



Ambulance
Victoria®

Annual Report

2024-25



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Acknowledgement of Country

Ambulance Victoria acknowledges the Traditional Owners of the lands in Victoria. We pay our respects to Aboriginal and Torres Strait Islander cultures and to Elders past and present, and recognise Aboriginal self-determination is a human right.

At Ambulance Victoria, we recognise the diverse and unique cultures and histories of Aboriginal and Torres Strait Islander peoples and value the knowledge of countless generations of Custodians. We commit to working together to build a fair and just future.

We will come together with Aboriginal and Torres Strait Islander communities to identify, understand, and develop opportunities to create and sustain a culturally aware organisation.

Board Chair and CEO report

We are incredibly proud to have the trust of our community as we continued to deliver best care in 2024-25, providing out-of-hospital, mobile and emergency healthcare to more than six million people across more than 227,000 square kilometres.



The demand for our service continues to grow. In 2024-25 we responded to **1,028,393** incidents across Victoria by road and in the air, while our Triage Services team managed **897,771** phone calls.

We are deeply grateful and acknowledge that each improvement and milestone this year has only been made possible thanks to the efforts of our passionate, dedicated and experienced people working and volunteering across every Ambulance Victoria (AV) branch and office across the state.

The year has been marked by great achievements alongside significant challenges, and we are proud of the continued commitment, professionalism and care of our people who remained focused on serving the community while we addressed a number of significant issues impacting the broader organisation.

These included the protracted and challenging negotiation of a new enterprise agreement for our operational staff, the final review into workplace culture by the Victorian Equal Opportunity and Human Rights Commission (the Commission), and growing demand for our services alongside increasing pressure and complexities in the health system more broadly.

We have also engaged with a Parliamentary Inquiry into Ambulance Victoria, led by the Upper House Legal and Social Issues Committee whose review of our service will continue into the coming reporting year.

Despite the challenges encountered, finalising the Ambulance Victoria Enterprise Agreement 2024 (AVEA 2024) marked a key milestone for AV and signalled a commitment to a more collaborative working relationship with our operational workforce and their industrial representatives. The AVEA 2024 is key to creating a more fair, safe and inclusive workplace for our **people**.

We are working on creating better experiences at work for all our people and rebuilding relationships and trust that may have been impacted during this period. Several improvements to terms and conditions of employment are contained in the AVEA 2024 to ensure AV is a great place to work and volunteer.

Earlier this year, we reached the third and final stage of the Commission's review into workplace equality in AV, with the final progress evaluation. This provided an initial assessment of our cultural reform progress to date and provided some important feedback to guide our continued focus on building a respectful and safe workplace for the long term.

Sustained culture change takes time, and AV remains strongly committed to our continued improvement across the organisation, by focusing on the issues that are most important to our people. This is reflected in our new People Plan and our continued efforts to build a safe and fair workplace through our daily operations and the way we work.

The Parliamentary Inquiry represents an important opportunity for us to hear from our organisation, our patients and our community about where AV could be doing better still. We engaged (and continue to do so), with a desire to continually improve our workplace for our people and the services we provide for our patients. We look forward to receiving the final report in the coming year.

Over the past year, we've made meaningful progress across all four pillars of our Strategic Plan 2023-28 as we strive to become a world leading ambulance service in terms of our people's experience, patient health outcomes, the impact we make and our connection to each other, our partners, and the broader healthcare system. From deepening community engagement to enhancing operational excellence, we've taken deliberate steps to turn strategy into action.

Across 2024-25, our paramedics, first responders, clinicians, volunteers, and corporate teams embraced transformation while consistently delivering and maintaining world-class patient care.

They have done so at a time when the pressure to deliver has not subsided. The demand for our service continues to grow, seeing us respond to 1,028,393 incidents across Victoria by road and in the air, while our Triage Services team managed 897,771 phone calls.

Our performance data tells the story of dedication under pressure and continuous improvement in the face of record demand.

What has become increasingly clear is that we cannot operate the same way we did 20 years ago, or even five years ago, and expect a different result. New ideas and evidence-based solutions are being developed and rigorously tested, enabling us to continue doing what we do best – serve our communities with dedication, purpose and compassion, even during times marked by uncertainty and ongoing challenges.

Alongside our performance, we are most proud to have delivered Australia's best cardiac arrest survival rate and the third best in the world following a record year where our **connection** to and work alongside communities has made a life-changing and genuine **impact**. This is evidenced by the 2023-24 Victorian Ambulance Cardiac Arrest Registry (VACAR) Annual Report.

Delivering safe and accessible care for as many people as possible was a priority for us in 2024-25. We partnered with the Australian Disability Network and Amaze to develop a fit-for-purpose Neuroinclusion Toolkit to deepen our understanding, support respectful conversations and take meaningful actions that build a neuroinclusive AV for our **people** and **patients**.

The toolkit, alongside our Best Care for People with Communication Disability Project with Scope Australia, has been delivered to over 5,500 paramedics to help make healthcare more accessible for everyone.

Our **people** were supported to continuously learn and grow with programs such as our Paramedic Practitioner program, which has seen two cohorts of students commence their studies.

Currently 28 students are completing their second year of the program, and a further 26 commenced studies in 2025.

This Australian-first program enables paramedics to prescribe and administer scheduled medicines while treating patients on-site, reducing hospital transport needs.

Video Assisted Triage (VAT), our Australasian-first initiative, was expanded across all workstations in our Secondary Triage teams, helping to ensure that 35,092 cases were successfully diverted to appropriate pathways such as the Victorian Virtual Emergency Department (VVED). This ensured more Victorians received the most appropriate care from our expert nurses and paramedics.

The ongoing rollout of our Digital Transformation Upgrade Project (DRUP) continues to have a real **impact** on our response and readiness. DRUP demonstrated measurable progress with 2,454 staff completing digital radio training, 1,291 portable radios deployed, and 344 vehicles upgraded – a tangible investment in our operational capability that directly supports the delivery of patient care.

And our successful Victorian Ambulance Clinical Information System (VACIS) Modernisation Project delivered more than 5,000 personal issue iPads to paramedics across the state, significantly modernising paramedic patient documentation and equipping our paramedics with the tools they need for efficient care delivery.

As we close the chapter on 2024-25 and look ahead to a new year, we take a moment to pause and reflect. We are proud of what we have achieved together and know our collective efforts have made a real difference worth celebrating. Despite real challenges, our response continues through innovation, collaboration, and unwavering commitment to supporting our people and the Victorian community.

A special thank you to Shelly Park, who concluded her tenure as Board Chair of AV on 30 June 2025. Shelly has shown immense dedication to our people, our service and the Victorian community throughout her time on the Board, and we acknowledge her significant contribution and commitment.

As always and most significantly, we thank our people for their dedication and passion for their work, and for everything they have delivered this year to the people of Victoria.



Jordan Emery ASM
Chief Executive Officer



Andrew Crisp AM APM
Board Chair

Our values

♥ Care

We care in ways that nurture trust and collaboration

I empathise with our people, patients and community
I consider how others are impacted by my actions
I acknowledge good work when I see it

✓ Accountability

We are accountable in our roles and to each other

I perform my role responsibly, fairly and transparently
I follow through on the commitments I make and the expectations of me
I take responsibility for creating a safe environment in which to speak up

= Respect

We are respectful and consciously inclusive

I communicate and act respectfully all the time
I recognise others' contributions, unique perspectives and experiences
I behave with integrity and contribute to a safe workplace

★ Excellence

We strive to be our best for our people, patients, and communities

I seek opportunities to continuously develop and grow
I promote a curious learning environment by teaching, coaching and guiding others
I collaborate to empower the people around me to deliver quality and be their best

Strategic plan



Belief and purpose



Our belief

We believe that everyone has the right to access quality and effective patient-centred healthcare so that they can live their best lives.



Our purpose

To bring world-leading, patient-focused, out-of-hospital, mobile, and emergency health care to the Victorian community.

Strategic Plan

The *Ambulance Victoria Strategic Plan 2023-2028: Transforming for better* outlines our roadmap for delivering world-leading, patient-focused, out-of-hospital, mobile, and emergency health care to the Victorian community. We are in year two of this comprehensive strategy, structured around four pillars – People, Patients, Impact, and Connection.

In the second year of this plan, we have delivered outcomes in all four of the strategic pillars.

Strategic Pillars



People

In our People pillar, we aim to ensure that our people are engaged, highly trained, equipped and connected, and for our leaders to ensure our people feel valued, safe, healthy and included.

This year a key focus was employee engagement. In 2024-25, we enabled the development of local Employee Engagement Forums across all Ambulance Service Areas in Regional Operations, and we implemented Town Hall events for all divisions.

We recognise that long-term culture change takes time and our journey towards building our safe and respectful workplace continues, with one of the key focus areas for the year ahead being the commencement of delivering the AV People Plan.

Informed by staff feedback and the Victorian Equal Opportunity and Human Rights Commission review, the People Plan was approved in June 2025 and brings together key initiatives including roster reform, diversity and inclusion, health and safety. The plan ensures that our ongoing reform progress is people-centred, sustainable and embedded in our core business.

To support the uplift of leadership capability, this year we continued to deliver the Leading Together Program, with over 500 leaders completing the program so far. The program promotes people-centred leaders who demonstrate compassion, courage and connection as part of their daily leadership practice.

An Anti-Bullying eLearn and Anti-Harassment eLearn launched for all employees, and the Equal Employment Opportunity (EEO) for leaders eLearn was released to all substantive and acting AV leaders.

The Ambulance Victoria Enterprise Agreement 2024 (AVEA 2024) commenced operation in February 2025 following approval by the Fair Work Commission with increased and improved employee entitlements to be delivered over the life of the four-year agreement.

Negotiations are underway for the *Ambulance Victoria (Management and Administrative Staff) Enterprise Agreement 2025* (AVMA 2025), helping to ensure improved working conditions for all of our people.



Patients

The Patients pillar aims to provide patients across Victoria with world leading mobile and emergency care that is timely, culturally sensitive and connected, with optimal clinical outcomes and patient experience.

To ensure all patients receive best care, improved health outcomes and experience, in 2024-25 we launched the *Best Care, Everywhere* framework, which outlines our shared commitment to safe, effective, person-centred and connected care.

We commenced embedding the new Standards for Safe and Timely Ambulance and Emergency Care for Victorians into operational practice and we continued to work with health services to progress the Timely Emergency Care Program (TEC2), which provides a consistent approach to quality improvements.

The Additional Mobile Intensive Care (MICA) paramedics initiative saw the commencement of Bairnsdale single responder units, and critical care liaison paramedics helped to establish an enhanced framework for critical care and clinical support to better identify and treat critically unwell patients across the health system.

In 2024-25 we continued to increase service accessibility by pioneering the first paramedic practitioner role in Australia, alongside our partners the Department of Health (DH) and Monash University.



Impact

The Impact pillar aims to evolve our structure, processes, systems and assets to deliver more impact through consistent organisational performance.

In 2024-25 we transitioned to a more efficient and modern organisational model by issuing more than 5,000 personal iPad devices to in-field paramedics. We also upgraded VACIS to ensure paramedics could collate, manage, review, and report on patient care, paramedicine and clinical practices, and undertake clinical research.

Through the year we rolled out new digital radios across rural regions to support the Digital Radio Upgrade Program (DRUP2), which will enable compatibility between metropolitan Melbourne and other regions to deliver a single, secure radio network for Victoria.

This year our Secondary Triage team expanded the use of Video Assisted Triage (VAT), enabling us to better assess a patient's condition and determine the best medical care options for them.



Connection

The Connection pillar aims to ensure we are seamlessly connected to each other, our patients, our partners and to the healthcare system; enabled through deeper engagement, research and advocacy, innovation and co-design, digital enablement and data sharing.

In 2024-25 we completed the implementation of our 'Reflect' Reconciliation Action Plan (RAP) and have developed our 'Innovate' RAP which will begin implementation in 2025-26.

We continue to promote and use the Victorian Virtual Emergency Department (VVED) via our Secondary Triage and in-field paramedics to more effectively connect patients to the right care.

We introduced regional community forums in 2024-25 which provide an opportunity for Board, Executive, Community Advisory Committee and local AV leadership to connect with communities at a local level and directly hear the needs and views of ambulance users and communities.



Strategic enablers



Innovation

Expanding and integrating innovation into all practices across the organisation.



Digital

Embracing digital technologies to improve patient care, operational efficiency, communication, collaboration, and innovation.



Research

Conducting research to improve patient care, inform evidence-based decisions, and develop new services and solutions.



Sustainability

Reducing environmental impact, developing sustainable business models, and future-proofing operations.

Declarations and attestations

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 2025.

Andrew Crisp
Chair of the Board
Melbourne
6 October 2025

Financial Management Compliance Attestation Statement

I, Amanda Watt, 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.

Amanda Watt
Chair of the Audit and Risk Committee
Melbourne
6 October 2025

Data Integrity Declaration

I, Jordan Emery, 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.



Jordan Emery
Chief Executive Officer

Melbourne
13 October 2025

Integrity, Fraud and Corruption Declaration

I, Jordan Emery, 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.



Jordan Emery
Chief Executive Officer

Melbourne
13 October 2025

Conflict of Interest

I, Jordan Emery, 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 Committee meetings.

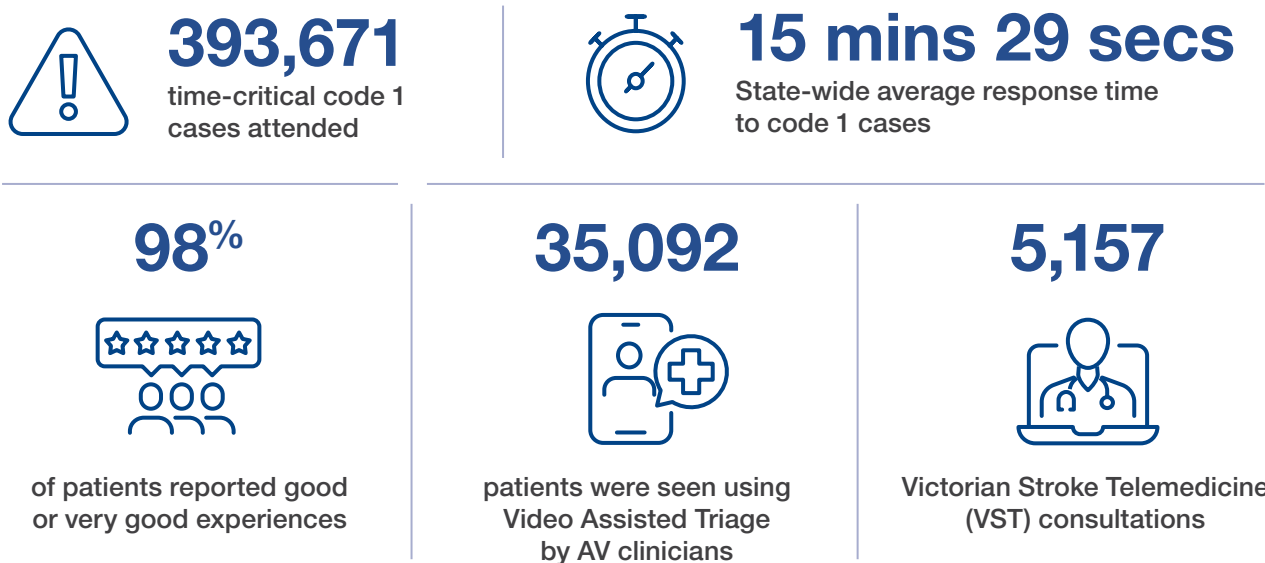


Jordan Emery
Chief Executive Officer

Melbourne
13 October 2025

A year in numbers

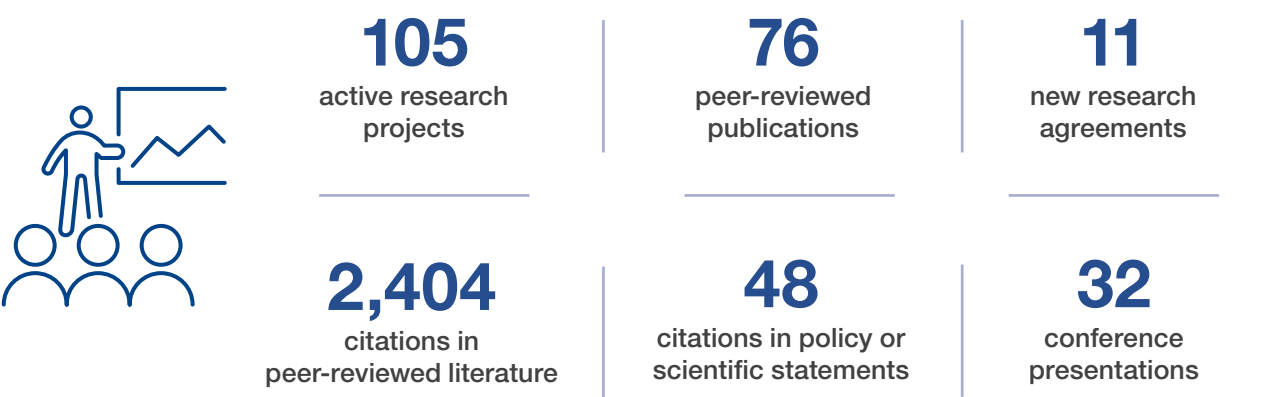
PERFORMANCE



PEOPLE



RESEARCH IMPACT



EMERGENCY MANAGEMENT UNIT (EMU) EVENTS

- Traffic incident in Saw Mill Settlement (July 2024)

Chemical factory fire in Derrimut (July 2024)

Traffic incident in Koo Wee Rup (August 2024)

Complex traffic accident Dargo (October 2024)

Hazmat incident Tangill South (October 2024)

Bushfire The Gurdies (December 2024)

Bushfire Grampians National Park (December 2024)

Severe heatwave statewide (January 2025)

Bushfire Little Desert National Park (January 2025)

Lithium battery factory fire Highett (January 2025)
- Wilderness response Taggerty (February 2025)

Wilderness response Mt Buller (February 2025)

Wilderness response Mt Buller (March 2025)

Grass fire Trafalgar East (March 2025)

Grass fire Montrose (March 2025)

Hazmat incident Coldstream (March 2025)

Hazmat incident Barwon (March 2025)

House fire Mildura (April 2025)

Industrial fire Springvale (May 2025)

Wilderness response Iguana Creek (May 2025)

Hazmat incident Broadmeadows (June 2025)

MEMBERSHIP SUBSCRIPTION SCHEME



Our people

Improving the experience of our people at work has remained at the heart of several innovative programs and strategic initiatives undertaken over the past year. We have prioritised outcomes that ensure our people are well-supported, trained and connected to leadership and each other, including the appointment of key frontline leadership positions to support our people and provide leadership stability.

Major initiatives have included the delivery of a new enterprise agreement for our operational teams, the development of the Paramedic Practitioner Program, the introduction of Employee Engagement Forums for Regional Operations, and comprehensive health, safety and wellbeing measures to keep our people safe.

We recognise that while we have made some significant steps towards building our respectful and safe workplace, our long-term change journey continues, with the delivery of key initiatives under the new People Plan a key focus for the coming year.



Ambulance Victoria Enterprise Agreement (AVEA) finalised

The AVEA 2024 became operational on 21 February 2025, marking an important milestone for our organisation and our people covered under the agreement. Spanning the next four years until 2028, the AVEA 2024 reflects our ongoing commitment to creating a more fair, safe and inclusive workplace. Reaching this outcome was the result of strong collaboration and sustained dialogue with our workforce and representative bodies over many months including our union partners: the Victorian Ambulance Union (VAU) and the United Workers Union / Ambulance Employees Australia Victoria (UWU/AEAV).

A number of improvements to terms and conditions of employment are contained in the AVEA 2024.

Key improvements relate to salary increases, classification updates and backpay, as well as End of Shift (EOS) arrangements, and further recognition of our Ambulance Community Officer (ACO) cohort, as well as those translating across to the Ambulance Victoria (Management and Administrative Staff) Enterprise Agreement 2021 (AVMA 2021) from the AVEA 2024.

Importantly, the AVEA 2024 not only addresses current workplace needs but also positions us for long term success. By strengthening our Agreement, we are better equipped to attract and retain top talent, drive engagement, and foster a high performing culture.

Bargaining for the Ambulance Victoria (Management and Administrative Staff) Agreement (AVMA) 2025 commenced in April 2025 and remains underway.



Paramedic Practitioner Program

AV is a key partner alongside DH and Monash University in pioneering the first paramedic practitioner role in Australia. A paramedic practitioner is a highly skilled and specialised paramedic with advanced training in primary healthcare. They can assess, treat, and manage a wide range of health conditions, often working in collaboration with doctors, nurses, and other healthcare professionals. Paramedic practitioners can provide care in various settings, including GP surgeries, community health centres, hospitals, and even in patients' homes.

The first cohort of 28 paramedics are currently undertaking their second year of the nation-

KEY STATISTICS

Cohort 1

30

students, commenced their studies in 2024, **clinical placement in 2025.**

Cohort 2

26

students, commenced their studies in 2025, **clinical placement from 2026.**

Note: while 30 scholarships were offered in 2024, two students have since withdrawn from the program. 28 students from cohort 1 are continuing their studies. In 2025, an additional scholarship was offered, raising the number of scholarships for cohort 2 from 25 to 26 for the 2025 calendar year.

leading paramedic practitioner master's degree at Monash University – with a second cohort of 26 students commencing in February 2025.

Developed alongside AV, Safer Care Victoria (SCV), paramedics, clinicians, and unions, the first cohort of paramedic practitioner graduates will be deployed to regional Victoria in 2026.

Once graduated, they'll be able to treat conditions that commonly see people visit a hospital – including urinary catheter care, wound care and closure, minor infections, dislocations and fractures.

This year, they commenced clinical placements at nine health services across Victoria to consolidate their advanced course learnings and skills. A key milestone for the new paramedic practitioner role was the amendment to the *Drugs, Poisons and Controlled Substances Act 1981* this year which has paved the way for them to prescribe and administer scheduled medicines, treat patients on the spot and reduce the need to transport to hospital.

In February 2025, a new cohort of 26 paramedic practitioner students commenced their three-year

course, expanding the number of overall people who will soon be available to step into advanced practitioner roles.

We continue to work closely with the Chief Paramedic Officer, SCV, DH, Monash University and others to help design this innovative role to best suit future needs.



Employee Engagement Forums

The AVEA 2024 marked the formal introduction of Employee Engagement Forums (Clause 19 on page 30) for the operational workforce.

AV's Strategy and Engagement division and Regional Operations division (RO) worked together to develop a plan to implement these forums from March 2025 onwards, beginning first with operational staff before rolling out to the broader, non-operational working in June 2025 where they are referred to as 'Town Halls'.

A key part of these gatherings it to ensure the key themes, issues, outcomes and actions are captured and reported on to support an organisational response and increase the opportunities for our people to give feedback on their experience at work.

Area Managers have since shared those key themes, issues, outcomes and actions with their entire region so that issues raised in meetings are being addressed at a local leadership level.

In March 2025, key themes consistently raised across the 26 areas related to issues with our rostering system, iPad ergonomic concerns, lack of availability of short night shifts, and delays to addressing payroll requests and support tickets.

Although forums are not new to AV, the introduction of Employee Engagement Forums and divisional Town Halls simply formalises the meeting frequency and provides a structure to support our people to have a local avenue to raise their questions and concerns, to support leaders in hosting those meetings and to provide a mechanism for them to report back on the issues raised and the actions taken as a result.



YourAV: Building our safe and respectful workplace

In January 2025, the Victorian Equal Opportunity and Human Rights Commission (the Commission) released its final progress report outlining AV's implementation of 25 priority recommendations, made as part of the 2022 *Independent Review into Workplace Equality in Ambulance Victoria*.

The Commission acknowledged key achievements that are making a difference – with a focus on the establishment of a dedicated Professional Standards and Behaviours Department and defined pathways for reporting harmful behaviours.

The Commission also provided a series of enablers and barriers to change, to help guide us in refining our approach going forward. These insights, which were informed by our people's stories and experiences, give us a deep understanding of the next steps in creating an AV that is safe, fair and inclusive for everyone.

A comprehensive review process has taken place to determine the next steps for the program. Many initiatives have now been delivered and closed, while ongoing initiatives have been integrated into our core business activities and systems.

Improving our people's experience at work

Some recommendations from the Commission that are still underway have been integrated into our new People Plan – a three-year plan dedicated to improving the workplace experience for our people – such as our continued focus on building leadership capability, and the organisation-wide delivery of Upstander, a dedicated education program to help our people speak up about harmful behaviours at work.

The People Plan sets out the key actions AV will undertake to improve our people's experiences at work and while volunteering at AV. Developed in response to feedback from across the workforce, the People Plan addresses four key outcomes:

- We are diverse, meaningfully engaged and valued.
- We are safe, healthy and we care for everyone.
- We are capable and continuously learn and grow.
- We consistently develop effective leadership.

Implementation of the People Plan will be monitored against key performance indicators, drawing on data from a range of sources,

including feedback from the workforce, unions and People Matter surveys. Progress will be shared regularly as the various projects are implemented, with a detailed progress report shared annually.



Wellbeing and support services

The Mental Health and Wellbeing Action Plan 2022–2025 marked AV's third strategic framework dedicated to supporting the psychological health of our workforce. In 2024-25, we successfully completed all outstanding actions across the plan's 17 projects, each aligned to four key pillars: Prevention and Education, Early Intervention, Building on Strengths and Partnering for Success.

During the year, we released the results of our biennial psychosocial survey, a key initiative aimed at understanding the evolving mental health and wellbeing needs of our workforce. The 2024 survey saw a strong increase in engagement, with 22.8 per cent of employees responding – more than double the response rate from 2021.

The findings revealed encouraging trends, with overall reductions in reported symptoms of anxiety, stress, and depression compared to previous years. These improvements suggest that our continued investment in prevention and early intervention programs is making a meaningful difference.

However, the survey also highlighted areas of concern, particularly around post-traumatic stress disorder (PTSD) and burnout, which remain prevalent across the workforce. These insights will play a critical role in shaping future initiatives, enabling our Wellbeing Support Services (WSS) team to tailor support programs that respond directly to the needs of our people.

The next psychosocial survey is scheduled for 2026, continuing our commitment to evidence-based wellbeing strategies.

Consultation for the next iteration of the Mental Wellbeing Action Plan was also completed this year and the upcoming 2025–2028 plan will focus on:

- Improving access to mental health and wellbeing services.
- Embedding support across all levels of the organisation.
- Evaluating outcomes to ensure programs deliver meaningful impact for our people.

KEY STATISTICS

- In 2024-25, **63.5 per cent** of the workforce accessed support through WSS.
- Suicide Intervention Response and Engagement Network, our in-house bespoke suicide prevention package, was voluntarily completed by over **60 per cent** of the workforce (> 5000 people) with **96.5 per cent** reporting it beneficial for their role at AV.
- Our VACU network continues to expand with **131 clinicians** providing care across the state.
- Our 24/7 counselling line received **447 calls**, offering confidential support for staff, volunteers, families and retirees. AV continues to partner with Victorian Council of Churches Emergency Ministries for coverage across the state of Victoria in pastoral care with **17 volunteers** and AV chaplains visiting branches and hospitals.
- The Peer Dog program made **561 site visits**, helping reduce stigma around mental health.
- Peer Support team welcomed **29 new volunteers**, bringing the total Peer Support responders to **225**.



CASE STUDY:

Advance allocation process

AV is proud to have implemented the Advance Allocation Process (AAP) to strengthen workforce stability and enhance employee satisfaction, both of which are central to the high-quality care AV provides to communities across Victoria. The AAP represents a thoughtful, people-centred shift in workforce planning, balancing operational needs with employee wellbeing and community care.

Under this model, Graduate Ambulance Paramedics (GAPs) are provided with a permanent work location as part of the offer of employment, rather than at the end of their graduate year. This approach empowers new recruits with greater autonomy and certainty, enabling them to make informed decisions about their future career.

For employees, the AAP significantly reduces the stress and financial burden associated with relocation, fosters stronger community ties, and improves overall job satisfaction. Operationally, the AAP supports proactive workforce planning to enable better resourcing decisions, particularly in remote and hard-to-fill locations, ultimately enhancing service delivery for patients in the community. By aligning employee preferences with organisational needs, the AAP strengthens recruitment and retention strategies and promotes a more engaged and resilient workforce.

HERE'S WHAT OUR WORKFORCE IS SAYING:

"This gives graduates far more stability and is a great process to prevent movement after becoming established in an area." Advanced Life Support (ALS) paramedic

"This is a wonderful piece of work and a true commitment to making this a great place to work and volunteer. Kudos for listening and responding: this will mean a lot, to a lot." ALS paramedic

"This change gave our team the confidence to prepare and welcome our new staff early, instead of scrambling last minute." Team Manager

Building on its success, the AAP is being extended to include the MICA workforce. This marks a significant step in AV's commitment to a people-focused approach – one that thoughtfully balances operational priorities with the wellbeing of our employees and the needs of the communities we serve.

CASE STUDY:

Best Care for People with Communication Disability Project

The launch of the Best Care for People with Communication Disability Project demonstrates AV's excellence in leadership in creating a communication accessible service, recognised by the Council of Ambulance Authorities. An impactful five-year partnership with Scope Australia has delivered workforce training and resources designed to bridge communication gaps between paramedics and the one in seven patients who experience communication difficulty.

The resources, co-designed with people with lived experience and paramedics, ensure practical and effective application in health emergencies. Easy English resources on AV's website have been designed to empower community by increasing preparedness.

AV's disability inclusion program continues to grow a network of champions across regions who are building awareness and understanding in Best Care with colleagues. This approach is increasing engagement with training and use of the Emergency Healthcare Communication Book with patients, as well as support for initiatives such as learning Auslan, reaching more than 5,500 ALS paramedics through our continuing education program.

The Best Care for People with Communication Disability Project has been made possible by a \$1.9m National Disability Insurance Scheme's Information, Linkages and Capacity Building Grant.

"Best Care is about creating a healthcare environment where people with communication disability can feel heard, understood and respected. These resources will not only help emergency workers communicate more effectively but will also provide patients with the confidence to express their needs clearly during what can be an overwhelming time."
Kate MacRae, Scope's Chief Executive Officer



PARAMEDICS DURING
DISCOVERY PHASE:

"I have never felt completely informed or prepared to assist patients with specific disabilities that are medically unwell. Twenty-two years in ambulance gives you some experience and knowledge, but I have never felt informed, comfortable or at ease when managing and caring for this cohort of patients."
ALS paramedic

"I often feel like I haven't done the best job advocating for the patient... I would definitely like some training as I feel like I'm winging it most of the time."
ALS paramedic



Parliamentary Inquiry

On 14 August 2024, the Legislative Council agreed that the Legal and Social Issues Committee (the Committee) inquire into, consider and report on the core issues impacting the management and functions of Ambulance Victoria, including but not limited to:

1. issues involving call-taking, dispatch, ambulance ramping, working conditions and workloads of paramedics;
2. procurement practices, including contract management and oversight, and their adequacy in ensuring transparency, fairness, and value for public funds and identification of any systemic patterns of mismanagement or lack of oversight;
3. allegations of fraud and embezzlement and the adequacy of financial controls and oversight to prevent misconduct;
4. governance and accountability;

5. the workplace culture within Ambulance Victoria, with a focus on occupational health and safety impacts, including to the morale and wellbeing of paramedics and employees; and
6. any other related matters the Committee considers relevant.

AV's submission to the Committee provides a comprehensive overview of our organisation, its history, governance, funding and the types of services we provide. It demonstrates our commitment to working with our healthcare partners to address whole of health system problems and the need for a whole of health system solution.

The Committee held several public hearings with evidence from AV, as well as public and private parties and individuals. The Committee will review the evidence provided through the hearings and the submissions. A final report for Parliament is due by 14 October 2025.

AV continues to engage with the Inquiry with a genuine desire to improve, and in a manner that is open, transparent and honest on responding to the Committee's report.

Clinical advancements

Our dedication to clinical excellence drives us to continuously innovate and improve our healthcare services. From world leading out-of-hospital cardiac arrest survival results, to a robust Medical Directorate keeping abreast of contemporary guidelines, to comprehensive educational programs and international partnerships, our clinical advancements are at the national forefront of transforming healthcare.



Our Victorian Ambulance Cardiac Arrest Registry results

Victoria has Australia's best cardiac arrest survival rate and the third best in the world, following a record year as reported in the Victorian Cardiac Arrest Registry (VACAR) Annual Report.

Bystander cardiopulmonary resuscitation (CPR) was administered in 79 per cent of witnessed cases and 141 cases receiving a shock from a public Automated External Defibrillator (AED) – the highest number on record. As a result of these interventions, and the dedication of paramedics and first responders, 422 people who had experienced an out-of-hospital cardiac arrest were discharged from hospital, with 84 per cent returning home to their families.

With our highest internationally comparable survival rate, 41 per cent of patients survived to hospital discharge. The rise from 36 per cent in 2022-23 marks the largest annual increase in the past decade and is a testament to the efforts of all at AV.

These improvements in survival are not by chance – they reflect the unwavering dedication of our paramedics and first responders, the responsiveness of the community, and the targeted initiatives that have strengthened the chain of survival.

The Ambulance Victoria Cardiac Arrest Improvement Strategy 2023-28 continues to drive innovation in emergency response. In 2024-25, we continued the FIRST: First Responder Shock Trial alongside St John New Zealand to help

GoodSAM responders use defibrillators more often when assisting patients.

The trial in Victoria and New Zealand has been running since 2022 and provides GoodSAM responders with a CellaED.

This device is a small portable defibrillator. The trial will determine if this device can help more people survive 30 days after a cardiac arrest outside of hospital. It will also determine if this can be a method for the public to provide help sooner when someone's heart stops.

Additionally, the expansion of the Heart Safe Communities program has introduced 12 new communities this year.

With 17,327 GoodSAM responders now registered, and 10,304 AEDs available across Victoria, community involvement in cardiac arrest response continues to grow.



Leading clinical excellence

The Office of the Medical Director (OMD) serves as AV's clinical leadership hub, overseeing the development, implementation, and continuous refinement of Clinical Practice Guidelines (CPGs) and procedures that ensure paramedics, first responders, nurses, and doctors deliver safe, evidence-based, and contemporary clinical care to the Victorian community.

