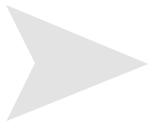


Ambulance
Victoria



Ambulance Victoria 2018-2019 Annual Report





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Our Charter

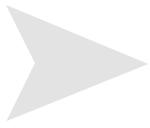
Ambulance Victoria (AV) aims to improve the health of the community by providing high quality pre-hospital care and medical transport. AV provides emergency medical response to more than six million people in an area of more than 227,000 square kilometres.

AV is required by the Ambulance Services Act 1986 to:

- respond rapidly to requests for help in pre-hospital medical emergencies
- provide specialised medical skills to maintain life and to reduce injuries in emergency situations and while transporting patients
- provide specialised transport facilities to move people requiring emergency medical treatment
- provide services for which specialised medical or transport skills are necessary
- foster continuous improvement in the quality and safety of the care and services it provides
- foster public education in first aid.

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

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



Chair's Report



Ambulance Victoria continues to work towards building a modern, high-performing and community-centred healthcare service.

The change agenda of our five-year Strategic Plan is on track and is readying our organisation for the

challenges of increasing demand, growing community expectations and emerging technologies.

The results of this work are increasingly evident. Amid an environment of rising demand and patient complexity, Ambulance Victoria improved its response time performance in 2018–2019 and met or exceeded patient care targets.

In addition to an outstanding operational performance, we improved how we care for our patients, engage with our communities and look after our people. Throughout the year, the Board stayed connected to these important initiatives through face-to-face briefings, visiting branches across the state and engaging with local communities. It has been gratifying to witness the level of passion and pride our key stakeholders have for their ambulance service.

Our improved patient care is due, in large part, to our Best Care framework, which embodies our commitment to improving patient care and outcomes. Over the past year we have embedded this framework, giving us a common language to help drive improvements in quality and safety. We are all connected to the patient experience through a robust clinical governance structure, new scorecard reporting and more streamlined patient feedback mechanisms.

We continue our work to deepen connections with the community and ensure they are true co-designers of our ambulance service. Throughout the year we consulted with communities and health partners across the state to develop local healthcare solutions and drive improved health outcomes. Our Community Advisory Committee has been instrumental in devising this approach and it continues to give the Board vital insights, keeping the community perspective front-and-centre in our strategic decision-making.

The Board also relished the chance to get closer to key community groups during the year, holding Board meetings in two of our key regional hubs, Ballarat and Geelong. These meetings provided a great opportunity to engage as a Board with local healthcare groups, regional Ambulance Victoria staff and community leaders.

During the year we have driven some important pieces of work to make us a more modern, progressive and inclusive organisation, of which all Victorians can be rightly proud. These include our Diversity and Inclusion Strategy, our Accessibility Action Plan and our continued efforts to support and promote better mental health among our people.

We are committed to becoming a more socially responsible and sustainable service and are preparing our first Social and Environmental Responsibility Action Plan. The Board has been proud to lead the development of this plan, which outlines initiatives over the next five years. The plan outlines priority activities centred on our People, Community, Environment and Supply Chain, with our key focus in Year One being our environmental footprint and climate change adaptation and mitigation.

I would like to thank our Board members for their dedication and wise counsel over the past year. In particular, I'd like to recognise the contribution of retiring Board Director Suzanne Evans, who has served with distinction. I also extend a warm welcome to new Board Director Anna Leibel.

I thank the Ambulance Victoria Executive team for a year of strong progress and achievement and recognise the leadership of CEO, Associate Professor Tony Walker, who has been reappointed as CEO for a further five years.

I am confident that Ambulance Victoria is well placed to deliver more for our patients, our people and our community in the coming year and beyond.

Ken Lay AO APM
Chair, Ambulance Victoria



Chief Executive Officer's Report



In 2018–2019, we continued to invest in our people, systems and processes to keep our commitment to deliver outstanding emergency healthcare every time for all Victorians.

We have delivered the best Code 1 (lights and sirens) response times in Ambulance Victoria's history, reaching 83.9 percent of patients within 15 minutes - up from 81.8 percent in the previous year. This improved response came in the face of a 4.4 per cent increase in emergency caseload.

We put in place programs to drive improved response time performance and patient outcomes, giving the community even greater confidence in their ambulance service.

We invested in more staff, new branches and an expanded community response. And in the years ahead, with increasing demand and rising patient complexity and care expectations, we are planning for the skills, technologies and innovation that will serve our Victorian communities.

Committed to performance excellence

We continued to make strong progress against our five-year Strategic Plan to build a modern and sustainable ambulance service.

In 2018–2019, we completed the recruitment of 450 additional paramedics, which was the cornerstone of the Government's \$500 million investment in Victoria's ambulance service.

We invested in our technology and data analytics capability, giving our frontline managers more meaningful insights to help them improve local performance and deliver a better ambulance service for their community.

Our revised Clinical Response Model, now in its second full year of operation, ensures all patients get the right care at the right time for their clinical need, whether this is an emergency ambulance, a patient transport response, or a referral to another health service. In 2018–2019, more than 114,000 Triple Zero (000) callers seeking an emergency ambulance were triaged to a safe and more appropriate service.

Patient care focus

Every year, the health needs and expectations of our patients grow, and we constantly strive to find new and innovative ways to improve patient care. This year we further embedded our Best Care framework across our organisation, undertaking a range of activities to build a Best Care culture that puts the patient at the heart of everything we do. We worked with our Community Advisory Committee to develop our Patient Charter, which supports our Patient Care Commitment and sets out the rights and responsibilities of the patients we treat.

During the year we met or exceeded our key patient care measures, such as reducing patient pain and ensuring those with stroke or trauma are correctly identified and taken to the most appropriate hospital. For patients in cardiac arrest, 33.8 per cent with a shockable rhythm survived to hospital discharge, an improved performance on the previous year.

Our patients again gave us positive feedback in our annual patient survey, with 97 per cent rating their overall experience as good or very good.

Community partnerships

We understand that we can only deliver the best outcomes for our patients through collaboration with key stakeholders such as other specialist health services, our emergency management colleagues and local communities.

Our Better Together program continued to build deeper links between communities and their local ambulance leaders, giving these communities a voice and helping us better ensure our service is meeting local community needs.

The past year has seen us prepare our first Accessibility Action Plan, which will help us better understand and meet the needs of those living with disability. We consulted extensively to develop the plan, gaining valuable input from people with disability, their carers, support workers and government representatives. Their feedback and guidance has been vital as we seek to finalise and begin implementing the plan's actions from December 2019.

Our GoodSAM smartphone app is a ground-breaking initiative that alerts local community responders to nearby suspected cardiac arrest cases, and the nearest available defibrillators. This allows rapid and potentially life-saving care to be provided before an emergency ambulance arrives on scene. Since its launch in 2018, the app has been credited with helping save 19 Victorian lives. We now have more than 5,000 registered GoodSAM responders and have expanded the program by opening enrolments to first-aid qualified adult Victorians.

Our Victorian Stroke Telemedicine service uses telemedicine and a regional hospital network to ensure rural and regional patients have access to timely, world-class stroke care. This year the service treated its 5,000th stroke patient, and introduced new CT perfusion technology to assess brain blood flow patterns in suspected stroke patients, better helping to determine appropriate treatment options.

We supported a TLC for Kids program to transport children in palliative care to their most treasured places, creating precious memories for their families. As part of this program, we have facilitated the fit-out of a special ambulance and our paramedic staff will have the opportunity to volunteer their time to support these outings.

In the past year the community was taken inside the daily working lives of our paramedics, through the *Paramedics* TV series shown nationally on the Nine Network. The series displayed the skills of our frontline workforce and the challenges they face. We were heartened by the community response and support throughout the series, which also allowed us to highlight how to make best use of emergency healthcare, and help the community better understand the issues that our people face in delivering that care. These messages will be further highlighted in the second series of *Paramedics*.

Building a better workplace

We continue to make Ambulance Victoria a great place to work and volunteer, rolling out key programs to develop and support our people, and better prepare our organisation to meet changing and more complex community needs and expectations.

A restructure of our Operations Division has ensured it is better placed to meet these needs, and to give our people improved training, supervision and career paths. The new structure will give us greater regional resources and a stronger local community focus, which in turn will help us drive further improvements in patient care.

We were proud to launch our 2018–2020 Diversity and Inclusion Strategy, which will guide us as we strive to become a more diverse, inclusive and welcoming workplace. I am privileged to Chair our Diversity and Inclusion Council, which held its first meeting in April 2019. The Council membership draws from the rich diversity within our organisation, all committed to helping build a workplace where our people all feel valued, safe and empowered to contribute.

Every day, our paramedics face challenges and stresses not seen in most workplaces, and it is vital we protect and improve their mental health and wellbeing. In May 2018, we began a trial of peer support dogs as part of our overall mental health support. Our first support dog, Bruce the Labrador, proved an overwhelming success, and we are now expanding the support dog program, recruiting up to 12 additional dogs and handlers across the state.

Our Health and Safety Strategy has helped us embed a workplace safety culture across the organisation. Under this strategy, we have continued to focus on manual handling, injury management, return to work activity performance and occupational violence training programs.

As we continue to undertake the transformation program outlined in our five-year Strategic Plan, we are examining longer-term opportunities for our organisation, in particular how we leverage new and emerging technologies to step-change how we deliver patient care. Over the coming year, we will look at how such technology could help us reduce manual processes, more rapidly embed new clinical practices and knowledge, and equip paramedics with emerging medical technology to significantly improve patient outcomes.

I would like to thank Mr Ken Lay, AO, APM Chair of the Ambulance Victoria Board, for his continued support, and all Board members for their passion and their considered and valued guidance.

Our Community Advisory Committee continued to play a vital role in shaping our service and I thank them for keeping us deeply connected to the communities we serve.

I thank my Executive team, and all Ambulance Victoria staff and volunteers. In an environment of change and growth, our team has stayed focused on delivering best patient care, and achieved results of which they can be rightly proud.

I look forward to another year working in partnership with our staff, health partners and communities to again deliver an outstanding emergency healthcare service for all Victorians.



Associate Professor Tony Walker ASM
Chief Executive Officer

AMBULANCE VICTORIA

Responsible Body Declaration as at 30 June 2019

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 2019.



Ken Lay AO APM
Chair of the Board

Melbourne
16 August 2019

AMBULANCE VICTORIA

Attestation on Data Integrity

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



Assoc Prof Tony Walker ASM
Chief Executive Officer

Melbourne
16 August 2019

Compliance with DataVic Access Policy

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

Integrity, Fraud and Corruption Attestation Statement

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

A handwritten signature in black ink that reads "Tony Walker". The signature is written in a cursive, flowing style.

Assoc Prof Tony Walker ASM
Chief Executive Officer

Melbourne
16 August 2019

AMBULANCE VICTORIA

Financial Management Compliance Attestation Statement

I, Peter Lewinsky, on behalf of the Board, certify that Ambulance Victoria has complied with the applicable Standing Directions 2018 under the *Financial Management Act 1994* and Instructions.



Peter Lewinsky
Chair of the Audit and Risk Committee

Melbourne
16 August 2019

AMBULANCE VICTORIA

Conflict of Interest Attestation Statement

I, Tony Walker, certify that Ambulance Victoria has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Ambulance Victoria and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.



Assoc Prof Tony Walker ASM

Chief Executive Officer

Melbourne

16 August 2019



Report of Operations

Ambulance Victoria (AV) experienced its busiest year ever, with a record 732,714 Triple Zero calls for our services – an increase of 5.3 per cent on the previous year.

Despite this jump in demand, we delivered our best-ever Code 1 (lights and sirens) response times and we met or exceeded our clinical targets for patient treatment.

This strong performance is built on transformational reforms and improvements that are enabling us to further enhance the healthcare we provide the Victorian community.

We are continuing to invest in people, technology and partnerships to meet the challenges of future population growth, changing community demographics and more complex patient needs.

We delivered on the second year of our five-year Strategic Plan, making strong progress on the plan's four key outcomes: an exceptional patient experience; partnerships that make a difference; a great place to work and volunteer; and a high performing organisation.

At the same time we continued to collaborate with our communities, healthcare partners and other stakeholders to design localised healthcare initiatives.

Our highlights for the year include:

- Responded to 618,125 emergency cases statewide, a 4.4 per cent increase on the previous year.
- Completed the recruitment of 450 paramedics as part of the Victorian Government's \$500 million investment in our ambulance service.
- Opened eight new ambulance branches and deployed four new Ambulance Community Officer teams in regional Victoria.
- Recorded improved statewide cardiac arrest outcomes, with 33.8 per cent of patients in a shockable rhythm surviving to hospital discharge.
- Expanded our GoodSAM Smartphone app which has grown to more than 5,000 registered responders.
- Began development of our Accessibility Action Plan to ensure we are best placed to engage with and serve people with disability.
- Prepared a First Responder Plan to meet the needs of our valued volunteer first and co-responders.
- Collaborated to produce the *Paramedics* TV series, which showcased our service to viewers nationwide.

- Drove key health and safety improvements in manual handling, injury management and return to work performance, resulting in an 18 per cent fall in our WorkCover premium.
- Introduced greater access to counselling services for rural and remote paramedics via video counselling with contracted psychologists.
- Launched our 2018–2020 Diversity and Inclusion Strategy to better reflect and champion diversity within our community and workforce.
- Supported the introduction of national registration standards for paramedicine, which formally recognise the skills and qualifications of our paramedic workforce.
- Launched our Child Safe Policy, which included the introduction of Working with Children Checks (WWCC) for all applicable staff.

AN EXCEPTIONAL PATIENT EXPERIENCE

Best Care Framework embedded

Best Care is a framework that supports us to deliver patient-centred and high quality care to every patient, every time. During the year we undertook a range of activities to further embed this framework across the organisation.

This included working with our Community Advisory Committee to develop an AV Patient Charter. This outlines the key rights and responsibilities for patients using our services, and is linked to our Best Care goals, which drive our commitment to improving the patient experience. The Charter aligns AV to the key principles of the National Safety and Quality Healthcare Standards and the Australian Charter of Healthcare Rights.

We introduced briefing sessions at first responders' conferences and graduate inductions to highlight how all AV staff play a role in delivering Best Care for patients and enrolled 130 staff to undertake the Institute for Health Improvement Certificate of Patient Safety and Quality to help embed a positive patient safety culture across AV.

We began the introduction of the National Safety and Quality Standards for Healthcare; these underpin the Best Care Framework and describe 186 actions that drive achievement of quality and safety in healthcare. We also introduced Best Care Innovation Grants to encourage and promote projects that will deliver improvements in patient care.



Report of Operations

Strengthening Best Care clinical governance

Our Best Care Framework is supported by a renewed clinical governance structure to drive continued improvements in quality, safety and patient experience. Following the establishment of our Peak Best Care Committee, we developed regional and operational Best Care committees to provide appropriate support and monitoring of patient safety and quality at the local level. We introduced a new Quality and Safety Performance scorecard, which feeds quarterly reporting into our Best Care committees. Improved timeliness and quality of patient care data provides our regional managers with more localised patient care metrics and insights.

Patient feedback and experience

We introduced a case management model to improve our patient feedback system. Working with the Community Advisory Committee, the processes provide a more patient-focused approach, with issue resolution the priority. The reporting system is being upgraded to improve communication within AV and provide more timely patient feedback.

In our third year of participating in the Victorian Healthcare Experience Survey, 97 per cent of patients rated their overall experience with us as good or very good.

Strengthening our capability

During the year we implemented the final aspects of the Victorian Government's \$500 million investment in the state's ambulance service, which was announced by Government in 2016. This included the recruitment of the remainder of an additional 450 paramedics and the deployment of 12 Paramedic Community Support Officers into rural communities, where they strengthen community relationships and improve patient outcomes. Under this and other State capital funding, we opened eight new branches – in Orbost, Traralgon, Diamond Creek, Eltham, Murchison, Preston, Mernda and Tatura. We also deployed four new Ambulance Community Officer (ACO) teams, in Chiltern, Halls Gap, Cobden and Rosedale, improving response performance and adding to our transport capability in these rural locations.

Accessibility Action Plan

We began developing our first Accessibility Action Plan to help us better meet the needs of people with a disability or medical condition who access, use, visit or work for AV.

The plan has four outcomes: access to information, services and facilities; access to employment, training and volunteer opportunities; inclusion and participation; and fairness, respect and safety.

Extensive consultation informed the plan, including internal and external surveys, consultation with AV's Community Advisory Committee and Internal Reference Group, and a community discussion forum. More than 250 Victorians with disability or those with a passion for this sector have provided over 700 comments via face-to-face conversations or via digital channels to inform the development of the plan.

A Child Safe organisation

AV shares the Victorian Government's commitment to improve child safety and reduce family violence in our community. Our privileged role in the community means we can play a vital role in protecting children from violence and abuse. In 2018–2019, we introduced our Child Safe Policy to better articulate our strong commitment to child safety, systems and training programs. This program included the introduction of Working with Children Checks (WWCC) for all applicable staff. By 30 June 2019, 93 per cent of eligible staff had completed a WWCC.

