

2020

ANNUAL
REPORT

2019



AmbulanceVictoria

A photograph of two paramedics, a man and a woman, smiling. They are wearing dark blue uniforms with "PARAMEDIC" patches. The image has a blue tint and a white diagonal cutout in the top right corner.

4,823

operational
staff

1,316

community
first responders

490

corporate and
specialist support staff



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Ambulance Victoria

Strategic Plan Summary

Outcome

01

An exceptional patient experience

- › Providing safe, high quality, timely and expert patient care every time.
- › Helping people to make informed decisions about their emergency health care.
- › Connecting people with the care they need.
- › Using research and evidence to continuously learn and improve our services.

Outcome

02

Partnerships that make a difference

- › Working with communities to deliver local emergency health care solutions.
- › Collaborating with our partners to improve health outcomes.
- › Planning for and responding to major events and emergencies.
- › Sharing knowledge, experience and data.

Outcome

03

A great place to work and volunteer

- › Keeping our people safe, and physically and psychologically well.
- › Providing an inclusive and flexible workplace.
- › Developing a culture of continual learning and development.
- › Embedding an ethical, just and respectful culture.

Outcome

04

A high performing organisation

- › Embracing innovative ideas, systems and technology.
- › Being accountable for our actions and outcomes.
- › Improving our integrated service model.
- › Operating in a financially and environmentally sustainable way.

Our Values

Being respectful

Working together

Openly
communicating

Being accountable

Driving innovation



Patient Care Commitment

We save and improve lives by providing outstanding care for our patients. Our Patient Care Commitment is our promise to every patient and sits at the heart of everything we do:

CARING

We care about our patients as individuals and treat them with dignity. We respect their unique needs and circumstances, and their right to contribute to decisions about their care wherever possible.

SAFE

Our patients are safe in our hands and experience no harm. Our systems and practices protect our patients and our people to deliver better patient outcomes. We are committed to life-long learning and if we see something wrong, we speak up.

EFFECTIVE

Our patients receive great care, informed by the best available evidence and research. Our people have the expertise and support to ensure every patient receives the right care, at the right time, every time.

CONNECTED

We are a front door to the emergency health system and connect patients to the care they need. Our patients experience coordinated transition between services, including effective and appropriate sharing of information for excellent continuity of care.

Chair and CEO Report

Ambulance Victoria and our people, like the Victorian community we serve, have had our resilience and capabilities both challenged and strengthened this year, as extraordinary events became normal parts of how we live and work.

Our response to the coronavirus (COVID-19) pandemic, immediately following a devastating bushfire season, was built on the foundation of our five-year strategic plan that continues to transform our service to meet increased demand, more complex patient needs, changing community expectations, and emerging technologies.

As we reached the mid-point in our change agenda this year, we recognised the greatest potential for further performance improvement would arise from even greater connection and collaboration. This applies within Ambulance Victoria, and most importantly with our colleagues across the health and emergency sectors, and with the communities we serve.

Our work to strengthen those connections has both enabled our pandemic response and been accelerated by our work to address COVID-19. It has ensured we were ready to rise to the challenge and that all Victorians have access to pre-hospital emergency health care that is better prepared, better equipped and achieving better outcomes for patients than ever before.

Ambulance Victoria met or exceeded patient care clinical targets during another year of record demand for ambulances across Victoria, including more life threatening, time critical emergencies than ever.

As COVID-19 added significant challenges to service delivery across the health system, we responded to 82.3 per cent of Code 1 emergency calls within 15 minutes, reaching more Code 1 patients within 15 minutes than ever. This reflected record demand resulting in 633,950 emergency cases, up 2.46 per

cent on the previous year in line with a growing and ageing population and the additional operational pressures of the pandemic.

To safeguard service delivery and clinical outcomes during COVID-19, while ensuring we keep our people and patients safe and well, we rapidly adapted to new technology and new ways of operating. This included building on our ground-breaking work in mental health. Innovative new telehealth services and web-based support have been introduced to ensure that our people, and their families, can get support as mental health is impacted right across our community by isolation and other factors.

Amid the singular events of the pandemic, we must not lose sight of our ongoing wider work to transform and improve patient care and continue building an inclusive and high-performing workplace.

Delivering on our commitment to deliver outstanding emergency health care every time, we introduced a new concept in service design, giving consumers a seat at the table alongside expertise from across Ambulance Victoria and our health sector partners to plan, design and improve models of patient care. We also continued our work with communities across Victoria to improve local health outcomes by developing local healthcare solutions and building awareness and capabilities so that community members are equipped to help in a health emergency.

Our Diversity and Inclusion Council has brought new leadership and energy during the year, with investment under our Cultural Safety and Equity



Ken Lay AO APM

Chair, Ambulance Victoria



Associate Professor Tony Walker ASM

Chief Executive Officer, Ambulance Victoria

Action Plan, Reconciliation Action Plan and Multicultural Employment program helping ensure that Ambulance Victoria is a diverse, inclusive and modern workplace where all of our people can thrive and make a difference.

We remain committed to becoming a more socially responsible and sustainable service and have now implemented the first year of our Social and Environmental Responsibility Action Plan. This year we have implemented priority action centred around our environmental footprint and climate change adaptation and mitigation. Most recently, AV has been proud to adopt renewable energy at our larger sites, leading to a significant reduction in emissions. Our plan centres on our people, community, environment and supply chain over the next four years.

None of this progress would be possible without the commitment, dedication and care of our people, who have risen to new challenges this year under the leadership of the Ambulance Victoria Executive team. We are incredibly proud of the way our people have maintained their focus on delivering best patient care and supporting each other with kindness and compassion, and we thank them.

We welcomed two new members to the Executive team during the year: Jill Fitzroy, our Executive Director Transformation and Strategy and Tracey Curro, our Executive Director of Strategic Communications and Engagement. We also want to acknowledge the contribution of Rob Barr, our Executive Director Corporate Services, who retires from Ambulance Victoria in November.

We would like to thank our Board and Community Advisory Committee members for their dedication and insight over the past year. In particular, we recognise the contribution of retiring Board Directors Sue Clarke and Tasneem Chopra OAM, who have each given exemplary service on both the Board and the Community Advisory Committee. We welcome from July 2020 two new Board members with strong track records in community and diversity led initiatives, Colleen Furlanetto OAM and Wenda Donaldson.

On the Community Advisory Committee, members William Lau and Christine Stow finished their terms during the year and we thank them for their service, and we have also welcomed Hana Williamson and Khayshie Tilak Ramesh.

The COVID-19 challenge is far from over but Ambulance Victoria, working in partnership with other health and emergency services and our community, is better placed than ever to serve our patients, our people and the Victorian community in the coming year and beyond.

Ken Lay AO APM
Chair

Associate Professor Tony Walker ASM
CEO

Our Charter

Ambulance Victoria (AV) aims to improve the health of the community by providing high quality pre-hospital care. AV provides emergency medical services for 6.5 million Victorians over an area of more than 227,000 square kilometres.

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 close to 6.5 million people in an area of more than 227,000 square kilometres.

AV is required by the *Ambulance Services Act 1986* to:

- respond rapidly to requests for help in pre-hospital medical emergencies.
- 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 continuous improvement in the quality and safety of the care and services it provides.
- foster public education in first aid.

AV was established 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 ambulance.vic.gov.au contains information about AV and is regularly updated with the latest in statistics, developments and media releases. AV retains items, which are available to the relevant Ministers, Members of Parliament and to the public on request.

Responsible Body Declaration

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 2020.

A handwritten signature in blue ink, appearing to read 'Ken Lay', with a stylized flourish at the end.

Ken Lay AO APM
Chair of the Board

Melbourne
26 October 2020

Data Integrity Declaration

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



Associate Professor Tony Walker ASM
Chief Executive Officer

Melbourne
8 October 2020

Integrity, Fraud and Corruption Declaration

I, Tony Walker certify that Ambulance Victoria has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at Ambulance Victoria during the year.

A handwritten signature in blue ink that reads "Tony Walker".

Associate Professor Tony Walker ASM
Chief Executive Officer

Melbourne
8 October 2020

Financial Management **Attestation Statement**

I, Peter Lewinsky, on behalf of the Board, certify that Ambulance Victoria has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Peter Lewinsky
Chair of the Audit
and Risk Committee

Melbourne
26 October 2020

Conflict of Interest Declaration

I, Tony Walker certify that Ambulance Victoria has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC.

Declaration of private interest forms have been completed by all executive staff within Ambulance Victoria and members of the Board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each Board and Board Committees meeting.



Associate Professor Tony Walker ASM
Chief Executive Officer

Melbourne
8 October 2020

Report of Operations

In a year that has challenged the whole Victorian community through bushfires and a pandemic, Ambulance Victoria (AV) experienced record demand for our services and continued to meet or exceed clinical targets for patient treatment in 2019-2020.



633,950
on-road emergencies

We attended 633,950 on-road emergency cases, up **2.46 per cent** on the previous year, including disproportionate growth in the most life-threatening, time critical emergencies for a more sustained period than experienced in previous years.



85.5%
Priority Zero

Across the state, we reached our most critically ill Priority Zero patients faster than ever, with **85.5 per cent** receiving life-saving care within, or under, our 13-minute target.



82.3%
Code 1

As we managed the significant impacts of COVID-19 on our operations, our people and our patients, we responded to **82.3 per cent** of Code 1 emergency calls within **15 minutes** (statewide), reaching more Code 1 patients within 15 minutes than ever.



135,435 patients received
care via Secondary
Triage Service

Our commitment to delivering the best care for every Victorian saw our Secondary Triage Service expand further in 2019-2020, as our secondary triage clinicians expertly managed a total of **135,435** Triple Zero (000) calls. **A record 17.6 per cent** of cases were expertly triaged to the right pathway of care for their need, helping to ensure that ambulances remained available for time-critical emergencies.

We anticipated a large uptake in demand driven by COVID-19 and brought forward the recruitment of

120 paramedics

who commenced in May and June 2020, to help ensure appropriate ongoing patient response.

COVID-19

AV's ability to respond quickly and effectively to prepare for the challenge of the coronavirus (COVID-19) pandemic was grounded in the transformational reforms and improvements we continue to deliver under our five-year strategic plan.

We have invested in people, technology and partnerships, as well as improving our ability to respond and innovate with agility, so that we can meet the challenges of increased demand, more complex patient needs and changing community expectations.

Under our AV Novel Coronavirus (COVID-19) Pandemic Plan (the Plan), which sits under our Emergency Response Plan, we rapidly adapted to new technologies and new ways of operating. The Plan is designed to safeguard patient response and clinical outcomes and ensure strong integration with other health and emergency services, while keeping our people, patients and Victorian community safe.

The Plan ensures that we are prepared to manage an escalation in the number of COVID-19 cases while simultaneously ensuring high quality pre-hospital care and medical transport are available for people in life-threatening, time-critical emergencies.

Health and safety remain the highest priority and we have taken every precaution to ensure the safety of our workforce, which in turn helps keep Victorians safe. Our clinical teams immediately implemented new health and safety measures, including use of Personal Protective Equipment (PPE) for every case, paramedics conducting health checks on each other at the start of every shift, and adjustments to clinical practices to help protect patients and our people. These important health and safety measures, including the requirement to put on PPE before each case, added to our response times. Corporate staff shifted largely to remote working from home with the support of new technology and collaboration tools, as well as support from across our business.

We anticipated a large uptake in demand driven by COVID-19 and brought forward the recruitment of 120 paramedics who commenced in May and June 2020, to help ensure appropriate ongoing patient response. However, in the initial phases of COVID-19, as a result of successful containment in Victoria, we experienced a reduction in demand by as much as 20 per cent during the first Stage 3 restrictions as people stayed home and sought to avoid burdening the health system. To ensure Victorians continued to call for an ambulance in a health emergency, public messages encouraged people with existing heart conditions or those experiencing shortness of breath, chest pains or any other symptom which did not seem right, to call Triple Zero (000) immediately.

The pandemic has resulted in social distancing and isolation, economic impacts and other factors that have impacted mental health across our community, and our people and their families are no exception. In response, we have built on our ground-breaking programs in workplace mental health to ensure that our people, and members of their families, can access the support they need to keep them mentally fit and well. This included an innovative new family support website and expanding telehealth psychological support services where it was appropriate to do so. We also established a hotline and a series of tip sheets to ensure our people had the information they need to manage effectively with the rapid changes. More than 500 calls were received over an 11-week period and advice was provided on leave arrangements, possible exposure and testing procedures, isolation queries as well as advice on working from home, financial assistance, school and care.

Our important work to strengthen connection and collaboration with other health and emergency service partners has supported our pandemic response and has also been accelerated by our work to address COVID-19. Further information about specific COVID-19 initiatives is included in the Report of Operations that follows.

HIGHLIGHTS

Our highlights for the year include:

We delivered on the third year of our five-year Strategic Plan.

We've made strong progress on each of the plan's four key outcomes:

- ✓ An exceptional patient experience
- ✓ Partnerships that make a difference
- ✓ A great place to work and volunteer
- ✓ A high performing organisation

Responded to 633,950 on-road emergency cases

Statewide, on-road emergency cases increased 2.4 per cent on the previous year.

23 new ambulances

As part of the Government's \$109 election commitment related to single officer upgrades, an additional 23 new ambulances have been deployed across Victoria.

120 additional paramedics recruited

Brought forward the recruitment of 120 additional paramedics in response to COVID-19.

Branch improvements and upgrades

Improved our branches at Ocean Grove and Gisborne during February and March 2020.

Additionally, our Rochester, Terang and Camperdown crews were upgraded from single to dual paramedic crewing.

A plan to replace ageing analogue radio network

Started a multi-year program to replace the aging analogue radio network used in rural areas with a modern digital radio network to improve services for patients in rural and regional areas.



24x7 resource

Implemented a Resource Management Hub, providing 24x7 oversight of AV's fleet to enable greater efficiency in our daily operations and optimise response performance.

11,000 registered GoodSAM responders

Expanded our GoodSAM community responder program which has grown to more than 11,000 registered responders. We took the decision to temporarily suspend the GoodSAM program in March, as part of pandemic risk management.

Accessibility grant

Delivered the first year of our Accessibility Action Plan and secured a \$3 million project grant, in partnership with Scope, to improve the way we engage with and serve people with disability.

AV Excellence Awards

Presented the first AV Excellence Awards to recognise the exceptional work and dedication of our employees, volunteers and auxiliary members.

Expanded our Peer Dog Support program

We now have 12 dogs and their Peer Support handlers operating across the state. We also delivered innovative web-based mental health services to support our people and their families during COVID-19.

An inclusive workplace

Took important steps under our Cultural Safety and Equity Action Plan and Reconciliation Action Plan to foster a diverse, inclusive workplace where people can thrive and feel supported to do their best work.

Second season Paramedics TV debuted on Channel 9

The second season of the *Paramedics* TV series debuted on Channel 9 in February, allowing us to reach up to a million Australians each week, helping build awareness about what we do and how community members can help in an emergency.

An exceptional patient experience

Ambulances are reaching our sickest patients quicker



82.3%

Responded to **Code 1** emergency calls within **15 minutes**, reaching more Code 1 patients within 15 minutes than ever.



135,435

Triple Zero (000) callers referred for alternative health advice. A record 17.6 per cent of cases avoided unnecessary ambulance attendance.



54.6%

Adult cardiac arrest patients survived to hospital.



Launched our Patient Care Academy

which gives consumers greater participation in service design alongside skilled staff from AV and expert partners.

Caring, safe, effective and connected: these are the characteristics that define how patients feel accessing our services, and we are committed to providing the best care for all Victorians, every time they need us. With 97 per cent of our patients rating their overall experience as good or very good, we believe they receive Best Care, however we continue to strive for 100 per cent, using research and evidence to continuously learn and improve our services. This also means helping people make informed decisions about their own emergency health care and not only connecting them to the care they need, but ensuring it is accessible to them.

Cardiac arrest

In a year where Victoria experienced record rates of bystander CPR, we attended 6,760 cardiac arrest patients, up 3.7 per cent on the previous year. Of bystander witnessed out-of-hospital cardiac arrests receiving an attempted resuscitation by Emergency Medical Services (EMS), 80 per cent received bystander CPR, up by 4 percentage points on the previous year, based on Victorian Ambulance Cardiac Arrest Registry data. Survival to hospital for patients presenting in a shockable rhythm and who were first defibrillated by a paramedic was 53 per cent, an improvement of 1 percentage point from the previous year.

Overall, survival to hospital discharge for adult cardiac arrests treated by EMS was similar to previous years at 10 per cent. For those presenting in a shockable rhythm, survival to hospital was 54.6 per cent, consistent with the previous year. The rate of adult survival to hospital discharge for those presenting in a shockable rhythm was 34 per cent.

We are cautious about the negative impact COVID-19 may have on survival rates in the year ahead due to essential safety measures to limit the spread of coronavirus, and restrictions on movement that mean fewer cardiac arrests are occurring in public. AV's preliminary research comparing survival for out-of-hospital cardiac arrest between March and May 2020 against the same time period over the previous three years (2017-19) indicates a significant decline in survival. We continue to monitor cardiac arrest survival to hospital and survival to hospital discharge in the COVID-19 environment.

Accessibility

AV is working to better meet the needs of people with disability, including our patients, people and community, guided by our first Accessibility Action Plan launched during the year. Developed in consultation with those with lived experience, carers and patients, the plan focused on inclusion

and participation; information, services and facilities; employment, training and volunteering; fairness, respect and safety.

Since the Plan was launched, braille ID cards have been implemented to ensure our workforce is more identifiable for people who are blind or have low vision. New 'listen to' features were launched on the AV website, along with a dedicated accessibility page. Branch guidelines have been revised to support accessibility.

AV, in partnership with Scope, was awarded a \$3 million project grant by the National Disability Insurance Agency (NDIA) to enable better health outcomes across the patient journey for people with complex communication needs.

Best Care

AV launched a new concept in service design that we've called our Patient Care Academy, which harnesses expertise across AV, consumers and expert partners to plan, design and improve models of patient care. We are tackling the challenges we face at AV and across the emergency health sector using a taskforce approach to get faster results. This innovative work will be grounded in empirical research, data and the lived experience of our people and patients. AV paramedics and AV nurses have an opportunity to sit alongside other health sector leaders as part of the governance mechanisms overseeing enhancements to our models of care.

The second round of AV's Best Care Innovation Fund resulted in funding for three new projects during the year. The first project will focus on better care for patients experiencing loneliness and social isolation, while the second project aims to improve the experience and outcomes for patients who, after assessment by paramedics, are referred to an alternative health service and not transported by ambulance. The third project will give paramedics the ability to share electronic health information with patients who are treated at home via a secure Clinical Practice Guidelines app.



Patient feedback and experience

AV participated in the Victorian Healthcare Experience Survey for a third consecutive year and continues to receive overwhelmingly positive feedback from patients, with 97 per cent of respondents saying the care and experience they received from the ambulance service was good or very good. However, of the Aboriginal and Torres Strait Islander respondents, only 74 per cent said their care and experience was good or very good, highlighting the need to continue with positive action to improve cultural safety.

Ambulance Victoria produced its inaugural Quality Account in 2019, providing a consumer-friendly publication showcasing the key quality performance and activities regarding patient safety and experience.

We have embedded a new consumer feedback model to rapidly respond to, and address feedback and use it to learn and improve. Consumers have been recruited as members of all Regional Best Care Committees, providing the local voice and viewpoints to assist with quality and safety issues from a regional perspective. Our new approach to better service design has involved consumers in the co-design of new models of care in the area

of mental health. People with lived experience of mental health have also provided their personal experiences via videos to assist with the creation of a learning tool for paramedics, to better understand and provide appropriate care for mental health consumers and carers.

Cultural safety and equity action plan

We know we need to do better to meet our patient care commitment to Aboriginal and Torres Strait Islander people and to address their specific health needs, and we took key steps during the year to achieve this. AV now has a clear roadmap, our Cultural Safety and Equity Action Plan, to improve our capability to provide safe, accessible and culturally appropriate care. Championed by our CEO, the Plan has 16 action items designed to strengthen the systems and structures to support awareness and understanding of cultural needs. This year, we continued mandatory cultural awareness training for our people and began working with the community to develop the Statement of Commitment under our Reconciliation Action Plan.

Within local Aboriginal and Torres Strait Islander communities across Victoria, our paramedics are working to better understand localised health needs and appropriate responses, and to build relationships and services that will ensure equity of access to ambulance care for Aboriginal and Torres Strait Islander people.

Building capability to support improvement

AV continues to invest in improvement science, including Green Belt improvement training to strengthen capabilities for organisational improvement across regional teams. AV has developed and delivered a rolling clinical incident investigation training program for clinical support officers to improve patient safety review. In particular, clinical staff in rural and regional centres have been supported to complete specific training to ensure a thorough and consistent approach to incident review across the state. Tailored quality and safety induction modules have been developed to introduce new staff members to AV's quality and safety systems, and the role that they play in providing and supporting Best Care for the community.

Patient safety

Building a culture around patient safety was an ongoing area of focus during the year, including further work on the review and development of the electronic incident management system to ensure it is fit for purpose in the pre-hospital environment. To share the learnings from clinical incidents in an open and transparent environment, the clinical review team records and presents regular patient safety updates. These learnings from patient safety reviews feature in regular videos, viewed by more than 500 paramedics each month, and help to drive improved care for patients. Positive changes to the safety culture can be demonstrated through the increased self-reporting rates of adverse events by more than 50 per cent, indicating greater engagement by our people in the patient safety system.

Victorian Stroke Telemedicine

A Victorian innovation in the delivery of Best Care to patients with stroke, regardless of their location across the state, is now benefiting stroke patients in Tasmania. AV's Victorian Stroke Telemedicine (VST) service was expanded in March 2020 to cover Launceston and Burnie. VST now connects 19 rural and regional hospitals to a network of Melbourne-based neurologists who provide treatment advice for patients with acute stroke symptoms, and a further 3,087 patients were consulted during the year. VST also ensured that 399 patients who would benefit from clot busting therapy and clot retrieval processes received it in a timely manner.

Mobile Stroke Ambulance

In the past two and a half years since it began operations, Australia's first ever dedicated Mobile Stroke Ambulance has been dispatched to 3,695 suspected stroke cases. A total 1,472 patients were assessed and treated. Operated in partnership with Royal Melbourne Hospital, the stroke ambulance has performed more than 600 CT scans and administered 146 patients with clot-dissolving medication for thrombolysis.



An additional 23 new ambulances have been deployed across Victoria to manage additional demands.

Strengthening our capability

This year, we made further progress in strengthening our capability to support response times and patient outcomes and meet the growing demands on ambulance services across Victoria.

As part of the Government's \$109 election commitment related to single officer upgrades, an additional 23 new ambulances, providing greater confidence to Victorians that if they have a health emergency, and they need an ambulance, they will get the care they need. This includes the extra 120 new paramedics whose employment was brought forward in response to COVID-19.

During February and March 2020, our crews at Rochester, Terang and Camperdown became the first to make the shift from single to dual paramedic crewing. A further 12 branches will transition to dual paramedic teams over the years ahead. Dual paramedic teams will continue to be supported by our skilled Ambulance Community Officers, who are integral to our service delivery, and invaluable in providing emergency response and building community resilience.

A multi-year program has started to replace the aging analogue radio network used in rural areas with a modern digital radio network. The project will benefit patients in rural and regional areas through improved communication for our people, including better connectivity with our metropolitan region and other emergency and health services around the state.

We continue work on improving our metropolitan data network, which underpins improving patient response. The data network improvements will enable ambulances to be equipped with data hubs from 2021, enabling the real-time flow of data and information to and from the ambulance to assist paramedics and hospital emergency departments. This will include 'over the air' mapping upgrades which will ensure paramedics can navigate via the latest maps to support timely response performance, particularly in the rapidly growing outer metropolitan areas of Melbourne.

Patient assessment standards

The AV Patient Assessment Standards support paramedics to align their practice with the goals of the AV Best Care Framework, ensuring the best possible care and patient experience. The Standards aim to accommodate a wide variety of patient presentations across the spectrum of illness, covering every age and demographic, and in any context. They also support AV initiatives towards the National Safety and Quality Health Service Standards.

The new Standards present a structured, comprehensive and reproducible approach to patient assessment that supports best practice, addresses clinical risk, minimises cognitive bias and helps guard against diagnostic error.

Paramedic support hubs

To support our response to the COVID-19 pandemic, AV established paramedic support hubs at 24 major metropolitan and rural hospitals. Staffed by team managers, the hubs provide support to paramedics with patient transfer to the hospital. This support has been particularly important where they have transported a patient with confirmed or suspected COVID-19 as handover processes at emergency departments have been changed significantly during the pandemic including new workflows, the use of PPE and other safety measures.

The support hubs also provide ongoing education and support to paramedics in the use of Personal Protective Equipment and the cleaning and decontamination of AV vehicles. Hub staff act to minimise delays at hospital so that our fleet are ready to respond as quickly and safely as possible. The hubs also better support the health and wellbeing of our people.

Resource Management Hub

A new Resource Management Hub provides 24x7 oversight of AV's fleet to enable greater efficiency in our daily operations to optimise response performance, while supporting the best response for individual patients.

A dedicated statewide hospital coordination unit now manages the flow of information between AV and hospital emergency departments, helping minimise ambulance wait times and ensure paramedics are available for their next case as quickly as possible. We have also increased our communication centres' capabilities to better manage growing workload and periods of high or unexpected demand.

Patient response

Ensuring more ambulances are available for people in life-threatening, time critical emergencies means that we need to ensure that every case is carefully assessed to determine the individual need of patients and the most appropriate response for them. Under our clinical response model, which we introduced three years ago, we safely diverted a record 17.6 per cent of Triple Zero (000) callers to a response that did not involve an emergency ambulance crew. These patients undergo secondary triage by paramedics and nurses and are provided a safe alternative that is appropriate for their condition, such as non-emergency transport, referral to a local GP or self-care.

A tailored triage process is being trialled to better assess patients with acute mental health needs and determine whether hospital emergency or a community and home-based care approach is the most appropriate response for the patient's needs. AV received funding from Better Care Victoria to trial video triage of mental health cases. The Tele-HELP trial allows mental health nurses within AV's Secondary Triage Service to conduct remote face-to-face assessments of patients as part of the triage process.

AV has also worked closely with Safer Care Victoria and Victoria's mental health services to establish the HEAR Me pilot, which provides a safety net for patients to voice unresolved concerns and receive timely responses from their health service.



Case study

A fast-acting son, a YouTube video, fire fighters and paramedics made up the team that saved Maninder Shergill's life in 2019.

The 48-year-old Keilor Downs man was preparing for bed when he began to experience discomfort in his chest and told his wife he was struggling to breathe. The last thing he remembers is his wife trying to help by massaging his chest.

'That's all I remember,' he said. 'I felt a little uncomfortable in the chest and that was it, I dropped to the floor.'

'I just collapsed and woke up four days later in the hospital.'

Mr Shergill's 20-year-old son Arshdeep jumped straight into action, calling Triple Zero (000) and administering CPR until help arrived.

'I saw a CPR video on YouTube and remembered it, so that's what I did,' Arshdeep said.

MICA paramedic Mark Rewi said there was no doubt Arshdeep's actions to administer CPR at home had saved his father's life.

“

Even when we do things really well, normally you talk about when the heart is stopped for 25-30 minutes, people don't survive.”

'Even when we do things really well, normally you talk about when the heart is stopped for 25-30 minutes, people don't survive,' Mark said. 'Maninder's heart was stopped for 45 minutes.'

Mr Shergill took advantage of the chance to express his gratitude to everyone who contributed to saving his life, from his son, to the ESTA call taker, the firefighters who were the first on scene and paramedics Mark Rewi, Tess Tuohey, Eliza Williamson and Tim Jackson.

'My family depend on me,' Mr Shergill said. 'All of you did a good job and that's why I'm here telling my story. Without you guys I wouldn't be here.'

FEEDBACK

from our patients

Feedback from patients and their family members via our website and on social media supports what our research tells us: that 97 per cent of our patients are happy with their care and experience.

Recent patient feedback via Facebook reviews

'You guys are the absolute best love your work thank you!!!'

Max Dragon

'They've saved my life more times than I can count fingers. Thank you, thank you, thank you. Now, then and always – you're all walking angels, treasured and sacred.'

Anthea Jewels Sidiropoulos

'Thank you to Morwell MICA unit whose expertise and care helped save our precious daughter in a serious motor vehicle accident on March 29. We can't thank you enough for what you did.'

Sarah Gould

'I found myself driving my daughter and her partner to emergency with their newborn 10-day-old son with breathing problems. He stopped breathing a couple of times. My son-in-law rang 000 and we ended up meeting with them after I turned off the freeway. Whilst waiting for them we had to lay my grandson on the nature strip whilst 000 worked with us 'til the ambulance got there. The ambulance woman took him into the ambulance and did what they had to do. Another paramedic came in a separate car and kept us informed of what they were doing and kept the situation as calm as it could possibly have been. Andre is currently at children's hospital having tests done but due to the COVID-19 I was not allowed to stay and even then, the paramedic was still coming out to the waiting room to reassure us that he was okay. Thank you from the bottom of my heart for your compassion and expertise in getting my first grandchild to hospital safely. God bless all of you.'

Danielle Standley

'I wish to thank the two paramedics from Shepparton that looked after me at 1:30 this morning when I had need for an ambulance and transport to hospital. They went above and beyond the call. Thank you and what a credit to the service.'

Mark Bourke

“

Thank you to Morwell MICA unit whose expertise and care helped save our precious daughter in a serious motor vehicle accident on March 29. We can't thank you enough for what you did." **Sarah Gould**



Recent patient feedback via the AV website

'G'day to you amazing people. This is a message to say a big thank you to you all for such kindness and care you offer daily. My husband had a fall early this morning requiring an ambulance crew to assist. There were also people from the fire brigade assisting as well. All in all there were eight people helping to get my husband out of a very tricky position carefully and safely to the ambulance. I am so impressed with their kindness, love and care.'

Elizabeth O'Brien, Clifton Springs

'I just wanted to say a huge thank you. The paramedics were very efficient, kind, friendly and professional. On a very personal level, I wanted to thank them both because my father is very special to me, and if they hadn't gotten him to the hospital and he'd had a heart attack at home, things could have been very different than they are now. Ladies, I truly wish I could thank you in person for what you did. I am very grateful and wish to commend you both on what a wonderful job you did!'

Nick Lee, Croydon North

'I want to send a massive thank you to Big Ash and Petrina from Corryong base for getting me home to Corryong safely and as comfortably as humanly possible. Ash made a big call to come himself as the paramedic with a CO (Ambulance Community Officer) knowing my history, and I did need the help provided. That's incredible community service, knowing your patients, and going above and beyond to make sure I was comfortable on that awful road! Thanks also to the team at Air Wing who also look after me so well...all the time.'

Jacqui Beaumont, Corryong

'A big thank you to the two paramedics that came to my house in Lancefield Victoria on Saturday night. It was midnight and very cold. With an infected appendix, it wasn't the prettiest sight and no vein for pain relief. The man that sat in the back with me was so comforting. I've never been taken to hospital via ambulance before, but I felt I was in safe hands that night. #thekindnesspandemic'

Krissy Collaco, Lancefield

'I want to thank Aidan and his colleague, who transported me from LRH Traralgon to Holmesglen Private Hospital on Friday afternoon. Aidan, you were very engaging and helpful all the way. You were always asking questions and keeping me engaged, despite the situation I felt very relaxed. You were both fantastic and I appreciate your efforts to make me feel comfortable. Fantastic job, thank you!'

Stephen Lanigan, Traralgon

'On behalf of my brother Fred Ludwig, I would like to thank all who tried so very hard in trying to help my sister-in-law Lisa. To the 000 operator who instructed my brother what to do until help arrived, thank you to the fire brigade who arrived first and took over from my brother, to all the Ambos who tried their hardest and best in trying to bring his wife back, but to no avail. To all of you, thank you for doing your hard work.'

Sonja Cranston, Wendouree

Partnerships that make **a difference**

High performance achieved
in innovative and more
sustainable ways



2.76m

People covered by
Ambulance Membership
across Victoria.



11,000+

Responders have
signed up to
our lifesaving
GoodSAM app.



more heart safe

17 communities

A further 17 Victorian
communities will join the Heart
Safe Community initiative
to improve survival rates for
people suffering cardiac arrest.



Established a bird's eye view of Intensive Care Unit (ICU) capacity under a live data sharing tool developed by AV. ICUs nationally are participating in the national Critical Health Resource Information System (CHRIS)

AV recognises that we can achieve better health outcomes for Victorian patients and communities when we **work in partnership with diverse communities and stakeholders**. This year, we've continued to foster deeper partnerships across the health and emergency services sector to share knowledge, experience and data that supports collaboration and innovation. This includes planning for and responding to major events and emergencies and working with communities to deliver local emergency health care solutions that best meet their needs.

GoodSAM (Smartphone Activated Medic)

More Victorians are now eligible to sign up to help save the life of someone in cardiac arrest after AV's GoodSAM responder program was expanded during the year. We know that when someone is in cardiac arrest, every minute without CPR reduces their chance of survival by 10 per cent. Any adult in the community who is willing and able can now sign up to GoodSAM, which connects responders to patients in those first critical minutes of cardiac arrest while paramedics are on the way. More than 11,000 volunteer responders have registered across Victoria as a result of significant community engagement. This included a hospital-wide sign-on day at Monash Health in December 2019 and regional hospitals, including Geelong and Bendigo, in early 2020.

We also continue to engage with Registered Training Organisations (RTOs) to build a strong responder network. Following a showcase event for RTOs and development of a briefing and toolkit, Victoria's largest RTOs – St John Ambulance, Red Cross and Life Saving Victoria – have agreed to embed GoodSAM bystander intervention in their course materials.

The GoodSAM program was suspended in March as a consequence of the COVID-19 pandemic, although off-duty paramedics registered with GoodSAM and who have access to appropriate Personal Protective Equipment have continued to be alerted to nearby cardiac arrests.

GoodSAM will be reactivated at the earliest opportunity, as soon as it is deemed safe to do so.

Heart Safe communities

A further 17 Victorian communities will now benefit from the Heart Safe Community initiative. This aims to improve survival rates for people suffering cardiac arrest across Victoria by teaching community members how to perform CPR and use an Automated External Defibrillator (AED) when others need it most. Heart Safe Communities is a joint initiative between Ambulance Victoria and the Heart Foundation. It raises community awareness, promotes the role of Triple Zero (000), teaches people CPR skills and how to use a defibrillator, increases registration and installation of publicly accessible defibrillators and promotes the use of smart phone technologies, like GoodSAM.

Following a successful pilot in Tatura, Inverloch and the Bellarine, the Heart Safe Community initiative has been expanded to 17 communities, selected based on an assessment of factors such as ambulance demand, cardiac arrest numbers, rates of bystander CPR, the number of publicly accessible defibrillators, population and demographics, access to health care and community capacity and readiness to engage. While the pandemic has slowed completion of the program in these 17 communities, an additional 12 locations are earmarked for inclusion in the third tranche.