The OMD delivered several critical guideline updates throughout 2024-25, each designed to enhance patient outcomes and clinician safety. In October 2024, the first major CPG update introduced revised acute behavioural disturbance guidelines that better balance optimal patient care with paramedic safety considerations. Three new

guidelines were also launched, all addressing critical gaps in clinical guidance:

1. Withholding or Ceasing Resuscitation (paediatric)
2. Sepsis and infection (adult and paediatric)
3. Clinical Care Outside Scope of Practice

November 2024 saw the introduction of new clinical work instructions for stacked shocks, while March 2025 brought significant changes to intranasal fentanyl administration protocols. These updates, alongside targeted enhancements for Adult Retrieval Victoria (ARV) and wilderness paramedics, ensure AV's clinical practices remain at the forefront of emergency medical care.



Improvement and innovation

The Standards for Safe and Timely Ambulance and Emergency Care for Victorians

The DH Standards for Safe and Timely Ambulance and Emergency Care for Victorians (the Standards) seek to improve whole-of-hospital flow so that patients arriving via ambulance can be consistently transferred to the care of a hospital in a timely manner.

It involves AV and our health service partners working together to meet new benchmarks for efficient transfers, clearing times, alternative care pathways, and hospital coordination. There are 10 Standards in total, and five where AV has a detailed role.

Our work towards meeting the Standards includes embedding clear processes, communicating and engaging with our people about strategies, improving reporting frameworks and aligning AV's operational practices with system-wide healthcare goals.

We are also testing and refining care models through the Timely Emergency Care 2 (TEC2) project (read about TEC2 in the next section).

In improving our response performance and getting ambulances back out on the road more efficiently, we are best placed to deliver best care to our Victorian community.

Timely Emergency Care 2

Launched in September 2024, the TEC2 program is a partnership between AV, DH, and the Institute for Healthcare Improvement (IHI).

The program aims to embed a consistent, evidence-based approach to quality improvement across AV, and is also contributing to our work towards the Standards (as outlined in the section above).

Multidisciplinary teams comprising of staff who work directly with patients have been using the Model for Improvement framework to develop and test change ideas in real-world settings. The objective is to learn quickly, implement effective solutions, and scale successful initiatives across Victoria to improve efficiency and ensure timely access to care.

Focus areas and opportunities for TEC2 have been informed by engagement across our workforce. In total, 155 staff from a range of roles and locations engaged via survey or in-depth interview. Four key themes were identified:

1. Effective call taking and dispatch ensures emergency ambulances are available for patients with higher acuity needs.
2. Optimising alternate pathways and supporting care being provided in place, virtually and outside emergency departments would reduce avoidable hospital transports.
3. Timely handover at hospitals – helping paramedics get back on the road.
4. Resourcing and process improvements to maximise efficiency, enhance wellbeing and improve ambulance availability.

Priority projects were identified across four focus areas: Daily Operating System, Transfer, Clearing, and Safe in Place (in field). Change teams, comprised of members from the operational workforce, were established and supported by a capability program co-designed and delivered in partnership with DH and IHI.

In 2024-25, 53 AV staff participated in one or more TEC capability sessions – including leadership, operations and corporate roles.

Early promising results were seen at Box Hill Hospital, Ballarat Hospital, Goulburn Valley Health, and Sunshine Hospital, where updated clearing and transfer practices were tested as part of TEC2. Improved transfer and clearing times were demonstrated through earlier ePCR initiation, leadership presence in EDs and targeted communication to operational teams. This also includes the team-based approaches, such as 'stride or ride', or hospital-based approaches, such as the workstation-on-wheels.

Work will continue to drive continuous improvement across the four identified priority areas. In addition, efforts are now focused on developing a sustainable model to scale and embed the improvement capability established through TEC2.

This model will be utilised to support further implementation of performance standards and other strategic initiatives aligned with the delivery of timely and high-quality patient care.

TEC2 IN ACTION

Workstation-on-wheels involved trialling two mobile, ergonomic iPad workstations ('Paramos') at Box Hill Emergency Department to support timely electronic patient care record (ePCR) completion during patient transfer, aiming to reduce documentation delays, improve paramedic workflow, and enhance hospital clearing efficiency.

Stride or Ride has been tested at Box Hill Hospital and is about encouraging patient movement into the emergency department via walking or wheelchair, where it is safe and practical. This helps support better offload times for AV crews and helping them to get back on the road and attending to emergencies sooner.

Safer Together Program

The Safer Together Program is Safer Care Victoria's (SCV) statewide safety improvement initiative. It aims to build a continuously learning and improving health system that is safer, more person-centred, sustainable, and delivers better outcomes for all Victorians.

Through our participation in this program, AV has collaborated with SCV and the broader health sector to:

- Design, implement and evaluate quality improvement projects.
- Share insights, findings and resources.
- Contribute to the development of a learning health system.

AV is currently participating in the collaborative streams of the Victorian Sepsis Program and the Enhancing Stroke Care Collaborative. These initiatives bring together AV, SCV and health services to improve the quality of sepsis and stroke care across the state through shared learning and coordinated action.



Adult Retrieval Victoria

Adult Retrieval Victoria (ARV) provides statewide critical care clinical advice and coordinates the transfers of critically unwell patients from across the state. In addition to these core functions, ARV is a central part of the state trauma system, supporting the retrieval coordination of major trauma patients as well as providing clinical expertise.

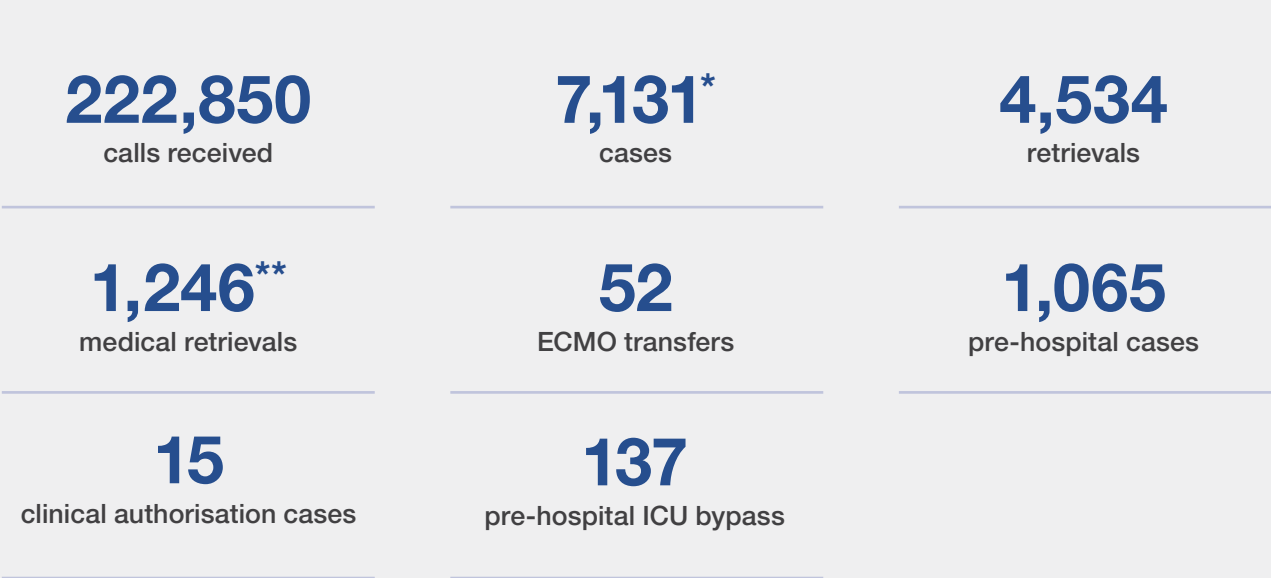
In 2024-25, our multidisciplinary team of doctors, critical care nurses, patient transport officers and retrieval administrative support officers coordinated the care of 7,131 patients, including 52 patients on heart-lung bypass, or extracorporeal membrane oxygenation (ECMO).

This year has seen our team have access to a bespoke complex patient ambulance vehicle that can accommodate the most complex of our patients, including those that are on ECMO and balloon pump support.

Our ongoing pivotal role in the pre-hospital intensive care unit (ICU) bypass initiative allows MICA paramedics to work with ARV to balance the load between ICUs and prevent secondary transfers due to lack of bed availability.

Our expert team of skilled and efficient retrieval administrative support officers, who field on average 610 calls per day, also additionally answer all calls for the Victorian Extracorporeal Membrane Oxygenation Service, as well as all calls for the VST service after hours. June 2024 was our busiest month ever with 21,584 calls to our team for assistance.

ADULT RETRIEVAL SNAPSHOT



* Cases refer to all referrals made to ARV.
** Retrievals refer to all patients transported under the care of ARV (any skill set).
Medical retrievals are those retrievals performed by an ARV doctor (consultant or registrar).

	Total cases	 Air retrievals	 Road retrievals
Barwon South West	758	263	495
Gippsland	1,167	360	454
Grampians	573	120	242
Hume	1,207	577	206
Loddon Mallee	1,114	525	262
Metro	1,826	6	1,238

Our research

AV’s Centre for Research and Evaluation is an international leader in pre-hospital emergency care, health services and resuscitation research.

Between July 2024 and June 2025, 105 active research projects were registered in the AV research governance system and staff led or contributed to the publication of 76 peer-reviewed manuscripts, many in high-impact and top-ranking journals in fields of emergency medicine, cardiology, and pre-hospital emergency care.

Our research program is internationally recognised, attracting almost 2,500 citations across peer-reviewed literature in 2024-25, including 48 citations in policy and scientific statements or treatment guidelines. Our research is highly collaborative, involving partnerships with universities, hospitals, and research institutions. In 2024-25, we proudly signed 11 new research agreements with partners, helping us achieve our strategic goal of being a strong, connected, and collaborative research centre.



Highlights

Smartphone alerts boost survival after cardiac arrest

A study led by AV found that smartphone-activated volunteer responders could play a crucial role in saving lives after cardiac arrest.

The research, published in the *Medical Journal of Australia*, analysed 9,196 adult out-of-hospital cardiac arrests between 2018 and 2023 and looked at the impact of volunteers alerted through the GoodSAM smartphone application. Volunteer responders attended 13 per cent of eligible cases, arriving before paramedics in nearly half of them.

When volunteer responders arrived before paramedics, the chances of someone receiving CPR were more than seven times higher, and the chances of early defibrillation were about 16 times higher. Importantly, the likelihood of survival to hospital discharge also improved by 37 per cent compared to when no volunteer responders

attended cardiac arrests. The study indicated that expanding smartphone-based programs across Australia and increasing the number of trained volunteers could significantly increase survival rates from cardiac arrest.

Paramedics deliver antibiotics early in ground-breaking sepsis trial

In a first-of-its-kind Australian trial, paramedics in Victoria collected blood cultures and administered intravenous antibiotics before hospital arrival in patients suspected of having sepsis (i.e. a severe blood stream infection). The results, published in *Emergency Medicine Australasia*, show promising potential for accelerating the early treatment of sepsis.

The Paramedic Antibiotics in Severe Sepsis (PASS) trial enrolled 35 adults showing signs of infection, low blood pressure, and altered consciousness. All had blood cultures drawn by paramedics, with 89 per cent successfully collected and 42 per cent of which confirmed infection.

Participants were randomly assigned to either standard care or standard care plus two grams of intravenous ceftriaxone administered by paramedics. Patients who received antibiotics by paramedics got treatment 108 minutes faster than patients in the control group (median time: 42 min vs 150 min).

The study confirms that paramedics can safely perform advanced procedures like blood culture collection and intravenous antibiotic delivery in the field. While the PASS trial marks an important step in bringing hospital-level sepsis care to the roadside, larger trials are needed to determine whether earlier therapy improves patient outcomes in severe sepsis.

Cultural barriers may limit the use of ambulances among multicultural communities

An AV study published in *Pre-hospital Emergency Care* has shown that people from culturally and linguistically diverse (CALD) backgrounds are significantly less likely to use ambulance services compared to other Australians. Analysing over 1.26 million cases between 2015 and 2019, researchers found that 21.6 per cent of ambulance patients were from CALD communities, yet their overall use of ambulance services was 13 per cent lower than non-CALD patients before accounting for demographic differences.

Once adjusted for age and gender, the disparity widened: CALD patients were 51 per cent less likely to call an ambulance compared to non-CALD Australians. The disparity was especially pronounced in certain emergencies – CALD patients were 61 per cent less likely to use ambulance services for mental health or substance-related crises compared to non-CALD patients.

The findings suggest that cultural, linguistic or social factors may prevent CALD individuals from seeking emergency care. Potential solutions could include community education, improving translation services, and culturally sensitive outreach – steps that could help ensure that everyone, regardless of background, has equal access to life-saving emergency care.

Victorian cardiac arrest survival rates triple thanks to bystander action

A new study led by AV shows that survival rates after cardiac arrest in Victoria have improved dramatically over the past two decades. Researchers analysed more than 102,000 out-of-hospital cardiac arrests recorded between 2003 and 2022 and found that while the overall number of cardiac arrests has remained steady, more people are surviving thanks to faster action from bystanders.

The study, published in the *Medical Journal of Australia*, showed that rates of bystander CPR increased from 40 per cent to 72 per cent over the 20-year period, while the use of publicly accessible defibrillators increased from less than one per cent to 16 per cent.

For patients whose cardiac arrest was witnessed and who had a shockable heart rhythm (known internationally as the ‘Utstein comparator group’), survival to hospital discharge was more than three times higher in 2022 compared with 2003.

Among survivors followed up a year after their cardiac arrest, about four in 10 reported a return to full health. The findings highlight the life-saving impact of teaching CPR, making defibrillators widely available, and encouraging members of the community to step in during a cardiac emergency.



Research funding

AV researchers were lead investigators of several new National Health and Medical Research Council (NHMRC), Medical Research Future Fund (MRFF) and National Heart Foundation (NHF) research grants in 2024-25. Research grants underpin our ability to invest in clinical innovation and support the critical infrastructure required to deliver world-leading clinical trials and cohort studies. In 2024-25, AV researchers and its research partners attracted over \$8 million in research funding:

- Emergency Management Victoria Grant for ‘First responder and paramedics PTSD prevention through eye movement desensitisation and reprocessing: a randomised controlled trial. Funding: \$374,505.
- Heart Foundation Catalyst Partnership Grant for ‘Transforming pre-hospital cardiac care: Getting the right treatment at the right time’. Funding: \$100,000.
- NHMRC Centre of Research Excellence for ‘Improving the emergency response to save lives: An Aus-ROC Centre of Research Excellence’. Funding: \$3,000,000.
- MRFF Cardiovascular Health Grant for ‘Improving outcomes and survivorship following sudden cardiac arrest in the young’. Funding: \$4,999,576.



Awards

The Centre for Research and Evaluation received multiple awards in 2024-25 recognising its contribution to science in the field of pre-hospital emergency care. Associate Professor Ziad Nehme, Director of the Centre for Research and Evaluation, was awarded the 2024 NHMRC Peter Doherty Investigator Grant Award for Emerging Leadership, recognising him as one of Australia’s top emerging medical researchers.

Presented at the 2025 NHMRC Research Excellence Awards, the honour acknowledges his ground-breaking work in improving outcomes for cardiac arrest patients.

His research focuses on enhancing emergency call recognition, increasing bystander CPR and defibrillation through community engagement and technology, and improving post-resuscitation care to boost survival and neurological recovery.

In addition, paramedic Charlotte Kennedy was awarded the Best Free Paper Award at the 2025 ‘Spark of Life’ Conference in Melbourne, for a study examining the impact of the COVID-19 pandemic on CPR quality during cardiac arrest.

Finally, MICA paramedic and PhD candidate, Richard Armour, received the ‘Best Presentation from an Emerging Researcher’ award at the 2025 Monash Addiction Research Centre Symposium for his presentation titled ‘Initiation of opioid agonist therapy using buprenorphine in the emergency department or emergency out of hospital setting: A mixed-methods systematic review’.

These collective awards are strong acknowledgment of the impact of AV’s research.



Research publications

1. Andrews T, Meadley B, Gabbe B, Beck B, Dicker B, Cameron P. Review article: Pre-hospital trauma guidelines and access to lifesaving interventions in Australia and Aotearoa/New Zealand. *Emergency Medicine Australasia*. 2024;36(2):197-205.
2. Alhenaki A, Alqudah Z, Williams B, Nehme E, Nehme Z. Clinical state transitions in shock-refractory ventricular fibrillation: an observational study. *Resuscitation*. 2025;211:110618.
3. Irawashdeh A, Al-Nusair M, Rawashdeh S, Abdi D, Kheirallah KA, Alqahtani S, Alwidyan M, Oteir A, Raffee L, Nehme Z. Temporal trends in the incidence and outcomes of cardiopulmonary arrest events treated in the emergency department at a tertiary hospital in Jordan. *Resuscitation Plus*. 2025;22:100907.
4. Alrawashdeh A, Alqahtani S, Alkhatib ZI, Kheirallah K, Melhem NY, Alwidyan M, Al-Dekah AM, Alshammari T, Nehme Z. Applications and Performance of Machine Learning Algorithms in Emergency Medical Services: A Scoping Review. *Prehosp Disaster Med*. 2024 Oct;39(5):368-378.
5. Andrews T, Dipnall JF, Gabbe BJ, Beck B, Cox S, Cameron PA. Factors associated with a positive shock index in the pre-hospital setting after major trauma. *Scand J Trauma Resusc Emerg Med*. 2025;9;33(1):122.
6. Armour R, Nielsen S, Buxton JA, Bolster J, Han MX, Ross L. Initiation of buprenorphine in the emergency department or emergency out-of-hospital setting: A mixed-methods systematic review. *The American Journal of Emergency Medicine*. 2025;88:12-22.
7. Arthurson L, Harrison S, Clissold B, Bladin C, Howlett G, Ng F, Choi PMC. Bridging the Urban and Regional Divide in Stroke Care (BUILDs): A Novel Telestroke Unit Service. *Australian Journal of Rural Health*. 2025;33(3):e70067.
8. Baldwin R, Baidawi S, Grove C, Lam T, Ogeil RP, Nehme Z, Faulkner A, Beard N, Lubman DI, Scott D. Differences in ambulance attendances between children with and without an identified history of out-of-home-care. *Child Abuse and Neglect*. 2024;158:107086.
9. Ball J, Mahony E, Nehme E, Voskoboinik A, Hogarty J, Dawson LP, Horrigan M, Kaye DM, Stub D, Nehme Z. The burden of atrial fibrillation on emergency medical services: A population-based cohort study. *International Journal of Cardiology*. 2024;414:132397.
10. Beard N, Wilson J, Rowland BC, Nehme Z, Lubman DI, Ogeil RP. Patterns of Acute Gamma-Hydroxybutyrate Harms Requiring Ambulance Attendance: Should Greater Focus Be on Regional Areas? *Drug and Alcohol Review*. 2025.
11. Bloom JE, Goel V, Anderson D, Cartledge S, Nehme Z, Ball J, Eliakundu A, Chan W, Chew DP, Kaye DM, Stub D. Current Emergency Medical Service Vasoactive Use for the Management of Shock. *Critical Care Explorations*. 2024;6(12).
12. Boulton AJ, Abelairas-Gómez C, Olaussen A, Skrifvars MB, Greif R, Yeung J. Cardiac arrest centres for patients with non-traumatic cardiac arrest: A systematic review. *Resuscitation*. 2024;203.
13. Bourke EM, Douglas N, Nehme Z, Knott J, Craig SS, Babl FE. Qualitative Exploration of Health Care Professionals' Experiences Caring for Young People With Acute Severe Behavioral Disturbance in the Acute Care Setting. *Journal of the American College of Emergency Physicians Open*. 2025;6(1):100030.
14. Broadbear JH, Ogeil RP, McGrath M, Scott DS, Nehme Z, Moayeri F, Lubman D, Rao S. Ambulance attendances involving personality disorder – investigation of crisis-driven re-attendances for mental health, alcohol and other drug, and suicide-related events. *Journal of Affective Disorders Reports*. 2025;20:100882.
15. Cadilhac DA, Birhanu MM, Churilov L, Zhao H, Coote S, Campbell BCV, Langenberg F, Davis SM, Donnan GA, Smith K, Kim J. Costs and Benefits of the Melbourne Mobile Stroke Unit Compared With Standard Ambulance: Causal Analysis Using Observational Linked Data. *Stroke*. 2025;56(4):948-956.
16. Cortegiani A, Ippolito M, Abelairas-Gómez C, Nabecker S, Olaussen A, Lauridsen KG, Lin Y, Sawyer T, Yeung J, Lockey AS, Cheng A, Greif R. In situ simulation for cardiopulmonary resuscitation training: A systematic review. *Resuscitation Plus*. 2025;21.
17. Coull J, Riley B, Anderson D, Richardson S. ECPR in the Emergency Department. *Emergency Medicine Australasia*. 2025;37(3).
18. Cudini D, Smith K, Shao J, Bernard S, Okyere D, Nehme Z, Nehme E, Anderson D, Magnuson N, Thursky K, Mori D, Oosthuizen DW, Udy A. Blood culture collection and administration of intravenous ceftriaxone by paramedics in patients with suspected sepsis (the pass trial). *Emergency Medicine Australasia*. 2025;37(2):e70027.
19. Dawson LP, Ball J, Wilson A, Emerson L, Voskoboinik A, Nehme Z, Horrigan M, Kaye D, Kalman JM, Kistler PM, Stub D. Health Care Cost Burden of Atrial Fibrillation Presentations to Emergency Departments. *JACC: Clinical Electrophysiology*. 2025;11(6):1342-1344.
20. Dawson LP, Ball J, Wilson A, Emerson L, Voskoboinik A, Nehme Z, Horrigan M, Kaye D, Stub D. Association between temperature and air pollutants with atrial fibrillation presentations to emergency departments. *Journal of Cardiovascular Electrophysiology*. 2025;36(1):71-80.
21. Delardes B, Gooley M, Bowles K-A, Chakraborty S. Paramedic to general practitioner referral pathways within Australian jurisdictional ambulance clinical practice guidelines: a document analysis. *Australian Health Review*. 2025;49(2).
22. Delardes B, Gregers MCT, Nehme E, Ray M, Hall D, Walker T, Anderson D, Okyere D, Dantanarayana A, Nehme Z. Smartphone-activated volunteer responders and survival to discharge after out-of-hospital cardiac arrests in Victoria, 2018–23: an observational cohort study. *Medical Journal of Australia*. 2025;222(10):504-509.
23. Delardes B, Powell M, Bowles KA, Chakraborty S, Smith K, Olaussen A. Paramedic perceptions of conveying patients to an emergency department who were suitable for primary care: a cross-sectional survey. *Australian Journal of Primary Health*. 2024;30(5).
24. Delardes BJ, Nehme Z, Bowles K-A, Chakraborty S, Mahony E, Smith K, Talevski J, Sher L, Nehme E. Trends in paramedic-to-general practitioner referrals following the COVID-19 pandemic and the introduction of a virtual emergency department: an interrupted time series analysis. *Emergency Medicine Journal*. 2025;42(7):460.
25. Dwivedi DB, Ball J, Smith K, Nehme Z. Incidence and outcomes of out-of-hospital cardiac arrest from initial asystole: a systematic review and meta-analysis. *Resuscitation*. 2025;212.
26. Eastwood K, Batt A, Tavares W. The importance of outcome measures that matter in paramedicine research. *Paramedicine*. 2025;22(1):1-5.
27. Eastwood KJ, Shi A, Howell S, BATTERY A, Bray JE. Sex differences in the intention and decision to use emergency medical services for acute coronary syndrome in Australia: a retrospective study. *Emergency Medicine Journal*. 2025;42(2):108-116.
28. Eliakundu AL, Bloom JE, Ball J, Nehme E, Okyere D, Heritier S, Voskoboinik A, Dawson L, Cox S, Anderson D, Burrell A, Pilcher D, Chew DP, Kaye D, Nehme Z, Stub D. Pre-hospital factors predicting mortality in patients with shock: state-wide linkage study. *Open Heart*. 2024;11(2):e002799.
29. Eliakundu AL, Kim J, Smith K, Kilkenny MF, Birhanu MM, Bagot KL, Nehme E, Cox S, Campbell BCV, Clissold B, Dewey HM, Rabaut J, Ma H, Bladin CF, Cadilhac DA. Adherence to ambulance performance indicators and patient outcomes after stroke: An Australian data linkage study. *Australas Emerg Care*. 2025;4:S2588-994X(25)00031-4.
30. Fisher K, Rice SM, Scott D, Lubman DI, Oliffe JL, Ogeil RP, Beard N, Nehme Z, Seidler ZE. Young men's anxiety presentations to Australian ambulance services. *Journal of Affective Disorders*. 2025;384:98-106.
31. Gooley M, Delardes B, Hopkins S, Oswald J, Cameron C, Nehme E. Palliative paramedicine: An interrupted time series analysis of pre-hospital guideline efficacy. *Palliative Medicine*. 2025;39(6).
32. Grasner J-T, Bray JE, Nolan JP, Iwami T, Ong MEH, Finn J, McNally B, Nehme Z, Sasson C, Tijssen J, Lim SL, Tjelmeland I, Whent J, Dicker B, Nishiyama C, Doherty Z, Welsford M, Perkins GD. Cardiac arrest and cardiopulmonary resuscitation outcome reports: 2024 update of the Utstein Out-of-Hospital Cardiac Arrest Registry template. *Resuscitation*. 2024;201.
33. Greif R, E. Bray J, Djärv T, R. Drennan I, G. Liley H, Ng K-C, Cheng A, J. Douma M, R. Scholefield B, Smyth M, Weiner G, Abelairas-Gómez C, Acworth J, Anderson N, L. Atkins D, C. Berry D, Bhanji F, W. Böttiger B, N. Bradley R, Breckwoldt J, N. Carlson J, Cassan P, Chang W-T, P. Charlton N, Phil Chung S, Considine J, Cortegiani A, T. Costa-Nobre D, Couper K, Bittencourt Couto T, N. Dainty K, Dassanayake V, G. Davis P, A. Dawson J, R. de Caen A, D. Deakin C, Debaty G, del Castillo J, Dewan M, Dicker B, Djakow J, J. Donoghue A, Eastwood K, El-Naggar W, Escalante-Kanashiro R, Fabres J, Farquharson B, Fawke J, Fernanda de Almeida M, M. Fernando S, Finan E, Finn J, E. Flores G, E. Foglia E, Folke F, A.

Research publications continued

Goolsby C, Granfeldt A, Guerguerian A-M, Guinsburg R, Malta Hansen C, Hatanaka T, G. Hirsch K, J. Holmberg M, Hooper S, V. Hoover A, Hsieh M-J, Ikeyama T, Isayama T, J. Johnson N, Josephsen J, Katheria A, D. Kawakami M, Kleinman M, Kloeck D, Ko Y-C, Kudenchuk P, Kule A, Kurosawa H, Laermans J, Lagina A, G. Lauridsen K, J. Lavonas E, C. Lee H, Han Lim S, Lin Y, S. Lockey A, Lopez-Herce J, Lukas G, Macneil F, K. Maconochie I, Madar J, Martinez-Mejas A, Masterson S, Matsuyama T, Mausling R, J.D. McKinlay C, Meyran D, Montgomery W, T. Morley P, J. Morrison L, L. Moskowitz A, Myburgh M, Nabecker S, Nadkarni V, Nakwa F, J. Nation K, Nehme Z, Nemeth M, Nicholson T, Nikolaou N, Nishiyama C, Norii T, Nuthall G, Ohshimo S, Olasveengen T, Olaussen A, Ong G, Orkin A, J. Parr M, D. Perkins G, Pocock H, Rabi Y, Raffay V, Raitt J, Raymond T, Ristagno G, Rodriguez-Nunez A, Rossano J, Rüdiger M, Sandroni C, L. Sawyer T, M. Schexnayder S, Schmölzer G, Schnaubelt S, Lene Seidler A, Semeraro F, M. Singletary E, B. Skrifvars M, M. Smith C, Soar J, Lee Solevåg A, Soll R, Stassen W, Sugiura T, Thilakasiri K, Tijssen J, Kumar Tiwari L, Topjian A, Trevisanuto D, Vaillancourt C, Welsford M, H. Wyckoff M, Yang C-W, Yeung J, M. Zelop C, A. Zideman D, P. Nolan J, M. Berg K. 2024 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations: Summary From the Basic Life Support; Advanced Life Support; Pediatric Life Support; Neonatal Life Support; Education, Implementation, and Teams; and First Aid Task Forces. *Resuscitation*. 2024;205.

34. Haji K, Vogrin S, D'Elia N, Noaman S, Bloom JE, Lefkovits J, Reid C, Brennan A, Dinh DT, Nicholls S, Nehme E, Nehme Z, Smith K, Stub D, Ball J, Zaman S, Oqueli E, Kaye D, Cox N, Chan W. Effect of COVID-19 Pandemic Lockdown on Emergency Medical Service Utilisation, and Percutaneous Coronary Intervention Volume–An Australian Perspective. *Heart Lung and Circulation*. 2024;33(8):1151-1162.

35. Han MX, Ross L, Hemingway L, Anderson D, Gosling C. Out-of-hospital paramedic interactions with people living with dementia: a scoping review. *Age and Ageing*. 2024;53(7).

36. Harris R, Drummond SPA, Meadley B, Rajaratnam SMW, Williams B, Smith K, Bowles KA, Nguyen E, Dobbie ML, Wolkow AP. Adaptive sleep behaviours and shift work tolerance during the transition to shift work. *Sleep Medicine*. 2024;124:483-93.

37. Hartley R, Nehme Z, Schultz B, Nehme E. Out-of-hospital neck of femur injury: An eight-year observational analysis. *Pre-hospital Emergency Care*. 2025.

38. Hew A, Young JT, Rowland B, Scott D, Nehme Z, Arunogiri S, Lubman DI. Exploring the reliability and profile of frequent mental health presentations using different methods: An observational study using statewide ambulance data over a 4-year period. *Australian & New Zealand Journal of Psychiatry*. 2025;59(1):74-85.

39. Howell S, Nehme Z, Ball S, Doan T, Finn J, Bosley E, Faddy S, Dicker B, Swain A, Cameron P, et al. The impact of the COVID-19 pandemic on resuscitation attempts, bystander CPR and survival outcomes in Australia and New Zealand: A binational population-based, Epistry study. *Resuscitation Plus*. 2025;22:100894.

40. Humar M, Meadley B, Cresswell B, Nehme E, Groombridge C, Anderson D, Nehme Z. Cricothyroidotomy in out-of-hospital cardiac arrest: An observational study. *Resuscitation Plus*. 2024;20:100833.

41. Humar M, Meadley B, Groombridge C, Cresswell B, Anderson D, Nehme Z. Bag-valve-mask resuscitators fitted with pressure-limiting valves – Safety feature or potential hazard? *Resuscitation Plus*. 2024;20:100789.

42. John-White MR, Proper E, Muscara F, Babl FE, Anderson VA, Wilson CL, Borland ML, Tonge BJ, Gray KM, Melvin GA, Kochar A, Borschmann R, Haslam R, Tavender EJ, Gordon MS, Dalziel SR, Smith K, Craig SS. Research themes and key data points for child and adolescent emergency department mental health presentations: A national Delphi study. *Academic Emergency Medicine*. 2025;32(5):542-552.

43. Kennedy C, Nehme E, Anderson D, Dantanarayana A, Delardes B, Nehme Z. Changes in out-of-hospital cardiac arrest resuscitation quality during and after the COVID-19 pandemic. *Resuscitation*. 2024;110419.

44. Kleinig TJ, McMullan P, Cloud GC, Bladin PC, Ranta A. Hyper-Acute Stroke Systems of Care and Workflow. *Current Neurology and Neuroscience Reports*. 2024;24(10):495-505.

45. La Gerche A, Paratz ED, Bray JE, Jennings G, Page G, Timbs S, Vandenberg JI, Abhayaratna W, Chow CK, Dennis M, Figtree GA, Kovacic JC, Maris J, Nehme Z, Parsons S, Pflaumer A, Puranik R, Stub D, Freitas E, Zecchin R, Cartledge S, Haskins B, Ingles J. A Call to Action to Improve Cardiac Arrest Outcomes: A Report From the National Summit for Cardiac Arrest. *Heart Lung and Circulation*. 2024;33(11):1507-1522.

46. Lane TJ, Smith CL, Gao CX, Ikin JF, Xu R, Carroll MTC, Nehme E, Abramson MJ, Guo Y. Long-term effects of a coalmine fire on hospital and ambulance use: An interrupted time series study. *Environmental Research*. 2024;261:119693.

47. Lawrence D, Rikkers W, Bartlett J, Barrett S, Seth R, Van Hooff M, Lawn S. Development of the post-traumatic stress disorder assessment scale for emergency services. *Arch Environ Occup Health*. 2024;79(7-8):235-246.

48. Le PH, Cox S, Delir Haghighi P, Wybrow M, Smith K, Nehme Z. Utilization of Emergency Medical Services by Culturally and Linguistically Diverse Patients: A Population-Based Retrospective Study. *Pre-hospital Emergency Care*. 2024;28(8):988-997

49. Lindsay HL, Humar MJ, Anderson DJ, Meadley BN. Optimizing Preoxygenation for Pre-hospital Emergency Anesthesia and Air Medical Transport: A Comparative Study of Bag Refill Valve and Reservoir Bag. *Air Medical Journal*. 2025;44(4):286-290.

50. Maria S, Colbeck M, Wilkinson-Stokes M, Moon A, Thomson M, Ballard J, Parker L, Watson F, Oswald J. Paramedic clinical practice guideline development in Australia and New Zealand: A qualitative descriptive analysis. *Australasian Emergency Care*. 2024;27(4):259-267.

51. Masterson S, Norii T, Yabuki M, Ikeyama T, Nehme Z, Bray J. Real-time feedback for CPR quality – A scoping review. *Resuscitation Plus*. 2024;19:100730.

52. Meadley BN, Caldwell-Odgers J. A comparison of historical versus proposed physical employment standards for flight paramedics performing helicopter winch rescue. *Work*. 2024;79(3):1333-1341.