Victorian Stroke Telemedicine

AV administers Victorian Stroke Telemedicine (VST), a service that uses telemedicine and a network of regional hospitals to diagnose and treat suspected stroke patients. As a result, 94 per cent of Victorians are within an hour's reach of stroke care. In the past year, VST treated its 5,000th patient, and added Werribee Mercy Health as the 17th participating VST hospital.

VST also supported the introduction of CT perfusion (CTP) into the VST hospital network. CTP allows specialists to assess the pattern of blood flow in the brain of a suspected stroke patient. Along with other techniques including CT scans and CT angiograms, CTP helps determine the most appropriate treatment. Over the past year, VST's Brain Imaging Specialist has worked with participating hospitals to introduce CTP, with 90 per cent of hospitals now having CTP in their stroke treatment protocols.

PARTNERSHIPS THAT MAKE A DIFFERENCE

GoodSAM smartphone app

GoodSAM is a lifesaving smartphone app that alerts community responders when a Triple Zero (000) call is made for a suspected cardiac arrest. The app provides nearby community responders with the location of the patient and the location of the nearest defibrillator. The closest available ambulance is also dispatched and, in some parts of Victoria, the fire brigade. The app has contributed to saving a number of lives.

GoodSAM was launched in January 2018, and by June 2019 more than 5,000 people had registered as responders. Registrations were initially limited to off-duty paramedics, health professionals and trained first-aiders from organisations such as Life Saving Victoria. The success of the program has led to its expansion to all first-aid trained adult Victorians, which is expected to lead to a big growth in the number of registered responders in the coming year.

Alongside the GoodSAM program we maintained a program to locate and register Automated External Defibrillators (AEDs) across Victoria.

Restart a Heart Day

We participated in our third Restart a Heart Day to raise public awareness of the importance of hands-only CPR. The international event takes place on 16 October each year and all Australian ambulance services take part. In Victoria, paramedics and volunteers engaged with 3,000 people at more than 70 different activations around the state, including pop-up CPR and AED demonstrations in major shopping centres and at community centres all over Victoria.

Heart Safe Community

Heart Safe Community is a partnership between AV and the Heart Foundation that highlights the importance of early CPR and use of an AED, and gives the community the skills and confidence to step in and take action in a medical emergency.

The University of Melbourne has supported the implementation and evaluation of the Heart Safe Community pilot program in Tatura, Victoria. Under the program, hundreds of locals were upskilled in CPR and the use of AEDs, and additional defibrillators were registered for bystander use. In 2018–2019 the program expanded to two new pilot sites in Victoria, Inverloch and the Bellarine Peninsula.

Emergency Medical Response

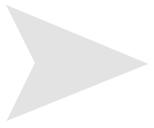
In the event of a suspected cardiac arrest, the fire brigade co-responds with the nearest available ambulance as part of the Emergency Medical Response (EMR) program. This arrangement has been in place in Melbourne for two decades and, during the year, a Victorian Government commitment to expand EMR to all career fire stations across the state was completed. As part of this statewide rollout to Country Fire Authority stations, AV staff trained more than 550 firefighters in advanced first aid and resuscitation. Our Paramedic Educators delivered more than 7,700 hours of EMR training and accreditation to equip firefighters to provide lifesaving defibrillation and assistance to critically ill patients.

Better Together

Through our Better Together program, we are giving the community a greater say in shaping the services we provide. We held a series of regional community forums to better understand specific local needs and ensure our service is equitable and accessible to all parts of the community. Our Better Together online forum, social media channels and direct emails provided additional feedback. As the program progresses, it will help us build closer links between our regional leaders and their local communities, resulting in co-designed local care initiatives and better patient care.

Paramedics TV Series

In 2018, we collaborated with the Nine Network and The WTFN Group to produce the first series of the television program *Paramedics*, which follows our frontline paramedics and tells the story of AV's operations through their eyes.



Report of Operations

The series let us share with the community the skills and compassion of our paramedics, the challenges they face and the ways our community can best use Victoria's emergency health services.

The program attracted strong audience support and its ratings success has led to the filming of a second season of *Paramedics*, which will air in the coming year.

First Responder Plan

Our Community Emergency Response Teams (CERTs) and Ambulance Community Officers (ACOs) play a key role in helping us deliver outstanding patient care, particularly in rural and remote locations.

To ensure our passionate volunteer workforce receives the right support, we are implementing the recommendations of AV's First Responder Plan. This will provide a greater understanding of the contribution made by first responders and co-responders, and better tailor our organisation's processes to suit the needs of first responders.

We are delivering the plan's recommendations, in consultation with our CERTs, ACOs, and co-responders including fire services, Remote Areas Nurses who respond in remote communities and Chevra Hatzolah.

A GREAT PLACE TO WORK AND VOLUNTEER

Paramedic registration

AV has long supported the initiative to regulate paramedicine as a profession under the National Registration and Accreditation Scheme, recognising the skills and qualifications of our paramedic workforce. From 1 December 2018, "paramedic" became a protected title meaning only those registered with the Paramedicine Board are able to both work as and call themselves a "paramedic". At 1 December 2018, 99 per cent of our operational employees had applied for registration. The remaining 1 per cent comprised paramedics who were not practising at the time of registration, such as those on maternity leave or WorkCover. They have a longer time to complete their registration.

Workplace Health and Safety

We completed the final year of our three-year Health and Safety Strategy by focusing on improving our manual handling protocols, our injury management and return-to-work performance. We continued occupational violence training, including the rollout of new online learning modules, virtual reality training,

presentations at first responder conferences and graduate training sessions.

This work helped drive substantial improvements in key health and safety measures, including a material reduction in standard claims, industry-leading early return-to-work measures, and an 18 per cent reduction in our Workcover premium. In further recognition of our increased ability to manage workplace safety issues, an independent review elevated our safety maturity rating from reactive to proactive.

Mental Health focus

We are committed to providing a workplace that supports the mental and physical health of our people. In 2018–2019, we continued to build programs to improve mental health and wellbeing by finding innovative ways to provide support. This included more integrated support to our staff and their families, focusing on the broader aspects of support for mental health and wellbeing, and an increased focus on prevention and early intervention. We introduced greater access to the Victorian Ambulance Counselling Unit (VACU) network of contracted psychologists by offering video counselling to staff in rural and remote locations.

We expanded our Peer Support Dog Program following a successful six-month pilot with our first peer support dog, Bruce the Labrador. Bruce proved an impactful way to connect with staff and the community, and break down mental health stigma. An evaluation of the pilot showed our people reported increased willingness to access support when required. Of those who came into contact with Bruce, 97 per cent "agreed or strongly agreed" that the experience was positive. The program now has 12 additional support dogs and handlers.

Commitment to diversity and inclusion

During the year we launched our 2018–2020 Diversity and Inclusion Strategy, which seeks to make AV "a great place to work and volunteer for everyone". We recognise that Victorians come from hundreds of diverse backgrounds and cultural experiences and we need to embrace and celebrate that diversity and, importantly, reflect it within our own workforce.

We have identified six key areas as opportunities to improve our diversity and inclusion activity: gender, multicultural, LGBTI, Aboriginal and Torres Strait Islanders, disability and intergenerational.

To drive and facilitate this strategy, we formed a Diversity and Inclusion Council comprising representatives from every area of our workforce, all with lived and personal experience of the challenges faced by those from diverse backgrounds.

The Council is contributing to key organisational activities and decisions and plays an important role in our commitment to creating a more diverse and inclusive workplace.

In April 2019 through our Multicultural Employment Program, a joint initiative with Lifesaving Victoria, we appointed six ACOs from Culturally and Linguistically Diverse (CALD) backgrounds to help us better understand the communities in which we work and contribute to the vibrancy and diversity of our workforce. The program will see more CALD ACOs join our team in the coming year.

Leadership initiatives

We are committed to developing our people, and giving them the tools and support to progress their careers. Our Leadership Mentoring Program is one such initiative to further develop our high-performing and high-potential leaders. The program ran as a pilot in 2018–2019 and was conducted in partnership with Rotary Victoria, which provided volunteer mentors from their membership base. The nine participants attended program workshops aimed at building understanding of self, others, our organisation and the wider community. Following the success of the pilot, a further 17 participants will undertake the program in 2019–2020.

A HIGH PERFORMING ORGANISATION

Operations Review

We completed an end-to-end review and redesign of our frontline operational services to better meet future community demand and continue to deliver high-quality patient outcomes. The changes that have been implemented include:

- A structure that better aligns Ambulance Service Areas with Local Government Areas (LGAs) to ensure we can measure and improve performance and clinical quality at an LGA level.
- The creation of new regional roles to help build greater connections and engagement with local communities and improve local performance.
- Greater clinical support, training, guidance and advice, providing career pathways, supporting paramedic health and wellbeing, and helping improve patient outcomes.

- The creation of Mobile Intensive Care Ambulance (MICA) Paramedic Hubs to improve clinical oversight and support for frontline paramedics.
- The integration of our Patient Transport crews into regional team structures, to deliver a more cohesive and coordinated service to local communities.
- An integrated Complex Care function, bringing together our Air Ambulance, Adult Retrieval and Stroke Services to ensure we are delivering high-quality complex care in line with our clinical performance standards.

Our Operations Review and restructure also created new leadership opportunities. In recruiting these roles, we undertook a range of measures, such as psychometric assessment and working style analysis, to ensure our best talent was placed into the most appropriate roles. Pleasingly, this process has seen a substantial lift in the number of women in operational leadership. We now have nine female Area Managers, up from one previously, and 45 per cent of our Team Managers are now women.

Response performance

Our response time performance improved in 2018–2019. We responded to 83.9 per cent of Code 1 emergency calls within 15 minutes, a 2.1 per cent improvement on the previous year but short of our target of 85 per cent of Code 1 cases within 15 minutes.

This improvement came despite an increase in demand for our services which resulted in 618,125 responses to emergency cases statewide, a 4.4 per cent increase on the previous year.

Several factors contributed to our improved performance, including the embedding of our clinical response model, which we introduced two years ago. As part of this, we safely diverted a record 114,589 Triple Zero (000) callers – 15.6 per cent of all emergency callers – to a response that did not involve an emergency ambulance crew. These patients undergo secondary triage by paramedics and nurses and are provided with a safe alternative that is appropriate for their condition, such as non-emergency transport, referral to a local GP or self-care.

We met or exceeded all our patient quality and care measures, such as reducing patient pain and transporting stroke and trauma patients to the appropriate destination hospitals. When compared with the international benchmark Utstein Criteria for cardiac arrest survival (bystander-witnessed, in a shockable rhythm), 38 per cent of patients survived to hospital discharge (statewide). In Greater Melbourne,



Report of Operations

41 per cent of patients meeting these criteria survived to hospital discharge. These figures compare favourably with similar benchmarks in the United Kingdom, with 35 per cent of OHCA patients treated by the London Ambulance Service surviving to hospital discharge. Overall for England, this figure was 30 per cent.

Major incidents

Every year, we respond to major incidents across Victoria, including bushfires, heatwaves and floods. Where needed, we also support our emergency services partners interstate and overseas in responding to large-scale events. Some of the major incidents we attended in the year include:

- Supporting the MFB at a factory fire in West Footscray by providing eight days of health monitoring for firefighters and the community for any adverse health effects.
- An incident in Bourke Street in November 2018, later deemed to be terror related, where care was provided to the injured at the scene.
- Flooding along the Hume Freeway resulting in hundreds of people stranded in vehicles, requiring multiple evacuations.
- Multiple fires across Victoria during the summer. The Bunyip State Forest Fire led us to establish a health monitoring facility with the CFA and assist with the evacuation and return of residents of two aged-care facilities threatened by the fire.
- During the 2019 Tasmanian bushfires, eight Ambulance Victoria AusMAT trained paramedics were deployed to support our Ambulance Tasmania colleagues.
- Two AusMAT trained paramedics were deployed to provide support during the Australian-led marine oil clean up in the Solomon Islands.
- Implementing our Thunderstorm Asthma Subplan on 10 days during November and December 2018, following a “moderate risk” forecast issued by the Department of Health and Human Services.

Analytics Uplift

We embarked on a large scale data and analytics transformation to improve our technology base, upskill our people in data use, and deliver more complex and predictive analytics.

The project has given our operational leaders the tools they need to better manage and improve performance, and more timely and relevant information upon which to make decisions and allocate resources. This has contributed to our improved response times and helped drive better patient outcomes. The learnings and technology we now have in place position us to take advantage of coming innovations in data analytics, including machine learning and predictive data modelling.

Social and Environmental Responsibility

During the year the Board committed to design and commence implementation of a Social and Environmental Responsibility Action Plan to build a socially responsible business. Our vision is that by being socially and environmentally responsible we will further enhance our delivery of Best Care.

The Action Plan identifies actions to be implemented over five years and focuses on priorities including our People, Community, Environment and Supply Chain.

Next year our focus includes activity around climate change adaptation and mitigation. We will also work to further develop our social responsibility activities including community engagement and contribution, and reconciliation and accessibility plans and activities.

Patient Transport contracts

Patient Transport services are provided by AV and by contracted partners. In 2018–2019, we coordinated more than 320,000 patient transports, of which over 52,000 were appropriately triaged calls dispatched via the Triple Zero service, freeing up our emergency ambulances to attend life-threatening incidents.

This year, we undertook a competitive tender process for our contracted patient transport services. Providers were assessed against a range of criteria to ensure we continue to deliver a high-quality, high-value patient transport service. The three-year contracts came into effect on 1 July 2019.

Recognition for our achievements

During the year AV received awards recognising initiatives that have improved our service.

Victorian Stroke Telemedicine received the Safer Care Victoria Award for Excellence in Safety and Quality at the 2018 Victorian Public Healthcare Awards. At the annual Council of Ambulance Authorities Awards, we received a Clinical Award and Star Award for ACT-FAST – our clinical triage algorithm for stroke clot retrieval.

The GoodSAM Community Responder program received the 2018 Resilient Australia Award. We were privileged to receive the 2018 Prime Minister's Award for Public Service Excellence in People Change Management for our Occupational Violence program.

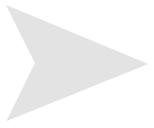
We received three Gold Quill Awards from the International Association of Business Communicators (IABC) recognising our communication and engagement work. These included awards for the Paramedics TV series, our Better Together program and our recognition of 30 years of women in ambulance.

Clinical Research and Innovation

AV paramedics are world leaders in pre-hospital clinical trials. Previous clinical trial results have changed international clinical practice. During the year, paramedics enrolled patients into the following clinical trials:

1. The EXACT Study which aims to determine whether reducing oxygen administration to a target oxygen saturation is beneficial after resuscitation from out-of-hospital cardiac arrest. The current practice of administering 100 per cent oxygen for several hours after resuscitation is largely based on tradition rather than supportive clinical data.
2. The PATCH Study which aims to address whether early administration of tranexamic acid reduces mortality and improves recovery at six months when compared with a saline placebo in severely injured patients who are at risk of traumatic coagulopathy.
3. The ICED Study which demonstrated that prehospital hypothermia followed by early surgery in cervical spinal cord injury patients is safe and feasible. Consideration is now being given to a larger randomised controlled trial which will aim to determine whether the combination of hypothermia and early surgery improves patient outcomes.
4. The ACT-FAST Study which aimed to validate the Melbourne-designed ACT-FAST algorithm, a simple three-step tool for paramedics to identify severe stroke patients with a major arterial blockage who require endovascular

thrombectomy. The eventual aim of this trial was to triage and transport to an endovascular hospital, thereby avoiding lengthy inter-hospital transfers and expediting critical treatment. The ACT-FAST screening tool was shown to be highly accurate in detecting large vessel occlusion and is now being rolled out across the state.



Staff Numbers

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

WORKFORCE DATA

Total Staffing Numbers

Full-Time Equivalent Staff 2018-2019 (size of the workforce):

Staffing Numbers (FTE) – Annual Report Category	2018–2019	2017–2018
On-road Clinical Staff ¹	4,184.8	4,049.4
Operation Support and Managerial Staff ²	333.9	352.5
Other Managerial, Professional and Administrative Staff ³	442.3	400.4
TOTAL	4,961.0	4,802.3

MICA Paramedics

This group of MICA employees form part of AV’s Full-Time Equivalent Staff 2018-2019:

MICA Staffing Numbers	2018–2019	2017–2018
MICA Full-Time Equivalent staff	569.1	552.6
MICA Full-Time Equivalent trainees	35.0	35.0
TOTAL	604.1	587.6

Volunteers

In addition, AV engages **343** Community Emergency Response Team volunteers (CERTs) who provided emergency response in 2018–2019.

Ambulance Community Officers

AV employs **1,100** casual Community Support Officers (ACO’s) who also provide emergency response. These employees are represented in the above On-Road Clinical Staff FTE numbers based on their hours worked converted to equivalent full time positions.

