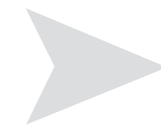




Ambulance Victoria 2015-2016 Annual Report





Contents

Our Charter	4
Chair's Report	5
Chief Executive Officer's Report	6
Responsible Bodies Declaration	8
Attestation on Risk Management	9
Attestation on Data Integrity	10
Report of Operations	11
Staff Numbers	19
Research Report	20
Environmental Report	23
Donations Summary	25
Governance	27
Management Structure	29
The Executive Group	35
Statement of Priorities	36
Performance Priorities	44
Statistical Summary	45
Statutory Compliance	54
Freedom of Information	54
VIPP contracts	55
Consultancies	56
Marketing Expenditure	57
Health and Safety	58
Financial Overview	59
Financial Report	62
Financial Declaration	63
Auditor's Report	64
Disclosure Index	109

Our Charter

Ambulance Victoria (AV) aims to improve the health of the community by providing high quality pre-hospital care and medical transport. AV provides emergency medical response to more than 5.9 million people in an area of more than 227,000 square kilometres.

AV's Charter requires the service to:

- respond rapidly to requests for help in a medical emergency
- provide specialised medical skills to maintain life and reduce injuries in emergency situations and while transporting patients
- provide specialised transport facilities to move people requiring emergency medical treatment
- provide services for which specialised medical or transport skills are necessary
- foster public education in first aid.

AV was created on 1 July 2008 following the merger of the Metropolitan Ambulance Service, Rural Ambulance Victoria and the Alexandra and District Ambulance Service.

The AV website at www.ambulance.vic.gov.au contains information about AV and is regularly updated with the latest in statistics, developments and media releases.

Chair's Report



Ambulance Victoria is an organisation with a proud history of serving the community stretching back to the 1880s.

Today, the organisation is meeting many challenges in an ever increasingly complex environment. Our frontline paramedics and volunteers are highly trained and deliver exceptional patient care, responding to more than 10,000 calls a week in rain, hail or shine. Behind the scenes, others in the organisation share the commitment to providing Victorians a world-class ambulance service.

Every person in our community has the right to expect an excellent service. We know we must continue to improve to maintain the trust and support that the Government and the community has invested in Ambulance Victoria over a long period. The Board has a clear vision of what needs to be done. Work has started in earnest.

Guided by the findings of the Ambulance Performance and Policy Consultative Committee, we have embarked on an integrated schedule of reform to improve the way we look after the community and our own people.

Ambulance Victoria has never met its response time targets. A range of strategies are being implemented to improve response times, including a major piece of work that safely re-codes many of our emergency responses. This should improve overall response times as well as ensure ambulances are available when there is a genuine time-critical medical emergency.

We must continue to be innovative and collaborate with government, the community and our unions to drive better patient response and maintain excellent outcomes.

In the past, the service we have provided the community has sometimes come at a cost to our own people. This is no longer acceptable. Reforms will cut injuries, reduce occupational violence, improve mental health support and provide more flexible employment.

We will focus more on rural and regional areas to improve patient outcomes and we will engage more with our key partners in the health sector. We will strengthen ties with our community and, this year, established a Community Advisory Committee to report on matters relating to community and stakeholder engagement and participation.

I thank Howard Ronaldson for helping guide Ambulance Victoria as the Administrator. My fellow Board members and I have taken up the challenge since our appointment in December, and have been working with Tony Walker, the acting and now appointed CEO and his team during this period.

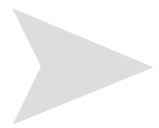
Finally, I thank the paramedics, the volunteers and the corporate staff who support them for providing the community with an exceptional level of care, 365 days a year.

There are many reasons to be proud. While this Report outlines the outcomes of the past 12 months, there is still much more to be done. We owe it to our community – simply put, failure is not an option.



Ken Lay APM

Chair, Ambulance Victoria



Chief Executive Officer's report



The past year has seen important reform at Ambulance Victoria (AV) as we have focused on improving our response to the community and supporting the health, wellbeing and capability of all our staff and volunteers.

To that end we developed a Corporate Plan covering the period January 2016 to June 2017 outlining key action items, many of which have already been delivered or commenced.

The Corporate Plan includes our response to the recommendations in Victoria's Ambulance Action Plan, the final report delivered by the Ambulance Performance and Policy Consultative Committee in December 2015. The report was the culmination of 12 months work by the Committee, which was led by the Minister for Ambulance Services, The Hon Jill Hennessy, MP, and included our paramedics, senior Ambulance Victoria staff, the ambulance paramedic union, Department of Health and Human Services and health sector representatives.

Ambulance Victoria welcomed the report on its release and has committed to delivering on its recommendations.

This reform program comes as Ambulance Victoria experienced another year of record demand for our services, with our frontline crews attending 594,403 cases, a 3.9 per cent increase on the previous year. This equates to more than 10,000 emergency cases each week.

While we did not meet our response time targets there has been an improvement on the previous year in the face of this increased demand for our services. We continue to deliver excellent clinical outcomes and importantly have commenced a number of significant reforms to improve our response to the Victorian community in partnership with our staff, unions, health services and government.

Our central strategy in these reforms is to ensure emergency ambulance availability is maximised so ambulances can rapidly respond to the most urgent Triple Zero (000) calls when pre-hospital care makes a difference to their survival and medical outcomes.

A key element of this is an overhaul of the way we respond to emergency calls, which began during the year. This follows a comprehensive review of hundreds of call types, and involves re-coding our Dispatch Grid (the calls we dispatch paramedics to) to better represent the clinical needs of each patient.

As a result, more patients previously seen but often not transported by paramedics will be put through to our telephone Referral Service, which is staffed by nurses and paramedics, where they will be provided with an appropriate alternative to an emergency ambulance response, such as seeing their own doctor, other healthcare provider or caring for themselves when this is the right solution. The Referral Service has been expanded to manage the additional calls. It has been running since 2003 and has proved itself safe and effective.

During the year we placed additional emergency ambulances at busy branches, to allow crews to be available to respond when their shift begins, rather than wait for the on-duty ambulance to return. This has the benefits of increasing paramedic availability, allowing flexible rostering and giving crews a better chance of finishing on time. We have also given paramedics increased on-scene decision-making power, which in turn will reduce unnecessary ambulance transports and release crews to be available in a timely manner.

We continued to work with the Department of Health and Human Services and health services to focus on the time it takes to hand over patients at hospital emergency departments (transfer time), particularly in the metropolitan region. We have also worked closely with our staff to reduce the time it takes before an ambulance crew can clear a hospital and again become available for an emergency call. This year our clearing times improved by more than 16 per cent.

We surpassed our clinical patient outcome targets, such as reduction in a patient's pain and survival after a cardiac arrest and we have continued our evidence-based clinical research program to improve the care we provide to our patients. Our ongoing research program is comprehensive, with 66 active research projects, including three clinical trials on the use of clinical hypothermia in traumatic brain injury, assessing the use of blood clotting agents in serious trauma, and the use of high or low-flow oxygen in adult patients post-cardiac arrest.

We also introduced new 12-lead cardiac monitors for our Advanced Life Support and Intensive Care paramedics, which will allow for better detection of heart attacks and better patient care across the state.

A well, healthy and resilient workforce is critical if we are to deliver the best possible care to the Victorian community, and we worked hard during the year to improve conditions for our frontline staff, particularly in the areas of manual handling, training, and mental health and wellbeing.

The use of manual lift stretchers is associated with four of our five top WorkCover claims. In April 2016 we began the introduction of power-lift stretchers. These stretchers are being introduced across our ambulance fleet over an 18-month period and will mitigate and reduce the overall risk of manual handling injuries to our staff.

We committed to improving the capability of our operational workforce and have increased training to 40 hours per annum with a particular emphasis on safety, mental health and wellbeing, and clinical development.

Our people have a right to a safe workplace and we have zero tolerance towards violence or threats. Reducing the incidence and impact of occupational violence is a priority and during the year we took several important steps, including amending treatment that can be given to agitated patients by paramedics and strengthening reporting. A comprehensive training package to reduce the risk of a paramedic being assaulted will be delivered in 2016-2017.

We are committed to improving paramedic health and wellbeing and reducing the incidence of paramedic suicide. We have entered into a partnership with *beyondblue* to provide comprehensive training to all our staff and volunteers to remove the stigma attached to mental health, and improve the way we engage and talk to each other about this important issue. We are also reviewing our existing mental health initiatives, with the results of this external review due in the coming year.

We continued to test part-time and flexible work arrangements, and implemented leave swapping and shift swapping processes. It is clear that the demographic of our workforce is changing and our people are seeking more flexibility and better work-life balance, and we are committed to working with them to achieve this.

Paramedic resources in rural regions were upgraded at Mooroopna, Warragul/Drouin and Ballarat. We established Paramedic Community Support Coordinator (PCSC) roles in Wedderburn and Rosebury, providing those communities with access to an experienced MICA Paramedic. The PCSC in Wedderburn has prepared the Community Emergency Response Teams in Wedderburn and Boort for conversion to Ambulance Community Officer teams early in the new financial year. We also conducted a pilot of an ambulance resource at Nagambie, based at the town during weekends over summer and at Easter 2016.

Our commitment to our volunteers, who provide first responder and front-line services to our patients, remains as strong as ever. We are committed to increasing access to our services and improving patient outcomes in rural communities by piloting innovative, flexible models of care, and we know our volunteers will become increasingly important as we find the best ways to deliver care in different settings across the state.

Building strong and sustainable relationships and collaborations with health services and agencies continues to provide positive outcomes both for our staff and patients.

We are determined to give the community a greater say in their ambulance service, reflected in the establishment of a Community Advisory Committee, which held its first meeting in May 2016. We expect our engagement with the community to strengthen and deepen in the coming year.

As we implement reform initiatives to manage record demand, we are firmly committed to maintaining financial sustainability. The State Government has provided additional funding over the next three years to implement many of our reform initiatives and we will continue to seek efficiencies to reinvest in service delivery.

Finally, it was gratifying to resolve the Work Value aspect of a pay agreement with our paramedic workforce, which recognises and rewards the changes in paramedic skills over the past decade. It has given us the certainty we need to focus on and push ahead with our reform agenda.

It was a privilege to serve as Acting Chief Executive Officer for 18 months before my permanent appointment as CEO on 29 June 2016. I would like to acknowledge the support of the AV Chair Ken Lay, and members of the AV Board, who provide strong and thoughtful guidance. I would also like to acknowledge the insights and guidance of Howard Ronaldson, who was AV's Administrator for the 12 months to December 2015.

It has been another busy year at AV, during which we have progressed important reforms. I would like to recognise the work of my executive team, and particularly thank all staff at AV, including the managers, paramedics, volunteers and all our supporters for their contributions.

Assoc Prof Tony Walker ASM
Chief Executive Officer

AMBULANCE VICTORIA

Responsible Body Declaration as at 30 June 2016

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Ambulance Victoria for the year ended 30 June 2016.



Ken Lay APM
Chair of the Board

Melbourne
8 August 2016

AMBULANCE VICTORIA

Attestation for Compliance with the Ministerial Standing Direction 4.5.5 – Risk Management Framework and Processes

I, Tony Walker certify that Ambulance Victoria has complied with Ministerial Direction 4.5.5 – Risk Management Framework and Processes. The Ambulance Victoria's Audit and Risk Committee has verified this.




Tony Walker ASM
Chief Executive Officer

Melbourne
8 August 2016

AMBULANCE VICTORIA

Attestation on Data Integrity

I, Tony Walker certify that Ambulance Victoria has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. Ambulance Victoria has critically reviewed these controls and processes during the year.



Tony Walker ASM
Chief Executive Officer

Melbourne
8 August 2016

Report of Operations

Ambulance Victoria (AV) responded to a record number of emergency calls across the state in 2015–2016. As well as managing a 5.7 per cent increase in demand for our Triple Zero (000) services, which translated to a 3.9 per cent increase in our emergency road response activity, we began a comprehensive reform program to improve our responsiveness, the health and wellbeing of our staff and our engagement with our partners and the community.

Our paramedics and first responders continued to provide high quality care to patients, demonstrated by our strong patient clinical outcome results in areas such as pain reduction and cardiac arrest survival.

During the year we undertook a number of measures and initiatives, prefaced by the Ambulance Performance and Policy Consultative Committee, aimed at strengthening our delivery of patient care across the state, including:

- the introduction of a new fleet of helicopters to respond to serious emergencies, which are capable of flying quicker and further than previously
- reform of the dispatch grid, which better aligns the dispatch of paramedics to a patient's actual need
- changes to non-emergency patient transport regulations, which enable AV to use more appropriate transport for some patients
- expansion of the Referral Service, which provides Triple Zero (000) callers with an appropriate alternative to an emergency ambulance
- a partnership with *beyondblue* to deliver mental health training to all staff
- the recruitment of 256 new paramedics, including 241 new university graduate paramedics.

Growing demand

Across our road and air fleet, AV responded to 843,051 emergency and non-emergency cases during the year, including 172,960 emergency road incidents in the five rural regions, 416,887 emergency road incidents in the two metropolitan regions and 4,556 emergency air incidents (2033 by helicopter and 2,523 by plane).

Many factors influenced the increase in emergency demand, including population growth, the ageing population (people use ambulances more frequently as they age) and an increase in some members of the community using ambulance instead of primary health services for less urgent cases.

AV responded to Code 1 calls (lights and sirens) within 15 minutes in 75.2 per cent of cases. In areas with a population of more than 7,500, our response was 80.5 per cent within 15 minutes. While these response times were below the target, there was an improvement on the previous year. We prioritise the most urgent and time critical patients as a Priority Zero, and our response times to these patients are faster than for all other 000 callers.

We surpassed targets on every key performance indicator relating to patient clinical outcomes, which are key measures of the value provided by an ambulance service.

Our ability to respond in a timely manner to medical emergencies is affected by a number of factors, including paramedics spending more time with patients, particularly ageing patients who may have complex and multiple medical problems, which can mean longer assessment and treatment times.

We transport patients to the most appropriate hospitals for their clinical condition, which adds to transport times, making it longer before the ambulance again becomes available to respond. However this approach has proven to be of medical benefit to those patients and is a key element of good patient outcomes, including survival and a good quality of life after cardiac arrest, major trauma, stroke and heart attack.

For example, major trauma patients go to the state's adult trauma centres at The Alfred and the Royal Melbourne hospitals, major burns victims are taken to The Alfred, heart attack patients are taken to hospitals with specialist cardiac services, suspected stroke patients are taken to hospitals with specialist stroke facilities and paediatric patients are mostly transported directly to Monash Medical Centre or the Royal Children's Hospital.

During the year we increased the number of operational ambulance arrival boards at hospitals from 16 to 40. These boards communicate ambulance-related information to hospitals to advise on incoming patients and assist hospitals in managing patient flow.

One of the most significant factors affecting the availability of ambulances is the time spent by paramedic crews at the hospital. We continue to work with the Department of Health and Human Services and health services to improve the timeliness of patient transfers to allow ambulance paramedics to be available to respond to new emergency calls from the community, especially during periods of peak demand.

We have worked closely with our staff to reduce the time they spend at hospital, which reduces the time it takes before an ambulance crew can become available for an emergency call. This time improved by more than 16 per cent during the year. We also adopted improved shift changeover strategies, more effective rostering and resourcing aligned to periods of peak demand, and reduced the time paramedics spend with patients who do not require transport.

Better dispatch

AV began reform of the ambulance dispatch system on 19 October 2015, prefaced the Ambulance Performance and Policy Consultative Committee, which identified opportunities to better align the dispatch of paramedics to a patient's actual needs. This first stage dealt with a relatively small number of cases, and was followed on 9 May 2016 with the start of significant changes, which are expected to be completed in late 2016. The reforms have been funded through the Government's Response Time Rescue Fund election commitment.

These changes involve re-coding our response to hundreds of case types, to better represent the clinical needs of each patient, and the level and urgency of care each patient requires. Patients who are seriously ill will be able to be responded to in a more timely way.

The Dispatch Grid Review project involved a comprehensive review of hundreds of case types to ensure the changes could be made safely. The changes were reviewed by an independent clinical panel auspiced by the Ambulance Performance and Policy Consultative Committee and implementation relied on support from the Emergency Services Telecommunications Authority (ESTA), which manages Triple Zero (000) calls.

These reforms ensure we provide the right response to our patients. The changes have reduced the number of cases we respond to with 'lights and sirens', and increased the number of cases where Triple Zero (000) callers can be transferred to our Referral Service.

During the year AV's Referral Service expanded to meet this additional work. The Referral Service was established in the metropolitan region in 2003 and expanded statewide in 2013–2014, and has proven to be safe and effective.

It employs paramedics and nurses to respond to Triple Zero (000) calls that do not immediately require an ambulance, and acts as a secondary triage service. Our staff identify when a patient's condition does not require an emergency ambulance response and non-emergency transport or an alternative service can be safely provided.

The aim of the Referral Service is to ensure the patient receives the best service to meet their needs. This may mean a referral to more appropriate care – such as seeing a locum doctor or self-treating the condition. In the event of an emergency, an ambulance is still sent.

An update to non-emergency patient transport (NEPT) regulations in April 2016 gave AV an enhanced ability to arrange a non-emergency ambulance for Triple Zero (000) callers with non-time-critical needs, and paved the way for an increased use of this service.

During the year, 9.2 per cent of Triple Zero (000) callers received non-emergency transport, health advice or a service from another health provider, instead of an emergency ambulance.

Clinical outcomes

As well as measuring the number of patients we treat and our response times, we measure the effect our clinical interventions have on the immediate and longer term medical condition of our patients. This allows us to understand the significance of our interventions and, where beneficial, change our clinical practice to improve future patients' medical outcomes.

In 2015–2016, we surpassed our targets on all our key patient clinical indicators, including the percentage of adult patients who survive after a treatable cardiac arrest, with 31 per cent of patients surviving to hospital discharge.

Survival from cardiac arrest is a difficult outcome to achieve as it requires community education and training for the most rapid intervention, fast response times, advanced medical interventions by paramedics, and then transport to the most appropriate specialist hospital. We know that most of these surviving patients return to their previous employment and their families, which is an exceptional result for the community.

Other key clinical measures include patients experiencing severe pain whose level of pain is reduced significantly. We also monitor adults suspected of having a stroke who were transported to a stroke unit with specialist stroke facilities within 60 minutes, ensuring rapid medical intervention by specialist doctors.

For each patient we treat we collect comprehensive information through our electronic patient care record system known as VACIS, and during the year we piloted the voice-recording of electronic patient care records. These records are captured within our data warehouse for operational and clinical analysis and then used to improve the service we offer.

The results of our research help us identify clinical interventions and resourcing that produce better patient outcomes and further improvements to the way we dispatch ambulances, and these support our improvements in patient care.

We undertook a comprehensive program of research, with 66 active research projects during the year. Our paramedics participated in three major clinical trials, with collaborating institutions.

A research highlight for 2015–2016 was the recognition of the Air Versus Oxygen In myocarDial infarction (AVOID) study as one of five finalists at the 2016 Australian Clinical Trials Alliance 'Trial of the Year' Awards.

The AVOID study established that giving additional oxygen to a patient having a heart attack caused harm, compared with the patient breathing normal air. During the year this study was named as one of the most influential health research studies in the last 100 years by *The Medical Republic*.

Government funding has supported the continuation of a program across the state that enables Mobile Intensive Care Ambulance (MICA) paramedics to administer thrombolytic (clot-dissolving) drugs on patients experiencing a heart attack. The program began in March 2014 in Gippsland and is designed to deliver timely treatment to patients in remote locations with limited access to hospital-based emergency and cardiac services. All rural MICA paramedics have been trained to administer the drug and 66 patients were treated during the year. This State Government initiative has on average reduced the time-to-treatment for these patients by about one hour, which improves survival and reduces disability in this cohort of patients. More than 110 patients have now benefitted from this program.

During the year we ran a six-month pilot for Advanced Life Support Paramedics in rural areas, enabling them to use 12-lead electrocardiogram to assess a patient, which is usually a MICA-level skill. This early diagnosis enables the timely dispatch of MICA paramedics and therefore expedites thrombolytic treatment in regions where access to definitive care is beyond recommended timeframes. We also began the rollout of lighter, state-of-the-art heart monitors.

AV supported the Endovascular Clot Retrieval (ECR) Service based at Royal Melbourne Hospital by identifying and transporting appropriate stroke patients, who can have a clot directly removed from the obstructed cerebral artery, thereby restoring blood flow to affected parts of the brain.

In the coming year this service will begin at Monash Medical Centre and with both services operating it is estimated that 88 per cent of regional stroke patients will be within three hours travel time to an ECR site.

The Emergency Medical Response (EMR) program continued to operate successfully, and is set to become a statewide program.

EMR is a collaborative program designed to improve survival from cardiac arrest, with firefighters co-responding with the nearest available ambulance to 'Priority 0' calls, such as non-breathing or pulseless patients.

This program has been running in the metropolitan area since 2000, where Metropolitan Fire Brigade firefighters co-respond and can deliver care such as defibrillation.

About 125 career Country Fire Authority firefighters in Cranbourne, Springvale, Dandenong, Hallam and Shepparton, and five volunteer brigades in Berwick, Edithvale, Mornington, South Morang and Whittlesea continued to deliver EMR during the year as part of an ongoing pilot program.

In December 2015, South Morang and Mornington transitioned to become integrated fire stations, with career firefighters trained to respond to EMR events still supported by the already trained volunteer fire fighters from that location.

The CFA has been provided funding approval over the next three financial years to complete the expansion of this program to all 35 integrated stations across Victoria.

AV's Medical Advisory Committee approved a number of updates and new clinical practice guidelines for paramedics during the year, including a change to drug management for agitated and violent patients. This change follows an increase in the number of patients presenting with severe agitation related to the use of methamphetamine (ice), and is intended to provide better protection for patients and staff when there is a risk of extreme violence and the priority is to sedate the patient quickly and effectively.

On-road Staff

We upgraded paramedic resources in rural regions in 2015–2016 at Mooroopna, Warragul/Drouin and Ballarat. New roles for experienced MICA Paramedics, of Paramedic Community Support Coordinators, were established in Loddon Mallee (Wedderburn) and Grampians (Rosebury), providing those communities with access to a high level of care, and training support for first responders. We also conducted a pilot of an ambulance resource at Nagambie, based at the town during weekends over summer and at Easter 2016.

In Melbourne we piloted a program with Victoria Police in which paramedics and police responded together on weekends to low-acuity patients in the inner city with a view to reducing demand on our service and providing the necessary police and ambulance response at the same time.

We recruited 241 new graduate paramedics, who have all completed a university degree in paramedicine. These graduates complete a three-week induction course then spend nearly a year on-road with experienced paramedics before becoming fully qualified.

We continued to support emergency medical response in more remote rural communities through the training, increased treatment options and deployment of Ambulance Community Officers (ACOs) and Community Emergency Response Teams (CERTs), and the training and support of Remote Area Nurses (RANs) as co-responders to serious cases.

These volunteers and staff can provide a faster response in medical emergencies, with early intervention and support for patients.

ACOs are employed on a casual basis to work mainly in small communities where it is not practical to maintain a permanent paramedic crew. They also support paramedics in some communities. During the year 723 people were active as ACOs in their local communities, responding to emergencies and promoting health care.

CERTs are located in less populated and more remote areas of the state and co-respond with the nearest ambulance to provide immediate care until the ambulance arrives. In 2015–2016, CERTs arrived before an ambulance in 80.9 per cent of cases, illustrating the high value of these teams. At 30 June 2016, there were 27 teams with a total of 357 volunteers.

RANs operate from Victoria's 15 Bush Nursing Centres, and can be dispatched by AV as first responders in a Triple Zero (000) emergency. Due to responsibilities at their centres, RANs may not be able, nor are expected, to respond to all AV requests. The RANs' scope of practice is similar to that of an Advanced Life Support Paramedic, with special permits enabling the nurses to administer a range of medications in an emergency when a doctor is not available.

Our People

We continued to focus on improving the health, safety and wellbeing of our staff using reforms and initiatives that offer better work-life balance, provide opportunities to develop skills and capabilities, and keep our people healthy and safe.

We developed the AV Health and Safety Strategy, which was launched in May 2016 and sets out the actions we will take over the next three years to improve the health, safety and wellbeing of our people. The strategy was developed with wide consultations across our operational business and with key external stakeholders and experts.

During the year – and following a successful trial – we signed a major contract for the supply of power-lift stretchers and in April 2016 began the rollout of the stretchers across our statewide ambulance fleet.

These new stretchers do not require paramedics to do awkward and heavy lifting, which has been the cause of many serious paramedic injuries. The rollout of these stretchers will continue in the coming year and are a key enabler to achieving AV's zero harm culture.

We continued to prioritise our response to the increasing risk of occupational violence which, unfortunately, confronts our frontline staff on a regular basis. We have absolutely no tolerance for any violence or abuse towards our staff and in 2015–2016 strengthened our monitoring and reporting of incidents, which will allow us to better address the problem. An occupational violence educational program was completed by about 88 per cent of staff. During the year we also worked more closely with Victoria Police to help identify potential threats to our people.

The percentage of staff immunised against influenza reached 53.9 per cent in the reportable period. As a result of a number of initiatives during the 2016 flu season, immunisation rates will exceed the target of 75 per cent in the 2016–2017 reporting period. We regard these immunisations as very important as they protect both our staff and the community from the potential spread of a serious illness.

AV developed its first Mental Health Strategy during the year, which provides a roadmap for the organisation to deliver better mental health care for all AV people and their families, and reduce the stigma around mental health which may preclude people from seeking help early. A key element of this plan is a partnership with *beyondblue* to deliver a mental health awareness training program to all paramedics, a program that has started and will be completed in early 2017.

We have also increased our focus on workplace bullying and harassment, and have developed an action plan in response to a report by the Victorian Auditor-General, *Bullying and Harassment in the Health Sector*, which was tabled in State Parliament in March 2016.

Training and education for paramedic staff was bolstered with the introduction of a 40-hour clinical practice development program, which provides opportunities to update and improve clinical knowledge and skills, as well as a focus on manual handling, mental health and suicide prevention.

We continue to offer development programs for all leadership levels – frontline, middle manager and senior leader – delivering contemporary practices to equip our leaders to more effectively engage with their teams and improve the AV work environment.

Highly successful operations conferences were again a feature of the year, providing a valuable opportunity for our managers to network with their colleagues and learn about new developments of relevance to their teams, exchange ideas and ensure a common purpose to our work.

We continued to examine flexible work options and roster flexibility, completing a 10-hour roster trial during the period and providing new opportunities to swap shifts. The allocation of 26 new ambulances at busy branches, which was part-completed in 2015–2016, has improved the ability of staff to finish their shifts on time.

Work to strengthen the physical and psychological testing of graduates continued during the year, while work also continued on improved transition to retirement programs for staff towards the end of their careers.

New uniform items were introduced and were positively received by staff. The new items are specifically designed to make the work day more comfortable while maintaining the professional image associated with AV's paramedics.

An independent survey of our staff in late 2015 produced a high response rate from staff, and showed opportunities for AV to improve systems, processes and leadership practices, particularly those that invest in our people.

In March 2016, the Fair Work Commission made a recommendation on a Work Value claim for paramedics, with the resulting pay increases recognising the significant changes in paramedic skills and work requirements in the past decade.

Air Ambulance

A highlight for the year was the introduction of four AgustaWestland AW-139 twin engine helicopters, replacing our fleet of Bell 412s. The new helicopters, which have the latest in avionic technology, are faster, bigger and can travel longer distances without refuelling than the previous fleet.

Our fifth helicopter, operated in conjunction with Victoria Police, will be replaced with an AW-139 in early 2017 as part of a 10-year service contract with Babcock to supply five AW-139 helicopters and a dedicated back-up aircraft.

Most helicopter callouts are for life-threatening emergencies, which are mainly trauma and paediatric cases, and critical inter-hospital transfers.

All five helicopters carry blood products, which can be administered to patients by a MICA flight paramedic with medical approval, along with a range of other emergency medical capabilities.

AV operates five emergency response helicopters: HEMS 1 (Helicopter Emergency Medical Service based at Essendon), HEMS 2 (Latrobe Valley), HEMS 3 (Bendigo), HEMS 4 (Warrnambool) and HEMS 5 (an emergency response and specialist medical retrieval helicopter based at Essendon).