53. Mitra B, Bernard S, Yankoff C, Somesh A, Stewart C, Koolstra C, Talarico C, Nehme Z, Fitzgerald MC, Cameron PA. Change from semi-rigid to soft collars for pre-hospital management of trauma patients: An observational study. *Journal of the American College of Emergency Physicians Open*. 2024;5(4):e13239.

54. Mitra B, Essery M, Somesh A, Talarico C, Olaussen A, Anderson D, Meadley B. Agreement of point-of-care and laboratory lactate levels among trauma patients and association with transfusion. *Vox Sanguinis*. 2025;120(2):188-192.

55. Mnatzaganian G, Giallo R, Martin R, Crombie A, Nehme Z, Delardes B, Burns D, Furness S, Lenten T, Sharples R, Hanson L, Huxley R. Trends in the complexity of self-harm hospitalisations over 11 years at a major regional hospital in Victoria, Australia: a retrospective study. *Frontiers in Psychiatry*. 2025;16.

56. Mulvihill C, Muir C, Newstead S, Jaske R, Salmon P. To what extent has a systems thinking approach been applied to understand motor vehicle crashes involving ambulances? A systematic review of risk factors and characteristics. *Safety Science*. 2025;184.

57. Nanjayya VB, Fulcher B, Nehme E, Neto AS, Nichol A, Kaye DM, James Cooper D, Nehme Z, Bernard S, Pellegrino V, Higgins AM, Hodgson CL. Long-term health-related quality of life in survivors of extracorporeal cardiopulmonary resuscitation compared to conventional cardiopulmonary resuscitation–A cohort study using Australian and New Zealand extracorporeal membrane oxygenation registry and the Victorian Ambulance Cardiac Arrest Registry. *Resuscitation*. 2025;210:110601.

58. Nehme E, Anderson D, Salathiel R, Carlyon A, Stub D, Cameron PA, Wilson A, Smith S, McNeil JJ, Nehme Z. Out-of-hospital cardiac arrests in Victoria, 2003-2022: retrospective analysis of Victorian Ambulance Cardiac Arrest Registry data. *Medical Journal of Australia*. 2024;221(11):603-611.

59. Nørskov AS, Considine J, Nehme Z, Olasveengen TM, Morrison LJ, Morley P, Bray JE. Removal of bra for pad placement and defibrillation – A scoping review. *Resuscitation Plus*. 2025;22:100885.

60. O'Leary KM, Henderson R, Odgers JNC, Meadley BN. Maintenance of normothermia in the out-of-hospital setting: A pilot comparative crossover study of a foil blanket versus self-warming blanket. *Australasian Emergency Care*. 2025;28(2):116-122.

61. Ogeil RP, McGrath M, Grigg J, Peart A, Meddings JI, Greenwood CJ, Nehme Z, Lubman DI. Diverging trends in alcohol-related harms: The role of comorbid mental health, suicide and self-harm behaviors in ambulance attendances for alcohol intoxication during the COVID-19 pandemic in Victoria, Australia. *Journal of Affective Disorders*. 2025;371:170-6.

62. Orman Z, Olaiya MT, Thrift AG, Cadilhac DA, Phan T, Nelson MR, Ung D, Srikanth VK, Bladin CF, Gerraty RP, Phillipos J, Kim J. Cost-Effectiveness of an Individualised Management Program after Stroke: A Trial-Based Economic Evaluation. *Neuroepidemiology*. 2024;58(3):156-165.

63. Paratz ED, Nadel J, Humphries J, Rowe S, Fahy L, La Gerche A, Prior D, Celermajer D, Strange G, Playford D. The aortic paradox: a nationwide analysis of 523 994 individual echocardiograms exploring fatal aortic dissection. *European Heart Journal Cardiovascular Imaging*. 2024;25(10):1423-31.

64. Paratz ED, Nehme E, Dantanarayana A, Freedman K, Coakley D, Fahy L, Rowe S, Wilkie B, Trytell A, Anderson D, Pflaumer A, Stub D, La Gerche A, Nehme Z. Cardiac arrest in the Australian Alps: A 20-year analysis. *Heart Rhythm O2*. 2025;6(6):835-842.

Research publications continued

65. Park A, Armour R, Cantwell K. Clinical presentation of tension pneumothorax among patients undergoing pre-hospital thoracostomy: A retrospective cohort study. *Australas Emerg Care*. 2025;S2588-994X(25)00044-2.
66. Perona M, Cooklin A, Thorpe C, O'Meara P, Rahman MA. Symptomology, Outcomes and Risk Factors of Acute Coronary Syndrome Presentations without Cardiac Chest Pain: A Scoping Review. *European Cardiology Review* 2024;19:e12.
67. Phan TG, Srikanth VK, Cadilhac DA, Nelson M, Kim J, Olaiya MT, Fitzgerald SM, Bladin C, Gerraty R, Ma H, Thrift AG. Framingham Risk Score Prediction at 12 Months in the STANDFIRM Randomized Control Trial. *Journal of the American Heart Association*. 2025;14(10):e040254.
68. Phillips N, Eapen N, Wilson CL, Nehme Z, Babl FE. Pre-hospital use of spinal precautions by emergency medical services in children and adolescents. *Emergency Medicine Australasia*. 2025;37(1).
69. Pilcher D, Hensman T, Bihari S, Bailey M, McClure J, Nicholls M, Chavan S, Secombe P, Rosenow M, Huckson S, Litton E. The authors reply. *Critical Care Medicine*. 2025;52(7):p e413-e415.
70. Shahab J, Noonan M, Cox S, Nehme Z, Shepherd M, Meadley B, Mitra B, Olaussen A. The diagnostic utility of pre-hospital hyperglycaemia in major trauma patients: An observational study. *Emergency Medicine Australasia*. 2025;37(1):e14521.
71. Sharp S, Tracy L, Singer Y, Schnekenburger M, Burrell A, Paton A, Salerno S, Holden D. Early Acute Kidney Injury in Adult Patients With Burns in Australia & New Zealand. *Journal of Surgical Research*. 2024;303:482-488.
72. Silva W, Fisk B, Caldwell-Odgers JN, Meadley BN. A Comparative Evaluation of Selection Processes for Helicopter Emergency Medical Service Paramedics in Australasia. *Air Medical Journal*. 2025;44(1):60-66.
73. Smith A, Mason R, Kilsby J, Dantanarayana A, Walker T, Nehme Z. Out-of-hospital cardiac arrest secondary to electrocution: Characteristics and outcomes. *Resuscitation*. 2025.
74. Stub D, Batchelor R, Ball J. Double or nothing: Alternative defibrillation strategies reduces downtime in ventricular fibrillation. *Resuscitation*. 2025;209.
75. Stub D, Batchelor RJ, Bloom JE, Kaye DM. Riding the Impella Wave in Cardiogenic Shock: Is it Time for Australia to Get on Board? *Heart Lung Circ*. 2025;34(7):662-664.
76. Yogendrakumar V, Balabanski AH, Johns H, Churilov L, Parsons NK, Beharry J, Weir L, Yassi N, Zhao H, Warwick A, Coote S, Langenberg F, Branagan L, Siddiqi W, Bivard A, Campbell BCV, Donnan GA, Davis SM. Evaluating the Safety and Efficacy of Telemedicine Physician Assessments on a Mobile Stroke Unit: Protocol for a Prospective Open-Label Blinded End-Point Randomized Controlled Trial. *Journal of the American Heart Association*. 2024;13(21):e036856.



Clinical Insights and Grand Rounds

In 2024-25, we continued to strengthen and evolve our clinical communication channels, with the continuation of Clinical Insights (publication) and Grand Rounds (clinical events).

This supports the sharing of knowledge, inspire reflection and foster informed dialogue across our clinical and operational workforce.

Launched the previous year, these initiatives centre around key clinical themes, offering in-depth exploration of topics including improving diagnosis for patient safety, trauma and mental health.

Through a refreshed approach, the 2024-25 series introduced broader subject areas, welcomed new contributors and created more opportunities for cross-disciplinary discussion and engagement.

These platforms remain focused on delivering content that is relevant, practical and grounded in real-world clinical experience, highlighting evidence-informed care, innovation and the stories that drive improved outcomes for patients and teams alike.

CASE STUDY:

Best Care, Everywhere framework

In 2025, AV launched the second edition of its clinical governance framework, **Best Care, Everywhere**. This case study highlights a selection of resuscitation-focused initiatives demonstrating how the framework supports safe, effective, person-centred, and connected care for every patient.

- Safety and quality in resuscitation continue to be strengthened through a Safety-II lens and a culture of continuous learning.
- The new Out of Hospital Cardiac Arrest (OHCA) dashboard, developed by the VACAR team, enables targeted improvements using local cardiac arrest data.
- Expansion of our Secondary Triage team continues to ease pressure on emergency resources, while partnerships with Paediatric Infant Perinatal Emergency Retrieval, ARV and local hospitals ensure timely access to specialist expertise at the point of care.
- Neonatal response capability has been enhanced through the acquisition of preterm and real-time feedback mannequins, appropriate airway adjuncts and supporting effective team-based training.
- Updated clinical guidelines, including updated strategies for managing refractory ventricular fibrillation, support paramedics and first responders in applying best-practice care.



Person-centred care remains central to every resuscitation effort.

It's reflected in our ongoing work to support and respect advanced health directives and end of life wishes.

Partnerships with the VVED and palliative care services enable timely, home-based symptom management. Strengthening our fire/emergency medical response partnerships and community engagement has broadened access to defibrillation and increased awareness.



Notification of survival to discharge ensures crews are informed when a patient they resuscitated survives to hospital discharge, acknowledging their care and reinforcing a vital feedback loop.

The collective, organisational wide efforts demonstrate the impact of a unified team and a cohesive clinical governance approach that gives every Victorian a greater chance of survival. Supported by the **Best Care, Everywhere** framework, and driven by commitment and accountability at every level, this coordinated work is saving Victorian lives.

It's the ongoing, often unseen work that upholds, supports, and delivers the Best Care goals.



It's people of all ages and backgrounds getting an increased chance of survival, because of the expertise, dedication and clinical leadership across every division, AV continues to embed safety, excellence and compassion in every response.

Best Care, Everywhere is not just a framework, it is our shared commitment to safe, effective, person-centred, and connected care, today and into the future.

Right care, right patient, right time

We continue to work with our partners to find new and innovative ways of improving patient care, ensuring that our patients are receiving the most appropriate care for their needs and saving ambulances for emergencies.

Over the past year we have continued to develop and expand alternate service pathways and leveraged technology to strengthen our triage capabilities.

Our Patient Management Team has made significant progress in supporting patients with frequent and complex healthcare needs while reducing strain on emergency ambulance resources.

Our work towards improving the experience of patients with mental health conditions as part of Victoria’s mental health reform program is another example of our commitment to delivering the right care to the right patient at the right time.



Video Assisted Triage

The initial success of Video Assisted Triage (VAT) has continued to grow, and the technology is now available to all Triage Practitioners across all our Secondary Triage workstations. The last year also saw the service roll out to our mental health nurses within Triage Services.

With greater visibility of our patients using VAT, we can ensure better accuracy of health outcomes, including recommending whether the patient needs to attend an emergency department.

During 2024, VAT was a finalist in both the Council of Ambulance Authorities Awards of Excellence and the Victorian Public Healthcare Awards.

KEY STATISTICS

A total of **35,092** cases managed by Triage Services utilised VAT, and **22,122 (63%)** were diverted from emergency ambulance resources and referred to alternate services.



Victorian Virtual Emergency Department

As part of providing the best patient care, AV’s paramedics and triage practitioners can safely connect patients to care options, other than emergency ambulance services, that best meet their health care needs.

The Victorian Virtual Emergency Department (VVED) is one of AV’s most utilised medical telehealth services, offering patients real-time virtual consultations with emergency doctors, where they receive clinical assessments, medical advice, treatment, and appropriate referrals to services such as GPs or residential in-reach teams.

The last 12 months have also seen the service expand to offer specialist services rooms and follow-up calls to ensure continuity of care for users from the comfort of their own homes.

The expansion of VVED services, available at no cost to all Victorians via the VVED website, has continued to improve access to emergency care and alleviate the pressure on ambulance services.



Mental health reform

AV is a partner agency in delivering the Royal Commission into Victoria’s Mental Health System’s Recommendation 10, which aims to achieve a health-led response for people experiencing mental health crises.

AV has supported DH’s development of service design models and frameworks to guide progression of reform activities in 2024-25.

A Service Design Workshop series has informed system and service model design for telehealth models, health-led co-response to mental health

MENTAL HEALTH EMERGENCIES



Mental health is now AV’s most frequent call type (**11%**), having overtaken chest pain (**10%**) and breathing problems (**10%**).

Last year, AV received **67,380** mental health calls requiring an ambulance dispatch or telephone support via Secondary Triage and a mental health clinician.

emergencies, safe spaces and stabilisation facilities as well as opportunities for diversion of calls from police call takers to ambulance call takers.

Mental health care continues to be a major part of day-to-day work for paramedics. AV continues to engage with the DH legislation team and has completed all amendments in relation to DH/AV operational protocols. These will be finalised once there is alignment with DH and Victoria Police protocols.

Patient Management Team

Our Patient Management Team is dedicated to supporting patients with frequent and complex healthcare needs to receive care that is tailored to their unique social and health needs.

Our team works with these patients to develop personalised patient management plans and mental health information plans, helping them to make informed decisions and link patients with appropriate care.

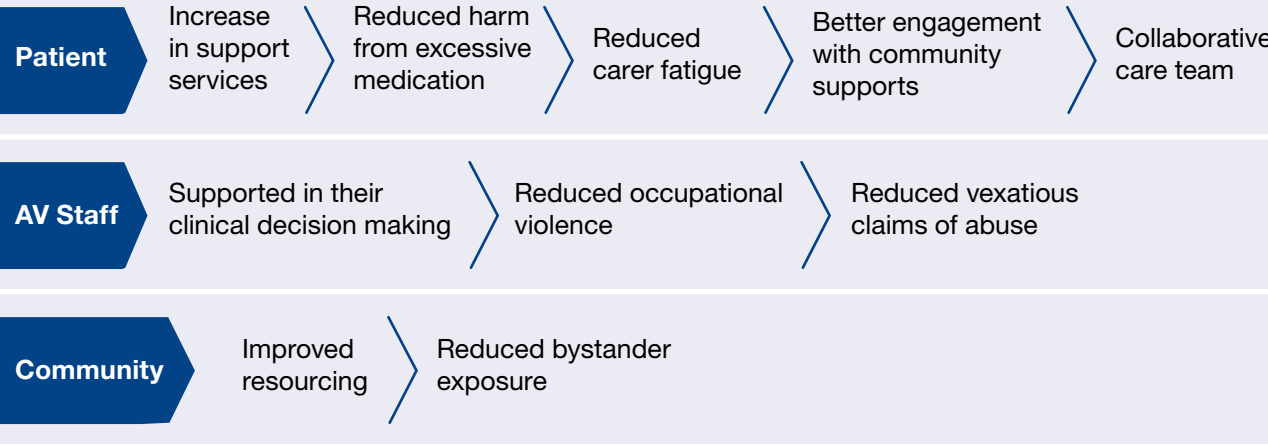
In 2024-25, the team created 133 new patient management and mental health information plans and reviewed 127 existing plans for tailored support and care coordination.

As a flow-on effect to implementing these plans, strain on our emergency ambulance resources is reduced, and there is a reduced risk of vicarious trauma experienced by community members assisting the patient in a perceived emergency.

Our data provides a compelling case to continue to expand our focus on patient management plans to frequent callers, members in our community who call AV more than 10 times over a three-month period. The top two per cent of frequent callers utilise 14 per cent of total emergency ambulance services. Frequent callers have also increased by 64 per cent over the past five years. This may be attributed to the 24/7 availability of ambulance services, while other services can have limited hours.

However, by identifying and treating the underlying cause of a patient’s presentations, we are able to achieve an average 74 per cent reduction in presentations in four out of five patients. These results have had a significant impact on improving patient care and ambulance availability.

IMPACT OF PATIENT MANAGEMENT PLANS



FREQUENT AND COMPLEX PATIENTS

The top **2% of presenters** accounted for **14% of total** ambulance workload

Patients with more than 10 presentations over 3 months has **increased by 64%** over the past 5 years

6 months post plan

74% reduction in presentations in **4 out of 5 patients**

Digital connection and advancements

Our commitment to innovation and connectivity is transforming how we deliver care, making our operations more agile and our patient interactions more seamless. By adopting the latest technologies and enhancing our communication networks, we are empowering our people with the tools they need to respond swiftly and effectively.



Digital Radio Upgrade Program

In 2024-25 the Digital Radio Upgrade Program (DRUP2) for rural areas commenced implementation.

DRUP2 involves the replacement of the RAVNet (analogue) radio network with the Regional Mobile Radio (RMR) digital network, enabling seamless connectivity between the metropolitan digital network and delivering a secure statewide digital radio network for AV.

Online training has prepared AV's operational workforce for the changes. A dedicated fleet facility was also established in Ballarat to upgrade vehicles with new digital radio equipment, supported by a small team managing logistics to deliver upgraded vehicles and new radios across the state.

Following a soft launch in December 2024, the phased rollout began in January 2025 in Barwon South West, progressing clockwise across the state. To date, just over 50 per cent of the rollout is complete and we are on track to complete the roll-out by mid 2026.

Standardised two-way radio communication systems known as Fixed Station Terminals (FSTs) commenced implementation across 19 Victorian EDs. The primary objective of FSTs is to enhance communication reliability and efficiency for emergency healthcare delivery. Key benefits include direct paramedic-to-ED communication via radio, as well as early notification of high-acuity patient arrivals.

Branch Wi-Fi rollout has occurred at all AV branches enabling portable radios to roam onto AV Wi-Fi to ensure in-branch coverage is maintained at all times.

This, combined with the newly introduced SelCall alerting feature, benefits response by ensuring responders are always audibly notified at the time of case dispatch, even when at their branch. Non-Emergency Patient Transport (NEPT) contractors have received training and delivery of new portable radios. Roll-out commenced for some contractors (St John Ambulance) in July 2025.

KEY STATISTICS

- Teams across Barwon South West, Grampians and Loddon Mallee regions have received their digital portable and vehicle radios. Hume will commence rollout on 15 July 2025.
- 2,454 staff and volunteers** have completed their online training.
- 1291 portable radios** have been distributed to rural branches, with **932 now in use**. In addition, **139 rural branches** have had Wi-Fi activated to enable in-branch radio coverage and connection.
- 10 hospitals** across Barwon South West, Grampians and Loddon have received their new FSTs.
- Six additional branch equipment lockers** were installed at Torquay, Echuca, Swan Hill, Wonthaggi, and Sale. In total there are now **16 rural lockers** across the state that to provide access to spare portable radios.
- 344 vehicles** were upgraded to digital radio by the end of June 2025.
- Nine briefcase mobile radios** have been deployed for events and natural disaster management.



Mobile Data Network into Rural

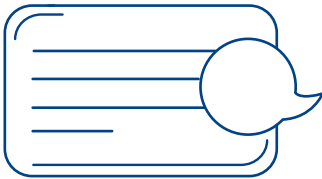
Mobile Data Network (MDN) into Rural (MDNR) is a multi-year project, complementing DRUP2. Project funding is approximately \$23 million across AV and Emergency Management Victoria (Department of Justice and Community Safety).

Since 2006, the metropolitan region has had MDN with Mobile Data Terminal devices (MDTs) fitted into the dash of vehicles to support operational teams with improved situational awareness, two-way data communications (to/from ambulances), navigation to a case and providing encrypted text-based information about the case and patient.

With changes in technology and advances in our fleet, the best option to introduce improved capability such as MDN is to utilise a smartphone and application, leveraging the vehicle's entertainment system and screen. The first phase of the project is to provide cradles for safe phone use in vehicles and project support to progress the design and planning for implementation.

Installation of cradles is planned to commence by the second half of 2025, following completion of vehicle safety testing. In June 2025 a contract variation was agreed with Motorola, the current MDN supplier, to develop the MDN application for AV Rural. Implementation is planned for the second half of 2026.

CASE STUDY: VACIS Modernisation (iPad) Project



This year marked the successful completion of the VACIS Modernisation Project, a major digital uplift that involved:

- Replacement of ageing operational laptops with over **5,000** modern, lightweight iPads, setting the foundation for faster and more reliable access to digital tools in the field.
- Significant redesign of the VACIS platform – the core application used by paramedics on their new iPads to complete and submit their patient care records.

The VACIS redesign included a new interface specifically for iPad use, providing a cleaner, faster and more user-friendly experience, and was shaped by our paramedics during extensive in-field testing prior to the roll-out.

As a result of this deep involvement by our operational crews, the rollout model was adjusted to better support the distribution of iPads across the state, ensuring smoother deployment and improved user experience.

KEY STATISTICS:

- 57,840 gigabytes** of iPad data uploaded since roll-out
- Over **5,000 iPads** delivered across **83 branches**
- Deployment of **26 smart lockers** – for safe storage of devices and management of repair/replacement

WHAT OUR WORKFORCE IS SAYING

- “Speech-to-text is a game changer, I can document significantly more, significantly more quickly.”* ALS paramedic, Metro 2
- “Easy and fast to log in and stay logged in, fast and responsive.”* ALS paramedic, Hume
- “Much quicker start up, halved my VACIS case sheet time to complete.”* ALS paramedic, Loddon Mallee

Our community

We are committed to providing fair access to ambulance and healthcare services, to building healthy and resilient communities, and to continuously improve our service in partnership with Victorians.

We continue to provide engagement and education programs across metropolitan and regional areas in Victoria that build community resilience and improve health outcomes for everyone.



Community and Consumer Engagement Plan progress

The AV’s Community and Consumer Engagement Plan 2023–2028 (CCEP) continues to guide our strategic approach to community engagement.

Anchored in the ‘Patient’ and ‘Connection’ pillars of our Strategic Plan 2023-2028, the CCEP outlines clear goals and measurable outcomes that reflect our commitment to partnering with communities and consumers.

The plan aims to improve access to ambulance and healthcare services, foster resilient communities, and drive continuous service improvement in collaboration with Victorians.

In the second year of delivering the CCEP, we strengthened our connection with the Victorian community through targeted health education initiatives led by paramedics and volunteers.

These initiatives reached over 146,909 individuals, focusing on enhancing public understanding of health emergencies, appropriate use of Triple Zero (000), and alternative care pathways within the health system when an emergency ambulance is not required.

Throughout 2024-25, AV delivered 2,686 community engagement sessions reaching 146,909 people. These included:

- 479 sessions to 29,459 participants, with the aim of building awareness of non-emergency healthcare options. These sessions empowered people to make informed decisions about accessing appropriate care, supporting the sustainability of emergency ambulance services.
- 95 community events with Aboriginal and Torres Strait Islander communities including National Reconciliation Week and NAIDOC Week. These engagements reaffirm AV’s dedication to reconciliation and respectful partnerships.
- Eight LGBTQIA+ and Pride events across Victoria. These included prominent celebrations such as Midsumma Carnival Day, Daylesford ChillOut Festival, South Gippsland Pride, and Bendigo Pride in the Park.
- 159 events and presentations with multicultural communities reaching 6,709 people.
- 736 regional and rural community events and engagements reaching 48,623 people in some of the most remote areas of the state.

Through these events, we reinforced our commitment to fostering inclusive environments and building trust with diverse communities.

CASE STUDY: Community Forum Series

AV recognises the challenges of distance and access to healthcare that regional and rural communities experience. We understand their needs are unique, and we know that increasing engagement with regional communities is critical to helping us to better meet their needs.

To support this, we commenced a community forum series.

The first forum was facilitated in May 2025 at the Traralgon Golf Club and was an overwhelming success. With **86 participants** in attendance, the forum offered a welcoming space for all community members to hear about AV’s strategic direction, share their lived experiences and contribute to shaping the future of ambulance care in Gippsland.

Attendees embraced the opportunity to take part in the world café conversations with members of the Executive Team, Community Advisory Committee and local paramedics, followed by a networking lunch and exhibition including CPR demonstration.

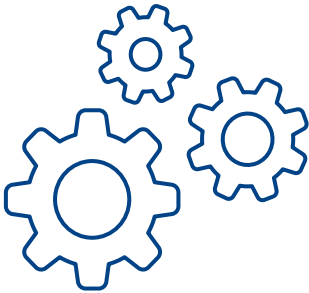
Key themes emerging from the discussions at the forum and the post-event survey include:

- **Strengthening trust** between AV, its staff, volunteers, and the broader community through transparent communication and responsiveness.
- **Enhancing collaboration** with local emergency services, health providers, and community groups to improve engagement, education and culturally appropriate care.
- **Streamlining coordination** between emergency and health services to ensure seamless integration and efficient service delivery.
- **Expanding community education** on when to call an ambulance and promoting alternative care pathways for non-emergencies.

- **Prioritising equity and inclusion** to improve access for multicultural communities, First Nations and vulnerable populations.
- **Strengthening preparedness and resilience** through strategic planning for disasters, ageing populations and infrastructure challenges.

To address these themes, a regional engagement plan is being developed to drive meaningful improvements and AV will continue to partner with community and consumers to inform service design and quality care that is safe, person and family-centred, equitable and clinically effective.

“The forum was wonderful! The presentations, with facts were so informative and I loved the world cafe style. The venue and food were also great. I don’t have any suggested improvements; it was really well done. Thank you.” Gippsland community forum participant



CASE STUDY:

Parents and Carers of Young Children presentation

To help support ambulance resource demand and the needs of our community, we developed a presentation focused on parents and carers of young children. This aims to support parents and carers to access reliable sources of information and make informed decisions on when to call Triple Zero (000) and when to seek alternative pathways if the issue is not an emergency.

AV has partnered with local government Maternal and Child Health Service teams to help deliver this critical information in their local communities, particularly via new parents' groups.



The presentation highlights:

- **When to call Triple Zero (000)** and what to expect.
- **Where to find reliable sources of information** about children's health, such as Maternal and Child Health Services and The Royal Children's Hospital fact sheets.
- **Alternative healthcare pathways** to manage non-urgent care at home, such as the VVED and Urgent Care Clinics.
- **Common medical conditions** in children and how to address them.

This presentation has been well received by local government maternal health teams and the new parents' groups they support. In 2024-25, **223 presentations were delivered to 3,423 participants.**

CASE STUDY:

Neuroinclusion Toolkit – AV's Disability Inclusion Program

AV launched its **Neuroinclusion Toolkit**, developed in collaboration with **Australian Disability Network** and **Amaze**, leaders in creating disability inclusive workplaces.

The Toolkit is designed to build understanding and create conversations to better support neurodivergent colleagues and deliver best care in our community.

The toolkit features tailored resources designed in collaboration with people with lived experience, and has inspired many people at AV to complete the accompanying neuroinclusion training.

Resources on the sensory experience of an ambulance, available on AV's website, have also been warmly welcomed by the community.



HERE'S WHAT OUR PEOPLE ARE SAYING

"A neuroinclusive approach values and supports diverse ways of thinking, communicating, and working. Embedding inclusive practices in the workplace has been shown to improve staff wellbeing, retention, innovation, and overall productivity."
AV Disability and Inclusion Program Lead, Amber Smith

"Being able to ask questions and make those adjustments to allow people to feel comfortable... enough to be able to answer our questions and allow us to assess them is such a key point."
ALS paramedic, Chris Cleghorn

CASE STUDY:

Play your part, be summer smart campaign

Summer is a welcome time of year for many Victorians, but the warmer months also bring some additional community health risks – including heat-related illnesses, summer storms and the risk of thunderstorm asthma and disease-carrying mosquitoes.

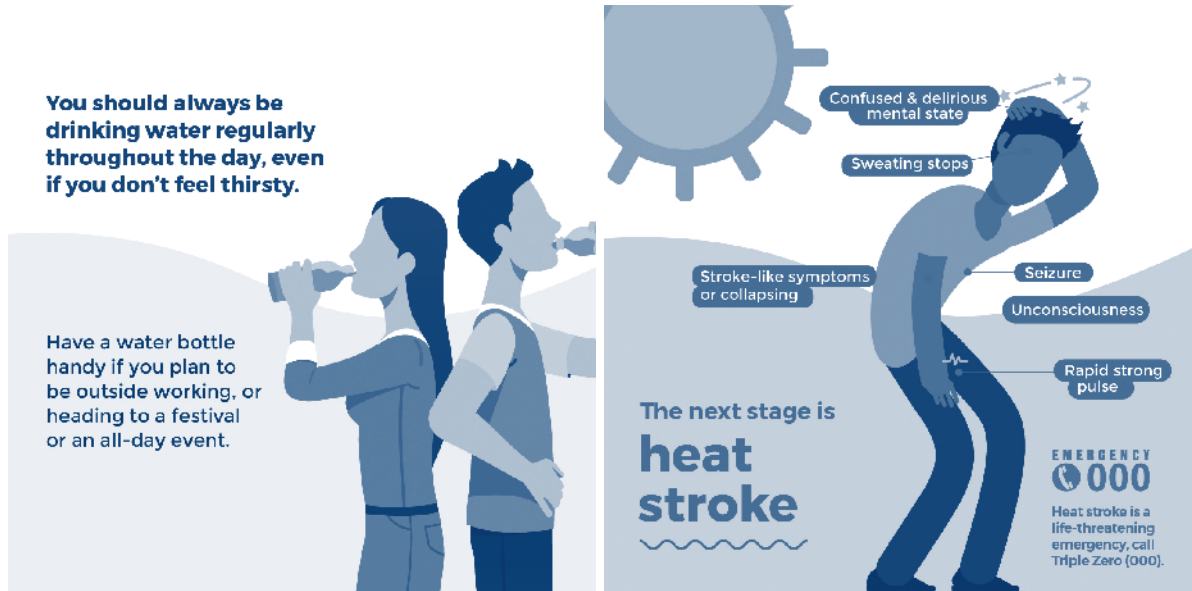
There are simple steps we can take to prepare for these challenges and enjoy our summer safely. Over the summer, AV ran a dedicated campaign to bring attention to a number of messages:

- **Keep updated on extreme weather warnings** in your area and understand how these might impact your health.
- **Have an action plan in place** and practice what to do if conditions change.
- If an extreme weather event is unfolding **follow your plan, and check in on others around you.**



Our campaign involved digital, media and face-to-face engagement, building in messages from government and emergency services summer campaign messaging including **Survive the Heat, Never Leave Kids in Cars, Right Care Right Place Right Time, Fire Ready, Water Safety and heatwave preparedness.**

We delivered over 110 face-to-face engagements, reaching more than **6,100** Victorians with vital safety information.



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 employee numbers

Full-Time Equivalent (FTE) Employees 2024-25 (size of the workforce):

EMPLOYEE NUMBERS (FTE) – ANNUAL REPORT CATEGORY	2024-25	2023-24
On road Clinical Employees ¹	4897.32	4886.9
Operation Support and Managerial Staff ²	685.14	651.1
Other Managerial, Professional and Administrative Employees ³	613.31	628.3
TOTAL	6195.77	6166.3

1. On road Clinical Staff – includes but not limited to Paramedics, Team Managers, Patient Transport Officers, Retrieval Registrars, Clinic Transport Officers and Clinical Instructors.
2. Operation Support and Managerial Staff – includes but not limited to Senior Team, Area and Regional Managers, Rosters staff, Communications staff, Rehab Advisors, OHS Advisors, Logistics staff, Fleet staff, Duty Team Managers, Telecommunication staff and Clinical Practice staff.
3. Other Managerial, Professional include all other staff who do not fall into the above two categories.

Ambulance Community Officers

AV employs 894 casual Ambulance Community Support Officers (ACOs) who also provide emergency response alongside our paramedics. These employees are represented in the above on-road clinical employee FTE numbers based on their hours worked converted to equivalent full-time positions.

Community Emergency Response Team volunteers

AV engages 177 Community Emergency Response Team (CERT) volunteers who provided emergency response in 2024-25.

Mobile Intensive Care Ambulance paramedics (MICA)

This group of MICA employees forms part of AV’s Full-Time Equivalent Employees 2024-25:

MICA EMPLOYEE NUMBERS	2024-25	2023-24
MICA Full-Time Equivalent Employees	508.32	503.45
MICA Full-Time Equivalent Trainees	79.78	82.9
TOTAL	588.1	586.4

Newly recruited paramedics

In 2024-25, AV continued to strengthen its operational workforce through a targeted recruitment strategy. The approved recruitment target for the year was 229 new paramedics, reflecting our commitment to meeting growing service demands and supporting community health across Victoria.

This intake included a diverse mix of entry pathways: 43 GAPs began their careers with AV, while 154 recruits joined through the Medium Acuity Transport Graduate Bridging Program. A further 11 paramedics commenced via the Rural Sponsored Degree Program, helping to bolster services in regional and rural communities.

In addition, 18 qualified paramedics transitioned from interstate ambulance services, bringing valuable experience to the team, and three internal staff moved from casual to permanent roles. Recruitment efforts began in the final months of 2023-24, with 83 paramedics commencing in May and June 2024, contributing to the 2024-25 target. The remaining 146 paramedics were onboarded throughout the year, successfully fulfilling the recruitment goal.

Looking ahead, 60 paramedics commenced with AV in June 2025, forming part of the 2025-26 recruitment target, which stands at 294 as of July 2025. This continued growth reflects our strategic focus on workforce sustainability and readiness to meet future challenges.

Health, safety and wellbeing

Occupational health and safety

Occupational health and safety remain a cornerstone of our commitment to our people. Paramedics face unique physical and psychological challenges that require proactive and comprehensive safety measures. Ensuring strong health and safety practices not only protects our workforce, but it also directly contributes to better patient care and service delivery.

Through our Health and Safety Action Plan, AV continues to address key risks such as fatigue,

occupational violence, manual handling, and psychosocial hazards. These targeted strategies are designed to reduce injury and illness, while fostering a culture of resilience, safety, and wellbeing.

By focusing on prevention and early intervention, and by supporting staff when injuries do occur, AV is building a sustainable and engaged workforce, one that is equipped to meet the demands of the role and deliver exceptional care to the Victorian community.