Notes:

The three staff categories are as follows:

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

Recruitment numbers

291 Paramedic staff were recruited by AV in the 2018–2019 financial year. This included **245** new graduate paramedics.



Research Report

Ambulance Victoria (AV) is an international leader in pre-hospital research. Its research activities range from epidemiological analyses of key patient cohorts to review and refinement of systems of care, and world-first clinical trials. Results have been published in high ranking, high impact journals, disseminated throughout the wider health system and translated into improvements in patient care. The primary goal of AV research is to strengthen the evidence base underpinning ambulance protocols and systems to allow the best care for patients and staff.

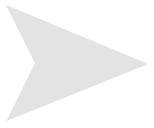
At the end of 2018–2019, a total of 102 research projects were recorded as active in the AV research governance system. Our research portfolio is highly collaborative, involving collaborations with key organisations such as universities, hospitals, and institutes such as Turning Point Drug and Alcohol Centre. AV has maintained its significant research output, with staff co-authoring 55 research articles in peer-reviewed medical journals. Research results were also presented at 17 national and international conferences. The AV Centre for Research and Evaluation also continues to foster research education and mentorship through supervision of higher research degree students, many of whom are paramedics.

This year, AV continued to be a key partner on the National Health and Medical Research Council (NHMRC)-funded Centre for Research Excellence in Pre-hospital Emergency Care (PEC-ANZ) based at Monash University. The Centre for Research Excellence builds capacity in pre-hospital research in Australia through the conduct of collaborative research projects between academics, clinicians and ambulance services. The overarching aim of the centre is to strengthen the evidence base underpinning pre-hospital emergency care, policy and practice. AV also continues to be a key partner in the NHMRC-funded Australian Resuscitation Outcomes Consortium (Aus-ROC) Centre for Research Excellence which aims to improve resuscitation care and outcomes for cardiac arrest patients. AV is also a key partner on Monash University's newly established Paramedic Health and Wellbeing Research Unit (PHaWRU). This is Australia's first centre looking at the mental and physical health and wellbeing of paramedics. The centre will bring together multiple disciplines to research ways to improve the lives and resilience of Victoria's paramedics.

AV paramedics continued to enrol patients into world-leading clinical trials this year. The Pre-hospital Anti-fibrinolytics for Traumatic Coagulopathy and Haemorrhage (PATCH) trial aims to determine the

effects of early administration of tranexamic acid (compared with a placebo) on survival and recovery of severely injured patients. At the end of June 2019, AV paramedics had enrolled 419 patients into the PATCH study. The rEduction of oXygen After Cardiac arresT (EXACT) study aims to determine whether reducing oxygen administration to target an oxygen saturation of 90 – 94% (compared to 98 – 100%) as soon as possible after successful resuscitation improves survival for patients with out-of-hospital cardiac arrest. The results from the pilot study were published in the journal *Resuscitation* this year (Bray et al *Resuscitation*. 2019; 139:208-13). At the end of June 2019, AV paramedics had enrolled 228 patients into the EXACT study. Further, a number of clinical trials are underway by clinicians on AV's Mobile Stroke Unit. This includes the STOP-MSU Ambulance trial which aims to test the hypothesis that intracerebral haemorrhage patients can have lower rates of haematoma growth when treated with intravenous tranexamic acid within two hours of stroke onset, compared to placebo. The Tenecteplase versus Alteplase for Stroke Thrombolysis Evaluation trial in the Ambulance (TASTE-A) is also underway on the Mobile Stroke Unit and aims to assess whether treatment with tenecteplase in patients with an acute ischemic stroke is more effective at reducing the perfusion lesion volume when compared to current care (Alteplase).

The value of registries in driving performance improvement is well established, and AV has continued to house and/or contribute to a number of significant registries in Victoria. AV continues to maintain the Victorian Ambulance Cardiac Arrest Registry (VACAR) which contains data for over 100,000 cardiac arrest cases attended by ambulance in Victoria. The registry drives quality improvement in resuscitation practice and supports a large research agenda. AV also continues to maintain the Victorian Ambulance STEMI Quality Initiative (VASQI) which focuses on paramedic diagnosis, treatment and triage of patients with a heart attack. In addition, AV continues to provide data to: the Victorian State Trauma Registry for all major trauma patients attended by ambulance paramedics; Turning Point on drug, alcohol and mental health related ambulance attendances; and, the Victorian Cardiac Outcomes Registry (VCOR) which is a statewide population-based clinical quality registry aiming to improve the quality of care provided to patients with cardiovascular disease. AV also linked its data with the Australian Stroke Clinical Registry to examine the impact of pre-hospital diagnosis, treatment and triage of stroke patients on long-term patient outcomes.



Research Report

Research Awards:

In May 2019, Monash University PhD candidate Brian Haskins was awarded Best Paper at the Australian Resuscitation Council's Spark of Life Conference for his paper *What is the relationship to the patient and level of medical training of the person giving CPR?* Mr Haskins' PhD uses AV data to add to the knowledge base regarding the provision of 'first responder' initiated cardiopulmonary resuscitation and defibrillation using public access defibrillators in the period before the arrival of Ambulance Victoria paramedics. Mr Haskins is co-supervised by AV's Director of the Centre for Research and Evaluation, Professor Karen Smith and ALS paramedic / Senior Research Fellow, Dr Ziad Nehme.

In April 2019, Professor Karen Smith was awarded Best Presentation at the European Emergency Medical Services 2019 Congress in Madrid for her paper on the implementation of high performance CPR across Victoria.

In March 2019, ALS Paramedic Dr Kylie Dyson won the Health Services Research Award at the Premier's Awards for Health and Medical Research for her PhD titled *Paramedic exposure to cardiac arrest and patient survival: does practice make perfect?* In September 2018, Dr Dyson was also awarded the 'Ian Jacobs' Young Investigator of the Year award at the European Resuscitation Council Congress in Bologna. Dr Dyson's PhD used AV data, and she was co-supervised by AV's Professor Karen Smith.

In October 2018, ALS paramedic and Senior Research Fellow Dr Ziad Nehme was awarded the Dr David Komesaroff Initiative Award for his broad research in the field of out-of-hospital cardiac arrest.

In September 2018, AV MICA paramedic Dr Kathryn Eastwood was awarded the Australian Prehospital Emergency Research Forum Best Oral Presentation Award at the Paramedics Australasia International Conference on the Gold Coast for her paper titled *The appropriateness of cases presenting in the emergency department following ambulance service secondary triage.* Dr Eastwood's PhD also used AV data and she was co-supervised by Professor Karen Smith.

Finally, in August 2018, researchers from AV and the Royal Melbourne Hospital were awarded the Clinical Award as well as the prestigious STAR Award at the Council of Ambulance Authorities Awards for Excellence for their collaborative project *Paramedic validation of Ambulance Clinical Triage - For Acute Stroke Treatment (ACT-FAST) algorithm.* This project aimed to determine the accuracy of the ACT-FAST algorithm in identifying large vessel occlusion in stroke

patients when used by paramedics, and the potential time saving of using ACT-FAST to triage and transport patients directly to an endovascular clot retrieval centre.

Research Publications (alphabetical):

This year saw a record number of publications by AV staff, often in collaboration with key partners.

Alqahtani S, Nehme Z, Williams B, Smith K. *Emergency medical services and cardiac arrest from drug overdose: a protocol for a systematic review of incidence and survival outcomes.* JBI Database Systematic Reviews & Implementation Reports. 2019; 17(4):500-6.

Alqahtani S, Nehme Z, Williams B, Smith K. *The incidence and outcomes of out-of-hospital cardiac arrest precipitated by drug overdose. A systematic review and meta-analysis.* Resuscitation. 2019; 134: 10-18.

Alqudah Z, Nehme Z, Williams B, Oteir A, Bernard S, Smith K. *A descriptive analysis of the epidemiology and management of paediatric traumatic out-of-hospital cardiac arrest.* Resuscitation. 2019; 140:127-34.

Alrawashdeh A, Nehme Z, Williams B, Stub D. *Emergency medical service delays in ST-elevation myocardial infarction: a meta-analysis.* Heart. 2019. In Press.

Alrawashdeh A, Nehme Z, Williams B, Stub D. Review article: *Impact of 12-lead electrocardiography system of care on emergency medical service delays in ST-elevation myocardial infarction: A systematic review and meta-analysis.* Emergency Medicine Australasia. 2019. In Press.

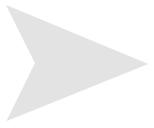
Andrew E, Jones C, Stephenson M, Walker T, Bernard S, Cameron P, Smith K. *Aligning ambulance dispatch priority to patient acuity: A methodology.* Emergency Medicine Australasia. 2019; 31(3):405-10.

Andrew E, Nehme Z, Cameron P, Smith K. *Drivers of increasing emergency ambulance demand.* Prehospital Emergency Care. 2019. In Press.

Bagot KL, Cadilhac DA, Bladin CF. *Recommendation for an internationally agreed minimum data set for teleneurology.* Nature Reviews Neurology. 2018; 14(11).

Beck B, Smith K, Mercier E, Bernard S, Jones C, Meadley B, Clair TS, Jennings PA, Nehme Z, Burke M, Basset R, Fitzgerald M, Judson R, Teague W, Mitra B, Mathew J, Buck A, Varma D, Gabbe B, Bray J, McLellan S, Ford J, Siedenburg J, Cameron P. *Potentially preventable trauma deaths: A retrospective review.* Injury. 2019; 50(5):1009-16.

- Beck B, Smith K, Mercier E, Gabbe B, Bassed R, Mitra B, Teague W, Siedenburg J, McLellan S, Cameron P. *Differences in the epidemiology of out-of-hospital and in-hospital trauma deaths*. PLoS ONE. 2019; 14(6):e0217158.
- Borg K, Wright B, Sannen L, Dumas D, Walker T, Bragge P. *Ambulances are for emergencies: shifting attitudes through a research-informed behaviour change campaign*. Health Research Policy and Systems. 2019; 17(1):31.
- Bray Janet E, Finn J, Cameron P, Smith K, Straney L, Cartledge S, Nehme Z, Lim M, Bladin C. *Temporal trends in Emergency Medical Services and General Practitioner use for acute stroke after Australian public education campaigns*. Stroke. 2018; 49(12):3078-80.
- Bray JE, Smith K, Hein C, Finn J, Stephenson M, Cameron P, Stub D, Perkins GD, Grantham H, Bailey P, Brink D, Dodge N, Bernard S. *The EXACT protocol: A multi-centre, single-blind, randomised, parallel-group, controlled trial to determine whether early oxygen titration improves survival to hospital discharge in adult OHCA patients*. Resuscitation. 2019; 139:208-13.
- Cartledge S, Finn J, Smith K, Straney L, Stub D, Bray J. *A cross-sectional survey examining cardiopulmonary resuscitation training in households with heart disease*. Collegian. 2019; 26(3):366-72.
- Cooper DJ, Nichol AD, Bailey M, Bernard S, Cameron PA, Pili-Floury S, Forbes A, Gantner D, Higgins AM, Huet O, Kasza J, Murray L, Newby L, Presneill JJ, Rashford S, Rosenfeld JV, Stephenson M, Vallance S, Varma D, Webb SAR, Trapani T, McArthur C, for the POLAR Trial Investigators and the ANZICS Clinical Trials Group. *Effect of early sustained prophylactic hypothermia on neurologic outcomes among patients with severe traumatic brain injury: The POLAR randomized clinical trial*. Journal of the American Medical Association. 2018; 320(21):2211-20.
- Costello BT, Stub D, Hare J, Ellims AH, Wang X, Smith K, Bernard S, Nehme Z, Stephenson M, Bray JE, Cameron P, Barger B, Meredith IT, Kaye DM, Iles L, Taylor AJ. *Comparison of magnetic resonance analysis of myocardial scarring with biomarker release following S-T elevation myocardial infarction*. Heart Lung and Circulation. 2019; 28(3):397-405.
- Crossin R, Scott D, Arunogiri S, Smith K, Dietze P, Lubman DI. *Acute harms associated with pregabalin misuse in Victoria: a 6-year examination of ambulance attendances*. Medical Journal of Australia. 2018; 210(2):75-9.
- Cudini D, Smith K, Bernard S, Stephenson M, Andrew E, Cameron P, Lum M, Udy A, on behalf of the AI. *Can pre-hospital administration reduce time to initial antibiotic therapy in septic patients?* Emergency Medicine Australasia. 2019;31:669-672.
- Curtis A, Droste N, Coomber K, Guadagno B, Mayshak R, Hyder S, Hayley A, Crossin R, Scott D, Smith K, Miller PG. *The impact of twenty four-hour public transport in Melbourne, Australia: An evaluation of alcohol-related harms*. Journal of Studies on Alcohol & Drugs. 2019; 80(3):314-8.
- Dolorenzo A, Nehme Z, Yates J, Bernard S, Smith K. *Double sequential external defibrillation for refractory ventricular fibrillation out-of-hospital cardiac arrest: A systematic review and meta-analysis*. Resuscitation. 2019; 135: 124-129.
- Dunn MS, Beck B, Simpson PM, Cameron PA, Kennedy M, Maiden M, Judson R, Gabbe BJ. *Comparing the outcomes of isolated, serious traumatic brain injury in older adults managed at major trauma centres and neurosurgical services: A registry-based cohort study*. Injury. 2019. In Press.
- Dyson K, Brown SP, May S, Smith K, Koster RW, Beesems SG, Kuisma M, Salo A, Finn J, Sterz F, Nürnberger A, Morrison LJ, Olasveengen TM, Callaway CW, Shin SD, Gräsner J-T, Daya M, Ma MH-M, Herlitz J, Strömsöe A, Aufderheide TP, Masterson S, Wang H, Christenson J, Stiell I, Vilke GM, Idris A, Nishiyama C, Iwami T, Nichol G. *International variation in survival after out-of-hospital cardiac arrest: A validation study of the Utstein template*. Resuscitation. 2019; 138:168-81.
- Eastwood D, Andrew E, Smith K, Nair R, Nehme Z, Bernard S, Dyson K. *Exercise-related out-of-hospital cardiac arrest in Victoria, Australia*. Resuscitation. 2019; 139:57-64.
- Ferguson N, Savic M, McCann TV, Emond K, Sandral E, Smith K, Roberts L, Bosley E, Lubman DI. *I was worried if I don't have a broken leg they might not take it seriously: Experiences of men accessing ambulance services for mental health and/or alcohol and other drug problems*. Health Expectations. 2019; 22(3):565-74.
- Foerster C, Andrew E, Smith K, Bernard S. *Amiodarone for sustained stable ventricular tachycardia in the prehospital setting*. Emergency Medicine Australasia. 2018; 30:694-698.
- Fouche PF, Smith K, Jennings PA, Boyle M, Bernard S. *The association of paramedic rapid sequence intubation and survival in out-of-hospital stroke*. Emergency Medicine Journal. 2019. In Press.



Research Report

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

Glasheen J, Hooper J, Donohue A, Murray-Smith B, Finn E. *Endotracheal intubation for traumatic cardiac arrest by an Australian Air Medical Service*. *Air Medical Journal*. 2018; 37(6).

Johnson AL, Dipnall JF, Dennekamp M, Williamson GJ, Gao CX, Carroll MTC, Dimitriadis C, Ikin JF, Johnston FH, McFarlane AC, Sim MR, Stub DA, Abramson MJ, Guo Y. *Fine particulate matter exposure and medication dispensing during and after a coal mine fire: A time series analysis from the Hazelwood Health Study*. *Environmental Pollution*. 2019; 246:1027-35.

Johnston FH, Salimi F, Williamson GJ, Henderson SB, Yao J, Dennekamp M, Smith K, Abramson MJ, Morgan GG. *Ambient particulate matter and paramedic assessments of acute diabetic, cardiovascular, respiratory conditions*. *Epidemiology*. 2019; 30(1):11-9.

Koh JQS, Fernando H, Peter K, Stub D. *Opioids and ST elevation myocardial infarction: A systematic review*. *Heart, Lung and Circulation*. 2019; 28(5):697-706.

Lord B, Andrew E, Henderson A, Anderson DJ, Smith K, Bernard S. *Palliative care in paramedic practice: A retrospective cohort study*. *Palliative Medicine*. 2019; 33(4):445-51.

McCann TV, Savic M, Ferguson N, Cheetham A, Witt K, Emond K, Bosley E, Smith K, Roberts L, Lubman DI. *Recognition of, and attitudes towards, people with depression and psychosis with/without alcohol and other drug problems: results from a national survey of Australian paramedics*. *BMJ Open*. 2018; 8(12).

Nanayakkara S, Fogarty S, Tremeer M, Ross K, Richards B, Bergmeir C, Xu S, Stub D, Smith K, Tacey M, Liew D, Pilcher D, Kaye DM. *Characterising risk of in-hospital mortality following cardiac arrest using machine learning: A retrospective international registry study*. *PLoS Medicine*. 2018; 15(11):e1002709.