Once COVID-19 restrictions permit, the focus will be on delivering ongoing community awareness and active engagement, from the Call/Push/Shock message, to promoting AED registrations and GoodSAM responder sign-ups. AV has provided each Heart Safe Community with two AEDs and cabinets to place them in locations where they are accessible to the general public 24x7.

TLC Ambulance

AV is a proud partner of the TLC Ambulance, transporting children with a terminal illness to their most treasured destinations, perhaps for the final time. The first of its kind in Australia, the TLC Ambulance was developed in partnership with TLC for Kids, a not-for-profit children's charity.

The TLC Ambulance began delivering moments to sick children in palliative care in January 2020. Paramedics donate their time to crew the vehicle and to provide support and clinical treatment during special trips, whether it is taking a child home for a cuddle with a family dog, a visit to a football match or a trip to the beach.

To support the program and TLC for Kids, AV participated in the 2020 Tracky Dack Day, where our people working from home or in non-patient facing roles wore tracksuit pants and donated to this important cause. The funds went directly to support families in need, during COVID-19. This included covering rent and other household and medical expenses, the purchase of art supplies, games, electronic readers and activities, bedroom makeovers, accommodation near hospitals and birthday cakes.

Community and consumer engagement

The AV Community and Consumer Engagement Plan (the Plan), approved by the Board in 2020, recognises that shared leadership and action by our organisation and the community is needed to deliver the Best Care to the Victorian community.

We want to continue to be an organisation that actively listens to our community and consumers about how we can best serve them and work with them.

This second iteration of the Plan provides a roadmap for the activities we are committed to delivering in partnership with the community. These activities include the establishment of a Consumer Register which has helped bring to life our goal of co-designing new services with lived experience consumers, and the expansion of the Heart Safe Communities initiative, a program that develops people's confidence, knowledge and skills to take lifesaving action when someone is in cardiac arrest.

The catastrophic bushfires which ravaged our communities during the summer of 2019-2020 saw a state of emergency declared in Victoria. Our local teams played a key role in supporting and caring for their impacted communities, while across the organisation we coordinated a statewide ambulance response.

Major event management

AV responds to major incidents and severe weather events across the state every year, including bushfires, heatwaves and floods.

This year, the COVID-19 pandemic proved our most significant emergency management challenge. However, there were other major events throughout the year that required our expertise in emergency management.

Heat

A heatwave in December 2019 and early January 2020 presented a significant health threat to vulnerable Victorians, including children left in cars, AV led statewide public messaging on the issue in partnership with the Department of Health and Human Services. Paramedics were called to a multitude of heat-related cases including 341 kids locked in cars between 1 December 2019 and 31 January 2020.

A major media campaign was undertaken urging people not to leave children and pets in cars and to take precautions against dehydration and other heat-related conditions as temperatures soared. Throughout the heat, AV provided updates and advice to the community on how to stay cool and hydrated, how to identify symptoms of heatstroke and who to call for urgent and non-urgent medical attention.



During the summer, AV contributed to a roundtable discussion with representatives from government, emergency services, health and industry to explore ways to tackle the issue of children being locked in cars. As first responders, AV is committed to addressing the issue and our call-out data is being explored in detail to inform the approach.

Bushfires

The catastrophic bushfires which ravaged our communities during the summer of 2019-2020 saw a state of emergency declared in Victoria. Our local teams played a key role in supporting and caring for their impacted communities, while across the organisation we coordinated a statewide ambulance response. We relocated vulnerable members of the community away from danger zones and worked alongside our emergency services and Australian Defence Force colleagues to reach those in isolated areas. This included the East Gippsland community of Mallacoota, which at one stage could only be accessed by sea. AV responded to other bushfires in East Gippsland and Buchan in November 2019 and in the Otways in January 2020.

Given the scale and prolonged intensity of fire season, it was essential that we carefully managed and organised rostering to ensure that impacted regions had enough resourcing. As communities have begun to rebuild, we have stayed alongside them to provide reassurance, support and care, and to help vulnerable locals return home.

Other major incidents we attended during the year included:

- › **A passenger train crash** into an already-derailed freight train at Barnawartha in January 2020 which required 19 people to be assessed.
- › **A passenger train derailment at Wallan** in February 2020 in which two people were killed and 39 passengers were injured.
- › **The emergency landing in Mildura** of a commercial passenger aircraft, enroute from Sydney to Uluru in March 2020. The plane landed safely and there were no injuries.
- › **Fire at an aged care facility** in Templestowe and the relocation of residents in March 2020.
- › **Fires at an industrial paper mill** in Laverton North, a house and parklands in Seaford, an industrial factory complex in Northshore, a recycling and industrial waste plant in Lemnos, complexes in the Upper Murray and South West regions and a waste disposal facility in Clayton South in December 2019 and January 2020.
- › **Eight missing persons searches** in rural and remote regions including Mt Buller, Marysville, Mount Disappointment and Alexandra, and an injured walker at Falls Creek in the Victorian high country.
- › **Major road crashes involving buses** and minibuses during the year, including on the Western Highway Pimpinio, at Nar Nar Goon, Wunghnu, Lexton, Glenaire and Nelson.
- › **Potential thunderstorm asthma events** in the Wimmera and statewide in November 2019.

Intensive care

Hospitals and emergency health services across Australia have been given a bird's eye view of Intensive Care Unit (ICU) capacity with a live data sharing tool developed by AV. The national Critical Health Resource Information System (CHRIS) launched in April 2020 and ICUs right across Australia are participating. The innovative tool supports emergency health services to make real time decisions ensuring critically unwell patients can access the right treatment, at the right place, at the right time. CHRIS also gives state and federal governments the ability to respond rapidly in the event of increased patient demand during the COVID-19 pandemic and other large-scale health emergencies.

CHRIS was established by AV in partnership with the Australian and New Zealand Intensive Care Society and Telstra. The system gives governments a single source of truth on available ICU beds and equipment levels in public and private hospitals nationally. CHRIS incorporates paediatric critical care so babies and children will also receive the care they need.

Adult retrieval

Adult Retrieval services was expanded to ensure seriously ill patients who need transport to appropriate medical care, particularly those in regional areas, have 24-hour access during the COVID-19 pandemic. Adult Retrieval services grew from a 7am to 11pm telephone advice service, to providing round-the-clock telehealth, regional clinical support, coordination and critical care retrieval for a six-month period from April. Funded by the Victorian Government, the expansion included extra patient transport officers, administration support, medical consultants, critical care nurses and medical coordinators to ensure patients receive care that is appropriate to their needs. Through telemedicine across the state, AV is also supporting small emergency departments and urgent care centres across Victoria in facilitating quality clinical advice. This means all patients can be provided specialist advice closer to home, regardless of their location.

Emergency medical response

In the event of a life-threatening emergency such as cardiac arrest, the fire brigade co-responds with the nearest available ambulance as part of the Emergency Medical Response (EMR) program.

This arrangement has been in place in Melbourne for two decades and was expanded to include all career firefighters across Victoria in 2018. AV's Paramedic Educators continue to support firefighters through the delivery of more than 3,200 training sessions during the year, sharing their expertise and equipping firefighters to provide lifesaving defibrillation and assistance to critically ill patients.

PARAMEDICS TV SERIES and TAC

The second season of the *Paramedics* TV series launched on Channel 9 in February 2020, allowing AV to reach up to a million Australians each week, helping build awareness about what paramedics do and how community members can help in an emergency. We continued to work with the Transport Accident Commission (TAC) on embedding road safety messages within Series 2 and to prepare digital content to run alongside episodes to reinforce safety messages.

AV also partnered with TAC in a Regional Roads Safety campaign in late 2019 highlighting the dangers of excessive speed. The campaign brought together paramedics, police and doctors to showcase the impact road incidents can have on family and friends. The campaign aimed to enhance regional Victorians' understanding of the relationship between their speed and survivability in a head-on crash and remind the community that speed is a key factor contributing to crash risk.

Mental health trial funding

An innovative trial that is improving the experience and outcomes for people with mental health issues seeking emergency health care was extended for six months. Prehospital Response of Mental Health and Paramedic Team (PROMPT) is a Victorian-first trial through a partnership between Barwon Health and AV. Specialist mental health staff are teamed with paramedics when they are called out to an incident where mental health may be an issue. The initial trial was considered a remarkable success, with patients being assessed and triaged sooner. More patients receive community and home-based care appropriate to their acute mental health needs rather than experiencing the potential trauma of being taken to busy emergency departments. PROMPT was recognised with the Victorian Public Healthcare Award for Excellence in supporting the mental health and wellbeing of Victorians.

Case study



Karen thanks her guardian angels

Aged care worker Karen Evans must have had a guardian angel watching over her to survive a ruptured aneurysm that would have killed most people, according to an AV volunteer responder.

Mrs Evans agrees. To her, those guardian angels are paramedic Greg Kay and the Ambulance Community Officers from Chiltern who rapidly came to her assistance: Lee Marple and Andy McLean.

Mrs Evans' husband Peter called Triple Zero (000) because his 68-year-old wife was experiencing excruciating pain while resting at home. The night before, she made a middle-of-the-night visit to Wodonga hospital and was diagnosed with gastritis, an inflammation of the stomach lining.

When the ambulance arrived, Mrs Evans had a blood pressure reading of 60/25 and was passing in and out of consciousness. Her condition was so grave, she whispered in Lee Marple's ear: 'I'm going to die.'

'I thought nobody dies on my watch...it ain't going to happen,' said Mr Marple, who runs an engineering firm when he's not volunteering for AV as part of the Chiltern Community Emergency Response Team (CERT).

The ambulance crew stabilised Mrs Evans at her property south of Chiltern, on the road to Beechworth, and transported her to Wodonga hospital, where she was found to have an 8.5 centimetre ruptured abdominal aortic aneurysm.

'I shouldn't have survived,' Mrs Evans said. 'Over 90 per cent of people who have a ruptured aneurysm don't make it to the hospital, let alone survive.'

She said the ambulance crew arrived within 12 minutes and had her to Wodonga hospital in 40 minutes.

'I owe my life to them for their quick response and what they did for me,' she said.

Mr Marple said Mrs Evans was extremely lucky.

'It was like she had a guardian angel over her and everything fell into place,' he said. 'I'm not gloating about it because it's just the job, it's what we do.'

'I enjoy doing it and every now and again you get a job like this that can be life-saving and it makes it cool.'

It will be another six months before Mrs Evans returns to full health and she would like to become an ACO.

'I just think they do the most amazing job in our community and I wouldn't be here today without them.'

A great place to **work and volunteer**

Our workplace is safer and
more inclusive for our people



Support dog program

We expanded our Peer Support Dog Program to include 12 dogs and their handlers operating across the state.



Launched a new Family Safe website

Providing education, information and support for family members.



Expanded mental health and wellbeing services

New delivery of services via Telehealth to ensure ongoing access to support during social distancing.



Fitness Passport

More than 1,700 of our people and immediate family members participated in AV's Fitness Passport health and fitness program in the first half. Under COVID-19 restrictions, fitness classes went online.

AV continues to invest in creating an inclusive, flexible and respectful workplace where our people can continue to develop and do their best work. Just as importantly, we want our people to go home safe and well each day and we continue to invest in programs to support their physical and mental health and wellbeing. This includes additional focus on personal protection, resilience and wellbeing to keep our people safe and well during the challenges of COVID-19.

Health and safety

Reducing manual handling injury continues to be a focus and manual handling support vehicles, specialised vehicles with specific equipment, attended 2,077 cases during the year to provide extrication assistance to crews in real time to protect our people from harm.

We released the third edition of our manual handling Back to Basics guide, which includes new information, equipment updates and workplace practices in line with our Best Care Framework. Extensive training was delivered across the organisation to help team leaders and our people plan for and achieve safe manual handling, supported by a new series of training videos, as well as testing new equipment designed to reduce manual handling injuries.

Several initiatives were delivered to continue combatting violence against paramedics, who are all too frequently assaulted and harassed while trying to do their job and save lives. In the past year, a staff member reported an occupational violence hazard, incident or injury (HII) every 13 hours, up from every 14 hours in the previous two years. Of 201 assaults on paramedics in 2019-2020, the three most prevalent categories were mental health without a weapon (26 per cent), drug and alcohol with or without a weapon (23 per cent), and mental health with a weapon (11 per cent). A further 34 per cent related to various other causes and 12 per cent to an underlying pathology or cognitive impairment.

All occupational violence hazard, incident and injury reports are reviewed to better understand the causes and how to reduce the risk for our people, and all new staff undergo virtual reality training to equip them to identify and manage risks to help keep them and their partner safe.

This year we developed a Behaviours of Concern (BOC) Risk Assessment Tool, which consists of a simple six-item checklist to help identify and predict violent behaviour in patients over 18 years of age. AV partnered with Western Health to roll out the BOC tool to our people in two of our geographical areas. The tool has been used at more than 2,300 cases to predict likely exposure to occupational violence. Using the checklist, in addition to our established clinical expertise, will improve our response to occupational violence risk.

AV attends approximately 33,000 cases each year with Victoria Police and many of these cases involve agitated patients who are affected by drugs, alcohol or mental health issues. A new project in collaboration with Victoria Police is helping reduce paramedic and police injuries when responding to agitated patients or those with mental health concerns. An interagency video developed in collaboration with Victoria Police is now being used across both agencies and forms part of the operational violence training for graduates who start with AV.

In the first half of the year, more than 1,700 of our people and immediate family members participated in AV's Fitness Passport health and fitness program. Fitness Passport provides convenient and cost-effective access to fitness facilities across Victoria and this program will resume once COVID-19 restrictions permit. In the interim, we introduced the AV Stay Fit and Well Hub which includes daily sessions of yoga, high intensity workouts, Pilates and nutritional advice which is access by video conference and can be replayed later on demand.

AV is committed to a 100 per cent vaccination rate among our operational and corporate staff and to facilitate this more effectively, we designed and rolled out our first formalised peer-to-peer vaccination program. In 2020, more than 280 of our people were trained as peer-to-peer vaccinators, helping to deliver this winter's Flu Vax program across all regions of Victoria. They were supported by appropriate cold (supply) chain infrastructure, chain of custody processes and information management systems state-wide. We achieved a 95 per cent vaccination rate for the 2020 calendar year.

Mental health and wellbeing

We launched the Mental Health Action Plan (MHAP) 2019-2022, which builds on the foundation of the 2016-2019 Mental Health Strategy. The MHAP is a road map for how we will continue to enable an integrated, holistic approach to support the health and wellbeing of our people and their families.

Following the successful expansion of our Peer Support Dog Program, more of our people are receiving peer support statewide. After a successful six-month pilot led by our first Peer Support Dog, Bruce the Labrador and his handler Ken Whittle, the program has expanded to 12 dogs and their peer support handlers providing support right across the state. Feedback from our people shows the presence of the peer support dogs and their handlers helps create a relaxed environment which encourages people to engage in conversation and helps to reduce stigma around seeking support for mental health. The peer support dog program is an important part of our MHAP with a particular focus on early intervention supporting improved health outcomes. The peer dogs and their handlers continued to operate during COVID-19 at appropriate locations where excellent hand hygiene and safe social distancing could be maintained.

AV's commitment to mental health and wellbeing extends beyond our people to their families because we understand that family members not only play a vital role in supporting our people's mental health, but they may also be impacted by the stressors of the job. Under our MHAP, AV is dedicated to providing increased support to family members of our people. The Family Safe website,

Feedback from our people shows the presence of the peer support dogs and their handlers helps create a relaxed environment which encourages people to engage in conversation and helps to reduce stigma around seeking support for mental health.

launched this year, was developed by AV family members, for AV family members. The website provides education, information and support for family members and details how they can help and support their loved ones. Our wellbeing and support services are available to all of our people 24-hours a day, and this extends to our immediate family members who can also access free, confidential counselling support.

With increased concern about mental health in our community and workplaces as a result of COVID-19, coupled with requirements for social distancing, we have adapted our services to ensure our people have access to the support they need during the pandemic. We've employed technology such as telehealth, where safe and appropriate to do so, to ensure continuity of care and service provision, while maintaining our clinical governance and quality assurance requirements. Telehealth not only ensures ongoing care during COVID-19, it also provides additional support options for our people regardless of their location across Victoria. Where face-to-face counselling is recommended, we've put in place additional hygiene and social distancing measures to ensure safety for all.

Building on the success of our SMART program, which includes annual mental health and wellbeing assessment and information sessions, the program is now being rolled out online. SMART 2.0 is available to all our people to help people manage their psychological wellbeing and build resilience. SMART 2.0 is a pre-screening tool which helps our people determine their current wellbeing status and helps them develop a self-care action plan for support or treatment if required. While the program has been available for several years in a face-to-face setting, online delivery will enable more of our people across the state to access the program and for sessions to continue under COVID-19 restrictions.



Throughout the year, AV has continued to celebrate events and milestones of significance to the people of our diverse and multicultural community and workforce.

Diversity and inclusion

The Diversity and Inclusion Council has brought new leadership and energy to our diversity and inclusion agenda during the year, building on the foundations we have been putting in place over a number of years. As the world takes stock of issues around race, inequality and prejudice, at AV we are taking important steps through our Cultural Safety and Equity Action Plan and Reconciliation Action Plan.

As the only emergency healthcare organisation in the state and a major employer across metropolitan and regional areas, AV has an important role to play in improving both health and employment outcomes for Aboriginal and Torres Strait Islander people in Victoria.

Refugees who are already qualified as lifeguards are being given the opportunity to train as Ambulance Community Officers under our Multicultural Employment program which launched in July 2019. A joint initiative with Lifesaving Victoria (LSV), the program encourages young leaders who have already participated in LSV programs to consider a career pathway with AV. The first intake of multicultural ACOs included six young people from backgrounds across the world, including Afghanistan, Somalia, Eritrea, Iran and Myanmar. The new ACOs are based in either Foster or Beaufort. A second intake of multicultural ACOs are working at Tatura and Anglesea and we are in progress to employ a third intake. As well as providing employment pathways for refugees, the program brings greater diversity to our workforce and fosters stronger understanding and connection with emerging communities.

Throughout the year, AV has continued to celebrate events and milestones of significance to the people of our diverse and multicultural community and workforce. In the second half of the year, many events that AV would usually celebrate as an organisation to foster greater awareness and understanding around diversity and inclusion had to be adapted for COVID-19 restrictions. With strong commitment and some creativity, such celebrations were replaced with virtual events including International Nurses Day, the International Day Against Homophobia, Biphobia, Intersexism and Transphobia (IDAHOBIT) day and National Volunteer Week. The first COVID-19 restrictions coincided with Ramadan this year and our annual Iftar dinner was replaced by a series of virtual Iftar coffees and dinners, complemented by our video series, 'Ramadan: You can ask that' in which members of our workforce answered questions about the meaning of Ramadan and the experience of fasting, fostering greater understanding of holiest month of the Muslim calendar.



Integrity

The AV Integrity Framework was launched in late 2019 to ensure our organisation, and all of our people, continue to meet the expectations of the Victorian Public Sector Commission, the Independent Broad Based Anti-Corruption Commission and our community.

Our goal is to create a whole of organisation commitment to safeguard against corruption and provide training and education to develop a workforce that is consistent, confident and ethical when faced with real world scenarios. We are also working to strengthen lines of defence to combat the ongoing and changing risk of corrupt activity within AV. An Integrity Officer has been appointed to help embed the framework across AV in order to build a positive integrity culture.

To support the growth of our service and our people, a new practical-based leadership development program was delivered during the year.

Developing our people

In partnership with the Victorian Equal Opportunity and Human Rights Commission, a new Upstander program has commenced to improve workplace behaviours for the safety and wellbeing of all our people, and empower individuals to stand up to unacceptable behaviour.

The program encourages our people to be an Upstander by replacing passive bystander behaviour with active support for colleagues. Upstander has started with an initial pilot in one region, where positive improvements in Upstander behaviour were observed along with improved confidence with reporting incidents of concern. Further development and a second pilot are planned for the year ahead.

During the year we developed a workplace behaviour risk profile, established a future training strategy and developed a general training program in partnership with Swinburne University to improve organisational awareness of the effects of bullying and harassment and support positive workplace behaviours.

Support for our people during the COVID-19 pandemic

Like many Victorian employers, the COVID-19 pandemic challenged AV to rapidly mobilise our workforce to operate in new and different ways to maintain operations and keep our people safe and well.

Our focus has been the wellbeing of our workforce and we introduced new supports including an internal hotline, tip sheets and new ways of working to support our people during the pandemic. We drew on expertise from the Infection Prevention and Control Committee (IPCC) to inform our approach to personal protection equipment (PPE) as we learned more about COVID-19. We engaged Injury Net, our occupational health provider to support our people in frontline roles impacted

by COVID-19, providing guidance, medical consultations and to arrange testing should it be required. We successfully transitioned 95 per cent of our corporate workforce to work from home, which enabled them to physical distance to minimise risk of exposure while continuing to perform their critical roles.

A number of our people were impacted by the intense and devastating bushfire season of 2019-2020. This included a number of volunteers who lost their own homes while out working to support their communities. In February, we announced a Bushfire support package for our people affected by bushfires, including a range of wellbeing, leave and financial support measures.

To support the growth of our service and our people, a new practical-based leadership development program was delivered during the year for new and established team managers. Clinical operations leaders responsible for 43 teams participated in the program which focuses on leadership behaviours, vision, communication, integrity, planning and the delivery of Best Care for our patients.

For the second year, AV continued our partnership with Rotary Victoria to provide development to a group of leaders across operations and corporate teams. Participants are partnered with a Rotary mentor and through a combination of capability development and innovation projects, they develop skills to make them better leaders, build their networks and enhance their community impact.

Work commenced during the year to develop a three-year roadmap to enhance our employee experience. The roadmap is being developed using human centred design and our people have contributed to the research that underpins this work, which will influence the way we design processes and systems for a healthy, engaged and productive workforce.

Enterprise Agreements

Our Enterprise Agreements (EAs) set out the terms and conditions that support flexibility, equity and career and salary progression for our people while enabling AV to continue delivering on its Strategic Plan and mission. AV had two EAs due for renewal during the year.

The Ambulance Victoria EA 2019 covers operational staff and some of our administrative staff. Following a staff ballot in September 2020, if successful, the Agreement will progress to the Fair Work Commission for approval. The Agreement will deliver tangible improvements to our people's experience at work – how they are supported, their work-life balance and mobility, salary and career progression, and improved equity in access to conditions and opportunities.

The second EA is the AV Management and Administration Staff (M&AS) EA 2020 which covers most corporate and administrative staff and operational managers. Following a successful employee ballot in July, the 12-month rollover Agreement was approved by the Fair Work Commission on 31 August 2020. The Agreement, which came into effect on 7 September 2020, includes a salary increase of 2.5 per cent to apply from the first full pay period on or after 6 June 2020.

EXCELLENCE AWARDS PROGRAM

The new AV Excellence Awards program was launched during the year to recognise the exceptional work and dedication of our employees, volunteers and auxiliary members. The peer-nominated awards raise awareness of the people and projects that demonstrate AV's values: being respectful; working together; being accountable; openly communicating; and driving innovation.

The inaugural AV Excellence Awards ceremony was held in October 2019 and was attended by all shortlisted nominees, their managers, selected family members, AV Board members and community members. London bombing survivor Gill Hicks gave a moving speech on the power of first responders.

Our people recognised at the inaugural awards were:

FIRST RESPONDERS AND VOLUNTEERS AWARD

Jessica Rusic

BEST CARE AWARD

Blixa Webster

LEADERSHIP AWARD

Stuart Hine

COMMUNITY ENGAGEMENT AWARD

Heart Safe Community Tatura (Ben Johansen, Adam Di Blasio, Emily Cornish, Tenayah Cranston, Jennifer Gronow)

PERFORMANCE AND INNOVATION AWARD

Gayle Wrigley

SOCIAL AND ENVIRONMENTAL RESPONSIBILITY AWARD

Simone Darke

CEO'S STAR AWARD, AND THE HEALTH, SAFETY AND WELLBEING AWARD

The Manual Handling Project (Alison Smith, Dean Pattison, Barry Curtain, Shaun Wilkinson, Whitney Kapranov, Joshua Tait)

Outstanding service

Six Ambulance Victoria paramedics and a CERT volunteer were recognised for their outstanding service and contribution with the Ambulance Service Medal (ASM) in the 2020 Australia Day Honours List:

Ken Whittle ASM

Along with his six-year-old Labrador, Bruce, Ken has been a driving force behind the success of Australia's first Peer Support Dog program in an ambulance service, helping raise awareness of mental health and reduce stigma.

William Briggs ASM

William has made a significant contribution to the promotion of occupational health and safety and was instrumental in the research and development of the MICA Single Responder program.

Rain Histen ASM

Rain is an Advanced Life Support paramedic who strives to improve the health of Ambulance Victoria staff and our wider emergency service colleagues, encouraging participation in fitness events such as the Eureka Stair Climb and MCG Stadium Stomp.

Terry Marshall ASM

Terry has been a mentor to upcoming leaders at Ambulance Victoria, including developing a specialist intubation training program for MICA paramedics, which has helped save more lives.

Gail Sharp ASM

Gail has dedicated more than 15 years as a volunteer with the Community Emergency Response Team (CERT) in Birchip, where she has provided outstanding care in her local community and encouraged others to volunteer.

Lance Simmons ASM

An Advanced Life Support paramedic for 45 years, Lance played a key role in initiating a welfare fund for paramedics following the death of a colleague in 1975 and after the 1984 Ash Wednesday bushfires.

Susan Walsh ASM

Susan is a Mobile Intensive Care (MICA) paramedic and amid ground-breaking challenges for women in ambulance, has continued to support, develop and mentor the skills of volunteers in her community of Wedderburn.

Case study

As paramedic Nikki Anderson lay in hospital recovering from surgery after a workplace injury, her surgeon gave her a dreaded prognosis. He told her she would never again work as an on-road paramedic.

Paramedic finds new career pathway offroad

'I was absolutely devastated,' Nikki said. 'Then I had six weeks lying flat on my back to think about what that meant for me.'

Nikki went on to have a further three surgeries after being injured while working with her partner to get a heart attack patient in a wheelchair down a flight of stairs to an ambulance in October 2016.

After more than 17 years as a paramedic, Nikki spent the next two years off work before Return to Work programs, coupled with management support and encouragement, enabled her to imagine a new career pathway that meant she did not have to leave AV.

Nikki was initially placed on light duties in the Payroll team in the People and Culture Division. Over the past two years she has grown to be an invaluable contributor, becoming the subject matter expert on allowance claims and helping lead critical reforms.

'I didn't want to be given a job,' Nikki said. 'I wanted the opportunity to prove I could still add value for the organisation and to earn my non-operational role. It's been a complete change of direction in my career and a steep learning curve. I feel so grateful and I've also worked hard for it.'

Director of People Services Alex Tasominos said Nikki's success demonstrated not only the benefit in supporting injured paramedics who want to return to work, but also the business value in seeking to retain and refocus their operational and clinical experience.

Leveraging Nikki's frontline understanding and experience has led to hundreds of thousands of dollars in organisational savings through greater management oversight and workforce education.



'Nikki is a highly-regarded and valuable member of the team,' Alex said. 'She brings operational insights that have helped our corporate team to better understand and design programs for our operational workforce.'

Nikki said she was proud to be a paramedic and to wear the uniform, and she's grateful her new role keeps her connected to that important part of her identity.

'I loved being an operational paramedic,' Nikki said. 'I miss the patients and the clinical challenges, and the camaraderie of being on the road.'

'But the flip side is that I've created new relationships with the people I work with now. The work is different, but just as valuable and just as enjoyable. The challenges are different but there are still plenty of new things to learn every day.'

“

Nikki is a highly-regarded and valuable member of the team. She brings operational insights that have helped our corporate team to better understand and design programs for our operational workforce.”

A high performing organisation

High performance achieved in innovative and more sustainable ways



10 years

Signed a 10-year renewable energy power purchase agreement in the first year of our Social and Environmental Responsibility Action Plan. A quarter of AV's purchased energy will soon be renewable. Targeting net zero emissions by 2050.



\$6.4m

Spent with 36 social procurement suppliers, generating outcomes across the Victorian community including Aboriginal and Torres Strait Islander People, and those with disabilities and disadvantage.



633,950

Record demand for on-road emergency cases, up 2.46 per cent on the previous year, as well as rapidly transforming operations to meet COVID-19 demands.



Recognised as the Premier's Large Health Service of the Year, Victorian Public Health Care Awards 2019.

Technological innovation and connection, and social and environmental sustainability have been key areas of focus for AV this year as we strive for continuous improvement in our performance. We take accountability as Victoria's only pre-hospital emergency health care service and one of the state's largest employers, working to improve our service model and embrace innovative ideas, systems and technology to benefit the health and emergency services sectors, and the Victorian community we serve.

Our Performance

In a year in which our health system faced unprecedented challenges, AV continued to improve patient outcomes despite experiencing a disproportionate increase in life threatening, time critical emergencies and the negative impact of COVID-19 on our operations, people and patients.

We responded to almost a million patients in Victoria by road and air in 2019-2020, up 3.38 per cent on the previous year. Of the **979,770 calls for assistance**, a total of **633,950 were on-road emergency cases**, a 2.46 per cent increase on the previous year. Code 1 cases requiring a time-critical lights and sirens response grew at a disproportionate rate (2.9 per cent) during the year, faster than growth in demand for Code 2 (2.6 per cent) and Code 3 cases (0.5 per cent).

From late January 2020, as coronavirus swept the northern hemisphere, we began preparing Victoria's ambulance service to manage the need for an extreme and unprecedented COVID-19 emergency response.

The introduction of Stage 3 restrictions unexpectedly saw demand decline by as much as 20 per cent in the final quarter of the year. The need to protect our workforce and our patients from COVID-19 infection compelled us to implement strict health and safety measures, including requirements for the wearing of Personal Protective Equipment (PPE), which added to our response time.

Nonetheless, during the year we delivered emergency care to more **Code 1 patients within the benchmark 15-minute** response time than ever before, responding to 310,087 **Code 1 emergencies (an increase of 8,751 on the previous year)**. Our average response time was under 10 minutes.



979,770

Calls for assistance.



633,950

On-road emergencies.



310,087

Code 1 on-road emergencies.



6,807

Cases requiring
aero-medical complex care.



Statewide, we responded to **82.3 per cent** of Code 1 cases within 15 minutes. For the most critically ill Victorians – our Priority Zero cases – we were on scene delivering life-saving care within or under our 13-minute target in 85.5 per cent of cases.

Despite numerous operational pressures during the year, including the challenges of COVID-19 and bushfires, a growing and ageing population, and escalating community mental health needs, our evolving clinical response model supports ambulances continuing to be available for life-threatening emergencies. A record **17.6 per cent** of Triple Zero (000) callers were triaged to the best pathway of care for their need if emergency ambulance dispatch was not required. Paramedics and nurses in our Secondary Triage Service expertly assessed and triaged **135,435 callers** to the right care for their condition, including non-emergency transport, referral to a GP, nursing or allied health service, or care in the home. Our Air Ambulance team responded to **6,807 incidents** and Adult Retrieval provided clinical coordination, retrieval and care services to 2,544 patients.

All our patient quality and care measures were met or exceeded, such as reducing patient pain and transporting stroke and trauma patients to the most appropriate destination hospitals to improve patient outcomes. Measured against Utstein criteria, the uniform international guidelines for recording cardiac arrest survival (bystander-witnessed, in a shockable rhythm), **57 per cent of patients survived** to hospital and **37 per cent survived to hospital discharge**, consistent with the previous year.

Social and environmental responsibility

Under our new Social and Environmental Responsibility Framework and Action Plan, we are already taking bold steps to reduce the impact of our organisational footprint and engage our people as part of a more socially and environmentally conscious organisation.

Our commitment to socially and environmentally responsible procurement is in line with the Victorian Government's social and sustainable procurement objectives.

Delivering on our commitment to shift to renewable energy, we signed a 10-year power purchase agreement to supply renewable energy to some of our largest sites, including the Gippsland, Hume, South Melbourne, Doncaster and Ballarat offices. This will mean that soon, about a quarter of AV's purchased energy will be renewable. Solar and lighting energy improvements have also started rolling out across nine branches as we strive to become a net zero emissions business by 2050. In addition to renewable energy use, our emissions reduction pathway includes plans for our road fleet, air transport and developing sustainable building design. We are improving disposal of old or used assets to better reflect social and environmental principles. We have set up new e-waste collection points and are trialling recycling with eco-bins to better manage waste at a local level.

A network of sustainability champions has been established, along with a newsletter, intranet page and Workplace group to help build awareness and drive change.

To better support disadvantaged groups and social enterprises in Victoria through our purchasing decisions, we developed a social procurement strategy and analysed our spending so that we can continue to grow the diversity of our suppliers and our spend with them. In 2018-2019 we spent \$6.4 million with 36 social procurement suppliers¹. We have also completed research with the Australia and New Zealand School of Government (ANZSOG) to help us develop a social impact tool to understand more about the impact of our community engagement activities.

Analytical capabilities

Consistent high-quality data and insights are critical to support real-time decision making and ongoing improvement in our operational, clinical and corporate performance.

We continued to build this capability via our Insights Centre. As well as improving efficiency, these analytical capabilities are driving new value from legacy systems and proved invaluable to AV's response to the COVID-19 pandemic.

As the reported worldwide infections escalated, it was vital that teams across AV had the information and advice they needed to understand and respond to the emerging situation. This included understanding public health measures to slow the transmission of COVID-19 and the ability to forecast viral spread. Our Insights Centre team built patient data visualisation and mapping tools that supported operational staff to make better informed decisions. This enabled us to anticipate changing geographic patterns of demand, being driven by COVID-19 restrictions, which changed the locations where people were calling for ambulances, enabling us to adjust the allocation of ambulances and crews to meet demand.

Communication and collaboration

The rollout of modern digital workplace technologies has ensured continuity of service and supported greater collaboration as AV responded to COVID-19 and developed new ways of working.

With the vast majority of corporate staff and our partners working away from normal business premises, new digital tools including Microsoft Office 365, WebEx and upgrades to video conference was fundamental to support remote ways of working across our teams and with our health and emergency services partners. Communication and information sharing via the rollout of Microsoft Teams has now become integral to how our people connect and collaborate.

A new Mobile Device Management platform was implemented to enhance security controls and protect privacy across mobile devices to enable users to access business information anytime, anywhere.

A total of 50 branches were upgraded with 4G connections to help keep branches online.

Patient accounts experience

In addition to our work to improve the patient care experience, we also introduced new measures to improve the experience of patients and their families when dealing with their ambulance invoice.

To improve communication, we automated our web portal to allow customers to provide key details online, with automatic emails to confirm when accounts are closed, and introduced proactive patient contact via SMS messaging to remind patients about unpaid invoices. Our consumer hardship policy was refined to ensure greater protection for our most vulnerable community members and changes recommended by the Victorian Ombudsman helped improve billing processes for our patients.

1. 2019-2020 data unavailable at time of writing.