	2024-25	2023-24	2022-23
Number of workplace fatalities	0	1	0
Lost Time Injury Frequency Rate (LTIFR) ¹	102.0	96.4	77.99
Average number of Standard claims per 100 FTE (Full time Equivalent) employees ¹	10.6	10.4	10.8
Average number of Standard claims per 1,000,000 hours worked ¹	70.5	66.7	69.5
Average cost per WorkCover Standard claim ²	\$92,097	\$111,806	\$101,120
Number of reported hazards/incidents for the year per 100 FTE ³	83.8	80.2	59.5
Percentage of WorkCover Standard claims with a RTW plan initiated ⁴	95	86	100
Percentage of employees immunised against influenza (including ACOs) ⁵	79.5	91.3	88.1
Number of Health and Safety Representatives (HSR) positions filled ⁶	356	341	297

Notes:

1. An increased number of standard WorkCover claims in 2024-25 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 claims per 1,000,000 hours worked is impacted by both an increase in volume of standard claims received, and the fluctuating nature of productive hours worked.
2. Claims costs mature over time, and as such the data captured reflects the costs received as at the end of June 2025. Claims costs from previous financial years will have matured and consequently figures will differ from previous annual reports.
3. The number of hazards / incidents / injuries (HIs) as logged in AV’s Health Safety and Claims System per 100 FTE.
4. The percentage of Standard claims with return-to-work plans is calculated from a sample and excludes claims with less than 10 days’ time loss. AV’s result of 95 per cent reflects the significant increase in overall claims volume, and the resulting resourcing impact.
5. The percentage of employees immunised is reflective of the final percentage with the 2023-24 influenza season, August 2024.
6. 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. Number includes Deputy HSRs.

Definitions:

- a. Accepted WorkCover claims – accepted WorkCover claims that were lodged in financial year.
- b. Lost Time – defined as greater than one day.

Occupational violence

Everyone has a right to a safe working environment.

Occupational violence (OV) poses serious risks to the mental and physical health of our people, as well as job satisfaction and the quality of patient care.

Due to the nature of their work, paramedics often operate in uncontrolled environments such as private homes and public spaces, where risks cannot be fully eliminated. AV prioritises management strategies to minimise harm, including the right for AV people to tactically withdraw from unsafe scenes and seek support, such as police assistance, before continuing emergency care.

In 2024-25, OV injuries per million hours worked decreased by five per cent compared to the previous year, demonstrating the effectiveness of targeted safety interventions. Near-miss reporting also increased by 10 per cent, indicating a strengthened reporting culture and proactive risk identification across the organisation.

Other dedicated OV-prevention and preparedness initiatives from the past year include:

- Continuation of our comprehensive risk-based OV prevention program, featuring an overarching framework, annual work plans, and a statewide consultative working group.
- Expansion of training initiatives with paramedic graduates receiving a full day of face-to-face OV training.
- Resources for call takers in our communication centres.
- Roll-out of mandatory OV learning modules, designed to equip our people with practical strategies for managing risk and enhancing personal safety.

OCCUPATIONAL VIOLENCE STATISTICS 2024-25

WorkCover accepted claims with an occupational violence cause per 100 FTE	1.0
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	6.3
Number of Occupational Violence Hazard, Incidents or Injuries (HII's) reported	1045
Number of Occupational Violence HII's reported per 100 FTE	16.9
Percentage of Occupational Violence HII's resulting in injury, illness or condition	5.93%

Environmental report

Environmental performance

AV is committed to reducing our impact on the environmental footprint. Our Sustainability Action Plan outlines the steps we are taking to play our part in creating a better environment for us all, and our commitment to achieving net zero carbon by 2045 remains strong.

AV's environmental reporting for 2024-25 is developed in line with Financial Reporting Disclosure requirements (FRD24) from the Victorian Government Department of Treasury and Finance.

Electricity EL1-EL4

Energy efficiency projects such as LED lighting replacement and heat pump water replacement have reduced demand for electricity. The total on site electricity generated continues to increase, in 2024-25 by 1.5 per cent.

Stationary Energy F1-F2

Stationary energy use has reduced across the last three years with 2024-25 resulting in the lowest consumption across the three years. Stationary energy, which consists of natural gas from a pipeline and liquid petroleum gas (LPG), contributes to less than one per cent of AV emissions. AV continues to see an overall reduction in gas usage as a result of an active transition from gas to electric.

Transportation Energy T1-T4*

AV continues to be challenged in reducing fuel usage and the associated emissions from our fleet due to the duty cycle and payload of our vehicles, together with the requirement for specific road vehicles and aircraft platforms. In 2024-25 reduced its transportation energy consumption by 1.2 per cent.

AV is committed to exploring ways that we can transition our fleet away from fossil fuels. A Zero Emission Vehicle Plan is currently being developed to help AV achieve net zero carbon by 2045.

*In 2024-25, AV recalculated how it collects its transportation energy and has reflected this for 2022-23 and 2023-24. This recalculation is based on a reliable data set. AV also intends to conduct an audit in 2025-26 into waste and recycling to ensure that it is reporting accurately.

Total energy use E1-E4*

Electricity and transport energy consumption continued to decrease while the renewable energy component continues to increase.

Water use W1-W2

Water use increased slightly in 2024-25. AV continues to use VicFacilities to monitor our water usage. Typically, the bulk of AV's water is consumed at corporate sites.

Waste and recycling WR1-WR5*

Waste and recycling data that has been reported in 2024-25 is significantly lower than previous years. AV has not been able to conduct audits in 2024-25, however intends to in 2025-26, which could change the reported data in 2024-25 for WR1-WR5.

Greenhouse Gas Emissions G1-G3*

AV continues to maintain a strong focus on emissions reduction. Overall AV have decreased greenhouse gas emissions 0.81 per cent.

The transition of all AV sites on the electricity State Purchasing Contract to 100 per cent GreenPower has continued to stabilise Scope 2 emissions.

Continued high demand on the ambulance service has seen figures relatively consistent with case numbers in 2023-24. The continued high demand in case numbers and decreased emissions demonstrates that we are working to efficiency reduce emissions where we can while we deliver healthcare services.

Electricity Use

	Apr 24 – Mar 25	Apr 23 – Mar 24	Apr 22 – Mar 23
EL1 TOTAL ELECTRICITY CONSUMPTION SEGMENTED BY SOURCE (MWH)			
Purchased	7,618.82	7,535.80	8,078.56
Self-generated	406.54	415.79	380.66
EL1 Total electricity consumption (MWh)	8,025.36	7,951.59	8,459.22
EL2 ON SITE-ELECTRICITY GENERATED (MWH) SEGMENTED BY:			
Consumption behind-the-meter	406.49	415.79	380.66
Solar Electricity			
Total Consumption behind-the-meter (MWh)	406.49	415.79	380.66
Exports			
Solar Electricity	116.98	99.90	132.66
Total Electricity exported (MWh)	116.98	99.90	132.66
EL2 Total On site-electricity generated (MWh)	523.48	515.70	513.31

EL3 ON-SITE INSTALLED GENERATION CAPACITY (KW CONVERTED TO MW) SEGMENTED BY:

Solar System	0.48	0.45	0.45
EL3 Total On-site installed generation capacity (MW)	0.48	0.45	0.45

EL4 TOTAL ELECTRICITY OFFSETS SEGMENTED BY OFFSET TYPE (MWH)

GreenPower	6,992.50	6,852.20	4,864.28
RPP (Renewable Power Percentage in the grid)	1,415.35	1,412.26	1,518.77
EL4 Total electricity offsets (MWh)	7,618.82	7,535.80	6,383.05

Stationary Energy

F1 TOTAL FUELS USED IN BUILDINGS AND MACHINERY SEGMENTED BY FUEL TYPE (MJ)

Natural gas	1,176,703.55	1,359,638.63	1,966,742.21
LPG	39,210.40	57,053.70	68,853.00
Diesel	63,331.20	76,675.00	115,900.30
F1 Total fuels used in buildings (MJ)	1,279,245.15	1,493,367.33	2,151,495.51

F2 GREENHOUSE GAS EMISSIONS FROM STATIONARY FUEL CONSUMPTION SEGMENTED BY FUEL TYPE (CO2-E(T))

Natural gas	60.64	70.06	101.35
LPG	2.38	3.46	4.17
Diesel	4.45	5.38	8.14
F2 Greenhouse gas emissions from stationary fuel consumption (CO2-e(t))	67.46	78.90	113.65

Transportation Energy

	Apr 24 – Mar 25	Apr 23 – Mar 24	Apr 22 – Mar 23
T1 TOTAL ENERGY USED IN TRANSPORTATION (VEHICLE FLEET) WITHIN THE ENTITY, SEGMENTED BY FUEL TYPE (MJ)			
Non-emergency transport (Health service operated) – Gasoline	1,566,333.10	3,382,595.70	4,222,523.50
Non-executive fleet – Gasoline	22,707,093.50	24,512,843.40	22,881,855.50
Road ambulance – Gasoline	4,672,550.90	5,274,258.90	6,454,118.00
Petrol (total)	28,945,977.50	33,169,698.00	33,558,497.00
Non-emergency transport (Health service operated) – Diesel	9,504,208.10	8,842,927.80	7,643,070.40
Non-executive fleet – Diesel	8,263,549.80	10,196,147.70	13,457,488.60
Road ambulance – Diesel	156,851,474.60	159,492,864.90	156,560,044.60
Diesel (total)	174,619,232.50	178,531,940.40	177,660,603.60
Air ambulance – fixed wing – Aviation Turbine Fuel	89,651,795.20	89,746,478.40	92,896,219.80
Air ambulance – fixed wing – Aviation Turbine	77,457,744.00	73,721,476.80	80,228,151.00
Aviation turbine fuel (ATF) (total)	167,109,539.20	163,467,955.20	173,124,370.80
Electricity for Road Vehicles from Public or Private Chargers	–	58.40	–
Electricity for Road Vehicles from Victorian Government Facilities	–	2,620.10	–
Electricity (Transport Energy) (total)	–	2,678.50	–
Total energy used in transportation (vehicle fleet) (MJ) (total)	370,674,749.20	375,172,272.10	384,343,471.40

T2 NUMBER AND PROPORTION OF VEHICLES IN THE ORGANISATIONAL BOUNDARY SEGMENTED BY ENGINE/FUEL TYPE AND VEHICLE CATEGORY

Road vehicles	1870	1704	–
Two and three- wheeled vehicles	4	5	–
Petrol	4	5	–
Passenger vehicles	741	678	–
Petrol	427	395	–
Diesel	129	148	–
Petrol hybrid	183	130	–
PHEV	2	1	–
NULL	25	3	–
EV	2	1	–
Goods Vehicles	1098	1021	–
Petrol	24	36	–
Diesel	1074	981	–
Hybrid	0	4	–

Transportation Energy (contd)	Apr 24 – Mar 25	Apr 23 – Mar 24	Apr 22 – Mar 23
T3 GREENHOUSE GAS EMISSIONS FROM TRANSPORTATION (VEHICLE FLEET) SEGMENTED BY FUEL TYPE (CO2-E(T))			
Non-emergency transport (Health service operated) – Gasoline	105.92	228.73	285.53
Non-executive fleet – Gasoline	1,535.45	1,657.56	1,547.27
Road ambulance – Gasoline	315.96	356.65	436.43
Petrol	1,957.33	2,242.94	2,269.23
Non-emergency transport (Health service operated) – Diesel	669.19	622.85	538.91
Non-executive fleet – Diesel	581.84	718.16	948.89
Road ambulance – Diesel	11,043.91	11,229.89	11,023.39
Diesel	12,294.94	12,570.91	12,511.19
Air ambulance – fixed wing – Aviation Turbine Fuel	6,294.45	6,301.10	6,522.24
Air ambulance – rotary wing – Aviation Turbine Fuel	5,438.31	5,175.98	5,632.82
Aviation turbine fuel (ATF)	11,732.76	11,477.09	12,155.06
Electricity for Road Vehicles from Public or Private Chargers	–	0.01	–
Electricity for Road Vehicles from Victorian Government Facilities	–	0.48	–
Electricity (Transport Energy)	–	0.50	–
Total Greenhouse gas emissions from transportation (vehicle fleet) (CO2-e(t))	25,985.03	26,291.42	26,935.48
T4 TOTAL DISTANCE TRAVELLED BY COMMERCIAL AIR TRAVEL (PASSENGER KM TRAVELLED FOR BUSINESS PURPOSES BY ENTITY STAFF ON COMMERCIAL OR CHARTER AIRCRAFT)			
Total distance travelled by commercial air travel	19,304.00	85,820.86	148,742.01
T(OPT1) TOTAL VEHICLE TRAVEL ASSOCIATED WITH ENTITY OPERATIONS (1,000 KM)			
Total vehicle travel associated with entity operations (1,000 km)	42,922.94	43,578.10	43,551.61
T(OPT2) GREENHOUSE GAS EMISSIONS FROM VEHICLE FLEET (CO2-E(T) PER 1,000 KM)			
CO2-e(t) per 1,000 km	0.61	0.60	0.62

Total Energy

E1 TOTAL ENERGY USAGE FROM FUELS, INCLUDING STATIONARY FUELS (F1) AND TRANSPORT FUELS (T1) (MJ)

Total energy usage from stationary fuels (F1) (MJ)	1,279,245.15	1,493,367.33	2,151,495.51
Total energy usage from transport (T1) (MJ)	370,674,749.20	375,172,272.10	384,343,471.40
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	371,953,994.35	376,665,639.43	386,494,966.91

Total Energy (contd)	Apr 24 – Mar 25	Apr 23 – Mar 24	Apr 22 – Mar 23
E2 TOTAL ENERGY USAGE FROM ELECTRICITY (MJ)			
Total energy usage from electricity (MJ)	28,891,285.39	28,625,723.94	30,453,184.21
E3 TOTAL ENERGY USAGE SEGMENTED BY RENEWABLE AND NON-RENEWABLE SOURCES (MJ)			
Renewable	28,891,283.73	28,625,725.82	24,350,365.32
Non-renewable (E1 + E2 – E3 Renewable)	371,953,996.01	376,663,017.45	392,597,785.79
E4 UNITS OF STATIONARY ENERGY USED NORMALISED: (F1+E2)/NORMALISER			
Energy per unit of Cases (MJ/Cases)	34.86	34.77	39.64
Energy per unit of floor space (MJ/m2)	194.83	195.26	197.82

Sustainable buildings and infrastructure

B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings	A set of guidelines has been developed for the construction of ambulance branches, known as the Branch Design Guidelines. In 2021 sustainability options were identified and included as an addendum to the Branch Design Guidelines. There have been no changes to this process in 2023-24.
B2 Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule	Higher-rated sustainable office buildings are preferred for lease when the option is available. For example, when sustainability is considered alongside requirements such as location.
B3 NABERS Energy (National Australian Built Environment Rating system) ratings of newly completed/occupied Entity-owned office buildings and substantial tenancy fit-outs (itemised)	There were no newly completed/occupied entity-owned office buildings or substantial tenancy fir-outs.
B4 NABERS Energy – Environmental performance ratings (e.g. NABERS, Green Star, or ISCAIS rating scheme) of newly completed Entity-owned non-office building or infrastructure projects or upgrades with a value over \$1 million	There were no newly complete entity-owned non-office building or infrastructure projects or upgrades with a value over \$1 million.
B5 Rating scheme – Environmental performance ratings achieved for Entity-owned assets portfolio segmented by rating scheme and building, facility, or infrastructure type, where these ratings have been conducted	No environmental performance ratings were conducted.

Water Use

W1 TOTAL UNITS OF METERED WATER CONSUMED BY WATER SOURCE (KL)

Potable water (kL)	34,319.14	32,218.23	31,956.74
Total units of water consumed (kL)	34,319.14	32,218.23	31,956.74

W2 UNITS OF METERED WATER CONSUMED NORMALISED BY FTE, HEADCOUNT, FLOOR AREA, OR OTHER ENTITY OR SECTOR SPECIFIC QUANTITY

Water per unit of Cases (kL/Cases)	0.04	0.04	0.04
Water per unit of floor space (kL/m2)	0.22	0.21	0.19

Waste and Recycling

	Apr 24 – Mar 25	Apr 23 – Mar 24	Apr 22 – Mar 23
WR1 TOTAL UNITS OF WASTE DISPOSED OF BY WASTE STREAM AND DISPOSAL METHOD (KG)			
Landfill (total)			
General waste – bins	129,737.35	177,376.28	178,332.71
General waste – skips	50,756.74	111,645.48	95,062.84
Offsite treatment			
Clinical waste – incinerated	1,684.90	1,580.08	4,154.76
Clinical waste – treated	53,166.49	103,212.71	149,373.23
Recycling/recovery (disposal)			
Batteries	1,470.00	541.17	168.79
Cardboard	29,470.78	58,038.20	53,925.30
Commingled	34,490.66	261,067.95	231,263.23
E-waste	647.19	7,503.53	5,834.70
Fluorescent tubes		68.75	5.73
Grease traps	47,864.00	4.15	9.67
Organics (food)	8,697.71	26,284.29	–
Organics (garden)	–	8,834.73	26,601.27
Paper (confidential)	5,354.21	12,663.83	16,914.22
Paper (recycling)	–	25,630.77	18,906.32
Toner & print cartridges	–	118.57	115.36
Total units of waste disposed (kg)	363,340.03	794,570.50	780,668.11

WR1 TOTAL UNITS OF WASTE DISPOSED OF BY WASTE STREAM AND DISPOSAL METHOD (%)			
Landfill (total)			
General waste	49.68%	36.37%	35.02%
Offsite treatment			
Clinical waste – incinerated	0.46%	0.20%	0.53%
Clinical waste – treated	14.63%	12.99%	19.13%
Recycling/recovery (disposal)			
Batteries	0.40%	0.07%	0.02%
Cardboard	8.11%	7.30%	6.91%
Commingled	9.49%	32.86%	29.62%
E-waste	0.18%	0.94%	0.75%
Fluorescent tubes	–	0.01%	0.00%
Grease traps	13.17%	0.00%	0.00%
Organics (food)	2.39%	3.31%	–
Organics (garden)	–	1.11%	3.41%
Paper (confidential)	1.47%	1.59%	2.17%
Paper (recycling)	–	3.23%	2.42%
Toner & print cartridges	–	0.01%	0.01%

Waste and Recycling (contd)

	Apr 24 – Mar 25	Apr 23 – Mar 24	Apr 22 – Mar 23
WR2 PERCENTAGE OF OFFICE SITES COVERED BY DEDICATED COLLECTION SERVICES FOR EACH WASTE STREAM			
Printer cartridges	Not reported		
Batteries	Not reported		
E-waste	Not reported		
Soft plastics	Not reported		
WR3 TOTAL UNITS OF WASTE DISPOSED NORMALISED BY FTE, HEADCOUNT, FLOOR AREA, OR OTHER ENTITY OR SECTOR SPECIFIC QUANTITY, BY DISPOSAL METHOD			
Total waste to landfill per Cases ((kg general waste)/Cases)	0.21	0.33	0.33
Total waste to offsite treatment per Cases ((kg offsite treatment)/Cases)	0.06	0.12	0.19
Total waste recycled and reused per Cases ((kg recycled and reused)/Cases)	0.15	0.46	0.43
WR4 RECYCLING RATE (%)			
Weight of recyclable and organic materials (kg)	127,994.55	400,755.94	353,744.57
Weight of total waste (kg)	363,340.03	794,570.50	780,668.11
Recycling rate (%)	35.23%	50.44%	45.31%
WR5 GREENHOUSE GAS EMISSIONS ASSOCIATED WITH WASTE DISPOSAL (CO2-E(T))			
CO2-e(t)	305.24	511.29	553.25

Greenhouse Gas Emissions

G1 TOTAL SCOPE 1 (DIRECT) GREENHOUSE GAS EMISSIONS (CO2-E(T))			
Carbon Dioxide	25,854.94	26,171.07	26,843.11
Methane	4.13	4.24	4.40
Nitrous Oxide	193.42	194.52	201.62
Total	26,052.48	26,369.82	27,049.13
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (CO2-e(t))	67.46	78.90	113.65
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (CO2-e(t))	25,985.03	26,290.93	26,935.48
Medical/Refrigerant gases			
Methoxyflurane whistles	17.21	13.14	14.68
Total Scope 1 (direct) greenhouse gas emissions (CO2-e(t))	26,069.70	26,382.96	27,063.82
G2 TOTAL SCOPE 2 (INDIRECT ELECTRICITY) GREENHOUSE GAS EMISSIONS (CO2-E(T))			
Electricity	5,019.74	5,015.16	5,642.17
Electricity for Road Vehicles from Public or Private Chargers		0.01	
Total Scope 2 (indirect electricity) greenhouse gas emissions (CO2-e(t))	5,019.74	5,015.17	5,642.17

Greenhouse Gas Emissions (contd)	Apr 24 – Mar 25	Apr 23 – Mar 24	Apr 22 – Mar 23
G3 TOTAL SCOPE 3 (OTHER INDIRECT) GREENHOUSE GAS EMISSIONS ASSOCIATED WITH COMMERCIAL AIR TRAVEL AND WASTE DISPOSAL (CO2-E(T))			
Commercial air travel	4.00	17.67	25.90
Waste emissions (WR5)	305.24	511.29	553.25
Indirect emissions from Stationary Energy	671.91	634.50	707.43
Indirect emissions from Transport Energy	15,251.55	667.95	753.93
Paper emissions	9.54	26.94	23.78
Any other Scope 3 emissions	56.47	54.10	55.49
Total Scope 3 greenhouse gas emissions (CO2-e(t))	16,242.24	16,221.58	15,891.07
G(OPT) NET GREENHOUSE GAS EMISSIONS (CO2-E(T))			
Gross greenhouse gas emissions (G1 + G2 + G3) (CO2-e(t))	47,330.96	47,565.62	48,607.82
Electricity for Road Vehicles from Public or Private Chargers – Green Power Electricity	–	-0.02	–
Green Power Electricity	-6,414.58	-6,316.80	-4,672.98
Any Reduction Measures Offsets purchased (EL4-related)	-6,414.58	-6,316.81	-4,672.98
Any Offsets purchased	-6,414.58	-6,316.81	-4,672.98
Net greenhouse gas emissions (CO2-e(t))	40,916.37	41,248.81	43,934.84
NORMALISATION FACTORS			
1000km (Corporate)	9,288.36	9,430.88	9,400.55
1000km (Non-emergency)	2,625.87	2,916.89	2,750.80
1000km (Road ambulance)	31,008.71	31,230.33	31,400.26
Aged Care OBD	–	–	–
Cases	865,556.00	866,145.00	822,562.00
Contractor	–	–	–
ED Departures	–	–	–
FTE	6,195.77	6,167.00	6,270.00
Flying hour (Fixed)	5,373.46	5,790.69	5,684.32
Flying hour (Rotary)	3,323.02	3,602.07	3,668.75
LOS	–	–	–
Non Departmental VPS Staff	–	–	–
OBD	–	–	–
PPT	–	–	–
Separations	–	–	–
TotalAreaM2	154,858.60	154,251.36	164,816.77
Patient transport (ambulance road)	736,094.00	717,883.00	689,360.00
Patient transport (fixed air)	4,813.00	2,817.00	5,467.00
Patient transport (non-emergency road)	120,339.00	143,510.00	125,313.00
Patient transport (rotary air)	4,310.00	1,935.00	2,422.00

Social procurement

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

AV's approach to social procurement is grounded by nine objectives, based on the Victorian Government's Social Procurement Framework objectives.

These objectives are considered in purchasing decisions to deliver the social and environmental value we strive for, and include:

- Providing opportunities for Victorian Aboriginal people.
- Providing opportunities to Victorians with disability.
- Providing opportunities for disadvantaged Victorians.
- Engaging social enterprises, Australian disability enterprises and Aboriginal businesses where possible.
- Environmentally sustainable outputs through donations supporting a circular economy.

Key framework activity

AV's social procurement activity resulted in engagements including uniforms, traffic management, employment services, facility services, IT equipment recycling, and catering services. These procurements also spanned the breadth of social procurement framework objectives.

Key framework achievements

AV's Indigenous supplier spend with Supply Nation registered suppliers was \$0.294 million and non-registered Indigenous supplier spend was \$0.017 million. Our main Indigenous supplier provides AV uniforms to our paramedics and staff.

Another key outcome for AV is our partnership with Enable Social Enterprises. This partnership contributes significantly to the circular economy and environment while employing Victorians from areas experiencing high unemployment.

TABLE 1

ABORIGINAL SUPPLIER SPEND BY QUARTER (FIRST AND SECOND TIER)	2025 FY Q1	2025 FY Q2	2025 FY Q3	2025 FY Q4	TOTAL
Aboriginal Supplier Spend	\$113,964	\$90,888	\$66,903	\$22,326	\$294,081

TABLE 2

DIRECT SOCIAL PROCUREMENT SPEND (DIRECT)	2024-25	2023-24	2022-23
Social procurement spend	\$30.3m	\$20.7m	\$21.3m
Social procurement 'addressable spend'	\$0.3m	\$0.3m	\$1.1m
Number of social suppliers*	93	88	86

* Cumulative year on year

CASE STUDY:
Enable Social Enterprises

Just over three years ago, we found that our storage areas for obsolete IT equipment were at capacity and additional space was needed for upcoming projects.

The AV Procurement, Sustainability and IT teams came together to investigate viable options to donate this surplus old equipment, allowing us to regain valuable storage space while acting in an environmentally sustainable way and supporting the community.

For the past three years, we have engaged Enable Social Enterprises (Enable) as our main source for the donation of obsolete equipment. Enable is a leading and award-winning not-for-profit social enterprise which tackles disadvantage and the digital divide by connecting community, environment and local economies.

The company employs young people with disabilities, people newly arrived to Australia, and people living in regions of high unemployment.

Enable facilitates the disassembly, sorting and dispatching of parts and commodities, as well as testing and refurbishment of computer equipment, and other services.

In 2024-25, we donated 4,685kg of goods to Enable, diverting it away from landfill and providing 173 hours of full award wage employment.



Emergency procurement

Nil to report.

Donations summary

General donations and bequests greater than or equal to \$1,000

NAME OF DONOR	DONATION AMOUNT
Anonymous	\$99,741.33
Estate of Margaret Elaine Walker	\$84,596.01
Estate of Rachel Magda Hornung	\$52,164.17
Anonymous	\$50,000.00
Mr Christopher King	\$40,000.00
Anonymous	\$20,000.00
Copulos Foundation	\$20,000.00
Ritchies IGA	\$16,386.48
B.J. Davies OAM	\$10,000.00
Alma Sylvia & Carmen Figuerola Trust	\$9,659.79
Anonymous	\$7,000.00
Equity Trustees Charitable Foundation – The Dr David & Jennifer Komesaroff Trust	\$6,666.00
Eva May Foundation	\$6,500.00
Theo & Maureen Verstedden	\$5,000.00
Anonymous	\$4,999.11
Anonymous	\$4,719.21
Anonymous	\$3,700.00
Anonymous	\$3,600.00
Craigieburn CERT	\$3,186.94
Freemasons Foundation Victoria	\$3,142.00
John Brian Little	\$3,000.00
Anonymous	\$3,000.00
Anonymous	\$2,685.60
Anonymous	\$2,500.00
OneTomorrow Charitable Fund	\$2,376.00
Anonymous	\$2,350.00
Lions Club of Yarrawonga	\$2,000.00
Anonymous	\$2,000.00

General donations and bequests greater than or equal to \$1,000 (continued)

NAME OF DONOR	DONATION AMOUNT
Daniela Frzovic (in honour of Radojka Frzovic)	\$2,000.00
Geraldine Jones (in Memory of Colin Jones)	\$1,600.00
Anonymous	\$1,500.00
Anonymous	\$1,430.00
Twice Blessed Op Shop Yarram	\$1,300.00
Anonymous	\$1,200.00
Anonymous	\$1,011.50
Community Bank Toora & Foster	\$1,000.00
CWA Benambra District	\$1,000.00
Anonymous	\$1,000.00
Lions Club of Nillumbik	\$1,000.00
Anonymous	\$1,000.00
M M Pettigrew	\$1,000.00
Anonymous	\$1,000.00
Anonymous	\$1,000.00
Anonymous	\$1,000.00
Anonymous	\$1,000.00
Anonymous	\$1,000.00
Anonymous	\$1,000.00
Anonymous	\$1,000.00
Joan Spiller	\$1,000.00
Sin Fong Chan	\$1,000.00
Angeline Chan	\$1,000.00
Total	\$497,014.14
General donations and bequests under \$1,000	\$389,741.31
Total general donations	\$886,755.45

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

NAME	AUXILIARY	AMOUNT
Gippsland Wool Growers, Elders Rural	Helimed 1	\$10,652.28
Paynesville Lions Club	Paynesville	\$10,000.00
Mallacoota Ambulance Auxiliary	Mallacoota	\$5,000.00
Ritchies	Paynesville	\$3,673.09
Stratford Lions Club	Helimed 1	\$3,500.00
Raymond Island Tai Chi Group	Paynesville	\$3,000.00
Nicholas Johns Op Shop	Lakes Entrance	\$2,500.00
R C Wheeler	Maffra	\$2,500.00
Parkridge Social Club	Paynesville	\$2,500.00
Cheque Deposit	Beaufort	\$2,000.00
Barb Merlihan	Loch Sport	\$1,341.00
Fitz Cheque	Beaufort	\$1,000.00
St J's Opp Shop	Maffra	\$1,000.00
Paynesville Uniting Church Op Shop	Paynesville	\$1,000.00
Total		\$ 49,666.37
Auxiliary donations and bequests under \$1,000		\$119,534.51
Total auxiliary donations		\$169,200.88

Governance



The Board’s qualifications, skills and experience are diverse and extensive, with expertise across government, technology and transformation, finance, accounting, law, commerce, diversity, leadership, governance, not-for-profit settings, community engagement, and culture.

AV Charter

AV aims to improve the health of the community by providing high quality pre-hospital emergency care and medical transport. We service a population of over six million people annually.

AV is a statutory authority required by the *Ambulance Services Act 1986* to provide state-wide emergency pre-hospital ambulance services to all Victorians. This includes to:

- Respond rapidly to requests for help in a medical emergency.
- Provide specialised medical skills to maintain life and to reduce injuries in emergency situations and while transporting patients.
- Provide safe, patient-centred and appropriate services.
- 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.

AV reports to the Hon. Mary-Anne Thomas MP, Minister for Ambulance Services.

Appointed by the Governor in Council on the recommendation of the Minister, the Board of Directors (the Board) is responsible for the provision of comprehensive, safe and efficient ambulance services to the people of Victoria.

While organisational operations and management is vested in the Chief Executive Officer and the Executive team, the Board is accountable to the Victorian Government and Minister for the overall and ongoing performance of AV.

The Board operates in accordance with the AV By-Laws (approved by the Department of Health 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 diverse and extensive, with expertise across government, technology and transformation, finance, accounting, law, commerce, diversity, leadership, governance, not-for-profit settings, community engagement, and culture.

The Board also ensures it maintains regular engagement with representatives of other health services, government department officers, external specialists and other Board Chairs to ensure it remains connected to contemporary practices and initiatives in health, risk and governance.

The Board Chair works with DH and the Minister to ensure the Board has the requisite skills, competency and diversity mix to provide strong and insightful stewardship of the organisation.

This includes ensuring the Board has the attributes required not only for today’s needs, but also for future years where the Board will need to respond to a more technologically, financially and socially complex environment and ensuring that AV is safe, fair and inclusive.



Board Committees

The Board maintains three statutory committees, two advisory committees, and a Remuneration and Nominations Committee to support its functions.

All committees are governed by Board-approved Terms of References, which set out each committee’s role, responsibilities, membership, quorum and voting structures. The Board appoints all committee members (reviewed annually) and ensures annual performance and effectiveness reviews are conducted and reported.

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



Finance Committee (section 18 requirement)

The 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 that 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, including an independent member. 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.



Audit and Risk Committee (section 18 requirement)

The Audit and Risk 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 regularly engaged with AV’s internal auditors (Ernst & Young) and external auditors (Victorian Auditor General’s Office). This ensured the committee provided the Board and AV with robust and informed oversight of matters mandated by its Terms of Reference, the Department of Health, and the Department of Treasury and Finance.

The committee's work is supported by a strong cross-section of skills and experience.

The committee continues to update and refine AV's risk and risk appetite framework, as well as staying connected to internal and external emerging risks. In 2024-25, the committee continued its oversight of material risks including, but not limited to, the ICT, security, patient safety, privacy and organisational culture.



Quality and Safety Committee (section 18 requirement)

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

- Effective and accountable systems are in place to monitor and improve the quality, safety and effectiveness of services provided by AV.
- Any systemic problems identified with the quality, safety and effectiveness of ambulance services are addressed and the results reported in a timely manner.
- 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 clinical governance, health service and legal and experience), paramedic observers and Community Advisory Committee members.

The committee maintains an ongoing commitment to evolving its knowledge and consideration of new clinical governance practices and frameworks, comprehensive quality and safety reporting, and ways to effectively monitor and measure patient care, safety and experience.

This is supported by the connection of its directors to emerging best practices across public health generally, as well as the advancements in data and clinical practices delivered by management.

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



People and Culture Committee

The People and Culture Committee advises 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 employees.

The committee's focus remains workforce health, safety, workplace cultural programs, employee engagement, emerging technology practices relevant to manual handling, strategic workforce planning, and other initiatives that drive a safer, fairer, more inclusive work environment for our people.

Prior to the closure of the YourAV program, the committee supported the implementation and embedding of the recommendations made by the Victorian Equal Opportunity and Human Rights Commission in its independent review. In 2025, the committee continues its focus on building a respectful and safe workplace by overseeing the roll-out of the AV People Plan.

In 2024-25, the committee further enhanced their skills and expertise with the inclusion of a new independent committee member.



Community Advisory Committee

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

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

In 2024-25 we recruited new members to the Committee who are providing us with invaluable contributions that strengthen voice of the community in our service design processes and decision making.

Led by an Independent member Chair in 2024-25, the CAC has become a valued source of patient, consumer, and community insights as to how we can better deliver our services.

Through engagement with our CAC, we have developed the Community and Consumer Engagement Plan which they continue to monitor. Throughout 2024-25, the CAC also participated in various service design workshops and provided advice on:

- Open Disclosure and Statutory Duty of Candour Procedure
- Patient Experience Insight Enhancements
- National Safety and Quality Health Service Standards
- Social Procurement
- Community Fundraising
- Timely Emergency Care 2 (TEC2) Improvement Program
- Community Forums, and
- AV's Disability Inclusion Program.