Nehme Z, Andrew E, Bernard S, Smith K. *Reply to: Poor prognosis of female out-of-hospital cardiac arrest survivors: A risk assessment*. *Resuscitation*. 2019. In Press.

Nehme Z, Andrew E, Bernard S, Smith K. *Sex differences in the quality-of-life and functional outcome of cardiac arrest survivors*. *Resuscitation*. 2019; 137:21-8.

Nehme Z, Delorenzo A, Yates J, Bernard S, Smith K. *'Reply to: Importance of the distinction between recurrent and shock-resistant ventricular fibrillation: Call for a uniform definition of refractory VF*. *Resuscitation*. 2019; 138:306-7.

Nehme Z, Smith K. *More evidence that out-of-hospital cardiac arrest is preventable*. *Resuscitation*. 2019. In Press.

Nielsen S, Crossin R, Middleton M, Martin C, Wilson J, Lam T, Scott D, Smith K, Lubman D. *Comparing rates and characteristics of ambulance attendances related to extramedical use of pharmaceutical opioids in Australia: a protocol for a retrospective observational study*. *BMJ Open*. 2019; 9(5):e029170.

Riou M, Ball S, Whiteside A, Bray J, Perkins GD, Smith K, O'Halloran KL, Fatovich DM, Inoue M, Bailey P, Cameron P, Brink D, Finn J. *We're going to do CPR: A linguistic study of the words used to initiate dispatcher-assisted CPR and their association with caller agreement*. *Resuscitation*. 2018; 133:95-100.

Ross LJ, Jennings PA, Gosling CM, Williams B. *Experiential education enhancing paramedic perspective and interpersonal communication with older patients: a controlled study*. *BMC Medical Education*. 2018; 18(1):239.

Scott D, Crossin R, Ogeil R, Smith K, Lubman DI. *Exploring harms experienced by children aged 7 to 11 using ambulance attendance data: A 6-year comparison with adolescents aged 12-17*. *International Journal of Environmental Research & Public Health*. 2018; 15(7):1385.

Smith E, Walker T, Burkle FM. *Lessons in post-disaster self-care from 9/11 Paramedics and Emergency Medical Technicians*. *Prehospital and Disaster Medicine*. 2019; 34(3):335-9.

Stam NC, Gerostamoulos D, Gerstner-Stevens J, Scott N, Smith K, Drummer O, Pilgrim J. *Determining the effective dose of street-level heroin: A new way to consider fluctuation in heroin purity, mass and potential contribution to overdose*. *Forensic Science International*. 2018; 190:219-226.

Stam NC, Gerostamoulos D, Pilgrim JL, Smith K, Moran L, Parsons S, Drummer OH. *An analysis of issues in the classification and reporting of heroin-related deaths*. *Addiction*. 2019; 114(3):504-12.

Stam NC, Gerostamoulos D, Smith K, Pilgrim JL, Drummer OH. *Challenges with take-home naloxone in reducing heroin mortality: a review of fatal heroin overdose cases in Victoria, Australia*. *Clinical Toxicology*. 2019; 57(5):325-30.

Vikke HS, Vittinghus S, Betzer M, Giebner M, Kolmos HJ, Smith K, Castrén M, Lindström V, Mäkinen M, Harve H, Mogensen CB. *Hand hygiene perception and self-reported hand hygiene compliance among emergency medical service providers: a Danish survey*. *Scandinavian Journal of Trauma Resuscitation & Emergency Medicine*. 2019; 27(1):10.

Vikke HS, Vittinghus S, Giebner M, Kolmos HJ, Smith K, Castrén M, Lindström V. *Compliance with hand hygiene in emergency medical services: an international observational study*. *Emergency Medicine Journal*. 2019; 36(3):171.

Villani M, Earnest A, Smith K, De Courten B, Zoungas S. *Geographical variation of diabetic emergencies attended by prehospital Emergency Medical Services is associated with measures of ethnicity and socioeconomic status*. *Scientific Reports*. 2018; 8(1).

Walker K, Stephenson M, Dunlop WA, Cheong EM, Ben-Meir M. *Australian private emergency departments can assist ambulance services by taking public emergency patients during surge and disasters*. *Emergency Medicine Australasia*. 2019. In Press.

Yeung T, Shannon B, Perillo S, Nehme Z, Jennings P, Olausson A. Review article: *Outcomes of patients who are not transported following ambulance attendance: A systematic review and meta-analysis*. *Emergency Medicine Australasia*. 2019; 31(3):321-31.

AV presentations at key conferences

Stroke 2018, Sydney Australia

Paramedics Australasia International Conference, Gold Coast Australia

International Forum on Quality and Safety in Healthcare, Melbourne Australia

European Resuscitation Council Congress, Bologna Italy

World Stroke Conference 2018, Montreal Canada

European Society of Intensive Care Meeting, Paris France

Australian and New Zealand Annual Scientific Meeting on Intensive Care, Adelaide Australia

Society for Mental Health Research, Noosa Australia

Critical Care Reviews Meeting, Belfast Ireland

International Stroke Conference, Honolulu Hawaii

International Society for Research on Internet Interventions, Auckland New Zealand

EMS 2019, Madrid Spain

Australian Resuscitation Council Spark of Life Conference, Sydney Australia

4th International Symposium on Post Cardiac Arrest Care, Lund Sweden



Environmental Report

Environmental commitment

AV recognises that its everyday activities have an impact on the environment. We are committed to improving the overall environmental performance of our organisation. As part of this commitment, this year we commenced implementation of a Social and Environmental Responsibility Action Plan to further build a socially responsible business and support us to realise ongoing improvements to our environmental performance.

Paper use

In 2018–2019, 62 per cent of paper purchased contained recycled content, 80 per cent of paper purchased was carbon neutral, and overall paper usage reduced by 1,335 reams, which is an 8.8 per cent improvement from 2017–2018. The carbon neutral paper purchased is certified under the National Carbon Offset Standard (NCOS) Carbon Neutral Program.

Reducing waste and maximising recycling

AV is committed to the effective management of waste to reduce waste to landfill as well as associated operating costs. AV has active programs in place to recycle printer cartridges, e-waste and batteries along with more traditional recycling streams such as paper, cardboard and bottles, cans and cartons. Our total waste generated and waste to landfill decreased from 2017–2018 by 11.7 per cent and 2.8 per cent respectively.

Water use

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

Procurement activities

AV conducts procurement and contracting activities to comply with the directives of the Victorian Government Purchasing Board, which requires AV to balance a range of financial and other non-financial factors including social procurement when considering value for money. Environmental performance requirements are built into AV's procurement processes with a view to promoting sustainable environmental practices and enabling supplier environmental performance assessment.

Fuel use (Transport Energy)

Reducing energy use associated with our fleet continues to be challenging to achieve due to the nature of our work and our requirement for specific road vehicle and aircraft platforms. Our response vehicles are efficient Mercedes Benz vehicles which help reduce the overall impact of the AV fleet on the environment.

Energy use (Stationary Energy)

This year saw AV's electricity and gas consumption reduce by approximately 6.64 per cent per FTE, and overall consumption decreased by approximately 3.50 per cent. Analysis of the energy sources shows a marginal electricity consumption decrease of approximately 0.8 per cent and gas consumption decreased by approximately 34 per cent. Reduction in gas can be attributed to factors, such as the development of new operational branches which no longer use gas.

We continue to assess and specify construction products and technologies to support sustainable design in our new branches, to offer increased levels of energy efficiency and reduce our operating costs.

AV has installed solar power systems with current solar capacity of 312.91 kilowatts, of which 43.56 kilowatts was commissioned in 2018–2019.



Environmental Performanceⁱⁱ

Environmental Indicator	Unit of Measure	2018–2019	2017–2018
Office Paperⁱⁱⁱ			
Reams per FTE ⁱ	Reams per FTE ⁱ	2.80	3.17
Total Reams	Reams	13,873	15,208
Average Recycled Content	%	62	73
Average Carbon Neutral Paper	%	80	79
Waste^{iv}			
Total waste generated	Kg (clinical, general & recycled)	316,596	358,665
Total waste to landfill	Kg (Clinical & general)	199,463	205,181
Recycling rate %	Kg (recycled / Kg to landfill)	43.00	49.40
Waste to landfill per FTE ⁱ	Kg per FTE ⁱ	40.21	42.73
Water^v			
Consumption per FTE ⁱ	KL per FTE ⁱ	8.72	7.79
Total Consumption		43,277	37,388
Transport Energy			
Consumption per FTE ⁱ	GJ per FTE ⁱ	70.10	65.81
Total Consumption	GJ	347,786	316,002
Stationary Energy (Electricity & Gas)^{vii}			
Consumption per FTE ⁱ	GJ per FTE ⁱ	6.33	6.78
Total Consumption	GJ	31,409	32,547 ^{viii}
Green Power Purchased	%	10.66	13.12
Greenhouse Emissions			
Emissions from Energy	tCO ₂ -e	8,870	9,069
Emissions from Transport	tCO ₂ -e	24,043	22,887
Total AV Greenhouse Emissions^{ix}	tCO₂-e	32,913	31,956

- i. Official Full Time Equivalent staff as at the end of the financial year.
- ii. All figures have been forecast and adjusted to include the most up-to-date information, available at the time of preparation. Where data was not available or estimated in prior years but has since become available, the data has been adjusted to reflect actual figures representing the reported building portfolio as at 30 June 2019.
- iii. One ream is equivalent to 500 sheets of A4 paper. Recycled content is the average percentage of recycled content purchased. Average Carbon Neutral is the average percentage of paper purchased that is certified Carbon Neutral. Paper count includes paper used for VACIS printing, but does not include AV pre-printed letterhead.
- iv. Waste figures were first reported in 2017–2018 to coincide with DHHS' inclusion of AV's waste data in whole of Department reporting.
- v. Metered potable water used for all sites including offices and branches. Consumption data that is unavailable, for example at sites that are co-located with hospitals or other emergency services is estimated.
- vi. Transport Energy incorporates all AV road vehicles and air fleet. The 2017–2018 and 2018–2019 figures include an additional rotary wing aircraft operated by AV. Due to lag in data collation, road-based fuel is calculated using the 12-month period from June 2018 to May 2019. Higher 2018-2019 total consumption reflects a 7 per cent increase in road ambulance transports.
- vii. Stationary Energy use incorporates electricity and natural gas consumption for all sites including offices and branches. Consumption data that is unavailable, for example at sites that are co-located with hospitals or other emergency services, is estimated.
- viii. 2017–2018 data has been revised following data updates from utility retailers
- ix. The total greenhouse emissions figures incorporate an offset for the purchase of accredited Green Power



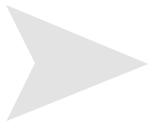
Donations Summary

General Donations and Bequests equal to or over \$1000

Name Of Donor	Donation Amount
Estate of Ian Douglas Biggar	\$423,147.03
Alma Sylvia & Carmen Figuerola Trust	\$15,376.63
Mallacoota Coast Guard Inc. - late John Rudge (Founder), Committee (Rik Arendsen, Mike Minehan, Geoff Weeks, Rob Little) and Members	\$9,000.00
MFC, NCF, WTG Charity Golf Day	\$5,500.00
ATF Edwards Foundation	\$5,000.00
Frank's Garage	\$4,075.30
Lion's Club of Marysville & District Inc.	\$2,875.00
Barham Golf & Sports Club	\$2,200.00
Ritchies IGA	\$1,934.10
Drouin Lions Club	\$1,600.00
John O'Neill	\$1,568.60
Eildon Community Opportunity Shop Inc.	\$1,000.00
Alan Hinds	\$1,000.00
Samuel Lang	\$1,000.00
Moira West CERT Volunteers - Nathalia	\$1,000.00
Nagambie Action Group Inc.	\$1,000.00
Rotary Club of Sorrento Inc.	\$1,000.00
Total	\$478,276.66
General Donations And Bequests Under \$1000	\$353,606.43
Total General Donations	\$831,883.09

Auxiliary Donations equal to or over \$1,000

Name of Donor	Auxiliary	Amount
Estate of Hank Kemme	Paynesville	\$30,427.00
RACV Foundation	Sale	\$5,000.00
JMT Invest	Beaufort	\$5,000.00
Royal Automobile Club of Victoria (RACV) Limited	Auxiliaries	\$4,865.00
Ritchies IGA	Paynesville	\$4,625.49
R Lancaster	Heyfield	\$3,000.00
Raymond Island Football Match	Paynesville	\$2,360.00
Bairnsdale Golf & Bowls Club	Paynesville	\$2,032.00
Robinvale Opp Shop	Robinvale	\$2,000.00
St Andrews Uniting Church, Woodend	Woodend	\$2,000.00
Community Association for Woods Point	Woods Point	\$1,750.00
Sale Greyhound Club	Sale	\$1,639.20
Mansfield Gold Club Inc.	Mansfield	\$1,500.00
St Brendan's Catholic Women's League	Lakes Entrance	\$1,500.00
Wallan Community Bank	Wallan	\$1,473.00
Harbinson Family	Robinvale	\$1,060.00
Greenhills Wallan	Wallan	\$1,000.00
Mallacoota Community Opp Shop	Mallacoota	\$1,000.00
Dion Theodossi Motor Group	Mansfield	\$1,000.00
Parkridge Village	Paynesville	\$1,000.00
Bendigo Bank	Romsey - Lancefield	\$1,000.00
Keatings Real Estate	Woodend	\$1,000.00
Sale Charity Group	Sale	\$1,000.00
Speed Lions Club	Ouyen-Patchewollock	\$1,000.00
Total		\$78,231.69
Auxiliary Donations under \$1000		\$201,285.88
Total Auxiliary Donations		\$279,517.57



Governance

Ambulance Victoria (AV) was established on 1 July 2008 to provide statewide emergency pre-hospital ambulance services to all Victorians.

AV is a statutory authority required by the Ambulance Services Act 1986 to:

- respond rapidly to requests for help in pre-hospital medical emergencies
- provide specialised medical skills to maintain life and to reduce injuries in emergency situations and while transporting patients
- provide specialised transport facilities to move people requiring emergency medical treatment
- to provide safe, patient-centred and appropriate services
- 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, and
- foster public education in first-aid.

The Act was last updated in April 2018.

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

Appointed by the Governor in Council on the recommendation of the Minister, the Board of Directors (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 State Government and Minister for the overall and ongoing performance of AV.

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

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

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

The Board's skills and experience collectively extend across government, emergency services, health, industrial relations, finance, accounting, law, commerce, governance, culture and consulting. The Board regularly engages with senior health service, government department officers and other external specialists to ensure Directors remain connected to contemporary practices in health, risk and governance.

The Board also meets on an external or regional basis during the year, to enhance Directors' insight into local operations and community matters.

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

The Board and its Committees conduct annual reviews of their performance and effectiveness.

Declarations of pecuniary interest

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

Board Committees

The Board continues to be very well supported by several Committees to assist it in meeting its extensive statutory and governance responsibilities. The Board has three statutory Committees, two advisory Committees, and a Remuneration and Nominations Committee to support its functions.

All Committees are governed by a Board-approved Terms of Reference, which sets out each forum's role, responsibilities, membership, quorum and

voting structures. The Board appoints all Committee members, and ensures annual performance and effectiveness reviews are conducted and reported. In 2018-2019, no material changes occurred in either the role or responsibilities of the Committees.

Finance Committee (s18 requirement)

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

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

The Committee is assisted in its work by the extensive commercial, finance and accounting experience of its members. The Committee continuously improves its insights into AV through regular presentations on key areas of the business which present both financial opportunity and challenge for the organisation. All members of the Finance Committee are also members of the Audit and Risk Committee. The current Committee Chair will retire from the role on 30 June 2019, with a new (current) Director appointed as Chair from 1 July 2019.

Audit and Risk Committee (s18 requirement)

The Committee assists the AV Board in fulfilling its responsibilities in the areas of compliance, internal control, financial reporting, assurance activities and 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 Committee in overseeing clinical risks).

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

In 2018-2019, the Board approved a change in internal auditors with Ernst & Young to perform this role from 1 July 2019.

The Committee's work is supported by a strong cross section of skills and experience of its members in the areas of law, banking, finance, commerce, government, hospitals and insurance. An annual joint meeting is also held with the Quality and Safety Committee, to enable both memberships to closely examine and discuss clinical risks.

Members also participate in education and training sessions on critical risk sectors of the AV business. The Committee continues to extend its focus on both internal and external emerging risks, assessing their potential impact and/or presentation of opportunities for AV

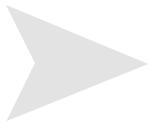
The Committee continues to advance its risk reporting capability and oversight of the AV risk landscape.

Quality and Safety Committee (s18 requirement)

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

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

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



Governance

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

The Committee maintains an ongoing commitment to evolving its knowledge and consideration of new clinical governance practices and frameworks, comprehensive quality and safety reporting, and ways to effectively monitor and measure patient care, safety and experience. Patient stories and case examples remain a consistent part of the Committee's work plan, to provide members with a direct connection to patient outcomes, AV clinical practices and clinical governance performance.