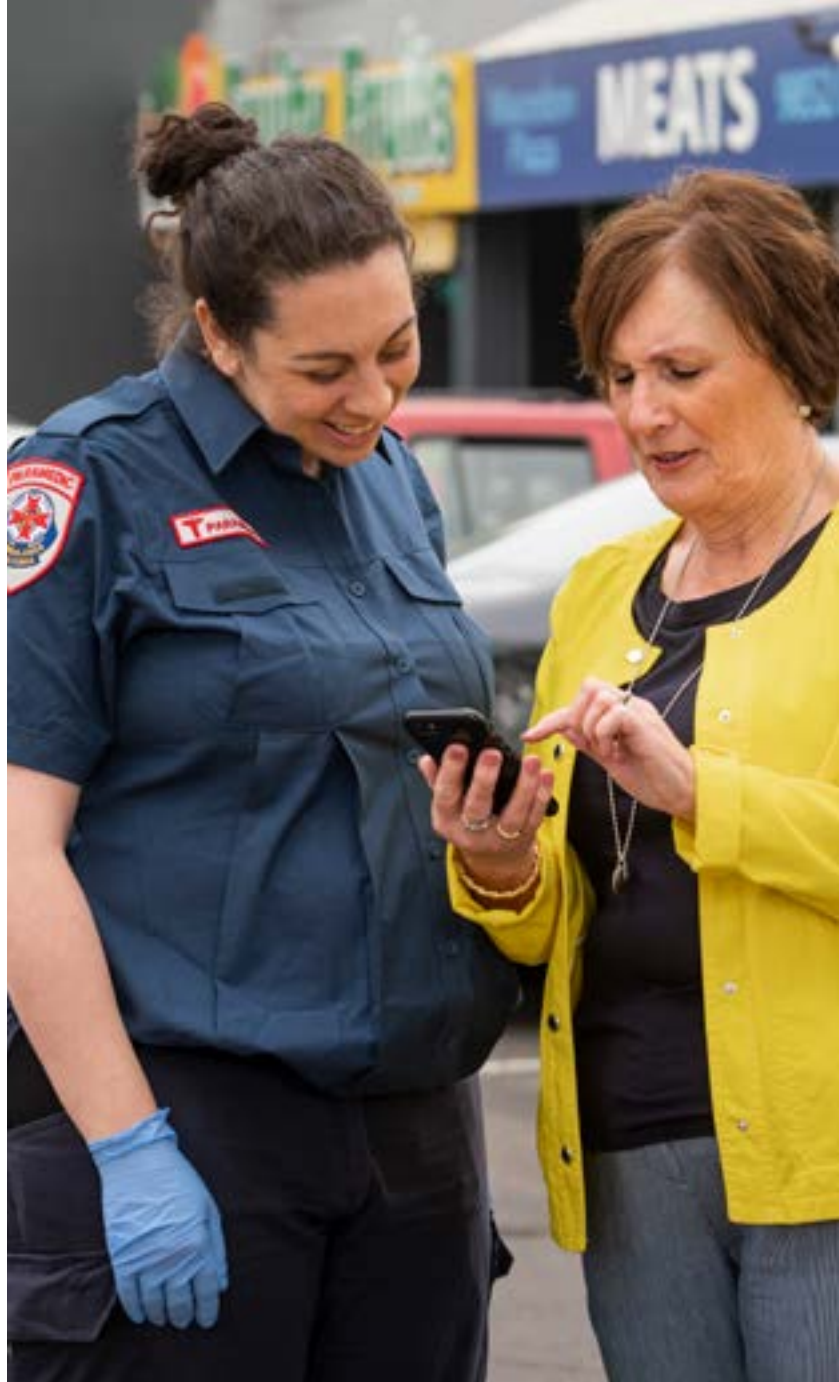
Clinical research and innovation

AV paramedics are world leaders in pre-hospital clinical trials. Previous clinical trial results have changed international clinical practice.

During the year, paramedics enrolled patients into the following clinical trials:

- **The EXACT Study** which aims to determine whether reducing oxygen administration to a target oxygen saturation reduces injury to the brain after out-of-hospital cardiac arrest. The current practice of administering 100 per cent oxygen for several hours after resuscitation is largely based on tradition rather than supportive clinical data.
- **The PATCH Study** which aims to address whether early administration of tranexamic improves survival and recovery at six months when compared with a saline placebo in severely injured patients who hemorrhage after severe trauma.
- **The PASS Study**, a pilot examining the feasibility of paramedic administration of antibiotics for patients with life threatening infections.

AV researchers also contributed to Department of Health and Human Services (the Department) research into the effectiveness of the Save Lives, Save Triple Zero (000) for Emergencies campaign. The long-term behaviour change campaign was developed by the Department, informed by data and insights from AV and other stakeholders. The research found the campaign was successful in reducing calls for emergency ambulances and increasing people's likelihood to seek support from alternative services.



Case study

Putting heart into robot technology to save lives

Artificial intelligence (AI) technology that can identify patients in cardiac arrest will be put on duty at Triple Zero (000), with the potential to save an estimated 185 lives every year.

Cardiac arrest is a leading cause of death in Australia, with just a 10 per cent chance of survival without hospital care. AV attended 6,760 cardiac arrest patients across Victoria in 2019-2020, up 3.7 on the previous year and our highest number of cases ever.

Now, ground-breaking artificial intelligence technology is being developed for AV that will help ESTA's Triple Zero (000) operators identify more quickly and accurately whether an emergency call is about a cardiac arrest to help fast-track critical care.

The AI technology is being developed for AV at Monash University, supported by a \$1.36 million grant from the Safer Care Victoria Innovation Fund.

Once operational, the AI technology will run in the background during incoming emergency calls to identify keywords, language and sound patterns of the caller that may indicate that a person is suffering from cardiac arrest.

The system will immediately alert the operator to dispatch a high-priority ambulance if signs of

cardiac arrest are detected and to guide people at the scene through CPR or defibrillation. Survival drops by 10 per cent for each minute that passes after cardiac arrest and interventions such as this mean that lay responders and paramedics are alerted earlier and arrive sooner to patients in cardiac arrest.

This cutting-edge technology is another way that innovation is being used to deliver Best Care for patients and achieve the best outcomes, reducing the possibility of brain damage and increasing cardiac arrest patients' chances of survival.

AI technology is being developed for AV at Monash University, supported by a

\$1.36 million grant

from the Safer Care Victoria Innovation Fund.



AN AWARD-WINNING YEAR FOR AV

The transformation reforms and improvements that enable AV to further enhance the healthcare we provide the Victorian community and take better care of our people were recognised with a series of awards during the year. This recognition is a credit to the hard work and commitment of our people and encourages us to continue striving to deliver excellent patient experience and outcomes.

VICTORIAN PUBLIC HEALTH CARE AWARDS 2019

- › Premier's Large Health Service of the Year Award, which recognised AV for outstanding performance and clinical outcomes that are among the best in Australia.
- › Minister for Mental Health Award, in partnership with Barwon Health for the Prehospital Response of Mental Health and Paramedic Team (PROMPT) program, which is improving the experience and outcomes for people with mental health issues seeking emergency health care.

COUNCIL OF AMBULANCE AUTHORITIES (CAA) AWARDS FOR EXCELLENCE 2019

- › The 2019 Star Award in recognition of AV's Analytics Uplift Project, which improved reporting functions and enhanced organisational capability across a suite of critical exception and benchmark reports.
- › Excellence in Patient Care Award.
- › Excellence in Clinical Performance Award.
- › Excellence in Technology Award.

AUSTRALIAN MENTAL HEALTH PRIZE 2019

- › AV CEO Tony Walker was a national finalist in the Australian Mental Health Prize in November 2019 for his mental health advocacy, recognising his exceptional ongoing work in promoting the importance of mental health and wellbeing for AV's people.

MASTER BUILDERS ASSOCIATION AWARDS 2019

- › The new Traralgon Ambulance station was awarded the Excellence in Construction of Commercial Buildings (\$1 million – \$3 million category), which reflects outstanding collaboration between the AV property team and builders Langden Constructions Pty Ltd.
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Staff Numbers and Workforce Data

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'.

Total staffing numbers

Full-Time Equivalent Staff 2019-2020 (Size of the workforce):

Staffing Numbers (FTE) - Annual Report Category	2019-20	2018-19
On road Clinical Staff ¹	4,336.6	4,184.8
Operation Support and Managerial Staff ²	486.2	333.9
Other Managerial, Professional and Administrative Staff ³	490.5	442.3
TOTAL	5,313.3	4,961.0

Mobile Intensive Care Ambulance paramedics (MICA)

This group of MICA employees form part of AV's Full-Time Equivalent Staff 2019-2020:

MICA Staffing Numbers	2019-20	2018-19
MICA Full-Time Equivalent Staff	564.1	569.1
MICA Full-Time Equivalent Trainees	47.0	35.0
TOTAL	611.1	604.1



1,033
Ambulance Community Officers (ACOs)

AV employs **1,033** ACOs who also provide emergency response. These employees are represented in the above On-Road Clinical Staff FTE numbers based on their hours worked converted to equivalent full-time positions.

Notes

The three staff categories are as follows:

- 1) On road Clinical Staff** – includes paramedics, Team Managers, Patient Transport Officers, Retrieval Registrars, Clinic Transport Officers and Clinical Instructors, etc.
- 2) Operation Support and Managerial Staff** – includes Senior Team Managers, Area Managers and Regional Manager; Rosters, Operational Communications, Logistics, Fleet, Telecommunications and functional Clinical Support Staff.
- 3) Other Managerial, Professional and Administrative staff** – includes all other staff who do not fall into the two categories above.



283
Volunteers

In addition, AV engages 283 Community Emergency Response Team volunteers (CERTs) who provide emergency response.



394
Newly recruited paramedics

394 paramedic staff were recruited by AV in the 2019-2020 financial year. This included 378 Graduate Paramedics.

Research Report

Ambulance Victoria (AV) is an international leader in pre-hospital research. Research activities range from epidemiological analyses of key patient cohorts to review and refinement of systems of care, and world-first clinical trials.

Results have been published in high-ranking, high-impact journals, disseminated throughout the wider health system and translated into improvements in patient care. The primary goal of AV research is to strengthen the evidence base that underpins ambulance protocols and systems to allow the best care for patients and staff.

At the end of 2019-2020, a total of 122 research projects were active in the AV research governance system. Our research portfolio is highly collaborative, involving key organisations such as universities, hospitals, and institutes such as Turning Point Drug and Alcohol Centre. AV has maintained its significant research output during the year, with staff co-authoring 50 research articles in peer-reviewed medical journals. Research results were also presented at nine national and international conferences. The AV Centre for Research and Evaluation also continues to foster research education and mentorship through supervision of higher research degree students, many of whom are paramedics.

This year, AV continued to be a key partner on the National Health and Medical Research Centre (NHMRC)-funded Centre for Research Excellence in Prehospital Emergency Care (PEC-ANZ) based at Monash University. The Centre for Research Excellence builds capacity in prehospital research in Australia through the conduct of collaborative research projects between academics, clinicians and ambulance services. The overarching aim of the Centre is to strengthen the evidence base underpinning prehospital emergency care, policy and practice.

AV continues its partnership with the NHMRC-funded 'Australian Resuscitation Outcomes Consortium (Aus-ROC) Centre for Research Excellence which aims to improve resuscitation care and outcomes for cardiac arrest patients. AV is a key partner on Monash University's newly established Paramedic Health and Wellbeing Research Unit (PHaWRU). This is Australia's first research unit looking at the mental and physical health and wellbeing of paramedics. The research unit will bring together multiple disciplines to research ways to improve the lives and resilience of Victoria's paramedics.

This year the Research and Evaluation Centre received two grants from the Better Care Victoria (BCV) Innovation Fund. One grant was allocated to the Artificial Intelligence in carDiac arrEst (AIDE) project, which is in collaboration with ESTA and Monash University Faculty of Information Technology. The project aims to develop an Artificial Intelligence (AI) framework for Triple Zero (000) call-takers to use as a decision support tool. The tool aims to recognise potential cardiac arrests during the Triple Zero (000) call and notify the call-taker of the level of probability of a cardiac arrest at the earliest possible point of recognition.

The AIDE project is currently in the development phase and is expected to be trialled by early 2022. In addition, AV was awarded money from the BCV Innovation Fund for the Tele-HELP project, which has commenced. The aim of the Tele-HELP project is to implement an SMS-initiated video call with patients contacting Triple Zero (000) for low acuity mental health support. The aim is to improve access to care for mental health patients and reduce unnecessary ambulance transports to emergency departments. Both of these studies focus on improving access to appropriate care at the point of triage in the Triple Zero (000) call.

AV paramedics continued to enrol patients into world-leading clinical trials this year. The Paramedic Antibiotics for Severe Sepsis (PASS) trial aims to determine whether prehospital administration of antibiotics to patients with suspected sepsis reduces the time to antibiotic administration when compared with standard care in an emergency department. This trial is run in collaboration with Alfred Health and Bendigo Health.

To date, more than 200 paramedics have been trained in aseptic blood culture collection and patient enrolment has commenced. Furthermore, AV continues to recruit patients for the rEduction of oXygen After Cardiac arresT (EXACT) trial. The EXACT study aims to determine whether reducing oxygen administration to target an oxygen saturation of 90-94 per cent (compared to 98-100 per cent), as soon as possible after successful resuscitation, improves survival for patients with out-of-hospital cardiac arrest. At the end of June 2020, AV paramedics had enrolled 391 patients into the EXACT study.

The value of registries in driving performance improvement is well established, and AV has continued to house and/or contribute to a number of significant registries in Victoria. AV continues to maintain the Victorian Ambulance Cardiac Arrest Registry (VACAR) which contains data for more than 110,000 cardiac arrest cases attended by ambulance in Victoria. The registry drives

quality improvement in resuscitation practice and supports a large research agenda. We have also commenced a collaboration with the recently-established Unexplained Sudden Cardiac Death Project run by the Baker Institute.

The project aims to collect data on all patients aged under 50 years who experience a sudden cardiac arrest due to presumed cardiac causes. Data collection includes genetic analysis, autopsy findings and screening of family members. Survivors also have access to psychological counselling through this project, an often overlooked but important service. AV continues to maintain the Victorian Ambulance STEMI Quality Improvement (VASQI) which focuses on paramedic diagnosis, treatment and triage of patients with a heart attack.

AV continues to provide data to: the Victorian State Trauma Registry for all major trauma patients attended by ambulance paramedics; Turning Point on drug, alcohol and mental health related ambulance attendances; and, the Victorian Cardiac Outcomes Registry (VCOR) which is a statewide population-based clinical quality registry aiming to improve the quality of care provided to patients with cardiovascular disease.

AV linked its data with the Australian Stroke Clinical Registry to examine the impact of pre-hospital diagnosis, treatment and triage of stroke patients on long term patient outcomes. The analysis of this data linkage is underway and should provide valuable information on the impact of paramedic diagnosis and triage of stroke patients.

Research awards

In June 2020, ALS paramedic Ben Meadley was awarded the People's Choice Award for the 2020 Three Minute Thesis competition in academic research for his PhD oral presentation titled 'Helping those that help you.'

Ben's PhD involves participation of paramedics to investigate how shift-work impacts paramedic health and is co-supervised by Prof Karen Smith.

The Research and Evaluation Centre was also awarded the Council of Ambulance Authorities Excellence in Clinical Performance Award for Implementation of High Performance CPR in 2019. This award recognised the complexity and impact of implementing high performance CPR across the organisation in order to improve outcomes for cardiac arrest patients.

Research publications (alphabetical)

This year there were 50 publications by AV staff, often in collaboration with key partners.

A

Alqahtani S, Nehme Z, Williams B, Bernard S, Smith K. *Temporal trends in the incidence, characteristics and outcomes of hanging-related out-of-hospital cardiac arrest*. Prehospital Emergency Care 2020; 24:369-377

Alqahtani S, Nehme Z, Williams B, Bernard S, Smith K. *Long-term trends in the epidemiology of out-of-hospital cardiac arrest precipitated by suspected drug overdose*. Resuscitation. 2019;144:17-24.

Alqudah Z, Nehme Z, Williams B, Oteir A, Bernard S, Smith K. *Paediatric traumatic out-of-hospital cardiac arrest: A systematic review and meta-analysis*. Resuscitation. 2020; 149: 52-73

Alrawashdeh A, Nehme Z, Williams B, Smith K, Stephenson M, Bernard S, Cameron P and Stub D. *Factors associated with emergency medical service delays in suspected ST-elevation myocardial infarction in Victoria, Australia: a retrospective study*. Emergency Medicine Australasia. 2020; 10.1111/1742-6723.13512.

Arunogiri S, Moayeri F, Crossin R, Killian JJ, Smith K, Scott D, Lubman DI. *Trends in GHB-related harms based on ambulance attendances from 2012-2018 in Victoria, Australia*. Addiction. 2020; 115(3): 473-479.

B

Betts JM, Gao C, Brown D, Ikin JF, Maniam R, Stub D, Abraham MJ, Liew D. *Factors associated with hypertension and its management among older rural Australians*. 2020; 00:1-9.

Biswas S, Dinh D, Lucas M, Duffy S, Brennan A, Liew D, Cox N, Smith K, Andrew E, Nehme Z, Reid C, Lektovits J and Stub D. *Impact of Limited English Proficiency on Presentation and Clinical Outcomes of Patients Undergoing Primary Percutaneous Coronary Intervention*. European Heart Journal – Quality of Care and Clinical Outcomes 2019; qcz061

Borg K, Dumas D, Andrew E, Smith K, Walker T, Haworth M, Bragge P. *Ambulances are for emergencies: Shifting behaviour through a research-informed behaviour change campaign*. Health Research Policy and Systems. 2020; 18 (8).

Bray JE, Smith K, Hein C, Finn J, Stephenson M, Cameron P, Stub D, Perkins GD, Grantham H, Bailey P, Brink D, Dodge N, Bernard S; EXACT investigators. *The EXACT protocol: A multi-centre, single-blind, randomised, parallel-group, controlled trial to determine whether early oxygen titration improves survival to hospital discharge in adult OHCA patients*. Resuscitation 2019; 139:208-213

C

Campbell B, et al. *Effect of Intravenous Tenecteplase Dose on Cerebral Reperfusion before Thrombectomy in Patients with Large Vessel Occlusion Ischaemic Stroke*. JAMA. 2020; 323(13): 1257-1265

Colbeck M, Swain A, Gibson J, Parker L, Bailey P, Burke P, Caffey M, Kinnear F. *Australasian paramedic clinical practice guidelines for managing cardiac arrest: an appraisal*. 2019. 2019;16.

Coomber K, Curtis A, Vandenberg B, Miller PG, Heilbronn C, Matthews S, Smith K, Wilson J, Moayeri F, Mayshak R, Lubman DI, Scott D. *Aggression and violence at ambulance attendances where alcohol, illicit and/or pharmaceutical drugs were recorded: a 5-year study of ambulance records in Victoria, Australia*. Drug Alcohol Depend. 2019;107685.

Cudini D, Smith K, Bernard S, Stephenson M, Andrew E, Cameron P, Lum M, Udy A; ARISE Investigators. *Can pre-hospital administration reduce time to initial antibiotic therapy in septic patients?* Emergency Medicine Australasia. 2019; 31:669-672

D

Dwyer R, Gabbe B, Tran T, Smith K, Lowthian J. *Predictors of Transport to Hospital After Emergency Ambulance Call-Out for Older People Living in Residential Aged Care*. Australasian Journal on Ageing. 2020; 10.1111/1742-6723.12549.

E

Eastwood D, Andrew E, Smith K, Nair R, Nehme Z, Bernard S, Dyson K. *Exercise-related out-of-hospital cardiac arrest in Victoria, Australia*. Resuscitation 2019; 139:57-64

Eastwood K, Morgans A and Smith K. *Characteristics associated with emergency department suitability in low-acuity ambulance cases*. Australian Journal of Paramedicine. 2020; 17(1).

Eastwood K, Morgans A, Stoelwinder J, Smith K. *The appropriateness of low-acuity cases referred for emergency ambulance dispatch following ambulance service secondary telephone triage: A retrospective cohort study*. PLoS ONE. 2019;14(8):e0221158.

F

Finch A, Cox S, Bernard S, Teague W and Smith K. *The epidemiology of paediatric off-road motorcycle trauma attended by emergency medical services in Victoria, Australia*. Injury. 2020; S0020 – 1382(20); 30263-1

Fitzgerald M, Lendrum H, Bernard S, Moloney J, Smit DV, Matthew J, Kim Y, Nickson C, M-H Lin R, Yeung M, Bystrzycki A, Niggemeyer L, Hendel S, Mitra B. *Feasibility study for implementation of resuscitation balloon occlusion of the aorta in peri-arrest, exsanguinating trauma at an adult level 1 Australian trauma centre*. 2019; 32(1).

Fouche PF, Stein C, Jennings PA, Boyle M, Bernard S, Smith K. *Review article: Emergency endotracheal intubation in non-traumatic brain pathologies: A systematic review and meta-analysis*. Emergency Medicine Australasia 2019; 31:533-541

Fouche PF, Jennings PA, Malcolm B, Bernard S, Smith K. *The utility of the brain trauma evidence to inform paramedic rapid sequence intubation in out-of-hospital stroke*. BMC Emergency Medicine. 2020; 20(5).

Fouche PF, Smith K, Jennings PA, Boyle M, Bernard S. *The association of paramedic rapid sequence intubation and survival in out-of-hospital stroke*. Emergency Medical Journal. 2019; 36:416-422

G

Goodwin N. *'Mixed messages' – Ongoing confusion with hydrogel dressings in burn 1st aid*. Commentary on the trial report from Holbert et al. 2018/19. Burns. 2019;45(7):1727-9.

H

Hannon L, St Clair T, Smith K, Fitzgerald M, Mitra B, Olaussen A, Moloney J, Braitberg G, Judson R, Teague W, Quinn N, Kim Y and Bernard S. *Finger thoracostomy in patients with chest trauma performed by paramedics on a helicopter emergency medical service*. Emergency Medicine Australasia. 2020; 10.1111/1742-6723.12549

Haskin B, Smith K, Cameron P, Bernard S, Nehme Z, Murphy-Smith J, Metcalf M, Moussa R, Harvey D, Turnbull L, Dyson K. *The impact of bystander relation and medical training on out-of-hospital cardiac arrest outcomes*. Resuscitation. 2020; 150: 72-79

Haskins B, Nehme Z, Cameron P, Bernard S, Parker-Stebbing L, Smith K. *Coles and Woolworths have installed public access defibrillators in all their stores: It is time other Australian businesses followed their lead*. 2020; 32(1): 166-168.

Heschl S, Andrew E, Bernard S and Smith K. *Characteristics of paediatric patients with altered conscious state attended by road ambulances in a metropolitan area – An 8 year observational study*. Australasian Emergency Care. In press 2020.

Hui-Chen Han, Sarah A. Parsons, Andrew W. The, Prashanthan Sanders, Christopher Neil, Trishe Leong, Anoop N. Koshy, Jitendra K. Vohra, Jonathan M. Kalman, Karen Smith, David O'Donnell, David L. Hare, Omar Farouque, Han S. Lim. *Characteristic Histopathological Findings and Cardiac Arrest Rhythm in Isolated Mitral Valve Prolapse and Sudden Cardiac Death*. Journal of the American Heart Association. 2020; 9(7).

K

Kearney J, Dyson K, Andrew E, Bernard S, Smith K. *Factors associated with return to work among survivors of out-of-hospital cardiac arrest*. Resuscitation. 2020; 146:203-212

Kim J, Easton D, Zhao H, Coote S, Sookram G, Smith K, Stephenson M, Bernard S, Parsons M W, Yan B, Desmond P M, Mitchell P J, Campbell B CV, Donnan G, Davis SM, Cadilhac DA. *Economic evaluation of the Melbourne Mobile Stroke Unit*. International Journal of Stroke. 2020.

L

Lam T, Kuhn L, Hayman J, Middleton M, Wilson J, Scott D, Lubman D, Smith K, Nielsen S. *Trends in heroin and pharmaceutical-opioid related harms in Victoria, Australia up to 2018*. Addiction. 2020; 115(2): 261-269

Lubman D, Heilbronn C, Ogeil R, Killian J, Mathews S, Smith K, Bosley E, Carney R, McLaughlin K, Wilson A, Eastham M, Shipp C and Witt K. *The National Ambulance Surveillance System: A novel method for monitoring acute alcohol, illicit and pharmaceutical drug related-harms using coded Australian ambulance clinical records*. PLoS One. 2020 15(1): e0228316

M

Meadley B, Bonham MP, Perraton L, Caldwell Odgers J, Bowles KA, Wolkow A, Smith K, Williams B. *The health and well-being of paramedics – a professional priority*. Occupational Medicine. 2020; 70(3): 149-151

Muller A, Dyson K, Bernard S, Smith K. *Seasonal Variation in Out of Hospital Cardiac Arrest in Victoria 2008-2017: Winter Peak*. Prehospital Emergency Care. 2020.

N

Nambiar D, Pearce JW, Bray J, Stephenson M, Nehme Z, Masters S, Brink D, Smith K, Arendts G, fatovich D, Bernard S, Haskins B, Grantham H, Cameron P. *Variations in the care of agitated patients in Australia and New Zealand ambulance services*. Emergency Medicine Australasia. 2019; 32(3)

Nehme Z, Andrew E, Bernard S, Haskins B, Smith K. *Trends in survival from out-of-hospital cardiac arrests defibrillated by paramedics, first responders and bystanders*. Resuscitation. 2019;143:85-91.

Nielsen S, Crossin R, Middleton M, Lam T, Wilson J, Scott D, Martin C, Smith K & Lubman D. *Comparing rates and characteristics of ambulance attendances related to extramedical use of pharmaceutical opioids in Australia from 2013-2018*. Addiction 2020;115:1075-1087.

O

Ogeil RP, Witt K, Scott D, Smith K, Lubman DI. *Self-reported Sleep disturbance in ambulance attendances for suicidal ideation and attempted suicide between 2012 and 2017*. Journal of Affective Disorders. 2020; 265: 364-371.

P

Paratze E, Rowsell L, Zenter D, Parsons S, Morgan N, Thompson T, James P, Pfaumer A, Semsarian C, Smith K, Stub D, La Gerche A, for the Australian UCDP Registry. *Cardiac arrest and sudden cardiac death registries: a systematic review of global coverage*. Open Heart. 2020; 7(1): e001195

Q

Quinn N, Palmer CS, Bernard S, Noonan M, Teague WJ. *Thoracostomy in children with severe trauma: An overview of the paediatric experience in Victoria, Australia*. Emergency Medicine Australasia 2020; 32:117-126

R

Rehman S, Chandra RV, Lai L, Asadi H, Froelich J, Thani N, Nichols L, Blizzard L, Smith K, Thrift AG, Stirling C, Callisaya ML, Breslin M, Reeves MJ, Gall S. *Sex Differences in Aneurysmal Subarachnoid Hemorrhage (aSAH): Aneurysm characteristics, Neurological complications, and Outcome*. Acta Neurochirurgica In Press 2020

Rosenbaum E, Cox S, Smith K, Fitzgerald M, Braitberg G, Carpenter A, Bernard S. *Ambulance management of patients with penetrating truncal trauma and hypotension in Melbourne, Australia*. Emergency Medicine Australasia. 2020; 32(2): 336-343

S

Scott D, Heilbronn C, Coomber K, Curtis A, Moayeri F, Wilson J, Matthews S, Crossin R, Wilson A, Smith K, Miller P, Lubman D. *The feasibility and utility of using coded ambulance records for a violence surveillance system: A novel pilot study*. Trends & Issues in Crime and Criminal Justice, Australian Government – Institute of Crime and Criminal Justice. No 595. Canberra: Australian Institute of Criminology. 2020

Shannon B, Pang R, Jepson M, Williams C, Andrew N, Smith K, Bowles KA. *What is the prevalence of frequent attendance to emergency departments and what is the impact on emergency department utilization. A systematic review and meta-analysis*. Internal and Emergency Medicine. 2020. In Press.

Szwarcbard N, Villani M, Earnest A, Flack J, Andrikopoulos S, Wischer N, Soldatos G, Gasevic D, Zoungas S. *The association of smoking status with glycemic control, metabolic profile and diabetic complications – Results of the Australian National Diabetes Audit (ANDA)*. Journal of Diabetes and its Complications. 2020. In Press.

V

Villani M, Earnest A, Smith K, Giannopoulos D, Soldatos G, de Courten B, Zoungas S. *Outcomes of people with severe hypoglycaemia requiring prehospital emergency medical services management: a prospective study*. Diabetologia. 2019; 62(10): 1868-1879

W

Wijetunga C, O'Donnell C, Y So T, Varma D, Cameron P, Burke M, Bassed R, Smith K, Beck B. *Injury detection in traumatic death: Postmortem Computed Tomography vs. Open Autopsy*. Forensic Imaging. 2020; 20: 100349

Wilson J, Lam T, Scott D, Crossin R, Matthews S, Smith K, Lubman DI & Nielsen S. *Extreme personal stress' and 'a lot of pain': Exploring the physical, mental and social contexts of extramedical pharmaceutical opioid use in Australian paramedic case descriptions*. Drug and Alcohol Review. BMJ Open. 2019; 9(5): e029170

Z

Zhao H, Coote S, Langenberg F, Easton D, Stephen M, Smith K, Bernard S, Desmond P, Mitchell P, Yan B, Campbell B CV, Parsons M, A' Donnan G, Davis SM. *Melbourne Mobile Stroke Unit halves workflow for acute stroke reperfusion therapy*. Journal of Neurology, Neurosurgery & Psychiatry. 2019; 90: A4-A5.

Zhao H, et al. *Melbourne Mobile Stroke Unit and Reperfusion Therapy: Greater Clinical Impact on Thrombectomy Treatment than Thrombolysis*. JAMA. 2020; 51(3): 922-930

Environmental Report

Environmental commitment

Our Social and Environmental Responsibility Framework's priorities of People, Community, Environment and Supply Chain drive our vision to be a leading sustainable Australian ambulance and health service.

This means sustainability is part of what we do every day, now, and in the future, for AV, our people, patients and the community. AV recognises that our everyday activities have an impact on the environment.

We are committed to improving the overall environmental performance of our organisation.

Key achievements



As part of this commitment, this year we started implementing our Social and Environmental Responsibility Action Plan to further build a socially responsible business and help us realise ongoing improvements in our environmental performance.

Some key achievements include establishing a sustainability team, governance model, and change representative network. Climate change is now a key focus and organisational risk. AV is proud to be one of the first health services to have an Action Plan genuinely aimed at limiting global warming.

We have developed an emissions-reduction vision for net zero by 2050, including targets for 2025 and 2030, and road fleet, air fleet and energy pathways. We also began planning to support building our climate readiness.

Greenhouse emissions



We are committed to reducing our environmental footprint and will participate in upcoming Victorian Government activity around emissions reduction, including pledges.

This year our overall emissions reduced by 5 per cent, due to a lessening in electricity consumption and changed transport activity levels in the final half of the year (approximately 1 per cent and 4 per cent respectively). This is primarily due to COVID-19 related disruption on our operations, resulting in a decrease in fuel usage and corporate staff working remotely.

Energy use (stationary energy)



AV electricity and gas consumption reduced by approximately 1 per cent overall and 8 per cent per FTE from 2018-2019.

This year, we delivered an energy-efficiency program for solar and lighting improvements to nine branches and have installed solar power systems with capacity of 417 kilowatts. We developed an Environmentally Sustainable Design (ESD) Standard for buildings that supports increased energy efficiency and reduced operating costs. We have also commenced planning for a 'Net Zero Branch' concept around carbon neutral and energy efficient branch design.

We set a renewable energy vision, with a 10-year Power Purchase Agreement (PPA) to supply renewable energy commencing from July 2020. Our contracted commitment via this PPA is 100 per cent GreenPower™ accredited renewable energy from a Victorian wind farm for 14 of our sites that are high electricity users.

This represents an approximate 7 per cent reduction in our overall emissions.

Our vision is to source 100 per cent of our energy requirements from renewable sources by 2025.

Fuel use (transport energy)



Reducing energy use associated with our fleet continues to be challenging due to the nature of our work and our requirement for specific road vehicle and aircraft platforms.

Our response vehicles are efficient Mercedes Benz vehicles that help reduce the overall impact of the AV fleet on the environment. We have set a zero emissions vision for our road vehicles in future, and work has commenced to transition to a greater number of hybrid vehicles in the short-term.

Water use



Water use Water usage has reduced by 8 per cent in 2019-2020.

AV regularly analyses water consumption trend information to identify possible leaks and action as required to improve our responsible water use. Water tanks are installed in all new branches to provide water for irrigation and reticulation to toilets.

Reducing waste and maximising recycling



AV is committed to the effective management of waste to reduce landfill impact as well as associated operating costs.

We have active programs in place to recycle e-waste, batteries, lighting and printer cartridges along with more traditional recycling streams such as paper, cardboard, bottles, cans and cartons. Additional waste collection processes were put in place for COVID-19 at both hospitals and ambulance branches. Waste generated by AV at hospitals was accounted for in hospital reporting. While AV experienced an increase in waste at branches, in the same period our corporate office waste reduced significantly due to remote working. As a result, there has been an overall **33 per cent reduction in total waste generated**, and our recycling rate increased to 53 per cent this year.

Our lighting program recycled 344 kilograms of fluoro tubes and globes, and a recycling pilot was introduced to support improved waste segregation behaviours across various branches. Initiated by paramedics and with the help of local volunteers, a uniform recycling program has also made both a significant social and environmental impact.

Approximately 13,000 items have been redirected to alternative uses both locally and to those in need overseas.

Paper use



During 2019-2020 overall paper usage reduced by 10 per cent and 71 per cent of paper purchased now contains recycled content.

Supporting social procurement priorities, the paper we now use is sourced from a certified Aboriginal and Torres Strait Islander social enterprise and is also 100 per cent recycled.

Social procurement



AV conducts procurement activities to comply with the directives of the Victorian Government Purchasing Board, which requires AV to balance a range of financial and other non-financial factors including social procurement when considering value for money.

Environmental performance requirements are built into AV's procurement processes with a view to promoting sustainable practices and enabling supplier environmental performance assessment.