Board Director profiles

BOARD CHAIR

SHELLY PARK

Appointed 26 August 2022

Ms. Park has more than 25 years in CEO and senior executive roles and in governing complex organisations.

She has extensive experience and knowledge of high-performing Boards and brings a broad strategic focus to her role as a non-executive director, ensuring organisations deliver commercial outcomes and perform to ethical standards.

Ms. Park brings strengths in financial stewardship, is an experienced crisis leader and demonstrates passion for quality, leadership, safety and risk governance. Her work is informed by deep experience in leading turnaround strategies and transformations in large and complex health/life science related organisations (including business processes, automation, technology, digital and ICT security).

She also has a strong passion for leadership, strong stakeholder engagement (including Government and regulatory bodies) and has achieved strategic outcomes in highly complex and regulated environments. Ms. Park has a strong track record of delivering strategic goals by applying her understanding of the voice of the patient, clinical and professional leadership, people leadership, and embedding governance frameworks.

BOARD MEMBERS

ANDREW CRISP AM APM

Board Member (July 2024 – August 2024)

Andrew served a distinguished 40-year career with Victoria Police where he held a number of senior executive positions, finishing in the role of Deputy Commissioner Regional Operations. In 2018, Andrew was appointed as Victoria's Emergency Management Commissioner, a position he held for five years.

In these roles Andrew provided strong leadership and was a calm, familiar face for Victorians during some of the most significant emergencies the state has faced including the 2019-20 bushfires and the COVID-19 pandemic response.

In both his police and emergency services roles, Andrew is regarded as someone with sound judgement who builds effective teams that deliver positive outcomes for the Victorian community. It is important to Andrew that all voices are listened to, and that inclusion and diversity are front of mind when it comes to organisational culture and service delivery.

Andrew is well known as a champion for multicultural and faith communities and firmly believes he is a better person and leader through those relationships. Andrew joined the Board of AV in July 2024, then took a leave of absence from his role as a director to undertake the role of Interim CEO at AV from the 21 August, 2024 to 30 June 2025.

Andrew will return as Chair of the AV Board from 1 July 2025.

BOARD MEMBERS

DR FERGUS KERR

MBBS, FACEM, MPH, FRACMA, GAICD

Appointed July 2024

Fergus Kerr joined the Royal Melbourne Hospital as Chief Medical Officer in 2022, having been Group Director of Medical Services and Clinical Governance at Cabrini Health in Melbourne. Fergus was appointed as an Emergency Physician and Toxicologist at Austin Health in 1997.

10 years later, in September 2007, he undertook a new challenge as Director of Emergency Medicine, and in 2011 he extended his leadership roles by taking up the Medical Directorship of the Medical and Emergency Clinical Services Unit.

More recently, in a desire to develop his leadership capacity formally, Fergus completed his Fellowship with the Royal Australasian College for Medical Administrators following which he took up the role as the Executive Director of Medical Services at Peninsula Health.

In 2016 Fergus returned to Austin Health in an Executive position as the Chief Medical Officer. He has a strong interest in Toxicology, spending two years undertaking specialist training at the University of Pittsburgh and was pivotal in establishing the Victorian Poisons Information Centre at Austin Health. He has previously been an examiner with the Australasian College for Emergency Medicine and, up until January 2018, continued to practice clinically.

WENDA DONALDSON

Appointed July 2020

Wenda is a public sector and not-for-profit senior executive, combining her non-Executive Board career with her role as Chief Operating Officer at Key Assets Australia, a national children's and family services agency.

Wenda has held executive roles with Uniting Vic. Tas, Australian Red Cross, Australian Department of Education and the Australian Sports Commission.

Wenda has proven expertise in advocacy for policy reform and investment to enhance outcomes for those experiencing vulnerability or disadvantages. She has also been involved in the establishment of inter-governmental and multi sector partnership agreements to deliver on major public policy reforms.

DENISE HEINJUS OAM

Appointed July 2023

Denise is an experienced leader in driving positive cultural and clinical change for the mutual benefit of an organisation, its people, and the community.

Denise was Executive Director of Nursing at the Royal Melbourne Hospital (RMH) for 16 years prior to her retirement in 2022. Preceding her appointment at RMH, she held similar roles as Executive Director of Nursing and Midwifery at Monash Health, Illawarra Area Health Service and Northern Sydney Central Coast. Her roles have included managing nursing services, workforce and education, residential aged care, allied health services, Aboriginal health and emergency management.

Denise is passionate about shaping 'just' workplace cultures, in which an organisation's people thrive as individuals and team members. Throughout her career, she has worked closely with employees and volunteers to create strategies, procedures and resources to minimise harm from occupational violence and sexual harassment.

ALLISON SMITH

B.Acc, GAICD, CA (Australia and Scotland)

Appointed July 2024

With extensive experience in multiple industries, Allison is recognised as a leader in a number of disciplines, but specifically financial analysis and reporting. She has held senior finance, retail, merchandise, marketing, supply chain and IT roles in some of Australia's most influential organisations.

Allison has a passion for innovation and cultural enhancement in the public health and emergency services sectors.

She is also a Board Member of the Victorian Institute of Forensic Mental Health where she chairs the Finance and Capital Works Committee. She was previously the Deputy Chair of Peninsula Health where she was also Chair of the Finance, Resource and Capital works Committee and a member of the Audit and Risk Committee, People & Culture Committee and the Remuneration & Nominations Committee.

She is a member of the Australia & New Zealand Institute of Chartered Accountants and a Graduate of the Australian Institute of Company Directors.

Allison has previously been an independent member of the AV Board's Audit and Risk Committee.

BOARD MEMBERS

VIJAYA VAIDYANATH

Appointed July 2022

Vijaya Vaidyanath is the former CEO of Homes Melbourne – a special entity of City of Melbourne. Prior to this role, Vijaya was the CEO of City of Yarra in Melbourne from July 2012 – January 2022. Vijaya spent over a decade as CEO at Waitakere City Council and as the CEO of Rodney District Council in New Zealand. She is a Board Member at Procurement Australia, Parks Victoria, AV and Vision Super, and former Board member of Zoos Victoria.

Vijaya’s exemplary qualifications include a Senior Executive Fellow of the John F Kennedy School of Government, Harvard University, MBA from JMKatz Graduate School of Business in Pittsburgh USA, Master of Arts (Economics) and a Bachelor of Arts (Economics) from the University of Bangalore.

Vijaya draws inspiration from a variety of global thought and academic leaders as well as from her overseas mentors who have shaped her world view and led to her interest in social justice and values-based leadership. She has been a leader from the very early stages of her career in sectors such as commercial and central banking, international finance, and local government in both New Zealand and Australia.

Vijaya is renowned for her innovation, integrity, inspiring leadership style and a unique ability to deliver results. She instils a strong sense of pride and passion in her staff who deliver exemplary outcomes for our communities. Her strong belief in building coalitions and harnessing community capacity has been her work philosophy.

DIPAK SANGHVI

Appointed July 2022

Mr. Dipak Sanghvi is a pharmacist and pharmacy owner in Victoria and is currently Board Chair of Musculoskeletal Australia and Monash Health.

His previous positions include President of the Pharmacy Guild Victoria Branch 2006-2011, Board Chair of Gold Cross Products and Services Pty Ltd, Board Chair of Return of Unwanted Medicines, Board member of Guild Insurance and Superannuation and Meridian Lawyers, as well as several other board positions both in the community and the pharmaceutical industry.

AMANDA WATT

BCom LLB (Hons) LLM GAICD MAPP

Appointed July 2022

Amanda has extensive expertise in employment, industrial, and equal opportunity law.

During Amanda’s 30-year plus experience advising the public and private sectors across many industries, including health and education, she has worked with clients on embedding strategic and sustainable workplace solutions. She has a comprehensive understanding of risk management, employee relations and culture.

Amanda also has a deep appreciation of the human, societal and economic impact of systemic sexual harassment and discrimination in our workplaces.

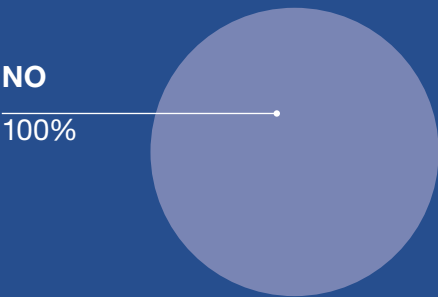
She was a contributor to the Champions of Change Coalition’s report: Disrupting the System – preventing and responding to sexual harassment in the workplace and has supported the work of the Respect@Work Council on its best practice guidance for confidentiality agreements.

Amanda has been independently recognised by Best Lawyers in the areas of Employee Benefits, Labour and Employment, Government, and Education, and as a leading individual in Employment Law by the Legal 500 Asia Pacific.

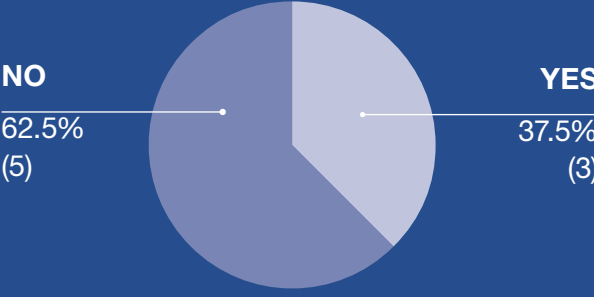
Amanda Chairs the Audit and Risk Committee and is a member of the People and Culture Committee.

BOARD DIVERSITY

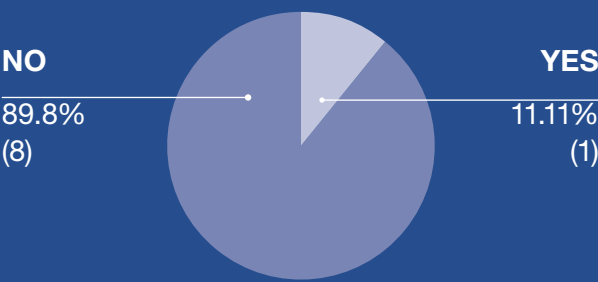
ABORIGINAL AND TORRES STRAIT ISLANDER



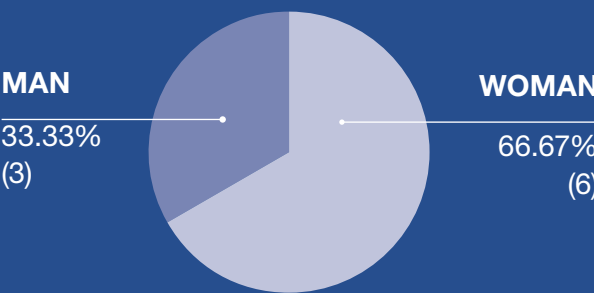
CULTURAL AND LINGUISTICALLY DIVERSE BACKGROUND



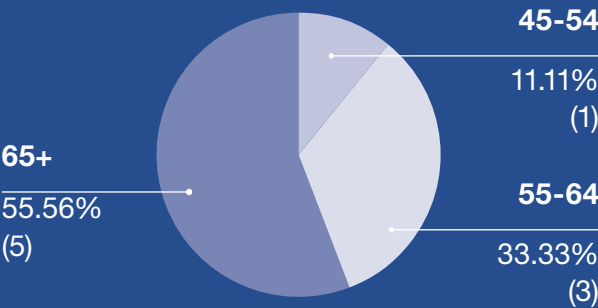
IDENTIFY AS A PERSON WITH A DISABILITY



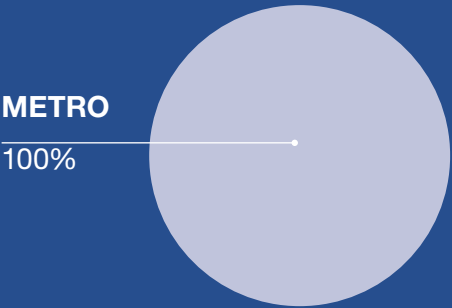
GENDER



AGE



PRINCIPAL PLACE OF RESIDENCE



	BOARD		FINANCE COMMITTEE		AUDIT & RISK COMMITTEE		QUALITY & SAFETY COMMITTEE		PEOPLE & CULTURE COMMITTEE		COMMUNITY ADVISORY COMMITTEE		REM & NOM COMMITTEE	
Chair	S. Park		A. Smith		D. Sanghvi & A. Watt		Dr F. Kerr		W. Donaldson		C. Furlanetto OAM		S. Park	
Board of Directors	H	A	H	A	H	A	H	A	H	A	H	A	H	A
S. Park (AV Chair)	15	15	Ex Officio	5	Ex Officio	2	Ex Officio	2	Ex Officio	2	Ex Officio	2	4	4
W. Donaldson	15	15			4	4			5	5				
D. Heinjus OAM	15	13					5	5	5	5				
F. Kerr	15	15	9	9			5	5						
D. Sangvhi	15	12			2	2	5	2			3	3	4	4
A. Smith	15	13	9	9	4	3			5	4				
V. Vaidyanath	15	15	9	8							4	3	4	4
A. Watt	15	14			3	3	1	1						
A. Crisp	5	5	0	0	0	0	1	1	0	0	0	0	0	0
Rod Maule (People and Culture Committee Independent Member)					5	5			1	1				
Kathryn Brown (Finance Independent Member)			9	7										
D. Cudini#							1	1						
T. Rodda#							1	1						
C. Furlanetto OM											4	3		
Kane Treloar^							5	3			4	4		
Cara Hudson^											4	4		
Mumtaz Aktar^											4	2		
Laura Collister ^											4	4		
R. Coverdale^^											4	4		
Baruch Goberman^											4	3		
Pauline Rogers ^											4	4		

H = Meetings eligible to attend (excludes those held by circular resolution) vs A = meetings attended

* Includes one (1) joint meeting.

** Includes two (2) joint meetings.

^ Community members of the Community Advisory Committee.

^^R Coverdale & K Treloar are also voting members of Quality & Safety Committee.

Paramedic representative (no voting rights).

Executive group

CHIEF EXECUTIVE OFFICER

Jordan Emery
Appointed 30 June 2025

Andrew Crisp
Interim 21 August 2024 – 29 June 2025

Jane Miller
Until 20 August 2024

With the following acting arrangements during periods of leave:

Danielle North
Acting 9 September 2024 – 29 September 2024

Anthony Carlyon
Acting 30 April 2025 – 09 June 2025
Acting 30 September 2024 – 24 October 2024
Acting 29 August 2024 – 08 September 2024

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

CHIEF INFORMATION OFFICER

Gavin Gusling
As at 30 June 2025

Responsible for digital strategy, digital and technology innovation, cyber security, organisational wide data and reporting and insights.

Development of systems architecture, major system changes or introduction / integration of new systems, master data management and data governance.

Also responsible for data sharing agreements, ongoing maintenance of applications and infrastructure and hardware, including real-time support for IT end-users consistent with our service level objectives.

The Business Technology and Programs Division is also responsible for organisational Change management and all enterprise-wide program and project delivery.

EXECUTIVE DIRECTOR ENTERPRISE SERVICES

Jesse Maddison
Acting April to June 2025

Jodie Gilbert
Acting March to April 2025

Travis Heeney
January to March 2025

Garry Button
Until January 2025

Responsible for providing capabilities across the organisation to both corporate and operational departments.

Enterprise Services supports AV’s accountability to the Victorian Government, and is responsible for providing financial, procurement and legal advice, managing corporate and operational risk, strategic planning, the AV Membership Subscription Scheme and equipping operational staff to best service the community

EXECUTIVE DIRECTOR PEOPLE AND CULTURE

Jesse Maddison
Appointed October 2024

Heather Miller
Acting May 2025 – June 2025

Samira Richards
Until September 2024

Responsible for providing leadership and direction for the organisation’s workforce strategy, organisational capability, wellbeing and safety and employee experience programs.

This includes leading the implementation of the organisation’s inaugural People Plan, focused on improvements in areas of diversity and inclusion, health and safety, wellbeing and support services, leadership and human resources and payroll systems.

EXECUTIVE GROUP CONTD.

EXECUTIVE DIRECTOR QUALITY AND CLINICAL INNOVATION

Dr Tegwyn McManamny
Appointed January 2025
Acting October 2024 – January 2025

Katherine Peck
Acting July 2024 – October 2024

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

EXECUTIVE DIRECTOR REGIONAL OPERATIONS

Danielle North
As at 30 June 2025

Narelle Capp
Acting 29 August – 29 September 2024

As the core operational division, Regional Operations is responsible for delivering quality, patient-focused emergency medical response and pre-hospital care to Victorians and cross border communities.

This is achieved through a variety of career, volunteer and co-responder service delivery models and a dedicated workforce of approximately 4,000 operational staff made up of Mobile Intensive Care (MICA) paramedics, Advanced Life Support (ALS) paramedics, Ambulance Community Officers (ACO), and Community Emergency Response Teams (CERT) supported by Remote Area Nurse and Firefighter co-responders across the state.

EXECUTIVE DIRECTOR STRATEGY AND ENGAGEMENT

Alison Errey
As at 30 June 2025

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

EXECUTIVE DIRECTOR SPECIALIST OPERATIONS AND COORDINATION

Anthony Carlyon
As at 30 June 2025

Andrew Keenan
Acting 28 June 2025 – current
Acting 1 May 2025 – 9 June 2025

Michael Georgiou
Acting 29 August 2024 – 1 December 2024

The Specialist Operations and Coordination (SOC) division facilitates patient access by coordinating ambulance resourcing and providing support to our operational workforce on day to day operations.

This includes emergency and non-emergency ambulance response and facilitating access to alternate care pathways following secondary triage assessment.

SOC provides direct specialist care, and clinical advice to the Victorian community and health services through retrieval, aeromedical and stroke specialist services.

CHIEF MEDICAL OFFICER

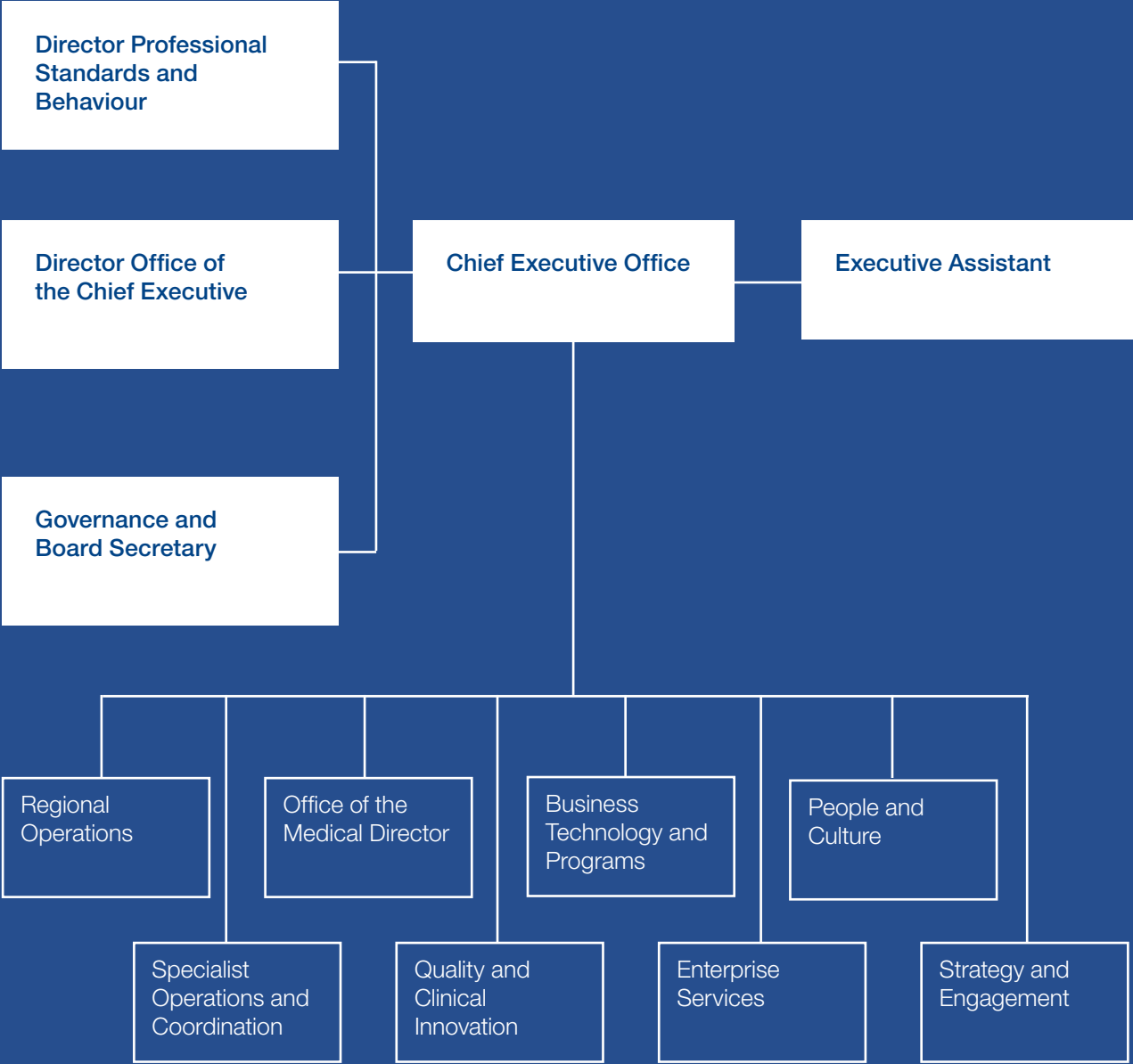
Dr David Anderson
As at 30 June 2025

Dr Francesca Tullio
Acting 26 July 2024 – 27 January 2025

Responsible for providing clinical leadership and specialist medical advice to the organisation. Oversees the development, implementation and evaluation of up-to-date evidence based clinical practices.

Contributes to the teaching of paramedics, provides both on scene and remote clinical support and advice to paramedics and responds to incidents as required, including selected complex patients and major incidents.

Executive structure



Statement of Priorities

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

DH SYSTEM PRIORITY 1: Excellence in clinical governance

We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.

GOALS

- Continue to improve patient health outcomes and experiences by delivering timely, high-quality care and connecting patients to alternative services where safe and appropriate.
- Continue to learn, innovate and implement initiatives that improve the delivery of services and support better health outcomes for Victorians.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	ASSOCIATED AV ANNUAL PLAN INITIATIVE	AV ACHIEVEMENTS
Engage with frontline staff to design, test and scale improvements that respond to the drivers of performance and support access to timely emergency care.	2.1 All patients receive best care, improved health outcomes and experience	Timely Emergency Care Program (TEC2)	AV is continuing to engage with frontline staff as part of the Timely Emergency Care Program (TEC2), which is designed to empower those closest to our patients to lead improvements in care and performance in the areas of Daily Operating System, Transfer, Clearing, and Safe in Place. In 2024-25, 17 TEC 2 Plan-Do-Study-Act cycles were completed with strong attendance by operational staff at the TEC capability sessions.
AV will continue implementation of the Cardiac Arrest Improvement Strategy to drive improvements in patient care and survival rates over the next five years including: - providing enhanced feedback to paramedics - embedding opportunities for greater infield care, and - better monitoring of patient outcomes and performance.	2.3 Our clinical response model and provision of care is constantly evolving and sets best practice standards		In 2024-25 AV has released the Out-of-Hospital Cardiac Arrest Regional Report. The report provides clinical leaders across AV the opportunity to benchmark 40 resuscitation metrics and outcomes across regions, and to drill down to team-level outliers in performance that may help focus areas for debriefing and review. AV has also launched a new campaign ‘Are you Resus Ready’ across Victoria to enhance paramedic preparedness to resuscitation cases.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	ASSOCIATED AV ANNUAL PLAN INITIATIVE	AV ACHIEVEMENTS
AV will work with health service partners to implement strategies to improve access to timely pre-hospital care and system-wide patient flow. This will include progressively increasing the use of alternative service pathways by promoting the use of the Victorian Virtual Emergency Department (VVED) and understanding and addressing barriers for using these services, and by using education and guidance to reduce conveyance rates to hospital.	2.1 All patients receive best care, improved health outcomes and experience		AV has implemented strategies to promote use of VVED and other alternate services providers, including a streamlined and improved VVED referrals registration form, targeted education in Residential Aged Care Facilities to address concerns and barriers to its use, and uplift of pathways for vulnerable patient populations, including the introduction of Elder Rights Australia pathway. AV is also continuing to promote referral pathways on the AV website as well as promotion and education of VVED by our in-field teams.
AV will continue to implement Best Care clinical governance framework which encompasses all elements of clinical/patient service delivery including alternative service pathways, ensuring that the patient climate supports safe, person-centred care and a quality patient experience.	2.1 All patients receive best care, improved health outcomes and experience		In 2024-25 AV launched the <i>Best Care, Everywhere</i> Framework and is continuing to implement actions to ensure appropriate, person-centred, quality care is provided to our patients. This includes: - developing and progressing a Clinical Quality Improvement Plan - creation of a centralised clinical risk register and clinical quality improvement register - progressed development of Best Care Performance Framework to enable outcome reporting of our Best Care Success Measures - developed collaborative regional improvement register - developed and distributed the Paramedic Exposure Analysis tool to provide an intuitive, rapid, and reproducible method for analysing paramedics' exposure to critical cases to inform improvement opportunities.

DH SYSTEM PRIORITY 2: Operate within Budget	
Ensure equitable and transparent use of available resources to achieve optimum outcomes.	GOALS - Develop and implement an approach to deliver an end of financial year balanced operating result in partnership with the department with a goal to manage cost growth effectively to ensure the efficient operation of the health service - Implement reforms that support financial sustainability.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	ASSOCIATED AV ANNUAL PLAN INITIATIVE	AV ACHIEVEMENTS
AV will improve operational efficiency, capability in financial planning and analyses and the annual budgeting and forecasting processes. In 2024-25 this will focus on continuation of a financial budgeting and forecasting tool, and associated processes by March 2025, to support development of the 2025-26 budget.	3.1 Our organisation is efficient enabling us to deliver more impact to our community	Financial Sustainability Plan	AV has developed financial planning and analysis improvements, and monthly forecasting in accordance with DH reporting requirements, with efficiencies expected to support future budget processes. AV has been working with experts in health services finances to assist with our future financial sustainability including developing financial improvement plans.
AV will also: - implement strategies to control costs, such as negotiating favourable contracts with suppliers, optimising workforce utilisation, and managing healthcare technologies and equipment effectively - utilise data analytics and performance metrics to identify areas of inefficiency and waste, and make evidence-based decisions to improve financial sustainability and operational performance - develop robust financial forecasting models to project future revenue and expenditure, identify financial risks, and implement risk mitigation strategies to ensure long-term sustainability - explore opportunities to diversify revenue streams through partnerships, grants, research funding, and other innovative financing models to reduce dependence on government funding.	3.1 Our organisation is efficient enabling us to deliver more impact to our community	Financial Sustainability Plan	AV has negotiated favourable contractual terms with a large information technology supplier to deliver considerable cost savings. Fleet management initiatives undertaken in FY25 are also expected to deliver significant capital savings from FY26 onwards. Research and investigation into the use of medical supplies has resulted in significant efficiencies, waste reduction, and savings The use of ambulance services to deliver non-clinically necessary services has also been analysed resulting in significant efficiencies and savings. Forecasting models were used to identify significant financial risks associated with the impacts of the Protected Industrial Action on AV's revenue. Strategies to minimise this risk included the establishment of data sharing agreements with over 20 major health services across Victoria. The growth of AV's microdonations through AV's membership portal continues to deliver additional revenue for AV.

DH SYSTEM PRIORITY 3: Improving equitable access to healthcare and wellbeing	
Ensure that Aboriginal people have access to a health, wellbeing and care system that is holistic, culturally safe, accessible, and empowering. Ensure that communities in rural and regional areas can have equitable health outcomes irrespective of locality.	GOALS - Continue to strengthen AV's commitment to ensure Aboriginal communities have access to culturally safe and sensitive services - Strengthen cultural safety in the delivery of services - Expand the delivery of high-quality cultural safety training for all staff to align with the Aboriginal and Torres Strait Islander cultural safety framework - Improve access to services for rural and regional people, including through community based and virtual care, and - Work with other system partners to optimise availability of ambulances and paramedic skills in rural and regional locations.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	ASSOCIATED AV ANNUAL PLAN INITIATIVE	AV ACHIEVEMENTS
Progress implementation of AV's 'Reflect' Reconciliation Action Plan (RAP) in accordance with agreed timeframes outlined in the Plan. This Plan will help to strengthen relationships with Aboriginal and Torres Strait Islander stakeholders and improve cultural safety for the workforce and patients. In 2024-25, this will include: - uplifting the capability of staff to support cultural safety of patients by implementing mandatory cultural safety training and assessment for all staff - building knowledge and tools to support a more inclusive workplace, and - supporting reconciliation events that demonstrate organisational solidarity with Aboriginal and Torres Strait Islander peoples and communities.	4.3: Our communities are resilient and informed	Reconciliation Action Plan	AV has completed implementation of our 'Reflect' RAP and has developed our 'Innovate' RAP which will commence implemented in 2025-26. Patient identity fields in VACIS relating to Aboriginal and Torres Strait Islander status are in the process of being made mandatory. Asking every patient if they identify as Aboriginal and/or Torres Strait Islander helps to create safer, more affirming experiences for Aboriginal and Torres Strait Islander peoples and link people in with the right care. Mandating this field in VACIS will also improve the quality of our data, helping us understand the needs of the people we care for. Cultural recognition training is available to all staff. This training module incorporates strategies for working with Aboriginal and Torres Strait Islanders (both as co-workers and/or patients). Aboriginal and Torres Strait Islander reference material is available to all staff. AV proudly attends key Aboriginal events such as NAIDOC Week and National Reconciliation Week.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	ASSOCIATED AV ANNUAL PLAN INITIATIVE	AV ACHIEVEMENTS
AV will continue to expand the use of the VVED and increase state-wide utilisation. This will include: • promoting utilisation of VVED through AV's Secondary Triage Service and via in-field referral from paramedics and other responders for all suitable patients; and • ensuring continuous improvement of processes and systems associated with the safe use of virtual care, including providing staff and consumers with appropriate support and communications.	2.1 All patients receive best care, improved health outcomes and experience		For non-life-threatening conditions, AV encourages the community, secondary triage practitioners and paramedics in-field to utilise the VVED. VVED has continued to be promoted via the AV public facing website with targeted in-field education of Residential Aged Care Facilities. In 2024-25, the Secondary Triage team expanded use of Video Assisted Triage. This service enables expert nurses and paramedics to better assess patients and connect them with the most appropriate care. This is an Australasian first, and ensures ambulances are available for the most critically ill patients. Being able to both see and hear the patient has been a significant innovation for the AV triage services team and is resulting in increased utilisation of alternate service providers, including VVED.
Support the development and delivery of Paramedic Practitioners in rural and regional Victoria, in line with the government's election commitment.	2.2 Remote and marginalised cohorts have better access to healthcare and improved health outcomes	Paramedic Practitioner	AV is continuing to support establishment of the new Paramedic Practitioner role within rural Victoria by December 2026. AV is working closely with the Department of Health, Safer Care Victoria and Monash University and other key stakeholders to help design this innovative role, agreeing the service delivery model and drafting the scope of practice. The first cohort of students who commenced the Paramedic Practitioner course in 2024 are now undertaking their second year of the three-year degree which includes clinical placements. In February 2025, the second cohort of 26 students commenced their studies, expanding the number of overall practitioners available to step into advanced practitioner roles.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	ASSOCIATED AV ANNUAL PLAN INITIATIVE	AV ACHIEVEMENTS
AV will work with the Country Fire Authority (CFA) to continue to implement the Fire Medical Response (FMR) program. The program is being developed to align with the Emergency Medical Response program and aims to utilise Country Fire Authority (CFA) people to provide rapid responses and specific treatment to targeted medical emergencies including Priority Zero responses.	2.2 Remote and marginalised cohorts have better access to healthcare and improved health outcomes		AV is continuing to work with CFA to implement the FMR program, which was developed to align with AV's commitment to improve out of hospital cardiac arrest (OHCA) survival rates. 83 per cent of all CFA brigades invited to participate in the program have accepted. As of 30 June 2025, 20 CFA brigades are operational and responding to Priority Zero events across rural and remote Victoria. A further 15 brigades are in training or preparing for training and consultation is continuing with remaining brigades. Under this program, 33 per cent of all calls, where CFA are in attendance and resuscitation commenced, have achieved Return of Spontaneous Circulation (ROSC). In partnership with the AV Registered Training Organisation, AV paramedics have so far provided nationally recognised training to over 350 CFA volunteers and provided 44 continuing education sessions across Victoria as part of the FMR program.

DH SYSTEM PRIORITY 4: A stronger workforce

There is increased supply of critical roles, which supports safe, high-quality care. Victoria is a world leader in employee experience, with a focus on future roles, capabilities and professional development.

The workforce is regenerative and sustainable, bringing a diversity of skills and experience that reflect the people and communities it serves.

As a result of a stronger workforce, Victorians receive the right care at the right time closer to home.