In 2015–2016 our helicopters responded to 2,033 emergency cases, transporting 1,637 patients, with a total of 2,932 flying hours

AV also operates four King Air B-200 fixed-wing aircraft, which are used in emergencies and for the routine transport of non-emergency patients. This service includes transporting people from regional and rural regions for regular and important treatments such as chemotherapy and radiotherapy for cancer patients, and transporting patients from metropolitan hospitals to regional hospitals.

We also fly patients with acute medical conditions requiring surgery, transfer injured patients from regional hospitals and retrieve critically ill patients from regional hospitals to specialist care, such as cardiac care and intensive care.

The main users of AV's five helicopters and four planes are patients outside the metropolitan area, which ensures rural communities have rapid access to our highest level of care and transport to major specialist care in the Melbourne metropolitan region, particularly for severe trauma patients as part of the state trauma system.

In 2015–2016, the planes flew 4,852 patients, 33 fewer patients than the previous year, with a total of 5,173 flying hours. We fly to numerous airports in Victoria and some interstate.

During the year we introduced portable ultrasound devices on our helicopters and planes, and our MICA Flight paramedics began training in a new surgical procedure that will improve outcomes for those with life-threatening chest injuries.

Adult Retrieval

AV coordinates and provides the inter-hospital transfer of critically ill adult patients across the state through its Adult Retrieval Victoria (ARV) service.

ARV uses doctors, paramedics and MICA paramedics to move critically ill adult patients between hospitals, using road ambulances, planes and helicopters, and is a key element of AV's range of services.

ARV also provides telephone advice on the clinical care of critically ill patients, coordinates access to critical care, coronary and specialist care beds in the hospital system and provides adult and paediatric trauma advice and referral.

ARV handled 4,938 cases during the year, 7.9 per cent more than the previous year, which resulted in 2,551 retrievals, 4.5 per cent more than the previous year, which included a notable growth in trauma-related cases. Retrievals by road were 825 and retrievals by air were 1,726.

ARV continued to use video-link Telehealth technology, which allows clinicians in Melbourne to assess a patient's condition by speaking to staff and seeing the patient in rural Victoria, allowing more accurate and effective patient management.

During the year ARV was re-accredited as a training site for the Australasian College for Emergency Medicine for a further five years.

A second phase of funding was provided by the Department of Health and Human Services to develop additional statewide trauma guidelines, web-based learning systems, the delivery of tutorials, development of an App and podcasts. This follows a formal evaluation of the first phase that indicated significant improvements in knowledge and awareness of guidelines, resulting in improved clinical practice.

Emergency management

The Emergency Management Unit coordinates AV's response to major incidents across the state, such as heatwaves, bushfires and floods. One of the unit's main roles is to isolate large and complex incidents so that AV's "normal" business can continue unaffected and we can respond to the normal level of emergency calls that continue in addition to the major incident.

During the year, the unit managed a number of major incidents, including responding to a large bushfire at Wye River, a prison riot, a rural hospital fire, an outbreak of gastro on a large cruise ship, suspected Ebola cases, a multi-day rubbish tip fire in Melbourne and several complex multi-patient vehicle accidents. The unit also oversaw the deployment of an AV MICA Paramedic to Fiji as part of the humanitarian effort following Cyclone Winston in February 2016.

The unit represented AV in peak emergency management bodies, deployed paramedics to anti-terrorism exercises held in conjunction with other agencies to test the emergency response to mock terrorist incidents, and coordinated paramedic attendance at more than 300 major public events including the Spring Racing Carnival, New Year's Eve, Around the Bay in a Day and the AFL finals series.

Non-emergency patient transport

While AV's core role is as an emergency pre-hospital health response provider, the role of non-emergency patient transport (NEPT) is becoming increasingly important in enabling AV to focus on providing faster responses to patients experiencing life-threatening emergencies.

In addition to the key role NEPT plays in enabling patients to access a variety of health services and specialist appointments, an update to NEPT Regulations in April 2016 has given AV an enhanced ability to arrange NEPT responses to Triple Zero (000) callers with non-time-critical needs.

The demand for and usage of NEPT services by Triple Zero (000) callers is predicted to increase considerably throughout the coming year as reform initiatives continue. To ensure AV's capacity to manage this workload, new NEPT contracts commenced on 1 November 2015 following a competitive tender process.

In the metropolitan and rural regions, NEPT demand fell during the year. In the metropolitan regions, 109,811 non-emergency stretcher patients were transported, 13,437 patients fewer than the previous year, and 76,698 patients not in need of clinical care or monitoring en route were transported in clinic cars, 4,101 fewer patients than the previous year.

Community education and engagement

An important aspect of AV's charter is to educate the community about how to recognise and manage a medical emergency until paramedics arrive on scene.

During the year we focused on better equipping the community to act as first responders through developing a plan of action to build and strengthen community resilience in health emergencies.

We partnered with a diverse range of communities and agencies to provide education on how to appropriately respond to a health emergency as part of our commitment to engage, educate and partner with vulnerable communities to develop and deliver localised approaches to reduce disparities in patient outcomes.

During the year our community education programs, as well as the support provided to our people and partners in delivering their own community education, reached more than 225,000 Victorians.

We recruited an additional 200 CPR Champions who have facilitated cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) awareness to more than 10,000 people through the *4 Steps for Life Plus* self-education program. An AED is used to shock the heart in the event of a cardiac arrest (sudden death collapse), and can be used by someone with no previous training or experience.

In May 2016, the AV Board's newly established Community Advisory Committee held its first meeting. The committee members represent a diverse range of views, including those of rural and regional Victoria, groups facing disadvantage and disability, and culturally and linguistically diverse communities, and will advise the Board and AV Executive on matters relating to community and stakeholder engagement and participation.

There was an increase of more than 10 per cent in community donated funds in 2015–2016, compared with the previous year. More than \$780,000 was gifted through bequests and more than \$75,000 was generated through local community donations. These funds have contributed to improving the system of care for patients across Victoria.

Our 67 Ambulance Victoria Auxiliary committees, consisting of 743 members, spent more than \$230,000 of raised funds to provide a broad spectrum of training opportunities, in addition to branch upgrades and additional equipment provision. These voluntary committees also gifted 28 AEDs to local communities helping to improve access to AEDs across Victoria.



Staff Numbers

We reinforced the messages that promote community involvement in assisting paramedics and patients through the Community Heroes Awards, an event that attracts widespread media coverage, with 14 ordinary Victorians who performed outstanding acts of bravery in seven different emergencies recognised at a ceremony held at Parliament House in December 2015. We also improved our website, which promotes what to do in a medical emergency.

AV continued to maintain 101 automated external defibrillators across 28 public places in Victoria, and provide training to staff at those sites. During the year there were several cases in which these Public Access Defibrillators were successfully used by members of the community and the patients made a full recovery.

We promote the purchase of AEDs by places where people are most at risk, such as fitness/sporting clubs, community organisations and private businesses because they are inexpensive, and save lives. AV maintains a registry of the location of these devices, which are designed to be used by members of the public prior to the arrival of paramedics.

We grew ambulance memberships to 1,190,515 at 30 June 2016, a 53,234 increase in membership numbers compared with the previous year. Memberships cover about 2.4 million Victorians.

This workforce information is provided in accordance with the Minister for Finance's Reporting Direction 29, Workforce data disclosures in the report of operations – public service employees.

WORKFORCE DATA

Total Staffing Numbers

Full-Time Equivalent staff 2015–2016 (size of the workforce).

Staffing Numbers (FTE) – Annual Report Category	2015–2016	2014–2015
On road Clinical Staff ¹	3,438.6	3,329.1
Operation Support and Managerial Staff ²	318.2	325.7
Other Managerial, Professional and Administrative Staff ³	366.5	392.2
TOTAL	4,123.3	4,047.0

MICA Paramedics

This group of MICA employees form part of AV's Full-Time Equivalent Staff 2015–2016.

MICA Staffing Numbers	2015–2016	2014–2015
MICA Full-Time Equivalent staff	530.7	520.2
MICA Full-Time Equivalent trainees	48.0	36.0
TOTAL	578.7	556.2

Volunteers & ACO's

In addition, AV engages 357 Community Emergency Response Team volunteers (CERT) and employs 723 Ambulance Community Officers (ACO) who provided emergency response in 2015–2016.

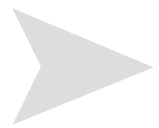
Notes:

The three staff categories are as follows:

- 1) **On road Clinical Staff** - include Paramedics, Team Managers, Patient Transport Officers, Retrieval Registrars, Clinic Transport Officers and Clinical Instructors etc.
- 2) **Operation Support and Managerial Staff** - include Rosters staff, Communications staff, Rehab Advisors, OHS Advisors, Logistics staff, Group and Regional Managers, Fleet staff, Duty Team Managers, Telecommunication staff and Community education staff etc.
- 3) **Other Managerial, Professional and Administrative staff** – include all other staff who do not fall into the above two categories.

Recruitment numbers

265 Paramedic staff were recruited by AV in 2015–2016. This included **241** new graduates.



Research Report

Ambulance Victoria (AV) is an established leader in pre-hospital research. Research activities range from epidemiological analyses of key patient cohorts, 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. The AV research portfolio includes collaborations with key organisations, including universities, hospitals, and institutes such as Turning Point Alcohol and Drug Centre and the Florey Institute for Neuroscience and Mental Health. In 2015–2016, a total of 66 research projects were active in the AV research governance system.

AV continues to collaborate on significant National Health and Medical Research Council (NHMRC) funded projects, including multi-centre randomised controlled trials (RCTs). Currently, AV MICA paramedics are enrolling patients into two NHMRC-funded RCTs. The Prophylactic hypOthermia trial to Lessen trAumatic bRain injury (POLAR) RCT aims to determine whether early and sustained prophylactic hypothermia, compared to standard 'normothermic' care, is associated with more favourable neurological outcome six months after severe traumatic brain injury. At 30 June 2016 the trial had enrolled 382 of the 500 required participants, 115 of whom had been enrolled by AV paramedics. AV paramedics are also enrolling patients into the Pre-hospital Anti-fibrinolytics for Traumatic Coagulopathy and Haemorrhage (PATCH) study. This trial aims to address whether early administration of tranexamic acid, compared with placebo, reduces mortality and improves recovery at six months in severely injured patients at risk of acute traumatic coagulopathy. A total of 174 out of the 1184 required patients had been enrolled at 30 June 2016, 154 of whom were enrolled by AV MICA paramedics.

In 2015–2016, AV also continued to pilot the rEduction of oXygen After Cardiac arresT (EXACT) study with the aim of determining the feasibility of paramedic titration of oxygen in adult patients who have been resuscitated from cardiac arrest. A total of 38 of the required 88 patients had been enrolled at 30 June 2016, 27 of whom were enrolled by AV paramedics. The results of the pilot study will be used to inform the Phase 3, NHMRC-funded EXACT RCT, due to commence in 2017. The Phase 3 study will aim to determine whether reducing oxygen administration as soon as possible following successful resuscitation from cardiac arrest, compared with current practice, improves patient outcomes at hospital discharge. Additional information about these trials is available on the AV research website <http://ambulance.vic.gov.au/about-us/research/>.

In addition to RCTs, AV continues to participate in the NHMRC-funded 'Right care, right time, right place: Improving outcomes for people with spinal cord injury' project which aims to examine the clinical journey of confirmed spinal cord injured patients. AV is also a key partner in the 'Australian Resuscitation Outcomes Consortium (AusROC) Centre for Research Excellence' which aims to improve resuscitation care and outcomes for cardiac arrest patients. In addition, AV is a key collaborator on an important study lead by Turning Point Drug and Alcohol Centre which is funded by Movember. This study aims to improve men's access to care via a national ambulance approach to reduce suicide and to improve the mental health of men and boys.

In the past year, AV has maintained its significant research output. During 2015–2016, AV staff co-authored 29 research articles in quality medical journals. Research results were also presented at 12 national and international conferences. A research highlight for 2015–2016 was the recognition of the Air Versus Oxygen In myocarDial infarction (AVOID) study as one of the most influential health research studies in the last 100 years by *The Medical Republic*. The AVOID study was also one of five finalists recognised at the 2016 Australian Clinical Trials Alliance 'Trial of the Year' Awards.

AV continues to maintain the Victorian Ambulance Cardiac Arrest Registry (VACAR) which contains data for more than 80,000 cardiac arrest cases attended by ambulance in Victoria. The registry drives quality improvement in resuscitation practice and supports a large research agenda. AV also continues to provide data to the Victorian State Trauma Registry for all major trauma patients attended by ambulance paramedics, and data to Turning Point Alcohol and Drug Centre on drug, alcohol and mental health related ambulance attendances.

The Research and Evaluation Department also continues to foster research education through supervision of higher research degree students, many of whom are paramedics.

Research Awards

In October 2015, PhD students and paramedics Kathryn Eastwood and Kylie Dyson presented their work at the Paramedics Australasia International Conference in Adelaide in the 'Best of the Best' paper session. Kathryn and Kylie were awarded a tie for 1st place for Best Paper. A'laA Otier, a PhD student who is using AV data, also presented his work in the 'Best of the Best' session.

Linda Ross, a PhD student and paramedic, was awarded the VACIS bursary for her work which uses AV electronic patient care record data to investigate paramedic attendances to older adults.

Three AV studies were mentioned in the international journal Resuscitation's Research Highlights of 2015. These included "Comparison of out-of-hospital cardiac arrest occurring before and after paramedic arrival: epidemiology, survival to hospital discharge and 12-month functional recovery", "Refractory cardiac arrest treated with mechanical CPR, hypothermia, ECMO and early reperfusion (the CHEER trial)", and "Return of consciousness during ongoing cardiopulmonary resuscitation: a systematic review".

Finally, as mentioned above, the AVOID study was one of five finalists recognised at the 2016 Trial of the Year Awards by the Australian Clinical Trials Alliance.

Research Publications (alphabetical)

Ball S, Williams T, Smith K, Cameron P, Fatovich D, O'Halloran K, Hendrie D, Whiteside A, Inoue M, Brink D, Langridge I, Pereira G, Tohira H, Chinnery S, Bray J, Bailey P and Finn J. The association between ambulance dispatch priority and patient condition. *Emergency Medicine Australasia*. 2016. In Press.

Battistuzzo C, Smith K, Armstrong A, Clark J, Laurenson J, Cox S, Bernard S, Freeman B, Dunlop S, Batchelor P. Early rapid neurological assessment for acute spinal cord injury trials. *Journal of Neurotrauma*. 2016. In Press.

Beck B, Bray J, Smith K, Walker T, Grantham H, Hein C, et al. Establishing the Aus-ROC Australian and New Zealand out-of-hospital cardiac arrest Epistry. *British Medical Journal Open*. 2016;6(4).

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Considine PJ, Walker ApT. Interprofessional graduate programme for nursing-paramedicine degree graduates: work outcomes and participant experience. *International Paramedic Practice*. 2016;6(1):19-28.

Dyson K, Bray J, Smith K, Bernard S, Straney L, Finn J. Paramedic Exposure to Out-of-Hospital Cardiac Arrest Resuscitation Is Associated With Patient Survival. *Circulation: Cardiovascular Quality & Outcomes*. 2016;9(2):154-60.

Eastwood K, Morgans A, Smith K, Hodgkinson A, Becker G, Stoelwinder J. A novel approach for managing the growing demand for ambulance services by low-acuity patients. *Australian Health Review*. 2015. In Press.

Jennings PA, Lord B, Smith K. Clinically meaningful reduction in pain severity in children treated by paramedics: a retrospective cohort study. *The American Journal of Emergency Medicine*. 2015;33(11):1587-90.

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Kloot K, Salzman S, Kilpatrick S, Baker T, Brumby SA. Initial destination hospital of paediatric prehospital patients in rural Victoria. *Emergency Medicine Australasia*. 2016;28(2):205-10.

Lord B, Jennings PA, Smith K. The epidemiology of pain in children treated by paramedics. *Emergency Medicine Australasia*. 2016;28(3):319-24.

Matthews BL, Andrew E, Andronaco R, Cox S, Smith K. Epidemiology of fatal and non-fatal drowning patients attended by paramedics in Victoria, Australia. *International Journal of Injury Control & Safety Promotion*. 2016:1-8.

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McLelland G, McKenna L, Morgans A, Smith K. Paramedics involvement in planned home birth: A one-year case study. *Midwifery*. 2016;38:71-7.

Meadley B, Heschl S, Andrew E, de Wit A, Bernard SA, Smith K. A Paramedic-staffed Helicopter Emergency Medical Service's Response to Winch Missions in Victoria, Australia. *Prehospital Emergency Care*. 2016;20(1):106-10.



Environmental Report

Morrison C, Ponicki WR, Gruenewald PJ, Wiebe DJ, Smith K. Spatial relationships between alcohol-related road crashes and retail alcohol availability. *Drug and Alcohol Dependence*. 2016;162:241-4.

Morrison C, Smith K, Gruenewald PJ, Ponicki WR, Lee JP, Cameron P. Relating off-premises alcohol outlet density to intentional and unintentional injuries. *Addiction*. 2016;111(1):56-64.

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Nehme Z, Nair R, Andrew E, Villani M, Zoungas S, Lijovic M, Bernard S, Smith K. The impact of diabetes and prehospital blood glucose on survival and 12-month functional recovery following out-of-hospital cardiac arrest. *Critical Care & Resuscitation*. 2016. In Press.

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Ross L, Jennings P, Smith K and Williams B. Paramedic attendance to older patients in Australia, and the prevalence and implications of psychosocial issues. *Prehospital Emergency Care*. 2016. In Press.

Straney LD, Bray JE, Beck B, Finn J, Bernard S, Dyson K, et al. Regions of High Out-Of-Hospital Cardiac Arrest Incidence and Low Bystander CPR Rates in Victoria, Australia. *PLoS ONE*. 2015;10(10): e0139776.

Villani M, Nanayakkara N, Ranasinha S, Tan CY, Smith K, Morgans A, et al. Utilisation of emergency medical services for severe hypoglycaemia: an unrecognised health care burden. *Journal of Diabetes and its Complications*. 2016. In Press.

AV Presentation at Key Conferences

AV projects and project data were presented at a number of key conferences, including:

- Aeromedical Society of Australasia, Darwin Australia
- American Public Health Association, Chicago USA
- Australian and New Zealand Intensive Care Society Clinical Trials Group Winter Research Forum, Gold Coast Australia
- Australasian College of Emergency Medicine Conference, Brisbane Australia
- Australasian Professional Society on Alcohol and Drugs Conference, Perth Australia
- Australian and New Zealand College of Paramedicine Conference, Sydney Australia
- Congress of the European Resuscitation Council, Prague Czech Republic
- Council of Ambulance Authorities Conference, Melbourne Australia
- Cardiac Society of Australia and New Zealand Annual Scientific Meeting, Melbourne Australia
- International Academies of Emergency Dispatch, Melbourne Australia
- New Zealand Resuscitation Council Conference, Auckland New Zealand
- Paramedics Australasia International Conference, Adelaide Australia

Environmental Commitment

AV recognises that our everyday activities have an impact on the environment. We are committed to improving the overall environmental performance of our organisation.

Reducing waste and maximising recycling

AV is committed to the effective management of waste to reduce waste to landfill as well as associated operating costs. AV has active programs to recycle printer cartridges, e-waste and batteries along with more traditional recycling streams such as paper, cardboard, bottles, cans and cartons. This year AV tendered for a new statewide waste contract and will work with the successful contractor to expand and improve waste collection streams and processes to increase diversion away from landfill and further reduce the cost of waste disposal.

Paper Use

In 2015–2016, more than 70 per cent of paper purchased contained recycled content along with being carbon neutral. The carbon neutral paper purchased is certified under the National Carbon Offset Standard (NCOS) Carbon Neutral Program.

Energy Use

AV installed 86.5 kilowatts of solar power systems at 10 sites throughout Victoria during the year. Preliminary data shows we have experienced an average reduction of 4 per cent in electricity consumption at those sites. We are exploring opportunities to expand the solar rollout to further AV sites.

We continued to assess and specify construction products and technologies for our new branches that offer increased levels of energy efficiency and reduce our operating costs. In 2015–2016, new branches incorporated LED lighting technology and double-glazed windows.

AV continues to purchase accredited Green Power and this year purchased 15 per cent of total electricity consumed as Green Power.

Water Use

AV consistently analyses water consumption trend information to identify possible leaks and action as required. Response vehicle washing does occur at branches that incorporate car washing facilities when no water restrictions exist, however this is limited to a small number of sites. Water tanks are installed in all new branches to provide water for irrigation and reticulation to toilets.

Fuel Use

Reducing energy use associated with our fleet continues to be difficult for us to achieve due to the nature of our work and our requirement for specific vehicle types and aircraft. Our response vehicles are efficient Mercedes Benz vehicles and we also have Hybrid and LPG vehicles in the fleet that help reduce the impact of the overall AV fleet on the environment.



Environmental Performance

Environmental Indicator	Unit of Measure	2012–2013	2013–2014	2014–2015	2015–2016
Office Paperⁱ					
Reams per FTE ⁱⁱ	Reams per FTE	3.9	3.5	3.8	3.52
Total Reams	Reams	14,162	13,530	15,214	14,527
Average Recycled Content	%	5%	5.4%	77%	73%
Average Carbon Neutral Paper	%	71.3%	70%	71.2%	73%
Waterⁱⁱⁱ					
Consumption per FTE	KL per FTE	9.4	8.2	7.7	7.67
Total Consumption	KL	34,553	31,797	30,993	31,613
Transport Energy^{iv}					
Consumption per FTE	GJ per FTE	78.85	73.61	69.64	70.80
Total Consumption	GJ	288,969	283,597	281,815	291,939
Stationary Energy (Electricity & Gas)^v					
Consumption per FTE	GJ per FTE	8.96	8.58	8.26	8.37
Total Consumption	GJ	32,836	33,053	33,450	34,495
Green Power Purchased	%	16.5%	15%	14%	14.5%
Greenhouse Emissions^{vi}					
	Unit of measure	2012-13	2013-14	2014-15	2015-16
Emissions from Energy	tCO2-e	9,533	9,477	9,853	9,853
Emissions from Transport	tCO2-e	21,348	9,477	20,745	20,745
Total AV Greenhouse Emissions^{vii}	tCO2-e	20,856	9,853	30,598	30,598

i. One ream is equivalent to 500 sheets of A4 paper. Recycled content is the average percentage of recycled content purchased. Average Carbon Neutral is the average percentage of paper purchased that is certified Carbon Neutral. Carbon Neutral information was not captured for reporting purposes before 2012–2013. Paper count includes paper used for VACIS printing from 2012–2013, but does not include AV pre-printed letterhead.

ii. Official Full Time Equivalent staff as at the end of the financial year

iii. Metered potable water used for all sites including offices and branches. Consumption data that is unavailable, for example at sites that are co-located with hospitals or other emergency services is estimated.

iv. Transport Energy incorporates all AV vehicles and air fleet. This includes operational response vehicles and administration vehicles. The total recorded for the AV air fleet also incorporates fuel used by Victoria Police in one of the rotary wing aircraft. Due to calculation delays, road based fuel is calculated using the 12 month period from June 2014 to May 2015. Fuel consumption from non-emergency contractors is not included in this tally.

v. Stationary Energy use incorporates electricity and natural gas consumption for all sites including offices and branches. Consumption data that is unavailable, for example at sites that are co-located with hospitals or other emergency services is estimated.

vi. Greenhouse gas emissions are reported using scope one, two and three National Greenhouse Accounts (NGA) factors published by the Department of the Environment. This is reported as Tonnes of CO2 or equivalent.

vii. The total greenhouse emissions figure incorporates an offset for the purchase of accredited Green Power



Donations Summary

GENERAL DONATIONS AND BEQUESTS EQUAL TO OR OVER \$1,000	AMOUNT
Estate of Betty Nance Frazer	479,467.29
Estate of Dennis Arthur Walker	213,585.08
McGuinness & Hosking Pty Ltd	53,450.98
Alma Sylvia & Carmen Figuerola Trust	17,718.69
Peter Connell	10,300.00
Estate of Rita Adele Lauricella	10,000.00
Estate of Arthur Bolton Reeves	6,594.99
Royal Automobile Club of Victoria (Torquay Resort)	5,000.00
Estate of Matthew Nash	5,000.00
ATF Edwards Foundation	5,000.00
Bright Hospital Opportunity Shop	2,780.00
Lions District 201V5	2,627.00
St John's Retirement Village Residents Association	2,000.00
LC & GJ Gerdson	2,000.00
Estate of Winifred Daisy Stevens	2,000.00
Country Womens Association Inc (South Western Group)	1,660.00
Blue Label Pty Ltd	1,500.00
Phillip Island Patchwork & Quilters Society Inc	1,000.00
William Whitney	1,000.00
Ann Robb	1,000.00
TOTAL	823,684.03
GENERAL DONATIONS AND BEQUESTS UNDER \$1000	42,903.88
TOTAL GENERAL DONATIONS	866,587.91



Donations Summary Cont.

AUXILIARY DONATIONS EQUAL TO OR OVER \$1,000	AUXILIARY	AMOUNT
Mallee Track Health & Community Service Ladies Auxiliary	<i>Ouyen-Patchewollock</i>	15,495.00
Elder Rural Services Australia Ltd	<i>Helimed</i>	9,163.00
JE Hemming	<i>Cobram</i>	7,000.00
Ritchies IGA	<i>Paynesville</i>	5,760.25
Gregory Page	<i>Wonthaggi</i>	5,000.00
Bon Air Tennis Tournaments	<i>Anglesea Rural</i>	4,500.00
Kyneton M2M	<i>Kyneton</i>	4,000.00
McMahons Rd Pty Ltd	<i>Euroa</i>	3,000.00
Manchester Unity IOOF	<i>Helimed</i>	2,990.00
State Emergency Service (Wycheproof)	<i>Charlton</i>	2,350.00
Romsey/Lancefield Lions Club	<i>Romsey Lancefield & District</i>	2,350.00
Harry & Clare Friday Foundation	<i>Mansfield</i>	2,052.00
Community Aid Opportunity Shop	<i>Robinvale</i>	2,000.00
Woodend Uniting Church	<i>Woodend</i>	1,500.00
St Peters Opportunity Shop Leongatha	<i>Helimed</i>	1,000.00
Paynesville Uniting Church Opportunity Shop	<i>Helimed</i>	1,000.00
Paynesville Uniting Church	<i>Paynesville</i>	1,000.00
EW Tonkin	<i>Kyabram</i>	1,000.00
Mallacoota Community Opportunity Shop	<i>Mallacoota</i>	1,000.00
Carisbrook Lions Club	<i>Maryborough</i>	1,000.00
Bendigo Bank (Lancefield)	<i>Romsey Lancefield & District</i>	1,000.00
TOTAL		74,160.25
AUXILIARY DONATIONS UNDER \$1000		220,662.11
TOTAL AUXILIARY DONATIONS		294,822.36



Governance

Ambulance Service Victoria – operating as Ambulance Victoria (AV) – was established on 1 July 2008 to provide statewide ambulance services by amalgamating the Metropolitan Ambulance Services (MAS), Rural Ambulance Victoria (RAV) and Alexandra and District Ambulance Service (ADAS).

AV is required by the Ambulance Services Act 1986 to:

- respond rapidly to requests for help in a medical emergency
- provide specialised medical skills to maintain life and to reduce injuries in emergency situations and while transporting patients
- provide specialised transport facilities to move people requiring emergency medical treatment
- provide services for which specialised medical or transport skills are necessary
- foster public education in first aid.

AV reports to the Minister for Health and Ambulance Services, the Honourable Jill Hennessy, MP, through the Department of Health and Human Services (DHHS).

Appointed by the Governor in Council on the recommendation of the Minister, the Board of Directors is responsible for the provision of comprehensive and efficient ambulance services to the people of Victoria. While organisational management is vested in the Chief Executive Officer and the executive team, the Board of Directors is accountable to the State Government and Minister for Health for the performance of AV.

The primary focus of the Board of Directors is the establishment of the strategic direction, governance and policies, together with monitoring the performance and operating efficiency of AV.

The Board of Directors operates in accordance with its policies for Board governance and the by-laws of AV, ensuring AV meets its statutory obligations and, in doing so, meets appropriate standards of accountability and propriety. All Board members are independent of AV.

Declarations of pecuniary interest

All Board Directors and senior managers are required to lodge and update declarations of pecuniary interest in respect of their responsibilities to AV.