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

People and Culture Committee

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

In 2018-2019, the Committee continued its oversight of numerous focus points for the organisation including workforce health, safety and wellbeing, workplace cultural programs, staff engagement, operational structure reviews, emerging technology practices relevant to clinical performance and manual handling, strategic workforce planning, and other imperatives which collectively enhanced outcomes for our people.

As it did in 2017-2018, Diversity and Inclusion remained a high priority for the Committee (as well as for the Board), with regular oversight provided of our progress against the Diversity and Inclusion Strategy and diversity-related KPIs.

Community Advisory Committee

The Community Advisory Committee (CAC) was established to inform and guide the Board and Executive on matters relating to patients, consumers, and stakeholder engagement and participation.

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

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

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



Management Structure

Minister for Ambulance Services

The Honourable Jill Hennessy, MP

1/7/2018 – 29/11/2018

Jenny Mikakos, MP

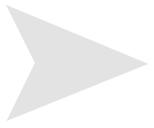
29/11/2018 – 30/06/2019

Department of Health and Human Services

AV Board

AV Chief Executive Officer

AV Executive Group



Board Members

BOARD CHAIR

Mr Ken Lay AO APM

Mr Lay is the former Chief Commissioner of Victoria Police where he held a number of positions over several decades. He retains extensive connections at various levels of government and with the broader community. His commitments for 2018-2019 included Directorships with the Essendon Football Club and the Federal Heavy Vehicle Regulator Board. Chairing roles include Ambulance Victoria and Forensicare (Victorian Institute of Forensic Mental Health).

Mr Lay is also a member of the DHHS Council of Board Chairs, a member of the Monash University Accident Research Centre and a member of the Medically Supervised Injecting Rooms Review Panel.

In November 2017, Mr Lay was appointed Lieutenant-Governor of Victoria. He is also an Officer of the Order of Australia, and an Australian Police Medal recipient.

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

BOARD MEMBERS

Ms Tasneem Chopra

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

She continues as Chair of the Australian Muslim Women's Centre for Human Rights, a Director of the Missen Foundation and Director of the Australian Centre for the Moving Image. In 2018-2019, Ms Chopra concluded her work with the Board of the Now Australia Campaign.

AV Board Committee appointments include the People and Culture Committee and the Community Advisory Committee.

Ms Susanne Clarke

Ms Clarke has held numerous senior management and governance positions in health and community services for over 40 years in local, state and private sectors. Her experience extends across primary healthcare, philanthropy, governance and community engagement. She continues in her role as a Board Director of Bendigo Health and Haven: Home Safe, and as the Chair of Loddon Mallee Housing Ltd.

New appointments in 2018-2019 included becoming Chair of Bendigo Affordable Housing.

Ms Clarke's qualifications extend across social science and business, and she is a Fellow of both the AICD and ANZSOG. In 2018-2019, she continued as Chair of AV's Community Advisory Committee, and a member of the Quality and Safety Committee.

Ms Suzanne Evans (retired 30 June 2019)

Ms Evans has a background in finance and economics, and has broad management experience in corporate governance, customer and community relations, accountancy and the public service. A passionate community advocate and environmentalist, Ms Evans has served as a Board Director with a number of health and environmental organisations including Austin Health, Sustainability Victoria, North East Water and Osteopaths Registration Board of Victoria.

She is an independent member on the Risk and Audit Committee of the Department of Environment Land Water and Planning, and a partner in Mt Gisborne Cherries.

Concluding her Directorship tenure with AV in June 2019, Ms Evans was Chair of the Finance Committee, and a member of the Audit and Risk Committee – retaining both roles since 1 January 2016.

Dr Joanna Flynn AM

Dr Flynn is a general medical practitioner who has held an extensive governance and advisory portfolio of federal and state appointments over many years.

Dr Flynn has been the Chair of Eastern Health and the Medical Board of Australia, and is the current Chair of the Council of Health Service Board Chairs, Victoria and the Board Reports Advisory Committee – Victorian Agency for Health Information.

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



Board Members

Dr Flynn is Chair of AV's Quality and Safety Committee, and a member of both the People and Culture Committee and the Remuneration and Nominations Committee.

Mr Ian Forsyth

Mr Forsyth has more than two decades' experience in successfully developing and leading teams across complex, high profile and transitioning organisations. He continues in his role as Managing Partner with behaviour change communications specialists, The Shannon Company.

Originally a journalist with the ABC, Mr Forsyth moved into a range of senior executive positions across the private and public sectors, including Deputy Chief Executive, WorkSafe Victoria, and Managing Director, Norwich Union Life Australia. In 2018, he commenced a new appointment as a Director of the Australian Centre for the Moving Image.

Mr Forsyth is a member of AV's Audit and Risk Committee and Finance Committee (the latter he will commence as Chair of, from 1 July 2019).

Mr Michael Gorton AM

Mr Gorton is a senior partner at Russell Kennedy Lawyers and has more than 26 years' experience advising the health and medical sectors on all aspects of commercial law, corporate and clinical governance, and risk management.

He has also enjoyed an extensive senior governance career, and is the current Chair of Alfred Health, the Australian Health Practitioner Regulation Agency (AHPRA), and the Expert Working Group on legislative reforms arising from Targeting Zero. He is also a Board member of Australasian College for Emergency Medicine and Holmesglen Institute.

New appointments for the past year included as Reviewer – Victoria's Assisted Reproductive Treatment Legislation, and becoming a founding member of the International Academy for Quality and Safety in Healthcare.

Mr Gorton holds the award of Member of the Order of Australia.

He is a member of AV's Quality and Safety Committee and the Audit and Risk Committee.

Mr Peter Lewinsky

Mr Lewinsky has extensive private investment banking and corporate and government advisory experience, preceded by a decade of investment banking and stockbroking experience both in Australia and internationally. Over the past 21 years, he has held numerous Victorian Government department governance appointments across a range of sectors.

Mr Lewinsky's appointments in 2018-2019 have included being Chair of Holmesglen Institute, President of the Board: Australian Centre for the Moving Image, and independent Chair of TAL Superannuation Ltd. He remains a Director of Tasmanian Water and Sewerage Corporation. New roles commencing 2018-2019 included appointment as a Director on the Board of the Australian Red Cross and Carbon Revolution (Victorian government investment entity).

Mr Lewinsky continues as Chair of AV's Audit and Risk Committee, and remains a member of each of the Finance Committee, Remuneration and Nominations Committee, and the People and Culture Committee.

Mr Greg Smith AM

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

His non-executive Director appointments have continued to include being Chair of the Country Fire Authority, the State-wide Classification Committee for the Australian Nurses and Midwifery Federation and the Victorian Hospitals' Industrial Association. In 2017, Mr Smith was appointed a Director of Zoos Victoria.

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

Mr Smith is Chair of AV's People and Culture Committee.



Community Advisory Committee

COMMUNITY MEMBERS

Mr Paul Kirkpatrick, JP, GAICD, MBA, BHA, BAppSc, FCHSE

Mr Kirkpatrick has held CEO and senior roles in health and human services organisations. He has knowledge of the health issues and needs of older people, people with chronic illness, and disability and families and carers. He is an experienced Company Director, has served on a range of Boards and Committees; he is the immediate past chair of the Bendigo Volunteer Resource Centre.

Ms Christine Stow

As a parent and carer of a child with special needs, Ms Stow has knowledge and understanding of the issues faced by people with disabilities. With a background in science and the medical industry before becoming a carer, Ms Stow brings a unique breadth of knowledge to the Community Advisory Committee. She is a member of the Carers Victoria Community Advisory Committee, and was previously a Councillor in the City of Whittlesea.

Dr Sally Shaw, BSc., Grad.Dip.Psych., D.Psych. (Health), MAPS

Dr Shaw is a psychologist with a professional focus on working with people with chronic health conditions, mental health issues, physical disabilities, their family members and carers, and the health professionals that work with them.

With a background in Health Promotion (within chronic health settings and Dental Health Services Victoria), and Crisis Counselling, Dr Shaw has also served as a member of the Advisory Committee to the Board of MS Australia for six years. Dr Shaw has close connections to MS Australia, EACH Family and Relationship Support for Carers, and the Eastern Health Multiple Sclerosis Service at Box Hill Hospital.

Mr Steven Gibbs

Mr Gibbs is the owner of Priority Driving Solutions. He possesses knowledge of health issues and needs of young people, people with chronic health conditions, mental illness, families and carers. He brings with him years of experience as a 'first responder' and the training of Emergency Service workers. He is recognised as an active campaigner to reduce ambulance response times in Victoria.

Dr Sandra Porter, BSc/BPsych (Honours), MAppPsych (Community), PhD

Dr Porter is a Psychologist who has worked in the trauma field for over 12 years. She has extensive knowledge and experience working with victims of violent crime as well as emergency service personnel.

She completed her Masters thesis with a Sexual Offences Unit within Victoria Police and in 2013 completed her PhD exploring the health and wellbeing of paramedics. She currently works in both a community health setting (with victims of crime) as well as within a Psychological Trauma Recovery Service in a hospital setting. She specialises in Trauma, Post traumatic stress disorder (PTSD), anxiety, stress and depression.

Mr Andrew Gardiner

Mr Gardiner is the CEO of the Dandenong and District Aborigines Co-Operative Ltd which provides primary health care and social support services for the Aboriginal community in the south east metropolitan area. Mr Gardiner has had extensive experience working with Aboriginal communities throughout Victoria and remote Far North Queensland.

He is a Wurundjeri Woiwurrung descendant of the greater Melbourne area, and is passionate about the development of his community, its improved healthcare outcomes, workforce development and opportunities for future generations.

Mr Ross Coverdale

Mr Coverdale is the CEO of Araluen a disability service in the north-eastern suburbs of Melbourne. Through this role Mr Coverdale has had involvement with a large number of community organisations within the region. He has also had experience as a consumer representative with a number of organisations including the Children's Cancer Centre and the Royal Children's Hospital, the Children's Brain Tumour Association and Centrelink's Community Consultative Forum among others.

While based in metropolitan Melbourne, Mr Coverdale's role as CEO of Araluen connects him to rural CEO networks which give him an insight into the issues facing those with disability in rural and regional Victoria. His experience includes a period of time spent living and working with rural communities in Zimbabwe.

Ms Judith Drake

Ms Drake is an experienced mental health advocate who uses her lived experience to inform her work on consumer and community advisory, research and reference groups with various organisations including Mind, EACH, Women's Health East and Victorian Mental Health Tribunal. She volunteers at Anxiety Recovery Centre (ARC Vic) and is on the National Register of Consumer & Carer Representatives with Mental Health Australia.

Ms Drake is passionate about social justice and community engagement with particular interests in mental health, social inclusion, suicide prevention, family violence, research, emergency services (having previously volunteered with Nunawading SES) and peer support. She regularly presents at conferences around Australia on mental health issues from a consumer perspective.

Mr William Lau

Mr Lau is currently a Consumer Consultant at Austin Health and also part of the Eastern Health Collaborative Recovery Model training team. He is involved with the Victorian Legal Aid "Speaking from Experience Advisory Group" and Better Care Victoria's Consumer Advisory Committee.

Mr Lau draws on his lived experiences to help the consumer voice to be heard and to assist organisations improve their services.



Meetings

	Board		Finance Committee		Audit & Risk Committee ⁽ⁱ⁾		Quality Committee		People & Culture Committee		CAC ⁽ⁱⁱⁱ⁾		Rem & Nom Comm.	
	H	A	H ^(iv)	A	H	A	H ^(v)	A	H	A	H	A	H ^(iv)	A
Board of Directors														
K Lay AO APM (AV Chair)	11	11	6	5 ^(vi)	7	5 ^(vi)	8	7 ^(vi)	4	3 ^(vi)			1	1
T Chopra	11	10							4	4	5	5		
S Clarke	11	10					8	8			5	4		
S Evans	11	10	6	6	7	5								
J Flynn AM	11	11					8	8	4	4			1	1
I Forsyth	11	10	6	6	7	5								
M Gorton AM	11	10			7	3	8	7						
P Lewinsky	11	11	6	5	7	7			4	4			1	1
G Smith AM	11	10							4	4				
P Kirkpatrick ⁽ⁱⁱⁱ⁾							8	8			5	4		
J Boessler ^(vii)							8	8						
T Santo ^(viii)							5	3						
J Drake ⁽ⁱⁱ⁾							5	4			5	5		
S Gibbs ⁽ⁱⁱⁱ⁾											5	3		
S Porter ⁽ⁱⁱⁱ⁾											5	5		
S Shaw ⁽ⁱⁱ⁾											5	5		
A Gardiner ⁽ⁱⁱ⁾											5	4		
C Stow ⁽ⁱⁱ⁾											5	4		
R Coverdale ⁽ⁱⁱ⁾											5	5		
W Lau ⁽ⁱⁱ⁾											5	5		

H = Meetings eligible to attend

A = meetings attended

(i) Includes two joint meetings held with Quality and Safety Committee during 2018-2019

(ii) Community members of the Community Advisory Committee

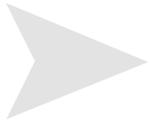
(iii) Includes one joint meeting with the Quality and Safety Committee

(iv) Doesn't include decisions made by circular resolution

(v) Includes two joint meetings with the Audit and Risk Committee and one joint meeting with the Community Advisory Committee

(vi) ex officio (non-mandatory attendance)

(vii) Paramedic representative



The Executive

- **Chief Executive Officer**, Associate Professor Tony Walker ASM
- **Chief Operating Officer**, Mark Rogers ASM
- **Executive Director Clinical Operations**, Associate Professor Mick Stephenson ASM
- **Executive Director, Operational Communications**, Anthony Carlyon
- **Executive Director Corporate Services**, Rob Barr
- **Executive Director Transformation and Strategy**, Craig Howard
- **Executive Director People and Culture**, Rebecca Hodges (from April 2019 also held Executive Director responsibilities for Communications & Stakeholder Engagement)
- **Executive Director Communications and Stakeholder Engagement**, Kate Bradstreet (resigned effective 31 May 2019)
- **Executive Director Quality and Patient Experience**, Nicola Reinders
- **Medical Director**, Professor Stephen Bernard ASM

Chief Executive Officer

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

Chief Operating Officer

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

Executive Director, Clinical Operations

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

Executive Director, Operational Communications

Responsible for coordinating and optimising AV's statewide communications function for emergency, and non-emergency ambulance response and the provision of telehealth services. This includes call taking and dispatch and AV's Referral Service Nurse on Call (NOC) delivery function.

Executive Director, Corporate Services

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

Executive Director, Transformation and Strategy

Responsible for driving and maintaining AV's strategic direction and program of change through policy, planning, delivery, Information Communications Technology, and operational performance monitoring.

Executive Director, People & Culture

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

Executive Director, Communications and Stakeholder Engagement

Responsible for providing leadership and direction for the organisation's strategic communication and engagement with its patients, its people and its partners. Raise awareness, educate and inform key stakeholders of Ambulance Victoria's aims, objectives and key programs to ensure they are connected with Ambulance Victoria. Engage strategically with the membership base and develop community partnerships to build a stronger link between the community and Ambulance Victoria.

Executive Director, Quality and Patient Experience

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

Medical Director

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



Statement of Priorities

PROGRESS AGAINST PART A DELIVERABLES

Goals	Strategies	Health Service Deliverables
<p>Better Health</p> <p>A system geared to prevention as much as treatment</p> <p>Everyone understands their own health and risks</p> <p>Illness is detected and managed early</p> <p>Healthy neighbourhoods and communities encourage healthy lifestyles</p>	<p>Better Health</p> <p>Reduce statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Expand the GoodSAM Trusted Responder group to include targeted community groups and community members, and undertake an impact evaluation of the GoodSAM project, by June 2019.</p> <p>Deliver the Better Together community engagement program by June 2019, including undertaking community forums and strengthening engagement through digital channels, to improve local community engagement and participation in ambulance service design.</p>
<p>Better Access</p> <p>Care is always there when people need it</p> <p>More access to care in the home and community</p> <p>People are connected to the full range of care and support they need</p> <p>There is equal access to care</p>	<p>Better Access</p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	<p>Complete implementation of the final phase of the Victorian Government's \$500 million plan to improve ambulance performance and response times, by June 2019. This will include deployment of six rural Paramedic Community Support Coordinators in July 2018 and a further six rural Paramedic Community Support Coordinators in September 2018, and complete recruitment of 450 paramedics.</p> <p>Ambulance Victoria will also deliver Stage 2 of Revised Ambulance Dispatch by June 2019, incorporating:</p> <ul style="list-style-type: none"> • Development of options for revised performance measures for call taking and dispatch with Inspector General Emergency Management, Department of Health and Human Services, and Emergency Services Telecommunications Authority • Finalisation of a quality plan and determination of revised quality processes for call taking and dispatch to align with the Victorian Clinical Governance Framework • Development of options to support a revised management and operating model to streamline the dispatch and management of high acuity and complex ambulance events • Identification of technology options to support the new operating model.