- GOALS**
- Provide a safe, inclusive and well supported working environment where people feel valued, connected and empowered to effectively deliver the best patient-focused pre-hospital care.
 - Continue to embed a culture of learning and improvement by building the capability of the workforce, including developing effective leadership.
 - Explore new and contemporary models of care and practice, including future roles and capabilities.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	ASSOCIATED AV ANNUAL PLAN INITIATIVE	AV ACHIEVEMENTS
AV will develop and implement a People Plan that sets out the goals, measures and approach for communication, engagement and recognition of employees and volunteers. At the same time, AV will operationalise ‘AV Values’, to improve and evaluate the engagement, trust and job satisfaction of its people. AV will have a particular focus on strategies and initiatives that help build morale and connection across all parts of AV, supporting a safe, fair and inclusive culture.	1.3 Our people are capable and continuously learn and grow	People Plan	AV’s People Plan 2025-2028 was approved in June 2025. The People Plan describes key actions over the next three years to improve the experiences of our staff and volunteers. These actions are aligned to the People pillar of the AV Strategic Plan 2023-2028 and reflect feedback from across the workforce about what is most important to them. The People Plan focuses on supporting a diverse workforce, meaningful engagement, physical and psychological safety, capability development and leadership skills. AV is continuing to operationalise our AV Values to strengthen engagement, trust, and improve morale and connection, by embedding them into AV documentation and programs (such the Upstander program), educating leaders and promoting values via various workshops and meetings.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	ASSOCIATED AV ANNUAL PLAN INITIATIVE	AV ACHIEVEMENTS
Through the People Plan, AV will respond to the findings of the Victorian Equal Opportunity and Human Rights Commission (the Commission) Phase 3 evaluation audit and People Matter Survey results.	1.2 We are safe, healthy and well and we care for everyone	YourAV Program	AV is continuing to respond to the Commission’s findings and has commenced an integrated response alongside the People Matters Survey results. These ongoing actions now form part of the People Plan. AV continues to make progress in resetting expectations about appropriate workplace behaviours and creating a culture that is ‘values-driven’ and holds people to account for unlawful and harmful workplace conduct.
AV will develop and deliver a range of initiatives to improve workforce safety in 2024-25 including: • improvements to staff mental health and wellbeing support and education • implementation of a suicide prevention model • implementation of a psychosocial risk framework to improve knowledge of psychosocial hazard exposure and management, and • implementation of a prevention plan to address drivers of workplace harm developed in May 2024.	1.2 We are safe, healthy and well and we care for everyone	Mental Health and Wellbeing Action Plan	AV continued to strengthen its commitment to mental health and wellbeing through a range of initiatives aligned with its Mental Health and Wellbeing Action Plan (MHWAP) 2022–2025 and broader organisational priorities addressing issues of stress and burnout. AV developed and introduced a bespoke Suicide Intervention Response and Engagement Network (SIREN) learning package for suicide prevention. AV’s psychosocial risk management approach details a hierarchy of controls for managing psychosocial hazards to prevent psychological harm to our people. Preventing unlawful and harmful workplace behaviours is an ongoing responsibility of AV. The Prevention Plan, now embedded in the People Plan, aims to support our people through increased safety, health, wellbeing, trust and morale; support the organisation by meeting legal obligations, attracting skilled workers and volunteers and increasing productivity; and support our patients through safer service delivery and improved experiences. A range of activities across AV are focused on ensuring these prevention activities are a focal point of our work.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	ASSOCIATED AV ANNUAL PLAN INITIATIVE	AV ACHIEVEMENTS
In partnership with its workforce, AV will implement changes related to the Ambulance Victoria Enterprise Agreement 2024.	1.2 We are safe, healthy and well and we care for everyone	Ambulance Victoria Enterprise Agreement 2024	AV has implemented all increases to salaries, allowances, and continues to work through back payments. AV is working with union partners on the implementation of all employee entitlements, including the significant additional end of shift protections for operational employees, which commence from 10 November 2025.
AV will continue to implement the actions defined in its Gender Equality Action Plan 2022-2025 (GEAP), ensuring AV makes meaningful and material progress towards organisational gender equality.	1.1 We are diverse. We are meaningfully engaged. We are valued.	Gender Equality Action Plan	AV continues to make progress in gender equality aligned with the <i>Gender Equality Act 2020</i> (Vic) and its GEAP. AV has established a Gender Equality Working Group to oversee GEAP implementation, launched foundational resources (including learning modules, guides and policies), developed its first Gender Pay Gap Report (offering detailed, intersectional insights) participated in the Sponsorship of Diverse Talent Program with Emergency Management Victoria and improved inclusive recruitment tools and practices.
Lead cultural change in local teams to create a fair, safe and inclusive culture, AV will embed tools such as Upstander program and reflective practice and build the capability of frontline leaders through leadership training and a people leader toolkit.	1.2 We are safe, healthy and well and we care for everyone	YourAV Program	In November 2024, AV commenced rolling out the Upstander program, educating and empowering our workforce to identify and respond to inappropriate behaviours and uphold our values. AV also launched the Leading with Respect Program aimed at preventing and addressing sexual harassment and incivility. In addition to these new initiatives, AV is continuing to run key leadership capability programs to build leadership performance and support cultural change. These include the Leading Together Program which builds the capability of our leaders; the Team Manager Toolkit that provides resources to support managers lead, Leading Wellbeing; Health Leaders, Healthy Teams.

DH SYSTEM PRIORITY 5: Moving from Competition to Collaboration

Share knowledge, information and resources with partner health and wellbeing services and care providers.

This will allow patients to experience one health, wellbeing and care system through connected digital health information, evidence, and data flows, enabled by advanced interoperable platforms.

- GOALS**
- Form strategic partnerships with key stakeholders to provide high quality services and support improved health outcomes.
 - Partner with consumers and their families to improve the design and delivery of ambulance services.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	ASSOCIATED AV ANNUAL PLAN INITIATIVE	AV ACHIEVEMENTS
AV will implement a strategy for engaging with Triple Zero Victoria (TZV), to provide more efficient and effective progression of joint priorities, manage risks and escalate key issues.	4.2 External partnerships are efficient and effective		AV and TZV work in close partnership to support our paramedics to deliver the best care to the Victorian community. AV and TZV continue to prioritise strengthening engagement and communication. This is critical to support strategic alignment, effective collaboration, strong governance and appropriate information sharing. A new AV/TZV Initiatives Board has recently been established, to enhance collaboration, information sharing and to progress key shared priorities.
AV will continue to develop, deliver and lead authentic consumer engagement activities to improve the quality and accessibility of the services it provides. This will include building the capability of community engagement staff through the delivery of public engagement training and rollout of the AV consumer engagement playbook.	4.3 Our communities are resilient and informed	Community and Consumer Engagement Plan	AV commenced delivery of the Regional Community Forums series, which provide an opportunity for Board, Executive and Community Advisory Committee members to connect with communities at a local level and directly hear the needs and views of ambulance users and communities. AV also undertook extensive community engagement events and training. The Co-design for Best Care (AV consumer engagement playbook) was released to AV staff in 2024. This guide helps staff to build confidence and capability in engaging and designing for, alongside and together with Victorian communities to create better services and models of care.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	ASSOCIATED AV ANNUAL PLAN INITIATIVE	AV ACHIEVEMENTS
AV will foster an environment of continuous improvement and deliver demonstrable improvement in agreed key metrics through collaborative participation with stakeholders and sector partners. This is to be achieved, in part, through AV's implementation of the Standards for Safe and Timely Ambulance and Emergency Care for Victorians, and AV TEC2.	2.3 Our clinical response model and provision of care is constantly evolving and sets best practice standards	Timely Emergency Care Program (TEC2)	AV actively engages and collaborates with hospitals from across Victoria, Department of Health and other stakeholders to improve processes and services throughout the health care system. In February 2025, new Standards for Safe and Timely Ambulance and Emergency Care for Victorians were released by the Minister for Health. AV has commenced embedding the standards into operational practice, including an update to operational work instructions to align with the new performance standards. AV is continuing to progress the TEC2, which is a vehicle for implementing a consistent, robust approach to quality improvement. Through TEC 2 projects, AV is developing, testing, spreading, and scaling workforce-driven change ideas to improve patient care and create a safer, more satisfying workplace, initially in four focus areas; Daily Operating System, Transfer, Clearing, and Safe in Place (in field) which align with the new Standards.
AV will undertake community education and awareness programs, including Heart Safe Communities, Shocktober and Call Push Shock, to empower bystanders to provide CPR and use automated external defibrillators (AEDs) aiming to improving cardiac arrest survival.	4.3 Our communities are resilient and informed	Community and Consumer Engagement Plan	AV continues to design and deliver engagement and education programs across metropolitan and regional Victoria to build community resilience and improve health outcomes for all Victorians. In 2024-25, AV delivered 2,686 community engagement events reaching nearly 147,000 participants. This includes the following programs to improve cardiac arrest survival: • Strong attendance at Heart Safe Communities and Call Push Shock sessions. • A successful Shocktober program with significant community reach via face-to-face awareness sessions, social media, local media and online engagement tools. • Facilitating CPR sessions and promoting the GoodSAM first responders program and public access AEDs.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	ASSOCIATED AV ANNUAL PLAN INITIATIVE	AV ACHIEVEMENTS
AV will enhance processes and systems including decision support tools, performance monitoring and reporting, and staff and consumer engagement to increase safe utilisation of embedded alternate care pathways for older persons (RACER), frequent complex callers (patient coordination), and persons experiencing a mental health crisis (TelePROMPT/ TeleHELP).	2.1 All patients receive best care, improved health outcomes and experience		In 2024-25, AV developed a triage service performance dashboard to support clearer visibility of alternate service provider utilisation and referrals. The dashboards have been successfully utilised for targeted education and to promote uptake of alternate service provider pathways by our teams to better service the community. The introduction of the Complex Patient Escalation Pathway in conjunction with current workflows allow for escalation of care where required. This enables AV to identify and address the needs of this cohort to better meet their changing care goals. Video triage for mental health nurses was introduced in September 2024 and work is continuing to embed this initiative and increase utilisation for improved assessments and outcomes. Ongoing education of infield staff has continued to increase utilisation of TelePROMPT service.



Performance priorities

Statement of Priorities Part B

	2024-25 Target	2024-25 Actual
HIGH QUALITY & SAFE CARE		
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	80%
Patient experience		
Percentage of respondents who rated overall experience with the ambulance service as satisfied or very satisfied	95%	97%
Percentage of respondents who rated the level of care provided by paramedics as good or very good	95%	98%
Percentage of patients experiencing severe cardiac or traumatic pain whose level of pain was reduced significantly	90%	92.1%
Percentage of acute adult stroke patients transported to definitive care within 60 minutes	90%	97.8%
Percentage of major trauma patients that meet destination compliance (by 45 minutes)	85%	94.6%
Percentage of adult cardiac arrest patients surviving to hospital	50%	58.8%
Percentage of adult cardiac arrest patients surviving to hospital discharge	25%	38%
STRONG GOVERNANCE, LEADERSHIP AND CULTURE		
People Matter Survey – percentage of staff with an overall positive response to safety culture questions	80%	47%
TIMELY ACCESS TO CARE		
Percentage of emergency Code 1 incidents responded to within 15 minutes – statewide	85% or improvement of 4 percentage points compared to the same time last year ¹	65.3%
Percentage of emergency Priority 0 incidents responded to within 13 minutes – statewide	85% or improvement of 3 percentage points compared to the same time last year ²	77.5%
Percentage of emergency Code 1 incidents responded to within 15 minutes in centres with a population greater than 7,500	90% or improvement of 3 percentage points compared to the same time last year ³	69.2%
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	20% or improvement of 3 percentage points compared to the same time last year ⁴	19.5%

Statement of Priorities Part B

	2024-25 Target	2024-25 Actual
TIMELY ACCESS TO CARE CONTINUED		
Percentage of patients transferred from ambulance to ED within 40 minutes	90% or improvement of 4 percentage points compared to the same time last year ⁵	68%
Average ambulance hospital clearing time	20 mins	31.4 mins
EFFECTIVE FINANCIAL MANAGEMENT		
Operating Result (\$m)	0.0	\$54.9
Adjusted Current Asset Ratio	0.7 or 3% improvement from health service base target	0.25
Variance between forecast and actual Net Result from Transaction (NRFT) for the current financial year ending 30 June	5% movement in forecast revenue and expenditure forecasts	9.2%

1. Last year's result was 66.3% so 4 percentage point improvement would be 70.3%.
2. Last year's result was 77.3% so a 4 percentage point improvement would be 81.3%.
3. Last year's result was 70.2% so a 3 percentage point improvement would be 73.2%.
4. Last year's result was 17.1% so a 3 percentage point improvement would be 20.1%.
5. Last year's result was 65% so a 4 percentage point improvement would be 69%.

Relevant Ministers

Minister for Health
Minister for Ambulance Services

The Hon. Mary-Anne Thomas (1 July 2024 to 30 June 2025)

Statistical summary

	2024-25 ¹	2023-24 ¹	2022-23 ¹	2021-22	2020-21	2019-20
Emergency Road Incidents²						
METROPOLITAN REGIONS						
Code 1	285,195	285,796	278,606	266,066	223,062	217,717
Code 2	154,322	156,155	139,877	143,904	163,020	163,968
Code 3	51,669	50,521	44,433	54,479	64,704	59,571
Total Metropolitan Emergency Road Incidents	491,186	492,472	462,916	464,449	450,786	441,256
RURAL REGIONS³						
Code 1	121,679	121,551	122,277	111,320	100,504	92,373
Code 2	77,013	80,048	73,944	73,210	77,816	72,965
Code 3	33,016	30,551	30,223	33,529	31,386	27,366
Total Rural Emergency Road Incidents	231,708	232,150	226,444	218,059	209,706	192,704
ALL REGIONS						
Code 1	406,874	407,347	400,883	377,386	323,566	310,090
Code 2	231,335	236,203	213,821	217,114	240,836	236,933
Code 3	84,685	81,072	74,656	88,008	96,090	86,937
Total Statewide Emergency Road Incidents	722,894	724,622	689,360	682,508	660,492	633,960
Non-Emergency Road Incidents						
Total Metropolitan Non-Emergency Road Incidents	221,603	249,683	263,086	263,112	258,798	254,020
Total Rural Non-Emergency Road Incidents	83,896	110,771	100,835	97,282	96,748	85,710
Total Statewide Non-Emergency Road Incidents	305,499	360,454	363,921	360,394	355,546	339,730
Total Metropolitan Road Incidents	712,789	742,155	726,002	727,561	709,584	695,276
Total Rural Road Incidents	315,604	342,921	327,279	315,341	306,454	278,414

	2024-25 ¹	2023-24 ¹	2022-23 ¹	2021-22	2020-21	2019-20
Road Incidents						
ALL REGIONS						
Emergency Code 1	406,874	407,347	400,883	377,386	323,566	310,090
Emergency Code 2	231,335	236,203	213,821	217,114	240,836	236,933
Emergency Code 3	84,685	81,072	74,656	88,008	96,090	86,937
Non-Emergency	305,499	360,454	363,921	360,394	355,546	339,730
Total Road Incidents	1,028,393	1,085,076	1,053,281	1,042,902	1,016,038	973,690
Air Incidents						
ALL REGIONS						
Fixed Wing – Emergency	1,982	2,045	2,179	1,962	2,017	1,771
Fixed Wing – Non-Emergency	2,818	3,310	3,288	3,320	3,048	2,693
Total Fixed Wing Incidents	4,800	5,355	5,467	5,282	5,065	4,464
Helicopter Incidents (All Emergency)	2,216	2,387	2,422	2,476	2,642	2,343
Emergency Air Incidents	4,198	4,432	4,601	4,438	4,659	4,114
Non-Emergency Air Incidents	2,818	3,310	3,288	3,320	3,048	2,693
Total Air Incidents	7,016	7,742	7,889	7,758	7,707	6,807
Adult Retrieval						
Cases handled	7,131	7,110	6,562	6,365	5,587	4,833
RETRIEVALS						
Road retrievals – ARV Crew (Doctors and/or Critical Care Registered Nurse)	520	540	651	829	571	474
Road retrievals – paramedic only	808	770	575	456	477	424
Road retrievals – doctor & paramedic	237	202	195	218	218	183
Total road retrievals	1,565	1,512	1,421	1,503	1,266	1,081
Air retrievals – paramedic only	1,175	1,349	1,319	1,217	1,161	1,023
Air retrievals – doctor & paramedic	512	471	478	376	531	476
Total air retrievals	1,687	1,820	1,797	1,593	1,692	1,499
Total adult retrievals	3,252	3,332	3,218	3,096	2,958	2,580

2024-25¹2023-24¹2022-23¹2021-222020-212019-20

Code 1 Response Time

Proportion of emergency (Code 1) incidents responded to in 15 minutes or less	65.3%	66.3%	62.8%	67.5%	77.2%	82.3%
Proportion of emergency (Code 1) incidents, located in centres with a population greater than 7,500, and responded to in 15 minutes or less	69.2%	70.2%	66.5%	71.9%	82.5%	87.6%

Referral Service

Percentage of 000 cases resulting in callers receiving health advice or service from another health provider as an alternative to emergency ambulance response	19.5%	17.7%	18.7%	19.8%	17.6%	17.6%
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Patients Transported²

ROAD TRANSPORTS (METROPOLITAN REGIONS)

Emergency Operations	320,023	330,771	327,431	336,652	349,714	342,400
Non-Emergency Operations Stretcher	123,651	131,966	140,764	146,139	141,464	137,461
Non-Emergency Clinic Transport Services	79,582	101,245	96,709	93,025	99,104	100,234
Total Metropolitan Regions	523,256	563,982	564,904	575,816	590,282	580,095

ROAD TRANSPORTS (RURAL REGIONS)³

Emergency Operations	164,853	171,351	168,889	167,167	168,930	156,326
Non-Emergency Operations Stretcher	54,280	58,529	60,273	62,177	67,670	68,507
Total Rural Regions ³	219,133	229,880	229,162	229,344	236,600	224,833
Total Patients Transported by Road	742,389	793,862	794,066	805,160	826,882	804,928

AIR TRANSPORTS (ALL REGIONS)

Fixed Wing transports	3,933	4,445	5,062	4,835	4,699	4,333
Total Helicopter Transports	1,818	1,963	1,950	1,981	2,159	1,973
Total Air Transports	5,751	6,408	7,012	6,816	6,858	6,306
Total Patient Transports	748,140	800,270	801,078	811,338	833,740	811,234

2024-25¹2023-24¹2022-23¹2021-222020-212019-20

Road Patients Transported
(All Regions) – Charging Categories⁶
COMPENSABLE TRANSPORTS

Veterans' Affairs	NA	9,548	10,552	12,605	14,199	16,400
Transport Accident Commission	NA	13,668	13,853	12,804	13,055	14,701
WorkCover	NA	3,044	3,055	3,207	3,778	3,697
Public Hospital Transfers	NA	35,892	35,767	32,032	30,306	27,949
Private Hospital Transfers	NA	2,193	2,576	2,541	2,389	2,226
Ordinary	NA	69,312	69,824	67,363	62,315	62,790
Subscriber	NA	155,403	159,389	165,995	164,165	155,817
Total Compensable Road Transports	NA	289,060	295,016	296,547	290,207	283,580
Community Service Obligation Road Transports	NA	486,032	489,062	500,833	528,933	513,545
Other ⁷	NA	18,770	9,988	7,780	7,742	7,803
Total Patients Transported by Road	742,389	793,862	794,066	805,160	826,882	804,928

NOTES

1. Figures for 2023-24 have been updated where applicable to include data received after the completion of last year's report. Figures for 2024-25 are subject to change, and will be updated accordingly.

2. Prior to 2023-24, incidents and transports were categorised as metropolitan or rural based on the location of the resource used. This has been updated to location of the incident to more accurately reflect demand, and avoid double counting. The impact to reported figures is <0.5%, and data is comparable to previous years.

3. Rural regions includes cross-border responses into NSW and SA.

4. Based on the Australian Bureau of Statistics Urban Centre boundaries and resident population data.
5. 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 Referral Services reporting. Figures prior to 2019/2020 are incomparable.

6. 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 2024-25 are "NA" due to delays in accessing this data during protected industrial action

7. 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.

Statutory compliance

Freedom of Information Act 1982

Ambulance Victoria (AV) received **2,991 requests** (three of these requests were transferred to AV from other agencies) under the *Freedom of Information Act 1982* (the Act) for the 2024-25 FY.

Full access to documents was provided in **1,793 requests**.

Exemptions under the Act were applied to **637 requests**.

Partial access was granted for 637 requests whilst three 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. Other exemptions applied under the Act included internal working documents, documents containing material obtained in confidence and documents relating to trade secrets, etc.

The below table shows most applications were received from members of the public, doctors/hospitals and solicitors. The Freedom of Information (FOI) unit also received requests from media and Members of Parliament.

Non-statute FOI requests 2024-25

ORIGIN OF REQUEST

Public	436
Dr/Hospital	497
Insurance	178
Media	2
Member of Parliament	4
Solicitor	1,797
Other	37
Psychologist	22
WorkCover	18
Total	2,991

The FOI unit collected \$66,960.80 in application fees under The Act. AV collected nil dollars in access charge fees to facilitate access to documents. In addition, the FOI unit processed the below requests outside of the Act applying the relevant statute law.

Statute FOI requests 2024-25

ORIGIN OF REQUEST

Coroner	374
Child Protection/DFFH	270
TAC	542
Aged Care Commissioner	6
Other	34
Medical Practitioners Board	-
Total	1,226

FOI REQUESTS	2024-25
Requests received during the year	2,988*
Request transferred to another agency	0
Request transferred from another agency	3
Request withdrawn or not proceed with by the applicant	91
Access granted in full	1,793
Access granted in part (exemptions applied)	637
Access denied in full (exemptions applied)	3
Request where no relevant documents could be located	264
Request not deemed valid	102
Requests awaiting completion at the end of the FY	101
Request not completed within the statutory period of 30 days	153

*Total requests was 2,991, with three of these requests transferred to AV from other agencies.

OFFICE OF THE VICTORIAN INFORMATION COMMISSIONER AND VCAT 2024-25

Reviews/Complaints accepted by FOI Commissioner	5
VCAT appeal lodged	1

Victoria Police

The FOI unit also processed the following requests from Victoria Police for patient care records and paramedic statements and processed subpoenas for documents and summons for documents and paramedics to attend court.

VICTORIA POLICE REQUESTS

PCR only	737
Statement only	384
PCR and statements	361
PCR, statements & details	6
Statements & details	28
PCR and details	28
Paramedic details	106
Other request	103
Total	1,753

SUBPOENA/SUMMONS

To attend court	61
To produce documents	137
Total	198



Carers Recognition Act 2012

AV acknowledges the essential contribution carers make to the wellbeing of individuals and the broader community. In alignment with statutory obligations and our organisational values, AV remains committed to ensuring that our services and workforce practices uphold the rights and needs of carers. We continue to embed carer recognition across our operations and strengthen practices that support carers both as service users and employees.



Building Act 1993

AV is compliant with Victoria's legislative framework for building activity. All building construction during the year was conducted in accordance with the requirements of the *Building Act 1993*, the *Building Regulations 2018* and the applicable provisions of the National Construction Code. These frameworks collectively govern the design, construction, and maintenance of new ambulance stations, refurbishment of existing facilities or when undertaking building fit outs.

Maintenance and annual reporting of Essential Safety Measures (ESM) form a critical component of Ambulance Victoria's governance and compliance obligations. All ESM reporting and maintenance was completed in accordance with requirements of the *Building Regulations 2018*.



Public Interest Disclosures Act 2012

Under the *Public Interest Disclosures Act 2012*, complaints and allegations about improper conduct involving public health services in Victoria should be made directly to the Independent Broad-based Anti-Corruption Commission (IBAC). AV is required to encourage concerned individuals to make relevant public interest disclosures (within the meaning of the Act) directly to IBAC and to establish and publish public interest disclosures policy and procedures.



Statement on National Competition Policy

The State of Victoria is a party to the intergovernmental Competition Principles Agreement, which is a key document in Australia's National Competition Policy framework. The Victorian Government is committed to the ongoing implementation of the National Competition Policy in a considered and responsible manner.

This means public interest considerations should be taken into account explicitly in any government decisions on the implementation of this policy. AV adheres to this and complies, to the extent applicable, with the National Competition Policy.



Gender Equality Act 2020

As a defined entity under the *Gender Equality Act 2020*, AV has been progressively taking steps to meet its legislative obligations. This year we continued our implementation of the Gender Equality Action Plan 2022-2025 including establishment of a cross-functional gender equality working group, development of the inclusive language guide, active engagement across the health, emergency services and government sector, continued to investigate the impacts of the gender pay gap, and developed an approach for the collection of diversity data.

AV continues to report to the Commission for Gender Equality in the Public Sector on our progress, including a Workplace Gender Audit.



Local Jobs First Act 2003

The *Local Jobs First Act 2003* applies to all projects valued at \$3 million or more in metropolitan Melbourne or state-wide. The policy also applies to projects in regional Victoria valued at \$1 million or more.

During 2024-25 AV commenced three Local Jobs First Standard contracts totalling \$38.6 million. All contracts were state-wide.

The Local Jobs First commitment outcomes expected from these contracts are:

- An average of 91.51 per cent of local content committed.
- A total of 168.44 jobs (annualised employee equivalent) committed, including the creation of 63.72 new jobs and the retention of 104.72 jobs.
- A total of 19.28 positions for apprentices, trainees and cadets committed, including the creation of 18.61 new apprenticeships, traineeships and cadets, and the retention of 0.67 existing apprenticeships, traineeships and cadets.

During 2024-25 AV completed four contracts subject to the Local Jobs First policy totalling \$276.86 million. Three of these contracts were statewide. The Major Project Skills Guarantee Policy applies to all construction projects valued at \$20 million or more. No projects during 2024-25 were subject to policy.



Code of Conduct

AV employees are subject to the Code of Conduct for Victorian Public Sector Employees (Code). AV has policies and procedures that are consistent with the Code. These documents contain the expected workplace conduct and 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. Our policies and procedures are reviewed on a regular basis to ensure compliance with our legal obligations.

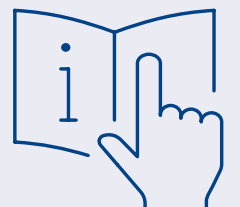
Additional information available upon request

In compliance with the Standing Directions 2018 under the *Financial Management Act 1994*, AV advises that the following information, where applicable, is available to the Minister for Ambulance Services, Members of Parliament, and the public on request (subject to the provisions of the *Freedom of Information Act 1982*):

- 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 AV, and how these can be obtained.
- Details of changes in prices, fees, charges, rates and levies charged by AV.
- Details of any major external reviews carried out on AV.
- Details of major research and development activities undertaken by AV 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 AV to develop community awareness of AV 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 AV 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 AV, the purposes of each committee and the extent to which those purposes have been achieved.
- Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement. The AV website at **ambulance.vic.gov.au** contains information about AV and is regularly updated with the latest statistics, developments and media releases.

Requests for access to this information can be directed to AV's FOI unit **ambulance.vic.gov.au/freedom-of-information/**



Consultancies

Details of consultancies (under \$10,000)

In 2024-25, there was one consultancy where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2024-25 in relation to these consultancies was \$1,382 (excluding GST).

Details of consultancies (valued at \$10,000 or greater)

In 2024-25, there were four consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2024-25 in relation to these consultancies was \$217,250 (excluding GST). Details of individual consultancies are below.

Details of individual consultancies – over \$10,000

CONSULTANT NAME	PURPOSE OF CONSULTANCY	START DATE	END DATE	TOTAL APPROVED PROJECT FEE (EXCL GST) \$'000	EXPENDITURE 2024-25 \$'000	FUTURE EXPENDITURE (EXCL GST) \$'000
Macutex Pty Ltd	Building Condition and Function Audit	Oct 2023	Oct 2027	971	84	515
Mayfield Advisory Pty Ltd	Independent Financial Support and Advice	Mar 2025	Jun 2025	69	76*	30**
Workwell Consulting Pty Ltd	Board Reflective Practice Workshop	Nov 2024	Nov 2024	15	15	–
Perfekt Pty Ltd	Data Backup and Recovery recommendations provided for Cloud Migration project	Jun 2023	Oct 2024	13	13	–

*Expenditure exceeded approved project fee due to additional work undertaken.

**Expected expenditure pending approval.

Government advertising campaign

Nil reports.

ICT expenditure

For the 2024-25 reporting period, AV had a total ICT expenditure of \$43.38m (excl. GST) with the details shown below (\$m).

ALL OPERATIONAL ICT EXPENDITURE	ICT EXPENDITURE RELATED TO PROJECTS TO CREATE OR ENHANCE ICT CAPABILITIES	
Business As Usual (BAU) ICT expenditure (Total)	Non Business As Usual (non BAU) ICT expenditure (Total = Operating expenditure and Capital Expenditure)	
\$41.33m	\$2.05m	
	OPERATING EXPENDITURE	CAPITAL EXPENDITURE
	\$2.04m	\$0.01m

Financial summary

AV achieved a \$27.5m net result surplus for 2024-25.

A 10.5 per cent increase in 2024-25 income contributed to the surplus, which was largely driven by additional government funding to support the implementation of the new enterprise agreement and ongoing operational needs.

The increased revenue also reflected a partial recovery of transport fee income from the prior year, which had been adversely impacted by Protected Industrial Action, commencing in March 2024, limiting AV’s ability to invoice patients. During 2024-25, AV prioritised efforts to retrospectively bill for eligible services from

the prior year, ensuring lost income was recovered where possible.

Expenditure increased 6.6 per cent, which was predominately influenced by higher salary costs resulting from the implementation of the new enterprise agreement.

Higher expenditure was also experienced due to increased demand, new contracts related to Air Ambulance and Non-Emergency Transport delivery services, and the commencement of the rollout of iPads to all paramedics.

SUMMARY OF FINANCIAL RESULTS	2024-25 \$000	2023-24 \$000	2022-23 \$000	2021-22 \$000	2020-21 \$000
Total Income from Transactions	1,638,311	1,482,636	1,614,373	1,481,874	1,288,269
Total Expenses from Transactions	(1,593,283)	(1,494,416)	(1,607,483)	(1,453,587)	(1,298,929)
Net Result from Transactions	45,028	(11,780)	6,890	28,287	(10,660)
Total Other Economic Flows	(17,566)	(14,940)	(44,133)	357	10,891
Net Result	27,462	(26,720)	(37,243)	28,644	231
Total Assets	1,386,607	1,399,989	1,039,734	1,065,675	1,051,955
Total Liabilities	938,576	960,655	702,954	716,849	749,793
Net Assets	448,031	439,333	336,780	348,826	302,162

RECONCILIATION BETWEEN NET RESULT FROM TRANSACTIONS AND STATEMENT OF PRIORITIES	2024-25 \$000
SOP Operating Result	54,895
Capital and Specific Items	
Capital Purpose Income	125,532
Specific Income	–
Assets Received Free of Charge	2
Assets Provided Free of Charge	–
Other Non-Operating Expenses	(153)
Depreciation and Amortisation	(113,607)
Impairment of Non-Financial Assets	–
Finance Costs	(21,641)
Net Result from Transactions	45,028

Asset management accountability framework

Asset Management Accountability Framework (AMAF) maturity self-assessment

The following section summarises AV’s self-assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF). The AMAF is a non-prescriptive, devolved accountability model of asset management that requires compliance with 41 mandatory requirements. These requirements can be found on the DTF website at www.dtf.vic.gov.au/asset-management-accountability-framework.

AV’s target maturity rating is ‘competence’, meaning systems and processes are fully in place, consistently applied and systematically meeting the AMAF requirements, including a continuous improvement process to expand system performance above AMAF minimum requirements.

Results

Leadership and accountability (requirements 1-19)

AV has met its target maturity level for most of the requirements within this category. AV is partially compliant with some requirements relating to asset assessment and monitoring. There were no material non-compliances reported in this category.

There are initiatives and plans for improvement currently underway to improve AV’s maturity rating in these areas. These include completion of an organisation-wide assessment of asset criticality and improvements to the asset performance reporting process.

Planning (requirements 20-23)

AV has met its target maturity level in this category.

Acquisition (requirements 24 and 25)

AV has met its target maturity level in this category.

Operation (requirements 26-40)

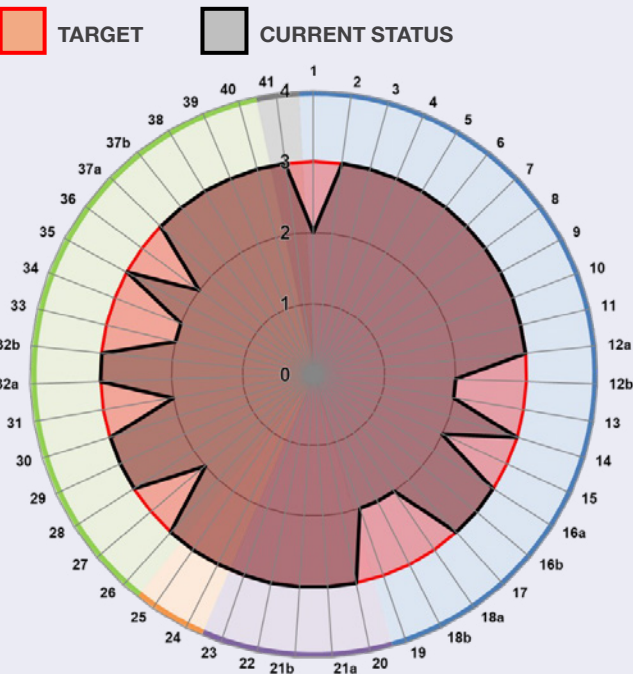
AV has met its target maturity level for some requirements within this category, and is working toward compliance in the areas of monitoring and preventative action, maintenance systems and processes, reporting, and information management. There were no material non-compliances reported in this category.

AV is developing a plan to aggregate and modernise the capture of asset information with improved functionality for planning, monitoring and reporting of asset performance to enhance the organisation’s ability to proactively identify potential asset performance failures and identify options for preventive action. This will also

further mature the organisation’s information management and record keeping practices.

Disposal (requirement 41)

AV has met its target maturity level in this category.



AMAF Maturity Level	Scale
Innocence	0
Awareness	1
Developing	2
Competence	3
Optimising	4

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
REPORT OF OPERATIONS		
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FRD 22	Significant changes in financial position during the year	94
FRD 22	Operational and budgetary objectives and performance against objectives	70-81, 84-87
FRD 22	Subsequent events	129
FRD 22	Details of consultancies under \$10,000	92
FRD 22	Details of consultancies over \$10,000	92
FRD 22	Disclosure of government advertising expenditure	Nil to report
FRD 22	Disclosure of ICT expenditure	93
FRD 22	Asset Management Accountability Framework	95
FRD 22	Disclosure of emergency procurement	Nil to report
FRD 22	Disclosure of social procurement activities under the Social Procurement Framework	53
FRD 22	Disclosure of procurement complaints	Nil to report
FRD 22	Disclosure of reviews and study expenses	Nil to report
FRD 22	Disclosure of grants and transfer payments	Nil to report
FRD 22	Application and operation of <i>Freedom of Information Act 1982</i>	88
FRD 22	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	89
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	Occupational Violence reporting	44

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SD 5.2.2	Declaration in financial statements	98-100
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SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	Note 1.1
SD 5.2.1(a)	Compliance with Standing Directions	Per declaration p1
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FRD 11	Disclosure of Ex gratia Expenses	Note 8.6
FRD 103	Non-Financial Physical Assets	Note 4.1
FRD 110	Cash Flow Statements	Note 8.1
FRD 112	Defined Benefit Superannuation Obligations	Note 3.1(c)
FRD 114	Financial Instruments – general government entities and public non-financial corporations	Note 7.1

Financial report

Board Chair’s, Chief Executive Officer’s and Chief Financial Officer’s Declaration

The attached financial statements for Ambulance Victoria have been prepared in accordance with Direction 5.2 of the Standing Directions of the Minister for Finance 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 2025 and the financial position of Ambulance Victoria at 30 June 2025.