The Board of Directors operates three Governance Board committees and two Advisory Committees to support its functions.

The purpose of the Committee is to advise the Board on Ambulance Victoria's financial and business plans, strategies and budgets to ensure the long term financial viability of Ambulance Victoria (AV).

To monitor strategies in order to maximise revenue and the effective and efficient use of AV financial resources and assets, the specific responsibilities include:

- financial strategy
- financial reporting
- business and financial planning and performance.

The purpose of the Committee is to assist the AV Board in fulfilling its responsibilities in areas of compliance, internal control, financial reporting, assurance activities and risk management. Specific responsibilities include:

- financial risk and internal controls
- financial reporting and management
- internal and external audit
- compliance with laws, regulations, internal policies and industry standards
- enterprise risk management (excluding clinical risk management which is overseen by the Quality Committee).

The Quality Committee is responsible to the Board for monitoring the performance of Ambulance Victoria with regard to whether:

- On behalf of the Board, the Committee actively monitors the performance of quality care and service provision against the four domains of the Victorian Clinical Governance Policy Framework:

- consumer participation
- clinical risk management
- clinical effectiveness
- effective workforce.

The purpose of the Committee is to advise the Board on Ambulance Victoria's (AV) policies and strategies to improve the effectiveness and health, safety and wellbeing of AV employees.

To monitor strategies in order to foster and promote a positive culture that is centred on patients and staff.

The committee monitors and provides advice and recommendations to the AV Board on:

- culture, wellbeing and workforce performance
- people and culture policies and frameworks

AV has established a Community Advisory Committee with the inaugural meeting held in May 2016. The purpose of the Committee is to inform the Board and Executive of Ambulance Victoria on matters relating to community and stakeholder engagement and participation.

The participation of community members in the planning and engagement with the broader Victorian community will strongly enhance the future service design and delivery of our services.

The Community members represent a diverse range of views, including those of rural and regional Victoria, groups facing disadvantage and disability, and culturally and linguistically diverse (CALD) communities.

AV Executive Group

	Board		Audit & Risk Committee		Finance Committee		People, Culture & Community Committee		Risk & Quality Committee	
	H	A	H	A	H	A	H	A	H	A
Administrator										
H Ronaldson	7	7	4	4	3	3	5	5	4	4
Independent Board Committee Members										
P.Coughlin (Chair)			4	4						
S Evans			4	4						
G Aplin			4	4						
P Lewinsky			4	3						
K Wells			4	4						
Dr A Williams (Chair)									4	4
Dr R Christiansen									4	4
<div> <div>H = Meetings eligible to attend</div> <div>A = Meetings attended</div> </div>										



Independent Members of the Board Committees (from June 2015)

Mr Paul Coughlin

Mr Coughlin returned to Melbourne in 2015 after a 26-year career with global ratings agency Standard & Poor's. He spent the last 20 years of his career overseas first in Hong Kong, then Singapore and finally New York where he became global head of Credit Ratings operations.

Prior to his ratings career, he spent five years as an investment banker, as well as a number of years in economic policy and administrative roles including a role on the staff of then Federal Treasurer the Hon John Howard. Mr Coughlin was appointed to the board of the Treasury Corporation of Victoria in 2015. Previous Board experience includes membership of the Board of the Alfred Group of Hospitals and of Taiwan Ratings Corporation. He has a Bachelor of Economics Degree from Monash University and a Masters of Business Administration from Melbourne University.

Ms Karen Wells

Ms Wells is a chartered accountant and a registered company auditor with more than 20 years professional experience. She is currently the Director of Professional Standards for HLB Mann Judd Australia and New Zealand and has held various governance roles in the community including six years on the Board of Management of the Queen Elizabeth Centre. Ms Wells specialises in the areas of audit, financial reporting, quality control and risk management and is also a graduate member of the Australian Institute of Company Directors.

Ms Geniere Aplin

Ms Aplin commenced practice at a plaintiff firm before transitioning over to the financial services industry where she held Executive roles in personal and commercial insurance, banking and shared services. In addition, she has had experience in the public sector at both a state and federal level working with the Motor Accidents Authority NSW, WorkCover NSW, and ComCare in both senior Executive and Board roles. Ms Aplin has demonstrated a track record in leading businesses through challenging cycles in a way that transforms businesses and people whilst delivering exceptional outcomes for clients and shareholders. She joined Shine in 2016 as Chief Operating Officer.

Dr Angela Williams

Dr Williams is a Senior Forensic Physician at the Victorian Institute of Forensic Medicine with qualifications in medicine, business and public health. She has worked with the Department of Justice, the Australian Football League and Standards Australia. With a background in forensic medicine, Dr Williams has helped many women, children and families in crisis and has been part of the development of programs aiming to address the forensic medical needs of the people of Victoria. She is a Board Member for OzChild.

Dr Rowena Christiansen

Dr Rowena Christiansen is a medical educator at the University of Melbourne, both in the Melbourne Medical School and Medical Officer at Ormond College, and also works in the prehospital arena as an emergency doctor and ski patrol medical officer. Her medical experience includes Registrar positions in Anaesthetics, Rural and Remote/Emergency Medicine, and Neonatal/Paediatrics (including some Obstetrics & Gynaecology training). She has undertaken post-graduate qualifications in Civil Aviation Medicine, Child Health, Emergency Health, and Space Studies. Dr Christiansen enjoys sharing her knowledge as a Basic Life Support (BLS), Advanced Life Support (ALS), and Paediatric Advanced Life Support (PALS) instructor, and is the Royal Australian College of General Practitioners (RACGP) representative on the Australian Resuscitation Council.



Board Members

AV Board (from 1 December 2015)

On 25 November 2015, the Hon Jill Hennessy MP, Minister for Ambulance Services, announced the new Ambulance Victoria Board of Directors.

AV's new Board was appointed from 1 December 2015 until 30 June 2018.

Board Chair

Mr Ken Lay APM

Mr Lay is the former Chief Commissioner of Victoria Police where he held many positions since 1974. Mr Lay has extensive networks within all levels of government and the broader community. Until recently he was the Chair of the Prime Minister's National Ice Taskforce, established by the Federal Government to tackle the issue of use of the drug ice. He was also the Chair of the Council of Australian Governments Domestic Violence Taskforce. He is currently a Director of Greyhound Racing Victoria, the Essendon Football Club and a Non-Executive Director of Dixon Hospitality Limited.

Ms Tasneem Chopra

Ms Chopra has extensive networks with Australia's national multicultural communities, from grassroots activists to academia and government. An independent Cross Cultural Consultant, Ms Chopra draws on personal and professional experience in community development, arts and media engagement to advocate for social change and justice, particularly as these issues impact upon the disadvantaged and minorities.

Ms Susanne Clarke

Ms Clarke has held senior positions in health and community services for over 40 years including community health, local government, state government and the private sector. Ms. Clarke's experience extends across primary healthcare, philanthropy, governance and community engagement. She joined the Board of Bendigo Health in 2010 and is Chair of Bendigo Health's Quality Care Council.

Ms Suzanne Evans

Ms Evans has a background in finance and economics and has broad management experience in corporate governance, customer and community relations, accountancy and in the public service. She has been a past Board member on a number of Health and environmental organisations including Austin Health, Sustainability Victoria, North East Water and Osteopaths Registration Board of Victoria. She is currently on the Board of Bioregional Australia Foundation Ltd and an independent member on the Risk and Audit Committee of the Department of Environment Land Water and Planning.

Dr Joanna Flynn AM

Dr Flynn is a general practitioner who has been the Chair of the Board of Directors of Eastern Health since July 2009 and Chair of the Medical Board of Australia since September 2009. In 2015, she was member of the Royal Australasian College of Surgeons' Expert Advisory Group into Discrimination, Bullying and Sexual Harassment. She is also Chair of the Council of Health Service Board Chairs, Victoria.

Mr Ian Forsyth

Mr Forsyth has more than 20 years experience in successfully developing and leading teams across complex, high profile and transitioning organisations. He is a Managing Partner with behaviour change communications specialists, The Shannon Company, and is Chair of the Windermere Child and Family Services. He began his career as a journalist with the ABC before moving into a range of senior executive positions across the private and public sectors, including Deputy Chief Executive, WorkSafe Victoria, and Managing Director, Norwich Union Life Australia.

Mr Michael Gorton AM

Mr Gorton is a senior partner at Russell Kennedy Lawyers and has more than 25 years experience advising the health and medical sector on all aspects of commercial law, assisting boards of health organisations to understand their legal obligations for effective governance structures, governance policies and implementing risk management strategies. He is on the Board of Melbourne Health, Australasian College for Emergency Medicine, Melbourne Primary Health Network (PHN) and is the Chair of the Australian Health Practitioner Regulation Agency (AHPRA). He also chairs the Health Minister's Patient Safety Advisory Committee.



Board Members (continued)

Mr Peter Lewinsky

Since 1991, Mr Lewinsky has conducted a private investment banking and corporate and government advisory practice. This follows 10 years investment banking and stockbroking experience both in Australia and internationally. Over the past 20 years he has been a member and Chair of a number of Boards and governance committees, and advised the Victorian, and other State governments on a range of governance and audit and risk sector re-structuring and industry reform issues.

Mr Greg Smith AM

Mr Smith has had extensive experience in conciliation and arbitration, both in Australia and overseas, through his previous roles with the Conciliation and Arbitration Commission, Industrial Relations Commission and Fair Work Commission. His skills in resolving industrial disputes across a range of industry sectors through conciliation, mediation and arbitration span almost 30 years.

	Board		Finance Committee		Audit & Risk Committee		Quality Committee		People & Culture Committee	
	H	A	H	A	H	A	H	A	H	A
Board of Directors										
K Lay APM	7	7	3	2	4	4	2	1	4	2
[Chair]										
T Chopra	7	7							4	3
S Clarke	7	6					2	2		
S Evans	7	5	3	2	4	3				
J Flynn AM	7	7					2	2	4	3
I Forsyth	7	7			4	3				
M Gorton AM	7	6			4	3	2	1		
P Lewinsky	7	7	3	3	4	4			4	4
G Smith AM	7	6							4	4
Independent Board Committee Members										
P Coughlin					4	3				
G Aplin					4	3				
K Wells			3	2						
Dr A Williams							2	2		

H = Meetings eligible to attend

A = Meetings attended



Community Advisory Committee Community Members (from May 2016)

Ms Amber Smith

Ms Smith has knowledge of the health issues and needs of the CALD community, older people, young people and children, people with chronic health conditions, mental illness or disability, people with alcohol or drug addiction and families and carers. She holds a role in Community Inclusion with the Nillumbik Shire Council, and has a Bachelor Degree in Public Health and Paramedicine.

Ms Jorden Lam

Ms Lam identifies herself with a culturally and linguistically diverse background (Cambodian-Chinese) and has knowledge of the CALD community, older people, people with chronic health conditions and mental illness and families and carers. She is a lawyer and Company Secretary and General Counsel at HESTA Super Fund.

Mr Paul Kirkpatrick

Mr Kirkpatrick has knowledge of the health issues and needs of older people, people with chronic illness, mental illness and disability and families and carers. He has experience on a range of boards and committees and is currently the Chair of the Bendigo Volunteer Resource Centre.

Cr Christine Stow

Cr Stow is a Councillor in the City of Whittlesea. As a parent and carer of a child with special needs, she has knowledge and understanding of the issues people with disabilities face. Her local experiences in a multicultural municipality with a high growth rate mean she can easily relate to the health issues and needs of the CALD population, young people or children, people with a disability and carers and families. With a background in science and medical industry before becoming a Carer, Cr Stow brings a breadth of knowledge and education to the Community Advisory Committee. She is a Board member of Interchange Western and Carers Victoria Community Advisory Committee.

Dr Sally Shaw

Dr Shaw is a psychologist with a professional focus on people with chronic health conditions, mental health issues, physical disabilities, their family members and Carers, and the health professionals that work with them. She was a principal author of the Dental Health Services Victoria Strategic Plan 2008–2012 and having served as a member of the Advisory Committee to the board of MS Australia, Dr Shaw has close connections to MS Australia, Family and Relationship Support for Carers, and the Eastern Health Multiple Sclerosis Service.

Mr Steven Gibbs

Mr Gibbs is the Sites and Services Manager at Catholic Regional College Sydenham. He possesses knowledge of health issues and needs of young people, people with chronic health conditions, mental illness, families and carers. He brings with him years of experience as a 'first responder' and the training of Emergency Service workers. He is recognised as an active campaigner to reduce Ambulance response times in Victoria.

Mr Kevin Boote

Mr Boote is currently the Operations Manager of Reddrop Management Group, Board Chair of Primary Care Connect in Shepparton, Board Chair of Darlingford Upper Goulburn Nursing Home in Eildon and also serves as a Director on the Murray Primary Health Network. He was formerly the Board Chair of the Alexandra District Ambulance Service 2004–2008, a Director of Ambulance Victoria on the inaugural board from 2008–2011 and served as a Director on the Goulburn Valley Medicare Local board. He has an understanding of the health issues and needs of Aboriginal and Torres Strait Islanders, older people with chronic health conditions, mental illness and disability as well as people with alcohol and other drug addiction.



Community Advisory Committee

	Meetings Eligible to Attend	Meetings Attended
Board of Directors		
Mr K Lay	1	1
S Clarke (Chair)	2	1
T Chopra	2	2
Community Members		
K Boote	2	2
S Gibbs	2	2
P Kirkpatrick	2	2
J Lam	2	2
Dr S.Shaw	2	2
A Smith	2	2
Cr C Stow	2	2



The Executive Group

Chief Executive Officer, Assoc Prof Tony Walker ASM

Chief Operations Officer, Mark Rogers ASM

Acting General Manager, Emergency Operations,
Mick Stephenson ASM

Acting General Manager, Operational Services,
Mark Pitruzzello

General Manager, Clinical and Community Services,
Ian Patrick ASM (from November 2015)

General Manager, Finance and Corporate Services,
Rob Barr

General Manager, Strategy Research and Innovation,
Sue Cunningham

General Manager, People & Culture, Rebecca Hodges

Chief Executive Officer

Responsible to the Board of Directors for the overall management and performance of AV.

Chief Operations Officer

Responsible to the CEO to ensure a collaborative approach to the delivery of integrated, effective and efficient statewide operational services in line with organisational performance targets. This includes the management of response to the community, emergency management, logistical services, clinical quality and education services, and clinical governance frameworks.

General Manager, Emergency Operations

Responsible for the provision of quality statewide emergency ambulance operations with our Advanced Life Support (ALS) and Mobile Intensive Care (MICA) paramedics, Ambulance Community Officer (ACO) and Community Emergency Response Teams (CERT). Emergency Operations is also responsible for the planning and delivery of specialist statewide services for Air Ambulance Victoria.

General Manager, Operational Services

Responsible for the planning and delivery of specialist statewide services. The Operations Services Division manages the co-ordination of statewide Non Emergency Services, supply and logistics functions including call taking and dispatch, AV's Referral Service, operational fleet and equipment, rostering, warehousing, and the planning and delivery of operational projects.

General Manager, Clinical and Community Services

Clinical and Community Services is responsible for the overseeing of AV's community education and engagement programs and for setting and monitoring clinical standards and associated clinical risk oversight, service accreditation, customer feedback, and operational staff clinical training. Clinical and Community Services is also responsible for AV's Emergency Medical Response (EMR) and Remote Area Nurse (RAN) co-responder programs and statewide services for Adult Retrieval.

General Manager, Finance and Corporate Services

Responsible for AV's financial strategy, financial and management accounting services, including compliance with accounting standards and taxation, billing and debt collection, information technology, commercial services, property services, and the Membership Subscription Scheme. Finance and Corporate Services is also responsible for Service Quality and Improvement, Enterprise Risk Management and Audit.

General Manager, Strategy Research and Innovation

Responsible for facilitating AV's strategic direction and driving innovation and change through corporate & strategic planning, undertaking research and evaluation, delivery of strategic programs, undertaking operational planning and analysis, and modelling operational performance.

General Manager, People & Culture

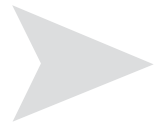
Responsible for workforce strategy, organisational development and culture programs, generalist Human Resources advice, employee relations, payroll services and health, safety and wellbeing.



Statement of Priorities

Domain	Action
Patient experience and outcomes	<ul style="list-style-type: none">• Drive improved health outcomes through a strong focus on patient-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.• Use consumer feedback and develop participation processes to improve person and family centred care, health service practice and patient experiences.• Identify service users who are marginalised or vulnerable to poor health, and develop interventions that improve their outcomes relative to other groups, for example, women, Aboriginal people, people affected by mental illness, people at risk of elder abuse, people with disability, homeless people, refugees and asylum seekers, people whose alcohol and other drug use is damaging their health or impacting on their recovery.• Strengthen the response of health services to family violence. This includes implementing interventions, processes and systems to prevent; identify and respond appropriately to family violence at an individual and community level.
Governance, leadership and culture	<ul style="list-style-type: none">• Demonstrate an organisational commitment to Occupational Health and Safety, including mental health and wellbeing in the workplace. Ensure accessible and affordable support services are available for employees experiencing mental ill health. Work collaboratively with the Department of Health and Human Services and professional bodies to identify and address systemic issues of mental ill health amongst the medical professions.• Monitor and publicly report incidents of occupational violence. Work collaboratively with the Department of Health and Human Services to develop systems to prevent the occurrence of occupational violence.• Promote a positive workplace culture and implement strategies to prevent bullying and harassment in the workplace. Monitor trends of complaints of bullying and harassment and identify and address organisational units exhibiting poor workplace culture and morale.• Improve data reporting systems to increase accountability and transparency, consistent with the Transparency in Government Bill.• Undertake an annual board assessment to identify and develop board capability to ensure all board members are well equipped to effectively discharge their responsibilities.• Work collaboratively with the Department of Health and Human Services on service and capital planning to develop service and system capacity to deliver ambulance services where they are needed.

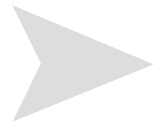
Ambulance Victoria Deliverable	Progress as at 30 June 2016
Participate in Victorian Health Experience Survey and use patient and community feedback to improve patient and family centred care	<i>Substantially Complete</i> Representatives from Ambulance Victoria have contributed to the development of the survey. Survey scheduled to be undertaken in 2016-2017.
Establish and work with Community Advisory Committee to improve engagement mechanisms with patients and the community	<i>Complete</i> A Community Advisory Committee has been established encompassing members from across Victoria representing or identifying with a wide range of communities. The Community Advisory Committee will advise the Ambulance Victoria Board of Directors on priority areas and issues from a consumer, carer and community perspective.
Develop a Family Violence Clinical Practice Guideline and educate the workforce to better assist family violence victims to access support services	<i>Complete</i> A Family Violence and Child Abuse Clinical Practice Guideline (CPG) has been created and introduced. Familiarisation regarding the family violence CPG has occurred as part of paramedic training and an education package has been developed for use as part of the Continuing Professional Education program.
Commence monitoring of responses to family violence incidents to monitor effectiveness of Clinical Practice Guideline and workforce training	<i>Complete</i> A new field has been added to Victorian Ambulance Clinical Information System (VACIS) allowing paramedics to document suspected cases of family violence and enabling monitoring and reporting.
Participate in People Matter Survey, including expanded questions related to patient safety culture in the organisation, and initiate responses to these results	<i>Complete</i> The survey was administered to all employees between 30 May and 17 June 2016 and included questions related to patient safety culture. The results will be available in July and Ambulance Victoria will develop actions (as required) by September 2016.
Develop and commence implementation of a workforce mental health and wellbeing strategy, including providing suicide prevention training to all staff	<i>Complete</i> Ambulance Victoria has engaged <i>beyondblue</i> to deliver mental health awareness training, which includes evidence-based suicide prevention training. Roll out commenced in June 2016. Ambulance Victoria's first Mental Health and Wellbeing Strategy provides a conceptual roadmap for the organisation on delivering better mental health care for all Ambulance Victoria people and their families. The strategy has been developed with extensive consultation with all key internal and external stakeholders.
Develop and commence implementation of acceptable workplace behaviour strategies to reduce bullying and harassment in the workplace	<i>Complete</i> The VAGO Bullying and Harassment in the Health Sector - March 2016 report findings have been reviewed and an action plan to address the twelve recommendations has been developed. Ambulance Victoria has used the recommendations from the VAGO report, the results of the 2015 People & Culture survey results, and the recommendations from an independent review into the organisation's conduct investigation processes to develop workplace behaviour strategies. A suite of training has been developed to raise awareness of bullying and harassment, and the associated reporting and support mechanisms available.
Monitor incidents and trends of occupational violence and utilise this information to develop initiatives to improve the working environment	<i>Complete</i> To address identified barriers to reporting occupational violence incidents, the organisation has developed reporting guides and made changes to the health and safety system to make the reporting process easier to identify. Ambulance Victoria has implemented reporting mechanisms to monitor incidents of occupational violence, enabling trend analysis to occur. The Law Enforcement Assistance Program (LEAP) system check was introduced in March 2016 to allow Ambulance Victoria to better track individuals who present a potential risk of aggression and violence towards paramedics.



Statement of Priorities Cont.

Domain	Action
(Governance, leadership and culture - cont.)	
Safety and quality	<ul style="list-style-type: none">• Reduce the risk to Ambulance Victoria patients that are not transported after ambulance attendance.• Implement 2016 Staff Flu Vaccination Program to reduce the risk of influenza to Ambulance Victoria staff and patients.

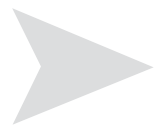
Ambulance Victoria Deliverable	Progress as at 30 June 2016
Provide comprehensive orientation to the new Board of Ambulance Victoria to ensure members are equipped to effectively discharge responsibilities	<i>Complete</i> An induction day was held in December 2016 for new Board members and included orientation on key topics. Board members have also undertaken site visits of key Ambulance Victoria locations.
Review and improve conduct investigation processes including the training provided to management	<i>Complete</i> Ambulance Victoria's conduct investigation processes have been independently reviewed and recommendations developed. An external facilitator has been engaged to deliver training sessions designed to educate managers on best practice investigation processes. Training commenced with operational management in June 2016.
Implement unit level data through the Victorian Ambulance Dataset Phase 1-2	<i>Complete</i> The Victorian Ambulance Minimum Dataset collects data at the unit level about services provided by Ambulance Victoria. From October 2015, transactional data extracts have been transferred to the Department of Health and Human Services on a monthly basis.
Explore opportunities to improve the collection of patient information and establish a unique medical record in Ambulance Victoria's electronic patient care record to support data linkages and improved capacity to evaluate service provision	<i>Complete</i> A conceptual briefing paper has been developed, describing the current state of Ambulance Victoria's systems in relation to collection, storage and retrieval of information relevant to a patient. The opportunities and constraints regarding integration with a unique identifier have also been described.
Develop implementation plan to respond to key initiatives arising out of Ambulance Performance and Policy Consultative Committee's final report	<i>Complete</i> Ambulance Victoria has worked collaboratively with the Department of Health and Human Services to identify the specific deliverables required to address the actions identified in the report. These deliverables have been included in Ambulance Victoria's Corporate Plan January 2016 - June 2017, which was approved by the Ambulance Victoria Board in March 2016. Implementation of the plan is well underway.
Review and improve clinical risk processes	<i>Complete</i> Ambulance Victoria has mapped its patient incident management process to the Victorian clinical governance policy framework and improved patient incident analysis reporting to allow for better monitoring of trends and key clinical risks. Ambulance Victoria's clinical risk management software has been updated to enhance reporting capability and additional training has been scheduled for staff involved in clinical reviews.
Reduce clinically inappropriate re-attend rates	<i>Complete</i> An analysis of internal data and published literature has been conducted to establish a series of clinical assessment and patient characteristics which are associated with higher risk of clinical deterioration. This has resulted in the development of clinical flags and treat and refer guidelines, which have been included in the paramedic training program. It is anticipated that further paramedic education around high-risk presenting illnesses and the implementation of these guidelines will reduce clinically inappropriate re-attendances.
Improve paramedic on scene decision making	<i>Complete</i> New clinical flags and treat and refer guidelines have been implemented.
Improve staff influenza immunisation rates	<i>Complete</i> Ambulance Victoria's staff influenza immunisation rate reached 53.9% in 2015. As a result of a number of new initiatives, Ambulance Victoria's result for 2016 will exceed the target of 75%.



Statement of Priorities Cont.

Domain	Action
(Safety and quality – cont.)	
Financial sustainability	<p>Mandatory:</p> <ul style="list-style-type: none">• Improve cash management processes to ensure that financial obligations are met as they are due. <p>Standard:</p> <ul style="list-style-type: none">• Fully implement and integrate Ambulance Victoria’s funding model into Ambulance Victoria’s systems and practice, including recommendations from the 2015 mini review.• Identify opportunities for efficiency and better value service delivery.• Work with Health Purchasing Victoria to implement procurement savings initiatives• Invest in revenue optimisation initiatives to ensure maximisation of revenue from both public and private sources• Undertake cost benchmarking and develop partnerships with peers to improve operating efficiency• Develop collaboration with peers to selectively provide services that represent the best value for money whilst in the best interests of patients• Review and refine existing service agreements with providers
Access	<p>Mandatory:</p> <ul style="list-style-type: none">• Implement integrated care approaches across health and community support services to improve access and responses for disadvantaged Victorians• Progress partnerships with other health services to ensure patients can access treatments as close to where they live when it is safe and effective to so, making the most efficient use of available resources across the system. <p>Standard:</p> <ul style="list-style-type: none">• Optimise system capacity by ensuring that allocated points of care are implemented as per the Travis Review recommendations• Work collaboratively with health services to achieve timely transfer of patients• Optimise alternatives to hospital• Reduce unplanned readmissions – with a focus on identifying high risk patients; delivering coordinated and integrated responses; and reducing the use of avoidable acute care services, where practicable and safe to do so.• Develop telehealth service models to facilitate the delivery of high quality and equitable specialist services to patients across regional Victoria.

Ambulance Victoria Deliverable	Progress as at 30 June 2016
Review compliance against National Safety & Quality Health Service Standard Two – Partnering with Consumers	<p><i>Complete</i></p> <p>Ambulance Victoria representatives and external experts and stakeholders have been involved in identifying the key actions needed to satisfy the requirements of Standard Two. Work has also progressed to establish a Community Advisory Committee, complete a consumer engagement baseline audit, and actively participate in the Victorian Health Experience Survey coordinated by DHHS.</p>
Improve cash management processes to ensure that financial obligations are met as they are due	<p><i>Complete</i></p> <p>Ambulance Victoria has maintained creditors payable turnover within the 60 day target, reflecting its ability to meet financial obligations as they fall due.</p> <p>A number of initiatives have been implemented or commenced to improve cash management processes. These include new funding arrangements with the Transport Accident Commission, to provide greater certainty surrounding cash flows for these services; improved working relationships; and a reduction in patient care record processing time to enable invoices to be generated in a more timely manner enhancing cash collections.</p> <p>Ambulance Victoria is also in discussion with the Department of Veterans Affairs (DVA) to significantly streamline debtors processing and a possible move to a bulk funding arrangement. This follows intensive account management with DVA resulting in a debtor reduction of over \$10m in 2015-2016.</p> <p>An end-to-end billing/accounts receivable tender was completed in 2015-2016, with consultants subsequently appointed to advise on all aspects for more effective billing and debtors management. This will augment a pre-billing streamlining project which commenced during 2015-2016.</p> <p>Aggregate debtors management in 2015-2016 resulted in a 30% reduction of overdue debtors compared to the previous year.</p>
Implement and integrate Ambulance Victoria’s funding model into Ambulance Victoria’s systems and practice. In conjunction with Department of Health and Human Services and other stakeholders (as required)	<p><i>Complete</i></p> <p>A mini-review of AV’s funding model was undertaken during the 2014-2015 financial year, and changes arising from the review have been incorporated into Ambulance Victoria’s systems during the 2015-2016 year.</p> <p>Health Purchasing Victoria contracts as well as Victorian Government Purchasing Board contracts were regularly scrutinised for financial advantage. In the period, Ambulance Victoria adopted the Health Purchasing Victoria medical consumable contract and the Victorian Government Purchasing Board stationery contract and legal services panel.</p>
Improve emergency ambulance availability and better match resources to patient needs by progressing recommendations from the Secondary Triage Service evaluation, including expansion of alternative service provider network	<p><i>Complete</i></p> <p>Actions have been taken to address all recommendations arising from the evaluation, including expansion of the alternative service provider network. These services will enable the needs of low acuity triple zero calls to be met via more appropriate means than dispatching an emergency ambulance, improving ambulance availability.</p>
Work with health sector to improve patient access and distribution	<p><i>Complete</i></p> <p>Removal of Hospital Early Warning System (HEWS) and bypass occurred state wide effective from October 2015 following recommendation from the Ambulance Performance and Policy Consultative Committee that these warning systems were no longer effective emergency demand and patient distribution mechanisms.</p> <p>The removal of this system allows for a more equitable distribution of patients through hospital facilities by ensuring all hospitals have the capacity to appropriately receive incoming ambulance arrivals in a timely manner, therefore minimising the impact on Ambulance Victoria response capacity.</p>



Statement of Priorities Cont.