Outcome

Achieved

Expansion of the GoodSAM trusted responder group to include targeted community groups and community members has occurred in 2018-2019, with additional partner agencies and AHPRA registered community members joining the program.

A Stage 1 Evaluation Report was completed in February 2019. A further evaluation on the expansion of the trusted responder network will be undertaken with 12 months of data.

Achieved

Community discussion forums have been facilitated in each of Ambulance Victoria's five non-metro regions, and in the metropolitan region. Over 350 stakeholders from across these regions attended the forums.

The Better Together digital platform was launched and maintained over 2018-2019. This platform was used with great success to support the development of Ambulance Victoria's first Accessibility Action Plan.

Achieved

Implementation of the final phase of the \$500 million plan has occurred. In total 450 paramedics were recruited and deployed and an additional 12 paramedics to provide for supervision requirements. 12 rural Paramedic Community Support Coordinators were deployed along with an additional three full-time roles to provide for relieving requirements.

Options for revised performance measures for call taking and dispatch have been developed and agreed by ESTA, with Code 1 metric shadowing commencing in July.

Activities to implement the Quality Plan have commenced in collaboration with ESTA.

Options to support a revised management and operating model to streamline the dispatch and management of high acuity and complex ambulance events have been developed.

The identification of technology options have been developed to support the revised management operating model.



Statement of Priorities

Goals	Strategies	Health Service Deliverables
		<p>Continue to work with the Department of Health and Human Services to scope, design and execute year one of the Advancing Paramedic Roles Implementation Program by June 2019.</p>
<p>Better Care</p> <p>Target zero avoidable harm</p> <p>Healthcare that focuses on outcomes</p> <p>Patients and carers are active partners in care</p> <p>Care fits together around people's needs</p>	<p>Better Care</p> <p>Put quality first</p> <p>Join up care</p> <p>Partner with patients</p> <p>Strengthen the workforce</p> <p>Embed evidence</p> <p>Ensure equal care</p>	<p>In alignment with Ambulance Victoria's Best Care Framework, introduce new clinical governance systems and enhance quality and safety performance reporting by December 2018, to improve patient safety, clinical risk management, and the patient experience with Ambulance Victoria.</p> <p>Undertake the Better Care Victoria organisational improvement capability assessment survey by December 2018, and deliver quarterly organisational improvement training for staff, to build Ambulance Victoria's capacity to deliver and support Best Care for our patients.</p> <p>Paramedics will be required by law to hold registration through the Australian Health Practitioner Regulation Agency by December 2018. Ambulance Victoria will support the operational workforce paramedic registration process by developing a governance structure and supporting materials, introducing a solution to receipt and capture registration numbers, and enable change management. Paramedic registration supports delivery of the Best Care Framework, aligning Ambulance Victoria's focus to deliver high quality and safe healthcare.</p>

Outcome

Achieved

Ambulance Victoria worked with DHHS to undertake a high level needs analysis within rural Victoria, along with research of advanced community based paramedic models locally and internationally. A survey and interviews have been conducted across Ambulance Victoria's rural regions to understand the similarities and differences in the models of care that Paramedic Community Support Coordinators use within their communities. An assessment report has been produced.

Achieved

Ambulance Victoria established a Quality and Safety Performance scorecard to improve governance oversight, with quarterly reporting issued to Peak Best Care, Regional Best Care and Quality Committees.

Achieved

The Better Care Victoria organisational improvement capability assessment survey was undertaken by Executive Members and Senior Leaders in November 2018. The assessment outcomes, priorities and actions were confirmed with Better Care Victoria in February 2019 as agreed.

Organisation improvement training, including patient experience team training in communication and customer service skills, has been completed. A regular grand rounds series has been established, and safe care communications, and sharing learnings from patient harm/risk are now an ongoing business-as-usual activity.

Achieved

The Paramedic registration policy and procedure documents, along with an interim registration refusal process, have been approved. A solution has been introduced to capture and report on registration and application numbers and a process developed to manage those with an approved exemption from applying for registration. A number of change and communications activities have been delivered throughout the registration period.



Statement of Priorities

Goals	Strategies	Health Service Deliverables
Mandatory actions	Disability Action Plans Draft disability action plans are completed in 2018-2019. Note: Guidance on developing disability action plans can be found at https://providers.dhhs.vic.gov.au/disability-action-plans . Queries can be directed to the Office for Disability by phone on 1300 880 043 or by email at ofd@dhhs.vic.gov.au	Submit a draft disability action plan to the department by June 2019, including a three year implementation plan, to reduce barriers experienced by people with a disability. This includes addressing discrimination, bias and increasing access to the service, both as a patient or a potential employer.
	Volunteer engagement Ensure that the health service executives have appropriate measures to engage and recognise volunteers.	Develop a First Responder Plan by March 2019, to provide a greater understanding of the contribution made by first responders, and to better tailor organisational processes to suit the demands of the first responder program.
	Bullying and harassment Actively promote positive workplace behaviours and encourage reporting. Utilise staff surveys, incident reporting data, outcomes of investigations and claims to regularly monitor and identify risks related to bullying and harassment, in particular include as a regular item in Board and Executive meetings. Appropriately investigate all reports of bullying and harassment and ensure there is a feedback mechanism to staff involved and the broader health service staff.	Include workplace bullying and harassment as part of People & Culture’s quarterly board reporting, and communicate workplace themes and trends resulting from investigations into bullying and harassment to the workforce by September 2018, to reduce workplace bullying and harassment.
	Occupational violence Ensure all staff who have contact with patients and visitors have undertaken core occupational violence training, annually. Ensure the department’s occupational violence and aggression training principles are implemented.	Develop a new occupational violence dashboard and reporting mechanism by September 2018, and develop and implement an online occupational violence employee awareness and education program by March 2019, to enable better monitoring of and response to occupational violence incidents.

Outcome

Achieved

Ambulance Victoria consulted with people with lived disabilities, carers, support workers, local and state government representatives and paramedics in the development of Ambulance Victoria's first Accessibility Action Plan. The plan is designed to reduce barriers experienced by people with a disability accessing Ambulance Victoria's services.

The draft Accessibility Action Plan, including a three-year implementation plan, was submitted to the Department of Health and Human Services in June 2019.

Achieved

Ambulance Victoria's First Responder Policy and Plan has been developed and approved. This has enabled Ambulance Victoria to better tailor processes to suit the demands of the first responder program.

Achieved

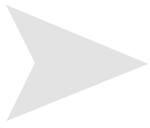
Professional conduct matters (including bullying and harassment) are now included as a part of Ambulance Victoria's regular Board reports.

The Professional Conduct Unit intranet page was updated in July 2018 to improve staff understanding of bullying and harassment, followed by the People Matter Survey 2018 results being released in August 2018 to provide the Ambulance Victoria workforce with bullying and harassment trend data.

Following detailed analysis of data and completion of the Anti-Bullying and Harassment Leadership Training in October 2018, further communications were released to the workforce in November 2018 via the Professional Conduct Unit.

Achieved

To better monitor and respond to occupational violence incidents, Ambulance Victoria has developed and implemented robust reporting mechanisms including an occupational violence dashboard. Development and implementation of an occupational violence eLearning program has also been completed.



Statement of Priorities

Goals	Strategies	Health Service Deliverables
Mandatory actions	<p>Environmental Sustainability</p> <p>Actively contribute to the development of the Victorian Government's:</p> <ul style="list-style-type: none"> • policy to be net zero carbon by 2050 and improve environmental • sustainability by identifying and implementing projects, including • workforce education, to reduce material environmental impacts with • particular consideration of procurement and waste management, and • publicly reporting environmental performance data, including • measureable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling. 	<p>Design and commence implementation of a Corporate Environment and Social Responsibility Action Plan by March 2019, to demonstrate Ambulance Victoria's approach to building a socially responsible business.</p>
	<p>LGBTI</p> <p>Develop and promulgate service level policies and protocols, in partnership with LGBTI communities, to avoid discrimination against LGBTI patients, ensure appropriate data collection, and actively promote rights to free expression of gender and sexuality in healthcare settings. Where relevant, services should offer leading practice approaches to trans and intersex related interventions. Note: deliverables should be in accordance with the DHHS Rainbow eQuality Guide (see at www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality) and the Rainbow Tick Accreditation Guide (see at www.glhv.org.au)</p>	<p>Deliver the first year of the Ambulance Victoria 2018-20 Diversity and Inclusion Strategy Implementation Plan by June 2019.</p>

Outcome

Achieved

Ambulance Victoria developed a Social and Environmental Responsibility Action Plan including a focus on environmental sustainability and social responsibility which defined an overall approach and framework supporting a multi-year action plan for delivery.

Achieved

Ambulance Victoria has delivered the first year of the 2018-20 Diversity and Inclusion Strategy Implementation Plan, including the launch of the Diversity and Inclusion Council, updating of recruitment methods to remove any potential unconscious bias issues, development of an experiences of Women in Ambulance Victoria briefing, and launch of a Cultural Safety Action Plan.



Performance Priorities

	2018-2019 Target	2018-2019 Actual
High quality and safe care		
Accreditation		
Certification to the ISO Standard ISO 9001:2015	Certified	Certified
Infection prevention and control		
Percentage of healthcare workers immunised for influenza ⁱ	80%	83.7%
Quality and Safety		
Percentage of emergency patients satisfied or very satisfied with the quality of care provided by paramedics ⁱⁱ	95%	97.1%
Percentage of patients experiencing severe cardiac or traumatic pain whose level of pain was reduced significantly ⁱⁱⁱ	90%	91.7%
Percentage of adult stroke patients transported to definitive care within 60 minutes ^{iv}	90%	97.1%
Percentage of major trauma patients that meet destination compliance ^v	85%	92.1%
Percentage of adult cardiac arrest patients surviving to hospital ^{vi}	50%	50.7%
Percentage of adult cardiac arrest patients surviving to hospital discharge ^{vi}	25%	33.8%
Strong governance, leadership and culture		
Organisational culture		
People Matter Survey - percentage of staff with an overall positive response to safety and culture questions ^{vii}	80%	83%
People Matter Survey – percentage of staff with a positive response to the question, I am encouraged by my colleagues to report any patient safety concerns I may have ^{vii}	80%	91%
People Matter Survey – percentage of staff with a positive response to the question, Patient care errors are handled appropriately in my work area ^{vii}	80%	88%
People Matter Survey – percentage of staff with a positive response to the question, My suggestions about patient safety would be acted upon if I expressed them to my manager ^{vii}	80%	85%
People Matter Survey – percentage of staff with a positive response to the question, The culture in my work area makes it easy to learn from the errors of others ^{vii}	80%	75%
People Matter Survey – percentage of staff with a positive response to the question, Management is driving us to be a safety-centred organisation ^{vii}	80%	91%
People Matter Survey – percentage of staff with a positive response to the question, This health service does a good job of training new and existing staff ^{vii}	80%	71%
People Matter Survey – percentage of staff with a positive response to the question, Trainees in my discipline are adequately supervised ^{vii}	80%	62%
People Matter Survey – percentage of staff with a positive response to the question, I would recommend a friend or relative to be treated as a patient here ^{vii}	80%	97%

	2018-2019 Target	2018-2019 Actual
Timely access to care		
Response times Statewide		
Percentage of emergency Code 1 incidents responded to within 15 minutes ^{viii}	85%	83.9%
Percentage of emergency Priority 0 incidents responded to within 13 minutes	85%	85.8%
Response times Urban		
Percentage of emergency Code 1 incidents responded to within 15 minutes in centres with a population greater than 7,500 ^{ix}	90%	89.2%
40-minute transfer		
Percentage of patients transferred from ambulance to ED within 40 minutes	90%	81.8%
Call referral		
Percentage of Triple Zero (000) cases where the caller receives advice or service from another health provider as an alternative to an emergency ambulance response – statewide	15%	15.6%
Clearing time		
Average ambulance hospital clearing time ^x	20 mins	18:33

Notes

- i. Includes all AV staff. Results reflect the 2018 Influenza Immunisation Program which runs until the end of August 2018, as required by business rules.
- ii. Based on results of survey conducted in 2019 [excludes missing/don't know/can't say from total responses].
- iii. Includes patients of all ages with traumatic pain and patients aged 15 years or greater with cardiac pain who presented with GCS (Glasgow Coma Scale) of 9 or more, were not intubated, had an initial pain score of 8 or more and a pain reduction of 2 or more points. Provisional figures are provided.
- iv. Includes patients aged 15 years or greater whose final paramedic assessment was stroke and who were transported to a hospital with stroke unit and thrombolysis or telemedicine services within 60 minutes. Excludes inter-hospital transports. Provisional figures are provided.
- v. Includes major trauma patients, as defined by the Victorian State Trauma Registry, who were transported directly to a Major Trauma Service, and patients transported to the highest level of Trauma Service within 45 minutes, where travel time to a Major Trauma Service was > 45 minutes. Excludes inter hospital transports. Results based on data available from July 2018 - December 2018.
- vi. Adult (≥15 years) cardiac arrests where resuscitation was attempted by EMS (excluding those cases where resuscitation was commenced but ceased when a Do Not Resuscitate was discovered) and the arrest rhythm on first ECG assessment was Ventricular Fibrillation (VF) or Ventricular Tachycardia (VT). VF/VT events include cases that were defibrillated prior to the arrival of EMS. EMS denotes Ambulance Victoria, Fire Services (Metropolitan Fire Brigade (MFB), Country Fire Authority (CFA)) and Community Emergency Response Teams (CERT). Excludes cardiac arrests witnessed by a paramedic. Cardiac arrest data is sourced from the Victorian Ambulance Cardiac Arrest Registry (VACAR) which is subject to ongoing quality control and is continually updated. Survival to hospital percentage calculation excludes cases where rhythm on arrival at hospital was unknown. Survival to hospital discharge percentage calculation excludes cases where hospital outcome data is unavailable. The data provided is provisional. Results based on data available from July 2018 to March 2019.
- vii. People Matter Survey results reflect data submitted to the department in 2018. Results have been calculated excluding 'Neither agree or Disagree' and 'Don't know' responses from the total responses received so may vary from internal results.
- viii. From 1 July 2014 Statewide response times are based on data sourced from the Computer Aided Dispatch system.
- ix. Based on the Australian Bureau of Statistics Urban Centre boundaries (2016 census) and resident population data.
- x. Based on all emergency transports with recorded times.