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 6 October 2025.



Andrew Crisp
Board Chair
Melbourne
6 October 2025



Jordan Emery
Chief Executive Officer
Melbourne
6 October 2025



Jessica Lambous
Chief Financial Officer
Melbourne
6 October 2025

Independent Auditor’s Report

To the Board of Ambulance Victoria

Opinion	I have audited the financial report of Ambulance Victoria which comprises the: - balance sheet as at 30 June 2025 - 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 material accounting policy information - board chair's, chief executive officer's and chief financial officer's declaration. In my opinion the financial report presents fairly, in all material respects, the financial position of Ambulance Victoria as at 30 June 2025 and its 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.
Basis for Opinion	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. My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of Ambulance Victoria in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board’s APES 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. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Board’s responsibilities for the financial report	The Board of Ambulance Victoria is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <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. In preparing the financial report, the Board is responsible for assessing Ambulance Victoria’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

Auditor's responsibilities for the audit of the financial report	As required by the <i>Audit Act 1994</i>, 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 Ambulance Victoria'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 Ambulance Victoria's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause Ambulance Victoria to cease to continue as a going concern. • 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.
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MELBOURNE
15 October 2025



Sanchu Chummar

as delegate for the Auditor-General of Victoria

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Comprehensive Operating Statement

For the Financial Year Ended 30 June 2025

	NOTE	2025 \$'000	2024 \$'000
Revenue and Income from Transactions			
Revenue from Contracts with Customers	2.1	368,531	316,168
Other Sources of Income	2.1	1,269,780	1,166,468
Total Revenue and Income from Transactions		1,638,311	1,482,636
Expenses from Transactions			
Employee Expenses	3.1	(1,155,077)	(1,101,096)
Other Operating Expenses	3.1	(302,958)	(277,400)
Depreciation and Amortisation	4.3	(113,607)	(105,667)
Finance Costs	6.2	(21,641)	(10,253)
Total Expenses from Transactions		(1,593,283)	(1,494,416)
NET RESULT FROM TRANSACTIONS - NET OPERATING BALANCE		45,028	(11,780)
Other Economic Flows Included in Net Result			
Net Gain/(Loss) on Financial Instruments		(26,732)	(19,061)
Net Gain/(Loss) on Sale of Non-Financial Assets		385	329
Other Gain/(Loss) from Other Economic Flows		8,781	3,792
Total Other Economic Flows Included in Net Result		(17,566)	(14,940)
NET RESULT		27,462	(26,720)
Other Economic Flows - Other Comprehensive Income			
Items that will not be reclassified to Net Result			
Changes to Property, Plant and Equipment Revaluation Surplus		(18,764)	129,275
Total Other Comprehensive Income		(18,764)	129,275
COMPREHENSIVE RESULT		8,698	102,555

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

Balance Sheet

As at 30 June 2025

	NOTE	2025 \$'000	2024 \$'000
FINANCIAL ASSETS			
Cash and Cash Equivalents	6.1	29,612	50,820
Receivables	5.1	245,339	186,261
Contract Assets	5.2	547	5,243
TOTAL FINANCIAL ASSETS		275,497	242,324
NON-FINANCIAL ASSETS			
Prepayments		12,958	11,916
Inventories		6,075	6,570
Property, Plant and Equipment	4.1	1,090,099	1,132,292
Intangible Assets	4.2	1,978	6,886
TOTAL NON-FINANCIAL ASSETS		1,111,110	1,157,664
TOTAL ASSETS		1,386,607	1,399,988
LIABILITIES			
Payables	5.3	76,859	102,997
Contract Liabilities	5.4	60,780	63,153
Borrowings	6.2	420,511	446,634
Employee Related Provisions	3.1(b)	375,751	342,974
Other Provisions		4,675	4,896
TOTAL LIABILITIES		938,576	960,654
NET ASSETS		448,031	439,333
EQUITY			
Property, Plant and Equipment Revaluation Surplus		224,502	243,266
Contributed Capital		187,644	187,644
Accumulated Surplus		35,885	8,423
TOTAL EQUITY		448,031	439,333

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

Statement of Changes in Equity
For the Financial Year Ended 30 June 2025

	Property, Plant and Equipment Revaluation Surplus	Contributed Capital	Accumulated Surplus	Total Equity
Note	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2023	113,991	187,644	35,143	336,778
Net result for the year	-	-	(26,720)	(26,720)
Other Comprehensive income for the year	4.1(a) 129,275	-	-	129,275
Balance at 30 June 2024	243,266	187,644	8,423	439,333
Net result for the year	-	-	27,462	27,462
Other Comprehensive income for the year	4.1(a) (18,764)	-	-	(18,764)
Balance at 30 June 2025	224,502	187,644	35,885	448,031

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

Cash Flow Statement
For the Financial Year Ended 30 June 2025

NOTE	2025 \$'000	2024 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES		
Operating Grants from Government	1,105,204	1,001,394
Capital Grants from Government	103,595	98,903
Transport Fees Received	204,984	188,271
Membership Fees Received	106,362	101,073
Interest Received	4,707	4,670
Donations and Bequests Received	887	720
GST Received from ATO	40,407	38,384
Other Receipts	8,551	7,337
Total Receipts	1,574,696	1,440,753
Payments to Employees	(1,084,576)	(1,027,388)
Payments for Supplies and Services	(399,099)	(385,917)
Finance Costs	(21,641)	(10,253)
Total Payments	(1,505,316)	(1,423,558)
Net Cash Flow From/(Used in) Operating Activities	8.1 69,380	17,195
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of Non-Financial Assets	(38,764)	(39,531)
Proceeds from Sale of Non-Financial Assets	4,253	4,741
Net Cash Flow From/(Used in) Investing Activities	(34,511)	(34,790)
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of Borrowings	(56,077)	(62,437)
Net Cash Flow From/(Used in) Financing Activities	(56,077)	(62,437)
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS HELD	(21,208)	(80,031)
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	50,820	130,851
CASH AND CASH EQUIVALENTS AT END OF YEAR	6.1 29,612	50,820

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

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

NOTE 1: ABOUT THIS REPORT

- Structure
1.1 Basis of Preparation
1.2 Material Accounting Estimates and Judgements
1.3 Accounting Standards Issued But Not Yet Effective
1.4 Reporting Entity
1.5 Economic Dependency

These financial statements represent the audited financial statements for Ambulance Victoria (AV) for the year ended 30 June 2025.
This section explains the basis of preparing the financial statements.

NOTE 1.1: BASIS OF PREPARATION

These general purpose financial statements have been prepared in accordance with the Financial Management Act 1994, and applicable Australian Accounting Standards (AASs), which include interpretations issued by the Australian Accounting Standards Board (AASB).

Where appropriate, those AASs paragraphs applicable to not-for-profit entities have been applied. Accounting policies selected and applied in these financial statements ensure 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 accrual basis of accounting has been applied in preparing these financial statements, whereby assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.
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.

The financial statements have been prepared on a going concern basis (refer to Note 1.5 Economic Dependency).

The financial statements are presented in Australian dollars.

The amounts presented in the financial statements have been rounded to the nearest thousand dollars unless otherwise stated. Minor discrepancies in tables between totals and sum of components are due to rounding.

The annual financial statements were authorised for issue by the Board of AV on 6 October 2025.

NOTE 1.2 MATERIAL ACCOUNTING ESTIMATES AND JUDGEMENTS

Management make estimates and judgements when preparing the financial statements.
These estimates and judgements are based on historical knowledge and best available current information and assume any reasonable expectation of future events. Actual results may differ.
Revisions to estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision.

The material accounting judgements and estimates used, and any changes thereto, are identified at the beginning of each section where applicable relate to the following disclosures:

- . Note 2.1: Revenue and Income from Transactions
- . Note 3.1: Expenses Incurred in the Delivery of Services
- . Note 4.1: Property, Plant and Equipment
- . Note 4.2: Intangible assets
- . Note 4.3: Depreciation and Amortisation
- . Note 4.4: Impairment of Assets
- . Note 5.1: Receivables
- . Note 5.2: Contract Assets
- . Note 5.3: Payables
- . Note 5.4: Contract Liabilities
- . Note 6.2(a): Lease Liabilities
- . Note 7.4: Fair Value Determination

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

NOTE 1.3: ACCOUNTING STANDARDS ISSUED BUT NOT YET EFFECTIVE
An assessment of accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to AV and their potential impact when adopted in future periods is outlined below:

Standard	Adoption Date	Impact
AASB 2022-10: Amendments to Australian Accounting standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities	Reporting periods beginning on or after 1 January 2024.	Adoption of this standard is not expected to have a material impact.
	In accordance with FRD 103, AV will apply Appendix F of AASB 13 prospectively, in the next formal asset revaluation or interim revaluation (whichever is earlier).	
AASB 2022-9: Amendments to Australian Accounting Standards – Insurance Contracts in the Public Sector	Reporting periods beginning on or after 1 January 2026.	Adoption of this standard is not expected to have a material impact.
AASB 2024-2 Amendments to Australian Accounting Standards – Classification and Measurement of Financial Instruments	Reporting periods beginning on or after 1 January 2026.	Adoption of this standard is not expected to have a material impact.
AASB 18: Presentation and Disclosure in Financial Statements	Reporting periods beginning on or after 1 January 2028.	Adoption of this standard is not expected to have a material impact.

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

NOTE 1.4: 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.

NOTE 1.5: ECONOMIC DEPENDENCY

AV is a public entity governed and managed in accordance with the Ambulance Services Act 1986 and its results form part of the Victorian General Government consolidated financial position. AV provides essential services and is predominantly dependent on the continued financial support of the State Government, particularly the Department of Health. The State of Victoria plans to continue AV's operations and on that basis, the financial statements have been prepared on a going concern basis.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

NOTE 2: FUNDING DELIVERY OF OUR SERVICES

AV's overall objective is to improve the health of Victorians by delivering innovative, high-quality ambulance services. AV is predominantly funded by grant funding for the provision of services. AV also receives income from the supply of services.

Structure
2.1 Revenue and Income from Transactions

Material Judgements and Estimates
This section contains the following material judgements and estimates:

Material Judgements and Estimates	Description
Identifying performance obligations	AV applies material judgment when reviewing the terms and conditions of funding agreements and contracts to determine whether they contain sufficiently specific and enforceable performance obligations. If this criterion is met, the contract/funding agreement is treated as a contract with a customer, requiring AV to recognise revenue as or when AV transfers promised goods or services to beneficiaries. If this criterion is not met, funding is recognised immediately in the net result from operations.
Determining timing of revenue recognition	AV applies material judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation. A performance obligation is either satisfied at a point in time or over time.
Determining time of capital grant income recognition	AV applies material judgement to determine when its obligation to construct an asset is satisfied. Costs incurred is used to measure AV's progress as this is deemed to be the most accurate reflection of the stage of completion.

	NOTE	2025 \$'000	2024 \$'000
NOTE 2.1: REVENUE AND INCOME FROM TRANSACTIONS			
Revenue from Contracts with Customers	2.1(a)	368,531	316,168
Other Sources of Income	2.1(b)	1,269,780	1,166,468
TOTAL REVENUE AND INCOME FROM TRANSACTIONS		1,638,311	1,482,636

NOTE 2.1(a): Revenue from Contracts with Customers

Government Grants - Operating	4,278	3,101
Government Grants - Capital	3,444	1,631
Transport Fees ¹	247,140	202,458
Membership Scheme	106,232	103,425
Other Services	7,438	5,552
Total Revenue from Contracts with Customers	368,531	316,168

AV disaggregates revenue by the timing of revenue recognition.

Goods and Services Transferred to Customers:

At a Point in Time	261,090	211,554
Over Time	107,441	104,614
Total Revenue from Contracts with Customers	368,531	316,168

¹ Transport fees in 2024 were impacted by protected industrial work bans, which prevented eligible union members from collecting billing details from patients.

How We Recognise Revenue from Contracts with Customers

Government Operating Grants

Revenue from government operating grants that are enforceable and contain sufficiently specific performance obligations are accounted for as revenue from contracts with customers under AASB 15.

The types of government grants recognised under AASB 15 Revenue from Contracts with Customers includes:

Government Grant	Performance Obligation
Rural Digital Upgrade	Transition AV's regional communications from StateNet Mobile Radio (SMR) analogue to the Regional Mobile Radio (RMR) digital network, replacing incompatible analogue terminals. Revenue is recognised over time, based on achievement of project milestones and specified deliverables.
Clinical Technology Refresh	Replace highest at-risk technology infrastructure, focusing on network devices. Revenue is recognised over time, based on achievement of project milestones and specific replacement deliverables.
Security Operations Centre (SOC)	Implement and support the Security Operations Centre managed service for Your Health service. Revenue is recognised over time, based on achievement of project milestones and specified deliverables.
TelePROMPT	Provide telehealth pre-hospital mental health services statewide to improve patient outcomes. Revenue is recognised over time, as and when services are delivered.
Energy Resilience and Solar Specifications - Audit Assessment	Improve energy efficiency and install solar panels in AV facilities. Revenue is recognised over time, as and when services are delivered.
Safe and Timely Ambulance and Emergency Care (Winter Surge)	Implement and support priority standards to reduce decline in ambulance transfer performance in early winter. Revenue is recognised over time, based on with achievement of project milestones and specified deliverables.

Performance obligations align with the terms and conditions of the funding agreements.

Transport fees

Transport fees are charges that can be levied on customers (usually the patients) for services they receive that aligns with the conditions of providing ambulance transport or attendance, and/or patient treatment, as set out in AV's Billing and Collections Policy. Transport Revenue is recognised at a point in time when the performance obligation, the provision of services i.e. the transport and/or treatment, is satisfied.

Membership Scheme

AV Membership provides ambulance service coverage to subscribers at no additional charge during the period of membership. Coverage is provided on a daily basis over the membership period. Membership revenue is recognised over time, as the performance obligation, the coverage, is provided to subscribers.

Other Services

Revenue from other services include items such as event attendance fees, training, secondments, non-property rental, clinical trials and research. Revenue is recognised at a point in time upon provision of the goods or service to the customer.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

	NOTE	2025 \$'000	2024 \$'000
NOTE 2: FUNDING DELIVERY OF OUR SERVICES (Continued)			
NOTE 2.1(b): Other Sources of Income			
Operating Activities			
Government Grants - Operating		1,139,945	1,029,200
Government Grants - Capital		122,088	129,801
Assets and Services Received Free of Charge	2.1(c)	1,408	1,441
Other Income from Operating Activities		1,587	1,300
Total Other Sources of Income from Operating Activities		1,265,028	1,161,741
Non-Operating Activities			
Interest		4,707	4,670
Other Revenue from Non-Operating Activities		45	57
Total Other Sources of Income from Non-Operating Activities		4,752	4,727
TOTAL OTHER SOURCES OF INCOME		1,269,780	1,166,468

How We Recognise Other Sources of Income

Government Operating Grants

AV recognises income of not-for-profit entities under AASB 1058 where it has been earned under arrangements that are either not enforceable or linked to sufficiently specific performance obligations.

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

- . contributions by owners, in accordance with AASB 1004 Contributions
- . revenue or contract liability arising from a contract with a customer, in accordance with AASB 15
- . a lease liability in accordance with AASB 16 Leases
- . a financial instrument, in accordance with AASB 9 Financial Instruments
- . a provision, in accordance with AASB 137 Provisions, Contingent Liabilities and Contingent Assets.

Capital Grants

Where AV receives a capital grant it recognises a liability, equal to the financial asset received less amounts recognised under other Australian Accounting Standards. Income is recognised in accordance with AASB 1058 progressively as the asset is constructed which aligns with AV's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

Interest Income

Interest income is recognised on a time proportionate basis that considers the effective yield of the financial asset, which allocates interest over the relevant period.

NOTE 2.1(c): FAIR VALUE OF ASSETS AND SERVICES RECEIVED FREE OF CHARGE

Donations and Bequests	1,056	1,032
Plant, Equipment & Vehicles	352	408
TOTAL FAIR VALUE OF ASSETS AND SERVICES RECEIVED FREE OF CHARGE	1,408	1,441

How We Recognise the Fair Value of Assets and Services Received Free of Charge or For Nominal Consideration

Donations and Bequests

Donations and bequests are generally recognised as income upon receipt (which is when AV obtains control of the asset) as they do not contain sufficiently specific and enforceable performance obligations. Where sufficiently specific and enforceable performance obligations exist, revenue is recorded as and when the performance obligation is satisfied.

Contributions of Resources

AV may receive resources for nil or nominal consideration to further its objectives. The resources are recognised at their fair value when AV obtains control over the resources, irrespective of whether restrictions or conditions are imposed over the use of the contributions.

The exception to this policy is when an asset is received from another government agency or department as a consequence of a restructuring of administrative arrangements, in which case the asset will be recognised at its carrying value in the financial statements of AV as a capital contribution transfer.

Non-Cash Contributions from Department of Health (DH)

The DH makes some payments on behalf of AV as follows:

Supplier	Description
Victorian Managed Insurance Authority	DH purchases non-medical indemnity insurance for AV which is paid directly to the Victorian Managed Insurance Authority. To record this contribution, such payments are recognised as income with a matching expense in the net result from transactions.
Victorian Health Building Authority (VHBA)	DH made payments to the Victorian Health Building Authority to fund capital works projects during the year ended 30 June 2025, on behalf of AV.
Department of Health	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements with DH.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

NOTE 3: THE COST OF DELIVERING OUR SERVICES

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 disclosed.

Structure
3.1 Expenses Incurred in the Delivery of Services

Material Judgements and Estimates
This section contains the following material judgements and estimates:

Table with 2 columns: Material Judgements and Estimates, Description. Rows include Classifying employee benefit liabilities and Measuring employee benefit liabilities.

Table with 4 columns: NOTE, 2025 \$'000, 2024 \$'000. Row: NOTE 3.1: EXPENSES INCURRED IN THE DELIVERY OF SERVICES. Sub-rows for Employee Expenses, Other Operating Expenses, and TOTAL EXPENSES INCURRED IN THE DELIVERY OF SERVICES.

NOTE 3.1(a): Employee Expenses

Table with 4 columns: Salaries and Wages, On Costs, Agency Expenses, Workcover premium, Total Employee Expenses. Columns 2-5 show 2025 and 2024 values.

How We Recognise Employee Expenses
Employee expenses include salaries and wages, fringe benefits tax, leave entitlements, termination payments, WorkCover payments and agency expenses.

NOTE 3.1(b): EMPLOYEE BENEFITS IN THE BALANCE SHEET

Table with 4 columns: Current Employee Benefits and Related On-costs, Accrued Days Off, Annual Leave, Long Service Leave, Other, Provisions Related to Employee Benefit On-Costs, Total Current Employee Benefits and Related On-costs, Non-Current Employee Benefits and Related On-costs, Conditional Long Service Leave, Provisions Related to Employee Benefit On-Costs, Total Non-Current Employee Benefits and Related On-costs, TOTAL EMPLOYEE BENEFITS AND RELATED ON-COSTS. Columns 2-5 show 2025 and 2024 values.

1 The amounts disclosed are nominal amounts.
8 The amounts disclosed are discounted to present values.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

Table with 3 columns: NOTE 3.1(b): EMPLOYEE BENEFITS IN THE BALANCE SHEET (Continued), 2025 \$'000, 2024 \$'000. Rows include Provision for Related On-Costs Movement Schedule, Carrying Amount at Start of Year, Additional provisions recognised, Amounts incurred during the year, Net gain/(loss) arising from Revaluation of LSL, and Carrying Amount at End of Year.

How We Recognise Employee Benefits

Employee Benefit Recognition
Employee benefits are accrued for employees in respect of accrued days off, annual leave and long service leave for services rendered to the reporting date.
No provision has been made for sick leave as all sick leave is non-vesting and it is not considered probable that the average sick leave taken in the future will be greater than the benefits accrued in the future. As sick leave is non-vesting, an expense is recognised in the Statement of Comprehensive Income as sick leave is taken.

Annual Leave and Accrued Days Off
Liabilities for annual leave and accrued days off are recognised in the provision for employee benefits as 'current liabilities' because AV does not have an unconditional right to defer settlements of these liabilities.
Depending on the expectation of the timing of settlement, liabilities for annual leave and accrued days off are measured at:
. Nominal value – if AV expects to wholly settle within 12 months or
. Present value – if AV does not expect to wholly settle within 12 months.

Long Service Leave
The liability for long service leave (LSL) is recognised in the provision for employee benefits.
Unconditional LSL 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:
. Nominal value – if AV expects to wholly settle within 12 months or
. Present value – if AV does not expect to wholly settle within 12 months.

Conditional LSL is measured at present value and is disclosed as a non-current liability. 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.

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.
Provision for On-Costs related to Employee Benefits
Employment on-costs such as workers compensation and superannuation are not employee benefits. They are disclosed separately as a component of the provision for employee benefits when the employment to which they relate has occurred.

Table with 5 columns: NOTE 3.1(c) SUPERANNUATION, Contributions Paid for the Year 2025 \$'000, 2024 \$'000, Contributions Outstanding at Year End 2025 \$'000, 2024 \$'000. Rows include Defined Benefit Plans, Defined Contribution Plans, and Total.

How We Recognise Superannuation

Employees of AV are entitled to receive superannuation benefits and AV contributes to both defined benefit and defined contribution plans.

Defined Benefit Superannuation Plan
A defined benefit plan provides benefits based on years of service and final average salary, and is operated by the Emergency Services Superannuation Fund (ESSS Defined Benefit Fund). The amount charged to the Comprehensive Operating Statement in respect of 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 unfunded liability in respect of the defined benefit plans because AV has no legal or constructive obligation to pay future benefits relating to its employees, its only obligation is to pay superannuation contributions as they fall due.
The Department of Treasury and Finance discloses the State's defined benefits liabilities in its disclosure for administered items. However, superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Comprehensive Operating Statement of AV.

Defined Contribution Superannuation Plans
Defined contribution (i.e., accumulation) superannuation plan expenditure 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.

The name, details and amounts expensed in relation to the major employee superannuation funds and contributions made by AV are disclosed above.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

Table with 3 columns: Expense Category, 2025 (\$'000), and 2024 (\$'000). Rows include Contract Services, Supplies and Consumables, Other Administrative Expenses, Repairs and Maintenance, Expenses Related to Short Term & Low Value Leases, Expenditure for Capital Purposes, Other Expenses, and Total Other Operating Expenses.

How We Recognise Expenses From Transactions
Expense Recognition
Expenses are recognised as they are incurred and reported in the financial year to which they relate.

Supplies and Services
Supplies and service contract costs 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.

The following lease payments are recognised on a straight-line basis:
. short term leases – leases with a term of twelve months or less, 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 that are not included in the measurement of the lease liability, i.e. variable lease payments that do not depend on an index or a rate such as those based on performance or usage of the underlying asset, are recognised in the Comprehensive Operating Statement (except for payments which have been included in the carrying amount of another asset) in the period in which the event or condition that triggers those payments occurs. AV’s variable lease payments during the year ended 30 June 2025 was nil.

Other Operating Expenses
Other Operating expenses generally represent the day-to-day running costs incurred in normal operations.

The DH also makes certain payments on behalf of AV. These amounts have been brought to account in determining the operating result for the year, by recording them as revenue and recording a corresponding expense.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

Table containing:
- NOTE 4: KEY ASSETS TO SUPPORT SERVICE DELIVERY: AV controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities.
- Structure: 4.1 Property, Plant and Equipment; 4.2 Intangible Assets; 4.3 Depreciation and Amortisation; 4.4 Impairment of Assets
- Material Judgements and Estimates: This section contains the following material judgements and estimates:
- Table with 2 columns: Material Judgements and Estimates, Description. Rows include: Estimating useful life of property, plant and equipment; Estimating useful life of right of use assets; Identifying indicators of impairment.

Table with 7 columns: Item, Gross carrying amount (2025, 2024), Accumulated depreciation (2025, 2024), Net carrying amount (2025, 2024). Rows include Land at Fair Value - Crown, Land at Fair Value - Freehold, Land at Cost - Freehold, Buildings at Fair Value, Plant, Equipment and Vehicles at Fair Value, Construction in Progress at Cost, Leasehold Improvements, and TOTAL PROPERTY, PLANT AND EQUIPMENT.

How We Recognise Property, Plant And Equipment
Items of property, plant and equipment are initially measured at cost and are subsequently measured at fair value less accumulated depreciation and impairment.
Where an asset is acquired for no or nominal cost, being far below the fair value of the asset, the deemed cost is its fair value at the date of acquisition. Assets transferred as part of an amalgamation/machinery of government change are transferred at their carrying amounts.
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. Further information regarding fair value measurement is disclosed in Note 7.4.

Table with 7 columns: Item, Land, Buildings, Plant, Equipment & Vehicles, Construction in Progress, Leasehold Improvements, Total. Rows include Balance at 1 July 2023, Additions, Disposals, Revaluation Increments/(Decrements), Net transfers between classes, Depreciation and Amortisation, Balance at 30 June 2024, Additions, Disposals, Assets Received Free of Charge, Revaluation Increments/(Decrements), Net transfers between classes, Depreciation and Amortisation, and Balance at 30 June 2025.

¹ In 2024–25, AV reversed \$18.8m revaluation of land held under peppercorn lease arrangement with DH and the associated revaluation reserve, as assets are required to be measured at cost under AASB 16.Aus25.1 and FRD 104 Leases .
Land and Buildings Carried at Valuation
Fair value assessments have been performed for all classes of assets in this purpose group and the decision was made that the movements were not material (less than or equal to 10%). As such, an independent revaluation was not required per FRD 103. In accordance with FRD 103, AV has elected to apply the practical expedient in FRD 103 Non-Financial Physical Assets and has therefore not applied the amendments to AASB 13 Fair Value Measurement . The amendments to AASB 13 will be applied at the next scheduled independent revaluation, which is planned to be undertaken in 2028-29, in accordance with AV’s revaluation cycle or interim revaluation (whichever is earlier).

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT (Continued)

Note 4.1(b) Right of Use Assets included in Property, Plant and Equipment

The following tables are right of use assets included in the Property, Plant and Equipment balance, presented by subsets of Land, Buildings and Plant, Equipment & Vehicles.

Table with 6 columns: Asset Category, Gross carrying amount (2025, 2024), Accumulated depreciation (2025, 2024), Net carrying amount (2025, 2024). Rows include Land at Cost, Buildings at Fair Value, Plant, Equipment and Vehicles at Fair Value, and TOTAL RIGHT OF USE ASSETS.

Table with 5 columns: NOTE, Right of Use Land, Right of Use Buildings, Right of Use Plant, Equipment & Vehicles, Total. Rows show Balance at 1 July 2023, Additions, Disposals, Depreciation and Amortisation, Balance at 30 June 2024, and Balance at 30 June 2025.

How We Recognise Right of Use Assets

Initial Recognition

Where AV enters a contract, which provides AV with the right to control the use of an identified asset for a period of time in exchange for payment, this contract is considered a lease.

Unless the lease is considered a short-term lease or a lease of a low-value asset (refer to Note 6.2 for further information) the contract gives rise to a right of use asset and corresponding lease liability, which is recognised at the lease commencement date.

The right of use asset is initially measured at cost and comprises the initial measurement of the corresponding lease liability, adjusted for:

- . any lease payments made at or before the commencement date
- . 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.

Subsequent Measurement

Right of use assets are subsequently measured at fair value, with the exception of right of use asset arising from leases with significantly below-market terms and conditions, which are subsequently measured at cost, less accumulated depreciation and accumulated impairment losses where applicable.

AV has applied the exemption permitted under FRD 104 Leases, consistent with the optional relief in AASB 16.Aus25.1. Under this exemption, AV is not required to apply fair value measurement requirements to right-of-use assets arising from leases with significantly below-market terms and conditions, where those leases are entered into principally to enable the entity to further its objectives.

Right of use assets are also adjusted for certain remeasurements of the lease liability (for example, when a variable lease payment based on an index or rate becomes effective).

Further information regarding fair value measurement is disclosed in Note 7.4.

NOTE 4.2: INTANGIBLE ASSETS

Table with 6 columns: Asset Category, Gross carrying amount (2025, 2024), Accumulated depreciation (2025, 2024), Net carrying amount (2025, 2024). Rows include Software and Total Intangible Assets.

4.2(a) Reconciliation of the carrying amounts of intangible assets

Table with 4 columns: NOTE, Software, Total. Rows show Balance at 1 July 2023, Additions, Amortisation, Balance at 30 June 2024, and Balance at 30 June 2025.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

NOTE 4.2: INTANGIBLE ASSETS (Continued)

How We Recognise Intangible Assets

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

Initial Recognition

Purchased intangible assets are initially recognised at cost.

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

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

Expenditure on research activities is recognised as an expense in the period in which it is incurred.

Subsequent Measurement

Intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses.

Table with 3 columns: Asset Category, 2025, 2024. Rows include Depreciation (Land at Fair Value, Buildings at Fair Value, Plant, Equipment & Vehicles at Fair Value, Leasehold Improvements at Fair Value, Total Depreciation), Amortisation (Software, Total Amortisation), and TOTAL DEPRECIATION AND AMORTISATION.

How We Recognise Depreciation

All buildings, plant and equipment and other non-financial physical assets (excluding land) that have finite useful lives are depreciated. 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.

Right of use assets are depreciated over the lease term or useful life of the underlying asset, whichever is shortest. Where a lease transfers ownership of the underlying asset or the cost of the right of use asset reflects that AV will exercise a purchase option, the specific right of use asset is depreciated over its useful life.

How We Recognise Amortisation

Amortisation is the systematic (typically straight-line) allocation of the depreciable amount of an intangible asset over its useful life.

Useful Lives of Non-Current Assets

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

Table with 3 columns: Asset Category, 2025, 2024. Rows include Buildings, Leasehold Improvements, Plant, Equipment & Vehicles, Intangibles, and Right of Use Assets.

NOTE 4.4: IMPAIRMENT OF ASSETS

How We Recognise Impairment

At the end of each reporting period, AV reviews the carrying amount of its tangible and intangible assets that have a finite useful life, to determine whether there is any indication that an asset may be impaired. The assessment will include consideration of external sources of information and internal sources of information.

If such an indication exists, an impairment test is carried out. Assets with indefinite useful lives (and assets not yet available for use) are tested annually for impairment, in addition to where there is an indication that the asset may be impaired.

When performing an impairment test, AV compares the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in net result, unless the asset is carried at a revalued amount.

Where an impairment loss on a revalued asset is identified, this is recognised against the asset revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the cumulative balance recorded in the asset revaluation surplus for that class of asset.

Where it is not possible to estimate the recoverable amount of an individual asset, AV estimates the recoverable amount of the cash-generating unit to which the asset belongs.

AV did not record any impairment losses for the year ended 30 June 2025 (2024: Nil).

Notes to the Financial Statements

For the Financial Year Ended 30 June 2025

NOTE 5: OTHER ASSETS AND LIABILITIES

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

- Structure
- 5.1 Receivables
- 5.2 Contract Assets
- 5.3 Payables
- 5.4 Contract Liabilities

Material Judgements and Estimates

This section contains the following material judgements and estimates:

Material Judgements and Estimates	Description
Estimating the provision for expected credit losses	AV uses a simplified approach to account for the expected credit loss provision. A provision matrix is used, which considers historical experience, external indicators and forward-looking information to determine expected credit loss rates.
Measuring contract liabilities	AV applies material judgement to measure its progress towards satisfying a performance obligation as detailed in Note 2. Where a performance obligation is yet to be satisfied, AV assigns funds to the outstanding obligation and records this as a contract liability until the promised good or service is transferred to the customer.

NOTE 5.1: RECEIVABLES	NOTE	2025 \$'000	2024 \$'000
Current Receivables			
Contractual			
Transport Receivables		64,242	36,044
Allowance for Impairment Losses	5.1(a)	(31,160)	(24,188)
Other Receivables		8,401	6,234
		41,483	18,090
Statutory			
GST Receivable		2,301	2,661
Total Current Receivables		43,784	20,751
Non-Current Receivables			
Contractual			
Long Service Leave - Department of Health		201,555	165,510
Total Non Current Receivables		201,555	165,510
TOTAL RECEIVABLES		245,339	186,261

(i) Financial Assets Classified as Receivables (Note 7.1)

Total Receivables		245,339	186,261
Provision for Impairment		31,160	24,188
GST Receivable		(2,301)	(2,661)
Total Financial Assets	7.1(a)	274,198	207,787

How We Recognise Receivables

Receivables consist of:

- Contractual receivables** include debtors that relate to the provision of services. These receivables are classified as financial instruments and are categorised as financial assets at amortised costs. They are initially recognised at fair value plus any directly attributable transaction costs. AV holds the contractual receivables with the objective to collect the contractual cash flows and therefore they are subsequently measured at amortised cost using the effective interest method, less any impairment.
- Statutory receivables** include Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments for disclosure purposes. AV applies AASB 9 for initial measurement of the statutory receivables and as a result, statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Trade Receivables are carried at nominal amounts due for settlement within 30 days from the date of recognition.

Note 5.1(a) Movement in the Allowance for Impairment Losses of Contractual Receivables

Balance at Beginning of Year		24,188	26,393
Increase in Allowance		26,734	19,061
Amounts written off during the year		(19,943)	(21,580)
Reversal of allowance written off during the year as uncollectable		182	314
Balance at End of Year		31,160	24,188

Impairment Losses of Contractual Receivables

Refer to Note 7.2(a) for AV's contractual impairment losses.