Domain	Action
(Access – cont.)	

Ambulance Victoria Deliverable	Progress as at 30 June 2016
Work in partnership with health services to improve transfer time and reduce clearing times from hospitals	<p><i>Complete</i></p> <p>Individual hospital performance improvement plans have been developed in conjunction with each health service and regional transfer and clearing time strategies have been finalised and implemented.</p> <p>Transfer and clearing time performance continue to be monitored on an ongoing basis and strategies will be reviewed and updated regularly to ensure relevance to current demand requirements.</p>
Improve allocation of resources through implementation of changes to ambulance dispatch grid	<p><i>Complete</i></p> <p>Ambulance Victoria has implemented significant changes to the dispatch grid to improve the response to patients experiencing life threatening emergencies and more appropriate care to a wide range of triple zero callers whose needs are not urgent. Further changes are planned during 2016-2017.</p>
Progress development of a Business Case to investigate options to improve triage arrangements	<p><i>Complete</i></p> <p>A preliminary business case has been completed, recommending progression to a full business case to analyse alternative triage arrangements to ensure the primary health response more appropriately matches the needs of the patient.</p>
Develop implementation plan to respond to key initiatives arising out of Ambulance Performance and Policy Consultative Committee (APPCC) report	<p><i>Complete</i></p> <p>Ambulance Victoria has worked collaboratively with the Department of Health and Human Services to identify the specific deliverables required to address the actions identified in the report. These deliverables have been included in Ambulance Victoria's Corporate Plan January 2016-June 2017, which was approved by the Ambulance Victoria Board in March 2016. Implementation of the plan is well underway.</p>



Performance Priorities 2015-2016

	2015-2016 Target	2015-2016 Actual
Patient experience and outcomes		
Proportion of emergency patients satisfied or very satisfied overall with Ambulance Victoria's service ¹	95%	97.0%
Proportion of patients experiencing severe cardiac or traumatic pain whose level of pain is reduced significantly ²	90%	90.8%
Percentage of adult patients suspected of having a stroke, who were transported to a stroke unit with thrombolysis facilities within 60 minutes ³	80%	88.9%
Percentage of patients defined as major trauma that have met destination compliance ⁴	80%	86.2%
Percentage of adult VF/VT cardiac arrest patients with vital signs at hospital ⁵	45%	51.4%
Percentage of adult VF/VT cardiac arrest patients surviving to hospital discharge ⁵	20%	31.0%
Safety and quality		
Health Care Worker Immunisation - influenza ⁶	75%	53.9%
Audited emergency cases meeting clinical practice standards	95%	98.9%
Audited non-emergency cases meeting clinical practice standards ⁷	95%	97.1%
Audited CERT attended cases meeting clinical practice standards ⁷	90%	98.3%
Access		
Proportion of emergency (Code 1) incidents responded to in 15 minutes or less ⁸	85%	75.2%
Proportion of emergency (Code 1) incidents, located in centres with a population greater than 7,500, and responded to in 15 minutes or less ^{8,9}	90%	80.5%
Percentage of emergency department ambulance transfers within 40 minutes ¹⁰	90%	85.6%
Average ambulance hospital clearing time ¹¹	20 mins	19.7 mins
Community Emergency Response Team (CERT) arrival prior to ambulance where CERT is dispatched	85%	80.9%
Percentage of Statewide 000 cases, resulting in callers receiving health advice or service from another health provider as an alternative to emergency ambulance response	10%	9.2%

Notes.

- Based on results of survey conducted by the Council of Ambulance Authorities (CAA) and excluding the "Don't Know" and "Not Applicable" responses.
- Includes patients of all ages with traumatic pain and patients aged 15 years or greater with cardiac pain who presented with GCS (Glasgow Coma Scale) of 9 or more, were not intubated, had an initial pain score of 8 or more and a pain reduction of 2 or more points.
- Includes patients aged 15 years or greater whose final paramedic assessment was stroke and who were transported to a hospital with stroke unit and thrombolysis services within 60 minutes. Excludes inter-hospital transports. Patients transported to hospitals equipped with Telemedicine facilities are included in the last quarter of 2016 only.
- Includes major trauma patients, as defined by the Victorian State Trauma Registry, who were transported directly to a Major Trauma Service, and patients transported to the highest level of Trauma Service within 45 minutes, where travel time to a Major Trauma Service was → 45 minutes. Excludes inter hospital transports. Results based on data available from January 2015 – December 2015.
- Includes cardiac arrests, occurring in patients older than 15 years where resuscitation is attempted and the arrest rhythm on first ECG assessment was Ventricular Fibrillation (VF) or Ventricular Tachycardia (VT). Excludes cardiac arrests witnessed by a paramedic. Results based on data available from April 2015–March 2016
- Includes all AV staff. Results reflect the 2015 Influenza immunisation program.
- Non Emergency results for June 2016 were not available at the time of compilation of this report, CERT (Community Emergency Response Team) results for May and June 2016 were not available at the time of compilation of this report
- From 1 July 2014 Statewide response times are based on data sourced from the Computer Aided Dispatch system.
- Based on the Australian Bureau of Statistics Urban Centre boundaries (2011 census) and resident population data.
- Preliminary result based on available data at the time of compilation of this report. Calculated by the Department of Health and Human Services.
- Based on all emergency transports with recorded times



Statistical Summary 2015-2016

	2015-2016 ¹	2014-2015 ²	2013-2014	2012-2013	2011-2012
Emergency Road Incidents					
Metropolitan Regions					
Code 1	246,133	236,784	230,843	223,048	208,261
Code 2	139,247	134,376	123,862	113,959	113,535
Code 3	31,507	29,886	29,159	29,547	33,702
Total Metropolitan Emergency Road Incidents	416,887	401,046	383,864	366,554	355,498
Rural Regions					
Code 1	96,420	94,373	90,996	88,975	86,137
Code 2	60,151	56,984	52,711	50,592	45,472
Code 3 ^{3,4}	16,389	15,822	24,698	25,189	
Total Rural Emergency Road Incidents	172,960	167,179	168,405	164,756	131,609
All Regions					
Code 1	342,553	331,157	321,839	312,023	294,398
Code 2	199,398	191,360	176,573	164,551	159,007
Code 3 ^{3,4}	47,896	45,708	53,857	54,736	33,702
Total Statewide Emergency Road Incidents	589,847	568,225	552,269	531,310	487,107
Non-Emergency Road Incidents					
Total Metropolitan Non-Emergency Road Incidents ⁴	201,266	218,263	250,800	245,861	245,796
Total Rural Non-Emergency Road Incidents ^{3,4}	44,969	46,966	41,158	38,825	63,441
Total Statewide Non-Emergency Road Incidents	246,235	265,229	291,958	284,686	309,237
Total Metropolitan Road Incidents ⁴	618,153	619,309	634,664	612,415	601,294
Total Rural Road Incidents	217,929	214,145	209,563	203,581	195,050
Road Incidents (All Regions)					
Emergency Code 1	342,553	331,157	321,839	312,023	294,398
Emergency Code 2	199,398	191,360	176,573	164,551	159,007
Emergency Code 3 ⁴	47,896	45,708	53,857	54,736	33,702
Non-Emergency ⁴	246,235	265,229	291,958	284,686	309,237
Total Road Incidents ⁴	836,082	833,454	844,227	815,996	796,344
Air Incidents (All Regions)					
Fixed Wing - Emergency	2,523	2,139	2,184	1,994	2,152
Fixed Wing - Non-Emergency ⁴	2,413	2,855	3,287	3,082	2,663
Total Fixed Wing Incidents ⁴	4,936	4,994	5,471	5,076	4,815



Statistical Summary 2015-2016 Cont.

	2015-2016 ¹	2014-2015 ²	2013-2014	2012-2013	2011-2012
Helicopters					
Helicopter (HEMS 1 Essendon)	458	437	486	548	623
Helicopter (HEMS 2 Latrobe Valley)	387	369	416	439	460
Helicopter (HEMS 3 Bendigo)	373	339	332	416	409
Helicopter (HEMS 4 Warrnambool)	247	242	229	260	243
Helicopter (HEMS 5 Retrieval)	568	454	423	524	531
Total Helicopter Incidents (All Emergency)	2,033	1,841	1,886	2,187	2,266
Emergency Air Incidents	4,556	3,980	4,070	4,181	4,418
Non-Emergency Air Incidents ⁴	2,413	2,855	3,287	3,082	2,663
Total Air Incidents ⁴	6,969	6,835	7,357	7,263	7,081

Adult Retrieval					
Cases handled	4,938	4,577	4,113	3,859	3,490
Retrievals ⁵					
Road retrievals - paramedic only	267	304	242	193	204
Road retrievals - doctor & paramedic	558	514	476	377	340
Total road retrievals	825	818	718	570	544
Air retrievals - paramedic only	1,132	1,075	1,074	1,087	960
Air retrievals - doctor & paramedic	594	547	533	449	410
Total air retrievals	1,726	1,622	1,607	1,536	1,370
Total adult retrievals	2,551	2,440	2,325	2,106	1,914

Code 1 Response Time ⁶					
Proportion of emergency (Code 1) incidents responded to in 15 minutes or less	75.2%	74.3%	73.7%	73.0%	74.8%
Proportion of emergency (Code 1) incidents, located in centres with a population greater than 7,500, and responded to in 15 minutes or less ⁷	80.5%	79.9%	78.5%	78.1%	79.8%

Referral Service ⁸					
Percentage of 000 cases resulting in callers receiving health advice or service from another health provider as an alternative to emergency ambulance response	9.2%	7.6%	7.8%	9.5%	9.3%

Patients Transported ⁹					
Road transports (Metropolitan Regions)					
Emergency Operations	291,342	284,642	274,102	262,501	254,996
Non-Emergency Operations Stretcher ⁴	109,811	123,248	146,139	143,224	143,551
Total Stretcher	401,153	407,890	420,241	405,725	398,547
Non-Emergency Clinic Transport Services ⁴	76,698	80,799	88,424	85,880	87,957
Total Metropolitan Regions	477,851	488,689	508,665	491,605	486,504
Road Transports (Rural Regions)					
Total Rural Regions	172,357	171,098	167,493	162,509	163,035
Total Patients Transported by Road	650,208	659,787	676,158	654,114	649,539

	2015-2016 ¹	2014-2015 ²	2013-2014	2012-2013	2011-2012
Air Transports (All Regions)					
Fixed Wing transports ⁴	4,852	4,885	5,361	5,019	4,728
Helicopters					
Helicopter (HEMS 1 Essendon)	349	348	370	430	463
Helicopter (HEMS 2 Latrobe Valley)	313	290	333	347	377
Helicopter (HEMS 3 Bendigo)	298	274	255	342	331
Helicopter (HEMS 4 Warrnambool)	197	199	172	215	196
Helicopter (HEMS 5 Retrieval)	480	388	348	460	435
Total Helicopter Transports	1,637	1,499	1,478	1,794	1,802
Total Air Transports ⁴	6,489	6,384	6,839	6,813	6,530
Total Patient Transports ⁴	656,697	666,171	682,997	660,927	656,069

Road Patients Transported (All Regions) - Charging Categories ¹⁰					
Compensable Transports					
Veterans' Affairs ¹¹	23,493	26,207	30,063	45,627	49,241
Transport Accident Commission	11,626	11,510	11,487	11,274	12,267
WorkCover	3,656	3,761	3,724	3,712	4,221
Public Hospital Transfers ⁴	26,174	29,507	21,523	20,130	22,923
Private Hospital Transfers ⁴	2,345	5,403	na	na	na
Ordinary	53,826	52,635	51,879	52,025	49,959
Subscriber	120,885	116,200	103,297	98,439	94,702
Total Compensable Road Transports	242,005	245,223	221,973	231,207	233,313
Community Service Obligation Road Transports ^{4,11}	400,097	406,123	436,889	409,641	406,973
Other ^{4,12}	8,106	8,441	17,296	13,266	9,253
Total Patients Transported by Road ⁴	650,208	659,787	676,158	654,114	649,539

Notes

1. In May 2016, AV commenced rolling out changes to event priorities to better match resource allocation to patient need. This program, included within the Ambulance Policy and Performance Consultative Committee final report, sees a progressive increase in the number of Triple Zero calls receiving secondary triage by AV. Overall Emergency Ambulance workload, including the Code 1 subset of workload, shows lower annualised growth than Triple Zero call volume for May and June 2016 as a result of this program.
2. Figures for 2014-15 have been updated where applicable to include data received after the completion of last year's report.
3. AV adopted a single dispatch grid on 1 July 2012, following the transition of rural call taking and dispatching services to the Emergency Services Telecommunications Authority (ESTA). Rural incidents previously classified as Non-Emergency Incidents were subsequently identified as Code 3 Emergency Incidents.
4. Revised patient transport charging guidelines were introduced on 1 July 2014. The revisions have impacted demand for AV services, resulting in changes in Air Ambulance transports, Non-Emergency Road transports, public hospital transfers, and the creation of a new charging category "Private Hospital Transfers". At times this has created a decline in demand, and is predominantly a result of a reduction in booked non emergency transports due to changes in non emergency fees introduced from July 2014 and the impact of the NEPT Pilot which began in November 2015 and finished in April 2016.
5. Retrievals may appear as either a road incident, an air incident or both.
6. From 1 July 2014 statewide response times are based on data sourced from the Computer Aided Dispatch (CAD) system. Prior to 1 July 2014, statewide response times were a combination of Metropolitan response times sourced from CAD and Rural response times sourced from Patient Care Records (PCR).
7. Based on the Australian Bureau of Statistics Urban Centre boundaries and resident population data.
8. In 2013/14 the percentage of callers receiving an alternative to emergency ambulance response is calculated with reference to the total caseload relevant to the regions in which the referral service was operational, as statewide expansion was only completed in April 2014. Years prior to 2013/14 refer to metropolitan performance only.
9. "Patients Transported" are categorised as metropolitan or rural based on the location of the resource used. Data for the 2015/16 is preliminary and subject to change.
10. The charge class assigned to patients transported is subject to change during the period when an account is being finalised, and significant movements between charge classes can occur after the end of the financial year. Charge class figures for 2015/16 are estimates.
11. Due to a change in contractual arrangements on 1 July 2013, some transports are no longer classified as Department of Veterans' Affairs services. Should patients hold either a Pensioner or Health Care Card, they will continue to receive free clinically necessary transports through the government's concession program, and will be classified as a Community Service Obligation (CSO) patient.
12. The "other" category includes the road components of multi-legged road transports which have not been assigned a charge class. Prior to the introduction of patient charging guidelines on 1 July 2014, this category also included the road components of multi-legged patient transports involving aircrafts. The "Other" category also includes road transports not yet assigned a charge class.



Statistical Summary 2015-2016 Cont.

Public Reporting

In 2014-2015 Ambulance Victoria commenced publicly reporting response time performance, on a quarterly basis, including performance in rural areas. AV continues to publicly report response time performance on a quarterly basis.

Ambulance Victoria has two key response time targets:

- Respond to Code 1 incidents within 15 minutes for 85% of incidents state-wide, and
- Respond to Code 1 incidents within 15 minutes for 90% of incidents in centres with populations greater than 7,500.

Response times are an important measure of the service we provide, but are only one of a number of measures used to gauge the effective delivery of an ambulance service.

The tables on the following pages provide Code 1 response time performance by Local Government Area (LGA) and Urban Centres and Localities (UCL) for 2015-16. Definitions are provided in the glossary. Ambulance Victoria also commenced publishing Code 2 response time performance in 2014-2015.

These can be found on the Ambulance Victoria website
<http://www.ambulance.vic.gov.au/About-Us/Our-performance.html>

Code 1 First Response Performance by LGA, 2015-2016

Local Government Area Name	% Responses <= 15 Minutes	Average Response Times Minutes (mm:ss)	Total Number of First Responses
Alpine	41.0%	22:16	605
Ararat	59.1%	17:11	692
Ballarat	83.8%	11:52	5963
Banyule	83.9%	11:40	6348
Bass Coast	64.5%	14:34	2591
Baw Baw	48.3%	18:18	2719
Bayside	81.7%	12:27	4060
Benalla	59.8%	16:27	811
Boroondara	85.8%	11:33	6122
Brimbank	78.7%	12:37	11058
Buloke	32.1%	25:31	318
Campaspe	60.6%	15:52	2268
Cardinia	62.3%	14:47	4708
Casey	79.8%	12:14	13786
Central Goldfields	61.0%	15:56	918
Colac-Otway	58.8%	17:03	871
Corangamite	37.2%	21:25	725
Darebin	85.1%	11:40	9144
East Gippsland	56.8%	17:36	3436
Frankston	83.9%	11:25	9695
Gannawarra	51.8%	18:40	469
Glen Eira	84.8%	11:34	6614
Glenelg	74.0%	13:34	968
Golden Plains	23.5%	21:12	689
Greater Bendigo	73.3%	13:37	6917
Greater Dandenong	83.8%	11:26	10146

Code 1 First Response Performance by LGA, 2015-2016

Local Government Area Name	% Responses <= 15 Minutes	Average Response Times Minutes (mm:ss)	Total Number of First Responses
Greater Geelong	73.0%	13:18	14763
Greater Shepparton	77.6%	12:18	4483
Hepburn	29.5%	21:08	725
Hindmarsh	52.5%	19:48	394
Hobsons Bay	82.2%	12:01	4701
Horsham	82.9%	11:12	1322
Hume	67.5%	14:22	13084
Indigo	28.6%	21:50	643
Kingston	84.4%	11:32	8142
Knox	84.1%	11:33	7346
Latrobe	63.2%	14:52	6817
Loddon	31.5%	23:25	531
Macedon Ranges	58.7%	15:12	2179
Manningham	77.5%	12:56	5048
Mansfield	35.1%	24:31	382
Maribyrnong	86.4%	11:00	4624
Maroondah	85.3%	11:03	6144
Melbourne	88.3%	10:05	11337
Melton	69.3%	13:46	7171
Mildura	81.7%	11:32	3874
Mitchell	58.6%	15:55	2334
Moir	58.9%	16:03	2061
Monash	84.2%	11:41	8495
Moonee Valley	82.3%	12:19	6423
Moorabool	51.8%	16:41	1561
Moreland	82.9%	11:55	10076
Mornington Peninsula	70.6%	13:11	10057
Mount Alexander	45.0%	19:01	953
Moyne	39.1%	18:49	612
Murrindindi	32.7%	22:41	885
Nillumbik	49.3%	16:48	2247
Northern Grampians	62.5%	15:38	723
Port Phillip	86.4%	10:52	6075
Pyrenees	42.1%	19:54	504
Queenscliffe	28.6%	18:42	220
South Gippsland	42.1%	19:38	1669
Southern Grampians	66.9%	15:14	749
Stonnington	85.2%	11:31	4899
Strathbogie	34.6%	21:22	749
Surf Coast	48.2%	17:37	1399
Swan Hill	73.6%	13:19	1202



Statistical Summary 2015-2016 Cont.

Code 1 First Response Performance by LGA, 2015-2016

Local Government Area Name	% Responses <= 15 Minutes	Average Response Times Minutes (mm:ss)	Total Number of First Responses
Towong	37.1%	24:47	356
Unincorporated Vic	62.0%	19:50	150
Wangaratta	73.4%	13:44	1773
Warrnambool	90.0%	10:19	1763
Wellington	53.4%	17:31	2410
West Wimmera	38.7%	23:35	181
Whitehorse	88.9%	10:33	7451
Whittlesea	67.7%	14:06	9764
Wodonga	84.1%	11:33	2343
Wyndham	72.6%	13:22	8332
Yarra	88.7%	10:27	5453
Yarra Ranges	60.6%	15:24	7813
Yarriambiack	26.8%	23:38	414
Interstate LGAs	51.9%	18:27	1157
Total AV	75.2%	13:05	329640

Code 1 First Response Performance by UCL → 7500, 2015-2016

Urban Centre Locality Name →7500	% Responses <= 15 Minutes	Average Response Times Minutes (mm:ss)	Total Number of First Responses
Albury - Wodonga (Wodonga Part)	87.8%	10:56	2129
Bacchus Marsh	67.3%	14:13	817
Bairnsdale	79.2%	12:23	1246
Ballarat	85.6%	11:37	5659
Benalla	71.8%	14:00	600
Bendigo	79.1%	12:38	5994
Castlemaine	63.2%	16:07	560
Colac	77.4%	13:47	501
Drouin	43.6%	18:34	762
Drysdale - Clifton Springs	61.6%	14:46	560
Echuca - Moama (Echuca Part)	77.0%	13:12	921
Geelong	79.1%	12:23	10742
Gisborne	68.0%	13:19	485
Hamilton	91.8%	10:04	477
Healesville	57.0%	16:38	640
Horsham	90.5%	9:47	1162
Lara	71.9%	13:45	565
Leopold	79.1%	12:30	526
Melbourne	81.1%	12:00	219313
Melton	71.1%	13:23	3904
Mildura - Buronga (Mildura Part)	91.3%	9:36	2740
Moe - Newborough	64.3%	14:20	1892
Morwell	78.4%	12:35	1857
Ocean Grove - Barwon Heads	64.3%	14:54	778
Pakenham	76.4%	12:33	2518
Portland (Vic.)	86.4%	10:53	572
Sale	83.7%	10:40	767
Shepparton - Mooroopna	88.6%	10:45	3439
Sunbury	72.4%	13:51	2087
Swan Hill	90.8%	9:55	714
Torquay - Jan Juc	60.7%	14:56	643
Traralgon	63.0%	14:55	1964
Wallan	73.5%	12:41	456
Wangaratta	89.1%	10:38	1312
Warragul	76.2%	13:39	903
Warrnambool	91.0%	10:06	1672
Total UCLs → 7500	80.5%	12:06	281877



Statistical Summary 2015-2016 Cont.

Glossary

This glossary is applicable to the Performance Priorities, Statistical Summary and Public Reporting sections.

Incident:	An event to which one or more ambulances are dispatched.
Emergency Incident:	An incident to which one or more ambulances are dispatched in response to a '000' call from a member of the public, or a medical request for transport requiring an emergency ambulance (due to patient acuity or transport timeframe).
Dispatch Codes:	<p>Code 1 incidents require urgent paramedic and hospital care, based on information available at time of call.</p> <p>Code 2 incidents are acute and time sensitive, but do not require a lights and sirens response, based on information available at time of call.</p> <p>Code 3 incidents are not urgent but still require an ambulance response, based on information available at time of call.</p>
Non-Emergency Incident:	Request for patient transport where patient has been medically assessed and the transport is medically authorised; covered by the NEPT regulations and usually pre-booked.
Compensable:	Not funded by the Department of Health Department of Health & Human Services; patient or third party (e.g. hospital, Department of Veterans' Affairs, WorkSafe, Transport Accident Commission, Member Subscription Scheme) responsible for fee.
Community Service Obligation:	Partially funded by Department of Health Department of Health & Human Services - Pensioner or Health Care Card Holder exempt from fee.
Retrieval:	<p>A retrieval is a coordinated inter-hospital transfer of a patient, who has a critical care or time critical healthcare need, which is unable to be met at the original health service. Retrieval services are provided by specialised clinical crews with advanced training in transport, retrieval and critical care medicine, operating within a structured system which ensures governance & standards.</p> <p>Cases handled by Adult Retrieval Victoria include the provision of adult critical care and major trauma advice, coordination of critical care bed access and retrieval of critical care patients state-wide.</p>
Referral Service:	The AV Referral Service provides additional triaging of lower priority calls to 000 by a health professional; suitable calls are referred to other service providers as an alternative to an emergency ambulance dispatch. Referral options include locum general practitioners, nursing service, hospital response teams and non-emergency ambulance transport.

Response Time:	<p>Response time measures the time from a triple zero (000) call being answered and registered by the Emergency Services Telecommunications Authority (ESTA), to the time the first AV resource arrives at the incident scene.</p> <p>From 1 July 2013 all response times are based on data sourced from the Computer Aided Dispatch (CAD) system.</p> <p>This is the percentage of Code 1 first responses arriving in 15 minutes or less. This is calculated by dividing the number of Code 1 first responses arriving in 15 minutes or less by the total number of Code 1 first arrivals.</p> <p>When AV respond to an incident, we sometimes dispatch multiple AV resources to that incident. "First response" refers to the first AV resource to arrive at the incident scene.</p>
% ≤ 15mins	
Average Response Time	The average response time is the average response time for the area being reported, which is calculated by dividing the sum of the response times by the number of response times within the area being reported. The average response time is provided in minutes and seconds.
Number of First Responses	This is the total number of first arrivals within the reported time period.
UCL (Urban Centres Localities)	<p>Urban Centres Localities (UCLs) are Australian Bureau of Statistics statistical divisions that define urban areas and capture residential populations.</p> <p>Ambulance Victoria reports performance for larger UCLs where population exceeds 7,500 persons.</p>
LGA (Local Government Area)	Local government in Victoria comprises of 79 municipal districts. They are often referred to as local government areas (LGAs). The number of LGAs and their boundaries can change over time. LGAs are as defined by Local Government Victoria, which is part of the Department of Transport, Planning and Local Infrastructure.
Interstate LGAs	Incidents responded to by AV resources outside the Victorian LGA Boundaries

Freedom of Information

AV received 1781 requests under the *Freedom of Information Act* 1982 in 2015–2016. One request was transferred from another agency. This total comprised of 1753 personal requests and 28 non-personal requests.

Full access to documents was provided in 914 requests. Exemptions were applied to 495 requests. Partial access was granted for 465 requests while 30 requests were denied in full.

The most common reason for AV seeking to fully or partially exempt requested documents was the protection of personal privacy in relation to requests for information about persons other than the applicant.

208 requests were either withdrawn by the applicant or not proceeded with.

Most applications were received from lawyers/solicitors and members of the general public. Most applications were for access to Patient Care Records by patients attended by AV, their legal or other representatives, or surviving next of kin.

AV collected \$36,775.90 in application fees and waived \$11,667.30. AV collected \$0.00 in charges to access documents.

AV fulfilled its obligations to protect patient and staff privacy and/or confidentiality.

FREEDOM OF INFORMATION REQUESTS	2015-2016
Requests received during the year	1781
Requests carried over from the previous year	29
Response not completed within the statutory period	2
Requests transferred to another agency	1
Requests transferred from another agency	1
Requests withdrawn or not proceeded with by the applicant	208
Access granted in full	914
Access granted in part (exemptions claimed)	465
Access denied in full (exemptions claimed)	30
Requests where no relevant documents could be located	175
Requests awaiting completion at the end of the financial year	18
FOI Commissioner	
Reviews/complaints accepted by FOI Commissioner	5
VCAT	
Appeals lodged	1
Outcome of Appeal	
VCAT confirmed original decision	0
VCAT varied original decision	0
VCAT overturned original decision	0
Withdrawn	0
Settled prior to hearing	0
Not yet finalised	1

VIPP Contracts

Under the *Victorian Industry Participation Policy (VIPP) Act 2003*, AV is required to disclose whether it had any VIPP contracts during the year. AV completed VIPP Contestability Assessments for four projects that commenced in 2015–2016, however VIPP plans were not required. One contract, for the provision of automated stretchers, is estimated at \$18.5 million over the life of the contract. The second contract is estimated at \$8.5 million over the life of the contract, for linen/dry cleaning services. The third contract is for \$12.9 million for fleet fixed workshop providers. The fourth contract for \$273.5 million is for non-emergency patient transport services (all excluding GST).