Environmental Report

Governance, reporting and targets

Regular progress reporting to the Executive and Board contributes to the governance of our Action Plan, and we have now created policies for both Social and Environmental Responsibility, and Social Procurement. The following environmental targets are set for 2020-2021:

Rolled out recycling trial to **40 branches**

Environmental indicator

Target 2020-21

Reduction in greenhouse emissions²

Increased energy sourced from renewables

Increased fuel efficiency of road fleet

7 per cent carbon reduction

Establish carbon per patient baseline

Improved waste behaviours

Rollout recycling trial to **40 branches**

5%

overall decrease in greenhouse emissions



2. Reduction from 2015 emissions baseline.

Environmental Performance³

	Unit of Measure	2019-20	2018-19	2017-18
GREENHOUSE EMISSIONS⁴				
Scope 1	tCO2e-	24,296	25,655	23,444
Scope 2	tCO2e-	8,415	8,950	8,938
Total AV Greenhouse Emissions⁵	tCO2e-	32,711	34,605	32,381
Emissions from Energy (Stationary)	tCO2e-	8,510	9,039	9,062
Emissions from Transport	tCO2e-	24,201	25,566	23,319
ENVIRONMENTAL INDICATOR				
Stationary Energy⁶				
Diesel Oil	GJ	174 ⁸	15	15
Electricity	GJ	29,701	30,112	29,792
Natural Gas	GJ	1,586	1,589	2,350
Total Consumption	GJ	31,460	31,716	32,158
Green Power purchased	%	21	14	13
Solar Power (installed)	GJ	1,244	1,185	1,041
Consumption per FTE ⁷	GJ per FTE	5.92	6.40	6.70
Transport Energy⁹				
Total Consumption	GJ	350,209	359,754	330,919
Consumption per FTE	GJ per FTE	65.91	72.61	68.98
Water				
Total Consumption	KL	39,056	42,619	37,173
Consumption per FTE	KL per FTE	7.35	8.60	7.75
Waste¹⁰				
Total waste generated	Kg (clinical, general, liquid & recycled)	212,580	316,597	314,920
Total waste to landfill	Kg (clinical & general)	103,260	199,464	194,625
Recycling rate %	Kg (recycled / general & recycled)	53	44	44
Waste to landfill per FTE	Kg per FTE	19.43	40.26	40.57
Paper¹¹				
Total Reams	Reams	12,464	13,873	15,208
Average Recycled Content	%	71	62	73
Reams per FTE	Reams per FTE	1.79	2.80	3.17

3. All figures have been forecast and adjusted to include the most up-to-date information, available at the time of preparation. Where data was not available or estimated in prior years but has since become available, the data has been adjusted to reflect actual figures representing the reported portfolio as at 30 June 2020.
4. Greenhouse emissions are reported for Scope 1 (direct emissions from owned or controlled sources) and Scope 2 (indirect emissions from the generation of purchased electricity). Emission factors for calculation of greenhouse impact are taken from Department of Climate Change and Energy Efficiency, National Greenhouse Account Factors, August 2019 at <https://publications.industry.gov.au/publications/climate-change/climate-change/climate-science-data/greenhouse-gas-measurement/publications/national-greenhouse-accounts-factors-august-2019.html>
5. Total greenhouse emissions figures incorporate an offset for the purchase of accredited Green Power.
6. 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.
7. Official Full Time Equivalent staff as at the end of the financial year.
8. Increase due to generator use as a consequence of electricity outages during fire season
9. Transport Energy incorporates all AV road vehicles and air fleet. Due to lag in data collation, road-based fuel is calculated using the 12 month period from June 2019 to May 2020.
10. Assumed weights are used for waste where no weight recorded at time of collection.
11. One ream is equivalent to 500 sheets of A4 paper. Recycled content is the average percentage of recycled content purchased. Paper count includes paper used for VACIS printing but does not include AV pre-printed letterhead.

Social Procurement

Social procurement occurs when our organisation uses its buying power to generate social value above and beyond the value of the goods, services or construction being procured.

Ambulance Victoria (AV) is committed to advancing social and sustainable objectives through social procurement. Through our buying power, we generate social, economic and environmental outcomes that benefit the Victorian community and the environment. Our Social Procurement Framework (the Framework) provides the strategy and the licence for collaboration with our suppliers to improve the social and environmental value of our purchasing decisions. Strongly supported by our Executive, the Framework demonstrates how we intend to embrace, identify and grow social procurement into the future.

Social procurement aligns with and supports both the AV Strategic Plan 2017-2022 objective of operating in a financially and environmentally sustainable way and our broader Social and Environmental Responsibility Framework. Further, AV believes that enhanced social procurement leads to an overall increase in company reputation, employee attraction and retention, financial value through reduced wastage, improved efficiencies, and compliance with legislation and regulation.

“

We are committed to increase both the financial and value-add of our procurement activity.”

AV is currently at the introductory phase of embedding social procurement and we expect to see improvement as awareness increases and cultural change embeds into our processes. Our intent is to design, create or improve opportunities for Aboriginal and Torres Strait Islander business, disability and entrenched disadvantaged Victorians, whilst promoting women's equality and safety. The Framework's procurement activity requirements are directly aligned to those of the Victorian Government Social Procurement Framework 2018-2019 (VGSPF).

Working with the Department of Treasury and Finance (DTF), AV evaluated and identified our compliant Victorian social and sustainable suppliers. AV used the latest available evaluation methodology for 2018-2019 and will continue to use this to track future spend and suppliers.

Social Procurement	FY 2018-2019
Social procurement spend	\$6.4M
Number of suppliers	36

* Official DTF evaluation (wash tool) to confirm 2019/2020 data was unavailable at the time of writing.

We are committed to increase both the financial and value-add of our procurement activity in future. Our focus for the year ahead is to analyse further opportunities and increase the diversity of potential social suppliers. To improve our social spend our targets for 2020-2021 include:

- 10 per cent growth in total addressable direct social procurement spend;
- Up to 10 additional AV social procurement suppliers; and
- Establish social enterprise relationships for asset disposal.

In addition, AV has included social procurement weighting within procurement tender evaluation documentation as ongoing criteria. For suppliers to AV, there is an increased opportunity for smaller innovative suppliers to win business.

Case studies

*From July 2020, our larger sites switched to **100% GreenPower™** accredited renewable energy from a Victorian wind farm.*



GROW Gippsland (Guardian Facilities Property Management)

Through consultation with GROW Gippsland, a program established by the Latrobe Valley Authority to maximise local economic and social impact in the Gippsland region, AV was introduced to local company Guardian Facilities PM.

Guardian Facilities was subsequently engaged to provide cleaning services to cover additional requirements in the Gippsland region during the COVID-19 pandemic.

Renewable Energy (GreenPower™)

Supporting environmental priorities, AV signed onto a power purchase agreement for 14 sites that are high electricity users.

From July 2020, our larger sites switched to 100 per cent GreenPower™ accredited renewable energy from a Victorian wind farm.

This represents a 7 per cent reduction in our overall emissions.

Donations Summary

General Donations and Bequests greater than or equal to \$1,000

Name of Donor	Donation Amount
Bright Hospital Opportunity Shop	\$70,775.00
Estate of Margaret Alison Beeton	\$42,143.71
JVFA Wiener Charitable Trust	\$28,000.00
Judith Stenbridge	\$20,000.00
Alma Sylvia & Carmen Figuerola Trust	\$18,836.59
Estate of Charles J Adams	\$10,000.00
Susan Silberberg	\$10,000.00
Rotary Clubs of Drouin and Bunyip Garfield, Lions Clubs of Drouin and Warragul, Rotary International Foundation	\$7,830.00
Anonymous	\$5,000.00
Neerim District Community Bank	\$5,000.00
Edwards Foundation	\$5,000.00
MFC, NCF & Seaway Intermodal Charity Golf Day 2019	\$3,500.00
Estate of Peter William Connell	\$3,115.00
Barham Golf Club Committee	\$2,950.00
Ritchies Stores	\$2,435.72
Eileen Chin	\$2,000.00
MTS Logistics Group Pty Ltd	\$1,500.00
Alan Kramer	\$1,500.00
Blue Label Pty Ltd	\$1,500.00
Sparky Foundation	\$1,000.00
Clark Smock	\$1,000.00
Casterton & District Drag Racing Club Inc.	\$1,000.00
Eildon Community Opportunity Shop Inc.	\$1,000.00
David Evans	\$1,000.00
Merrilyn Murnane	\$1,000.00
Julie Jackson	\$1,000.00
Total	\$248,086.02
General Donations and Bequests Under \$1,000	\$15,230.53
Total General Donations	\$263,316.55

Auxiliary Donations greater than or equal to \$1,000

Name	Auxiliary	Amount
Estate of S M Bott	Paynesville	\$34,634.64
Anonymous	Traralgon	\$22,640.00
Omeo District Show	Helimed 1	\$13,250.00
Ritchies IGA – Community Rewards	Paynesville	\$5,516.28
Bairnsdale Golf Club	Paynesville	\$2,576.10
Tylden-Woodend Uniting Church	Woodend	\$2,250.00
Robinvale Community Aid Centre	Robinvale	\$2,000.00
Yarram Camp Draft	Helimed 1	\$1,500.00
Johnsville Hall	Lakes Entrance	\$1,500.00
Anonymous	Traralgon	\$1,500.00
Uniting Church Friendship Shed	Paynesville	\$1,400.00
Speed Lions Club	Ouyen	\$1,000.00
Parkridge Social Club	Paynesville	\$1,000.00
Bendigo Bank of Romsey-Lancefield	Romsey-Lancefield	\$1,000.00
Total		\$91,767.02
Auxiliary Donations under \$1,000		\$265,301.61
Total Auxiliary Donations		\$357,068.63

Governance

Ambulance Victoria (AV) is a statutory authority established by the *Ambulance Services Act 1986*.

AV's Board of Directors reports to the Minister for Health and Ambulance Services, 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 (the Board) is responsible for the provision of comprehensive, safe and efficient ambulance services to the people of Victoria. While organisational operations and management are vested in the Chief Executive Officer and the Executive team, the Board is accountable to the Minister for the overall and ongoing performance of AV.

The primary focus of the Board continues to be provision of oversight of AV's strategic direction, governance, material policies and frameworks. It oversees AV's clinical, financial and organisational performance and operating efficiency. The Board is also responsible for ensuring the provision of a safe working environment for our staff, and an enabling, supportive and inclusive organisational culture.

The Board's role also encompasses stewardship and leadership, delivered through a strong integrity and ethical framework.

The Board operates in accordance with the AV By-Laws (approved by the DHHS Secretary), as well as other Board and government policies and frameworks. These support AV to meet its statutory obligations and, in doing so, comply with appropriate standards of governance, transparency, accountability and propriety. All Board and Committee members are independent, non-executive Directors.

The Board's qualifications, skills and experience are both diverse and extensive, covering government, emergency services, health, industrial relations, technology and transformation, finance, accounting, law, commerce, governance, community engagement and culture. The Board regularly engages with senior health services, government department officers and other external specialists to ensure Directors remain connected to contemporary practices in health, risk and governance.

The Board also participates in various external activities where possible each year, to enhance Directors' insight into local Ambulance operations and community matters. This also extends to meeting with other health service Boards, for

example in July 2019 the Board held a meeting with the Directors of Alfred Health to advance discussions across joint matters of interest.

Directors remained connected throughout the year to a variety of external and emerging subject areas, which supported the Board in making informed governance decisions or provided valued insight in extinguishing their responsibilities.

The Board and its Committees continue to conduct annual reviews of their performance and effectiveness, whilst also monitoring emerging governance practices emanating from both government and commercial Director communities.

The Board Chair also continues to work with DHHS and the Minister to ensure the Board has the requisite skills and competency mix to provide strong and insightful stewardship of the organisation. This includes ensuring that the Board has the attributes required to successfully govern across a range of complex health and commercial matters – not only for today's needs, but also for future years.

Since early 2020, the Board has been deeply engaged with the organisation's emergency and operational response to COVID-19. Through this unprecedented period, the Board has ensured that our patients continued to receive high quality patient-centred care, in addition to our staff being provided with a range of appropriate and timely workplace supports.

The Board has received timely information from the CEO on material COVID-19 matters, including significant operational and systems impacts, changes to patient care outcomes and staff safety priorities.

In addition to completing requisite governance activities, in 2019-2020 the Board expanded AV's investment into patient care systems, IT capability, the clinical response model, staff mental health, and the organisation's sustainability and climate change agenda.

Between January and April 2020, the Board was chaired by Dr Joanna Flynn AM during the leave of absence of Chair Ken Lay (at the request of the Premier) to chair Bushfire Recovery Victoria.

In 2019-2020, two long standing Directors retired from the Board (Sue Clarke and Tasneem Chopra OAM) and have been replaced by two new Directors, Wenda Donaldson and Colleen Furlanetto OAM, both with strong community, diversity, health and government experience.

Declarations of pecuniary interest

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

Board committees

The Board's Committee structure in 2019-2020 remained in place from previous years, assisting it to meet its extensive statutory and governance responsibilities.

The Board continues to maintain its three statutory Committees, two advisory Committees, and one Remuneration and Nominations Committee to support its functions.

All members of the Board Committees are AV independent Non-Executive Directors.

All Committees are governed by a Board-approved Terms of Reference, which sets out each forum's role, responsibilities, membership, quorum and voting structures. The Board appoints all Committee members and ensures annual performance and effectiveness reviews are conducted and reported. In 2019-2020, no material changes occurred in either the role or responsibilities of the Committees. Committee activities are periodically reviewed to ensure they remain fit for purpose and aligned to legislation and best practice governance.

Finance Committee (s18 requirement)

The Finance Committee advises the Board on AV's financial and business plans, strategies and budgets to ensure the long-term financial viability of the organisation. The Committee assists the Board in monitoring strategies which seek to maximise revenue, and the effective and efficient use of AV financial resources and assets.

Specific responsibilities include:

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

The Committee is assisted in its work by the extensive commercial, finance and accounting experience of its members. The Committee continuously improves its insights into AV through regular presentations on key areas of the business, which present both financial opportunity and challenge for the organisation. The Committee has members in common with the Audit and Risk Committee. From 1 July 2019, the Committee has been chaired by Ian Forsyth, a long-time Director of Ambulance Victoria and member of this Committee.

Audit and Risk Committee (s18 requirement)

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

- › financial risk and internal controls
- › financial reporting and management
- › internal and external audit
- › AV's compliance with laws, regulations, internal policies and industry standards
- › enterprise risk management (sharing responsibility with the Quality and Safety Committee in overseeing clinical risks).

Throughout the year, the Committee engaged directly and regularly with AV's internal auditors (Ernst & Young) and external auditors (Victorian Auditor General's Office). This ensured it provided the Board and AV with robust and informed oversight of matters mandated by its Terms of Reference, DHHS, and the Department of Treasury and Finance.

The Committee's work is supported by a strong cross section of skills and experience of its members in the areas of law, banking, finance, commerce, government, hospitals and insurance. The Committee's annual joint meeting scheduled to be held with the Quality and Safety Committee in the second half of 2019-2020 has been held over to 2020-2021, on account of re-directing the Board's agenda to address COVID-19 priorities.

Members also participate in education and training sessions on critical risk sectors of the AV business.

The Committee continues to extend its focus on risk appetite, as well as internal and external emerging risks -assessing their potential impact and/or presentation of opportunities for AV. In 2019-2020, the Committee oversaw the Board's approval of new enterprise level risks, including 'Pandemic Risk' and 'Demand Growth and Complexity'. The Committee also oversaw management's governance approach for responding to COVID-19 risks.

The Committee continues to advance its risk reporting capability and oversight of the AV risk landscape.

Quality and Safety Committee (s18 requirement)

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

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

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

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

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

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

Members traditionally meet at least annually with the Audit and Risk Committee (rescheduled 2020-2021 due to COVID-19), and the Community Advisory Committee on shared areas of interest and responsibility.

People and Culture Committee

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

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

In 2020-2021, the Committee will continue to explore, with management, opportunities to ensure the organisation is maintaining critical support and care programs, to advance health, wellbeing and safety of both our frontline and corporate staff.

Community Advisory Committee

The Community Advisory Committee (CAC) has now been established for four years and continues to inform and guide the Board and Executive on matters relating to patients, consumers, and stakeholder engagement and participation.

The participation of community members on the Committee from a diverse range of backgrounds and education is a critical part of the CAC's success and contribution to both the future service design and delivery of our services, and to AV's patient care commitments.

The CAC continues to participate in various AV events both externally (community forums) and internally (AV activities).

The CAC meets annually with the Quality and Safety Committee to ensure an aligned understanding of consumer and community-related issues, challenges and opportunities. Chaired by an AV Director, the Committee reports regularly to the Board and has become a valued source of patient, consumer and community insights as to how we can better deliver our services.

A photograph of two female paramedics in a control room. The woman in the foreground is smiling and looking towards the right, wearing a dark blue polo shirt with a 'PARAMEDIC' name tag and a red cross emblem. She has blonde hair and wears glasses. The woman in the background is looking forward with a serious expression, wearing a dark blue uniform with yellow rank insignia. They are in a room with multiple computer monitors displaying data. A large white diagonal shape is overlaid on the left side of the image, containing text.

The People and Culture Committee advises the Board on strategies to improve the **health, safety, wellbeing, development and performance** of our people.

Board Director Profiles

BOARD CHAIR

Mr Ken Lay AO APM

Mr Lay is a professional non-executive Director, and the Lieutenant-Governor of Victoria. His substantial career was with Victoria Police, concluding as the Chief Commissioner (2011-2015).

He has since conducted a number of reviews for both state and federal agencies concerning significant social policy, community safety, governance and leadership issues.

His Board portfolio in 2019-2020 included the Federal Heavy Vehicle Regulator Board (Director), and chairing roles with Ambulance Victoria and Forensicare (Victorian Institute of Forensic Mental Health). From January to April 2020, Mr Lay was Chair of Bushfire Recovery Victoria, a new permanent Victorian Government agency created to work directly with communities to listen, help and deliver what they need after the 2019-20 Victorian Bushfires.

Ken is an Officer of the Order of Australia, and an Australian Police Medal recipient.

Appointed Ambulance Victoria's Board Chair in December 2015, Mr Lay attends a variety of Committee meetings in an ex officio capacity throughout the year and is a permanent member of the People and Culture Committee. He also chairs AV's Remuneration and Nominations Committee.

BOARD MEMBERS

Dr Joanna Flynn AM

Dr Flynn has been a Board Director since December 2015 and is a medical practitioner who specialized in general practice. She has held an extensive governance and advisory portfolio of federal and state appointments over many years.

Jo is currently the President of Berry Street and a Director of Forensicare (the Victorian Institute of Forensic Mental Health). She also chairs the Ministerial Advisory Committee advising the Minister for Health on Health Board appointments.

Across her significant governance career, Dr Flynn has been the Chair of Eastern Health (10 years), and the Medical Board of Australia.

She is also a Member of the Order of Australia, and in 2018 was recognised in the Victorian Public Sector's Top 50 Public Sector Women Awards.

Dr Flynn has chaired AV's Quality and Safety Committee since 2016, and in 2019-2020 was a member of both the Community Advisory Committee and the Remuneration and Nominations Committee.

BOARD MEMBERS

Mr Michael Gorton AM

Michael's extensive commercial and public sector career has spanned more than 27 years' experience advising the health and medical sectors on all aspects of commercial law, corporate and clinical governance, and risk management.

In addition to his role as a senior partner of Russell Kennedy Lawyers, Michael is the Chair of Alfred Health, and a Director of the Australasian College for Emergency Medicine and Holmesglen Institute. Recent appointments include Chair, Wellways Australia Ltd.

He was also the chief Reviewer of Victoria's Assisted Reproductive Treatment Legislation and is a founding member of the International Academy for Quality and Safety in Health Care.

Michael is an Honorary Fellow of the Royal Australasian College of Surgeons (RACS) and the Australian and Aotearoa New Zealand College of Anaesthetists (ANZCA).

In recognition of his considerable contributions to the community, Michael was awarded a Member of the Order of Australia.

Since January 2016, Michael has been a valued member of AV's Quality and Safety Committee and the Audit and Risk Committee.

Mr Peter Lewinsky

Mr Lewinsky has been a Board Director with Ambulance Victoria since December 2015. He has an extensive private and public sector career spanning investment banking, corporate and government advisory, and stockbroking both in Australia and internationally.

Over the past 25 years, he has held numerous Victorian Government department governance appointments across a range of sectors.

Mr Lewinsky's appointments in 2019-2020 included being Chair of Holmesglen Institute, TAL Superannuation Ltd and the Audit and Risk Committee (Department of Environment, Land, Water and Planning). He is also a Director of Carbon Revolution, an ASX listed company and Emmy Monash Aged Care.

Peter recently concluded appointments as President of the Board: Australian Centre for the Moving Image, Director of the Tasmanian Water and Sewerage Corporation and the Australian Red Cross.

Mr Lewinsky has been Ambulance Victoria's Chair of the Audit and Risk Committee and a member of the Finance Committee since January 2016. Previous appointments also included membership of the Remuneration and Nominations Committee and the People and Culture Committee.

Anna Leibel

In July 2019, Ambulance Victoria welcomed the appointment of new Board Director, Anna Leibel.

Anna is an accomplished senior executive in technology and operations, who is currently the Chief Technology and Delivery Officer for Unisuper (a superannuation fund for the higher education and research sector, with more than 450,000 members and \$80b funds under management) and founder of 110% Consulting.

Anna's executive specialisations include leading significant organisational transformation programs, IT advisory and technology start-ups. She has also previously consulted with PwC, Telstra, IBM and NAB.

In her first year with Ambulance Victoria, Anna was appointed a member of the Finance Committee and the People and Culture Committee.

Mr Ian Forsyth

Mr Forsyth has been a Board Director with Ambulance Victoria since December 2015.

Combining a Board and private enterprise career, Ian's experience includes more than two decades' experience in successfully developing and leading teams across complex, high profile and transitioning organisations. He continues in his role as Managing Partner with behaviour change communications specialists, The Shannon Company.

Current Board Director appointments include the Australian Centre for the Moving Image, the Emergency Services Foundation Board, and the Victorian Institute of Forensic Mental Health (Forensicare).

Ian's Executive roles previously included Deputy Chief Executive, WorkSafe Victoria, and Managing Director, Norwich Union Life Australia.

In 2019-2020, Ian was appointed Chair of Ambulance Victoria's Finance Committee, and is also a member of the Audit and Risk Committee.

BOARD MEMBERS

Ms Susanne Clarke

(concluded AV tenure June 2020)

Ms Clarke was a Board Director with Ambulance Victoria from December 2015 to June 2020.

Her extensive career has encompassed numerous senior management and governance positions in health and community services for over 40 years in local, state and private sectors.

Sue's experience extends across primary healthcare, philanthropy, governance and community engagement. Board appointments currently include Haven: Home Safe, Loddon Mallee Housing Ltd (Chair), Bendigo Affordable Housing (Chair), Bendigo United Friendly Societies Pharmacies Ltd and the Central Victoria United Friendly Society Ltd.

Sue was also a long time Board Director of Bendigo Health.

Ms Clarke's qualifications extend across social science and business, and she is a Fellow of both the AICD and ANZSOG. In 2019-2020, she was a member of Ambulance Victoria's Quality and Safety Committee, and the Audit and Risk Committee.

Mr Greg Smith AM

Mr Smith has been a Board Director with Ambulance Victoria since December 2015.

Greg has enjoyed an extensive career 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 over 30 years.

His non-executive Director appointments in 2019-2020 included being Chair of the Country Fire Authority, and the Statewide Classification Committee for the Australian Nurses and Midwifery Federation and the Victorian Hospitals' Industrial Association. Since 2017, Mr Smith has been a Director of Zoos Victoria.

He holds the award of Member of the Order of Australia.

Mr Smith has been Chair of AV's People and Culture Committee since January 2016 and provides valued insight into the Committee's governance contributions towards organisational culture, health, safety, career frameworks and diversity.

Ms Tasneem Chopra OAM

(concluded AV tenure June 2020)

Ms Chopra was appointed as a Board Director in December 2015. Ms Chopra is a cross-cultural consultant, anti-racism campaigner, writer and broadcaster.

She holds extensive networks with Australia's multicultural communities and works as an independent Diversity, Equity and Inclusion Consultant. She brings an intersectional lens to community engagement involving stakeholders from grassroots organisations, to health, education, business, arts, media and government sectors.

Her current Board portfolio includes her appointment as Director of the Australian Centre for the Moving Image, Crescent Wealth, the Missen Foundation, advisory board member to LaTrobe University School of Humanities and Social Sciences and InTouch Multicultural Centre Against Family Violence. She was previously engaged with the Boards of Now Australia, the Luke Batty Foundation and is outgoing Board Chair of the Australian Muslim Women's Centre for Human Rights.

Ms Chopra was awarded an OAM in 2020 in recognition of her substantial contributions to advancing diversity and multiculturalism in Australia.

Her Directorship with Ambulance Victoria (which concluded in June 2020) included her membership of the People and Culture Committee and the Community Advisory Committee (which she chaired in 2019-2020).

Meetings

	Board		Finance Committee		Audit & Risk Committee		Quality & Safety Committee		People & Culture Committee		Community Advisory Committee		Rem & Nom Committee	
	Chair: K Lay AO APM		Chair: I Forsyth		Chair: P Lewinsky		Chair: Dr J Flynn AM		Chair: G Smith AM		Chair: T Chopra		Chair: K Lay AO APM	
	H	A(i)	H	A	H	A	H(vi)	A	H	A	H (iv)	A	H	A
Board of Directors														
K Lay AO APM (AV Chair)	10	10(ii)	Ex officio		Ex officio		Ex officio		3	0(ii)			2	2
T Chopra	13	13							4	4	5	5		
S Clarke	13	12			5	5	5	5			5	2(v)		
Dr J Flynn AM	13	12					5	5			5	5	2	2
I Forsyth	13	12	5	5	5	5								
M Gorton AM	13	12			5	2	5	5						
P Lewinsky	13	12	5	5	5	5								
A Leibel	13	13	5	5					4	3				
G Smith AM	13	10							4	4			2	1
G Seiz(viii)							2	1						
T Santo(viii)							5	1*						
J Boessler(viii)							1	1						
J Drake(iii)							5	5			5	5		
S Porter(iii)							2	2			5	5		
A Gardiner(iii)											5	3		
P Kirkpatrick(iii)											5	5		
C Stow (iii)											5	5		
R Coverdale(iii)											5	4		
W Lau(iii)											2	2**		
Khayshie Tilak Ramesh (iii)											5	4		
Hana Williamson (iii)											5	4		

H = Meetings eligible to attend A = meetings attended

(i) includes meeting to confirm year end accounts and January 2020 extraordinary meeting. Excludes special COVID-19 briefings and circular resolutions.

(ii) leave of absence (required by the Premier) January - March 2020 due to full time commitment as Chair, Bushfire Recovery. Dr J Flynn appointed Acting Chair for this period.

(iii) Community members of the Community Advisory Committee. J Drake, S Porter are also voting members of Quality & Safety Committee

(iv) Includes one joint meeting with the Quality and Safety Committee

(v) Sue's membership ceased after two (2) meetings in this financial year

(vi) Includes one joint meeting with the Community Advisory Committee

(vii) ex officio (non-mandatory attendance)

(viii) Paramedic representative (no voting rights).

* T Santo was on maternity leave for 4 Committee meetings

** W Lau resigned 19 November 2019

Executive Group

Chief Executive Officer

*Associate Professor
Tony Walker ASM*

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

Chief Operating Officer

Mark Rogers ASM

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, logistical and education services.

Executive Director Clinical Operations

*Associate Professor Mick
Stephenson ASM*

Responsible for the provision of quality statewide emergency ambulance operations with Advanced Life Support (ALS) and Mobile Intensive Care (MICA) paramedics, Ambulance Community Officer (ACO) and Community Emergency Response Teams (CERT), and delivery of Ambulance Victoria's specialist Complex Care services.

Executive Director, Operational Communications

Anthony Carlyon

Responsible for coordinating and optimising statewide emergency and non-emergency ambulance response, and the provision of patient care through telehealth services including Nurse on Call and Ambulance Victoria Secondary Triage Service.

Executive Director Strategic Communication and Engagement

*Tracey Curro
(Since 26 August 2019)*

Responsible for leadership of strategic internal and external communication; engaging our people, community and stakeholders with Ambulance Victoria's contemporary role in Victoria's public health system.

Executive Director Corporate Services

Rob Barr

Responsible for AV's financial strategy, financial and management accounting services, including compliance with accounting standards, taxation, billing and debt collection. Commercial and procurement services, property services, legal and Freedom of Information. Corporate Services is also responsible for asset management, privacy advice, audit and risk management as well as the Ambulance Victoria Membership Scheme.

Executive Director Transformation and Strategy

*Jill Fitzroy
(Since 11 November 2019),
Chantelle Tavitian (acting 29
July – 10 November 2019), Craig
Howard (Resigned 28 July 2019)*

Responsible for the strategic design and delivery of digital and service transformation informed by community and performance insights.

Executive Director People and Culture

*Rebecca Hodges
(from July – 26 August 2019
also held Executive Director
responsibilities for Strategic
Communication & Engagement)*

Responsible for providing leadership and direction for the organisation's workforce strategy, organisational development and cultural programs. This includes diversity and inclusion, professional conduct, and expertise and support in the areas of health and safety, wellbeing and support services, human resources, employee relations and payroll services.

Executive Director Quality and Patient Experience

Nicola Reinders

Responsible for providing leadership and direction for clinical governance, patient safety and quality systems, and supporting a culture of continuous improvement in the delivery of patient-centred care to ensure Ambulance Victoria delivers Best Care every time.

Medical Director

*Professor Stephen
Bernard ASM*

Responsible for providing expert medical advice, clinical research, and development of clinical practice guidelines.

Executive Structure

Ambulance Victoria Board of Directors

Ken Lay (Chair)

Chief Executive Officer

Tony Walker

Medical Director
Stephen Bernard

Executive Director Quality and Patient Experience
Nicola Reinders

Chief Operating Officer
Mark Rogers

Executive Director People and Culture
Rebecca Hodges

Executive Director Corporate Services
Rob Barr

Executive Director Transformation and Strategy
Jill Fitzroy

Executive Director Strategic Communication and Engagement
Tracey Curro

Executive Director Operational Communications
Anthony Carlyon

Executive Director Clinical Operations
Mick Stephenson

Statement of Priorities

Progress against Part A deliverables

Goals	Strategies	Health Service Deliverables	Outcome
BETTER HEALTH			
<ul style="list-style-type: none"> › A system geared to prevention as much as treatment › Everyone understands their own health and risks › Illness is detected and managed early › Healthy neighbourhoods and communities encourage healthy lifestyles 	<ul style="list-style-type: none"> › Reduce statewide risks › Build healthy neighbourhoods › Help people to stay healthy › Target health gaps 	<p>Ambulance Victoria recognises that greater engagement and participation by consumers and the community in the shape and delivery of their health care services, improves people's experiences of care and ultimately their outcomes. By June 2020, in consultation with local communities, especially regional and remote communities, we will develop local engagement plans across the state. These tailored plans will support communities to be prepared and where possible respond to emergencies such as out of hospital cardiac arrest.</p>	<p>Achieved.</p> <p>Localised engagement plans have been developed for 17 new Heart Safe Community sites across Victoria. This includes teaching community members cardiopulmonary resuscitation, registering Automated External Defibrillators and encouraging registration with the GoodSAM app to respond to cardiac arrest prior to paramedic arrival.</p>
		<p>The Ambulance Victoria GoodSAM program is an initiative that uses smartphone technology to alert registered community responders to nearby cases of suspected cardiac arrest, enabling faster treatment and an increased chance of survival. Since its launch in 2018, the app has been credited with helping save 19 Victorian lives. By July 2019, we will expand the GoodSAM Responder program to include members of the public who have completed a nationally recognised first aid course. This will increase the number of community members available to provide first-aid to patients suffering cardiac arrest prior to paramedics arriving.</p>	<p>Achieved.</p> <p>In July 2019, Acting Premier Lisa Neville and Minister for Ambulance Services Jenny Mikakos announced the expansion of the GoodSAM program to nationally accredited and trained good samaritans, to increase the number of community members available to provide first-aid to patients suffering cardiac arrest prior to paramedics arriving. The GoodSAM program now has over 11,000 responders registered.</p>

Goals	Strategies	Health Service Deliverables	Outcome
BETTER ACCESS			
<ul style="list-style-type: none"> › Care is always there when people need it › Better access to care in the home and community › People are connected to the full range of care and support they need › Equal access to care 	<ul style="list-style-type: none"> › Plan and invest › Unlock innovation › Provide easier access › Ensure fair access 	<p>By March 2020, we will implement year two of the Best Care Innovation Fund, to identify and provide seed funding of up to \$10,000 for projects that improve care delivery and patient outcomes. This includes a particular focus on delivery of improvements in priority areas such as Ambulance Victoria Best Care goals (caring, safe, effective, connected); systems, processes or practices that support staff to deliver Best Care; and addressing clinical risk areas. Expressions of Interest for the Best Care Innovation Fund are available to all Ambulance Victoria staff.</p>	<p>Achieved.</p> <p>Applications for the year two Best Care Innovation Fund were received and assessed in late 2019, with the following projects receiving funding:</p> <ul style="list-style-type: none"> › Better care for loneliness and social isolation › Patient not transported (field referral) › Sharing of Health Information Sheets via the Clinical Practice Guidelines mobile application <p>The Peak Best Care Committee approved delivery of the Best Care Innovation Fund in February 2020 and projects are in progress.</p>
		<p>By June 2020, we will implement year 1 of the Ambulance Victoria Cultural Safety and Equity Action Plan, including embed the newly established Diversity and Inclusion Council. Ambulance Victoria will introduce mandatory cultural awareness training for staff, to build a culturally safe and equitable health care service for our patients that meets their unique needs and circumstances.</p>	<p>Good Progress.</p> <p>Implementation of the Cultural Safety and Equity Action Plan has progressed in 2019-20, and included establishing the Cultural Safety and Equity Working Group (equivalent to the Diversity and Inclusion Council), building cultural safety awareness, strengthening commitment to diversity and inclusion, and measurement and monitoring of improvement.</p> <p>Cultural awareness training has also been undertaken, with 99% of staff completing training via the AV Learning Management System.</p> <p>Due to COVID-19, elements in the Cultural Safety and Equity Action Plan requiring frontline staff input and validation, and engagement and consultation with the community, have been impacted. These activities will be carried forward to the next financial year for delivery.</p>

Goals	Strategies	Health Service Deliverables	Outcome
BETTER CARE			
<ul style="list-style-type: none"> › Target zero avoidable harm › Healthcare that focuses on outcomes › Patients and carers are active partners in care › Care fits together around people's needs 	<ul style="list-style-type: none"> › Put quality first › Join up care › Partner with patients › Strengthen the workforce › Embed evidence › Ensure equal care 	<p>The Ambulance Victoria Patient Assessment Standard will support paramedics in aligning their clinical practice with the goals of the Ambulance Victoria Best Care Framework. By June 2020, we will develop a new Patient Assessment Standard and an implementation plan for workforce training and tools. Over time, embedding the Patient Assessment Standard across Ambulance Victoria will reduce clinical risk, minimise cognitive bias, mitigate diagnostic error and provide care that is respectful of, and responsive to patient needs.</p>	<p>Achieved.</p> <p>AV's Patient Assessment Standards were developed and approved by the Medical Advisory Board in September 2019.</p> <p>The Patient Assessment Standards Education Handbook and educational resources have been developed and delivered to all paramedics through face to face and online education programs.</p>
		<p>Ambulance Victoria is working towards accreditation to the National Health Safety & Quality Standards by 2021, as the benchmark for quality and safety for our organisation.</p> <p>By June 2020, we will implement phase one of the Standards, to ensure the necessary systems and practices are in place at Ambulance Victoria to deliver high quality and safe care to all patients.</p>	<p>Achieved.</p> <p>To support AV's COVID-19 response, implementation of National Health Safety & Quality Standards phase one has been reprioritised to accelerate introduction of the standards for Infection Prevention and Control and Medication Safety during 2019-2020.</p> <p>The establishment of governance structures, gap analysis and action plans for all standards has also progressed 2019-2020, with further work to continue in 2020-2021. It is likely with the impact of COVID delaying progress on some of the standards, that preparation for accreditation to the National Safety and Quality Standards will be extended into 2022.</p>

Goals	Strategies	Health Service Deliverables	Outcome
SPECIFIC 2019-20 PRIORITIES (mandatory)			
Supporting the Mental Health System	Improve service access to mental health treatment to address the physical and mental health needs of consumers.	By April 2020, Ambulance Victoria will develop a Mental Health Improvement Plan, with a focus on improved system integration and coordination, service models and pathways that provide individualised and timely care, and training and education to improve paramedic confidence and mental health literacy. The Plan will ensure mental health patients have better access to treatment, receive better care and are supported by better paramedic capability.	Achieved. The Mental Health Improvement Plan was endorsed by the Peak Best Care Committee in February 2020. The Plan will be implemented in collaboration with consumers, clinicians and partners. A pilot of an enhanced mental health triage model via telehealth has been co-designed under our new Patient Care Academy taskforce for implementation in October 2020.
Addressing Occupational Violence	Foster an organisational wide occupational health and safety risk management approach, including identifying security risks and implementing controls, with a focus on prevention and improved reporting and consultation. Implement the Department's security training principles to address identified security risks.	As part of our Health and Safety Action Plan, Ambulance Victoria has made improvements to our occupational violence program to ensure paramedics continue to feel safe when working to help others. Recent improvements have included the rollout of new online learning modules, virtual reality training, presentations at first responder conferences and graduate training sessions. By June 2020, we will undertake a review of enterprise and operations risks relating to occupational violence, review and enhance our occupational violence reporting and dashboards, to support early identification and mitigation of risks and ensure our occupational violence controls are effective.	Achieved. The Occupational Violence Working Group has completed the review of the operational and enterprise risk registers with only minor structural changes required to the existing register. The structure of the risk register has been reworked to align to the AV workflow from call taking through to end of shift. The review of Ambulance Victoria's occupational violence reporting and dashboards has been completed and utilised for quarter 4 reporting. A new occupational violence monthly report has been developed and endorsed.