NOTE 5.2: CONTRACT ASSETS

Current			
Contract Assets		547	5,243
Total Current Contract Assets		547	5,243
TOTAL CONTRACT ASSETS	5.2(a)	547	5,243

Note 5.2(a) Movement in Contract Assets

Balance at Beginning of Year		5,243	2,515
Add: Additional Costs Incurred Recoverable from Customer		547	5,243
Less: Transfer to Trade Debtors or Cash at Bank		(5,243)	(2,515)
Total Contract Assets		547	5,243

How We Recognise Contract Assets

Contract assets relate to the AV's right to consideration in exchange for services completed for customers, but not yet billed at the reporting date. The contract assets are transferred to receivables when the rights become unconditional, at this time an invoice is issued. Contract assets are expected to be recovered during the next financial year.

Notes to the Financial Statements

For the Financial Year Ended 30 June 2025

NOTE 5.3: PAYABLES	NOTE	2025 \$'000	2024 \$'000
Current			
Contractual			
Payables		34,721	15,222
Accrued Salaries and Wages		10,004	40,090
Accrued Expenses		32,034	39,177
Other		100	-
Total Contractual Payables		76,859	94,489
Statutory			
PAYG Withholding		-	8,508
Total Statutory Payables		-	8,508
Total Current Payables		76,859	102,997
TOTAL PAYABLES		76,859	102,997
(i) Financial Liabilities Classified as Payables (Note 7.1)			
Total Payables		76,859	102,997
Deferred Capital Grant		-	-
Total Financial Liabilities Classified as Payables	7.1(a)	76,859	102,997

How We Recognise Payables

Payables consist of:

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

The normal credit terms for payables are usually Net 30 days.

Maturity Analysis of Payables

Please refer to Note 7.2(b) for the maturity analysis of Payables.

NOTE 5.3(a) MOVEMENT IN DEFERRED CAPITAL GRANT INCOME

Opening Balance of Deferred Capital Grant Income

Grant consideration for capital works received during the year		125,532	131,432
Deferred capital grant income recognised as income due to completion of capital works		(125,532)	(131,432)
Closing Balance of Deferred Capital Grant Income		-	-

How We Recognise Deferred Capital Grant Income

Grant consideration was received from the State Government to support the build of ambulance vehicles and purchase of equipment.

Capital grant income is recognised progressively as the asset is constructed, since this is the time when AV satisfies its obligations. The progressive percentage of costs is used to recognise income because this most closely reflects the percentage of completion of the building works. As a result, AV has deferred recognition of a portion of the grant consideration received as a liability for the outstanding obligations.

AV expects to recognise all of the remaining deferred capital grant income for capital works by 30 June 2026.

NOTE 5.4: CONTRACT LIABILITIES

Current			
Contract Liabilities		59,341	60,940
Total Current Contract Liabilities		59,341	60,940
Non-Current			
Contract Liabilities		1,439	2,213
Total Non-Current Contract Liabilities		1,439	2,213
TOTAL CONTRACT LIABILITIES	5.4(a)	60,780	63,153

Note 5.4(a) Movement in Contract Liabilities

Opening Balance of Contract Liabilities

Payments received for performance obligations yet to be completed during the year		63,153	60,921
Grant consideration for sufficiently specific performance obligations received during the year		106,362	101,073
Revenue recognised in the reporting period for the completion of a performance obligation		5,219	9,316
Grant revenue for sufficiently specific performance obligations works recognised consistent with the performance obligations met during the year		(106,232)	(103,425)
		(7,722)	(4,732)
Total Contract Liabilities		60,780	63,153

How We Recognise Contract Liabilities

Contract liabilities include consideration received in advance from customers in respect of AV membership subscription, clinical trials, research and government initiatives. The balance of contract liabilities was lower than the previous reporting period due to higher grant income recognised for sufficiently specific performance obligations. Contract liabilities are derecognised and recorded as revenue when promised goods and services are transferred to the customer. Refer to Note 2.1.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

NOTE 6: HOW WE FINANCE OUR OPERATIONS

This section provides information on the sources of finance utilised by AV during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of AV.
This section also includes disclosures of balances that are financial instruments (such as borrowings and cash balances). Note: 7.1 provides additional, specific financial instrument disclosures.

- Structure
6.1 Cash and Cash Equivalents
6.2 Borrowings
6.3 Commitments for Expenditure
6.4 Non-Cash Financing and Investing Activities

Material Judgements and Estimates
This section contains the following material judgements and estimates:

Material Judgements and Estimates	Description
Determining if a contract is or contains a lease	AV applies material judgement to determine if a contract is or contains a lease by considering if AV: . has the right to use an identified asset . has the right to obtain substantially all economic benefits from the use of the leased asset and . can decide how and for what purpose the asset is used throughout the lease.
Determining if a lease meets the short-term or low value asset lease exemption	AV applies material judgement when determining if a lease meets the short-term or low value lease exemption criteria. AV estimates the fair value of leased assets when new. Where the estimated fair value is less than \$10,000, AV applies the low-value lease exemption. AV also estimates the lease term with reference to remaining lease term and period that the lease remains enforceable. Where the enforceable lease period is less than 12 months AV applies the short-term lease exemption.
Discount rate applied to future lease payments	AV discounts its lease payments using the interest rate implicit in the lease. If this rate cannot be readily determined, which is generally the case for AV’s lease arrangements, AV uses its incremental borrowing rate, which is the amount AV would have to pay to borrow funds necessary to obtain an asset of similar value to the right of use asset in a similar economic environment with similar terms, security and conditions. For leased land and buildings, AV estimates the incremental borrowing rate to be between 0.93% and 5.8% (2024: 0.87% and 5.94%) For leased plant, equipment, furniture, fittings, vehicles and aircraft, the implicit interest rate is between 2.9% and 5.94% (2024: 1.10% and 5.94%)
Assessing the lease term	The lease term represents the non-cancellable period of a lease, combined with periods covered by an option to extend or terminate the lease if AV is reasonably certain to exercise such options. AV determines the likelihood of exercising such options on a lease-by-lease basis through consideration of various factors including: . If there are significant penalties to terminate (or not extend), AV is typically reasonably certain to extend (or not terminate) the lease. . If any leasehold improvements are expected to have a significant remaining value, AV is typically reasonably certain to extend (or not terminate) the lease. . AV considers historical lease durations and the costs and business disruption to replace such leased assets.

NOTE 6.1: CASH AND CASH EQUIVALENTS	NOTE	2025 \$'000	2024 \$'000
Cash at Bank - CBS		27,238	48,168
Cash at Bank		2,291	2,568
Cash on Hand		83	85
TOTAL CASH AND CASH EQUIVALENTS		29,612	50,820

NOTE 6.2: BORROWINGS

Current			
Lease Liability ¹		63,553	56,520
Total Current		63,553	56,520
Non Current			
Lease Liability ¹		356,958	390,114
Total Non Current		356,958	390,114
TOTAL BORROWINGS	7.1(a)	420,511	446,634

¹ Secured by the assets leased.

How We Recognise Borrowings

Borrowings refer to interest bearing liabilities raised through lease liabilities.
Borrowings are classified as financial instruments. Interest bearing liabilities are classified at amortised cost and recognised at the fair value of the consideration received less directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method.

Maturity Analysis of Borrowings
Please refer to Note 7.2(b) for the maturity analysis of borrowings.

Interest Expense			
Interest on Lease Liabilities		21,641	10,253
Total Interest Expense		21,641	10,253

Interest expense includes costs incurred in connection with the borrowing of funds and includes interest component of lease repayments and the increase in financial liabilities and non-employee provisions due to the unwinding of discounts to reflect the passage of time.
Interest expense is recognised in the period in which it is incurred.
AV recognises borrowing costs immediately as an expense, even where they are directly attributable to the acquisition, construction or production of a qualifying asset.

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

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

NOTE 6.2: BORROWINGS (Continued)	2025 \$'000	2024 \$'000
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NOTE 6.2(a) LEASE LIABILITIES

The following table sets out maturity analysis of lease liabilities, showing the undiscounted lease payments to be made after the reporting date.

Not Later than One Year	83,321	77,342
Later than One Year and Not Later than 5 Years	290,982	278,434
Later than 5 Years	130,214	191,335
Minimum Future Lease Liability	504,517	547,112
Less Unexpired Future Finance Expenses	(84,006)	(100,478)
Present Value of Lease Liability	420,511	446,634

How We Recognise Lease Liabilities

A lease is defined as a contract, or part of a contract, that conveys the right for AV to use an asset for a period of time in exchange for payment.

- To apply this definition, AV ensures the contract meets the following criteria:
- . 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.

AV’s lease arrangements consist of the following:	
Type of Asset Leased	Lease Term
Leased Land	1 to 50 years
Leased Buildings	1 to 50 years
Leased Plant, Equipment and Vehicles	1 to 12 years

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 has elected to apply the practical expedients for short-term leases and leases of low-value assets. As a result, no right-of-use asset or lease liability is recognised for these leases; rather, lease payments are recognised as an expense on a straight-line basis over the lease term, within Other Operating Expenses (refer to Note 3.1).

The following low value, short term and variable lease payments are recognised in profit or loss:

Type of Payment	Description of Payment	Type of Leases Captured
Low Value Lease Payments	Leases where the underlying asset’s fair value, when new, is no more than \$10,000	Car parking, ensuite units at hospitals and office equipment
Short-term Lease Payments	Leases with a term less than 12 months	Temporary accommodation, marquee hire, portables including mobile bathroom facilities and temporary fencing

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. Our lease liability has been discounted by rates of between 0.93 to 5.94%.

- 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.

The following types of lease arrangements, contain extension and termination options:

- . Various property leases contain lease extension options of between 1 to 7 years

These terms are used to maximise operational flexibility in terms of managing contracts. The majority of extension and termination options held are exercisable only by AV and not by the respective lessor.

In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term and lease liability if the lease is reasonably certain to be extended (or not terminated).

Potential future cash outflows of \$23.7m (2024: \$22.7m) have not been included in the lease liability because it is not reasonably certain that the leases will be extended (or not terminated).

The assessment is reviewed if a significant event or a significant change in circumstances occurs which affects this assessment and that is within the control of the lessee.

During the current financial year, the financial effect of revising lease terms to reflect the effect of exercising extension options was an increase in recognised lease liabilities and right of use assets of \$19.4m (2024: \$184.0m).

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 the substance of fixed payments

When the lease liability is remeasured, the corresponding adjustment is reflected in the right of use asset, or Statement of Comprehensive Income if the right of use asset is already reduced to zero.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

NOTE 6.2: BORROWINGS (Continued)

NOTE 6.2(a) LEASE LIABILITIES (Continued)

Leases With Significantly Below Market Terms and Conditions
AV holds lease arrangements which contain significantly below-market terms and conditions, which are principally to enable AV to further its objectives. These are commonly referred to as a peppercorn or concessionary lease arrangement.

The nature and terms of such lease arrangements, including AV’s dependency on such lease arrangements is described below:

Table with 3 columns: Description of Leased Asset, Our Dependence on Lease, Nature and Terms of Lease. Row 1: Land – AV leases land for the operation of ambulance branches. Row 2: AV’s dependence on these land leases is high, as they are integral to service delivery. The land is specialised in nature (Crown or Freehold) and, due to location requirements, there are limited readily available substitutes. Row 3: Lease terms are typically up to 50 years. Where lease payments are required, they range from \$1 - \$100 per annum. Row 4: The use of the land is restricted to the provision of ambulance services.

NOTE 6.3: COMMITMENTS FOR EXPENDITURE

Table with 5 columns: Less than 1 Year \$'000, 1-5 Years \$'000, Over 5 years \$'000, Total \$'000. Rows for 30 June 2025 and 30 June 2024, including Capital Expenditure Commitments, Operating Expenditure Commitments, Non-cancellable Short Term and Low Value Lease Commitments, Total Commitments (inclusive of GST), Less GST Recoverable, and Total Commitments (exclusive of GST).

How We Disclose Our Commitments
Our commitments relate to expenditure, and short term and low value leases.

Expenditure Commitments
Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed 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.

Short Term and Low Value Leases
AV discloses short term and low value lease commitments which are excluded from the measurement of right of use assets and lease liabilities. Refer to Note 6.2 for further information.

Table with 3 columns: 2025 \$'000, 2024 \$'000. Rows for Acquisition of Property, Plant and Equipment by means of leases, Capital Works paid by DH, and Total Non-Cash Financing and Investing Activities.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

NOTE 7: RISKS, CONTINGENCIES AND VALUATION UNCERTAINTIES

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 Financial Risk Management Objectives and Policies
7.3 Contingent Assets and Contingent Liabilities
7.4 Fair Value Determination

Material Judgements and Estimates
This section contains the following material judgements and estimates:

Table with 2 columns: Material Judgements and Estimates, Description. Rows include Measuring Fair Value of Non Financial Assets, AV uses a range of valuation techniques to estimate fair value, which include the following: Market approach, Cost approach, Income approach, AV selects a valuation technique which is considered most appropriate, and for which there is sufficient data available to measure fair value, maximising the use of relevant observable inputs and minimising the use of unobservable inputs. Subsequently, AV applies material judgement to categorise and disclose such assets within a fair value hierarchy, which includes: Level 1, Level 2, Level 3.

NOTE 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 (for example, taxes, fines and penalties). Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 Financial Instruments: Presentation.

Note 7.1(a) Categorisation of Financial Instruments

Table with 5 columns: NOTE, Financial Assets at Amortised Cost \$'000, Financial Liabilities at Amortised Cost \$'000, Total \$'000. Rows for 2025 and 2024, including Contractual Financial Assets, Financial Liabilities, and Total Financial Assets/Liabilities.

(i) The carrying amount excludes statutory receivables (i.e.. GST Receivable) and statutory payables (i.e. Revenue in advance).

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

NOTE 7.1: FINANCIAL INSTRUMENTS (Continued)

Note 7.1(a) Categorisation of Financial Instruments (Continued)

How We Categorise Financial Instruments

Categories of Financial Assets

Financial assets are recognised when AV becomes party to the contractual provisions to the instrument. For financial assets, this is at the date AV commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through net result, in which case transaction costs are expensed to profit or loss immediately.

Where available, quoted prices in an active market are used to determine the fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain a significant financing component or if the practical expedient was applied as specified in AASB 15 para 63.

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 on the principal amount outstanding on specific dates.
- 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
 - . receivables (excluding statutory receivables)

Categories of Financial Liabilities

Financial liabilities are recognised when AV becomes a party to the contractual provisions to the instrument. Financial instruments are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through profit or loss, in which case transaction costs are expensed to profit or loss immediately.

Financial Liabilities at Amortised Cost

Financial Liabilities are measured at amortised cost are initially measured at fair value using the effective interest method, where they are not held at fair value through net result. The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in net result over the relevant period. The effective interest is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

AV recognises the following liabilities in this category:

- . Payables (excluding statutory payables and contract liabilities) and
- . Borrowings

Offsetting of Financial Instruments

Financial assets and liabilities are offset and the net amount presented in the balance sheet when, and only when, AV has a legal right to offset the amounts and intend either to settle on a net basis or to 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 expires.

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.

Reclassification of Financial Instruments

A financial asset is required to be reclassified between amortised cost, fair value through net result and fair value through other comprehensive income when, and only when, AV's business model for managing its financial assets has changed such that its previous model would no longer apply.

A financial liability reclassification is not permitted.

NOTE 7.2: FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

As a whole, AV's financial risk management program seeks to manage the risks and the associated volatility of its financial performance.

Details of the significant accounting policies and methods adopted, included the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset and financial liability above are disclosed throughout the financial statements.

AV's main financial risks include credit risk, liquidity risk and interest rate risk. AV manages these financial risks in accordance with its Enterprise Risk Management Framework.

Primary responsibility for the identification and management of financial risks rests with the Accountable Officer.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

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

Note 7.2(a) Credit Risk

Credit risk refers to the possibility that a borrower will default on its financial obligations as and when they fall due. AV's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to AV. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with AV's contractual financial assets largely relates to individuals who have received ambulance transport, which is dispersed across a large number of debtors. AV's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to AV. Credit risk is managed through ongoing debt recovery action, regular assessment of collectability, and the use of debtor recovery measures and/or payment by instalment arrangements.

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

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

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

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

There has been no material change to AV's credit risk profile in 2024-25.

Impairment of Financial Assets under AASB 9

AV records the allowance for expected credit loss for the relevant financial instruments by applying AASB 9 Expected Credit Loss approach. Subject to AASB 9, the impairment assessment includes AV's contractual receivables.

The credit loss allowance is classified as other economic flows in the net result.

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 the closing loss allowance at the end of the financial year as follows:

	NOTE	Current	Less than 1 month	1-3 months	3 months to 1 year	1 to 5 Years	Total
30 June 2025							
Expected Loss Rate		0%	38%	26%	54%	69%	
Gross Carrying Amount of Contractual Receivables	5.1	3,040	28,393	9,752	24,827	6,630	72,643
Loss Allowance		-	10,676	2,498	13,391	4,594	31,160
30 June 2024							
Expected Loss Rate		0%	51%	23%	74%	64%	
Gross Carrying Amount of Contractual Receivables	5.1	2,276	11,313	4,340	18,280	6,070	42,278
Loss Allowance		-	5,787	987	13,510	3,904	24,188

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 no loss allowance has been recognised.

Note 7.2(b) Liquidity Risk

Liquidity risk arises from being unable to meet financial obligations as they fall due.

AV is exposed to liquidity risk mainly through the financial liabilities as disclosed in the balance sheet. AV manages its liquidity risk by:

- . close monitoring of its short-term and long-term borrowings by senior management, including monthly reviews on current and future borrowing levels and requirements
- . maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations
- . careful maturity planning of its financial obligations based on forecasts of future cash flows.

AV's exposed to significant liquidity risk based on projected revenue and expenditure for 2025-26. As at 30 June 2025, total cash of \$29.6m (2024: \$50.8m) is the equivalent of 7 days cash availability (2024: 12 days), which is calculated at Total Cash ÷ (Total Expenses from Transactions ÷ 365 Days). Refer to Note 1.5 Economic Dependency.

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

	NOTE	Carrying Amount \$'000	Nominal Amount \$'000	Maturity Dates			
				Less than 1 month \$'000	1 to 3 months \$'000	3 months to 1 year \$'000	Greater than 1 year \$'000
2025							
Financial Liabilities							
Payables	5.3	76,859	76,859	76,859	-	-	-
Borrowings	6.2	420,511	504,517	2,072	554	4,926	412,959
Total Financial Liabilities		497,370	581,376	78,931	554	4,926	412,959
2024							
Financial Liabilities							
Payables	5.3	94,489	94,489	94,489	-	-	-
Borrowings	6.2	446,634	547,112	985	699	3,085	441,866
Total Financial Liabilities		541,123	641,601	95,474	699	3,085	441,866

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

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

Note 7.2(c) Market Risk

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

Sensitivity disclosure analysis and assumptions

AV’s sensitivity to market risk is determined based on the observed range of actual historical data for the preceding five-year period. The following movements are ‘reasonably possible’ over the next 12 months:
. a change in interest rates of 1% up or down

Interest rate risk

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

Cash flow interest rate risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in market interest rates. AV has minimal exposure to cash flow interest rate risks through cash and deposits, term deposits and bank overdrafts that are at floating rate.

NOTE 7.3: CONTINGENT ASSETS AND CONTINGENT LIABILITIES

There were no contingent liabilities as at 30 June 2025 (2024: Nil).

There were no contingent assets as at 30 June 2025 (2024: Nil).

How We Measure and Disclose Contingent Assets and Contingent Liabilities

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

Contingent Assets

Contingent assets are possible assets that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of AV.

These are classified as either quantifiable, where the potential economic benefit is known, or non-quantifiable.

Contingent Liabilities

Contingent liabilities are:

- . possible obligations that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of AV or
- . present obligations that arise from past events but are not recognised because:
- It is not probable that an outflow of resources embodying economic benefits will be required to settle the obligations or
- the amount of the obligations cannot be measured with sufficient reliability.

Contingent liabilities are also classified as either quantifiable or non-quantifiable.

NOTE 7.4: FAIR VALUE DETERMINATION

How We Measure Fair Value

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.

The following assets and liabilities are carried at fair value:

- . Property, plant and equipment
- . Right of use assets

In addition, the fair value of other assets and liabilities that are carried at amortised cost, also need to be determined for disclosure.

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.

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. There have been no transfers between levels during the period.

AV monitors changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required. The Valuer-General Victoria (VGV) is AV’s independent valuation agency for property, plant and equipment.

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 2025

NOTE 7.4: FAIR VALUE DETERMINATION (Continued)

Note 7.4(a) Fair Value Determination of Non-Financial Physical Assets		Carrying Amount \$'000	Fair Value Measurement at end of Reporting Period Using:		
	NOTE		Level 1	Level 2	Level 3
2025					
Non-Specialised Land		50,924	-	50,924	-
Specialised Land		85,217	-	-	85,217
Total Land at Fair Value	4.1(a)	136,141	-	50,924	85,217
Non-Specialised Buildings		5,849	-	5,849	-
Specialised Buildings		410,477	-	-	410,477
Total Buildings at Fair Value	4.1(a)	416,326	-	5,849	410,477
Plant, Equipment & Vehicles		480,918	-	-	480,918
Total Plant, Equip & Vehicles at Fair Value	4.1(a)	480,918	-	-	480,918
Leasehold Improvements		4,896	-	-	4,896
Total Leasehold Improvements at Fair Value	4.1(a)	4,896	-	-	4,896
Total Non-Financial Physical Assets at Fair Value		1,038,281	-	56,773	981,508
2024					
Non-Specialised Land		70,337	-	70,337	-
Specialised Land		84,562	-	-	84,562
Total Land at Fair Value	4.1(a)	154,899	-	70,337	84,562
Non-Specialised Buildings		35,786	-	6,282	29,504
Specialised Buildings		353,741	-	-	353,741
Total Buildings at Fair Value	4.1(a)	389,527	-	6,282	383,245
Plant, Equipment & Vehicles		511,998	-	-	511,998
Total Plant, Equip & Vehicles at Fair Value	4.1(a)	511,998	-	-	511,998
Leasehold Improvements		4,831	-	-	4,831
Total Leasehold Improvements at Fair Value	4.1(a)	4,831	-	-	4,831
Total Non-Financial Physical Assets at Fair Value		1,061,256	-	76,619	984,637

How We Measure Fair Value of Non-Financial Physical Assets

The fair value of non-financial physical assets reflects their highest and best use, considering whether market participants would use the asset similarly or sell it for that purpose. This assessment takes into account the asset’s characteristics and any physical, legal, or contractual restrictions.

AV assumes the current use of a non-financial physical is its highest and best use unless market or other factors indicates otherwise. Potential alternative uses are only considered when it is virtually certain that restrictions will no longer apply.

Fair value is based on periodic valuations by independent valuers, which normally occur once every five years, based upon the asset’s Government Purpose Classification, but may occur more frequently if fair value assessments indicate a material change in fair value has occurred.

Where an independent valuation has not been undertaken at balance date, AV performs a fair value assessment to estimate possible changes in value since the date of the last independent valuation with reference to Valuer-General of Victoria (VGV) indices.

An adjustment is recognised if the assessment concludes that the fair value of non-financial physical assets has changed by 10% or more since the last revaluation (whether that be the most recent independent valuation or fair value assessment). Any estimated change in fair value of less than 10% is deemed immaterial to the financial statements and no adjustment is recorded. Where the assessment indicates there has been an exceptionally material movement in the fair value since the last independent valuation, being equal to or in excess of 40%, AV would obtain an interim independent valuation prior to the next scheduled independent valuation.

AASB 2022-10 Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities amended AASB 13 by adding Appendix F Australian implementation guidance for not-for-profit public sector entities . Appendix F explains and illustrates the application of the principles in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable annual reporting periods beginning on or after 1 January 2024. FRD 103 permits Victorian public sector entities to apply Appendix F of AASB 13 in their next scheduled formal asset revaluation or interim revaluation (whichever is earlier).

An independent valuation of AV’s non-financial physical assets was performed by the VGV on 30 June 2024. Fair value assessments have therefore been performed for all classes of assets in this purpose group at 30 June 2025 and the decision was made that the movements were not material (less than or equal to 10%). As such, an independent revaluation was not required per FRD 103. In accordance with FRD 103, AV will apply Appendix F of AASB 13 prospectively in its next scheduled formal revaluation in 2029 or interim revaluation process (whichever is earlier). AV does not expect the impact to be material to the financial statements.

During the year, AV reversed \$18.8m revaluation of land under DH peppercorn lease and the associated revaluation reserve, as the assets are required to be measured at cost under AASB 16.Aus25.1 and FRD 104.

There were no other changes in valuation techniques throughout the period to 30 June 2025.

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 the Valuer General Victoria to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 2024.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

NOTE 7.4: FAIR VALUE DETERMINATION (Continued)

Note 7.4(a) Fair Value Determination of Non-Financial Physical Assets (Continued)

Specialised Land and Specialised Buildings
Specialised land includes Crown Land which is measured at fair value with regard to the property’s highest and best use after due consideration is made for any legal or physical 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 use.

During the reporting period, AV held Crown Land. The nature of this asset means that there are certain limitations and restrictions imposed on its use and/or disposal that may impact their fair value.

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 reflects 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 considers 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.

For AV, the current 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.

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 valuation is 30 June 2024.

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 amount (depreciated cost).

Plant and Equipment
Plant and Equipment (including medical equipment, computers, communication equipment) are held at fair value. When these assets are specialised in use, such that it is rarely sold other than as part of a going concern, the current replacement cost is used to estimate the fair value.

Table with 6 columns: Reconciliation of Level 3 Fair Value, NOTE, Land, Buildings, Plant, Equip & Vehicles, Leasehold Improvements. Rows include Balance at 1 July 2023, Additions/(Disposals), Reclassification, Gains or Losses Recognised in Net Result, and Balance at 30 June 2024.

Table with 3 columns: Asset Class, Likely Valuation Approach, Significant Inputs (Level 3 only). Rows include Non Specialised Land, Specialised Land (Crown/Freehold), Non Specialised Buildings, Specialised Buildings, Vehicles, and Plant and Equipment.

1 A community service obligation (CSO) adjustment of 20% was applied to AV's specialised land.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

NOTE 8: OTHER DISCLOSURES

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 to Net Cash Flow from Operating Activities
8.2 Responsible Persons Disclosures
8.3 Remuneration of Executives
8.4 Related Parties
8.5 Remuneration of Auditors
8.6 Ex-Gratia Payments
8.7 Events Occurring After Balance Sheet Date
8.8 Equity

NOTE 8.1: RECONCILIATION OF NET RESULT TO NET CASH FLOWS FROM OPERATING ACTIVITIES

Table with 4 columns: NOTE, 2025 \$'000, 2024 \$'000. Rows include Net Result, Non-cash Movements (Gain)/Loss from Sale of Non-Financial Assets, Depreciation of Non-Current Asset, Amortisation of Non-Current Asset, Indirect Capital Contributions, (Gain)/Loss Allowance for Receivables, Assets Received Free of Charge Expended off in Operating Statement, Assets Received Free of Charge, Movements in Assets and Liabilities, (Increase)/Decrease in Receivables, (Increase)/Decrease in Contract Assets, (Increase)/Decrease in Inventories, (Increase)/Decrease in Prepayments, (Decrease)/Increase in Payables, (Decrease)/Increase in Employee Benefits, (Decrease)/Increase in Contract Liabilities, (Decrease)/Increase in Deferred Grant, (Decrease)/Increase in Other Provisions, and NET CASH FLOW FROM/(USED IN) OPERATING ACTIVITIES.

NOTE 8.2: RESPONSIBLE PERSONS DISCLOSURES

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

Table with 2 columns: Responsible Minister, Period. Rows include Responsible Minister (The Honourable Mary-Anne Thomas MP, Minister for Ambulance Services, Minister for Health) and Governing Board (Shelly Park (Chair), Allison Smith, Amanda Watt, Andrew Crisp, Denise Heinjus, Dipak Sanghvi, Dr Fergus Kerr, Vijaya Vaidyanath, Wenda Donaldson).

Table with 3 columns: Remuneration of Responsible Persons, 2025, 2024. Rows include The number of Responsible Persons is shown below in their relevant income bands, \$0 - \$9,999, \$40,000 - \$49,999, \$50,000 - \$59,999, \$100,000 - \$109,999, \$380,000 - \$389,999, \$460,000 - \$469,999, \$610,000 - \$619,999, Total Number, and Total Remuneration (\$'000).

Amounts relating to Responsible Ministers are reported within the State's Annual Financial Report.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

NOTE 8.3: REMUNERATION OF EXECUTIVES

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.

	2025	2024
	\$'000	\$'000
Remuneration of Executive Officers (including Key Management Personnel disclosed in Note 8.4)		
Short Term Employee Benefits	3,277	4,283
Post-Employment Benefits	356	393
Other Long-Term Benefits	211	214
Termination Benefits	223	136
Total Remuneration	4,066	5,026
Total Number of Executives ¹	15	18
Total Annualised Employee Equivalent ²	10.6	12.5

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 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

Salaries and wages, 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

Pensions and other retirement benefits (such as superannuation guarantee contributions) paid or payable on a discrete basis when employment has ceased.

Other Long-Term Benefits

Long service leave, other long service benefits or deferred compensation.

Termination Benefits

Termination of employment payments, such as severance packages.

NOTE 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)
· cabinet ministers (where applicable) and their close family members and
· all health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of the AV, directly or indirectly.

Key Management Personnel (KMP)

The Board, the CEO and members of the AV Executive Committee are deemed to be KMPs. This includes the following:

KMPs	Position
Danielle North	Executive Director Regional Operations
Andrew Keenan	Executive Director Specialist Operations and Coordination (Acting)
Jesse Maddison	Executive Director Enterprise Services (Acting)
Heather Miller	Executive Director People and Culture (Acting)
Gavin Gusling	Executive Director Business Technology and Programs
Tegwyn McManamny	Executive Director Quality and Clinical Innovation
Alison Errey	Executive Director Strategy and Engagement
Dr David Anderson	Medical Director
Anthony Carlyon	Executive Director Specialist Operations and Coordination (Former)
Travis Heeney	Executive Director Enterprise Services (Former)
Garry Button	Executive Director Enterprise Services (Former)
Samira Richards	Executive Director People and Culture (Former)
Dr Francesca Tullio	Medical Director (Former Acting)
Michael Georgiou	Executive Director Specialist Operations and Coordination (Former Acting)
Katherine Peck	Executive Director Quality and Clinical Innovation (Former Acting)

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 State's Annual Financial Report.

	2025	2024
	\$'000	\$'000
Compensation of KMPs		
Short Term Employee Benefits ³	3,948	4,410
Post-Employment Benefits	396	380
Other Long-Term Benefits	187	208
Termination Benefits	368	136
Total ⁴	4,899	5,135

³ Total remuneration paid to KMPs employed as a contractor during the reporting period has been reported under Short Term employee benefits
⁴ The compensation of certain KMPs are also reported in the disclosure of responsible persons (Note 8.2) and executive officers (Note 8.3)

Notes to the Financial Statements
For the Financial Year Ended 30 June 2025

NOTE 8.4: RELATED PARTIES (Continued)

Significant Transactions with Government-Related Entities

	2025	2024
	\$'000	\$'000
During the year, AV had the following government-related entity transactions:		
Government Grants from DH	1,252,593	1,148,856
Government Grants from DJCS	3,638	1,529
Government Grants from TAC	11,146	12,070
CBS Interest Income from DTF ¹	4,707	4,670
Transport Revenue from Victorian public hospitals	63,126	53,145
Transport Revenue from TAC	31,918	26,485
Transport Revenue from WorkSafe	6,648	6,204
Insurance Premium paid to VMIA	4,954	3,299

¹ The Standing Directions of the Minister for Finance require AV to hold cash (in excess of working capital) in accordance with the State of Victoria’s centralised banking arrangements.

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 HealthShare Victoria and 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:

During the year, AV paid \$160,267 (2024: \$180,000) to the Council of Ambulance Authorities, an organisation of which Mr Jordan Emery, Chief Executive Officer and Ms Jane Miller, former Chief Executive, is a Board member. The annual membership levy and event tickets were paid under standard terms and conditions.

During the year, AV incurred \$669,873 (2024: \$1.668 m) to Minter Ellison, a law firm of which Ms Amanda Watt, Director, is a partner. The legal fees were payable under standard terms and conditions.

During the year, AV paid \$1,511 (2024: \$2,524) to Member Benefits Australia Pty Ltd, a company of which Mr Dipak Sanghvi, Director, is Board Chair. The Emergency Memberlink program fee was paid under standard terms and conditions.

In 2023-24, AV paid \$206 to St John of God Health Care, an organisation of which Ms Shelly Park, Board Chair, is a Board member. The hospital attendance fee was paid under standard terms and conditions. AV has no transactions with St John of God Health Care in 2024-25.

All related party transactions have been entered into on an arm’s length basis.

NOTE 8.5: REMUNERATION OF AUDITORS

Victorian Auditor-General's Office

Audit of financial statements	227	269
	227	269

NOTE 8.6: EX-GRATIA EXPENSES

AV has made the following ex-gratia payments:

Forgiveness or waiver of debt ²	1,103	384
TOTAL EX-GRATIA EXPENSES	1,103	384

Includes ex gratia expenses greater than or equal to \$5,000 or those considered material in nature. Ex gratia expenses are the voluntary payments of money or other non-monetary benefit (e.g. a write off) that are 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 of or claim against the entity.

² 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'.

NOTE 8.7: EVENTS AFTER BALANCE SHEET DATE

There are no events occurring after the balance sheet date.

NOTE 8.8: EQUITY

Contributed Capital

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 contributions by owners. Transfers of net liabilities arising from administrative restructurings are treated as distributions to owners.

Other transfers that are in the nature of contributions or distributions or that have been designated as contributed capital are also treated as contributed capital.

Property, Plant and Equipment Revaluation Surplus

The property, plant and equipment revaluation surplus arises on the revaluation of land and buildings. The revaluation surplus is not normally transferred to the accumulated surpluses/(deficits) on derecognise of the relevant asset.

Notes

Handwriting practice lines consisting of 20 horizontal dotted lines.



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