Two of the contracts are for statewide services (provision of automated stretchers and non-emergency patient transport services); the linen/dry cleaning services and fleet fixed workshop providers are for services based in Metropolitan Melbourne.

National Competition Policy

The Government of Victoria is a party to the intergovernmental Competition Principles Agreement, which is one of three agreements that collectively underpin National Competition Policy. The Victorian Government is committed to the ongoing implementation of the National Competition Policy in a considered and responsible manner. This means that public interest considerations should be taken into account explicitly in any Government decisions on the implementation of this policy. We adhere to this and AV complies, to the extent applicable, with the National Competition Policy.

Purchasing

All tender processes conformed to Victorian Government Purchasing Board (VGPB) guidelines. Whole-of-government and government-endorsed supplier arrangements were utilised where appropriate for AV’s requirements.

Building standards

In November 1994, the Minister for Finance issued guidelines pursuant to Section 220 of the *Building Act 1993* to promote conformity in building standards for buildings owned by public authorities. AV maintains a high level of compliance with building standards and regulations. All works carried out during the year were conducted in accordance with the Building Act Construction Code Compliance under the Victorian Code of Practice for Building and Construction Industry and relevant building regulations.

Protected Disclosure Act 2012

Under the *Protected Disclosure Act 2012*, complaints about certain serious misconduct or corruption involving public health services in Victoria should be made directly to the Independent Broad-based Anti-corruption Commission (IBAC) in order to remain protected under the Act. Ambulance Victoria encourages individuals to make any disclosures which are protected disclosures within the meaning of the Act to IBAC.

Statutory Compliance Cont.

Consultancies						
Consultant Name	Purpose of Consultancy	Start date	End date	Total Approved Project Fee (excl GST) \$'000	Expenditure 2015-2016 (excl GST) \$'000	Future Expenditure (excl GST) \$'000
Aurecon Australasia Pty Ltd	Asset Management review of AV	Oct-15	Dec-15	\$77	\$77	\$0
Ipsec Pty Ltd	IT Security Strategy	Nov-15	Jan-16	\$11	\$11	\$0
M&K Lawyers Group Pty Ltd	Investigations Review and Strategy Advice	Ad-hoc		\$34	\$34	\$0
SearchLight Group Pty Ltd	Clinical Framework Strategy	Dec-15	Feb-16	\$40	\$40	\$0
Total (Excluding GST)				\$162	\$162	\$0

In 2015-2016 Ambulance Victoria engaged 8 Consultants where the total fees payable to the Consultants was less than \$10,000, with a total expenditure of \$44,950 excluding GST.

Details of Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2015-2016 is \$31.77m (excluding GST) with the details shown below (\$m).

Business As Usual (BAU) ICT expenditure	Non Business As Usual (Non BAU) ICT expenditure	Operational expenditure	Capital expenditure
Total	Total = A + B	A	B
\$27.56m	\$4.21m	\$1.79m	\$2.42m

MSS marketing expenditure

Name of campaign	Campaign summary	Start/End Date	Media expenditure (excl GST) \$'000	Creative & campaign development expenditure (excl GST) \$'000	Research & evaluation expenditure (excl GST) \$'000	Print & collateral expenditure (excl GST) \$'000	Other campaign expenditure (excl GST) \$'000
Ambulance Victoria Membership Testimonial Campaign	Multi-media format campaign to grow AV Membership Scheme participation from within the Victorian Community, based upon real patient and member cases as the core 'testimonial' creative.	1 July 2015 to 31 October 2015	\$483	\$0	\$0	\$0	\$0
Ambulance Victoria Questions	Multi-media format campaign to grow AV Membership Scheme participation from within the Victorian Community, with imagery taken from the patient point of view while being attended by paramedics. Small usage of real patient and member cases as the core 'testimonial' creative.	1 November 2015 to 30 June 2016	\$949	\$225 combined costs to creative agency			

Code of Conduct

AV employees are subject to the Code of Conduct for Victorian Public Sector Employees (the Code). AV has established policies and processes that are consistent with the Code. These documents contain the expected workplace behaviours specific to AV. The AV Code of Conduct is built on our values, professional and ethical standards, and the additional obligations we are required to adhere to as a Victorian Government Agency, and as such our policies are updated on a regular basis.

Diversity Action Plan and Aboriginal Employment Program

AV successfully recruited an Aboriginal Paramedic Cadet and Business Trainee following a commitment made in the 2012-2015 Aboriginal Employment Plan. AV is committed to further developing strong relationships with the Aboriginal community and a new Aboriginal Employment Plan will be released in August 2016. The updated plan will identify new pathways to increase Aboriginal employment and ensure a culturally safe and respectful environment.

Carers Recognition Act

AV continues to take practical measures to comply with its obligations under the *Carers Recognition Act* (the Act). AV is ensuring our policies and procedures comply with the statement of principles in the Act and will work to ensure the role of the carer is recognised within our organisation.



Statutory Compliance Cont.

Health, Safety and Wellbeing

	2015-2016	2014-2015	2013-2014	2012-2013	2011-2012
Number of workplace fatalities	0	0	0	0	0
Lost Time Injury Frequency Rate Old Rate ¹		119.5	101.8	93.6	109.6
Lost Time Injury Frequency Rate New Rate (LTIFR) ¹	96.5	120.4	102.9	102.6	106
Average number of standard claims per 100 FTE (full time equivalent) staff	6.4	8.9	8.3	8.0	8.4
Average cost per WorkCover standard claim ²	\$55,259	\$41,017	\$32,814	\$31,301	\$35,983
Number of hazards/incident reports lodged ³	3288	2918	3037	3102	3163
Percentage of WorkCover standard claims with a RTW plan initiated	100%	100%	100%	100%	100%
Percentage of employees immunised against influenza (include ACOs) ⁴	54%	52%	53%	48%	45%
Percentage of Health & Safety Representatives (HSR) positions filled	84%	93%	92%	90%	88%

Notes:

1. The LTIFR has been updated to reflect current data. This captures any claims that have been lodged retrospectively with a full day/shift lost since the last annual report.
2. The average cost per WorkCover claim has been updated to reflect current data. This captures average costs as they have matured since the last annual report.
3. This data has matured and captures any hazards/incidents lodged since the last annual report.
4. Most recent result reflect the 2015 immunisation program.

Occupational violence

	2015-2016
WorkCover accepted claims with an occupational violence cause per 100 FTE	0.50
Number of accepted WorkCover claims with lost time injury with an occupational violence cause	0.29
Number of occupational violence incidents reported	580
Number of occupational violence incidents reported per 100 FTE	14.43
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	3.45%

Definitions

Occupational violence – any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.

Incident – occupational health and safety incidents reported in the health service incident reporting system.

Accepted Workcover claims – Accepted Workcover claims that were lodged in 2015–2016.

Lost time – is defined as greater than one day.



Financial Overview 2015-2016

Key Financial Results

	2011-2012 \$m	2012-2013 \$m	2013-2014 \$m	2014-2015 \$m	2015-2016 \$m
Net Result from Operations ⁱ	(2.524)	10.310	6.387	5.880	5.639
Net Result ⁱⁱ	(3.351)	44.805	6.712	7.960	13.248
Comprehensive Result ⁱⁱⁱ	(5.587)	44.374	24.050	7.946	23.883

i. The transactions arising from the organisation's activities excluding capital and depreciation.

ii. The organisation's results including capital income, movements in financial instruments and depreciation.

iii. Movement in the net worth of the entity, being total assets less total liabilities at the balance sheet date.

	Summary results 2015-2016	Major Movements
AV has reported a surplus	AV recorded a surplus in 2015-2016 in line with Statement of Priorities budgeted objectives, although consistent with prior years the results were affected by some large one-off items. AV's total revenue comprises operating and capital income. Capital grants were higher in 2015-2016 than 2014-2015 due to timing of one-off funding to deliver new services announced by government.	Finalised Work Value negotiations impacted employee costs AV's Work Value negotiation was finalised in 2015-2016. This is the largest item affecting employee costs. Although this had a significant impact to AV staff costs, there was minimal impact to the overall operating position with corresponding government funding provided.
Operating revenue up 11 per cent	Additional government funding for Work Value pay increases combined with growth in Membership Scheme Fees resulted in increased operating revenue.	
Increase in expenditure relating to Work Value and major contract costs	Overall service delivery expenditure increased in 2015-2016. The outcomes of the Work Value case along with new Rotary aircraft contributed to this increase.	Fair Value adjustment in 2015-2016 In 2015-2016 an annual assessment of the fair value of all non-financial physical assets was undertaken. A managerial revaluation was applied to land due to material movements in fair value.
		Air Wing Contract Costs New Rotary contracts came into effect in January 2016 which provided new aircraft for HEMS 2, 3, 4 and 5.



Financial Overview 2015-2016 Cont.

Main Components of Expenditure		
The majority of AV's expenditure continues to arise from major contracts and employee costs	Note 3 to the financial statements provides a detailed breakdown of AV's \$797.7 million expenditure. The mix between major categories was consistent with 2014-2015 and previous years and shows a high level of fixed cost:	
	\$672.4 million 84% of total	Employee Costs and Major Contracts (including non-emergency services, Air Ambulance services and computer aided ambulance dispatch services)
	\$76.0 million 10% of total	Supplies & indirect cost medical supplies, ambulances and property maintenance, rental and occupancy costs, membership promotion and office and technical expenses
	\$49.3 million 6% of total	Depreciation and amortisation, doubtful debts, audit and other charges
Contacts		
AV Banks with Westpac Institutional Bank	Westpac Institutional Bank, Level 10, 360 Collins Street, Melbourne Vic 3000 Westpac Institutional Bank, 302 Sturt Street, Ballarat Vic 3350	
Internal Auditor KPMG	KPMG 147 Collins Street Melbourne VIC 3000 Australia (Other audit service providers were also used for: independent assurance report for the membership scheme IT controls, occupational health and safety certification, communications audit, and other ad hoc reviews)	
External Auditor The Victorian Auditor-General	Victorian Auditor-General's Office, Level 24, 35 Collins Street, Melbourne Vic 3000	

Summary Of Financial Results	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
	\$000	\$000	\$000	\$000	\$000
Total Revenue	603,608	664,655	663,923	728,661	810,900
Total Expenses	606,959	619,849	657,211	720,700	797,652
Net Result	(3,350)	44,805	6,712	7,960	13,248
Retained Surplus/(Deficit)	(10,126)	34,679	37,852	45,812	59,060
Total Assets	404,552	459,340	481,090	511,871	601,757
Total Liabilities	218,723	229,136	226,836	249,671	316,000
Net Assets	185,829	230,204	254,254	262,200	285,757
Total Equity	185,829	230,204	254,254	262,200	285,757
Financial Indicators	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Current Assets Ratio	0.69	0.82	0.73	0.68	0.66
Debtors Turnover (Days) ⁱ	95	96	81	105	114
Creditors Payable Turnover (Days)	47	46	48	48	48
Bad & Doubtful Debt Provision/ YTD Billings Ratio	0.09	0.10	0.09	0.11	0.10
Actual Cost Per Road Incident (\$) ⁱⁱ	\$ 675	\$ 670	\$ 694	\$746	\$826
Liability Ratio	0.54	0.50	0.47	0.49	0.53
Asset Turnover Ratio	1.53	1.54	1.41	1.47	1.46

i. Comparative years have been adjusted to exclude offset of bad and doubtful debts provisions.
ii. Increase predominately related to pay increases arising from Work Value outcomes.



Financial Report For The Year Ending
30 June 2016



AMBULANCE VICTORIA

Board Chair's, Chief Executive Officer's and General Manager Finance & Corporate Services/CFO's Declaration

The attached financial statements for Ambulance Victoria have been prepared in accordance with Direction 4.2 of the Standing Directions of the Minister for Finance under *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2016 and the financial position of Ambulance Victoria at 30 June 2016.

At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on this day.

Handwritten signature of Ken Lay in blue ink.

Ken Lay APM
Chair of the Board

Melbourne
8 August 2016

Handwritten signature of Tony Walker in blue ink.

Tony Walker ASM
Chief Executive Officer

Melbourne
8 August 2016

Handwritten signature of Rob Barr in blue ink.

Rob Barr FCPA
General Manager
Finance & Corporate
Services/CFO

Melbourne
8 August 2016

INDEPENDENT AUDITOR'S REPORT

To the Board Members, Ambulance Victoria

The Financial Report

I have audited the accompanying financial report for the year ended 30 June 2016 of Ambulance Victoria which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a summary of significant accounting policies and other explanatory information, and the Board Chair's, Chief Executive Officer's and General Manager Finance & Corporate Services/CFO's Declaration.

The Board Members' Responsibility for the Financial Report

The Board Members of Ambulance Victoria are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and the financial reporting requirements of the *Financial Management Act 1994*, and for such internal control as the Board Members determine is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to the internal control relevant to the entity's preparation and fair presentation of the financial report 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 the entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Board Members, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independent Auditor's Report (continued)

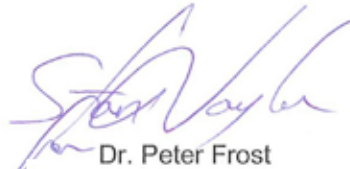
Independence

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. In conducting the audit, I and my staff and delegates have complied with the applicable independence requirements of the Australian Auditing Standards and relevant ethical pronouncements.

Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of the Ambulance Victoria as at 30 June 2016 and its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards, and the financial reporting requirements of the *Financial Management Act 1994*.

MELBOURNE
12 August 2016


Dr. Peter Frost
Auditing Auditor-General

Ambulance Victoria
COMPREHENSIVE OPERATING STATEMENT
For the Financial Year Ended 30 June 2016

	NOTE	2016 \$'000	2015 \$'000
INCOME			
Revenue from Operating Activities	2a	763,316	684,938
Revenue from Non-Operating Activities	2a	3,381	4,400
Other Income	2f	5,483	5,791
TOTAL INCOME		772,180	695,129
EXPENSES			
Employee Benefits	3	(543,487)	(466,582)
Contract Payments and Services	3	(128,884)	(121,573)
Supplies and Services	3	(45,743)	(49,811)
Maintenance	3	(17,379)	(18,696)
Bad and Doubtful Debts	3	(15,514)	(17,989)
Other Operating Expenses	3	(15,534)	(14,598)
TOTAL EXPENSES		(766,541)	(689,249)
NET RESULT FROM OPERATIONS		5,639	5,880
Capital Purpose Income	2a	36,853	27,502
Available-for-Sale Revaluation Surplus Gain Realised	2a	-	91
Net Gain/(Loss) on Disposal of Non-Financial Assets	2g	(1,379)	(1,751)
Revaluation of Financial Instruments at Fair Value	2a	(173)	-
Net Gain/(Loss) on Disposal of Financial Assets	3	(739)	-
Assets Received Free of Charge	2h	-	2,412
Assets Provided Free of Charge	3	-	(269)
Depreciation and Amortisation	3,4	(26,953)	(25,905)
		7,609	2,080
NET RESULT FOR THE YEAR		13,248	7,960
OTHER COMPREHENSIVE INCOME/(LOSS)			
Items that may be reclassified subsequent to net result			
Net Fair Value Gain on Non Financial Assets	16a	10,635	-
Changes to Financial Assets Available-For-Sale Revaluation Reserve	16b	-	(14)
		10,635	(14)
COMPREHENSIVE RESULT FOR THE YEAR		23,883	7,946

This Statement should be read in conjunction with the accompanying notes.

Ambulance Victoria
BALANCE SHEET
As at 30 June 2016

	NOTE	2016 \$'000	2015 \$'000
CURRENT ASSETS			
Cash and Cash Equivalents	5	43,949	61,547
Receivables	6	62,074	9,466
Fees Receivable	7	26,867	41,591
Financial Assets	8	25,000	25,000
Inventories	9	983	949
Prepayments		5,662	3,442
TOTAL CURRENT ASSETS		164,535	141,995
NON-CURRENT ASSETS			
Receivables	6	72,550	48,774
Property, Plant and Equipment	10	360,244	317,006
Intangible Assets	11	4,428	4,096
TOTAL NON-CURRENT ASSETS		437,222	369,876
TOTAL ASSETS		601,757	511,871
CURRENT LIABILITIES			
Payables	12	43,958	31,040
Provisions	13	164,364	139,038
Prepaid Income	15	42,327	38,670
TOTAL CURRENT LIABILITIES		250,649	208,748
NON-CURRENT LIABILITIES			
Payables	12	16,156	-
Provisions	13	35,315	26,800
Financial Liabilities	8	173	-
Prepaid Income	15	13,707	14,123
TOTAL NON-CURRENT LIABILITIES		65,351	40,923
TOTAL LIABILITIES		316,000	249,671
NET ASSETS		285,757	262,200
EQUITY			
Property, Plant and Equipment Revaluation Reserve	16a	38,578	27,943
Contributed Capital	16c	188,119	188,445
Accumulated Surplus	16d	59,060	45,812
TOTAL EQUITY		285,757	262,200
COMMITMENTS FOR EXPENDITURE	19		
CONTINGENT LIABILITIES	20		

This Statement should be read in conjunction with the accompanying notes.

STATEMENT OF CHANGES IN EQUITY

For the Financial Year Ended 30 June 2016

		Property, Plant and Equipment Revaluation Reserve	Financial Asset Available-for- Sale Revaluation Reserve	Contributed Capital	Accumulated Surplus	Total Equity
	Note	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2014	16	27,943	14	188,445	37,852	254,254
Net result for the year		-	-	-	7,960	7,960
Other comprehensive income/(loss) for the year		-	(14)	-	-	(14)
Balance at 30 June 2015		27,943	-	188,445	45,812	262,200
Net result for the year		-	-	-	13,248	13,248
Capital contribution returned to Victorian Government		-	-	(326)	-	(326)
Other comprehensive income/(loss) for the year		10,635	-	-	-	10,635
Balance at 30 June 2016		38,578	-	188,119	59,060	285,757

This Statement should be read in conjunction with the accompanying notes.

CASH FLOW STATEMENT

For the Financial Year Ended 30 June 2016

	NOTE	2016 \$'000	2015 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		437,086	419,208
Capital Grants from Government		34,158	23,605
Transport Fees Received		161,425	119,491
Membership Fees Received		76,657	71,592
Service Fees Received		21,358	20,069
Interest Received		2,912	3,551
Donations and Bequests Received		1,161	1,137
GST Received from ATO		19,224	20,881
Other Receipts		5,143	5,646
Total Receipts		759,124	685,180
Employee Benefits Paid		(496,777)	(451,267)
Payments for Supplies and Services		(234,650)	(220,710)
Total Payments		(731,427)	(671,977)
Net Cash Flow From/(Used In) Operating Activities	17	27,697	13,203
CASH FLOWS FROM INVESTING ACTIVITIES			
(Purchase of)/Proceeds from Redemption of Investments		-	16,514
Purchase of Property, Plant and Equipment		(46,596)	(39,266)
Proceeds from Sale of Property, Plant and Equipment		2,040	3,526
Net Cash Flow From/(Used in) Investing Activities		(44,556)	(19,226)
CASH FLOWS FROM FINANCING ACTIVITIES			
Loss on Settlement of Financial Instruments		(739)	-
Net Cash Flow From/(Used in) Financing Activities		(739)	-
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS HELD		(17,598)	(6,023)
CASH AND CASH EQUIVALENTS AT BEGINNING OF FINANCIAL YEAR		61,547	67,570
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	5	43,949	61,547

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

(a) Statement of Compliance

These general purpose financial statements have been prepared in accordance with the *Financial Management Act 1994*, and applicable Australian Accounting Standards (AASs) and Interpretations issued by the Australian Accounting Standards Board (AASB). They are presented in a manner consistent with the requirements of AASB 101 *Presentation of Financial Statements*. Ambulance Victoria (AV) is a not-for-profit entity and therefore applies the paragraphs applicable to "not-for-profit" entities under the AASs.

The financial statements also comply with relevant Financial Reporting Directions (FRDs) issued by the Department of Treasury and Finance (DTF), and relevant Standing Directions (SDs) authorised by the Minister for Finance.

These annual financial statements were authorised for issue by the Board of Ambulance Victoria (AV) on 8 August 2016.

(b) Basis of Accounting Preparation and Measurement

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2016, and the comparative information presented in these financial statements for the year ended 30 June 2015.

The going concern basis has been used to prepare the financial statements.

These financial statements are presented in Australian dollars, the functional and presentation currency of AV.

The financial statements, except for cash flow information, have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definitions and recognition criteria for those items, that is they are recognised in the reporting period to which they relate, regardless of when the cash is received or paid.

The financial statements are prepared in accordance with the historical cost convention, except for:

- non-current physical assets, which subsequent to acquisition are measured at a revalued amount being their fair value at the date of the revaluation less any subsequent accumulated depreciation and subsequent impairment losses. Revaluations are made and re-assessed with sufficient regularity to ensure that the carrying amounts do not materially differ from their fair values;
- derivative financial instruments which are measured at fair value with changes reflected in the comprehensive operating statement; and
- available-for-sale investments which are measured at fair value with movements reflected in equity until the asset is derecognised (ie. other comprehensive income - items that may be reclassified subsequent to net result).

Judgements, estimates and assumptions are made about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

Revisions to accounting estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision. Judgements and assumptions made by management in the application of AASs that have significant effects on the financial statements and estimates relate to:

- the fair value of property, plant and equipment (refer to Note 10);
- superannuation expense (refer to Note 14); and
- assumptions for employee benefit provisions based on the likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates (refer to Note 13).

Consistent with AASB 13 *Fair Value Measurement*, AV determines the policies and procedures for fair value measurements such as property, plant and equipment and financial instruments in accordance with the requirements of AASB 13 and the relevant FRDs.

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the fair value hierarchy, described as follows, based on the lowest level input that is significant to the fair value measurement as a whole:

- Level 1 – Quoted (unadjusted) market prices in active markets for identical assets or liabilities;
- Level 2 – Valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable; and
- Level 3 – Valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

For the purpose of fair value disclosures, AV has determined classes of assets and liabilities on the basis of the nature, characteristics and risks of the asset or liability and the level of the fair value hierarchy as explained above.

In addition, AV determines whether transfers have occurred between levels in the hierarchy by re-assessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period.

The Valuer-General Victoria (VGV) is AV's independent valuation agency.

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(c) Reporting Entity

The financial statements incorporate all controlled activities of AV, including AV auxiliaries.

AV's principal address is:
375 Manningham Road
Doncaster
Victoria 3108

A description of the nature of AV's operations and principal activities is included in the report of operations, which does not form part of these financial statements.

Objectives and Funding

AV's overall objective is to improve the health of Victorians by delivering innovative, high-quality ambulance services.

AV is predominantly funded by accrual based State Government grant funding for the provision of outputs, transport fees charged on a fee for service basis and subscriptions from the Ambulance Victoria Membership Scheme.

(d) Scope and Presentation of Financial Statements

Comprehensive Operating Statement

The Comprehensive Operating Statement includes the subtotal entitled 'Net Result From Operations' to enhance the understanding of the financial performance of AV. This subtotal reports the result excluding items such as capital grants, assets received or provided free of charge, depreciation, and items of an unusual nature and amount such as specific revenues and expenses. The exclusion of these items is made to enhance the matching of income and expenses so as to facilitate the comparability and consistency of results between years. The 'Net Result From Operations' is used by the management of AV, the Department of Health and Human Services (DHHS) and the Victorian Government to measure the ongoing result of AV in operating ambulance services.

Capital and specific items, which are excluded from this sub-total, comprise:

- . Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works, plant and equipment or intangible assets. It also includes donations of plant and equipment. Consequently the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided.
- . Specific income/expense, comprise of the following items, when material:
 - non-current asset revaluation increments/decrements; and
 - diminution/impairment of investments.
- . Impairment of financial and non-financial assets, which includes all impairment losses (and reversal of previous impairment losses), which have been recognised in accordance with Note 1 (h) and (i).
- . Depreciation and amortisation, as described in Note 1 (f).
- . Assets provided or received free of charge, as described in Note 1 (e).
- . Expenditure which either falls below the asset capitalisation threshold, or does not meet the asset recognition criteria and therefore does not result in the recognition of an asset in the balance sheet, where funding for that expenditure is from capital purpose income.

Balance Sheet

Assets and liabilities are categorised either as current or non-current (non-current being those assets or liabilities expected to be recovered/ settled more than 12 months after the reporting period).

Statement of Changes in Equity

The statement of changes in equity presents reconciliations of non-owner and owner changes in equity from the opening balance at the beginning of the reporting year to the closing balance at the end of the reporting year. It also shows separately changes due to amounts recognised in the comprehensive result and amounts recognised in other comprehensive income.

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(d) Scope and Presentation of Financial Statements (Continued)

Cash Flow Statement

Cash flows are classified according to whether or not they arise from operating, investing, or financing activities. This classification is consistent with requirements of AASB 107 *Statement of Cash Flows*.

Rounding of Amounts

All amounts shown in the financial statements are expressed to the nearest \$1,000 unless otherwise stated. Minor discrepancies in tables between totals and sum of components are due to rounding.

(e) Income Recognition

Income is recognised in accordance with AASB 118 *Revenue* to the extent that it is probable that the economic benefits will flow to AV and the income can be reliably measured at fair value. Unearned income at reporting date is reported as prepaid income. Amounts disclosed as income are, where applicable, net of returns, allowances and duties and taxes.

Government Grants

In accordance with AASB 1004 *Contributions*, government grants are recognised as income when AV gains control of the underlying assets irrespective of whether conditions are imposed on AV's use of the grants.

Grants are deferred as prepaid income when AV has a present obligation to repay them and the present obligation can be reliably measured.

Service Fees

Air availability service charge is recognised as income upon provision of this service.

Indirect Contributions from the Department of Health and Human Services (DHHS)

Certain expenses are met or supported by DHHS. These include:
. Insurance contribution is recognised as revenue following advice from the DHHS.
. Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the DHHS Hospital Circular 05/2013.

Transport Fees

Revenue from ambulance services is recognised upon the provision of such a service.

Membership Revenue

Membership revenue is recognised on a time proportionate basis over the membership period.

Donations and Other Bequests

Donations and bequests are recognised within "Other Income" when received. If donations are conditioned for a special purpose, they may be appropriated to a reserve.

Interest Revenue

Interest income is recognised using the effective interest method which allocates the interest over the relevant period.

Sale of Investments

Refer to Note 1(i).

Fair Value of Assets and Services Received Free of Charge or for Nominal Consideration

Resources received free of charge or for nominal consideration are recognised at their fair value when AV obtains control over them, irrespective of whether restrictions or conditions are imposed over the use of the contributions, unless received from another agency as a consequence of a restructuring of administrative arrangements. In the latter case, such transfer will be recognised at carrying value. Contributions in the form of services are only recognised when a fair value can be reliably determined and the service would have been purchased if not received as a donation.

Other Income

Other income includes non-property rental, insurance recoveries, and attendance fees and is recognised when it is probable that the economic benefits will flow to AV.

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(f) Expense Recognition

Expenses are recognised as they are incurred and reported in the financial year to which they relate.

Employee Benefits

Employee benefits include:
- wages and salaries;
- annual leave;
- accrued days off;
- sick leave;
- long service leave; and
- superannuation expenses which are reported differently depending upon whether employees are members of defined benefit or defined contribution plans.
Employee benefits are recognised as they are incurred.

Superannuation

Employees of AV are entitled to receive superannuation benefits and AV contributes to both defined benefit and defined contribution plans. The defined benefit plan provides benefits based on years of service and final average salary, and is operated by the Emergency Services Superannuation Fund (ESSS Defined Benefit Fund).

The names and details of the major employee superannuation funds and contributions made by AV are disclosed in Note 14.

Defined Contribution Superannuation Plans

In relation to defined contribution (i.e. accumulation) superannuation plans, the associated expense is simply the employer contributions that are paid or payable in respect of employees who are members of these plans during the reporting period. Contributions to defined contribution superannuation plans are expensed when incurred.

Defined Benefit Superannuation Plan

The amount expensed in respect of the defined benefit superannuation plan represents the contributions made by AV to the superannuation plan in respect of the services of current AV staff during the reporting period. Superannuation contributions are made to the plan based on the relevant rules of the plan and are based upon actuarial advice.

Depreciation

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets that have finite useful lives are depreciated. Depreciation begins when the asset is available for use, which is when it is in the location and condition necessary for it to be capable of operating in the manner intended by management.