Goals	Strategies	Health Service Deliverables	Outcome
Addressing Bullying and Harassment	<p>Actively promote positive workplace behaviours, encourage reporting and action on all reports.</p> <p>Implement the Department's Framework for promoting a positive workplace culture by preventing bullying, harassment and discrimination and also provide training in guiding principles for Victorian health services.</p>	<p>To continue Ambulance Victoria's objective of improving the health and wellbeing of our workforce, the organisation has recently delivered customised anti-bullying and harassment training to managers through face-to-face facilitated sessions. By June 2020, Ambulance Victoria will develop a workplace behaviour risk profile, establish a future training strategy to build on our recent program, and deliver a communications plan to improve organisational awareness of the effects of bullying and harassment and support positive workplace behaviours.</p>	<p>Achieved.</p> <p>AV delivered customised anti-bullying and harassment training to managers through face-to-face facilitated sessions in 2018-2019.</p> <p>In 2019-2020, AV developed a workplace behaviour risk profile, established a future training strategy to build on the current manager program, and developed a general staff training program and communications plan. These actions will improve organisational awareness of the effects of bullying and harassment and support positive workplace behaviours.</p>
Supporting Vulnerable Patients	<p>Partner with patients to develop strategies that build capability within the organisation to address the health needs of communities and patients at risk of poor access to health care.</p>	<p>By June 2020, we will deliver the Mental Health Safety Day training for Ambulance Victoria clinical staff, including input from a patient with a lived experience, to improve our capability to appropriately manage vulnerable patients, with a particular focus on mental health patients.</p>	<p>Good Progress.</p> <p>The Mental Health Safety training day was planned to be delivered as part of the Continuing Professional Development program commencing May 2020.</p> <p>COVID-19 has impacted on the face to face delivery approach for the Continuing Professional Development training. AV has been advised that some of the planned mental health training content is not suitable for online delivery due to potential triggers requiring psychological support. Based on this advice, training has been postponed and content will be considered as part of the 2020-2021 educational program.</p> <p>AV has instead funded an evidence based training package developed by the Black Dog Institute, to be delivered to all AV staff and volunteers. This training commenced in June 2020 and aims to build staff mental health resilience by using practical strategies to manage high stress situations and difficult emotions.</p>

Goals	Strategies	Health Service Deliverables	Outcome
Supporting Aboriginal Cultural Safety	Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices across all parts of the organisation to recognise and respect Aboriginal culture and deliver services that meet the needs, expectations and rights of Aboriginal patients, their families, and Aboriginal staff.	Ambulance Victoria has seen improvements in patient care when we partner with Aboriginal and Torres Strait Islander communities. To improve health outcomes for Aboriginal people, we need strong, resilient partnerships. By June 2020, we will form a Reconciliation Working Group and develop a draft Statement of Commitment to Reconciliation, and commence development of a Reconciliation Action Plan, to strengthen Ambulance Victoria's understanding and engagement with Aboriginal and Torres Strait Islander communities.	<p>Achieved.</p> <p>The Reconciliation Working Group was established in October 2019.</p> <p>The draft Statement of Commitment to Reconciliation has been developed in consultation with key stakeholders including Reconciliation Australia, Reconciliation Victoria, Victorian Public Service, Health, and Emergency Management partners, and has been approved by the Ambulance Victoria Board.</p> <p>The development of the Reconciliation Action Plan commenced in quarter 3 with preparation of facilitated discussions, providing opportunity for input and contribution from Reconciliation Working Group members.</p>
Addressing Family Violence	Strengthen responses to family violence in line with the Government's Multiagency Risk Assessment and Risk Management Framework and assist the Government in understanding workforce capabilities by championing participation in the census of workforces that intersect with family violence.	Ambulance Victoria is a child safe organisation and a partner in government-wide family violence reforms. By June 2020, we will strengthen the Ambulance Victoria family violence procedure and develop a family violence maturity work plan, to increase paramedic competency to manage family violence.	<p>Achieved.</p> <p>AV has strengthened responses to family violence to align with impending Multiagency Risk Assessment and Risk Management Framework and information sharing reforms. This included publication of a revised family violence procedure including risk assessment and management protocols and information sharing responsibilities; and completion of a gap analysis between impending and current practice.</p> <p>During quarter 3, AV developed a family violence maturity assessment and workplan, and family violence procedure to incorporate the Multiagency Risk Assessment and Risk Management Framework and information sharing legislative accountabilities. Staff training to support and reinforce the new procedure is an important component of the implementation workplan.</p>

Goals	Strategies	Health Service Deliverables	Outcome
Implementing Disability Action Plans	Continue to build upon last year's action by ensuring implementation and embedding of a disability action plan which seeks to reduce barriers, promote inclusion and change attitudes and practices to improve the quality of care and employment opportunities for people with disability.	<p>Ambulance Victoria's draft Accessibility Action Plan was developed in 2018-19 to ensure we better meet the needs of people with disability who interact with our organisation. Development of the draft has been informed through an extensive internal and external consultation process that has included people with lived disability, carers, sector stakeholders and policy makers. The draft Plan focusses on four key areas: Inclusion and participation; Information, services and facilities; Employment, training and volunteering; and Fairness, respect and safety.</p> <p>By August 2019, we will release the draft for consultation with the Victorian community and finalise the Accessibility Action Plan by December 2019. By June 2020, we will be at the mid-point of implementing year one activities, including introducing braille identification on operational staff identification cards, launching a 'listen to' feature across the Ambulance Victoria website, and establishing monitoring and reporting mechanisms.</p>	<p>Achieved.</p> <p>The finalised Accessibility Action Plan was released in November 2019 via AV stakeholder networks, Better Together and AV websites in full, plain English, audio and e-text versions.</p> <p>Year one achievements include ReadSpeaker functionality and a dedicated accessibility page on the AV website, a braille sticker initiative for AV staff identification, and revision of branch design guidelines to include improved accessibility considerations.</p> <p>To continue to help meet the needs of people who use, visit, work and volunteer for AV, regular monitoring and reporting mechanisms have been established via the Cultural Safety and Equity working group, the Community Advisory Committee and the AV Executive and Board.</p>
Supporting Environmental Sustainability	Contribute to improving the environmental sustainability of the health system by identifying and implementing projects and/or processes to reduce carbon emissions.	During 2018-19, Ambulance Victoria developed its first Social and Environmental Responsibility Framework and Action Plan. By June 2020, we will implement year one of the Action Plan, including establishing a new sustainability function and team, to continue to demonstrate Ambulance Victoria's approach to building a socially and environmentally responsible business.	<p>Achieved.</p> <p>AV established a new sustainability team in July 2019 and the first year of the Social and Environmental Responsibility Action Plan was delivered in June 2020. A network of representatives across the organisation was created to support sustainability communications and engagement. Climate change continues to be a key focus via ongoing carbon emissions reduction activity.</p>

Performance Priorities

	2019-2020 Target	2019-2020 Actual
HIGH QUALITY & SAFE CARE		
Accreditation		
Certification to the ISO Standard ISO 9001:2015	Certified	Certified
Infection prevention and control		
Percentage of healthcare workers immunised for influenza ¹	84.0%	86.9%
Quality and safety		
Percentage of respondents who rated care, treatment, advice and/or transport received from the ambulance service as good or very good ²	95.0%	97.0%
Percentage of patients experiencing severe cardiac or traumatic pain whose level of pain was reduced significantly ³	90.0%	91.8%
Percentage of adult stroke patients transported to definitive care within 60 minutes ⁴	90.0%	97.9%
Percentage of major trauma patients that meet destination compliance ⁵	85.0%	95.4%
Percentage of adult cardiac arrest patients surviving to hospital ⁶	50.0%	54.6%
Percentage of adult cardiac arrest patients surviving to hospital discharge ⁶	25.0%	33.9%
Percentage of respondents who rated care and treatment received from paramedics as good or very good	95.0%	98.0%
STRONG GOVERNANCE, LEADERSHIP & CULTURE		
Organisational culture		
People matter survey – percentage of staff with an overall positive response to safety and culture questions ⁷	80.0%	85.0%
People matter survey – percentage of staff with a positive response to the question, 'I am encouraged by my colleagues to report any patient safety concerns I may have' ⁷	80.0%	90.0%
People matter survey – percentage of staff with a positive response to the question, 'Patient care errors are handled appropriately in my work area' ⁷	80.0%	85.0%
People matter survey – percentage of staff with a positive response to the question, 'My suggestions about patient safety would be acted upon if I expressed them to my manager' ⁷	80.0%	86.0%
People matter survey – percentage of staff with a positive response to the question, 'The culture in my work area makes it easy to learn from the errors of others' ⁷	80.0%	78.0%
People matter survey – percentage of staff with a positive response to the question, 'Management is driving us to be a safety-centred organisation' ⁷	80.0%	92.0%
People matter survey – percentage of staff with a positive response to the question, 'This health service does a good job of training new and existing staff' ⁷	80.0%	79.0%
People matter survey – percentage of staff with a positive response to the question, 'Trainees in my discipline are adequately supervised' ⁷	80.0%	76.0%
People matter survey – percentage of staff with a positive response to the question, 'I would recommend a friend or relative to be treated as a patient here' ⁷	80.0%	97.0%

Continued >

	2019-2020 Target	2019-2020 Actual
TIMELY ACCESS TO CARE		
Response times Statewide		
Percentage of emergency Code 1 incidents responded to within 15 minutes ⁸	85%	82.3%
Percentage of emergency Priority 0 incidents responded to within 13 minutes	85%	85.5%
Response times Urban		
Percentage of emergency Code 1 incidents responded to within 15 minutes in centres with a population greater than 7,500 ⁹	90.0%	87.6%
40-minute transfer		
Percentage of patients transferred from ambulance to ED within 40 minutes	90.0%	77.9%
Call referral		
Percentage of triple zero cases where the caller receives advice or service from another health provider as an alternative to an emergency ambulance response – statewide	15.0%	17.6%
Clearing time		
Average ambulance hospital clearing time ¹⁰	20 mins	20.01 mins

Notes:

1. Includes all AV staff. Results reflect the 2019 Influenza Immunisation Program which ran until the end of August 2019, as required by business rules.
2. Based on results of VHES survey conducted in 2019 (excludes missing/don't know/cant say from total responses).
3. Includes patients of all ages with traumatic pain and patients aged 15 years or older 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. Provisional figures are provided.
4. Includes patients aged 15 years or older whose final paramedic assessment was stroke and who were transported to a hospital with stroke unit and thrombolysis or telemedicine services within 60 minutes. Excludes inter-hospital transports. Provisional figures are provided.
5. 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 July 2019 – December 2019.
6. Adult (≥15 years) cardiac arrests where resuscitation was attempted by EMS (excluding those cases where resuscitation was commenced but ceased when a Do Not Resuscitate was discovered) and the arrest rhythm on first ECG assessment was Ventricular Fibrillation (VF) or Ventricular Tachycardia (VT). VF/VT events include cases that were defibrillated prior to the arrival of EMS. EMS denotes Ambulance Victoria, Fire Services (Metropolitan Fire Brigade (MFB), Country Fire Authority (CFA)) and Community Emergency Response Teams (CERT). Excludes cardiac arrests witnessed by a paramedic. Cardiac arrest data is sourced from the Victorian Ambulance Cardiac Arrest Registry (VACAR) which is subject to ongoing quality control and is continually updated. Survival to hospital percentage calculation excludes cases where rhythm on arrival at hospital was unknown. Survival to hospital discharge percentage calculation excludes cases where hospital outcome data is unavailable. The data provided is provisional. Results based on data available from July 2019 to May 2020.
7. People Matter Survey results reflect data submitted to the Department in 2019. Results have been calculated excluding 'Neither agree or Disagree' and 'Don't know' responses from the total responses received so may vary from internal results.
8. From 1 July 2014 Statewide response times are based on data sourced from the Computer Aided Dispatch system.
9. Based on the Australian Bureau of Statistics Urban Centre boundaries (2016 census) and resident population data.
10. Based on all emergency transports with recorded times. From 1 July 2019, minor data quality issues were resolved.

Statistical Summary

	2019-20	2018-19 ²	2017-18	2016-17 ¹	2015-16
EMERGENCY ROAD INCIDENTS					
METROPOLITAN REGIONS					
Code 1	217,715	213,557	205,555	200,960	246,068
Code 2	163,967	160,169	160,926	151,974	139,196
Code 3	59,571	58,565	50,105	46,625	31,499
Total Metropolitan Emergency Road Incidents	441,253	432,291	416,586	399,559	416,763
RURAL REGIONS					
Code 1	92,372	87,779	81,776	78,372	96,412
Code 2	72,960	70,722	69,755	66,533	60,143
Code 3	27,365	27,923	23,898	22,028	16,384
Total Rural Emergency Road Incidents	192,697	186,424	175,429	166,933	172,939
ALL REGIONS					
Code 1	310,087	301,336	287,331	279,332	342,480
Code 2	236,927	230,891	230,681	218,507	199,339
Code 3 ³	86,936	86,488	74,003	68,653	47,883
Total Statewide Emergency Road Incidents	633,950	618,715	592,015	566,492	589,702
NON-EMERGENCY ROAD INCIDENTS					
Total Metropolitan Non-Emergency Road Incidents ³	253,397	246,594	235,627	229,921	200,754
Total Rural Non-Emergency Road Incidents ³	85,616	74,865	61,441	53,551	45,190
Total Statewide Non-Emergency Road Incidents	339,013	321,459	297,068	283,472	245,944
Total Metropolitan Road Incidents³	694,650	678,885	652,213	629,480	617,517
Total Rural Road Incidents	278,313	261,289	236,870	220,484	218,129
ROAD INCIDENTS (ALL REGIONS)					
Emergency Code 1	310,087	301,336	287,331	279,332	342,480
Emergency Code 2	236,927	230,891	230,681	218,507	199,339
Emergency Code 3 ³	86,936	86,488	74,003	68,653	47,883
Non-Emergency ³	339,013	321,459	297,068	283,472	245,944
Total Road Incidents³	972,963	940,174	889,083	849,964	835,646
AIR INCIDENTS (ALL REGIONS)					
Fixed Wing – Emergency	1,771	2,235	2,437	2,298	2,523
Fixed Wing – Non-Emergency ³	2,693	2,661	2,255	2,253	2,413
Total Fixed Wing Incidents³	4,464	4,896	4,692	4,551	4,936

Continued >

	2019-20	2018-19 ²	2017-18	2016-17 ¹	2015-16
HELICOPTERS					
Helicopter (HEMS 1 Essendon)	554	617	591	392	458
Helicopter (HEMS 2 Latrobe Valley)	449	505	499	452	387
Helicopter (HEMS 3 Bendigo)	463	532	521	424	373
Helicopter (HEMS 4 Warrnambool)	331	342	345	282	247
Helicopter (HEMS 5 Retrieval)	546	591	593	578	568
Total Helicopter Incidents (All Emergency)	2,343	2,587	2,549	2,128	2,033
Emergency Air Incidents	4,114	4,822	4,986	4,426	4,556
Non-Emergency Air Incidents ³	2,693	2,661	2,255	2,253	2,413
Total Air Incidents³	6,807	7,483	7,241	6,679	6,969
ADULT RETRIEVAL					
Cases handled	4,833	5,172	5,178	4,897	4,938
RETRIEVALS⁴					
Road retrievals – ARV Crew (Doctors and/or Critical Care Registered Nurse)	474	546	652	NA	NA
Road retrievals – paramedic only	414	364	368	278	267
Road retrievals – doctor & paramedic	159	195	228	477	558
Total road retrievals	1,047	1,105	1,248	755	825
Air retrievals – paramedic only	1,024	1,221	1,144	1,183	1,132
Air retrievals – doctor & paramedic	473	542	549	493	594
Total air retrievals	1,497	1,763	1,693	1,676	1,726
Total adult retrievals	2,544	2,868	2,941	2,431	2,551
CODE 1 RESPONSE TIME					
Proportion of emergency (Code 1) incidents responded to in 15 minutes or less	82.3%	84.0%	81.8%	78.3%	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 ⁵	87.6%	89.3%	87.2%	83.7%	80.5%
SECONDARY TRIAGE SERVICE					
Percentage of Triple Zero (000) cases resulting in callers receiving health advice or service from another health provider as an alternative to emergency ambulance response ⁹	17.6%	15.5%	14.9%	15.3%	9.2%

Continued >

	2019-20	2018-19 ²	2017-18	2016-17 ¹	2015-16
PATIENTS TRANSPORTED⁶					
ROAD TRANSPORTS (METROPOLITAN REGIONS)					
Emergency Operations	342,337	330,564	306,127	285,484	291,419
Non-Emergency Operations Stretcher ³	136,540	129,745	134,466	128,389	109,410
Total Stretcher	478,877	460,309	440,593	413,873	400,829
Non-Emergency Clinic Transport Services ³	101,152	97,033	89,647	82,293	76,284
Total Metropolitan Regions	580,029	557,342	530,240	496,166	477,113
ROAD TRANSPORTS (RURAL REGIONS)					
Total Rural Regions	225,601	211,818	187,483	176,455	172,564
Total Patients Transported by Road	805,630	769,160	717,723	672,621	649,677
AIR TRANSPORTS (ALL REGIONS)					
Fixed Wing transports ³	4,464	4,806	4,665	4,504	4,852
HELICOPTERS					
Helicopter (HEMS 1 Essendon)	461	519	506	324	350
Helicopter (HEMS 2 Latrobe Valley)	370	416	428	382	312
Helicopter (HEMS 3 Bendigo)	389	446	424	349	298
Helicopter (HEMS 4 Warrnambool)	279	289	295	244	196
Helicopter (HEMS 5 Retrieval)	474	505	495	471	479
Total Helicopter Transports	1,973	2,175	2,148	1,770	1,635
Total Air Transports³	6,437	6,981	6,813	6,274	6,487
Total Patient Transports³	812,067	776,141	724,536	678,895	656,164
ROAD PATIENTS TRANSPORTED (ALL REGIONS) - CHARGING CATEGORIES⁷					
COMPENSABLE TRANSPORTS					
Veterans' Affairs	16,821	18,382	19,980	21,413	23,256
Transport Accident Commission	15,741	16,046	14,789	13,153	11,853
WorkCover	3,802	3,959	3,652	3,447	3,666
Public Hospital Transfers ³	28,202	28,441	26,732	24,712	25,990
Private Hospital Transfers ³	2,191	2,214	2,229	2,071	2,251
Ordinary	62,933	60,768	56,782	53,863	53,000
Subscriber	155,599	146,491	132,189	123,187	120,615
Total Compensable Road Transports	285,289	276,301	256,353	241,846	240,631

Continued >

	2019-20	2018-19 ²	2017-18	2016-17 ¹	2015-16
Community Service Obligation Road Transports ³	512,178	487,853	453,081	422,778	400,838
Other ^{3,8}	5,996	8,107	8,289	7,997	8,208
Total Patients Transported by Road⁵	803,463	772,261	717,723	672,621	649,677

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 workload, including the Code 1 subset of Consultative Committee final report, sees a progressive increase in the number of Triple Zero calls receiving secondary triage by AV. Overall Emergency Ambulance workload, shows lower annualised growth than Triple Zero (000) call volume for May and June 2016 as a result of this program.
2. Figures for 2018-19 have been updated where applicable to include data received after the completion of last year's report.
3. 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.
4. Retrievals may appear as either a road incident, an air incident or both. During 2016-17, Adult Retrieval Victoria introduced a new platform – ARV Ambulance. This has resulted in a change in how staff are crewed, therefore from 2017-18 there are retrievals without paramedic attendances.
5. Based on the Australian Bureau of Statistics Urban Centre boundaries (2016 census) and resident population data.
6. 'Patients Transported' are categorised as metropolitan or rural based on the location of the resource used. Data for the 2019/20 is preliminary and subject to change.
7. 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 2019/20 are estimates.
8. The 'other' category includes the road components of multi-legged road transports which have not been assigned a charge class. The 'Other' category also includes road transports not yet assigned a charge class.
9. Referral results have been updated to include doctor request (CLINMRT) and referral welfare check cases that were diverted from emergency dispatch. This change has been implemented to correct an inconsistency between Emergency and Secondary Triage Services reporting. Figures prior to 2019/2020 are incomparable.

Code 1 First Response Performance by LGA, 2019-2020

Local Government Area Name	% Responses ≤ 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Alpine	49.0%	19:22	565
Ararat	64.5%	15:27	639
Ballarat	87.2%	10:54	6,798
Banyule	89.2%	10:21	5,593
Bass Coast	67.2%	14:12	2,361
Baw Baw	68.4%	14:23	2,914
Bayside	86.9%	11:09	3,301
Benalla	57.1%	16:26	900
Boroondara	89.5%	10:37	4,755
Brimbank	88.7%	10:39	10,081
Buloke	32.2%	24:29	314
Campaspe	65.7%	13:45	2,042
Cardinia	71.3%	12:48	4,994
Casey	84.6%	11:10	13,875
Central Goldfields	62.2%	15:29	886
Colac-Otway	67.8%	14:40	942
Corangamite	57.1%	16:13	727
Darebin	90.7%	09:58	7,510
East Gippsland	61.4%	15:44	3,026
Frankston	91.2%	09:58	8,119
Gannawarra	48.0%	20:09	504
Glen Eira	90.7%	10:13	5,418
Glenelg	76.9%	12:53	931
Golden Plains	32.4%	19:30	790
Greater Bendigo	78.4%	12:23	6,908
Greater Dandenong	90.8%	09:55	8,519
Greater Geelong	83.0%	11:30	14,500
Greater Shepparton	84.2%	11:04	4,280
Hepburn	39.5%	18:51	807
Hindmarsh	59.0%	19:03	295
Hobsons Bay	85.8%	10:59	4,329

Continued >

Local Government Area Name	% Responses ≤ 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Horsham	82.9%	10:55	1,175
Hume	84.8%	11:07	12,873
Indigo	30.5%	21:22	547
Kingston	89.2%	10:13	6,854
Knox	91.3%	10:03	6,699
Latrobe	79.5%	11:33	6,205
Loddon	36.3%	21:03	509
Macedon Ranges	64.6%	13:49	2,047
Manningham	84.1%	11:53	4,454
Mansfield	39.6%	25:18	376
Maribyrnong	90.0%	10:09	3,772
Maroondah	92.3%	09:24	5,307
Melbourne	91.6%	09:04	9,527
Melton	79.8%	11:47	7,816
Mildura	84.2%	11:17	3,318
Mitchell	65.6%	14:08	2,422
Moira	56.8%	16:45	1,788
Monash	88.0%	10:57	6,963
Moonee Valley ¹	86.9%	11:16	5,530
Moorabool	66.1%	13:41	1,626
Moreland	89.2%	10:37	8,479
Mornington Peninsula	81.0%	11:19	9,032
Mount Alexander	55.6%	16:51	808
Moyne	39.9%	18:16	624
Murrindindi	40.5%	19:56	782
Nillumbik	69.4%	13:30	2,048
Northern Grampians	67.5%	14:46	658
Port Phillip	90.9%	09:41	4,881
Pyrenees	43.8%	19:01	459
Queenscliffe	63.3%	14:51	199
South Gippsland	48.7%	18:02	1,551
Southern Grampians	62.8%	16:40	712
Stonnington	88.9%	10:30	3,823

Continued >

Local Government Area Name	% Responses ≤ 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Strathbogie	43.0%	18:54	704
Surf Coast	64.1%	14:43	1,370
Swan Hill	74.1%	13:26	1,146
Towong	36.6%	23:48	303
Unincorporated Vic	50.7%	27:06	73
Wangaratta	76.6%	12:54	1,666
Warrnambool	92.8%	09:45	1,626
Wellington	62.5%	15:18	2,309
West Wimmera	37.2%	21:54	148
Whitehorse	91.3%	09:47	6,335
Whittlesea	84.2%	11:09	9,869
Wodonga	86.2%	10:58	2,339
Wyndham	83.1%	11:17	9,000
Yarra	92.1%	09:10	4,591
Yarra Ranges	76.1%	12:17	6,921
Yarriambiack	36.8%	22:37	375
Interstate LGAs	60.8%	17:01	993
Total AV	82.3%	11:34	301,255

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

Code 1 First Response Performance by UCL > 7500, 2019-2020

Urban Centre Locality Name >7500	% Responses ≤ 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Albury – Wodonga (Wodonga Part)	89.5%	10:29	2,140
Bacchus Marsh	82.1%	10:42	906
Bairnsdale	80.7%	11:29	968
Ballarat	88.7%	10:41	6,505
Benalla	68.8%	14:22	669
Bendigo	84.1%	11:25	6,068
Castlemaine	70.9%	14:42	488
Colac	86.5%	10:40	608
Drouin	80.6%	12:48	720

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Urban Centre Locality Name >7500	% Responses ≤ 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Drysdale - Clifton Springs	80.3%	12:15	714
Echuca - Moama (Echuca Part)	88.6%	09:38	782
Geelong	87.1%	10:54	10,248
Gisborne	74.4%	11:22	497
Hamilton	88.5%	10:33	443
Healesville	81.5%	10:48	604
Horsham	91.7%	09:15	1,024
Lara	84.4%	11:15	710
Leopold	83.9%	11:10	508
Maryborough (Vic.)	77.0%	12:43	631
Melbourne	88.1%	10:30	197,111
Melton	81.7%	11:06	4,036
Mildura - Buronga (Mildura Part)	93.7%	09:09	2,364
Moe - Newborough	80.4%	10:55	1,766
Morwell	90.6%	09:41	1,737
Ocean Grove - Barwon Heads	82.3%	11:34	846
Portland (Vic.)	86.4%	10:44	559
Sale	89.1%	09:27	786
Shepparton - Mooroopna	91.2%	09:55	3,375
Sunbury	84.4%	10:42	1,866
Swan Hill	89.6%	09:31	636
Torquay - Jan Juc	73.8%	12:42	736
Traralgon	83.4%	11:10	1,749
Wallan	84.2%	10:43	512
Wangaratta	90.2%	10:20	1,300
Warragul	81.0%	11:47	1,038
Warrnambool	93.7%	09:28	1,541
Wonthaggi	88.1%	09:46	646
Yarrawonga - Mulwala (Yarrawonga Part)	72.6%	15:07	584
Total UCLs > 7500	87.6%	10:35	258,421

* The Maryborough (Vic.), Wonthaggi and Yarrawonga - Mulwala (Yarrawonga Part) UCLs were redefined by the Australian Bureau of Statistics in the 2016 census as having a population greater than 7,500 people.

The Melbourne UCL was redefined by the Australian Bureau of Statistics in the 2016 census to include the area which was previously the Pakenham UCL. Ambulance Victoria has implemented 2016 census changes from 1st July 2018.

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 Triple Zero (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

Code 1 incidents require urgent paramedic and hospital care, based on information available at time of call.

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.

Code 3 incidents are not urgent but still require an ambulance response, based on information available at time of call.

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 & Human Services; patient or third party (e.g. hospital, Department of Veterans' Affairs, WorkSafe, Transport Accident Commission, Member Subscription Scheme) are responsible for fees.

Community Service Obligation

Partially funded by Department of Health & Human Services – Pensioners or Health Care Card holders are exempt from fees.

Retrieval

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.

Cases handled by Adult Retrieval Victoria include the provision of adult critical care and major trauma advice, coordination of critical care bed access and retrieving critical care patients across the state.

Secondary Triage Service

The AV Secondary Triage Service provides additional triaging of lower priority calls to Triple Zero (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

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.

From 1 July 2013 all response times are based on data sourced from the Computer Aided Dispatch (CAD) system.

% ≤ 15mins

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. 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.

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.

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)

Urban Centres and Localities (UCLs) are Australian Bureau of Statistics (ABS), statistical divisions that define urban areas and capture residential populations. Ambulance Victoria reports performance for larger UCLs where population exceeds 7,500 persons.

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.

Statutory Compliance

Freedom of Information

Ambulance Victoria received 2,271 requests under the *Freedom of Information Act 1982* for the 2019-2020 financial year.

Full access to documents was provided in 1,352 requests. Exemptions under the Act were applied to 533 requests.

Partial access was granted for 531 requests whilst two requests were denied in full.

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

Documents commonly fully exempted were internal working documents or contained matters communicated in confidence.

Most applications were received from members of the general public and lawyers/solicitors. Requests were also received from Members of Parliament, media organisations, hospitals and psychologists.

The majority of applications were for access to Patient Care Records held by AV, by patients, their legal representatives or surviving next of kin.

AV collected \$44,400 in application fees.

AV collected nil dollars in access charge fees to facilitate access to documents.

In addition, the Freedom of Information unit at AV processed 562 requests for the Coroners Court of Victoria, 84 for the Department of Health and Human Services/Child Protection and 200 for TAC applying the relevant Statute Law.

Freedom of Information Requests	2019 / 2020
Requests received during the year	2,271
Request not completed within the statutory period	15
Request transferred to another agency	7
Request transferred from another agency	0
Request withdrawn or not proceed with by the applicant	119
Access granted in full	1,352
Access granted in part (exemptions applied)	531
Access denied in full (exemptions applied)	2
Request where no relevant documents could be located	186
Request not deemed valid	44
Requests awaiting completion at the end of the financial year	40
FOI Commissioner	
Reviews/Complaints accepted by FOI Commissioner	2
VCAT appeal lodged	0

The Freedom of Information unit also processed 1,509 police requests for Patient Care Records or Paramedic statements and finalised 138 subpoenas to produce documents for the Magistrates County and Supreme Courts of Victoria and for courts in interstate jurisdictions.

Further information pertaining to Freedom of Information at AV can be found on the AV website Freedom of Information Part 11 Statement.

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.

Building Standards

AV maintains a high level of compliance to Victoria's legislative framework for building activity. All building construction activities carried out during the year were conducted in accordance with the requirements of the *Building Act 1993*, the Building Regulations 2018 and the relevant provisions of the National Construction Code. Maintenance and annual reporting of Essential Safety Measures were completed in accordance with requirements of the Building Regulations 2018.

Carers' Recognition Act

AV acknowledges and values the important contribution that people in care relationships make to the community, recognising differing needs and promoting the benefit that care relationships bring in accordance with the *Carers' Recognition Act 2012* (the Act). AV is committed to ensuring its policies and procedures comply with the statement of principles in the Act and will work to ensure the role of carers is recognised within the organisation.

Code of Conduct

AV employees are subject to the Code of Conduct for Victorian Public Sector Employees (the Code). AV has 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 reviewed on a regular basis.

Compliance with DataVic Access Policy

Consistent with the DataVic Access Policy issued by the Victorian Government in 2012, the information on operational performance, workforce data and performance priorities included in this Annual Report will also be available at www.data.vic.gov.au in machine readable format.

Public Interest Disclosure Act 2012

Under the *Public Interest 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.

Local Jobs First Act 2003

The cost for services for Fleet Mobile Support was identified and awarded in the reportable value range of \$3 million or more, but less than \$50 million. All principles of Local Jobs First (LJFP) were undertaken for this project including Industry Capability Network (ICN) notification and provision of a Local Industry Development Plan (LIDP) inclusion and assessment. The cost for the maintenance and support of Cisco Devices was also estimated at a value of \$3 million or more, but less than \$50 million. Under this assumption, LJFP assessments were applied to the project. However, the actual value of the Cisco Device tender was awarded at a value less than the \$3 million threshold. AV can confirm that the LJFP were applied to the Cisco tender, and the policy requirements are no longer applicable as the value of the project did not meet the threshold.

Additional information available on request



Details in respect of the items listed below have been retained by Ambulance Victoria and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- › Declarations of pecuniary interests have been duly completed by all relevant officers;
- › Details of shares held by senior officers as nominee or held beneficially;
- › Details of publications produced by the entity about Ambulance Victoria, and how these can be obtained;
- › Details of changes in prices, fees, charges, rates and levies charged by Ambulance Victoria;
- › Details of any major external reviews carried out on the Ambulance Victoria;
- › Details of major research and development activities undertaken by Ambulance Victoria that are not otherwise covered either in the report of operations or in a document that contains the financial statements and report of operations;
- › Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- › Details of major promotional, public relations and marketing activities undertaken by Ambulance Victoria to develop community awareness of the Ambulance Victoria and its services;
- › Details of assessments and measures undertaken to improve the occupational health and safety of employees;
- › A general statement on industrial relations within Ambulance Victoria and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the report of operations;
- › A list of major committees sponsored by Ambulance Victoria, the purposes of each committee and the extent to which those purposes have been achieved; and
- › Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

Consultancies

In 2019-2020, there were five consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2019-2020 in relation to these consultancies is \$554,000 (excl. GST). Details of individual consultancies are below. Ambulance Victoria did not engage any consultants where the total fees payable to the Consultants was less than \$10,000.