Statistical Summary 2018-2019

	2018-2019	2017-2018 ⁽ⁱⁱⁱ⁾	2016-2017 ⁽ⁱ⁾	2015-2016	2014-2015
EMERGENCY ROAD INCIDENTS					
Metropolitan Regions					
Code 1	212,761	205,555	200,960	246,068	236,784
Code 2	160,447	160,926	151,974	139,196	134,376
Code 3	58,610	50,105	46,625	31,499	29,886
Total Metropolitan Emergency Road Incidents	431,818	416,586	399,559	416,763	401,046
Rural Regions					
Code 1	87,630	81,776	78,372	96,412	94,373
Code 2	70,920	69,755	66,533	60,143	56,984
Code 3 ⁽ⁱⁱⁱ⁾	27,757	23,898	22,028	16,384	15,822
Total Rural Emergency Road Incidents	186,307	175,429	166,933	172,939	167,179
All Regions					
Code 1	300,391	287,331	279,332	342,480	331,157
Code 2	231,367	230,681	218,507	199,339	191,360
Code 3 ⁽ⁱⁱⁱ⁾	86,367	74,003	68,653	47,883	45,708
Total Statewide Emergency Road Incidents	618,125	592,015	566,492	589,702	568,225
NON-EMERGENCY ROAD INCIDENTS					
Total Metropolitan Non-Emergency Road Incidents ⁽ⁱⁱⁱ⁾	245,256	235,627	229,921	200,754	218,263
Total Rural Non-Emergency Road Incidents ⁽ⁱⁱⁱ⁾	74,771	61,441	53,551	45,190	46,966
Total Statewide Non-Emergency Road Incidents	320,027	297,068	283,472	245,944	265,229
Total Metropolitan Road Incidents ⁽ⁱⁱⁱ⁾	677,074	652,213	629,480	617,517	619,309
Total Rural Road Incidents	261,078	236,870	220,484	218,129	214,145
ROAD INCIDENTS (ALL REGIONS)					
Emergency Code 1	300,391	287,331	279,332	342,480	331,157
Emergency Code 2	231,367	230,681	218,507	199,339	191,360
Emergency Code 3 ⁽ⁱⁱⁱ⁾	86,367	74,003	68,653	47,883	45,708
Non-Emergency ⁽ⁱⁱⁱ⁾	320,027	297,068	283,472	245,944	265,229
Total Road Incidents ⁽ⁱⁱⁱ⁾	938,152	889,083	849,964	835,646	833,454

	2018-2019	2017-2018 ⁽ⁱⁱⁱ⁾	2016-2017 ⁽ⁱ⁾	2015-2016	2014-2015
AIR INCIDENTS (ALL REGIONS)					
Fixed Wing - Emergency	2,235	2,437	2,298	2,523	2,139
Fixed Wing - Non-Emergency ⁽ⁱⁱⁱ⁾	2,661	2,255	2,253	2,413	2,855
Total Fixed Wing Incidents ⁽ⁱⁱⁱ⁾	4,896	4,692	4,551	4,936	4,994
Helicopters					
Helicopter (HEMS 1 Essendon)	617	591	392	458	437
Helicopter (HEMS 2 Latrobe Valley)	505	499	452	387	369
Helicopter (HEMS 3 Bendigo)	532	521	424	373	339
Helicopter (HEMS 4 Warrnambool)	342	345	282	247	242
Helicopter (HEMS 5 Retrieval)	591	593	578	568	454
Total Helicopter Incidents (All Emergency)	2,587	2,549	2,128	2,033	1,841
Emergency Air Incidents	4,822	4,986	4,426	4,556	3,980
Non-Emergency Air Incidents ⁽ⁱⁱⁱ⁾	2,661	2,255	2,253	2,413	2,855
Total Air Incidents ⁽ⁱⁱⁱ⁾	7,483	7,241	6,679	6,969	6,835
ADULT RETRIEVAL					
Cases handled	5,172	5,178	4,897	4,938	4,577
Retrievals ^(iv)					
Road retrievals - ARV Crew (Doctors and/or Critical Care Registered Nurse)	546	652	NA	NA	NA
Road retrievals - paramedic only	364	368	278	267	304
Road retrievals - doctor & paramedic	195	228	477	558	514
Total road retrievals	1,105	1,248	755	825	818
Air retrievals - paramedic only	1,221	1,144	1,183	1,132	1,075
Air retrievals - doctor & paramedic	542	549	493	594	547
Total air retrievals	1,763	1,693	1,676	1,726	1,622
Total adult retrievals	2,868	2,941	2,431	2,551	2,440
CODE 1 RESPONSE TIME					
Proportion of emergency (Code 1) incidents responded to in 15 minutes or less	83.9%	81.8%	78.3%	75.2%	74.3%
Proportion of emergency (Code 1) incidents, located in centres with a population greater than 7,500, and responded to in 15 minutes or less ^(v)	89.2%	87.2%	83.7%	80.5%	79.9%



Statistical Summary 2018-2019

	2018-2019	2017-2018 ⁽ⁱⁱⁱ⁾	2016-2017 ⁽ⁱⁱ⁾	2015-2016	2014-2015
REFERRAL SERVICE					
Percentage of Triple Zero (000) cases resulting in callers receiving health advice or service from another health provider as an alternative to emergency ambulance response	15.6%	14.9%	15.3%	9.2%	7.6%
PATIENTS TRANSPORTED ^(vi)					
Road transports (Metropolitan Regions)					
Emergency Operations	330,564	306,127	285,484	291,419	284,642
Non-Emergency Operations Stretcher ⁽ⁱⁱⁱ⁾	129,745	134,466	128,389	109,410	123,248
Total Stretcher	460,309	440,593	413,873	400,829	407,890
Non-Emergency Clinic Transport Services ⁽ⁱⁱⁱ⁾	97,033	89,647	82,293	76,284	80,799
Total Metropolitan Regions	557,342	530,240	496,166	477,113	488,689
Road Transports (Rural Regions)					
Total Rural Regions	211,818	187,483	176,455	172,564	171,098
Total Patients Transported by Road	769,160	717,723	672,621	649,677	659,787
AIR TRANSPORTS (ALL REGIONS)					
Fixed Wing transports ⁽ⁱⁱⁱ⁾	4,806	4,665	4,504	4,852	4,885
Helicopters					
Helicopter (HEMS 1 Essendon)	519	506	324	350	348
Helicopter (HEMS 2 Latrobe Valley)	416	428	382	312	290
Helicopter (HEMS 3 Bendigo)	446	424	349	298	274
Helicopter (HEMS 4 Warrnambool)	289	295	244	196	199
Helicopter (HEMS 5 Retrieval)	505	495	471	479	388
Total Helicopter Transports	2,175	2,148	1,770	1,635	1,499
Total Air Transports ⁽ⁱⁱⁱ⁾	6,981	6,813	6,274	6,487	6,384
Total Patient Transports ⁽ⁱⁱⁱ⁾	776,141	724,536	678,895	656,164	666,171

	2018-2019	2017-2018 ⁽ⁱⁱⁱ⁾	2016-2017 ⁽ⁱ⁾	2015-2016	2014-2015
ROAD PATIENTS TRANSPORTED (ALL REGIONS) - CHARGING CATEGORIES ^(vii)					
Compensable Transports					
Veterans' Affairs	18,837	19,980	21,413	23,256	26,207
Transport Accident Commission	16,285	14,789	13,153	11,853	11,510
WorkCover	4,087	3,652	3,447	3,666	3,761
Public Hospital Transfers ⁽ⁱⁱⁱ⁾	28,338	26,732	24,712	25,990	29,507
Private Hospital Transfers ⁽ⁱⁱⁱ⁾	2,069	2,229	2,071	2,251	5,403
Ordinary	61,161	56,782	53,863	53,000	52,635
Subscriber	144,811	132,189	123,187	120,615	116,200
Total Compensable Road Transports	275,588	256,353	241,846	240,631	245,223
Community Service Obligation Road Transports ⁽ⁱⁱⁱ⁾	485,262	453,081	422,778	400,838	406,123
Other ^{(iii),(viii)}	8,310	8,289	7,997	8,208	8,441
Total Patients Transported by Road ⁽ⁱⁱⁱ⁾	769,160	717,723	672,621	649,677	659,787

NOTES

- (i) In May 2016, AV commenced rolling out changes to event priorities to better match resource allocation to patient need. This program, included within the Ambulance Policy and Performance Consultative Committee final report, sees a progressive increase in the number of Triple Zero (000) calls receiving secondary triage by AV. Overall Emergency Ambulance workload, including the Code 1 subset of workload, shows lower annualised growth than Triple Zero (000) call volume for May and June 2016 as a result of this program.
- (ii) Figures for 2017-18 have been updated where applicable to include data received after the completion of last year's report.
- (iii) Revised patient transport charging guidelines were introduced on 1 July 2014. The revisions have impacted demand for AV services, resulting in changes in Air Ambulance transports, Non-Emergency Road transports, public hospital transfers, and the creation of a new charging category "Private Hospital Transfers". At times this has created a decline in demand, and is predominantly a result of a reduction in booked non-emergency transports due to changes in non-emergency fees introduced from July 2014 and the impact of the NEPT Pilot which began in November 2015 and finished in April 2016.
- (iv) Retrievals may appear as either a road incident, an air incident or both. During 2016-17, Adult Retrieval Victoria introduced a new platform - ARV Ambulance. This has resulted in a change in how staff are crewed, therefore from 2017-18 there are retrievals without paramedic attendances.
- (v) Based on the Australian Bureau of Statistics Urban Centre boundaries (2016 census) and resident population data.
- (vi) "Patients Transported" are categorised as metropolitan or rural based on the location of the resource used. Data for the 2018-2019 is preliminary and subject to change.
- (vii) 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 2018-2019 are estimates.
- (viii) 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.



Statistical Summary 2018-2019

Code 1 First Response Performance by LGA, 2018-19

Local Government Area Name	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Alpine (S)	51.1%	20:19	573
Ararat (RC)	66.0%	14:35	588
Ballarat (C)	89.7%	10:18	6,051
Banyule (C)	91.4%	09:54	5,415
Bass Coast (S)	68.2%	14:02	2,325
Baw Baw (S)	69.5%	14:02	2,510
Bayside (C)	89.8%	10:30	3,433
Benalla (RC)	63.8%	15:03	821
Boroondara (C)	90.8%	10:16	5,076
Brimbank (C)	89.7%	10:13	9,894
Buloke (S)	38.1%	23:09	289
Campaspe (S)	67.0%	13:44	1,957
Cardinia (S)	73.6%	12:21	4,486
Casey (C)	87.9%	10:30	13,380
Central Goldfields (S)	65.3%	14:45	879
Colac-Otway (S)	65.7%	15:04	947
Corangamite (S)	46.7%	18:22	709
Darebin (C)	92.0%	09:43	7,670
East Gippsland (S)	64.8%	15:14	3,012
Frankston (C)	91.3%	09:45	7,948
Gannawarra (S)	50.5%	18:50	461
Glen Eira (C)	92.0%	09:48	5,185
Glenelg (S)	75.5%	13:03	942
Golden Plains (S)	34.6%	18:46	754
Greater Bendigo (C)	80.9%	11:48	6,382
Greater Dandenong (C)	92.0%	09:40	8,368
Greater Geelong (C)	84.8%	11:03	14,021
Greater Shepparton (C)	85.6%	10:40	4,061
Hepburn (S)	37.4%	18:28	787
Hindmarsh (S)	56.6%	20:09	272
Hobsons Bay (C)	88.1%	10:34	4,043
Horsham (RC)	85.0%	10:33	1,091
Hume (C)	88.1%	10:27	12,211
Indigo (S)	28.8%	21:01	542
Kingston (C)	91.5%	09:54	6,877
Knox (C)	92.5%	09:39	6,357

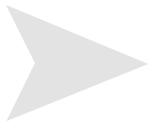
Latrobe (C)	80.9%	11:15	5,941
Loddon (S)	31.1%	21:37	482
Macedon Ranges (S)	67.3%	13:24	1,985
Manningham (C)	85.3%	11:32	4,246
Mansfield (S)	45.9%	23:21	338
Maribyrnong (C)	90.5%	09:49	3,685
Maroondah (C)	93.6%	09:03	5,128
Melbourne (C)	91.8%	08:53	9,816
Melton (S)	83.6%	10:56	7,113
Mildura (RC)	85.3%	10:50	3,176
Mitchell (S)	66.8%	13:45	2,224
Moira (S)	60.5%	15:39	1,717
Monash (C)	89.1%	10:44	6,996
Moonee Valley (C)	87.9%	10:59	5,293
Moorabool (S)	71.6%	12:53	1,495
Moreland (C)	90.6%	10:11	8,228
Mornington Peninsula (S)	83.0%	10:59	8,676
Mount Alexander (S)	52.4%	16:43	848
Moyne (S)	42.4%	17:48	571
Murrindindi (S)	38.9%	21:38	763
Nillumbik (S)	70.8%	13:18	2,068
Northern Grampians (S)	68.1%	14:31	624
Port Phillip (C)	90.8%	09:35	4,777
Pyrenees (S)	47.5%	17:50	440
Queenscliffe (B)	56.5%	15:11	161
South Gippsland (S)	47.9%	18:02	1,493
Southern Grampians (S)	62.6%	15:57	709
Stonnington (C)	90.3%	10:12	3,836
Strathbogie (S)	46.0%	17:41	694
Surf Coast (S)	61.4%	15:17	1,310
Swan Hill (RC)	74.8%	12:52	1,092
Towong (S)	42.5%	22:59	285
Unincorporated Vic	39.8%	28:45	88
Wangaratta (RC)	76.4%	12:41	1,516
Warrnambool (C)	92.5%	09:29	1,556
Wellington (S)	60.1%	16:14	2,281
West Wimmera (S)	37.3%	21:37	169
Whitehorse (C)	92.8%	09:17	6,235
Whittlesea (C)	81.6%	11:30	9,416
Wodonga (RC)	87.5%	10:34	2,220
Wyndham (C)	88.0%	10:27	8,515
Yarra (C)	93.1%	08:49	4,611
Yarra Ranges (S)	77.9%	11:56	6,722
Yarriambiack (S)	39.8%	21:20	387
Interstate LGAs	61.9%	16:59	977
Total AV	83.9%	11:10	291,220

Code 1 First Response Performance by UCL > 7500, 2018-19

Urban Centre Locality Name >7500	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Albury - Wodonga (Wodonga Part)	90.9%	10:04	2,050
Bacchus Marsh	83.4%	10:43	835
Bairnsdale	84.1%	10:54	1,021
Ballarat	91.2%	10:04	5,785
Benalla	76.4%	12:32	592
Bendigo	87.4%	10:45	5,567
Castlemaine	73.0%	13:32	482
Colac	86.2%	10:53	607
Drouin	84.9%	11:42	656
Drysdale - Clifton Springs	84.7%	11:38	667
Echuca - Moama (Echuca Part)	87.7%	10:06	826
Geelong	88.4%	10:33	9,982
Gisborne	74.4%	11:34	449
Hamilton	92.3%	09:20	418
Healesville	85.6%	10:10	555
Horsham	92.6%	09:11	952
Lara	84.4%	11:07	636
Leopold	87.9%	10:10	513
Maryborough (Vic.) *	82.0%	11:23	607
Melbourne *	89.6%	10:08	192,915
Melton	86.3%	10:02	3,727
Mildura - Buronga (Mildura Part)	94.6%	08:50	2,242
Moe - Newborough	83.9%	10:14	1,757
Morwell	92.5%	09:23	1,610
Ocean Grove - Barwon Heads	84.9%	10:40	780
Portland (Vic.)	87.9%	10:06	539
Sale	89.1%	09:28	717
Shepparton - Mooroopna	91.6%	09:38	3,232
Sunbury	87.8%	10:06	1,721
Swan Hill	90.0%	09:31	609
Torquay - Jan Juc	79.0%	12:11	686
Traralgon	84.2%	11:07	1,611
Walla	86.0%	10:08	457
Wangaratta	90.7%	09:57	1,164
Warragul	83.0%	10:59	816
Warrnambool	93.5%	09:17	1,477
Wonthaggi *	89.6%	09:50	626
Yarrawonga - Mulwala (Yarrawonga Part) *	74.6%	13:49	500
Total UCLs > 7500	89.2%	10:11	250,386

Note

* The Maryborough (Vic.), Wonthaggi and Yarrawonga - Mulwala (Yarrawonga Part) UCLs were redefined by the Australian Bureau of Statistics in the 2016 census as having a population greater than 7,500 people.
The Melbourne UCL was redefined by the Australian Bureau of Statistics in the 2016 census to include the area which was previously the Pakenham UCL. Ambulance Victoria has implemented 2016 census changes from 1 July 2018.



Statistical Summary 2018-2019

Glossary

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

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



Statistical Summary 2018-2019

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



Statutory Compliance

Freedom of Information

Ambulance Victoria received 2,046 requests under the *Freedom of Information Act 1982* for the 2018-2019 financial year.

Full access to documents was provided in 1,246 requests.

Exemptions under the Act were applied to 410 requests.

Partial access was granted for 410 requests while one request was 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.

In terms of documents that were fully exempted, the most common exemptions applied were that the document was an internal working document or contained matters communicated in confidence.

Most applications were received from members of the general public and lawyers or solicitors.

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

AV collected \$42,222.90 in application fees.

AV collected \$1,209.36 in access charge fees to facilitate access to documents.

In addition, the Freedom of Information team at Ambulance Victoria processed 494 requests for the Coroners Court of Victoria, 59 requests for DHHS/Child Protection, two requests for the Medical Practitioners Board and 266 requests for the Transport Accident Commission (TAC) applying the relevant Statute Law. AV Collected \$43,527,945 for processing TAC requests.

FREEDOM OF INFORMATION REQUESTS

2018-2019

Requests received during the year	2,046
Response not completed within the statutory period	15
Request transferred to another agency	4
Request transferred from another agency	2
Requests withdrawn or not proceeded with by the applicant	149
Access granted in full	1,247
Access granted in part (exemptions claimed)	410
Access denied in full (exemptions claimed)	1
Requests where no relevant documents could be located	125
Requests not deemed valid	19
Requests awaiting completion at the end of the financial year	89

FOI Commissioner

Reviews/complaints accepted by FOI Commissioner	8
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Victorian Civil and Administrative Tribunal appeal lodged

0

The Freedom of Information Unit also processed 1,369 police requests for Patient Care Records or Paramedic statements and finalised 117 subpoenas to produce documents for the Magistrates, County and Supreme Courts of Victoria.



Statutory Compliance

National Competition Policy

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

We adhere to this and AV complies, to the extent applicable, with the National Competition Policy.

Carers Recognition Act

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

Code of Conduct

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

Building standards

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

Protected Disclosure Act 2012

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

Local Jobs First Act 2003

The cost for the supply and implementation of a fleet telemetry system was estimated at a statewide value of \$3 million or more, but less than \$50 million.

Under this assumption, Victorian Industry Participation Policy (VIPP) Contestability and Local Jobs First (LJFP) assessments were applied to the project.

The actual value of the telemetry tender was awarded at a value less than the \$3 million threshold. AV can confirm that the VIPP and LJFP were applied to the telemetry tender, and both policy requirements are no longer applicable as the value of the project did not meet the threshold.