Depreciation is generally calculated on a straight-line basis, at a rate that allocates the asset value, less any estimated residual value over its estimated useful life. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually, and adjustments made where appropriate. This depreciation charge is not funded by the DHHS.

Assets with a cost in excess of \$2,000 (2014-15: \$2,000) are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives.

The following table indicates the expected useful lives of non-current assets on which the depreciation charges are based:

	2016	2015
Buildings	6 to 63 years	6 to 63 years
Building Components:		
. Structure Shell Building Fabric	63 years	63 years
. Site Engineering Service and Central Plant	27 years	27 years
. Fit Out	21 years	21 years
. Trunk Reticulated Building Systems	22 years	22 years
Leasehold Improvements	1 to 50 years	1 to 50 years
Plant & Equipment	1 to 13 years	1 to 13 years
Intangibles	2 to 4 years	2 to 4 years
Office Furniture & Equipment	3 to 11 years	3 to 11 years
Motor Vehicles	1 to 10 years	1 to 10 years

As part of the Buildings valuation performed in 2013-14, building values were separated into components and each component assessed for its useful life which is represented above.

Amortisation

Intangible assets with finite useful lives are amortised on a systematic (typically straight-line) basis over the asset's useful life. Amortisation begins when the asset is available for use, that is, when it is in the location and condition necessary for it to be capable of operating in the manner intended by management. The consumption of intangible non-produced assets with finite lives is classified as amortisation.

The amortisation period and the amortisation method for an intangible asset with a finite useful life is reviewed at least at the end of each annual reporting period. In addition, an assessment is made at each reporting date to determine whether there are indicators that the intangible asset concerned is impaired. If so, the asset concerned is tested as to whether its carrying value exceeds its recoverable amount.

Any excess of the carrying amount over the recoverable amount is recognised as an impairment loss.

Intangible assets with finite useful lives are amortised over a 2-4 year period (2014-15: 2-4 year period).

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(f) Expense Recognition (Continued)

Other Operating Expenses
Other operating expenses generally represent the day-to-day running costs incurred in normal operations and include:

Supplies and Services
Supplies and services are recognised as an expense in the reporting period in which they are incurred. The carrying amounts of any inventories held for distribution are expensed when distributed.

Bad and Doubtful Debts
Refer to Note 1(i).

(g) Other Comprehensive Income
Other comprehensive income measures the change in volume or value of assets or liabilities that do not result from transactions.

Net gain/(loss) on non-financial assets
Net gain/(loss) on non-financial assets and liabilities includes realised and unrealised gains and losses as follows:

Revaluation gains/(losses) of non-financial physical assets
Refer to Note 1(i).

Disposal of non-financial assets
Any gain or loss on the disposal of non-financial assets is recognised at the date of disposal and is the difference between the proceeds and the carrying value of the asset at that time.

Net gain/(loss) on financial instruments
Net gain/(loss) on financial instruments includes:
. unrealised gains and losses from revaluations of financial instruments at fair value;
. impairment and reversal of impairment for financial instruments (refer to Note 1 (i)); and
. disposals of financial assets and derecognition of financial liabilities.

Revaluations of financial instruments at fair value
Refer to Note 1 (h).

(h) Financial Instruments
Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of AV's activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*. For example, statutory receivables arising from taxes, fines and penalties do not meet the definition of financial instruments as they do not arise under contract.

Where relevant, for note disclosure purposes, a distinction is made between those financial assets and financial liabilities that meet the definition of financial instruments in accordance with AASB 132 and those that do not.

The following refers to financial instruments unless otherwise stated.

Categories of financial instruments
Receivables
Receivables are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement, receivables are measured at amortised cost using the effective interest method, less any impairment. Cash flows relating to short-term receivables are not discounted if the effect of discounting is immaterial.

The receivables category includes cash and deposits (refer to Note 1(i)), term deposits with maturity greater than three months, trade receivables, and other receivables, but not statutory receivables.

Derivative Financial Instruments
Derivative financial instruments are initially recognised at fair value on the date on which a derivative contract is entered into. Derivatives are carried as assets when their fair value is positive and as liabilities when their fair value is negative. Any gains or losses arising from changes in the fair value of derivatives after initial recognition are recognised in the comprehensive operating statement.

(i) Assets
Cash and Cash Equivalents
Cash and cash equivalents comprise cash on hand and cash at bank, deposits at call and highly liquid investments with an original maturity of 3 months or less, which are held for the purpose of meeting short term cash commitments rather than investment purposes are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(i) Assets (Continued)

Receivables
Receivables consist of:
- contractual receivables, which includes mainly debtors in relation to goods and services and accrued investment income; and
- statutory receivables, which includes predominantly amounts owing from the Victorian Government and GST input tax credits recoverable.

Receivables that are contractual are classified as financial instruments and categorised as Receivables. Statutory receivables are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments because they do not arise from a contract.

Fees Receivable and Receivables are carried at fair value and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is recognised when there is objective evidence that an impairment loss has occurred.

Financial Assets
Financial assets are recognised and derecognised on trade date where purchase or sale of an investment is under a contract whose terms require delivery of the investment within the timeframe established by the market concerned, and are initially measured at fair value, net of transaction costs.

Investments are classified in the following categories:
- Receivables; and
- Financial Instruments fair value through profit and loss.

AV classifies its other financial assets between current and non-current assets based on the purpose for which the assets were acquired. Management determines the classification of its other financial assets at initial recognition.

AV assesses at each balance sheet date whether a financial asset or group of financial assets is impaired. All financial assets are subject to annual review for impairment.

Inventories
Inventories include goods and other property held either for sale, consumption or distribution at no or nominal cost in the ordinary course of business operations. It excludes depreciable assets.

Inventories held for distribution are measured at cost, adjusted for any loss of service potential.

The basis used in assessing loss of service potential for inventories held for distribution include current replacement cost and technical or functional obsolescence. Technical obsolescence occurs when an item still functions for some or all of the tasks it was originally acquired to do, but no longer matches existing technologies. Functional obsolescence occurs when an item no longer functions the way it did when it was first acquired.

Cost is determined principally by the weighted average cost method and includes expenditure incurred in acquiring the inventories and bringing them to their existing condition.

Inventories acquired at no cost or for nominal consideration are measured at current replacement cost at the date of acquisition.

Property, Plant and Equipment
All non-current physical assets are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment. Where an asset is acquired for no or nominal cost, the cost is its fair value at the date of acquisition. Assets transferred as part of a merger/machinery of government changes are transferred at their carrying amount. More details about the valuation techniques and inputs used in determining the fair value of non-financial physical assets are discussed in Note 10.

Freehold and Crown Land is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or constructive restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset. Theoretical opportunities that may be available in relation to the assets are not taken into account until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best uses.

Buildings are recognised initially at cost and subsequently measured at fair value less accumulated depreciation and impairment.

Plant, Equipment and Vehicles are recognised initially at cost and subsequently measured at fair value less accumulated depreciation and impairment. Depreciated replacement cost is generally a reasonable proxy for fair value because of the short lives of the assets concerned.

Leasehold Improvements are capitalised as an asset at cost and depreciated over the shorter of the remaining term of the lease or the estimated useful life of the improvements.

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(i) Assets (Continued)

Revaluations of Land and Buildings

Land and Buildings are measured at fair value and are revalued in accordance with FRD 103F *Non-Current Physical Assets*. This revaluation process normally occurs at least every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate material changes in value. Independent valuers are used to conduct these scheduled revaluations and any interim revaluations are determined in accordance with the requirements of the FRDs. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

Revaluation increments are recognised in Other Comprehensive Income and are credited directly to the Property, Plant and Equipment Revaluation Reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that same class of asset previously recognised as an expense in net result, the increment is recognised as income in the net result.

Revaluation decrements are recognised in Other Comprehensive Income to the extent that a credit balance exists in the Property, Plant and Equipment Revaluation Reserve in respect of the same class of assets, and are debited directly to the Property, Plant and Equipment Revaluation Reserve.

Revaluation increases and decreases relating to individual assets within an asset class are offset against one another within that class but are not offset in respect of assets in different classes.

The Property, Plant and Equipment Revaluation Reserve is not transferred to accumulated funds on derecognition of the relevant asset.

In accordance with FRD 103F AV's non-current physical assets are assessed annually to determine whether revaluation of non-current physical assets was required.

A full valuation of AV's land and buildings was performed by the Valuer-General Victoria in 2013-14. Management's assessment at 30 June 2016 determined that there has been a material movement in the fair value of land, and a managerial revaluation was undertaken. This was approved by DHHS and Valuer-General Victoria land indices were used to revalue land.

Intangible Assets

Intangible assets represent identifiable non-monetary assets without physical substance such as computer software, licences and development costs.

An internally-generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following are demonstrated:

- a) the technical feasibility of completing the intangible asset so that it will be available for use or sale;
- b) an intention to complete the intangible asset and use or sell it;
- c) the ability to use or sell the intangible asset;
- d) the intangible asset will generate probable future economic benefits;
- e) the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset; and
- f) the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Intangible assets are initially recognised at cost. Subsequently, intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses. Costs incurred subsequent to initial acquisition are capitalised when it is expected that additional future economic benefits will flow to AV.

Expenditure on research activities is recognised as an expense in the period in which it is incurred. Where the recognition criteria in AASB 138 *Intangible Assets* are met, internally generated intangible assets are carried at cost less accumulated amortisation and impairment.

Prepayments

Prepayments represent payments in advance of the receipt of goods or services or that part of expenditure made in one accounting period covering a term of extending beyond that period.

Disposal of Non-Financial Assets

Any gain or loss on the sale of non-financial assets is recognised in the Comprehensive Operating Statement (Refer to Note 1(g)).

Impairment of Non-Financial Assets

Intangible assets not yet available for use or with indefinite useful lives are tested annually for impairment and whenever there is an indication that the asset may be impaired.

All other non-financial assets are assessed annually for indications of impairment except for inventories.

If there is an indication of impairment, the asset concerned is tested as to whether its carrying value exceeds its possible recoverable amount. Where an asset's carrying value exceeds its recoverable amount, the difference is written off as an expense except to the extent that the write-down can be debited to an asset revaluation reserve applicable to that same class of asset.

If there is an indication that there has been a reversal in the estimate of an asset's recoverable amount since the last impairment loss was recognised, the carrying amount shall be increased to its recoverable amount. This reversal of the impairment loss occurs only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised in prior years.

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(i) Assets (Continued)

Impairment of Non-Financial Assets (Continued)

It is deemed that, in the event of the loss or destruction of an asset, the future economic benefits arising from the use of the asset will be replaced unless a specific decision to the contrary has been made. The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair value less costs of disposal.

Derecognition of Financial Assets

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when:

- the rights to receive cash flows from the asset have expired; or
- AV retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement; or
- AV has transferred its rights to receive cash flows from the asset and either:
 - (a) has transferred substantially all the risks and rewards of the asset; or
 - (b) has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.

Where AV has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of AV's continuing involvement in the asset.

Impairment of Financial Assets

At the end of each reporting period AV assesses whether there is objective evidence that a financial asset or group of financial assets is impaired. Objective evidence includes financial difficulties of the debtor, length of time overdue, and changes in debtor credit ratings. All financial instruments assets, except those measured at fair value through profit or loss, are subject to annual review for impairment.

Bad and doubtful debts for financial assets are assessed on a regular basis. Those bad debts considered as written off and allowance for doubtful receivables are expensed. The amount of the allowance is the difference between the financial asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate.

Where the fair value of an investment in an equity instrument at balance date has reduced by 20 percent or more than its cost price or where its fair value has been less than its cost price for a period of 12 or more months, the financial asset is treated as impaired.

In assessing impairment of statutory (non-contractual) financial assets, which are not financial instruments, professional judgement is applied in assessing materiality using estimates, averages and other computational methods in accordance with AASB 136 *Impairment of Assets*.

Net Gain/(Loss) on Financial Instruments

Net gain/(loss) on financial instruments include:

- impairment and reversal of impairment for financial instruments at amortised cost; and
- disposals of financial assets and derecognition of financial liabilities.

Revaluations of Financial Instruments at Fair Value

The revaluation gain/(loss) on financial instruments at fair value excludes dividends or interest earned on financial assets.

(j) Liabilities

Payables

Payables include:

- contractual payables which consist predominantly of liabilities for goods and services provided to AV prior to the end of the financial year that are unpaid, and arise when AV becomes obliged to make future payments in respect of the purchase of those goods and services. The normal credit terms are usually Nett 30 days; and
- statutory payables, such as goods and services tax and fringe benefits tax payables.

Contractual payables are classified as financial instruments and initially recognised at fair value, and then subsequently carried at amortised cost. Statutory payables 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 do not arise from a contract.

Provisions

Provisions are recognised when AV has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows, using a discount rate that reflects the time value of money and risks specific to the provision.

When some or all of the economic benefits required to settle a provision are expected to be received from a third party, the receivable is recognised as an asset if it is virtually certain that recovery will be received and the amount of the receivable can be measured reliably.

Employee Benefits

This provision arises for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered to the reporting date.

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(j) Liabilities (Continued)

Provisions (Continued)

Wages and Salaries, Annual Leave, Sick Leave and Accrued Days Off

Liabilities for wages and salaries, including non-monetary benefits, annual leave, accumulating sick leave and accrued days off which are expected to be settled wholly within 12 months of the reporting date are recognised in the provision for employee benefits in respect of employees' services up to the reporting date, and are classified as current liabilities because AV does not have an unconditional right to defer settlement of these liabilities.

Those liabilities that are not expected to be wholly settled within 12 months are recognised in the provision for employee benefits as current liabilities, but are measured at the present value of the amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

Long Service Leave

The liability for long service leave (LSL) is recognised in the provision for employee benefits.

Unconditional LSL (representing 10 or more years of continuous service) is disclosed in the notes to the financial statements as a current liability even where AV does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months.

The components of this current LSL liability are measured at:

- . undiscounted value - if AV expects to wholly settle within 12 months; and
- . present value - if AV does not expect to wholly settle within 12 months.

Conditional LSL (representing less than 10 years of continuous service) is disclosed as a non-current liability, because there is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. This non-current LSL is measured at present value.

Any gain or loss following the revaluation of the present value of the non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in bond interest rates for which it is then recognised as an other economic flow.

Termination Benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee accepts an offer of benefits in exchange for the termination of employment.

AV recognises termination benefits when it is demonstrably committed to either terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy. Benefits falling due more than 12 months after the end of the reporting period are discounted to present value.

On-Costs

Employee benefit on-costs, such as workers' compensation and superannuation, are recognised together with provision for employee benefits.

Superannuation Liabilities

AV does not recognise any unfunded defined benefit scheme superannuation liability because AV has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due. The Department of Treasury and Finance recognises the State's defined benefits liabilities in its disclosure for administered items.

Make Good Provisions

Make good provisions are recognised when AV has contractual obligations to remove leasehold improvements from leased properties and restore the leased premises to their original condition at the end of the lease term. The related expense of making good such properties are recognised when leasehold improvements are made.

(k) Leases

A lease is a right to use an asset for an agreed period of time in exchange for payment. Leases are classified at their inception as either operating or finance leases based on the economic substance of the agreement so as to reflect the risks and rewards incidental to ownership.

Leases of property, plant and equipment are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. AV does not have any finance leases.

Operating Leases

Entity as Lessor

Rental income from operating leases is recognised on a straight-line basis over the term of the relevant lease.

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(k) Leases (Continued)

Entity as Lessee

Operating lease payments, including any contingent rentals, are recognised as an expense on a straight line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the use of the leased asset. The leased items are not recognised as AV assets in the balance sheet.

Lease Incentives

All incentives for the agreement of a new or renewed operating lease are recognised as an integral part of the net consideration agreed for the use of the leased asset, irrespective of the incentive's nature or form or the timing of payments.

In the event that lease incentives are received by the lessee to enter into operating leases, such incentives are recognised as a liability. The aggregate benefits of the incentives are recognised as a reduction of rental expense on a straight-line basis, except where another systematic basis is more representative of the time pattern in which economic benefits from the leased asset is diminished.

Leasehold Improvements

The cost of leasehold improvements are capitalised as an asset and depreciated over the remaining term of the lease or the estimated useful life of the improvements, whichever is the shorter.

(l) Equity

Contributed Capital

Consistent with Australian Accounting Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities* and FRD 119A *Contributions by Owners*, appropriations for additions to the net asset base have been designated as contributed capital. Other transfers that are in the nature of contributions to or distributions by owners that have been designated as contributed capital are also treated as contributed capital.

Property, Plant and Equipment Revaluation Reserve

The Property, Plant and Equipment Revaluation Reserve is used to record increments and decrements on the revaluation of property, plant and equipment.

(m) Commitments for Expenditure

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed by way of a note (refer to Note 19) at their nominal value and are inclusive of GST payable. In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant individual projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised in the balance sheet.

(n) Contingent Assets and Contingent Liabilities

Contingent assets and contingent liabilities are not recognised in the Balance Sheet, but are disclosed by way of note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

(o) Goods and Services Tax (GST)

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the Australian Taxation Office (ATO). In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the balance sheet.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable, to the ATO, are presented as operating cash flows.

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

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**(p) New Accounting Standards and Interpretations**

Certain new Australian accounting standards and interpretations have been published that are not mandatory for the 30 June 2016 financial year. As at 30 June 2016, the following standards and interpretations had been issued but were not yet effective. They become effective for the first financial statements for the financial years commencing after the stated operative dates as detailed in the table below. AV has not and does not intend to adopt these standards early.

Standard/Interpretation	Summary	Applicable for Annual Reporting Periods beginning on	Impact on AV's Financial Statements
AASB 9 Financial Instruments	The key changes include the simplified requirements for the classification and measurement of financial assets, a new hedging accounting model and a revised impairment loss model to recognise impairment losses earlier, as opposed to the current approach that recognises impairment only when incurred.	1 January 2018	The assessment has identified that the financial impact of available for sale (AFS) assets will now be reported through other comprehensive income (OCI) and no longer recycled to the profit and loss. While the preliminary assessment has not identified any material impact arising from AASB 9, it will continue to be monitored and assessed.
AASB 2010-7 Amendments to Australian Accounting Standards arising from AASB 9 (December 2010)	The requirements for classifying and measuring financial liabilities were added to AASB 9. The existing requirements for the classification of financial liabilities and the ability to use the fair value option have been retained. However, where the fair value option is used for financial liabilities the change in fair value is accounted for as follows: · The change in fair value attributable to changes in credit risk is presented in other comprehensive income (OCI); and · Other fair value changes are presented in profit and loss. If this approach creates or enlarges an accounting mismatch in the profit or loss, the effect of the changes in credit risk are also presented in profit or loss.	1 January 2018	The assessment has identified that the amendments are likely to result in earlier recognition of impairment losses and at more regular intervals. Changes in own credit risk in respect of liabilities designated at fair value through profit and loss will now be presented within other comprehensive income (OCI). Hedge accounting will be more closely aligned with common risk management practices making it easier to have an effective hedge.
AASB 2014-1 Amendments to Australian Accounting Standards [Part E Financial Instruments]	Amends various AASs to reflect the AASB's decision to defer the mandatory application date of AASB 9 to annual reporting periods beginning on or after 1 January 2018 as a consequence of Chapter 6 Hedge Accounting, and to amend reduced disclosure requirements.	1 January 2018	This amending standard will defer the application period of AASB 9 to the 2018-19 reporting period in accordance with the transition requirements.
AASB 2014-7 Amendments to Australian Accounting Standards arising from AASB 9	Amends various AASs to incorporate the consequential amendments arising from the issuance of AASB 9.	1 January 2018	The assessment has indicated that there will be no significant impact for the public sector.
AASB 2015-8 Amendments to Australian Accounting Standards – Effective Date of AASB 15	This Standard defers the mandatory effective date of AASB 15 from 1 January 2017 to 1 January 2018.	1 January 2018	This amending standard will defer the application period of AASB 15 to the 2018-19 reporting period in accordance with the transition requirements.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**(p) New Accounting Standards and Interpretations (Continued)**

Standard/Interpretation	Summary	Applicable for Annual Reporting Periods beginning on	Impact on AV's Financial Statements
AASB 15 Revenue from Contracts with Customers	The core principle of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer.	1 January 2018	The changes in revenue recognition requirements in AASB 15 may result in changes to the timing and amount of revenue recorded in the financial statements. The Standard will also require additional disclosures on service revenue and contract modifications. A potential impact will be the upfront recognition of revenue from licenses that cover multiple reporting periods. Revenue that was deferred and amortised over a period may now need to be recognised immediately as a transitional adjustment against the opening returned earnings if there are no former performance obligations outstanding.
AASB 2014-5 Amendments to Australian Accounting Standards arising from AASB 15	Amends the measurement of trade receivables and the recognition of dividends. Trade receivables, that do not have a significant financing component, are to be measured at their transaction price, at initial recognition. Dividends are recognised in the profit and loss only when: · the entity's right to receive payment of the dividend is established; · it is probable that the economic benefits associated with the dividend will flow to the entity; and · the amount can be measured reliably.	1 Jan 2017, except amendments to AASB 9 (Dec 2009) and AASB 9 (Dec 2010) apply from 1 Jan 2018	The assessment has indicated that there will be no significant impact for the public sector.
AASB 2016-3 Amendments to Australian Accounting Standards – Clarifications to AASB 15	This Standard amends AASB 15 to clarify the requirements on identifying performance obligations, principal versus agent considerations and the timing of recognising revenue from granting a licence. The amendments require: · A promise to transfer to a customer a good or service that is 'distinct' to be recognised as a separate performance obligation; · For items purchased online, the entity is a principal if it obtains control of the good or service prior to transferring to the customer; and · For licences identified as being distinct from other goods or services in a contract, entities need to determine whether the licence transfers to the customer over time (right to use) or at a point in time (right to access).	1 January 2018	The assessment has indicated that there will be no significant impact for the public sector, other than the impact identified in AASB 15.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2016

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(p) New Accounting Standards and Interpretations (Continued)

Standard/Interpretation	Summary	Applicable for Annual Reporting Periods beginning on	Impact on AV's Financial Statements
AASB 16 Leases	The key changes introduced by AASB 16 include the recognition of most operating leases (which are currently not recognised) on balance sheet.	1 January 2019	The assessment has indicated that as most operating leases will come on balance sheet, recognition of lease assets and lease liabilities will cause net debt to increase. Depreciation of lease assets and interest on lease liabilities will be recognised in the income statement with marginal impact on the operating surplus. The amounts of cash paid for the principal portion of the lease liability will be presented within financing activities and the amounts paid for the interest portion will be presented within operating activities in the cash flow statement. No change for lessors.
AASB 2014- 4 Amendments to Australian Accounting Standards – Clarification of Acceptable Methods of Depreciation and Amortisation [AASB 116 & AASB 138]	Amends AASB 116 Property, Plant and Equipment and AASB 138 Intangible Assets to: <ul style="list-style-type: none">· establish the principle for the basis of depreciation and amortisation as being the expected pattern of consumption of the future economic benefits of an asset;· prohibit the use of revenue-based methods to calculate the depreciation or amortisation of an asset, tangible or intangible, because revenue generally reflects the pattern of economic benefits that are generated from operating the business, rather than the consumption through the use of the asset.	1 January 2016	The assessment has indicated that there is no expected impact as the revenue-based method is not used for depreciation and amortisation.
AASB 2015-6 Amendments to Australian Accounting Standards – Extending Related Party Disclosures to Not-for-Profit Public Sector Entities [AASB 10, AASB 124 & AASB 1049]	The Amendments extend the scope of AASB 124 Related Party Disclosures to not-for-profit public sector entities. A guidance has been included to assist the application of the Standard by not-for-profit public sector entities.	1 January 2016	The amending standard will result in extended disclosures on the entity's key management personnel (KMP), and the related party transactions.

In addition to the new standards above, the AASB has issued a list of amending standards that are not effective for the 2015-16 reporting period. In general, these amending standards include editorial and reference changes that are expected to have insignificant impacts on public sector reporting. The AASB Interpretations are also not effective for the 2015-16 reporting period and considered to have insignificant impact on public sector reporting.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2016

	NOTE	2016 \$'000	2015 \$'000
NOTE 2: INCOME			
NOTE 2a: REVENUE			
Revenue from Operating Activities			
Government Grants	2b	482,872	418,497
Indirect Contributions from the DHHS ¹	2c	24,042	17,510
Transport Fees	2d	161,628	161,583
Membership Revenue	2e	73,416	67,279
Service Fees	2b	21,358	20,069
Total Revenue from Operating Activities		763,316	684,938
Revenue from Non-Operating Activities			
Interest		3,207	4,237
Property Rental		174	164
Total Revenue from Non-Operating Activities		3,381	4,400
Other Income	2f	5,483	5,791
Revenue from Capital Purpose Income			
Government Grants	2b	35,998	23,605
Indirect Contributions from the DHHS ²	2c	855	3,897
Total Revenue from Capital Purpose Income		36,853	27,502
Proceeds from Disposal of Non-Financial Assets	2g	2,040	3,526
Assets Received Free of Charge	2h	-	2,412
Revaluation of Financial Instruments at Fair Value		(173)	-
Available-for-Sale Revaluation Surplus Gain Realised	16b	-	91
TOTAL REVENUE³		810,900	728,661
¹ This amount includes one off LSL funding impact stemming from the finalisation of Ambulance Victoria Enterprise Agreement (AEA-V) and Ambulance Victoria (Management and Administrative Staff) Enterprise Agreement (AMPA) in 2014-15.			
² The DHHS makes certain payments on behalf of AV. These amounts have been brought to account in determining the comprehensive operating result for the year by recording them as revenues and expenses.			
³ This note relates to revenues above the net result line only, and does not reconcile to comprehensive income.			
NOTE 2b: GOVERNMENT GRANTS AND SERVICE FEES			
AV received grants from the DHHS as payment for costs including providing transport for Pensioners and Health Care Card Holders under the government's concessions program. AV also received grants from the Department of Justice and Regulation in respect of AV's participation in "whole of government" communications projects.			
AV also received a fixed availability charge for the air ambulance services from DHHS and the Transport Accident Commission (TAC).			
Operating Government Grants			
Operating Grants			
DHHS		471,998	407,060
Department of Justice and Regulation		10,712	11,421
Other		162	16
Total Operating Grants		482,872	418,497
Service Fees			
DHHS		13,001	12,390
TAC		8,357	7,679
Total Service Fees		21,358	20,069
Capital Grants			
DHHS - Recurrent Capital		23,510	22,743
DHHS - Other Capital ¹		12,488	862
Total Capital Grants		35,998	23,605
TOTAL GOVERNMENT GRANTS AND SERVICE FEES		540,228	462,171
¹ Capital grants under Other Capital for various State Government announced initiatives commencing 2015-16 covering medical equipment, vehicles and property.			

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

NOTE 2: INCOME (Continued)**NOTE 2c: INDIRECT CONTRIBUTIONS FROM THE DHHS**

The DHHS makes certain payments on behalf of AV. These amounts have been brought to account (at fair value of the transfer at the acquisition date) in determining the operating result for the year by recording them as non-cash revenue and as either expenses or capitalised costs.