Details of individual consultancies

Consultant Name	Purpose of Consultancy	Start date	End date	Total Approved Project Fee (excl GST) \$'000	Expenditure 2019-2020 \$'000	Future Expenditure (excl GST) \$'000
Deloitte Financial Advisory Pty Ltd	Headquarters Accommodation Needs Analysis	Oct-19	Nov-19	\$272	\$256	\$0
Jones Lang Lasalle (VIC) Pty Ltd	Feasibility Assessment of Headquarter Premises Changes*	Nov-18	Jul-19	\$30	\$16	\$0
KPMG Peat Marwick Management Consulting	Computer Aided Dispatch ESTA-AV Data Feed Review	Nov-19	Dec-19	\$151	\$151	\$0
KPMG Peat Marwick Management Consulting	Change Capability Review	Oct-19	Dec-19	\$88	\$88	\$0
Turner & Townsend Thinc Pty Ltd	Operational Capability Training Facilities Needs Analysis	Jun-19	Dec-19	\$43	\$43	\$0

* Underlying project did not progress.

ICT Expenditure

Details of Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2019-2020 is \$55.07m (excluding GST) with the details shown below (\$m).

Business As Usual (BAU) ICT expenditure (Total)	Non Business As Usual (non BAU) ICT expenditure (Total = Operational expenditure and Capital Expenditure)	Operational expenditure	Capital expenditure
\$30.59m	\$24.48m	\$3.57m	\$20.91m

Health, Safety and Wellbeing

Statistics

	2019-2020	2018-2019	2017-2018
Number of workplace fatalities	0	0	0
Lost Time Injury Frequency Rate (LTIFR) ¹	59.9	55.4	51.4
Average number of Standard claims per 100 FTE (Full Time Equivalent) staff ¹	5.3	4.2	3.8
Average number of Standard claims per 1,000,000 hours worked ¹	32.3	25.0	22.5
Average cost per WorkCover Standard claim ^{1,2}	\$81,262	\$68,690	\$57,392
Number of hazards/incidents reports lodged ³	3,995	3,369	3,074
Percentage of WorkCover standard claims with RTW plan initiated	100%	100%	100%
Percentage of employees immunised against influenza (including ACOs) ⁴	86.9%	83.7%	83.5%
Number of Health and Safety Representatives (HSR) positions filled ⁵	274	265	236

Notes:

1. An increased number of Standard WorkCover claims in 2019-2020 negatively impacted the LTIFR, the average number of Standard Claims per 100 FTE and the average cost per WorkCover Standard Claim rates. The average number of Standard WorkCover claims per 1,000,000 Hours Worked has been included to show the impact of the increasing number of claims on the AV workforce environment based on the number of productive hours worked.
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. The 2019-2020 result is based on the cost of claims as received by Xchanging as at the end of June 2020, divided by the total number of Standard WorkCover claims lodged in 2019-2020.
3. The number of hazards/incidents/injuries (HIIs) as lodged in AV's Health, Safety and Claims System (HSCS).
4. The result reflects the uptake of the 2019 Influenza Vaccination Program from 16 April to 31 August 2019
5. HSRs have increased in number over the past three years and align with the growth in the paramedic workforce and the number of AV locations.

Occupational Violence

Statistics

	2019-2020	2018-2019	2017-2018
1. WorkCover accepted claims with an occupational violence cause per 100 FTE	0.62	0.52	0.31
2. Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	3.66	2.23	1.02
3. Number of Occupational Violence HII's reported	696	653	610
4. Number of Occupational Violence HII's reported per 100 FTE	13.1	13.2	12.7
5. Percentage of Occupational Violence HII's resulting in a staff injury, illness or condition	4.74%	3.98%	2.46%

Notes:

1. 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.
- HII's – Occupational Health and Safety hazards/incidents/injuries (HIIs) reported in the health service incident reporting system (AV's Health and Safety Claims System (HSCS)).
- Accepted WorkCover claims – accepted WorkCover claims that were lodged in 2019-2020.
- Lost Time – defined as greater than one day.

Alcohol and Other Drugs

AV's Alcohol and Other Drugs (AOD) testing program consists of three distinct areas:

- ▶ Pre-employment testing for graduate paramedic applicants;
- ▶ Random testing for the existing workforce set at 20 per cent of the workforce via randomised locations and targeted testing of high risk groups; and
- ▶ 'For cause/post incident' testing.

Pre-employment AOD testing in 2019-2020 was conducted as part of the medical selection process and a total of 739 candidates were tested with nil positive results.

In the workforce testing programs in 2019-2020, AV conducted 895 AOD tests with nil employees testing positive for AV medications, seven employees testing positive for illicit substances, one employee testing positive for alcohol on duty and one employee testing positive whilst off duty. Four mandatory reports were made to the Australian Health Practitioner Regulation Agency during the financial year in line with National Standards.

All employees who test positive are given assistance through AV's supportive framework and the AOD Welfare Specialist.

Financial Overview

Key financial results

	2019-20 \$m	2018-19 \$m	2017-18 \$m	2016-17 \$m	2015-16 \$m
Operating Result ⁱ	14.265	33.476	8.215	12.513	32.011
Net Result From Transactions ⁱⁱ	13.322	56.189	16.205	32.506	41.911
Net Result	(18.209)	2.010	(9.692)	14.182	13.248
Comprehensive Result ⁱⁱⁱ	(18.209)	10.153	(9.692)	23.468	23.883

i. The Operating Result is the result for which Ambulance Victoria is monitored in its Statement of Priorities (refer reconciliation below).

ii. The result includes capital income, movements in financial instruments and depreciation.

iii. The Comprehensive Result reflects the movement in the net worth of the entity, being total assets less total liabilities at the balance sheet date.

Summary results 2019-20

AV has reported a deficit of \$18.2m

AV recorded a deficit in 2019-20. The global coronavirus pandemic has had a material impact on the public health sector, including AV. The deficit was largely generated by AV's COVID-19 response, which included implementation of safety and precautionary activities, and increasing resourcing to support AV's response to the pandemic. Government funding was provided which partially offset some of these financial impacts, along with unspent funding for the new EBA (which will be implemented and spent in 2020-21).

Total revenue increased by 4%

AV's total revenue comprises operating and capital income. Additional government funding was provided to AV to support COVID-19 and bushfire responses, sustain service capability and EBA pay increases. Transport revenue decreased slightly from the previous year due to lower billable workload (mostly resulting from the effect of COVID-19).

Growth in activity has increased expenditure

Overall service delivery expenditure has increased in 2019-20 due to continued increase in overall workload volume, and additional activities in response to COVID-19. The expenditure increase also reflects the ongoing impacts of the Ambulance Performance Improvement Plan, i.e. increased contracted non-emergency workload, and additional paramedics.

Major movements

Employee benefits

An additional 120 paramedics were recruited early as a part of AV's COVID-19 preparedness plan. Also, the full year impact of the recruits, as part of AV's performance improvement plan to improve response times and patient outcomes, and additional shifts to support increased workload, has contributed to the expenditure increase.

AASB 16 Leases

AASB 16 Leases came into effect in 2019-20. The key change introduced by the standard included the recognition of operating leases on balance sheet as right of use assets with a corresponding lease liability.

The accounting standard change also resulted in a reduction in Air Wing contract costs and rental expenses, and an increase in depreciation and interest charge.

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 \$1,206.8 million expenditure. The mix between major categories shows a high level of fixed cost:

Employee Costs and Major Contracts (including patient transport services, Air Ambulance services and computer aided ambulance dispatch services).

\$948.3 m
78% of
total

Supplies & indirect cost of medical supplies, ambulances and property maintenance, rental and occupancy costs, audit, membership promotion and office and technical expenses.

\$129.1 m
11% of
total

Depreciation and amortisation, doubtful debts and other charges.

\$129.4 m
11% of
total

\$1,206.8 million
expenditure

Contacts

Bank

AV Banks with Westpac Institutional Bank under the DTF Central Banking System.

Westpac Institutional Bank
150 Collins Street
Melbourne VIC 3000

Internal Auditor

Ernst & Young
8 Exhibition Street
Melbourne VIC 3000

(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 31, 35 Collins Street
Melbourne VIC 3000

	2019-20 \$000	2018-19 \$000	2017-18 \$000	2016-17 \$000	2015-16 \$000
Summary of Financial Results					
Total Income from Transactions	1,188,563	1,140,919	1,046,405	951,793	809,034
Total Expenses from Transactions	(1,175,241)	(1,084,730)	(1,030,200)	(919,287)	(767,123)
Net Result from Transactions	13,322	56,189	16,205	32,506	41,911
Total Other Economic Flow	(31,531)	(54,180)	(25,897)	(18,324)	(28,663)
Net Result	(18,209)	2,010	(9,692)	14,182	13,248
Total Assets	1,009,164	739,909	682,088	668,080	601,757
Total Liabilities	721,527	430,223	382,555	358,855	316,000
Net Assets	287,637	309,686	299,533	309,225	285,757
Reconciliation between Net Result from Transactions & Statement of Priorities					
Operating Result	14,265	33,476	8,215	12,513	32,011
Capital and Specific Items					
Capital Purpose Income	107,776	65,593	46,895	51,504	36,853
Assets Received Free of Charge	-	-	-	130	-
Depreciation and amortisation	(101,853)	(42,880)	(38,905)	(31,645)	(26,953)
Finance Costs	(6,866)	-	-	-	-
Net Result from Transactions	13,322	56,189	16,205	32,502	41,911

	2019-20	2018-19	2017-18	2016-17	2015-16
Financial Indicators					
Current Assets Ratio	0.36	0.52	0.49	0.61	0.66
Debtors Turnover (Days)	71	72	84	101	114
Creditors Payable Turnover (Days)	38	56	50	55	56
Bad & Doubtful Debt Provision/YTD Billings Ratio	0.10	0.11	0.12	0.11	0.10
Actual Cost Per Road Incident (\$)	\$1,006	\$969	\$986	\$956	\$826
Liability Ratio	0.71	0.58	0.56	0.54	0.53
Asset Turnover Ratio	1.36	1.60	1.55	1.50	1.46

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 the Department's compliance with statutory disclosure requirements.

Legislation	Requirement	Page
MINISTERIAL DIRECTIONS		
Report of Operations		
Charter and purpose		
FRD 22H	Manner of establishment and the relevant Ministers	6, 60
FRD 22H	Purpose, functions, powers and duties	6, 60-63
FRD 22H	Nature and range of services provided	12-45
FRD 22H	Activities, programs and achievements for the reporting period	12-45
FRD 22H	Significant changes in key initiatives and expectations for the future	12-45
Management and structure		
FRD 22H	Organisational structure	69
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FRD 22H	Summary of the financial results for the year	94-96
FRD 22H	Significant changes in financial position during the year	94-96
FRD 22H	Operational and budgetary objectives and performance against objectives	70-87
FRD 22H	Subsequent events	146
FRD 22H	Details of consultancies under \$10,000	91
FRD 22H	Details of consultancies over \$10,000	91
FRD 22H	Disclosure of ICT expenditure	91
Legislation		
FRD 22H	Application and operation of <i>Freedom of Information Act 1982</i>	88-90
FRD 22H	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	88-90
FRD 22H	Application and operation of <i>Protected Disclosure 2012</i>	88-90
FRD 22H	Statement on National Competition Policy	88-90
FRD 22H	Application and operation of <i>Carers Recognition Act 2012</i>	88-90
FRD 22H	Summary of the entity's environmental performance	52-55
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Other relevant reporting directives		
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SD 5.1.4	Financial Management Compliance attestation	10
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Attestation		
Attestation on Data Integrity		8
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Other reporting requirements		
Reporting of outcomes from Statement of Priorities 2019-20		70-87
Occupational Violence reporting		93
Reporting of Compliance with DataVic Access Policy		89

Financial Report for the year ending 30 June 2020



Board Chair's, Chief Executive Officer's and Executive Director Corporate Services' Declaration

The attached financial statements for Ambulance Victoria have been prepared in accordance with Direction 5.2 of the Standing Directions of the Assistant Treasurer under the *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 2020 and the financial position of Ambulance Victoria at 30 June 2020.

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 26 October 2020.



Ken Lay AO APM
Chair of the Board

Melbourne
26 October 2020



**Associate Professor
Tony Walker ASM**
Chief Executive Officer

Melbourne
26 October 2020



Rob Barr FCPA
Executive Director
Corporate Services /
Chief Financial Officer

Melbourne
26 October 2020

Independent Auditor's Report



Independent Auditor's Report

To the Board of Ambulance Victoria

Opinion	<p>I have audited the financial report of Ambulance Victoria (the authority) which comprises the:</p> <ul style="list-style-type: none">• balance sheet as at 30 June 2020• comprehensive operating statement for the year then ended• statement of changes in equity for the year then ended• cash flow statement for the year then ended• notes to the financial statements, including significant accounting policies• board chair's, chief executive officer's and executive director corporate services' declaration. <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the authority as at 30 June 2020 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.</p>
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the authority in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
Board's responsibilities for the financial report	<p>The Board of the authority is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Financial Management Act 1994</i>, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Board is responsible for assessing the authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>
Other Information	<p>The Board of the authority is responsible for the Other Information, which comprises the information in the authority's annual report for the year ended 30 June 2020, but does not include the financial report and my auditor's report thereon.</p> <p>My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.</p>

Auditor's responsibilities for the audit of the financial report

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

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

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

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



MELBOURNE
30 October 2020

Travis Derricott
as delegate for the Auditor-General of Victoria

Comprehensive Operating Statement

For the Financial Year Ended 30 June 2020

	NOTE	2020 \$'000	2019 \$'000
INCOME FROM TRANSACTIONS			
Operating Activities	2.1	1,186,546	1,137,755
Non-Operating Activities	2.1	2,017	3,164
Total Income from Transactions		1,188,563	1,140,919
EXPENSES FROM TRANSACTIONS			
Employee Benefits	3.1	(793,054)	(752,825)
Contract Services	3.1	(155,219)	(186,668)
Supplies and Services	3.1	(82,324)	(62,011)
Finance Costs	3.1	(6,866)	-
Depreciation and Amortisation	4.3	(101,853)	(42,880)
Other Operating Expenses	3.1	(35,925)	(40,346)
Total Expenses from Transactions		(1,175,241)	(1,084,730)
Net Result from Transactions - Net Operating Balance		13,322	56,189
OTHER ECONOMIC FLOWS INCLUDED IN NET RESULT			
Net Gain/(Loss) on Financial Instruments	3.2	(20,469)	(22,275)
Net Gain/(Loss) on Disposal of Non-Financial Assets	3.2	(543)	(4,710)
Net Gain/(Loss) on Other Economic Flows	3.2	(10,519)	(27,195)
Total Other Economic Flows Included in Net Result		(31,531)	(54,180)
Net Result for the Year		(18,209)	2,010
OTHER COMPREHENSIVE INCOME			
Items that will not be reclassified to net result			
Changes to Property, Plant and Equipment Revaluation Reserve	4.1(e)	-	8,143
Total Other Comprehensive Income		-	8,143
Comprehensive Result for the Year		(18,209)	10,153

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

Balance Sheet

As at 30 June 2020

	NOTE	2020 \$'000	2019 \$'000
CURRENT ASSETS			
Cash and Cash Equivalents	6.1	112,046	143,903
Receivables	5.1	30,052	33,041
Inventories		3,713	1,626
Prepayments		7,889	8,138
Total Current Assets		153,700	186,708
NON-CURRENT ASSETS			
Receivables	5.1	107,438	101,054
Property, Plant and Equipment	4.1	717,653	435,186
Intangible Assets	4.2	30,373	16,961
Total Non-Current Assets		855,464	553,201
Total Assets		1,009,164	739,909
CURRENT LIABILITIES			
Payables and Contract Liabilities	5.2	119,723	128,640
Provisions	3.3	250,054	228,364
Borrowings	6.2	53,927	-
Total Current Liabilities		423,704	357,004
NON-CURRENT LIABILITIES			
Payables and Contract Liabilities	5.2	28,229	27,286
Provisions	3.3 & 5.3	52,089	45,933
Borrowings	6.2	217,505	-
Total Non-Current Liabilities		297,823	73,219
Total Liabilities		721,527	430,223
Net Assets		287,637	309,686
EQUITY			
Property, Plant and Equipment Revaluation Reserve	4.1(e)	56,007	56,007
Contributed Capital		188,119	188,119
Accumulated Surplus		43,511	65,560
Total Equity		287,637	309,686
Commitments for Expenditure	6.3		
Contingent Assets and Contingent Liabilities	7.2		

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

Statement of Changes in Equity

For the Financial Year Ended 30 June 2020

	Note	Property, Plant and Equipment Revaluation Reserve \$'000	Contributed Capital \$'000	Accumulated Surplus \$'000	Total Equity \$'000
Balance at 1 July 2018		47,864	188,119	63,550	299,533
Net result for the year		-	-	2,010	2,010
Other comprehensive income for the year		8,143	-	-	8,143
Balance at 30 June 2019		56,007	188,119	65,560	309,686
Change in Accounting Policy (AASB 15 & 1058)	8.9	-	-	(3,840)	(3,840)
Restated Balance at 1 July 2019		56,007	188,119	61,720	305,846
Net result for the year		-	-	(18,209)	(18,209)
Balance at 30 June 2020		56,007	188,119	43,511	287,637

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

Cash Flow Statement

For the Financial Year Ended 30 June 2020

	NOTE	2020 \$'000	2019 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		771,817	775,220
Capital Grants from Government		93,496	49,256
Transport Fees Received		181,256	181,605
Membership Fees Received		98,152	91,823
Interest Received		1,878	3,092
Donations and Bequests Received		531	865
GST Received from ATO		34,235	29,529
Other Receipts		7,284	5,953
Total Receipts		1,188,649	1,137,343
Employee Benefits Paid		(769,460)	(738,372)
Payments for Supplies and Services		(331,935)	(323,397)
Finance Costs		(6,866)	-
Total Payments		(1,108,261)	(1,061,769)
Net Cash Flow From/(Used in) Operating Activities	8.1	80,388	75,574
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from Sale of Investments		-	1,400
Purchase of Property, Plant and Equipment		(63,926)	(48,709)
Proceeds from Sale of Property, Plant and Equipment		4,312	3,368
Net Cash Flow From/(Used in) Investing Activities		(59,614)	(43,941)
CASH FLOWS FROM FINANCING ACTIVITIES			
Lease Repayments		(53,531)	-
Lease Incentive Received		900	-
Net Cash Flow From/(Used in) Financing Activities		(52,631)	-
Net Increase / (Decrease) in Cash and Cash Equivalents Held		(31,857)	31,633
Cash and Cash Equivalents at Beginning of Financial Year		143,903	112,270
Cash and Cash Equivalents at End of Financial Year	6.1	112,046	143,903

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

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020

These annual financial statements represent the audited general purpose financial statements for Ambulance Victoria (AV) for the year ending 30 June 2020. The report provides users with information about AV's stewardship of resources entrusted to it.

BASIS OF PRESENTATION

These financial statements are presented in Australian dollars and the historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured on a different basis.

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 cash is received or paid.

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

Where applicable, the comparative figures have been restated to align with the presentation in the current year. Figures have been restated at Notes 2.1, 3.1, 5.2 and 7.1.

1: SUMMARY 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 AASBs, which include 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*.

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 Assistant Treasurer.

AV is a not-for profit entity and therefore applies the additional AUS paragraphs applicable to 'not-for-profit' entities under the AASBs.

These annual financial statements were authorised for issue by the Board of AV on 26 October 2020.

(b) 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.

(c) 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 2020, and the comparative information presented in these financial statements for the year ended 30 June 2019.

The financial statements are prepared on a going concern basis (refer to Note 8.8 Economic Dependency).

Judgements, estimates and assumptions are required to be made about the carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are reviewed on an ongoing basis. 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.

1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES CONTINUED

Revisions to accounting estimates are recognised in the period in which the estimate is revised and also future periods that are affected by the revision. Judgements and assumptions made by management in applying the application of AASB that have significant effect on the financial statements and estimates are disclosed in Note 3.3, Note 4.1 and Note 4.3.

COVID-19

A state of emergency was declared in Victoria on 16 March 2020 due to the global coronavirus pandemic, known as COVID-19. A state of disaster was subsequently declared on 2 August 2020.

To contain the spread of the virus and to prioritise the health and safety of our communities, various restrictions have been announced and implemented by the State Government, which in turn has impacted the manner in which businesses operate, including Ambulance Victoria.

In response, Ambulance Victoria have increased decontamination activities, implemented changes to paramedic operating procedures especially in relation to the use of personal protective equipment (PPE), implemented paramedic support hubs at various hospitals including additional medical equipment, expedited recruitment to support response, performed COVID-19 testing and implemented work from home arrangements where appropriate. With the introduction of COVID-19 restrictions, AV have also experienced reduced demand and activity.

For further details refer to Note 2 Funding Delivery of Our Services, Note 3 Cost of Delivering Services and Note 8.7 Events After Balance Sheet Date.

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 the GST payable 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 separately in the operating cash flow.

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

(d) Equity

Contributed Capital

Consistent with the requirements of AASB 1004 *Contributions*, contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of AV.

Transfers of net assets arising from administrative restructurings are treated as distributions to or contribution by owners. Transfer of net liabilities arising from administrative restructurings are treated as distribution to owners.

Additions to net assets which have been designated as contributions by owners are recognised as contributed capital. Other transfers that are in the nature of contributions to or distributions by owners have also been designated as contributions by owners.

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

2: FUNDING DELIVERY OF OUR SERVICES

Introduction

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 grant funding for the provision of outputs.

AV also receives income from the supply of services.

Structure

2.1 Income from Transactions

2.1: INCOME FROM TRANSACTIONS

2.1(a) Income from Transactions

	Note	2020 \$'000	2019 \$'000
OPERATING ACTIVITIES			
Government Grants – Operating ¹	2.1.1	779,724	776,803
Government Grants – Capital	2.1.1	107,776	65,593
Transport Fees	2.1.2	198,785	199,793
Membership Revenue	2.1.3	93,001	88,741
Other Income from Operating Activities (including non-capital donations)	2.1.4	7,261	6,824
Total Income from Operating Activities		1,186,546	1,137,755
NON-OPERATING ACTIVITIES			
Interest		1,878	3,092
Other Income from Non-Operating Activities		139	72
Total Income from Non-Operating Activities		2,017	3,164
Total Income from Transactions		1,188,563	1,140,919

1. Includes funding of \$33.4m which was spent due to the impacts of COVID-19.

Income is recognised in accordance with either:

- a) contributions by owners, in accordance with AASB 1004;
- b) income for not-for-profit entities, in accordance with AASB 1058;
- c) revenue or a contract liability arising from a contract with a customer, in accordance with AASB 15;
- d) a lease liability in accordance with AASB 16;
- e) a financial instrument, in accordance with AASB 9;
- or
- a provision, in accordance with AASB 137 *Provisions, Contingent Liabilities and Contingent Assets*.

Impact of COVID-19 on Revenue and Income

As indicated at Note 1, AV's response included implementing paramedic support hubs at various hospitals, increased usage of PPE and decontamination activity. Lockdown restrictions have also contributed to reduced demand and reduction in transport revenue. DHHS has provided funding for certain direct and indirect COVID-19 costs, and AV also received essential PPE free of charge under the state supply arrangement.

2.1: INCOME FROM TRANSACTIONS CONTINUED

Government Grants

Income from grants to construct ambulance stations and build ambulances are recognised when AV satisfies its obligations under the transfer. This aligns with AV's obligation to construct the asset. The progressive percentage costs incurred is used to recognise income because this most closely reflects the construction's progress as costs are incurred as the works are done.

Income from grants that are enforceable and with sufficiently specific performance obligations are accounted for under AASB 15 as revenue from contracts with customers, with revenue recognised as these performance obligations are met.

Income from grants without any sufficiently specific performance obligations, or that are not enforceable, is recognised when AV has an unconditional right to receive the cash, which usually coincides with receipt of cash. On initial recognition of the asset, AV recognises any related contributions by owners, increases in liabilities, decreases in assets, and revenue ('related amounts') in accordance with other Australian Accounting Standards. Related amounts may take the form of:

- a) contributions by owners, in accordance with AASB 1004;
- b) revenue or a contract liability arising from a contract with a customer, in accordance with AASB 15;
- c) a lease liability in accordance with AASB 16;
- d) a financial instrument, in accordance with AASB 9; or
- e) a provision, in accordance with AASB 137 *Provisions, Contingent Liabilities and Contingent Assets*.

As a result of the transitional impacts of adopting AASB 15 and AASB 1058, a portion of the grant revenue has been deferred. If the grant income is accounted for in accordance with AASB 15, the deferred grant revenue has been recognised in contract liabilities whereas grant revenue in relation to the construction of capital assets, which AV controls has been recognised in accordance with AASB 1058 and recognised as deferred grant revenue (see note 5.1).

If the grant revenue was accounted for under the previous accounting standard AASB 1004 in 2019-20, the total grant revenue received would have been recognised in full.

Previous accounting policy for 30 June 2019

Grant income arises from transactions in which a party provides goods or assets (or extinguishes a liability) to AV without receiving approximately equal value in return. While grants may result in the provision of some goods or services to the transferring party, they do not provide a claim to receive benefits directly of approximately equal value (and are termed 'non-reciprocal' transfers). Receipt and sacrifice of approximately equal value may occur, but only by coincidence.

Some grants are reciprocal in nature (i.e. equal value is given back by the recipient of the grant to the provider). AV recognises income when it has satisfied its performance obligations under the terms of the grant. For non-reciprocal grants, AV recognises revenue when the grant is received.

Grants can be received as general purpose grants, which refers to grants which are not subject to conditions regarding their use. Alternatively, they may be received as specific purpose grants, which are paid for a particular purpose and/or have conditions attached regarding their use.

Performance Obligations

Revenue is measured based on the consideration specified in the contract with the customer. AV recognises revenue when it transfers control of a good or service to the customer i.e. revenue is recognised when, or as, the performance obligations for the sale of goods and services to the customer are satisfied.

- ▶ Customers obtain control of the supplies and consumables at a point in time when the goods are delivered to and have been accepted at their premises.
- ▶ Income from the sale of goods are recognised when the goods are delivered and have been accepted by the customer at their premises.
- ▶ Revenue from the rendering of services is recognised at a point in time when the performance obligation is satisfied when the service is completed; and over time when the customer simultaneously receives and consumes the services as it is provided.

The types of government grants recognised under AASB15 *Revenue from Contracts with Customers* include funding for the development of artificial intelligence and machine learning for cardiac arrest emergency, development secondary triage calls model that incorporates video capability, and implementation of Security Operations Centre. Revenue is recognised over time in line with achievement of project milestones and/or specified deliverables. The performance obligations have been selected as they align with the terms and conditions of the funding agreements.

Consideration received in advance of recognising the associated revenue from the customer is recorded as a contract liability (Note 5.2). Where the performance obligations is satisfied but not yet billed, a contract asset is recorded (Note 5.1).

Transport Revenue

The performance obligation related to transport revenue is the transport and/or treatment of a patient by AV. This performance obligation has been selected as it aligns with the conditions of providing ambulance transport and patient attendance services as set out in AV's Billing and Collections Policy. Revenue is recognised as these ambulance services are provided.

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

2.1: INCOME FROM TRANSACTIONS CONTINUED

Membership Revenue

The performance obligation is to provide ambulance service coverage at no additional charge to the AV members during the period of membership. The performance obligation is met once AV provides that coverage, and coverage is provided on a daily basis over the period of the membership. Membership revenue is recognised on a time proportionate basis over the membership period.

Assets Received Free of Charge

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.

Interest Income

Interest income includes interest received on term deposits and is recognised using the effective interest method, which allocates the interest over the relevant period.

Other Income

Other income includes donations & bequests, insurance recoveries, non-property rental, and attendance fees. The performance obligation rental and attendance fees are related to the provision of services, and the performance obligation is met when services have been rendered. Revenue is recognised at a point in time when services have been provided.

2.1(b) Fair value of assets and services received free of charge or for nominal consideration

	2020 \$'000	2019 \$'000
Cash donations and gifts	531	1,111
Medical Supplies ¹	51	-
Total Fair Value of Assets and Services Received Free of Charge or for Nominal Consideration	582	1,111

1. Vic Government State Supply Arrangement.

Contributions of resources provided free of charge or for nominal consideration are recognised at their fair value when the recipient obtains control over the resources, irrespective of whether restrictions or conditions are imposed over the use of the contributions.

The exception to this would be when the resource is received from another government department (or agency) as a consequence of a restructuring of administrative arrangements, in which case such a transfer will be recognised at its carrying value in the transferring department or agency as a capital contribution transfer.

Non-cash Contributions from Department of Health and Human Services (DHHS)

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. These include:

- ▶ The Victorian Managed Insurance Authority non-medical indemnity insurance payments are 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.

2.1: INCOME FROM TRANSACTIONS CONTINUED

2.1.1: Government Grants

	2020 \$'000	2019 \$'000
OPERATING GRANTS		
DHHS	752,276	751,389
Department of Justice and Regulation	8,932	10,649
Transport Accident Commission	11,727	11,487
Other	117	249
Total Operating Grants	773,052	773,774
OPERATING NON-CASH CONTRIBUTIONS BY DHHS		
Long Service Leave	6,384	2,796
Insurance	288	234
Total Operating Non-Cash Contributions by DHHS	6,672	3,029
Total Government Grants – Operating	779,724	776,803
CAPITAL GRANTS		
DHHS – Recurrent Capital	85,389	24,632
DHHS – Other Capital ¹	7,308	23,963
Department of Premier and Cabinet	444	661
Other	355	–
Total Capital Grants	93,496	49,256
CAPITAL PURPOSE NON-CASH CONTRIBUTIONS BY DHHS		
Construction Costs	14,280	16,338
Total Capital Purpose Non-Cash Contributions by DHHS	14,280	16,338
Total Government Grants – Capital	107,776	65,593
Total Government Grants	887,500	842,397

1. Capital grants under Other Capital for various State Government announced initiatives covering medical equipment, vehicles and property.

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

2.1: INCOME FROM TRANSACTIONS CONTINUED

2.1.2: Transport Fees

	2020 \$'000	2019 \$'000
Patient Transport	93,719	89,478
Inter-Hospital and Outpatient Transfers	47,676	49,981
Transport Accident Commission	31,498	32,041
Department of Veteran Affairs	18,311	19,431
WorkCover	7,582	8,862
Total Transport Fees	198,785	199,793

2.1.3: Membership Revenue

Family	64,798	55,999
Single	28,203	32,742
Total Membership Revenue	93,001	88,741

2.1.4: Other Income from Operating Activities

Attendance Fees	2,586	2,327
Victorian Ambulance Clinical Information System (VACIS) Collaboration	1,255	1,039
Donations and Bequests	582	1,111
Recoveries	1,142	714
Other	1,696	1,633
Total Other Income from Operating Activities	7,261	6,824

3: THE COST OF DELIVERING SERVICES

Introduction

This section provides an account of the expenses incurred by AV in delivering services. In Note 2, the funds that enable the provision of services were disclosed and in this note the cost associated with provision of services are recorded.

Structure

- 3.1 Expenses from Transactions
- 3.2 Other Economic Flows
- 3.3 Provisions (Employee Benefits in the Balance Sheet)
- 3.4 Superannuation

3.1: EXPENSES FROM TRANSACTIONS

	2020 \$'000	2019 \$'000
Salaries and Wages	681,430	645,499
On Costs	66,526	62,559
WorkCover	23,226	27,431
Long Service Leave	21,872	17,336
Total Employee Benefits	793,054	752,825
Transport Services	98,885	130,138
Dispatch Services	34,499	35,019
Other Contract Services	21,836	21,511
Total Contract Services	155,219	186,668
Supplies and Services	82,324	62,011
Total Supplies and Services	82,324	62,011
Finance Costs	6,866	-
Total Finance Costs	6,866	-
Professional Services	3,874	2,982
Maintenance	22,512	21,020
Occupancy	7,716	16,344
Expenses Related to Short Term & Low Value Leases	1,823	-
Total Other Operating Expenses	35,925	40,346
Depreciation and Amortisation	101,853	42,880
Total Other Non-Operating Expenses	101,853	42,880
Total Expenses from Transactions	1,175,241	1,084,730

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

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

3.1: EXPENSES FROM TRANSACTIONS CONTINUED

Impact of COVID-19 on Expenses

As indicated at Note 1, AV's daily activities were impacted by the pandemic, and resulted in additional direct and indirect costs being incurred, such as medical equipment, medical supplies (including PPE), cleaning supplies, warehousing and employee expenses.

Employee Benefits

Employee expenses include all costs related to employment including wages and salaries, termination benefits, leave entitlements and superannuation expenses which are reported differently depending upon whether employees are members of defined benefit or defined contribution plans.

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.

Finance Costs

Finance costs include:

- ▶ Interest on short-term and long-term borrowings (Interest expense is recognised in the period in which it is incurred);
- ▶ Finance charges in respect of leases which are recognised in accordance with AASB 16 Leases.

Other Operating Expenses

Other operating expenses generally represent the day-to-day running costs incurred in normal operations and include: Supplies and Services, Contracts, Maintenance and Other Expenses 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.

Non-Operating Expenses

Other non-operating expenses generally represent expenditure outside the normal operations such as depreciation and amortisation, and assets and services provided free of charge or for nominal consideration.

Operating lease payments

Operating lease payments up until 30 June 2019 (including contingent rentals) were recognised 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.

From 1 July 2019, the following lease payments are recognised on a straight-line basis:

- ▶ Short-term leases – leases with a term less than 12 months; and
- ▶ Low value leases – leases with the underlying asset's fair value (when new, regardless of the age of the asset being leased) is no more than \$10,000.

Variable lease payments not included in the measurement of the lease liability (i.e. variable lease payments that do not depend on an index or a rate, initially measured using the index or rate as at the commencement date). These payments are recognised in the period in which the event or condition that triggers those payments occur.

3.2: OTHER ECONOMIC FLOWS

	2020 \$'000	2019 \$'000
Allowance for Impairment Losses of Contractual Receivables	(20,469)	(22,275)
Total Net Gain/(Loss) on Financial Instruments	(20,469)	(22,275)
Other Gains/(Losses) from Other Economic Flows	(318)	–
Net Gain/(Loss) On Sale of Non-Financial Assets	(225)	(4,710)
Total Net Gain/(Loss) on Non-Financial Assets	(543)	(4,710)
Net Gain/(Loss) Arising from Revaluation of Long Service Liability	(10,519)	(27,195)
Total Other Net Gains/(Losses) from Economic Flows	(10,519)	(27,195)
Total Other Economic Flows	(31,530)	(54,180)

3.2: OTHER ECONOMIC FLOWS CONTINUED

Net Gain/(Loss) on Non-Financial Assets and Liabilities includes realised and unrealised gains and losses as follows:

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

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.

Net Gain/(Loss) on Financial Instruments includes:

- Impairment and reversal of impairment for financial instruments (refer to Note 7.1).

