (p6 (s)-13 (pa)-9.n1A)-6 (V).nce with the S (V). the's
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