	2016 \$'000	2015 \$'000
Operating Indirect Contributions by DHHS		
Long Service Leave	23,776	17,163
Insurance	266	347
Total Operating Indirect Contributions by DHHS	24,042	17,510
Capital Purpose Indirect Contributions by DHHS		
Pre-Construction Costs	855	3,897
Total Capital Purpose Indirect Contributions by DHHS	855	3,897
TOTAL INDIRECT CONTRIBUTIONS BY DHHS	24,897	21,407

NOTE 2d: TRANSPORT FEES

Patient Transport	72,665	72,578
Inter-Hospital and Outpatient Transfers	37,239	38,616
Transport Accident Commission	22,352	21,036
Department of Veteran Affairs	22,807	23,305
WorkCover	6,496	5,947
Public Duty	69	101
TOTAL TRANSPORT FEES	161,628	161,583

NOTE 2e: MEMBERSHIP REVENUE

Membership Revenue		
Family	51,721	42,104
Single	21,695	25,175
TOTAL MEMBERSHIP REVENUE	73,416	67,279

NOTE 2f: OTHER INCOME

Attendance Fees	1,769	1,502
Victorian Ambulance Clinical Information System (VACIS) Collaboration Recoveries	1,570	1,570
Donations and Bequests	1,161	1,137
Recoveries	704	922
Other	279	660
TOTAL OTHER INCOME	5,483	5,791

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

	2016 \$'000	2015 \$'000
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NOTE 2g: NET GAIN/(LOSS) ON DISPOSAL OF NON-FINANCIAL ASSETS

Proceeds from Disposal of Non-Current Assets		
Land	-	679
Buildings	-	137
Plant and Equipment	-	1
Motor Vehicles	2,040	2,709
Total Proceeds from Disposal of Non-Current Assets	2,040	3,526

Less: Written Down Value of Non-Current Assets Disposed ¹

Land	-	650
Buildings	94	637
Leasehold Improvements	91	24
Plant and Equipment	124	82
Office Furniture and Equipment	12	110
Motor Vehicles	3,100	3,774
Intangible Assets	1	1
Total Written Down Value of Non-Current Assets Disposed	3,420	5,277

Net Gain/(Loss) on Disposal of Non-Current Assets

Land	-	29
Buildings	(94)	(500)
Leasehold Improvements	(91)	(24)
Plant and Equipment	(124)	(81)
Office Furniture and Equipment	(12)	(110)
Motor Vehicles	(1,060)	(1,065)
Intangible Assets	(1)	(1)
TOTAL NET GAIN/(LOSS) ON DISPOSAL OF NON-CURRENT ASSETS	(1,379)	(1,751)

¹ Disposal includes items that have been written off by AV.

NOTE 2h: ASSETS RECEIVED FREE OF CHARGE

The Fair Value of Assets Received Free of Charge:		
Land	-	110
Buildings	-	2,302
TOTAL ASSETS RECEIVED FREE OF CHARGE	-	2,412

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2016

NOTE 3 : EXPENSES	Note	Operations		Administration		Vehicle & Property Maintenance		Other		Total	
		2016 \$'000	2015 \$'000	2016 \$'000	2015 \$'000	2016 \$'000	2015 \$'000	2016 \$'000	2015 \$'000	2016 \$'000	2015 \$'000
Employee Benefits											
Salaries and Wages ¹		395,396	338,859	42,723	39,483	5,834	5,741	3,270	3,506	447,222	387,589
Superannuation		38,385	32,259	3,436	3,344	573	545	170	213	42,564	36,360
WorkCover		17,580	14,267	1,899	1,732	259	238	145	103	19,884	16,340
Long Service Leave ¹		29,365	22,932	3,173	2,418	433	461	243	38	33,214	25,849
Fringe Benefits Tax		-	-	602	444	-	-	-	-	602	444
Total Employee Benefits		480,726	408,317	51,833	47,422	7,099	6,985	3,828	3,859	543,487	466,582
Contract Payments and Services											
Non Emergency Services		38,495	38,041	-	-	-	-	-	-	38,495	38,041
Air Ambulance Services		52,631	46,839	-	-	-	-	-	-	52,631	46,839
Computer Aided Dispatch Services		31,495	31,238	-	-	-	21	-	-	31,495	31,259
Membership Services		-	-	6,264	5,434	-	-	-	-	6,264	5,434
Total Contract Payments and Services		122,621	116,118	6,264	5,434	-	21	-	-	128,884	121,573
Supplies and Services											
Medical, Postage, Stationery, Computer Services, Telephone, Promotions		20,048	21,062	21,891	25,081	3,337	3,175	466	492	45,743	49,811
Total Supplies and Services		20,048	21,062	21,891	25,081	3,337	3,175	466	492	45,743	49,811
Maintenance											
Property and Other Maintenance		2,242	2,207	2	5	603	608	-	-	2,849	2,820
Vehicle and Equipment Maintenance		7,482	9,760	236	390	6,787	5,683	24	43	14,530	15,876
Total Maintenance		9,724	11,967	238	395	7,390	6,291	24	43	17,379	18,696
Bad and Doubtful Debts		-	-	15,514	17,989	-	-	-	-	15,514	17,989
Other Operating Expenses											
Fees											
- Auditor-General		-	-	186	171	-	-	-	-	186	171
- Consulting and Legal		19	-	1,792	1,181	31	-	138	214	1,979	1,396
- Internal Audit		-	-	398	404	-	-	-	-	398	404
- Other Audit		8	6	118	147	-	-	-	-	127	153
Occupancy		9,725	9,000	88	357	3,031	3,116	1	1	12,845	12,473
Total Other Operating Expenses		9,752	9,006	2,582	2,260	3,062	3,116	139	215	15,534	14,598
Depreciation and Amortisation	4	19,346	18,181	1,564	1,533	6,045	6,191	-	-	26,953	25,905
Specific Expenses											
Written Down Value of Non-Current Assets Disposed	2g	-	-	3,421	5,277	-	-	-	-	3,421	5,277
Total Specific Expenses		-	-	3,421	5,277	-	-	-	-	3,421	5,277
Loss on Disposal of Financial Assets ²		-	-	739	-	-	-	-	-	739	-
Assets Provided Free of Charge		-	-	-	269	-	-	-	-	-	269
TOTAL EXPENSES		662,217	584,651	104,046	105,660	26,933	25,779	4,457	4,609	797,655	720,700

¹ Includes the impact of the finalisation of Work Value case in 2015-16.

² Loss resulting from settlement of forward exchange contract.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2016

NOTE 4: DEPRECIATION AND AMORTISATION	2016 \$'000	2015 \$'000
Depreciation		
Buildings	4,699	4,325
Plant and Equipment	4,706	5,160
Office Furniture and Equipment	81	170
Motor Vehicles	14,647	13,857
Total Depreciation	24,133	23,512
Amortisation		
Leasehold Improvements	1,339	1,031
Intangible Assets	1,481	1,362
Total Amortisation	2,820	2,393
TOTAL DEPRECIATION AND AMORTISATION	26,953	25,905
NOTE 5: CASH AND CASH EQUIVALENTS		
For the purpose of the Cash Flow Statement, cash assets includes cash on hand and in banks, and short-term deposits which are readily convertible to cash on hand, and are subject to an insignificant risk of change in value.		
Cash on Hand	81	81
Cash at Bank	13,368	10,966
Term Deposits (<3 Months)	30,500	50,500
TOTAL CASH AND CASH EQUIVALENTS	43,949	61,547
NOTE 6: RECEIVABLES		
Current		
Contractual		
Accrued Revenue	7,651	4,963
Sundry Debtors	2,566	1,772
	10,217	6,735
Statutory		
DHHS - Grant ¹	46,640	-
GST Receivable	5,217	2,731
Total Current Receivables	62,074	9,466
Non-Current		
Statutory		
DHHS - Long Service Leave	72,550	48,774
Total Non Current Receivables	72,550	48,774
TOTAL RECEIVABLES	134,624	58,240

(a) Ageing Analysis of Receivables

Please refer to Note 18 for the ageing analysis of receivables.

(b) Nature and Extent of Risk Arising From Receivables

Please refer to Note 18 for the nature and extent of credit risk arising from receivables.

¹ DHHS funding for Work Value case finalised in 2015-16.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

	2016 \$'000	2015 \$'000
NOTE 7: FEES RECEIVABLE		
Current		
Patient Account*	28,904	30,707
Department of Veteran Affairs	3,191	13,951
Hospital Transfers	5,193	7,802
Transport Accident Commission	1,072	4,264
WorkCover	1,899	1,943
Public Duty	-	12
Total Current Fees Receivable	40,259	58,679
Less Provision for Doubtful Debts		
Patient Account*	12,507	15,216
Department of Veteran Affairs	330	251
Hospital Transfers	322	608
Transport Accident Commission	222	611
WorkCover	10	402
Public Duty	-	-
Total Provision for Doubtful Debts	13,391	17,088
TOTAL CURRENT NET FEES RECEIVABLE	26,867	41,591

*The 'Patient Account' category relates to fees receivable from patients who are not members of the Ambulance Victoria Membership Scheme and are not pensioners or health care card holders.

(a) Movement in the Provision for Doubtful Debts

Balance at Beginning of Year	17,088	13,021
Amounts written off during the year	(19,592)	(14,087)
Amounts recovered during the year	381	165
Increase in provision recognised in Net Result	15,514	17,989
Balance at End of Year	13,391	17,088

(b) Ageing Analysis of Fees Receivables

Please Refer to Note 18 for the ageing analysis of Fees Receivable.

(c) Nature and Extent of Risk Arising From Fees Receivables

Please Refer to Note 18 for the nature and extent of credit risk arising from Fees Receivable.

NOTE 8: FINANCIAL ASSETS & LIABILITIES

Financial assets		
Term Deposits (> 3 months)	25,000	25,000
Total Financial Assets	25,000	25,000
Financial Liabilities		
Derivative Liability - Forward Exchange Contract ¹	(173)	-
Total Financial Liabilities	(173)	-
TOTAL FINANCIAL ASSETS & LIABILITIES	24,827	25,000

(a) Ageing Analysis of Financial Assets and Liabilities

Please refer to Note 18 for the ageing analysis of other financial assets and liabilities.

(b) Nature and Extent of Risk Arising From Financial Assets and Liabilities

Please refer to Note 18 for the nature and extent of credit risk arising from other financial assets and liabilities.

¹ AV's Helicopter Emergency Medical Services (HEMS) contractual payments are influenced by movements in foreign currency and this exposure is managed by forward exchange contracts.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

	2016 \$'000	2015 \$'000
NOTE 9: INVENTORIES		
Medical Supplies Held for Distribution at Cost	703	684
Motor Vehicle Parts at Cost	236	210
Other - at cost	44	55
TOTAL INVENTORIES	983	949
NOTE 10: PROPERTY, PLANT AND EQUIPMENT		
Land		
Land at Fair Value	71,380	62,661
Crown Land at Fair Value	17,203	14,763
Total Land	88,583	77,424
Buildings		
Buildings under Construction at Cost	3,754	7,758
Buildings at Fair Value	156,384	143,115
Less Accumulated Depreciation	(9,002)	(4,303)
Total Buildings	151,136	146,570
Leasehold Improvements		
Leasehold Improvements under Construction at Cost	28	130
Leasehold Improvements at Fair Value	11,933	11,237
Less Accumulated Amortisation	(6,303)	(5,243)
Total Leasehold Improvements	5,658	6,124
Plant and Equipment		
Plant and Equipment under Construction at Cost	1,517	446
Plant and Equipment at Fair Value	89,548	69,460
Less Accumulated Depreciation	(47,837)	(52,656)
Total Plant and Equipment	43,228	17,250
Office Furniture and Equipment		
Office Furniture and Equipment at Fair Value	886	1,002
Less Accumulated Depreciation	(678)	(726)
Total Office Furniture and Equipment	208	276
Motor Vehicles		
Motor Vehicles under Construction at Cost	10,207	6,151
Motor Vehicles at Fair Value	111,456	107,884
Less Accumulated Depreciation	(50,232)	(44,673)
Total Motor Vehicles	71,431	69,362
TOTAL PROPERTY, PLANT AND EQUIPMENT	360,244	317,006

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2016

NOTE 10: PROPERTY, PLANT AND EQUIPMENT (Continued)

(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 Improvements	Plant and Equipment	Office Furniture and Equipment	Motor Vehicles	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2014	75,418	136,634	5,888	17,272	728	65,682	301,622
Additions	2,636	12,775	1,291	5,010	-	21,311	43,023
Disposals	(650)	(637)	(24)	(82)	(110)	(3,774)	(5,277)
Assets Transferred Free of Charge	20	2,123	-	-	-	-	2,143
Net transfers between classes	-	-	-	210	(172)	-	38
Depreciation and Amortisation (Note 4)	-	(4,325)	(1,031)	(5,160)	(170)	(13,857)	(24,543)
Balance at 1 July 2015	77,424	146,570	6,124	17,250	276	69,362	317,006
Additions	850	9,360	963	30,801	31	19,816	61,821
Disposals	-	(94)	(91)	(124)	(12)	(3,100)	(3,420)
Transferred as Contributed Capital Revaluation Increments/ (Decrements)	(326)	-	-	-	-	-	(326)
	10,635	-	-	-	-	-	10,635
Net transfers between classes	-	(1)	1	7	(7)	-	-
Depreciation and Amortisation (Note 4)	-	(4,699)	(1,339)	(4,706)	(81)	(14,647)	(25,472)
Balance at 30 June 2016	88,583	151,136	5,658	43,228	208	71,431	360,244

Land and buildings carried at valuation

An independent valuation of AV's land and buildings was performed by the Valuer-General Victoria to determine the fair value of land and buildings effective at 30 June 2014. The valuation conformed to Australian Valuation Standards and was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments.

An annual management assessment of AV's land and buildings was also undertaken in 2015-16, and no material movements in fair value was noted for buildings, however land was assessed to be have moved materially and a managerial valuation was undertaken.

The effective date of the managerial valuation of land is 30 June 2016.

Plant and Equipment, Office Furniture and Equipment and Motor Vehicles carried at fair value

In accordance with FRD 103F, AV's non-current physical assets (excluding land and buildings) were subjected to a detailed managerial valuation during the year ended 30 June 2014.

An annual assessment of AV's Plant and Equipment, Office Furniture and Equipment and Motor Vehicles was undertaken in 2015-16, and no material movements in fair value were noted.

(c) Fair value measurement hierarchy for assets as at 30 June

	Carrying Amount \$'000	Fair Value Measurement at end of Reporting Period Using:		
		Level 1	Level 2	Level 3
2016				
Land at Fair Value				
Non-Specialised Land	1,287	-	1,287	-
Specialised Land	87,296	-	-	87,296
Total Land at Fair Value	88,583	-	1,287	87,296
Buildings at Fair Value				
Non-Specialised Buildings	1,224	-	1,224	-
Specialised Buildings	149,912	-	-	149,912
Total Buildings at Fair Value	151,136	-	1,224	149,912
Leasehold Improvements at Fair Value				
Leasehold Improvements	5,658	-	-	5,658
Total Leasehold Improvements at Fair Value	5,658	-	-	5,658
Plant & Equipment at Fair Value				
Plant & Equipment	43,228	-	-	43,228
Total Plant & Equipment at Fair Value	43,228	-	-	43,228
Office Furniture & Equipment at Fair Value				
Office Furniture & Equipment	208	-	-	208
Total Office Furniture & Equipment at Fair Value	208	-	-	208
Motor Vehicles at Fair Value				
Motor Vehicles	71,431	-	-	71,431
Total Motor Vehicles at Fair Value	71,431	-	-	71,431
	360,244	-	2,511	357,733

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2016

NOTE 10: PROPERTY, PLANT AND EQUIPMENT (Continued)

(c) Fair value measurement hierarchy for assets as at 30 June (Continued)

	Carrying Amount \$'000	Fair Value Measurement at End of the Financial Year Using:		
		Level 1	Level 2	Level 3
2015				
Land at Fair Value				
Non-Specialised Land	624	-	624	-
Specialised Land	76,800	-	-	76,800
Total Land at Fair Value	77,424	-	624	76,800
Buildings at Fair Value				
Non-Specialised Buildings	662	-	662	-
Specialised Buildings	145,908	-	-	145,908
Total Buildings at Fair Value	146,570	-	662	145,908
Leasehold Improvements at Fair Value				
Leasehold Improvements	6,124	-	-	6,124
Total Leasehold Improvements at Fair Value	6,124	-	-	6,124
Plant and Equipment at Fair Value				
Plant and Equipment	17,250	-	-	17,250
Total Plant and Equipment at Fair Value	17,250	-	-	17,250
Office Furniture and Equipment at Fair Value				
Office Furniture and Equipment	276	-	-	276
Total Office Furniture and Equipment at Fair Value	276	-	-	276
Motor Vehicles at Fair Value				
Motor Vehicles	69,362	-	-	69,362
Total Motor Vehicles at Fair Value	69,362	-	-	69,362
	317,006	-	1,286	315,720

Non-Specialised Land and Non-Specialised Buildings

Non-specialised land and non-specialised buildings are valued using the market approach. Under this valuation method, the assets are compared to recent comparable sales or sales of comparable assets which are considered to have nominal or no added improvement value.

For non-specialised land and non-specialised buildings, an independent valuation was performed by independent valuers, Valuer-General Victoria, to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 2014. However a managerial valuation was undertaken in 2015-16 following a material movement in the fair value of land.

To the extent that non-specialised land and non-specialised buildings do not contain significant, unobservable adjustments, these assets are classified as Level 2 under the market approach.

Specialised Land and Specialised Buildings

The market approach is also used for specialised land although it is adjusted for the community service obligation (CSO) to reflect the specialised nature of the assets being valued where relevant. Specialised assets contain significant, unobservable adjustments, therefore these assets are classified as Level 3 under the market based direct comparison approach.

The CSO adjustment is a reflection of the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement, and takes into account the use of the asset that is physically possible, legally permissible and financially feasible. As adjustments of CSO are considered as significant unobservable inputs, specialised land is classified as Level 3 assets.

An independent valuation of AV's specialised land was performed by the Valuer-General Victoria. The valuation was performed using the market approach adjusted for CSO. The effective date of the independent valuation is 30 June 2014, however a managerial valuation was undertaken as at 30 June 2016, using Valuer-General Victoria land indices in 2015-16 following a material movement in the fair value of land.

For AV, the depreciated replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation. As depreciation adjustments are significant and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

NOTE 10: PROPERTY, PLANT AND EQUIPMENT (Continued)

(c) Fair value measurement hierarchy for assets as at 30 June (Continued)

Motor Vehicles

AV acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by AV who set relevant depreciation rates during use to reflect the consumption of the vehicles. As a result, the fair value of vehicles does not differ materially from the carrying value (depreciated cost).

Plant and Equipment and Office Furniture and Equipment

Plant and equipment and Office Furniture and Equipment is held at carrying value (depreciated cost). When these assets are specialised in use, such that it is rarely sold other than as part of a going concern, the depreciated replacement cost is used to estimate the fair value. Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that depreciated replacement cost will be materially different from the existing carrying value.

There were no changes in valuation techniques throughout the year to 30 June 2016.
For all assets measured at fair value, the current use is considered the highest and best use.

(d) Reconciliation of Level 3 Fair Value

	Land	Buildings	Leasehold	Plant and	Office Furniture	Motor
	\$'000	\$'000	Improvements	Equipment	and Equipment	Vehicles
			\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2014	74,588	135,819	5,888	17,272	728	65,682
Purchases/(Sales)	2,212	14,412	1,267	4,928	(110)	17,537
Reclassification	-	-	-	210	(172)	-
Gains or Losses Recognised in Net Result						
- Depreciation	-	(4,325)	(1,031)	(5,160)	(170)	(13,857)
Subtotal	-	(4,325)	(1,031)	(5,160)	(170)	(13,857)
Balance at 30 June 2015	76,800	145,908	6,124	17,250	276	69,362
Balance at 1 July 2015	76,800	145,908	6,124	17,250	276	69,362
Purchases/(Sales)	(82)	8,704	872	30,677	19	16,716
Reclassification	-	(1)	1	7	(7)	-
Gains or Losses Recognised in Net Result						
- Depreciation	-	(4,699)	(1,339)	(4,706)	(81)	(14,647)
Subtotal	-	(4,699)	(1,339)	(4,706)	(81)	(14,647)
Items recognised in Other Comprehensive Income						
- Revaluation	10,578	-	-	-	-	-
Subtotal	10,578	-	-	-	-	-
Balance at 30 June 2016	87,296	149,912	5,658	43,228	208	71,431

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

NOTE 10: PROPERTY, PLANT AND EQUIPMENT (Continued)

Description of Significant Unobservable Inputs to Level 3 Valuations		
	Valuation Technique	Significant Unobservable Inputs
Specialised Land at Fair Value	Market approach	Community Service Obligation (CSO) adjustment
Specialised Buildings at Fair Value	Depreciated replacement cost	Direct cost per square metre Useful life of specialised buildings
Leasehold Improvement at Fair Value	Depreciated replacement cost	Direct cost per square metre Useful life of leasehold improvements
Plant and Equipment (P&E) at Fair Value	Depreciated replacement cost	Cost per unit Useful life of P&E
Office Furniture and Equipment (OF&F) at Fair Value	Depreciated replacement cost	Cost per unit Useful life of OF&F
Motor Vehicles at Fair Value	Depreciated replacement cost	Cost per unit Useful life of vehicles
Assets under construction at Fair Value	Depreciated replacement cost	Cost per unit

		NOTE	2016	2015
			\$'000	\$'000
NOTE 11: INTANGIBLE ASSETS				
Software and Development Costs Capitalised			24,158	22,650
Less Accumulated Amortisation			(19,730)	(18,554)
TOTAL INTANGIBLE ASSETS			4,428	4,096
Reconciliation of the carrying amounts of intangible assets at the beginning and end of the previous and current financial year:				Total
				\$'000
Balance at 1 July 2014				4,073
Additions				1,424
Disposals		2g		(1)
Net Transfers between classes				(38)
Amortisation		4		(1,362)
Balance at 1 July 2015				4,096
Additions				1,813
Amortisation		4		(1,481)
Balance at 30 June 2016				4,428
			2016	2015
			\$'000	\$'000
NOTE 12: PAYABLES				
Current				
Contractual				
Trade Creditors			18,982	11,679
Accrued Expenses			24,364	18,468
Other Creditors			612	893
Total Current Payables			43,958	31,040
Non Current				
Contractual				
Other Creditors ¹			16,156	-
Total Non Current Payables			16,156	-
TOTAL PAYABLES			60,114	31,040

(a) Maturity Analysis of Payables

Please refer to Note 18 for the maturity analysis of Payables.

(b) Nature and Extent of Risk Arising From Payables

Please refer to Note 18 for the nature and extent of risks arising from Payables.

¹ Purchase of defibrillators with a future payment plan commencing in 2017-18.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

	2016 \$'000	2015 \$'000
NOTE 13: PROVISIONS		
Current Provisions		
<i>Employee Benefits</i>		
Long Service Leave		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	6,268	5,639
Unconditional and expected to be wholly settled after 12 months (Discounted)	86,303	71,586
Annual Leave		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	29,671	25,662
Unconditional and expected to be wholly settled after 12 months (Discounted)	502	-
Accrued Days Off		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	11,442	9,947
Others		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	8,463	7,954
	<u>142,648</u>	<u>120,788</u>
<i>Provisions Related to Employee Benefit On-Costs</i>		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	7,778	6,686
Unconditional and expected to be wholly settled after 12 months (Discounted)	13,938	11,563
	<u>21,715</u>	<u>18,249</u>
Total Current Provisions	<u>164,364</u>	<u>139,038</u>
Non-Current Provisions		
Employee benefits - Long Service Leave (Present value)	27,667	20,429
Provisions related to employee benefit on-costs (Present value)	4,469	3,299
Make Good Provision	3,179	3,072
Total Non-Current Provisions	<u>35,315</u>	<u>26,800</u>
TOTAL PROVISIONS	<u>199,679</u>	<u>165,838</u>
 (a) Employee Benefits and Related On-costs		
Current Employee Benefits		
Unconditional LSL entitlements ¹	92,571	77,226
Annual leave entitlements	30,173	25,662
Accrued days off	11,442	9,947
Others		
Accrued salaries and wages	7,390	7,361
Accrued time-bank	1,073	594
Non-Current Employee Benefits		
Conditional LSL entitlements (Discounted) ¹	27,667	20,429
Total Employee Benefits	<u>170,316</u>	<u>141,218</u>
 On-Costs		
Current On-Costs	21,715	18,249
Non-Current On-Costs	4,469	3,299
Total On-Costs	<u>26,184</u>	<u>21,548</u>
Total Employee Benefits and Related On-Costs	<u>196,500</u>	<u>162,766</u>
 (b) Movements in Provisions:		
Movements in Long Service Leave (including On-Costs):		
Balance at Beginning of Year	113,430	93,705
Provision made during the year	22,356	19,631
Revaluations	10,858	6,218
Settlement made during the year	(6,984)	(6,125)
Balance at End of Year	<u>139,659</u>	<u>113,430</u>
 Movements in Make Good Provision:		
Balance at Beginning of Year	3,072	2,400
Additional provisions recognised	117	798
Reductions arising from payments/other sacrifices of future economic benefits	(10)	(125)
Balance at End of Year	<u>3,179</u>	<u>3,072</u>

¹ Includes a one off impact of the finalisation of the Work Value case in 2015-16.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

NOTE 14: SUPERANNUATION

Employees of AV are entitled to receive superannuation benefits and AV contributes to both defined benefit and defined contribution superannuation plans. The defined benefit plans provide benefits based on years of service and final average salary.

AV does not recognise any liability in respect of the defined benefit plans because AV has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due. The Department of Treasury and Finance discloses the State's defined benefits liabilities in its disclosure for administered items.

However superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Comprehensive Operating Statement of AV. The name and details of the major employee superannuation funds and contributions made by AV are as follows:

Fund	Contributions Paid for the Year		Contributions Outstanding at Year End	
	2016 \$'000	2015 \$'000	2016 \$'000	2015 \$'000
Defined Benefit Plans:				
Emergency Services Superannuation Fund	36,664	30,864	423	294
Defined Contribution Plans:				
Emergency Services Superannuation Fund	4,076	3,866	44	41
Other	1,345	1,288	12	7
Total	<u>42,085</u>	<u>36,018</u>	<u>480</u>	<u>342</u>

NOTE 15: PREPAID INCOME

Current		
Prepaid Membership Income	42,327	38,670
Total Current Prepaid Income	<u>42,327</u>	<u>38,670</u>
Non-Current		
Prepaid Membership Income	13,707	14,123
Total Non-Current Prepaid Income	<u>13,707</u>	<u>14,123</u>
TOTAL PREPAID INCOME	<u>56,034</u>	<u>52,793</u>

NOTE 16: EQUITY

(a) Property, Plant and Equipment Revaluation Reserve [*]		
Balance at Beginning of Reporting Year	27,943	27,943
Revaluation Increments		
- Land	10,635	-
Balance at the End of Reporting Year	<u>38,578</u>	<u>27,943</u>
(b) Financial Assets Available-for-Sale Revaluation Reserve ^{**}		
Balance at Beginning of Reporting Year	-	14
Valuation Gain/(Loss) Recognised in Equity	-	77
Transferred to Operating Statement on:		
- Maturity of Financial Assets	-	(91)
Balance at the End of Reporting Year	<u>-</u>	<u>-</u>

^{*} The Property, Plant and Equipment Revaluation Reserve arises on the revaluation of property, plant and equipment.

^{**} The Financial Assets Available-for-Sale Revaluation Reserve arises on the revaluation of available-for-sale financial assets. Where a revalued financial asset is sold, that portion of the reserve which relates to the financial asset, and is effectively realised, and is recognised in the comprehensive operating statement. Where a revalued financial asset is impaired, that portion of the reserve which relates to the financial asset is recognised in the comprehensive operating statement.

(c) Contributed Capital		
Balance at Beginning of Reporting Year	188,445	188,445
Capital Contributions Returned to Victorian Government	(326)	-
Balance at the End of Reporting Year	<u>188,119</u>	<u>188,445</u>

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

	2016	2015
NOTE 16: EQUITY (Continued)	\$'000	\$'000
(d) Accumulated Surpluses		
Balance at Beginning of Reporting Year	45,812	37,852
Net Result for the Year	13,248	7,960
Balance at the End of Reporting Year	59,060	45,812

NOTE 17: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES

Net Result For The Year	13,248	7,960
Non Cash Movements		
Depreciation and Amortisation	26,953	25,905
Indirect Capital Contributions	(855)	(3,897)
Revaluation Decrement on Financial Assets	173	-
Assets Received Free of Charge	-	(2,412)
Assets Provided Free of Charge	-	269
Movements Included in Investing and Financing Activities		
Net Loss from Sale of Property, Plant and Equipment	1,379	1,751
Net Loss on Settlement of Financial Instrument	739	-
Movements in Assets and Liabilities		
Change in Operating Assets and Liabilities		
(Decrease)/Increase in Provision for Make Good	107	673
(Decrease)/Increase in Provision for Doubtful Debts	(3,697)	4,067
(Increase)/Decrease in Receivables	(76,384)	(16,177)
(Increase)/Decrease in Fees Receivable	18,421	(24,436)
(Increase)/Decrease in Inventories	(34)	56
(Increase)/Decrease in Prepayments	(2,220)	(1,330)
(Decrease)/Increase in Payables	12,918	(909)
(Decrease)/Increase in Employee Benefits	33,708	17,370
(Decrease)/Increase in Prepaid Income	3,241	4,313
NET CASH FLOW FROM/(USED IN) OPERATING ACTIVITIES	27,697	13,203

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

NOTE 18: FINANCIAL INSTRUMENTS

(a) Financial Risk Management Objectives and Policies

AV's principal financial instruments comprise:

- . cash assets
- . term deposits
- . receivables (excluding statutory receivables)
- . payables (excluding statutory payables), and
- . derivative liabilities (forward foreign exchange contracts).