Other Gains/(Losses) from Other Economic Flows includes:

- The revaluation of the present value of the long service leave liability due to changes in the bond rate movements, inflation rate movements and the impact of changes in probability factors.

3.3: PROVISIONS (EMPLOYEE BENEFITS IN BALANCE SHEET)

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.

	2020 \$'000	2019 \$'000
CURRENT PROVISIONS		
Employee Benefits		
Long Service Leave		
Unconditional and expected to be wholly settled within 12 months	9,729	8,704
Unconditional and expected to be wholly settled after 12 months	145,743	132,630
Annual Leave		
Unconditional and expected to be wholly settled within 12 months	43,944	39,910
Unconditional and expected to be wholly settled after 12 months	1,034	382
Accrued Days Off		
Unconditional and expected to be wholly settled within 12 months	13,400	13,265
Others		
Unconditional and expected to be wholly settled within 12 months	1,546	1,858
	215,395	196,750
Provisions Related to Employee Benefit On-Costs		
Unconditional and expected to be wholly settled within 12 months	10,955	10,132
Unconditional and expected to be wholly settled after 12 months	23,704	21,482
	34,659	31,614
Total Current Provisions	250,054	228,364
NON-CURRENT PROVISIONS		
Employee benefits – Long Service Leave (Present value)	41,383	36,430
Provisions related to employee benefit on-costs (Present value)	6,683	5,883
Total Non-Current Provisions	48,067	42,313
Total Provisions	298,121	270,677

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

3.3: PROVISIONS (EMPLOYEE BENEFITS IN BALANCE SHEET) CONTINUED

3.3.1 Employee Benefits and Related On-costs

	2020 \$'000	2019 \$'000
CURRENT EMPLOYEE BENEFITS		
Unconditional LSL entitlements	155,472	141,334
Annual leave entitlements	44,978	40,293
Accrued days off	13,400	13,265
Others		
- Accrued Timebank	1,059	1,344
- AMPA EBA	487	514
Conditional LSL entitlements (Discounted)	41,383	36,430
Total Employee Benefits	256,778	233,180
ON-COSTS		
Current On-Costs	34,659	31,614
Non-Current On-Costs	6,683	5,883
Total On-Costs	41,343	37,497
Total Employee Benefits and Related On-Costs	298,121	270,677

3.3.2 Movement in On-costs

Balance at start of year	37,497	32,002
Additional provisions recognised	2,383	1,714
Unwinding of discount and effect of changes in the discount rate	1,463	3,781
Balance at end of year	41,343	37,497

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.

Annual Leave, Sick Leave and Accrued Days Off

Liabilities for non-monetary benefits including 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.

3.3: PROVISIONS (EMPLOYEE BENEFITS IN BALANCE SHEET) CONTINUED

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. An unconditional right arises after a qualifying period.

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 estimations e.g bond rate movements, inflation rate movements and changes in probability factors, which are then recognised as an other economic flow (Refer Note 8.8).

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.

On-Costs related to Employee Benefits

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

3.4 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).

Superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Comprehensive Operating Statement. 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	
	2020 \$'000	2019 \$'000	2020 \$'000	2019 \$'000
DEFINED BENEFIT PLANS				
Emergency Services Superannuation Fund	55,792	54,231	2,382	791
DEFINED CONTRIBUTION PLANS				
Emergency Services Superannuation Fund	5,226	4,834	34	68
Other	3,060	2,598	31	37
Total	64,078	61,663	2,447	896

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.

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.

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

4: KEY ASSETS TO SUPPORT SERVICE DELIVERY

Introduction

AV controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities.

They represent the key resources that have been entrusted to AV to be utilised for delivery of those outputs.

Structure

- 4.1 Property, Plant and Equipment
- 4.2 Intangible Assets
- 4.3 Depreciation and Amortisation

4.1: PROPERTY, PLANT AND EQUIPMENT

(a) Gross Carrying Amount and Accumulated Depreciation

	2020 \$'000	2019 \$'000
LAND		
Land at Fair Value	75,942	101,224
Crown Land at Fair Value	18,251	18,350
Total Land	94,193	119,574
BUILDINGS		
Buildings under Construction at Cost	13,276	14,404
Buildings at Fair Value	180,067	165,060
Less Accumulated Depreciation	(6,047)	(565)
Total Buildings	187,296	178,899
LEASEHOLD IMPROVEMENTS		
Leasehold Improvements under Construction at Cost	2,090	913
Leasehold Improvements at Fair Value	21,875	20,000
Less Accumulated Amortisation	(14,501)	(11,677)
Total Leasehold Improvements	9,463	9,236
PLANT AND EQUIPMENT		
Plant and Equipment under Construction at Cost	2,155	4,628
Plant and Equipment at Fair Value	106,362	96,689
Less Accumulated Depreciation	(63,978)	(52,242)
Total Plant and Equipment	44,539	49,075
MOTOR VEHICLES		
Motor Vehicles under Construction at Cost	10,270	13,322
Motor Vehicles at Fair Value	149,437	135,080
Less Accumulated Depreciation	(72,192)	(70,002)
Total Motor Vehicles	87,515	78,401

Continued >

4.1: PROPERTY, PLANT AND EQUIPMENT CONTINUED

	2020 \$'000	2019 \$'000
RIGHT OF USE PROPERTY, PLANT & EQUIPMENT AND VEHICLES		
Right of Use Land at Cost	27,168	-
Right of Use Plant & Equipment and Vehicles	285,447	-
Less Accumulated Depreciation	(47,554)	-
Right of Use Buildings	38,617	-
Less Accumulated Depreciation	(9,031)	-
Total Right of Use Property, Plant & Equipment and Vehicles	294,647	-
Total Property, Plant and Equipment	717,653	435,185

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.

The cost of constructed non-financial physical assets includes the cost of all materials used in construction, direct labour on the project and an appropriate proportion of variable and fixed overheads. The cost of a leasehold improvement is capitalised as an asset and depreciated over the shorter of the remaining term of the lease or the estimated useful life of the improvements.

More details about the valuation techniques and inputs used in determining the fair value of non-financial physical assets are discussed in Note 4.1(c).

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, Office Furniture 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.

Right of Use (ROU) Assets – Under AASB 16 Leases from 1 July 2019

AV recognises a right-of-use asset and a lease liability at the lease commencement date. The right-of-use asset is initially measured at cost which comprises the initial amount of the lease liability adjusted for:

- ▶ any lease payments made at or before the commencement date; plus
- ▶ any initial direct costs incurred; and
- ▶ an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located, less any lease incentive received.

AV depreciates the right-of-use assets on a straight line basis from the lease commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. The estimated useful life of the right-of-use assets are determined on the same basis as property, plant and equipment, other than where the lease term is lower than the otherwise assigned useful life. The right-of-use assets are also subject to revaluation as required by FRD 103H however as at 30 June 2020 right-of-use assets have not been revalued.

In addition, the right-of-use asset is periodically reduced by impairment losses, if any and adjusted for certain remeasurements of the lease liability.

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

4.1: 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 \$'000	Buildings \$'000	Leasehold Improve- ments \$'000	Plant & Equip- ment \$'000	Motor Vehicles \$'000	ROU Prop, P&E and Vehicles \$'000	Total \$'000
Balance at 1 July 2018	110,344	167,732	9,405	51,740	80,612	-	419,833
Additions	247	20,988	1,966	9,417	21,563	-	54,181
Disposals	(976)	(2,152)	(77)	(79)	(4,794)	-	(8,078)
Revaluation Increments / (Decrements)	9,960	(1,817)	-	-	-	-	8,143
Net transfers between classes	-	-	637	(634)	(3)	-	-
Depreciation and Amortisation (Note 4.3)	-	(5,854)	(2,694)	(11,369)	(18,978)	-	(38,894)
Balance at 1 July 2019	119,575	178,898	9,236	49,075	78,401	-	435,185
Recognition of ROU Assets on application of AASB 16	-	-	-	-	-	324,037	324,037
Adjusted Balance at 1 July 2019	119,575	178,898	9,236	49,075	78,401	324,037	759,222
Additions	2,038	13,887	3,060	7,261	33,770	26	60,042
Disposals	(252)	-	-	(5)	(4,280)	-	(4,537)
Net transfers between classes	(27,168)	9	(9)	-	-	27,168	-
Depreciation and Amortisation (Note 4.3)	-	(5,498)	(2,824)	(11,792)	(20,375)	(56,585)	(97,074)
Balance at 30 June 2020	94,193	187,296	9,463	44,539	87,515	294,647	717,653

Revaluations of Non-Financial Physical Assets

Non-current physical assets are measured at fair value and are valued in accordance with FRD 103H *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 valuer's 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 103H AV's non-current physical assets are assessed annually to determine whether revaluation of non-current physical assets was required.

A full revaluation of the AV's land and buildings was performed by the Valuer-General of Victoria (VGV) in 2018-19 in accordance with the requirements of Financial Reporting Direction (FRD) 103H *Non-Financial Physical Assets*. The valuation, which

4.1: PROPERTY, PLANT AND EQUIPMENT CONTINUED

conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The effective date of the valuation for both land and buildings was 30 June 2019.

In compliance with FRD 103H, in the year ended 30 June 2020, management conducted an annual assessment of the fair value of land and buildings. To facilitate this, management obtained from the Department of Treasury and Finance the VGV indices for the financial year ended 30 June 2020.

The VGV indices, which are based on data to March 2020, indicate an average increase of 5% across all land parcels and a 3% increase in buildings.

Management regards the VGV indices to be a reliable and relevant data set to form the basis of

their estimates. Whilst these indices are applicable at 30 June 2020, the fair value of land and buildings will continue to be subjected to the impacts of COVID-19 in future accounting periods.

As the accumulative movement was less than 10% for land and buildings no managerial revaluation was required.

The land and building balances are considered to be sensitive to market conditions. To trigger a managerial revaluation a decrease in the land indices of 15% and a decrease in the building indices of 13% would be required.

An annual assessment of AV's Plant and Equipment, Office Furniture and Equipment and Motor Vehicles was undertaken in 2019-20, and no material movements in fair value were noted.

(c) Non-financial assets measured at fair value as at 30 June

2020	Carrying Amount \$'000	Fair Value Measurement at end of Reporting Period Using:		
		Level 1	Level 2	Level 3
LAND AT FAIR VALUE				
Non-Specialised Land	8,901	-	8,901	-
Specialised Land	85,292	-	-	85,292
Total Land at Fair Value	94,193	-	8,901	85,292
BUILDINGS AT FAIR VALUE				
Non-Specialised Buildings	4,180	-	4,180	-
Specialised Buildings	183,116	-	-	183,116
Total Buildings at Fair Value	187,296	-	4,180	183,116
LEASEHOLD IMPROVEMENTS AT FAIR VALUE				
Leasehold Improvements	9,463	-	-	9,463
Total Leasehold Improvements at Fair Value	9,463	-	-	9,463
PLANT AND EQUIPMENT AT FAIR VALUE				
Plant and Equipment	44,540	-	-	44,540
Total Plant and Equipment at Fair Value	44,540	-	-	44,540
MOTOR VEHICLES AT FAIR VALUE				
Motor Vehicles	87,515	-	-	87,515
Total Motor Vehicles at Fair Value	87,515	-	-	87,515
	423,007	-	13,081	409,926

Continued >

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

4.1: PROPERTY, PLANT AND EQUIPMENT CONTINUED

2019	Carrying Amount \$'000	Fair Value Measurement at end of Financial Year Using:		
		Level 1	Level 2	Level 3
LAND AT FAIR VALUE				
Non-Specialised Land	14,827	-	14,827	-
Specialised Land	104,748	-	-	104,748
Total Land at Fair Value	119,574	-	14,827	104,748
BUILDINGS AT FAIR VALUE				
Non-Specialised Buildings	4,329	-	4,329	-
Specialised Buildings	174,569	-	-	174,569
Total Buildings at Fair Value	178,898	-	4,329	174,569
LEASEHOLD IMPROVEMENTS AT FAIR VALUE				
Leasehold Improvements	9,236	-	-	9,236
Total Leasehold Improvements at Fair Value	9,236	-	-	9,236
PLANT AND EQUIPMENT AT FAIR VALUE				
Plant and Equipment	49,075	-	-	49,075
Total Plant and Equipment at Fair Value	49,075	-	-	49,075
MOTOR VEHICLES AT FAIR VALUE				
Motor Vehicles	78,401	-	-	78,401
Total Motor Vehicles at Fair Value	78,401	-	-	78,401
	435,186	-	19,156	416,030

Fair Value Measurement

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. For the purpose of fair value disclosures, AV has determined classes of assets on the basis of the nature, characteristics and risks of the asset and the level of the fair value hierarchy.

In addition, AV determines whether transfers have occurred between levels in the hierarchy by reassessing 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 (GVV) is AV's independent valuation agency.

Valuation Hierarchy

In determining fair values a number of inputs are used. To increase consistency and comparability in the financial statements, these inputs are categorised into three levels, also known as the fair value hierarchy. The levels are as follows:

- ▶ **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.

4.1: PROPERTY, PLANT AND EQUIPMENT CONTINUED

(d) Reconciliation of Level 3 Fair Value

	Land \$'000	Buildings \$'000	Leasehold Improve- ments \$'000	Plant and Equipment \$'000	Motor Vehicles \$'000
Balance at 1 July 2018	108,952	166,696	9,405	51,740	80,612
Additions/(Disposals)	278	18,117	1,889	9,338	16,769
Reclassification	(13,976)	(3,078)	637	(634)	(3)
Gains or Losses Recognised in Net Result					
- Depreciation	-	(4,798)	(2,694)	(11,369)	(18,978)
Subtotal	-	(4,798)	(2,694)	(11,369)	(18,978)
Items recognised in Other Comprehensive Income					
- Revaluation	9,494	(2,369)	-	-	-
Subtotal	9,494	(2,369)	-	-	-
Balance at 30 June 2019	104,748	174,569	9,236	49,075	78,401
Balance at 1 July 2019	104,748	174,569	9,236	49,075	78,401
Additions/(Disposals)	1,783	13,883	3,059	7,257	29,489
Reclassification	(21,238)	9	(9)	-	-
Gains or Losses Recognised in Net Result					
- Depreciation	-	(5,345)	(2,824)	(11,792)	(20,375)
Subtotal	-	(5,345)	(2,824)	(11,792)	(20,375)
Items recognised in Other Comprehensive Income					
- Revaluation	-	-	-	-	-
Subtotal	-	-	-	-	-
Balance at 30 June 2020	85,293	183,116	9,463	44,540	87,515

Identifying Unobservable Inputs (Level 3) Fair Value Measurements

Level 3 fair value inputs are unobservable valuation inputs for an asset or liability. These inputs require significant judgement and assumptions in deriving fair value for both financial and non-financial assets. Unobservable inputs are used to measure fair value to the extent that relevant observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or

liability at the measurement date. However, the fair value measurement objective remains the same, i.e., an exit price at the measurement date from the perspective of a market participant that holds the asset or owes the liability. Therefore, unobservable inputs shall reflect the assumptions that market participants would use when pricing the asset or liability, including assumptions about risk.

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

4.1: PROPERTY, PLANT AND EQUIPMENT CONTINUED

Description of Significant Unobservable Inputs to Level 3 Valuations

Asset class	Examples of types of assets	Expected fair value level	Likely valuation approach	Significant inputs (Level 3 only) ^(c)
Non specialised land	In areas where there is an active market: <ul style="list-style-type: none"> ➤ Vacant land ➤ Land not subject to restrictions as to use or sale 	Level 2	Market approach	n.a.
Specialised Land (Crown / Freehold)	<ul style="list-style-type: none"> ➤ Land subject to restriction as to use and/or sale ➤ Land in areas where there is not an active market 	Level 3	Market approach	Community Service Obligations
Non specialised buildings	For general/commercial buildings that are just built	Level 2	Market approach	n.a.
Specialised buildings^(a)	Specialised buildings with limited alternative uses and/or substantial customisation e.g. prisons, hospitals and schools	Level 3	Depreciated replacement cost approach	<ul style="list-style-type: none"> ➤ Cost per square metre ➤ Useful life
Vehicles	If there is no active resale market available	Level 3	Depreciated replacement cost approach	<ul style="list-style-type: none"> ➤ Cost per unit ➤ Useful life
Plant and equipment^(a)	Specialised items with limited alternative uses and/or substantial customisation	Level 3	Depreciated replacement cost approach	<ul style="list-style-type: none"> ➤ Cost per square metre ➤ Useful life

(a) Newly built/acquired assets could be categorised as Level 2 assets as depreciation would not be a significant unobservable input (based on the 10% materiality threshold).

(b) AASB 13 Fair Value Measurement provides an exemption for not-for-profit public sector entities from disclosing the sensitivity analysis relating to 'unrealised gains/(losses) on non-financial assets' if the assets are held primarily for their current service potential rather than to generate cash inflows.

(c) CSO adjustment of 20% was applied to reduce the market approach value for AV specialised land.

There were no changes in valuation techniques throughout the period to 30 June 2020.

Consideration of Highest and Best Use for Non-Financial Physical Assets

Judgements about highest and best use must take into account the characteristics of the assets concerned, including restrictions on the use and disposal of assets arising from the asset's physical nature and any applicable legislative/contractual arrangements.

In accordance with paragraph AASB 13 *Fair Value Measurement* paragraph 29, AV has assumed the current use of a non-financial physical is its HBU unless market or other factors suggest that a different use by market participants would maximise the value of the asset.

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 valuer's, VGV, 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 2019.

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.

4.1: PROPERTY, PLANT AND EQUIPMENT CONTINUED

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 20%, and this 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 2019.

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.

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 2020. For all assets measured at fair value, the current use is considered the HBU.

(e) Property, Plant and Equipment Revaluation Reserve

	2020 \$'000	2019 \$'000
PROPERTY, PLANT AND EQUIPMENT REVALUATION RESERVE		
Balance at the beginning of the reporting period	56,007	47,864
Revaluation Increment		
- Land	-	9,960
- Buildings	-	(1,817)
Balance at the end of the reporting period*	56,007	56,007
* Represented by:		
- Land	41,980	41,980
- Buildings	14,027	14,027
	56,007	56,007

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

4.2: INTANGIBLE ASSETS

	Note	2020 \$'000	2019 \$'000
Software and Development Costs Capitalised		60,991	42,799
Less Accumulated Amortisation		(30,618)	(25,838)
Total Intangible Assets		30,37	16,961
			Total \$'000
Reconciliation of the carrying amounts of intangible assets at the beginning and end of the previous and current financial year:			
Balance at 1 July 2018			10,081
Additions			10,866
Amortisation	4.4		(3,986)
Balance at 1 July 2019			16,961
Additions			18,191
Amortisation	4.4		(4,779)
Balance at 30 June 2020			30,373

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

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.

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.

4.3: DEPRECIATION AND AMORTISATION

	2020 \$'000	2019 \$'000
DEPRECIATION		
Motor Vehicles	20,375	18,978
Plant and Equipment	11,792	11,369
Buildings	5,498	5,854
Leasehold Improvements	2,824	2,694
Right of Use Plant and Equipment	56,585	-
Total Depreciation	97,074	38,894
AMORTISATION		
Intangible Assets	4,779	3,986
Total Amortisation	4,779	3,986
Total Depreciation and Amortisation	101,853	42,880

4.3: DEPRECIATION AND AMORTISATION CONTINUED

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.

Right-of-use assets are depreciated over the shorter of the asset's useful life and the lease term. Where AV obtains ownership of the underlying leased asset or if the cost of the right-of-use asset reflects that the entity will exercise a purchase option, the entity depreciates the right-of-use asset over its useful life.

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 (2018-19: \$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:

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.

	2020	2019
Buildings	5 to 68 years	5 to 68 years
Leasehold Improvements	1 to 50 years	1 to 50 years
Plant and Equipment	1 to 15 years	1 to 15 years
Intangibles	2 to 5 years	2 to 5 years
Motor Vehicles	1 to 10 years	1 to 10 years
Right of Use Assets	1 to 50 years	N/A

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

5: OTHER ASSETS AND LIABILITIES

Introduction

This section sets out those assets and liabilities that arose from AV's operations.

Structure

- 5.1 Receivables
- 5.2 Payables and Contract Liabilities
- 5.3 Other Provisions

5.1: RECEIVABLES

	2020 \$'000	2019 \$'000
CURRENT		
Contractual		
Contract Asset	4,380	-
Accrued Revenue	-	4,344
Sundry Debtors	2,298	2,495
Transport Debtors		
- Patient Account	24,722	24,557
- Department of Veteran Affairs	2,208	1,487
- Hospital Transfers	4,766	6,730
- Transport Accident Commission	2,260	1,174
- WorkCover	2,132	2,245
Less Provision for Doubtful Debts		
- Patient Account	(16,294)	(14,012)
- Hospital Transfers	(5)	-
- Transport Accident Commission	-	(1)
- WorkCover	(374)	(312)
	26,095	28,709
Statutory		
GST Receivable	3,957	4,332
Total Current Receivables	30,052	33,041
NON-CURRENT		
Statutory		
DHHS - Long Service Leave	107,438	101,054
Total Non Current Receivables	107,438	101,054
Total Receivables	137,490	134,095

5.1: RECEIVABLES CONTINUED

Receivables consist of:

- ▶ contractual receivables, classified as financial instruments and categorised as financial assets at amortised costs and are carried at fair value. Receivables includes mainly debtors in relation to goods and services, transport debtors and accrued investment income; and
- ▶ statutory receivables, which includes amounts owing from the Victorian Government and Goods and Services Tax (GST) input tax credits recoverable. Statutory receivables are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments for disclosure purposes because they do not arise from a contract. Ambulance Victoria applies AASB 9 for initial measurement of the statutory receivables and as a result statutory receivables are initially recognised at fair value.

Receivables are due for settlement within 30 days from the date of recognition.

Collectability of debts is assessed on an ongoing basis and provision for expected credit losses is recognised when there is objective evidence that an impairment loss has occurred.

(a) Ageing Analysis of Receivables and Reconciliation of the Movement in the Loss Allowance for Contractual Receivables

Please refer to Note 7.1 for the ageing analysis of receivables and the reconciliation of the movement in the loss allowance for contractual receivables.

5.2: PAYABLES AND CONTRACT LIABILITIES

	2020 \$'000	2019 \$'000
CURRENT		
Contractual		
Trade Creditors	276	23,514
Accrued Salaries and Wages	22,073	15,778
Accrued Expenses	38,267	34,667
Contract Liabilities – Income Received in Advance	55,020	–
Prepaid Membership Income	–	50,093
Amounts Payable to Government Agencies	–	604
Deferred Capital Grant	100	–
Other Creditors	3,986	3,562
	119,723	128,217
Statutory		
DHHS	–	422
Total Current Payables and Contract Liabilities	119,723	128,640
NON CURRENT		
Contractual		
Contract Liabilities – Income Received in Advance	21,492	20,173
Deferred Capital Grant	3,180	–
Other Creditors	3,557	7,113
Total Non Current Payables and Contract Liabilities	28,229	27,286
Total Payables and Contract Liabilities	147,952	155,925

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

NOTE 5.2: PAYABLES AND CONTRACT LIABILITIES CONTINUED

Payables consist of:

- ▶ contractual payables, classified as financial instruments and measured at amortised costs. Accounts payable represent liabilities for goods and services provided to AV prior to the end of the financial year that are unpaid; and
- ▶ accrued wages and salaries, which are expected to be settled wholly within 12 months of the reporting date

- ▶ statutory payables, such as goods and services tax, fringe benefits tax and PAYG, are recognised and measured similarly to contractual payables, but are not classified as financial instruments and are not included in the category of financial liabilities at amortised cost, because they do not arise from a contract.

The normal credit terms for supplies and services are usually Nett 30 days.

5.2 (a) Deferred Capital Grant

	\$'000
Opening Balance (Adjusted for AASB 1058)	3,180
Grant Payments Received for Capital Works during the year	93,596
Capital Grant Revenue Recognised consistent with the Capital Works undertaken during the year	(93,496)
Closing Balance	3,280
Grant Considerations	
Revenue recognised from service obligations satisfied in previous periods	3,280
Transaction price allocated to the remaining service obligations from government to be recognised in:	
- Not longer than one year	100
- Longer than one year but not longer than five years	3,180
- Longer than five years	-
Total	3,280

In addition, grant consideration was also received from the State Government in support of energy efficient improvements and for additional ambulance vehicles and medical equipment. Grant income is recognised as service obligations are met. The remaining grant revenue is recognised when the service obligations are delivered in the following year.

Financial guarantees: Payments that are contingent under financial guarantee contracts are recognised as a liability, at fair value, at the time the guarantee is issued. Subsequently, should there be a material increase in the likelihood that the guarantee may have to be exercised, the liability is recognised at the higher of the amount determined in accordance with the expected credit loss model under AASB 9 *Financial Instruments* and the amount initially

recognised less, when appropriate, cumulative amortisation recognised in accordance with AASB 118.

In the determination of fair value, consideration is given to factors including the overall capital management/prudential supervision framework in operation, the protection provided by DHHS by way of funding should the probability of default increase, probability of default by the guaranteed party and the likely loss to DHHS in the event of default.

5.2 (b) Contract Liabilities

Opening Balance (Adjusted for AASB 15) ¹	71,108
Payments received for performance obligations yet to be completed during the year	98,152
Grant consideration for sufficiently specific performance obligations received during the year	2,194
Revenue recognised in the reporting period for the completion of a performance obligation	(93,001)
Grant revenue for sufficiently specific performance obligations works recognised consistent with the performance obligations met during the year	(1,942)
Total Contract Liabilities	76,512

1. Includes amounts transferred from unearned income in 2018-19.

Represented by:	
Current Contract Liabilities	55,020
Non-Current Contract Liabilities	21,492

5.2 (c) Ageing Analysis of Payables

Please refer to Note 7.1 for the maturity analysis of payables.

5.3: OTHER PROVISIONS

	2020 \$'000	2019 \$'000
CURRENT		
Make Good Provision	351	-
NON-CURRENT		
Make Good Provision	3,670	3,620
Total Other Provisions	4,022	3,620
MOVEMENTS IN MAKE GOOD PROVISION:		
Opening Balance	3,620	3,376
Additional provisions recognised	231	40
Reductions arising from payments/other sacrifices of future economic benefits	(33)	-
Reductions resulting from remeasurement of settlement without cost	(114)	(53)
Unwind of discount and effect of changes in discount rate	318	259
Closing Balance	4,022	3,620

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.

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

6: HOW WE FINANCED OUR OPERATIONS

Introduction

This section provides information on the sources of finance utilised by AV during its operations, along with other information related to financing activities of AV.

This section also includes disclosures of balances that are financial instruments (such as cash balances). Note: 7.1 provides additional, specific financial instrument disclosures.

Structure

- 6.1 Cash and Cash Equivalents
- 6.2 Lease Liabilities
- 6.3 Commitments for Expenditure

6.1: CASH AND CASH EQUIVALENTS

	2020 \$'000	2019 \$'000
Cash at Bank	111,938	143,814
Cash on Hand	108	89
Total Cash and Cash Equivalents	112,046	143,903
Represented by:		
Cash as per Cash Flow Statement	112,046	143,903
Total Cash and Cash Equivalents	112,046	143,903

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

6.2: BORROWINGS

CURRENT		
Lease Liability ⁱ	53,927	-
Total Current	53,927	-
NON CURRENT		
Lease Liability ⁱ	217,505	-
Total Non Current	217,505	-
Total Borrowings	271,432	-

i. Secured by the assets leased. Leases are effectively secured as the rights to the leased assets revert to the lessor in the event of default.

Maturity Analysis of Liabilities

Please refer to Note 7.1 (d) for the ageing analysis for financial liabilities.

Defaults and Breaches

During the current and prior year, there were no defaults and breaches of any of the lease liabilities.

Lease Liabilities

Repayments in relation to leases are payable as follows:

	Minimum Future Lease Payments		Present Value of Minimum Future Lease Payments	
	2020 \$'000	2019 \$'000	2020 \$'000	2019 \$'000
Repayments in relation to lease liabilities are payable as follows:				
Not Later than One Year	59,646	-	53,928	-
Later than One Year and Not Later than 5 Years	200,182	-	189,075	-
Later than 5 Years	29,420	-	28,429	-
Minimum Lease Payments	289,248	-	271,432	-
Less Future Finance Charges	(17,816)	-	-	-
Total	271,432	-	271,432	-
Included in the Financial Statements as:				
Current Lease Liability			53,927	-
Non Current Lease Liability			217,505	-
Total			271,432	-

The weighted average interest rate implicit in the finance lease is 2.38% (2019: N/A).

Leases

A lease is a right to use an asset for an agreed period of time in exchange for payment. All leases are recognised on the balance sheet, with the exception of low value leases (less than \$10,000 AUD) and short term leases of less than 12 months.

AV's leasing activities

AV leases various properties, motor vehicles and aircrafts. The lease contracts are typically made for fixed periods of 1-15 years, and often with an option to renew the lease after that date.

At 30 June 2020, AV was committed to short term leases and the total commitment at that date was \$0.94m.

For any new contracts entered into on or after 1 July 2019, AV considers whether a contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'. To apply this definition AV assesses whether the contract meets three key evaluations which are whether:

- ▶ the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to AV and for which the supplier does not have substantive substitution rights;

- ▶ AV has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract and AV has the right to direct the use of the identified asset throughout the period of use; and
- ▶ AV has the right to take decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

This policy is applied to contracts entered into, or changed, on or after 1 July 2019.

Separation of lease and non-lease components

At inception or on reassessment of a contract that contains a lease component, the lessee is required to separate out and account separately for non-lease components within a lease contract and exclude these amounts when determining the lease liability and right-of-use asset amount.

Recognition and measurement of leases as a lessee (under AASB 16 from 1 July 2019)

Lease Liability - Initial Measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or AV's incremental borrowing rate.

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

Lease payments included in the measurement of the lease liability comprise the following:

- fixed payments (including in-substance fixed payments) less any lease incentive receivable;
- variable payments based on an index or rate, initially measured using the index or rate as at the commencement date;
- amounts expected to be payable under a residual value guarantee; and
- payments arising from purchase and termination options reasonably certain to be exercised.

Lease Liability – Subsequent Measurement

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in-substance fixed payments.

When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right of use asset is already reduced to zero.

Short-Term Leases and Leases of Low Value Assets

AV has elected to account for short-term leases and leases of low value assets using the practical expedients. Instead of recognising a right of use asset and lease liability, the payments in relation to these are recognised as an expense in profit or loss on a straight line basis over the lease term.

Below Market/Peppercorn Lease

AV has various leases ranging from 1 to 50 years for the use of land to provide ambulance services. Peppercorn leases have annual rental of \$1 to \$100 payable at the request of the landlord, while non retail leases have lease payments up to \$8,000 per year. The leased properties included land for ambulance branches, transfer sheds, reliever quarters and communication towers. These assets account for a material portion of similar assets AV is using for provide ambulance services.

Right of use assets under leases at significantly below-market terms and conditions that are entered into principally to enable AV to further its objectives. On transition, AV has elected to recognise the right of use assets under peppercorn leases initially at cost (Refer Note 8.9). These right of use assets are depreciated on a straight line basis over the shorter of the lease term and the estimated useful lives of the assets.

Presentation of Right of Use Assets and Lease Liabilities

AV presents Right of Use assets as 'property plant equipment' unless they meet the definition of investment property, in which case they are disclosed as 'investment property' in the balance sheet. Lease liabilities are presented as 'borrowings' in the balance sheet.

Recognition and measurement of leases (under AASB 117 until 30 June 2019)

In the comparative period, leases of property, plant and equipment were classified as either finance lease or operating leases.

AV determined whether an arrangement was or contained a lease based on the substance of the arrangement and required an assessment of whether fulfilment of the arrangement is dependent on the use of the specific asset(s); and the arrangement conveyed a right to use the asset(s).

Leases of property, plant and equipment where AV as a lessee had substantially all of the risks and rewards of ownership were classified as finance leases. Finance leases were initially recognised as assets and liabilities at amounts equal to the fair value of the leased property or, if lower, the present value of the minimum lease payment, each determined at the inception of the lease. The leased asset is accounted for as a non-financial physical asset and depreciated over the shorter of the estimated useful life of the asset or the term of the lease. Minimum finance lease payments were apportioned between the reduction of the outstanding lease liability and the periodic finance expense, which is calculated using the interest rate implicit in the lease and charged directly to the consolidated comprehensive operating statement.

Contingent rentals associated with finance leases were recognised as an expense in the period in which they are incurred.

Assets held under other leases were classified as operating leases and were not recognised in AV's balance sheet. Operating lease payments were recognised as an operating expense in the Statement of Comprehensive Income on a straight-line basis over the lease term.

Operating lease payments up until 30 June 2019 (including contingent rentals) are recognised 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.

From 1 July 2019, the following lease payments are recognised on a straight-line basis:

- Short-term leases – leases with a term less than 12 months; and
- Low value leases – leases with the underlying asset's fair value (when new, regardless of the age of the asset being leased) is no more than \$10,000.

Variable lease payments not included in the measurement of the lease liability (i.e. variable lease payments that do not depend on an index or a rate, initially measured using the index or rate as at the commencement date). These payments are recognised in the period in which the event or condition that triggers those payments occur.

6.3: COMMITMENTS FOR EXPENDITURE

	2020 \$'000	2019 \$'000
CAPITAL EXPENDITURE COMMITMENTS		
Not Later than One Year	4,982	9,035
Later than One Year and Not Later than 5 Years	-	-
Total	4,982	9,035
OPERATING EXPENDITURE COMMITMENTS¹		
Not Later than One Year	20,764	68,009
Later than One Year and Not Later than 5 Years	50,273	238,741
Later than 5 Years	798	73,112
Total	71,836	379,862
OPERATING LEASE COMMITMENTS¹		
Not Later than One Year	-	11,964
Later than One Year and Not Later than 5 Years	-	32,469
Later than 5 Years	-	14,136
Total	-	58,569
NON-CANCELLABLE SHORT TERM AND LOW VALUE LEASE COMMITMENTS		
Not Later than One Year	349	-
Later than One Year and Not Later than 5 Years	187	-
Later than 5 Years	407	-
Total	943	-
Total Commitments for Expenditure (inclusive of GST)	77,760	447,466
Less GST Recoverable from the Australian Taxation Office	(7,069)	(40,679)
Total Commitments for Expenditure (Exclusive Of GST)	70,691	406,787

1. 2018-19 included operating leases recognised as right of use assets in 2019-20

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed by way of a note 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 on the Balance Sheet.

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

7: RISKS, CONTINGENCIES AND VALUATION UNCERTAINTIES

Introduction

AV is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information, (including exposures to financial risks) as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for AV is related mainly to fair value determination.

Structure

- 7.1 Financial instruments
- 7.2 Contingent assets and contingent liabilities

7.1: 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*.

7.1(a) Categorisation of Financial Instruments

Financial Assets at Amortised Cost

Financial assets are measured at amortised costs if both of the following criteria are met and the assets are not designated as fair value through net result:

- ▶ the assets are held by AV to collect the contractual cash flows, and
- ▶ the assets contractual terms give rise to cash flows that are solely payments of principal and interests.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

AV recognises the following assets in this category:

- ▶ cash and deposits;
- ▶ trade receivables (excluding statutory receivables);
- ▶ term deposits with maturity greater than three months; and
- ▶ other receivables

Financial Liabilities at Amortised Cost

Financial Liabilities at Amortised Cost are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount and the settlement value being recognised in the comprehensive income statement. AV recognises the following liabilities in this category:

- ▶ payables (excluding statutory payables); and
- ▶ lease liabilities

Offsetting of Financial Instruments

Financial assets and liabilities are offset, with the net amount reported in the balance sheet only where there is a currently legally enforceable right to offset the recognised amounts and there is an intention to settle on a net basis or realise the asset and settle the liability simultaneously.

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:
 - has transferred substantially all the risks and rewards of the asset; or
 - 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.

Derecognition of Financial Liabilities

A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expired.

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised as an 'other economic flow' in the comprehensive operating statement.

7.1: FINANCIAL INSTRUMENTS CONTINUED

Reclassification of Financial Instruments

Subsequent to initial recognition reclassification of financial liabilities is not permitted. Financial assets are required to be reclassified between fair value through net result, fair value through other comprehensive income and amortised cost when and only when AV's business model for managing its financial assets has changed such that its previous model would no longer apply.

	Note	Financial Assets at Amortised Cost \$'000	Financial Liabilities at Amortised Cost \$'000	Total \$'000
2020				
Contractual Financial Assets				
Cash and Cash Equivalents	6.1	112,046	-	112,046
Receivables	5.1	21,715	-	21,715
Total Financial Assets⁽ⁱ⁾		133,761	-	133,761
Financial Liabilities				
Payables	5.2	-	68,160	68,160
Lease Liabilities	6.2	-	271,432	271,432
Total Financial Liabilities⁽ⁱⁱ⁾		-	339,592	339,592

	Note	Contractual Financial Assets Receivables \$'000	Contractual Financial Liabilities at Amortised Cost \$'000	Total \$'000
2019				
Contractual Financial Assets				
Cash and Cash Equivalents	6.1	143,903	-	143,903
Receivables	5.1	28,709	-	28,709
Total Financial Assets⁽ⁱ⁾		172,612	-	172,612
Financial Liabilities				
Payables	5.2	-	85,238	85,238
Total Financial Liabilities⁽ⁱⁱ⁾		-	85,238	85,238

(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 2020 (continued)

7.1: FINANCIAL INSTRUMENTS CONTINUED

7.1(b) Ageing Analysis of Financial Assets as at 30 June

	Carrying Amount \$'000	Not Past Due and Not Impaired \$'000	Past Due But Not Impaired		
			1 to 3 months \$'000	3 months to 1 year \$'000	Impaired Financial Assets \$'000
2020					
Financial Assets					
Cash and Cash Equivalents	112,046	112,046	–	–	–
Receivables	21,715	13,246	5,443	3,026	16,673
Total Financial Assets	133,761	125,292	5,443	3,026	16,673
2019					
Financial Assets					
Cash and Cash Equivalents	143,903	143,903	–	–	–
Receivables	28,709	20,995	6,352	1,362	14,324
Total Financial Assets	172,612	164,898	6,352	1,362	14,324

Ageing analysis of financial assets excludes all statutory financial assets.

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.

7.1(c): Contractual Receivables at Amortised Costs

	Current	Less than 1 month	1-3 months	3 months to 1 year	1 to 5 Years	Total
1 July 2019						
Expected loss rate	0%	28%	21%	56%	78%	
Gross carrying amount of contractual receivables	3,554	20,167	6,352	12,157	805	43,034
Loss allowance	-	5,546	1,311	6,843	624	14,324
30 June 2020						
Expected loss rate	0%	34%	23%	65%	78%	
Gross carrying amount of contractual receivables	436	18,862	5,443	12,632	1,016	38,388
Loss allowance	-	6,364	1,268	8,253	788	16,673

7.1: FINANCIAL INSTRUMENTS CONTINUED

Impairment of Financial Assets under AASB 9

AV records the allowance for expected credit loss for the relevant financial instruments, in accordance with AASB 9 Financial Instruments 'Expected Credit Loss' approach. Subject to AASB 9 impairment assessment are contractual receivables and statutory receivables. While cash and cash equivalents are also subject to the impairment requirements of AASB 9, the identified impairment loss was immaterial.

Contractual Receivables at Amortised Cost

AV applies AASB 9 simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. AV has grouped contractual receivables on shared credit risk characteristics and days past due and select the expected credit loss rate based on past history, existing market conditions, as well as forward-looking estimates at the end of the financial year.

On this basis, AV determines there is no impact to opening loss allowance on initial application date of AASB 9 and the closing loss allowance at end of the financial year.

Reconciliation of the movement in the loss allowance for contractual receivables

	2020 \$'000	2019 \$'000
Balance at Beginning of the Year	14,324	12,627
Transfer out / disposed outputs	(18,349)	(20,853)
Modification of contractual cash flows on financial assets	-	-
Increase in provision recognised in the net result	20,469	22,275
Reversal of provision of receivables written off during the year as uncollectible	229	275
Reversal of unused provision recognised in the net result	-	-
Balance at end of the year	16,673	14,324

Credit loss allowance is classified as other economic flows in the net result. Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same line item.

In prior years, a provision for doubtful debts is recognised when there is objective evidence that the debts may not be collected and bad debts are written off when identified. A provision is made for estimated irrecoverable amounts from the sale of goods when there is objective evidence that an individual receivable is impaired.

Statutory Receivables at Amortised Cost

AV's non-contractual receivables arising from statutory requirements are not financial instruments. However, they are nevertheless recognised and measured in accordance with AASB 9 requirements as if those receivables are financial instruments.

The statutory receivables are considered to have low credit risk, taking into account the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near future. As the result, the loss allowance recognised for these financial assets during the period was limited to 12 months expected losses. No loss allowance recognised at 30 June 2018 under AASB 139. No additional loss allowance required upon transition into AASB 9 on 1 July 2018.

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

7.1: FINANCIAL INSTRUMENTS CONTINUED

7.1(d) Maturity Analysis of Financial Liabilities as at 30 June

	Note	Maturity Dates					
		Carrying Amount \$'000	Nominal Amount \$'000	Less than 1 month \$'000	1 to 3 months \$'000	3 months to 1 year \$'000	Greater than 1 year \$'000
2020							
Financial Liabilities							
Payables	5.2						
- Trade Creditors		276	276	276	-	-	-
- Accrued Salaries and Wages		22,073	22,073	22,073	-	-	-
- Accrued Expenses		38,267	38,267	38,267	-	-	-
- Other Creditors		7,543	7,543	-	-	3,986	3,557
Borrowings	6.2						
- Lease Liabilities		271,432	289,246	20	43	689	270,681
Total Financial Liabilities		339,592	357,406	60,636	43	4,675	274,238
2019							
Financial Liabilities							
Payables	5.2						
- Trade Creditors		23,514	23,514	23,514	-	-	-
- Accrued Salaries and Wages		15,778	15,778	15,778	-	-	-
- Accrued Expenses		34,667	34,667	34,667	-	-	-
- Other Creditors		11,279	11,279	612	-	3,554	7,113
Total Financial Liabilities		85,238	85,238	74,570	-	3,554	7,113

7.2: CONTINGENT ASSETS AND CONTINGENT LIABILITIES

There were no contingent liabilities as at 30 June 2020 (2019: \$0.3m).

There were no contingent assets as at 30 June 2020 (2019: Nil).

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.

8: OTHER DISCLOSURES

Introduction

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

Structure

- 8.1 Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) From Operating Activities
- 8.2 Responsible persons disclosures

- 8.3 Executive officer disclosures
- 8.4 Related parties
- 8.5 Remuneration of auditors
- 8.6 Ex-gratia payments
- 8.7 Events occurring after balance sheet date
- 8.8 Economic dependency
- 8.9 New Accounting Standards and Interpretations
- 8.10 Glossary of terms and style conventions

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

	2020 \$'000	2019 \$'000
Net Result For The Year	(18,209)	2,010
NON CASH MOVEMENTS		
Depreciation and Amortisation	101,853	42,880
Indirect Capital Contributions	(14,280)	(16,338)
Other Non-Cash Movement	(3,840)	-
MOVEMENTS INCLUDED IN INVESTING AND FINANCING ACTIVITIES		
Loss from Sale of Property, Plant and Equipment	225	4,710
MOVEMENTS IN ASSETS AND LIABILITIES		
Change in Operating Assets and Liabilities		
(Decrease)/Increase in Provision for Make Good	402	89
(Decrease)/Increase in Provision for Doubtful Debts	2,348	1,697
(Increase)/Decrease in Receivables	(5,743)	(871)
(Increase)/Decrease in Inventories	(2,087)	(447)
(Increase)/Decrease in Prepayments	249	(5,736)
(Decrease)/Increase in Payables	(16,896)	4,653
(Decrease)/Increase in Employee Benefits	27,444	39,844
(Decrease)/Increase in Contract Liabilities	6,247	3,083
(Decrease)/Increase in Deferred Grant	2,676	-
Net Cash Flow From/(Used In) Operating Activities	80,388	75,574

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

8.2: RESPONSIBLE PERSONS DISCLOSURES

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

	Period
RESPONSIBLE MINISTER	
The Honourable Jenny Mikakos, Minister for Ambulance Services, Minister for Health	1 July 2019 to 30 June 2020
GOVERNING BOARD	
Mr Ken Lay AO (Chair)	1 July 2019 to 30 June 2020
Dr Joanna Flynn AM (Acting Chair from 29 January to 20 April 2020)	1 July 2019 to 30 June 2020
Ms Tasneem Chopra	1 July 2019 to 30 June 2020
Ms Susanne Clarke	1 July 2019 to 30 June 2020
Mr Ian Forsyth	1 July 2019 to 30 June 2020
Mr Michael Gorton AM	1 July 2019 to 30 June 2020
Ms Anna Leibel	1 July 2019 to 30 June 2020
Mr Peter Lewinsky	1 July 2019 to 30 June 2020
Mr Greg Smith AM	1 July 2019 to 30 June 2020
ACCOUNTABLE OFFICER	
Assoc Prof Tony Walker ASM	1 July 2019 to 30 June 2020

	2020 No.	2019 No.
REMUNERATION OF RESPONSIBLE PERSONS		
The number of Responsible Persons are shown below in their relevant income bands:		
\$50,000–\$59,999	7	8
\$60,000–\$69,999	1	–
\$100,000–\$109,999	1	–
\$120,000–\$129,999	–	1
\$480,000–\$489,999	–	1
\$500,000–\$509,999	1	–
Total Number	10	10
Total Remuneration (\$'000)	1,044	1,025

Amounts relating to Responsible Ministers are reported within the Department of Parliamentary Services financial report.

8.3: EXECUTIVE OFFICER DISCLOSURES

Executive Officers' Remuneration

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

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided by AV, or on behalf of AV, in exchange for services rendered, and is disclosed in the following categories.

Short-term employee benefits include amounts such as wages, salaries, annual leave or sick leave that are usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances and free or subsidised goods or services.

Post-employment benefits include pensions and other retirement benefits paid or payable on a discrete basis when employment has ceased.

Other long-term benefits include long service leave, other long service benefits or deferred compensation.

Termination benefits include termination of employment payments, such as severance packages.

Several factors affected total remuneration payable to executives over the year. A number of employment contracts were completed and renegotiated and a number of executive positions were realigned in the past year.

	2020 \$'000	2019 \$'000
REMUNERATION OF EXECUTIVE OFFICERS		
<i>(including Key Management Personnel disclosed in Note 8.4)</i>		
Short term employee benefits	5,451	4,954
Post-employment benefits	557	508
Other long-term benefits	435	533
Termination benefits	205	-
Total Remuneration	6,648	5,995
Total Number of Executives¹	29	25
Total Annualised Employee Equivalent²	23.6	21.9

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

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

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

8.4: RELATED PARTIES

AV is a wholly owned and controlled entity of the State of Victoria. Related parties of AV include:

- ▶ all key management personnel and their close family members and personal business interests (controlled entities, joint ventures and entities they have significant influence over);
- ▶ all cabinet ministers and their close family members; and

- ▶ all departments and public sector entities that are controlled and consolidated into the whole of state consolidated financial statements.

All related party transactions have been entered into on an arm's length basis.

	2020 \$'000	2019 \$'000
SIGNIFICANT TRANSACTIONS WITH GOVERNMENT-RELATED ENTITIES		
During the year, AV had the following government-related entity transactions:		
Government Grants from DHHS	865,925	820,012
Government Grants from DJR	8,932	10,649
Government Grants from TAC	11,727	11,487
Government Grants from DPC	561	661
CBS Interest Income from DTF ¹	1,836	1,336
Transport Revenue from Victorian public hospitals	34,567	34,761
Transport Revenue received from TAC	31,498	32,041
Transport Revenue from WorkSafe	7,582	8,862
Insurance Premium paid to VMIA	1,459	1,546
Training Fees from the Country Fire Authority (CFA)	-	850

1. The Standing Directions of the Assistant Treasurer require AV to hold cash (in excess of working capital) in accordance with the State's centralised banking arrangements.

Key Management Personnel (KMP) of AV includes Cabinet Ministers, AV Board (refer Note 8.2), AV CEO Tony Walker, and voting members of the AV Executive Committee, which includes:

Chief Operating Officer	Mark Rogers
Executive Director Clinical Operations	Michael Stephenson
Executive Director Corporate Services	Rob Barr
Executive Director People & Culture	Rebecca Hodges
Executive Director Transformation & Strategy	Jill Fitzroy
Executive Director Transformation & Strategy (Acting)	Chantelle Tavitian
Executive Director Operational Communications	Anthony Carlyon
Executive Director Quality & Patient Experience	Nicola Reinders
Executive Director Strategic Communications & Engagement	Tracey Curro
Chief Information Officer	Mark Gardiner
Medical Director	Professor Stephen Bernard

The compensation detailed below excludes the salaries and benefits the Portfolio Ministers receive. The Minister's remuneration and allowances is set by the *Parliamentary Salaries and Superannuation Act 1968*, and is reported within the Department of Parliamentary Services' Financial Report.

8.4: RELATED PARTIES CONTINUED

	2020 \$'000	2019 \$'000
COMPENSATION OF KMPs		
Short term employee benefits	3,676	3,952
Post-employment benefits	335	356
Other long-term benefits	234	191
Total²	4,245	4,499

2. The compensation of certain KMPs are also reported in the disclosure of responsible persons (Note 8.2) and executive officers (Note 8.3). 2019-20 includes the full year compensation for KMPs appointed during 2019-20.

Transactions with key management personnel and other related parties

Given the breadth and depth of State government activities, related parties transact with the Victorian public sector in a manner consistent with other members of the public e.g. stamp duty and other government fees and charges.

Further employment of processes within the Victorian public sector occur on terms and conditions consistent with the *Public Administration Act 2004* and Codes of Conduct and Standards issued by the Victorian Public Sector Commission.

Procurement processes occur on terms and conditions consistent with the Victorian Government Procurement Board requirements.

Outside of normal citizen type transactions, the related party transactions that involved key management personnel and their close family members are as follows:

Mr Michael Gorton AM, Director, holds executive positions in other entities as follows:

- Director of Australasian College for Emergency Medicine (ACEM); and
- Principal of Russel Kennedy Lawyers.

During the year, these entities provided services to AV under terms and conditions equivalent for those that prevail in arm's length transactions under the AV's procurement process:

	2020 \$'000	2019 \$'000
Advertising fee paid to ACEM	1	1
Legal fee paid to Russell Kennedy Lawyers	18	52
Paramedics registration application fees paid to AHPRA ³	-	849

3. AHPRA is no longer a related party in 2019-20 after Mr Michael Gorton finished his term as Chair of AHPRA on 1 July 2019.

During the year, AV paid \$126,858 (2019: \$107,077) to Council of Ambulance Authorities, an organisation of which Mr Tony Walker, the Chief Executive Officer is a Board member representing AV. The annual membership contribution and sponsorship for forums/conferences were paid under standard terms and conditions.

During the year, AV paid \$2,200 (2019: \$60,000) to Emergency Services Foundation, an organisation of which Mr Tony Walker and Mr Ian Forsyth, Director, are Board members. The annual membership contribution and sponsorship for forums/conferences were paid under standard terms and conditions.

During the year, AV paid \$92,723 (2019: \$1,463) to the Shannon Company, a company of which Mr Ian Forsyth, Director, is the Managing Partner. The marketing campaign fees were paid under standard terms and conditions.

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

8.5: REMUNERATION OF AUDITORS

	2020 \$'000	2019 \$'000
VICTORIAN AUDITOR-GENERAL'S OFFICE		
Audit of financial statements	183	178
OTHER PROVIDERS		
Internal audit services	425	495
Other	317	61
Total	924	734

8.6: EX GRATIA PAYMENTS⁴

AV has made the following ex gratia payments:		
Forgiveness or waiver of debt ⁵	335	187
	335	187

4. Ex gratia payments greater than or equal to \$5,000 or those considered material in nature.

5. Forgiveness of transport fees debt to individuals due to financial hardship and on compassionate grounds and have been recognised in the Comprehensive Operating Statement under 'Net Gain/(Loss) on Financial Instruments'.

8.7: EVENTS AFTER BALANCE SHEET DATE

State of Emergency in Victoria

The COVID-19 pandemic has created unprecedented economic uncertainty. Actual economic events and conditions in the future may be materially different from those estimated by AV at the reporting date. As responses by government continue to evolve, management recognises that it is difficult to reliably estimate with any degree of certainty the potential impact of the pandemic after the reporting date on AV, its operations, its future results and financial position. The state of emergency in Victoria was extended on 13 September 2020 until 11 October 2020 and the state of disaster still in place.

AV Enterprise Agreement

The Ambulance Victoria Enterprise Agreement 2020 (AVEA 2020) was endorsed by the unions and State Government in August. The ballot closed on 6 September 2020 and the proposed Agreement was approved by a valid majority of employees. The financial impact will be recognised in the 2020-21 financial year.

8.8: ECONOMIC DEPENDENCY

AV is dependent on the Department of Health and Human Services for the majority of its revenue used to operate the entity. At the date of this report, the Board of Directors has no reason to believe the Department of Health and Human Services will not continue to support AV.

8.9: NEW ACCOUNTING STANDARDS AND INTERPRETATIONS

Changes in Accounting Policy

Leases

This note explains the impact of the adoption of AASB 16 *Leases* on AV's financial statements.

AV has applied AASB 16 with a date of initial application of 1 July 2019. AV has elected to apply AASB 16 using the modified retrospective approach, as per the transitional provisions of AASB 16 for all leases for which it is a lessee. The cumulative effect of initial application is recognised in retained earnings as at 1 July 2019. Accordingly, the comparative information presented is not restated and is reported under AASB 117 and related interpretations.

Previously, AV determined at contract inception whether an arrangement is or contains a lease under AASB 117 and Interpretation 4 - 'Determining whether an arrangement contains a Lease'. Under AASB 16, AV assesses whether a contract is or contains a lease based on the definition of a lease as explained in note 6.1.

On transition to AASB 16, AV has elected to apply the practical expedient to grandfather the assessment of which transactions are leases. It applied AASB 16 only to contracts that were previously identified as leases. Contracts that were not identified as leases under AASB 117 and Interpretation 4 were not reassessed for whether there is a lease. Therefore, the definition of a lease under AASB 16 was applied to contracts entered into or changed on or after 1 July 2019.

8.9: NEW ACCOUNTING STANDARDS AND INTERPRETATIONS CONTINUED

Leases Classified as Operating Leases under AASB 117

As a lessee, AV previously classified leases as operating or finance leases based on its assessment of whether the lease transferred significantly all of the risks and rewards incidental to ownership of the underlying asset to AV. Under AASB 16, AV recognises right-of-use assets and lease liabilities for all leases except where exemption is availed in respect of short-term and low value leases.

On adoption of AASB 16, AV recognised lease liabilities in relation to leases which had previously been classified as operating leases under the principles of AASB 117 *Leases*. These liabilities were measured at the present value of the remaining lease payments, discounted using AV's incremental borrowing rate as of 1 July 2019. On transition, right-of-use assets are measured at the amount equal to the lease liability, adjusted by the amount of any prepaid or accrued lease payments relating to that lease recognised in the balance sheet as at 30 June 2019.

AV has elected to apply the following practical expedients when applying AASB 16 to leases previously classified as operating leases under AASB 117:

- ▶ Applied a single discount rate to a portfolio of leases with similar characteristics;
- ▶ Adjusted the right-of-use assets by the amount of AASB 137 onerous contracts provision immediately before the date of initial application, as an alternative to an impairment review;
- ▶ Applied the exemption not to recognise right-of-use assets and liabilities for leases with less than 12 months of lease term;
- ▶ Excluded initial direct costs from measuring the right-of-use asset at the date of initial application; and
- ▶ Used hindsight when determining the lease term if the contract contains options to extend or terminate the lease.

For leases that were classified as finance leases under AASB 117, AV identified a number of parcels of land that were under peppercorn finance leases. As the lease payments were negligible, no lease liability was disclosed, and these were included in land assets. On transition, these have been reclassified as right-of-use assets, and valued as previously stated.

Leases as a Lessor

AV is not required to make any adjustments on transition to AASB 16 for leases in which it acts as a lessor. AV accounted for its leases in accordance with AASB 16 from the date of initial application.

Impacts on Financial Statements

On transition to AASB 16, AV recognised \$324.04m of right-of-use assets and \$324.04m of lease liabilities.

When measuring lease liabilities, AV discounted lease payments using its incremental borrowing rate at 1 July 2019. The weighted average rate applied is 2.38%.

	\$'000
Total Operating Lease Commitments disclosed at 30 June 2019	360,340
Discounted using the incremental borrowing rate at 1 July 2019	327,411
Recognition exemption for:	
Short-term leases	(2,806)
Leases of low-value assets	(567)
Lease liabilities recognised at 1 July 2019	324,037

Revenue from Contracts with Customers

In accordance with FRD 121 requirements, the AV has applied the transitional provision of AASB 15, under modified retrospective method with the cumulative effect of initially applying this standard against the opening retained earnings at 1 July 2019. Under this transition method, AV applied this standard retrospectively only to contracts that are not 'completed contracts' at the date of initial application. AV has not applied the fair value measurement requirements for right-of-use assets arising from leases with significantly below-market terms and conditions principally to enable the entity to further its objectives as allowed under temporary option under AASB 16 and as mandated by FRD 122.

Comparative information has not been restated.

Note 2.1 – Sales of goods and services includes details about the transitional application of AASB 15 and how the standard has been applied to revenue transactions.

Income of Not-for-Profit Entities

In accordance with FRD 122 requirements, AV has applied the transitional provision of AASB 1058, under modified retrospective method with the cumulative effect of initially applying this standard against the opening retained earnings at 1 July 2019. Under this transition method, AV applied this standard retrospectively only to contracts and transactions that are not completed contracts at the date of initial application.

Comparative information has not been restated.

Note 2.1.1 – Grants includes details about the transitional application of AASB 1058 and how the standard has been applied to revenue transactions.

The adoption of AASB 1058 resulted in \$3.840m impact to Other Comprehensive Income for the financial year.

Transition Impact on Financial Statements

This note explains the impact of the adoption of the following new accounting standards for the first time, from 1 July 2019:

- ▶ AASB 15 *Revenue from Contracts with Customers*;
- ▶ AASB 1058 *Income of Not-for-Profit Entities*; and
- ▶ AASB 16 *Leases*.

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

8.9: NEW ACCOUNTING STANDARDS AND INTERPRETATIONS CONTINUED

Impact on Balance Sheet due to the adoption of AASB 15, AASB 1058 and AASB 16 is illustrated with the following reconciliation between the restated carrying amounts at 30 June 2019 and the balances reported under the new accounting standards (AASB 15 and AASB 16) at 1 July 2019:

	Note	Before New Accounting Standards Opening 1 July 2019 \$'000	Impact of New Accounting Standards - AASB 16, 15 & 1058 \$'000	After New Accounting Standards Opening 1 July 2019 \$'000
BALANCE SHEET				
Property, Plant and Equipment		435,186	324,037	759,223
Total Non-Current Assets	4.1	553,201	324,037	877,238
Total Assets		739,909	324,037	1,063,947
Payables and Contract Liabilities	5.2	128,640	660	129,300
Borrowings	6.2	-	53,514	53,514
Total Current Liabilities		357,004	54,174	411,178
Payables and Contract Liabilities	5.2	27,286	3,180	30,466
Borrowings	6.2	-	270,523	270,523
Total Non-Current Liabilities		73,219	273,703	346,922
Total Liabilities		430,223	327,877	758,100
Accumulated Surplus/(Deficit)		65,560	(3,840)	61,720
Physical Revaluation Surplus		188,119	-	188,119
Other items in equity		56,007	-	56,007
Total Equity		309,686	(3,840)	305,846

8.9: NEW ACCOUNTING STANDARDS AND INTERPRETATIONS CONTINUED

New Accounting Standards and Interpretations

Certain new Australian accounting standards and interpretations have been published that are not mandatory for the 30 June 2020 financial year. As at 30 June 2020, 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 public sector entity financial statements
AASB 17 <i>Insurance Contracts</i>	The new Australian standard seeks to eliminate inconsistencies and weaknesses in existing practices by providing a single principle based framework to account for all types of insurance contracts, including reinsurance contract that an insurer holds. It also provides requirements for presentation and disclosure to enhance comparability between entities. This standard currently does not apply to the not-for-profit public sector entities.	1 January 2021	The assessment has indicated that there will be no significant impact for the public sector.
AASB 2018-7 <i>Amendments to Australian Accounting Standards – Definition of Material</i>	This Standard principally amends AASB 101 <i>Presentation of Financial Statements</i> and AASB 108 <i>Accounting Policies, Changes in Accounting Estimates and Errors</i> . The amendments refine and clarify the definition of material in AASB 101 and its application by improving the wording and aligning the definition across AASB Standards and other publications. The amendments also include some supporting requirements in AASB 101 in the definition to give it more prominence and clarify the explanation accompanying the definition of material.	1 January 2020	The standard is not expected to have a significant impact on the public sector.
AASB 2020-1 <i>Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current</i>	This Standard amends AASB 101 to clarify requirements for the presentation of liabilities in the statement of financial position as current or non-current. A liability is classified as non-current if an entity has the right at the end of the reporting period to defer settlement of the liability for at least 12 months after the reporting period. The meaning of settlement of a liability is also clarified.	1 January 2022. However, ED 301 has been issued with the intention to defer application to 1 January 2023.	The standard is not expected to have a significant impact on the public sector.

In addition to the new standards and amendments above, the AASB has issued a list of other amending standards that are not effective for the 2019-20 reporting period. In general, these amending standards include editorial and references changes that are expected to have insignificant impacts on public sector reporting.

- ▶ AASB 2018-6 *Amendments to Australian Accounting Standards – Definition of a Business*.
- ▶ AASB 2019-1 *Amendments to Australian Accounting Standards – References to the Conceptual Framework*.
- ▶ AASB 2019-3 *Amendments to Australian Accounting Standards – Interest Rate Benchmark Reform*.
- ▶ AASB 2019-5 *Amendments to Australian Accounting Standards – Disclosure of the Effect of New IFRS Standards Not Yet Issued in Australia*.
- ▶ AASB 2019-4 *Amendments to Australian Accounting Standards – Disclosure in Special Purpose Financial Statements of Not-for-Profit Private Sector Entities on Compliance with Recognition and Measurement Requirements*.
- ▶ AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities (Appendix C)*.

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020 (continued)

8.9: NEW ACCOUNTING STANDARDS AND INTERPRETATIONS CONTINUED

8.10: GLOSSARY OF TERMS AND STYLE CONVENTIONS

Amortisation

Amortisation is the expense which results from the consumption, extraction or use over time of a non-produced physical or intangible asset.

Comprehensive result

The net result of all items of income and expense recognised for the period. It is the aggregate of operating result and other comprehensive income.

Commitments

Commitments include those operating, capital and other outsourcing commitments arising from non-cancellable contractual or statutory sources.

Depreciation

Depreciation is an expense that arises from the consumption through wear or time of a produced physical or intangible asset. This expense reduces the 'net result for the year'.

Effective interest method

The effective interest method is used to calculate the amortised cost of a financial asset or liability and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial instrument, or, where appropriate, a shorter period.

Employee benefits expenses

Employee benefits expenses include all costs related to employment including wages and salaries, fringe benefits tax, leave entitlements, redundancy payments, defined benefits superannuation plans, and defined contribution superannuation plans.

Ex gratia payments

Ex-gratia payments mean the voluntary payment of money or other non-monetary benefit (e.g. a write off) that is not made either to acquire goods, services or other benefits for the entity or to meet a legal liability, or to settle or resolve a possible legal liability, or claim against the entity.

Financial asset

A financial asset is any asset that is:

- (a) cash;
- (b) an equity instrument of another entity;
- (c) a contractual or statutory right:
 - to receive cash or another financial asset from another entity; or
 - to exchange financial assets or financial liabilities with another entity under conditions that are potentially favourable to the entity; or
- (d) a contract that will or may be settled in the entity's own equity instruments and is:
 - a non-derivative for which the entity is or may be obliged to receive a variable number of the entity's own equity instruments; or

- a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments.

Financial instrument

A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Financial assets or liabilities that are not contractual (such as statutory receivables or payables that arise as a result of statutory requirements imposed by governments) are not financial instruments.

Financial liability

A financial liability is any liability that is:

- (a) A contractual obligation:
 - to deliver cash or another financial asset to another entity; or
 - to exchange financial assets or financial liabilities with another entity under conditions that are potentially unfavourable to the entity; or
- (b) A contract that will or may be settled in the entity's own equity instruments and is:
 - a non-derivative for which the entity is or may be obliged to deliver a variable number of the entity's own equity instruments; or
 - a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments. For this purpose the entity's own equity instruments do not include instruments that are themselves contracts for the future receipt or delivery of the entity's own equity instruments.

Financial statements

A complete set of financial statements comprises:

- (a) Balance sheet as at the end of the period;
- (b) Comprehensive operating statement for the period;
- (c) A statement of changes in equity for the period;
- (d) Cash flow statement for the period;
- (e) Notes, comprising a summary of significant accounting policies and other explanatory information;
- (f) Comparative information in respect of the preceding period as specified in paragraph 38 of AASB 101 Presentation of Financial Statements; and
- (g) A statement of financial position at the beginning of the preceding period when an entity applies an accounting policy retrospectively or makes a retrospective restatement of items in its financial statements, or when it reclassifies items in its financial statements in accordance with paragraphs 41 of AASB 101.

8.10: GLOSSARY OF TERMS AND STYLE CONVENTIONS CONTINUED

Grants and other transfers

Transactions in which one unit provides goods, services, assets (or extinguishes a liability) or labour to another unit without receiving approximately equal value in return. Grants can either be operating or capital in nature.

While grants to governments may result in the provision of some goods or services to the transferor, they do not give the transferor a claim to receive directly benefits of approximately equal value. For this reason, grants are referred to by the AASB as involuntary transfers and are termed non-reciprocal transfers. Receipt and sacrifice of approximately equal value may occur, but only by coincidence. For example, governments are not obliged to provide commensurate benefits, in the form of goods or services, to particular taxpayers in return for their taxes. Grants can be paid as general purpose grants which refer to grants that are not subject to conditions regarding their use. Alternatively, they may be paid as specific purpose grants which are paid for a particular purpose and/or have conditions attached regarding their use.

Intangible produced assets

Refer to produced assets in this glossary.

Intangible non-produced assets

Refer to non-produced asset in this glossary.

Interest expense

Costs incurred in connection with the borrowing of funds includes interest on bank overdrafts and short-term and long-term liabilities, amortisation of discounts or premiums relating to liabilities, interest component of finance leases repayments, and the increase in financial liabilities and non-employee provisions due to the unwinding of discounts to reflect the passage of time.

Interest income

Interest income includes unwinding over time of discounts on financial assets and interest received on bank term deposits and other investments.

Liabilities

Liabilities refers to amounts owed to a supplier or other provider of goods, services, or loans. Liabilities also include non-interest-bearing advances from government that are acquired for policy purposes.

Net acquisition of non-financial assets (from transactions)

Purchases (and other acquisitions) of non-financial assets less sales (or disposals) of non-financial assets less depreciation plus changes in inventories and other movements in non-financial assets. It includes only those increases or decreases in non-financial assets resulting from transactions and therefore excludes write-offs, impairment write-downs and revaluations.

Net worth

Assets less liabilities, which is an economic measure of wealth.

Non-financial assets

Non-financial assets are all assets that are not 'financial assets'. It includes inventories, land, buildings, plant and equipment, investment properties, intangible and biological assets.

Non-produced assets

Non-produced assets are assets needed for production that have not themselves been produced. They include land, subsoil assets, and certain intangible assets.

Non-produced intangibles are intangible assets needed for production that have not themselves been produced. They include constructs of society such as patents.

Payables

Includes short and long term trade debt and accounts payable, grants, taxes and interest payable.

Produced assets

Produced assets include buildings, plant and equipment, inventories, cultivated assets and certain intangible assets. Intangible produced assets may include computer software, motion picture films, and research and development costs (which does not include the start-up costs associated with capital projects).

Receivables

Includes amounts owing from government through appropriation receivable, short and long term trade credit and accounts receivable, accrued investment income, grants, taxes and interest receivable.

Sales of goods and services

Refers to income from the direct provision of goods and services and includes fees and charges for services rendered, sales of goods and services, fees from regulatory services and work done as an agent for private enterprises. It also includes rental income under operating leases and on produced assets such as buildings and entertainment, but excludes rent income from the use of non-produced assets such as land. User charges includes sale of goods and services income.

Supplies and services

Supplies and services generally represent cost of goods sold and the day-to-day running costs, including maintenance costs, incurred in the normal operations of the Department.

8.10: GLOSSARY OF TERMS AND STYLE CONVENTIONS CONTINUED

Transactions

Revised Transactions are those economic flows that are considered to arise as a result of policy decisions, usually an interaction between two entities by mutual agreement. They also include flows in an entity such as depreciation where the owner is simultaneously acting as the owner of the depreciating asset and as the consumer of the service provided by the asset. Taxation is regarded as mutually agreed interactions between the government and taxpayers. Transactions can be in kind (e.g. assets provided/given free of charge or for nominal consideration) or where the final consideration is cash.

Style conventions

Figures in the tables and in the text have been rounded. Discrepancies in tables between totals and sums of components reflect rounding. Percentage variations in all tables are based on the underlying unrounded amounts.

The notation used in the tables is as follows:

- zero, or rounded to zero
- (xxx) negative numbers
- 20xx year period
- 20xx-2x year period

AV provides emergency medical response to close to **6.5 million people** in an area of more than **227,000 square kilometres**.





AmbulanceVictoria

Caring

Safe

Effective

Connected