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised, with respect to each class of financial asset and financial liability are disclosed in Note 1(h) to the financial statements.

AV's main financial risks include credit risk, liquidity risk and interest rate risk. AV manages these financial risks in accordance with its financial risk management policy.

AV uses different methods to measure and manage the different risks to which it is exposed. Primary responsibility for the identification and management of financial risks rests with the Finance Committee of AV.

The main purpose in holding financial instruments is to prudently manage AV's financial risks within government policy parameters.

Categorisation of Financial Instruments

	Contractual Financial Assets - Receivables	Contractual Financial Liabilities Designated at Fair Value through Profit/Loss \$'000	Contractual Financial Liabilities at Amortised Cost \$'000	Total \$'000
2016				
Contractual Financial Assets				
Cash and Cash Equivalents	43,949	-	-	43,949
Receivables				
Fees Receivable	26,867	-	-	26,867
Other Receivables	10,217	-	-	10,217
Term Deposits (>3 months)	25,000	-	-	25,000
Total Financial Assets ⁽ⁱ⁾	106,034	-	-	106,034
Financial Liabilities				
Payables	-	-	60,114	60,114
Derivative Liability				
Forward Exchange Contract	-	173	-	173
Total Financial Liabilities ⁽ⁱⁱ⁾	-	173	60,114	60,287
2015				
Contractual Financial Assets				
Cash and Cash Equivalents	61,547	-	-	61,547
Receivables				
Fees Receivable	41,591	-	-	41,591
Other Receivables	6,735	-	-	6,735
Term Deposits (>3 months)	25,000	-	-	25,000
Total Financial Assets ⁽ⁱ⁾	134,873	-	-	134,873
Financial Liabilities				
Payables	-	-	31,040	31,040
Total Financial Liabilities ⁽ⁱⁱ⁾	-	-	31,040	31,040

(i) The total amount of financial assets disclosed excludes statutory receivables.

(ii) The total amount of financial liabilities disclosed excludes statutory payables (i.e. Taxes payable).

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

NOTE 18: FINANCIAL INSTRUMENTS (Continued)**(a) Financial Risk Management Objectives and Policies (continued)****Net Holding Gain/(Loss) on Financial Instruments by Category**

	Net holding gain/(loss)	Total interest income / (expense)	Total
	\$'000	\$'000	\$'000
2016			
Financial Assets			
Cash and Cash Equivalents	-	3,207	3,207
Receivables	-	(15,514)	(15,514)
Total Financial Assets ⁽ⁱⁱⁱ⁾	-	(12,307)	(12,307)
Financial Liabilities			
Payables	-	-	-
Derivative Liability	(173)	-	(173)
Total Financial Liabilities	(173)	-	(173)
2015			
Financial Assets			
Cash and Cash Equivalents	-	4,237	4,237
Receivables	-	(17,989)	(17,989)
Available-for-Sale	(14)	-	(14)
Total Financial Assets ⁽ⁱⁱⁱ⁾	(14)	(13,752)	(13,766)
Financial Liabilities			
Payables	-	-	-
Total Financial Liabilities	-	-	-

(iii) For cash and cash equivalents, loans and receivables and available-for-sale financial assets, the net gain or loss is calculated by taking the interest revenue, the movement in the fair value of the asset and minus any impairment recognised in the net result.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

NOTE 18: FINANCIAL INSTRUMENTS (Continued)**(b) Credit Risk**

Credit risk arises from the contractual financial assets of AV, which comprise cash and deposits, non-statutory receivables and available-for-sale contractual financial assets. AV's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to AV. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with AV's contractual financial assets largely relates to individuals who have received ambulance transport, which is dispersed across a large number of individual debtors. AV manages the credit risk through ongoing debt recovery action and the review of the collectability of receivables by debtor recovery measures and/or payment by instalments.

AV does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash assets, which are mainly cash at bank. AV's policy is to only deal with banks with high credit ratings of a minimum A- rating.

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.

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.

Credit Quality of Contractual Financial Assets that are Neither Past Due Nor Impaired

	Financial institutions (AA- to A- credit rating)	Government agencies (AAA credit rating)	Other	Total
	\$'000	\$'000	\$'000	\$'000
2016				
Financial Assets				
Cash and Cash Equivalents	43,949	-	-	43,949
Receivables				
Fees Receivable	-	-	-	-
Other Receivables ⁽ⁱ⁾	-	-	1,775	1,775
Term Deposits (>3 months)	25,000	-	-	25,000
Total Financial Assets	68,949	-	1,774	70,724
2015				
Financial Assets				
Cash and Cash Equivalents	61,547	-	-	61,547
Receivables				
Fees Receivable	-	-	-	-
Other Receivables	-	-	1,088	1,088
Term Deposits (>3 months)	25,000	-	-	25,000
Total Financial Assets	86,547	-	1,088	87,635

(i) The total amounts disclosed here exclude statutory amounts (e.g. amounts owing from Victorian Government and GST input tax credit recoverable).

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

NOTE 18: FINANCIAL INSTRUMENTS (Continued)**(b) Credit Risk (continued)****Ageing Analysis of Financial Assets as at 30 June**

	Carrying Amount	Not Past Due and Not Impaired	Past Due But Not Impaired			Impaired Financial Assets
	\$'000	\$'000	Less than 1 month	1 to 3 months	3 months to 1 year	\$'000
2016						
Financial Assets						
Cash and Cash Equivalents	43,949	43,949	-	-	-	-
Receivables						
Fees Receivable	26,867	-	-	-	-	26,867
Other Receivables	10,217	1,775	-	-	-	8,443
Term Deposits (>3 months)	25,000	25,000	-	-	-	-
Total Financial Assets	105,860	70,724	-	-	-	35,137
2015						
Financial Assets						
Cash and Cash Equivalents	61,547	61,547	-	-	-	-
Receivables						
Fees Receivable	41,591	-	-	-	-	41,591
Other Receivables	6,735	1,088	-	-	-	5,647
Term Deposits (>3 months)	25,000	25,000	-	-	-	-
Total Financial Assets	134,873	87,635	-	-	-	47,238

Ageing analysis of financial assets excludes all statutory financial assets (i.e. GST input tax credit).

Contractual Financial Assets that are Either Past Due or Impaired

There are no material financial assets which are individually determined to be impaired. Currently AV does not hold any collateral as security nor credit enhancements relating to any of its financial assets.

There are no financial assets that have had their terms renegotiated so as to prevent them from being past due or impaired, and they are stated at the carrying amounts as indicated. The ageing analysis table above discloses the ageing only of contractual financial assets that are past due but not impaired.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

NOTE 18: FINANCIAL INSTRUMENTS (Continued)**(c) Liquidity Risk**

Liquidity risk is the risk that AV would be unable to meet its financial obligations as and when they fall due. AV operates under the Government's fair payments policy of settling financial obligations within 30 days and in the event of a dispute, making payments within 30 days from the date of resolution.

AV's maximum exposure to liquidity risk is the carrying amounts of financial liabilities as disclosed on the face of the balance sheet. AV manages its liquidity risk by limiting short term investments to low risk, highly liquid investments such as cash and term deposits.

The following table discloses the contractual maturity analysis for AV's financial liabilities. For interest rates applicable to each class of liability, refer to individual notes to the financial statements.

Maturity Analysis of Financial Liabilities as at 30 June

	Carrying Amount	Nominal Amount	Less than 1 month	Maturity Dates		
	\$'000	\$'000	\$'000	1 to 3 months	3 months to 1 year	1 to 5 Years
2016						
Financial Liabilities						
Payables						
Trade Creditors	18,982	18,982	18,982	-	-	-
Accrued Expenses	24,364	24,364	24,364	-	-	-
Other Creditors ¹	16,768	16,768	612	-	-	16,156
Derivative Liability						
Forward Exchange Contract	173	173	24	-	113	37
Total Financial Liabilities	60,287	60,287	43,982	-	113	16,193
2015						
Financial Liabilities						
Payables						
Trade Creditors	11,679	11,679	11,679	-	-	-
Accrued Expenses	18,468	18,468	18,468	-	-	-
Other Creditors	893	893	893	-	-	-
Total Financial Liabilities	31,041	31,041	31,041	-	-	-

Ageing analysis of financial liabilities excludes all statutory financial liabilities (i.e. GST input tax payable).

¹ Purchase of defibrillators with a future payment plan commencing in 2017-18.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2016

NOTE 18: FINANCIAL INSTRUMENTS (Continued)

(d) Market Risk

AV's exposures to market risk are primarily through interest rate risk with only insignificant exposure to foreign currency and other price risks. Objectives, policies and processes used to manage each of these risks are disclosed below.

Currency Risk

AV is exposed to insignificant foreign currency risk through its payables relating to contractual services influenced by movements in foreign currency. AV manages its exposure to foreign exchange risk by negotiating a fixed exchange rate with suppliers on a quarterly basis and matching these with rolling forward exchange contracts with even maturity profiles.

Interest Rate Risk

Exposure to interest rate risk might arise primarily through AV's cash and term deposits. For financial liabilities, AV mainly undertakes financial liabilities with relatively even maturity profiles.

Cash flow interest 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 exposure to cash flow interest rate risks through its cash holdings that are at floating rates.

AV manages its cash flow risk by mainly undertaking fixed rate financial instruments with relatively even maturity profiles, with only insignificant amounts of financial instruments at floating rate. Management has concluded for cash at bank, can be left at floating rate without necessarily exposing AV to significant risk. Management monitors interest rates on a monthly basis.

Interest Rate Exposure of Financial Assets and Liabilities as at 30 June

	Weighted Average Effective Interest Rates (%)	Carrying Amount \$'000	Interest Rate Exposure		
			Fixed Interest Rate	Variable Interest Rate	Non Interest Bearing
2016					
Financial Assets					
Cash and Cash Equivalents					
Cash on Hand		81	-	-	81
Cash at Bank	1.80	13,368	-	13,368	-
Term Deposits (<3 Months)	2.47	30,500	30,500	-	-
Receivables					
Receivables		37,085	-	-	37,085
Term Deposits (>3 Months)	3.00	25,000	-	25,000	-
		<u>106,034</u>	<u>30,500</u>	<u>38,368</u>	<u>37,166</u>
Financial Liabilities					
Payables		60,114	-	-	60,114
Derivative Liability		173	-	-	173
		<u>60,287</u>	<u>-</u>	<u>-</u>	<u>60,287</u>
2015					
Financial Assets					
Cash and Cash Equivalents					
Cash on Hand		81	-	-	81
Cash at Bank	2.00	10,966	-	10,966	-
Term Deposits (<3 Months)	3.87	50,500	50,500	-	-
Receivables					
Receivables		48,326	-	-	48,326
Term Deposits (>3 Months)	2.97	25,000	-	25,000	-
		<u>134,872</u>	<u>50,500</u>	<u>35,966</u>	<u>48,406</u>
Financial Liabilities					
Payables		31,040	-	-	31,040
		<u>31,040</u>	<u>-</u>	<u>-</u>	<u>31,040</u>

The carrying amount excludes all statutory financial assets and liabilities (i.e. GST input tax credit and GST payable).

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2016

NOTE 18: FINANCIAL INSTRUMENTS (Continued)

(d) Market Risk (Continued)

Sensitivity Disclosure Analysis

Taking into account past performance, future expectations, economic forecasts and management's knowledge and experience of the financial markets, AV believes the following movements are 'reasonably possible' over the next 12 months (base rates are sourced from Westpac and the ANZ).

- A parallel shift of +1% and -1% in market interest rates (AUD) from year end rates of 1.75% (2014-15: 2.00%).

The following table discloses the impact on net operating result and equity for each category of financial instrument held by AV at year end as presented to key management personnel, if changes in the relevant risk occur.

	Carrying Amount \$'000	Interest Rate Risk			
		-1% Net Result \$'000	Equity \$'000	+1% Net Result \$'000	Equity \$'000
2016					
Financial Assets					
Cash and Cash Equivalents					
Cash on Hand	81	-	-	-	-
Cash at Bank	13,368	(134)	(134)	134	134
Term Deposits (<3 Months)	30,500	(414)	(414)	414	414
Receivables					
Receivables	37,085	-	-	-	-
Term Deposits (>3 Months)	25,000	(50)	(50)	50	50
Financial Liabilities					
Payables	60,114	-	-	-	-
Derivative Liability	173	-	-	-	-
		<u>(598)</u>	<u>(598)</u>	<u>598</u>	<u>598</u>
2015					
Financial Assets					
Cash and Cash Equivalents					
Cash on Hand	81	-	-	-	-
Cash at Bank	10,966	(110)	(110)	110	110
Term Deposits (<3 Months)	50,500	(328)	(328)	328	328
Receivables					
Receivables	48,326	-	-	-	-
Term Deposits (>3 Months)	25,000	(167)	(167)	167	167
Financial Liabilities					
Payables	31,040	-	-	-	-
		<u>(604)</u>	<u>(604)</u>	<u>604</u>	<u>604</u>

The carrying amount excludes all statutory financial assets and liabilities (i.e. GST input tax credit, GST payable and DHHS receivable).

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

NOTE 18: FINANCIAL INSTRUMENTS (Continued)

(e) Fair Value

The fair values and net fair values of financial instrument assets and liabilities are determined as follows:

- Level 1 - the fair value of financial instrument with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices;
- Level 2 - the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly or indirectly; and
- Level 3 - the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

AV considers that the carrying amount of financial instrument assets and liabilities recorded in the financial statements to be a fair approximation of their fair values, because of the short-term nature of the financial instruments and the expectation that they will be paid in full.

The following table shows that the fair values of the contractual financial assets and liabilities are the same as the carrying amounts.

Comparison Between Carrying Amount and Fair Value

	Carrying Amount 2016 \$'000	Fair Value 2016 \$'000	Carrying Amount 2015 \$'000	Fair Value 2015 \$'000
Financial Assets				
Cash and Cash Equivalents	43,949	43,949	61,547	61,547
Receivables	62,084	62,084	73,326	73,326
Total Financial Assets	106,033	106,033	134,872	134,872
Financial Liabilities				
Payables	60,114	60,114	31,040	31,040
Derivative Liability	173	173	-	-
Total Financial Liabilities	60,287	60,287	31,040	31,040

The carrying amount excludes all statutory financial assets and liabilities (i.e. GST input tax credit, GST payable and DHHS receivable).

Financial Assets Measured at Fair Value as at 30 June:

	Carrying Amount \$'000	Fair Value Measurement at End of the Financial Year Using:		
		Level 1 \$'000	Level 2 \$'000	Level 3 \$'000
2016				
Financial Assets				
Receivables				
Term Deposits (>3 Months)	25,000	25,000	-	-
Total Financial Assets	25,000	25,000	-	-
2015				
Financial Assets				
Receivables				
Term Deposits (>3 Months)	25,000	25,000	-	-
Total Financial Assets	25,000	25,000	-	-

There have been no transfers between levels during the period.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2016

NOTE 19: COMMITMENTS FOR EXPENDITURE

(a) Commitments

Capital Expenditure Commitments

Payable:

Land and Buildings ¹	2,033	452
Motor Vehicle & Fit Outs ²	6,355	448
Equipment and Technology Purchases	908	303
Total Capital Expenditure Commitments	9,296	1,203

Other Expenditure Commitments

Payable:

Transport Services ³	269,396	301,799
Membership Services	48,671	54,777
Metro Mobile Radio/Mobile Data Network	3,320	13,051
RAVNet Services	4,724	2,362
Biomedical Services	349	1,744
Other Services	482	336
Total Other Expenditure Commitments	326,941	374,069

Operating Lease Commitments

Commitments in relation to leases contracted for at the reporting date:

Operating Leases	63,069	59,897
Total Operating Lease Commitments	63,069	59,897

Total Commitments for Expenditure (inclusive of GST)

	399,306	435,168
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All amounts shown in the commitments note are nominal amounts inclusive of GST.

(b) Commitments Payable

Capital Expenditure Commitments

Not Later than One Year	9,296	1,203
Total	9,296	1,203

Other Expenditure Commitments

Not Later than One Year	46,888	63,461
Later than One Year and Not Later than 5 Years	175,106	176,418
Later than 5 Years	104,947	134,189
Total	326,941	374,068

Operating Leases Commitments

Non-Cancellable

Not Later than One Year	9,195	8,785
Later than One Year and Not Later than 5 Years	27,854	23,384
Later than 5 Years	26,020	27,728
Total	63,069	59,897

Total Commitments for Expenditure (inclusive of GST)

Less GST Recoverable from the Australian Taxation Office	399,305	435,168
Total Commitments for Expenditure (exclusive of GST)	(36,300)	(39,561)
	363,005	395,607

During the 2015-16 financial year, the total paid and/or payable on rental expense relating to operating leases was \$8.020m (2014-15: \$7.282m).

AV is not party to any finance lease arrangements.

¹ New contracts entered into in 2015-16 for the construction and refurbishment of branches.

² Increase in AV fleet.

³ Air ambulance rotary and fixed wing service contracts.

NOTE 20: CONTINGENT LIABILITIES

There were no contingent liabilities as at 30 June 2016 (30 June 2015: Nil).

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2016

NOTE 21a: RESPONSIBLE PERSONS DISCLOSURES

In accordance with the Ministerial Directions issued by the Minister for Finance under the *Financial Management Act 1994*, the following disclosures are made regarding responsible persons for the reporting period.

	Period	
Responsible Minister The Hon Jill Hennessy MLA, Minister for Ambulance Services	1 July 2015 to 30 June 2016	
Administrator Mr Howard Ronaldson	1 July 2015 to 30 November 2015	
Governing Board Mr Ken Lay APM (Chair) Ms Tasneem Chopra Ms Susanne Clarke Ms Suzanne Evans Dr Joanna Flynn AM Mr Ian Forsyth Mr Michael Gorton AM Mr Peter Lewinsky Mr Greg Smith AM	1 December 2015 to 30 June 2016 1 December 2015 to 30 June 2016 1 December 2015 to 30 June 2016 1 December 2015 to 30 June 2016 1 December 2015 to 30 June 2016 1 December 2015 to 30 June 2016 1 December 2015 to 30 June 2016 1 December 2015 to 30 June 2016 1 December 2015 to 30 June 2016	
Accountable Officer Assoc Prof Tony Walker ASM	1 July 2015 to 30 June 2016	
Remuneration of Responsible Persons The number of Responsible Persons are shown below in their relevant income bands:		
	2016	2015
	No.	No.
Income Band		
\$0-\$9,999	1	3
\$10,000-\$19,999	-	7
\$20,000-\$29,999	8	2
\$60,000-\$69,999	1	-
\$180,000-\$189,999	-	1
\$380,000-\$389,999	1	-
\$730,000-\$739,999	-	1
Total Numbers	11	14
	2016	2015
	\$'000	\$'000
Total remuneration received or due and receivable by Responsible Persons from Ambulance Victoria amounted to:	630	1,086

Total remuneration includes bonus payments, long service leave payments, separation payments and retirement benefits. Total remuneration in 2014-15 was impacted by the inclusion of residual leave entitlements following the departure of a responsible person.

Amounts relating to Responsible Ministers are reported in the financial statements of the Department of Premier and Cabinet.

Other Transactions of Responsible Persons and their Related Parties

Bendigo Health Care Group

Ms Sue Clarke, Director, is also a Non-executive Director of Bendigo Health Care Group which provides medical services to AV on normal terms and conditions.

Total Payable and Payments to Bendigo Health Care Group for the financial year were:	92
Total Receivable and Receipts from Bendigo Health Care Group for ambulance services for the financial year were:	1,302

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2016

	2016
NOTE 21a: RESPONSIBLE PERSONS DISCLOSURES (Continued)	\$'000

Austin Health

Ms Suzanne Evans, Director, was also a Director at Austin Health which provides medical services to AV on normal terms and conditions.

Total Payable and Payments to the Austin Health for the financial year were:	1
Total Receivable and Receipts from Austin Health for ambulance services for the financial year were:	542

Eastern Health

Dr Joanna Flynn AM, Director, is the Chair of Eastern Health, which provides medical services to AV on normal terms and conditions.

Total Payable and Payments to Eastern Health for the financial year were:	37
Total Receivable and Receipts from Eastern Health for ambulance services for the financial year were:	1,538

Melbourne Health, Australasian College for Emergency Medicine (ACME) and Russell Kennedy Solicitors

Mr Michael Gorton AM, Director, is also a Director of Melbourne Health, a Director of ACME and Partner of Russell Kennedy Lawyers, of which provide services to AV on normal terms and conditions.

Melbourne Health provide medical services to AV on normal terms and conditions.	
Total Payable and Payments to Melbourne Health for the financial year were:	55
Total Receivable and Receipts from Melbourne Health for ambulance services for the financial year were:	149

ACME provide recruitment services to AV on normal terms and conditions.	
Total Payable and Payments to ACME for the financial year were:	9

Russell Kennedy Lawyers provide legal services to AV on normal terms and conditions.	
Total Payable and Payments to Russell Kennedy Lawyers for the financial year were:	23

Holmesglen Institute

Mr Peter Lewinsky, Director, is also the Chair of Holmesglen Institute, which purchases services from AV on normal terms and conditions.

Total Receivable and Receipts from Holmesglen Institute for ambulance services for the financial year were:	1
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Life Education Victoria

Mr Gregory Smith AM, Director, is also a Director of Life Education Victoria.

AV partook in a charity event held by Life Education Victoria which was provided on normal terms and conditions.	
Total Payable and Payments to Life Education Victoria for the financial year were:	3

NOTE 21b: EXECUTIVE OFFICER DISCLOSURES

Executive Officers' Remuneration

The number of Executive Officers, other than Ministers and Accountable Officers, and their total remuneration during the reporting period is shown in the first column in the table below in their relevant income bands. The base remuneration of Executive Officers is shown in the second column. Base remuneration is exclusive of bonus payments, long service leave payments, separation payments and retirement benefits.

Several factors affected total remuneration payable to executives over the year. A number of new executive appointments were made following a structural reform at Ambulance Victoria. A number of executives also received bonus payments relating to the their performance in 2014-15 financial year which were paid during the current year and these payments are in accordance with the terms and conditions of individual employment contracts and both GSERP and DHHS policy and guidelines, and are linked to the Executives' performance as assessed in their Performance and Development Plan.

NOTE 21b: EXECUTIVE OFFICER DISCLOSURES (Continued)

	Total Remuneration		Base Remuneration	
	2016 No.	2015 No.	2016 No.	2015 No.
\$10,000 - \$19,999	-	2	-	2
\$40,000 - \$49,999	-	1	-	1
\$50,000 - \$59,999	-	2	-	2
\$110,000 - \$119,999	-	-	-	1
\$120,000 - \$129,999	-	1	-	1
\$130,000 - \$139,999	-	1	-	-
\$140,000 - \$149,999	5	-	5	-
\$150,000 - \$159,999	1	-	1	-
\$160,000 - \$169,999	-	-	-	1
\$170,000 - \$179,999	-	-	-	1
\$180,000 - \$189,999	-	2	-	-
\$200,000 - \$209,999	2	-	2	1
\$210,000 - \$219,999	-	-	-	1
\$220,000 - \$229,999	-	2	1	-
\$230,000 - \$239,999	1	-	-	-
\$240,000 - \$249,999	1	-	2	1
\$250,000 - \$259,999	1	-	-	-
\$260,000 - \$269,999	-	-	-	1
\$270,000 - \$279,999	-	1	-	-
\$280,000 - \$289,999	1	-	1	-
\$290,000 - \$299,999	-	-	1	-
\$310,000 - \$319,999	1	-	-	-
\$330,000 - \$339,999	-	1	-	-
Total	13	13	13	13
Total Annualised Employee Equivalent*	11.10	6.98	11.10	6.98
Total Remuneration	\$ 2,617,000	\$ 1,871,000	\$ 2,572,000	\$ 1,687,000

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

	2016 \$'000	2015 \$'000
NOTE 22: REMUNERATION OF EXTERNAL AUDITORS		
Victorian Auditor-General's Office		
Audit or review of financial statements	186	171

NOTE 23: EX GRATIA PAYMENTS ⁽ⁱ⁾

There have been no ex gratia payments during 2015-16 (2014-15: Nil). ⁽ⁱⁱ⁾

Notes

(i) Includes ex-gratia expenses greater than or equal to \$5,000 or those considered material in nature.

(ii) Forgiveness of transport fees debt to individuals due to excessive financial hardship and have been recognised in the Comprehensive Operating Statement under 'Bad & Doubtful Debts'

NOTE 24: SEGMENT REPORTING

AV operates only in one geographic and industry segment being the provision of ambulance services in Victoria.

NOTE 25: SUBSEQUENT EVENTS

There have been no subsequent events from 30 June 2016, to the date of these financial statements.

Disclosure Index

The annual report of Ambulance Victoria is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of AV's compliance with statutory disclosure requirements.

Legislation	Requirement	Page Reference
Report of Operations		
Charter and purpose		
FRD 22G	Manner of establishment and the relevant Ministers	27, 29
FRD 22G	Purpose, functions, powers and duties	27
FRD 22G	Initiatives and key achievements	11-18
FRD 22G	Nature and range of services provided	27
Management and structure		
FRD 22G	Organisational structure	29
Financial and other information		
FRD 10	Disclosure index	109-110
FRD 11A	Disclosure of ex gratia expenses	108
FRD 21B	Responsible person and executive officer disclosures	106-108
FRD 22G	Application and operation of <i>Protected Disclosure 2012</i>	55
FRD 22G	Application and operation of <i>Carers Recognition Act 2012</i>	57
FRD 22G	Application and operation of <i>Freedom of Information Act 1982</i>	56
FRD 22F	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	55
FRD 22G	Details of consultancies over \$10,000	56
FRD 22G	Details of consultancies under \$10,000	56
FRD 22G	Employment and conduct principles	57
FRD 22G	Major changes or factors affecting performance	11-18
FRD 22G	Occupational health and safety	58
FRD 22G	Operational and budgetary objectives and performance against objectives	36-43
FRD 24C	Reporting of office-based environmental impacts	23
FRD 22G	Significant changes in financial position during the year	59-61
FRD 22G	Statement on National Competition Policy	55
FRD 22G	Subsequent events	108
FRD 22G	Summary of the financial results for the year	59
FRD 22G	Workforce Data Disclosures including a statement on the application of employment and conduct principles	19, 57



Disclosure Index Cont.

Legislation	Requirement	Page Reference
FRD 25B	Victorian Industry Participation Policy disclosures	55
FRD 29A	Workforce Data disclosures	19
SD 4.2(g)	Specific information requirements	n/a
SD 4.2(j)	Sign-off requirements	8
SD 3.4.13	Attestation on data integrity	10
SD 4.5.5.1	Ministerial Standing Direction 4.5.5.1 compliance attestation	9
SD 4.5.5	Risk management compliance attestation	9

Financial Statements

Financial statements required under Part 7 of the FMA

SD 4.2(a)	Statement of changes in equity	68
SD 4.2(b)	Comprehensive operating statement	66
SD 4.2(b)	Balance sheet	67
SD 4.2(b)	Cash flow statement	69

Other requirements under Standing Directions 4.2

SD 4.2(a)	Compliance with Australian accounting standards and other authoritative pronouncements	70
SD 4.2(c)	Accountable officer's declaration	63
SD 4.2(c)	Compliance with Ministerial Directions	70
SD 4.2(d)	Rounding of amounts	72

Legislation

<i>Freedom of Information Act 1982</i>	54
<i>Protected Disclosure Act 2012</i>	55
<i>Carers Recognition Act 2012</i>	57
<i>Victorian Industry Participation Policy Act 2003</i>	55
<i>Building Act 1993</i>	55
<i>Financial Management Act 1994</i>	8, 70

Ambulance Victoria



Ambulance Victoria

Registered Office and Headquarters
375 Manningham Road, Doncaster, Victoria 3108

Postal Address
PO Box 2000, Doncaster, Victoria 3108

Website	www.ambulance.vic.gov.au
Administration	03 9840 3500
Membership	1800 64 84 84