Consultancies

Consultant Name (excl GST)	Purpose of Consultancy Future Expenditure (excl GST)	Start date	End date \$'000	Total Approved Project Fee (excl GST) \$'000	Expenditure 2018-19 \$'000	Future Expenditure (excl GST) \$'000
Angela Ballard Consultancy & Coaching	Culture Review	Jun-18	Jul-18	\$26	\$26	-
Behaviours At Work	Operational Capability Review	Mar-19	May-19	\$28	\$28	-
Deloitte Risk Advisory Pty Ltd	Design Health Hub	May-19		\$87	\$87	-
Deloitte Risk Advisory Pty Ltd	Design Connected Paramedics System	May-19		\$58	\$58	-
EY	AV Debt Management Review	Aug-18	Oct-18	\$90	\$90	-
EY	Social & Environmental Framework Implementation	Dec-18	Apr-19	\$72	\$72	-
EY	Workforce Efficiency Review	Apr-19	Mar-19	\$180	\$177	-
Five Rings Aerospace Pty Ltd	Fixed Wing Needs Analysis	Oct-18	May-18	\$95	\$86	-
Megan Fulford	Review of MANERS Model of Psychological First Aid	Apr-19	Jun-19	\$24	\$24	\$0
PwC	Contract Management Review	Mar-18	Jul-18	\$125	\$35	-

In 2018-19 Ambulance Victoria engaged one consultant where the total fees payable to the Consultants were less than \$10,000, with a total expenditure of \$6,300 excluding GST.



ICT Expenditure

Details of Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2018-2019 is \$37.48m (excluding GST) with the details shown below (\$m).

Business As Usual (BAU) ICT expenditure (Total)	Non Business As Usual (non BAU) ICT expenditure (Total=Operational expenditure and Capital Expenditure)	Operational expenditure	Capital expenditure
\$24.99m	\$12.49m	\$2.23m	\$10.26m

Health, Safety and Wellbeing

Health and Safety

	2018-2019	2017-2018	2016-2017
Number of workplace fatalities	0	0	0
Lost Time Injury Frequency Rate (LTIFR) ⁽ⁱ⁾	55.4	51.4	64.0
Average number of standard claims per 100 FTE (Full Time Equivalent) staff ⁽ⁱ⁾	4.2	3.8	4.7
Average cost per WorkCover standard claim ^{(i), (ii)}	\$68,690	\$57,392	\$64,868
Number of hazards/incidents reports lodged ⁽ⁱⁱⁱ⁾	3,369	3,074	2,944
Percentage of WorkCover standard claims with RTW plan initiated	100%	100%	100%
Percentage of employees immunised against influenza (including ACOs) ^(iv)	86.9%	84%	76%
Number of Health and Safety Representatives (HSR) positions filled ^(v)	265	236	174

Notes

- (i) An increase in the number of Standard WorkCover claims in 2018-2019 negatively impacted the LTIFR, the average number of Standard Claims per 100 FTE and the average cost per WorkCover Standard Claim rates.
- (ii) The average cost per WorkCover claim has been updated to reflect current data. This captures average costs as they have matured since the last annual report. The 2018-2019 result is based on the cost of claims as received by Xchanging as at the end of June 2019, divided by the total number of Standard WorkCover claims lodged in 2018-2019.
- (iii) The number of hazards/incidents/injuries (HIIIs) as lodged in AV's Health, Safety and Claims System (HSCS).
- (iv) The result reflects the uptake of the 2019 Influenza Vaccination Program at completion on 31 July 2019.
- (v) HSRs have increased in number over the past three years and align with the growth in the paramedic workforce and the number of AV locations.

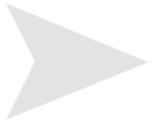
Occupational Violence Statistics

Occupational Violence Statistics

	2018-2019	2017-2018
WorkCover accepted claims with an occupational violence cause per 100 FTE	0.52	0.31
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	2.23	1.02
Number of occupational violence incidents reported	653	610
Number of occupational violence incidents reported per 100 FTE	13.2	12.7
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	3.98%	2.46%

Notes:

- Definitions:
 - Occupational Violence – any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.
 - Incident – Occupational Health and Safety incidents reported in the health service incident reporting system (AV's Health and Safety Claims System (HSCS))
 - Accepted WorkCover claims – accepted WorkCover claims that were lodged in 2018-19
 - Lost Time – defined as greater than one day.
 - Injury, illness or condition – this includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.



Alcohol and Other Drugs testing

Alcohol and Other Drugs testing

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

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

Pre-employment AOD testing in 2018-2019 was conducted as part of the medical selection process and a total of 272 candidates were tested with 0 positive results.

In the workforce testing programs in 2018-2019, AV conducted 1302 AOD tests with four employees testing positive for AV medications, eight employees testing positive for illicit substances and three employees testing positive for alcohol.

Two mandatory reports were made to the Australian Health Practitioner Regulation Agency during the financial year in line with National Standards.

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



Financial Overview 2018-2019

Key Financial Results

	2018-2019 \$m	2017-2018 \$m	2016-2017 \$m	2015-2016 \$m	2014-2015 \$m
Operating Result ⁱ	33.476	8.215	12.513	32.011	30.088
Net Result from transactions ⁱⁱ	56.189	16.205	32.506	41.911	33.828
Net Result	2.010	(9.692)	14.182	13.248	7.946
Comprehensive Result ⁱⁱⁱ	10.153	(9.692)	23.468	23.883	7.946

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

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

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

Summary results 2018-2019

AV has reported a surplus of \$2m

AV recorded a surplus in 2018-19. Consistent with prior years, the results continue to be impacted by the timing mismatch of grant revenue and associated expenses. The surplus was partly generated from grants received in previous financial years related to AV's Ambulance Performance Improvement Plan, while funding for the new EBA is expected to be spent in the next financial year.

Total revenue increased by 9%.

AV's total revenue comprises operating and capital income. Additional government funding was provided to AV to support increased service availability to improve paramedic response times, expand service capability (such as Nurse on Call, and Clinical Response Model) and EBA pay increases.

Growth in activity has increased expenditure

Overall service delivery expenditure has increased in 2018-19 due to continued increase in workload volume. The expenditure increase also reflects the ongoing impacts of the Ambulance Performance Improvement Plan i.e. increased contracted non-emergency workload, additional paramedics and the full year impact of Nurse on Call service in AV.

Major Movements

Employee Benefits

Additional paramedics were recruited as a part of AV's performance improvement plan to improve response times and patient outcomes. In addition, the full year impact of the additional recruits and EBA increases, as well as additional shifts to support increased workload, has contributed to the expenditure increase.

Nurse on Call Contract Cost

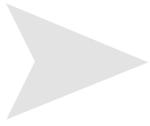
Nurse on Call service was implemented in February 2018 and this year represents the full year contract. The increase in this cost has been offset by government funding.

Net Loss from Other Economic Flows

There was a significant increase in the current value of AV's long service leave provision due to movements in the DTF issued wage inflation and discount rates.

Fair Value Adjustments in 2018-19

The Valuer General Victoria undertook a scheduled valuation of land and buildings in 2018-19. This resulted in material movements in the fair value of both land and buildings.



Financial Overview 2018-2019

Main Components of Expenditure (including Other Economic Flows)

The majority of AV's expenditure continues to arise from major contracts and employee costs

Note 3 to the financial statements provides a detailed breakdown of AV's \$1,138.9 million expenditure. The mix between major categories was consistent with 2017-18 and previous years and shows a high level of fixed cost:

\$966.7 million 85% of total	Employee Costs (including Net Loss from Other Economic Flows) and Major Contracts (including non-emergency services, Air Ambulance services and computer aided ambulance dispatch services)
\$102.4 million 9% of total	Supplies and indirect cost medical supplies, ambulances and property maintenance, rental and occupancy costs, audit, and office and technical expenses
\$69.9 million 6% of total	Depreciation and amortisation, doubtful debts (including Net Loss on Financial Instruments) and other charges (including Net Loss on Disposal of Non-Financial Assets)

Contacts

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

Westpac Institutional Bank, 150 Collins Street, Melbourne Vic 3000

Internal Auditor KPMG

KPMG, Tower Two, Collins Square, 727 Collins Street Melbourne VIC 3000 Australia
(Other audit service providers were also used for: independent assurance report for the membership scheme IT controls, occupational health and safety certification, communications audit, and other ad hoc reviews)

External Auditor The Victorian Auditor General

Victorian Auditor-General's Office, Level 31, 35 Collins Street, Melbourne Vic 3000

Summary Financial Results	2018-2019 \$000	2017-2018 \$000	2016-2017 \$000	2015-2016 \$000	2014-2015 \$000
Total Income from Transactions	1,140,919	1,046,405	951,793	809,034	725,044
Total Expenses from Transactions	(1,084,730)	(1,030,200)	(919,287)	(767,123)	(691,216)
Net Result from Transactions	56,189	16,205	32,506	41,911	33,828
Total Other Economic Flow	(54,180)	(25,897)	(18,324)	(28,663)	(25,870)
Net Result	2,010	(9,692)	14,182	13,248	7,958
Total Assets	739,909	682,088	668,080	601,757	511,871
Total Liabilities	430,223	382,555	358,855	316,000	249,671
Net Assets	309,686	299,533	309,225	285,757	262,200

Reconciliation between Net Result from Transactions & Statement of Priorities	2018-2019 \$000	2017-2018 \$000	2016-2017 \$000	2015-2016 \$000	2014-2015 \$000
Operating Result	33,476	8,215	12,513	32,011	30,088
Capital and Specific Items					
Capital Purpose Income	65,593	46,895	51,504	36,853	27,502
Assets Received Free of Charge	-	-	130	-	2,412
Assets Provided Free of Charge	-	-	-	-	(269)
Depreciation and amortisation	(42,880)	(38,905)	(31,645)	(26,953)	(25,905)
Net Result from Transactions	56,189	16,205	32,502	41,911	33,828

Financial Indicators	2018-2019	2017-2018	2016-2017	2015-2016	2014-2015
Current Assets Ratio	0.52	0.49	0.61	0.66	0.68
Debtors Turnover (Days) ¹	72	84	101	114	71
Creditors Payable Turnover (Days)	56	50	55	56	48
Bad & Doubtful Debt Provision/YTD Billings Ratio	0.11	0.12	0.11	0.10	0.11
Actual Cost Per Road Incident (\$)	\$969	\$986	\$956	\$826	\$746
Liability Ratio	0.58	0.56	0.54	0.53	0.49
Asset Turnover Ratio	1.60	1.55	1.50	1.46	1.47

¹ Excludes offset of bad and doubtful debts provision from 2015-16

Ambulance Victoria



Financial Report for the year ending 30 June 2019



AMBULANCE VICTORIA

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

The attached financial statements for Ambulance Victoria have been prepared in accordance with Direction 5.2 of the Standing Directions 2018 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 2019 and the financial position of Ambulance Victoria at 30 June 2019.

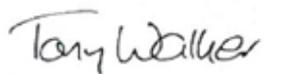
At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on 16 August 2019.



Ken Lay AO APM
Chair of the Board

Melbourne
16 August 2019



Tony Walker ASM
Chief Executive Officer

Melbourne
16 August 2019



Rob Barr FCPA
Executive Director
Corporate Services/Chief
Financial Officer

Melbourne
16 August 2019

Independent Auditor's Report

To the Board of Ambulance Victoria

Opinion	<p>I have audited the financial report of Ambulance Victoria (the entity) which comprises the:</p> <ul style="list-style-type: none">• balance sheet as at 30 June 2019• comprehensive operating statement for the year then ended• statement of changes in equity for the year then ended• cash flow statement for the year then ended• notes to the financial statements, including significant accounting policies• board chair's, chief executive officer's and executive director corporate services' declaration. <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the entity as at 30 June 2019 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.</p>
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's <i>APES 110 Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
Board's responsibilities for the financial report	<p>The Board of the entity is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Financial Management Act 1994</i>, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Board is responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>
Other Information	<p>My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.</p>

Auditor's responsibilities for the audit of the financial report

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

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

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

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

MELBOURNE
22 August 2019



Travis Derricott
as delegate for the Auditor-General of Victoria

Ambulance Victoria
COMPREHENSIVE OPERATING STATEMENT
For the Financial Year Ended 30 June 2019

	NOTE	2019 \$'000	2018 \$'000
Income from Transactions			
Operating Activities	2.1	1,137,755	1,043,069
Non-Operating Activities	2.1	<u>3,164</u>	<u>3,336</u>
Total Income from Transactions		1,140,919	1,046,405
Expenses from Transactions			
Employee Benefits	3.1	(752,825)	(712,329)
Contract Services	3.1	(186,668)	(182,780)
Supplies and Services	3.1	(62,011)	(57,186)
Depreciation and Amortisation	4.4	(42,880)	(38,905)
Other Operating Expenses	3.1	<u>(40,346)</u>	<u>(39,000)</u>
Total Expenses from Transactions		(1,084,730)	(1,030,200)
NET RESULT FROM TRANSACTIONS - NET OPERATING BALANCE		<u>56,189</u>	<u>16,205</u>
Other Economic Flows Included in Net Result			
Net Gain/(Loss) on Financial Instruments	3.2	(22,275)	(21,993)
Net Gain/(Loss) on Disposal of Non-Financial Assets	3.2	(4,710)	(1,901)
Net Gain/(Loss) on Other Economic Flows	3.2	<u>(27,195)</u>	<u>(2,003)</u>
Total Other Economic Flows Included in Net Result		(54,180)	(25,897)
NET RESULT FOR THE YEAR		<u>2,010</u>	<u>(9,692)</u>
Other Comprehensive Income			
Items that will not be reclassified to net result			
Changes to Property, Plant and Equipment Revaluation Reserve	4.2(e)	<u>8,143</u>	-
Total Other Comprehensive Income		8,143	-
COMPREHENSIVE RESULT FOR THE YEAR		<u>10,153</u>	<u>(9,692)</u>

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

Ambulance Victoria
BALANCE SHEET
As at 30 June 2019

	NOTE	2019 \$'000	2018 \$'000
CURRENT ASSETS			
Cash and Cash Equivalents	6.1	143,903	112,270
Receivables	5.1	33,041	36,663
Investments and Financial Assets	4.1	-	1,400
Inventories		1,626	1,179
Prepayments		8,138	2,402
TOTAL CURRENT ASSETS		186,708	153,914
NON-CURRENT ASSETS			
Receivables	5.1	101,054	98,259
Property, Plant and Equipment	4.2	435,186	419,833
Intangible Assets	4.3	16,961	10,081
TOTAL NON-CURRENT ASSETS		553,201	528,173
TOTAL ASSETS		739,909	682,087
CURRENT LIABILITIES			
Payables	5.3	78,547	70,303
Provisions	3.3	228,364	195,643
Prepaid Income	5.2	50,093	47,736
TOTAL CURRENT LIABILITIES		357,004	313,682
NON-CURRENT LIABILITIES			
Payables	5.3	7,113	10,703
Provisions	3.3 & 5.4	45,933	38,721
Prepaid Income	5.2	20,173	19,448
TOTAL NON-CURRENT LIABILITIES		73,219	68,872
TOTAL LIABILITIES		430,223	382,554
NET ASSETS		309,686	299,533
EQUITY			
Property, Plant and Equipment Revaluation Reserve	4.2(e)	56,007	47,864
Contributed Capital		188,119	188,119
Accumulated Surplus		65,560	63,550
TOTAL EQUITY		309,686	299,533
Commitments for Expenditure	6.2		
Contingent Assets and Contingent Liabilities	7.2		

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

Ambulance Victoria
STATEMENT OF CHANGES IN EQUITY
For the Financial Year Ended 30 June 2019

	Property, Plant and Equipment Revaluation Reserve	Contributed Capital	Accumulated Surplus	Total Equity
Note	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2017	47,864	188,119	73,242	309,225
Net result for the year	-	-	(9,692)	(9,692)
Other comprehensive income for the year	-	-	-	-
Balance at 30 June 2018	47,864	188,119	63,550	299,533
Net result for the year	-	-	2,010	2,010
Other Comprehensive income for the year	4.2(e) 8,143	-	-	8,143
Balance at 30 June 2019	56,007	188,119	65,560	309,686

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

Ambulance Victoria
CASH FLOW STATEMENT
For the Financial Year Ended 30 June 2019

	NOTE	2019 \$'000	2018 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		775,220	703,093
Capital Grants from Government		49,256	38,222
Transport Fees Received		181,605	168,631
Membership Fees Received		91,823	89,579
Interest Received		3,092	3,519
Donations and Bequests Received		865	2,129
GST Received from ATO		29,529	31,789
Other Receipts		5,953	6,554
Total Receipts		1,137,343	1,043,516
Employee Benefits Paid		(738,372)	(697,252)
Payments for Supplies and Services		(323,397)	(300,257)
Total Payments		(1,061,769)	(997,509)
Net Cash Flow From/(used in) Operating Activities	8.1	75,574	46,007
CASH FLOWS FROM INVESTING ACTIVITIES			
(Purchase of)/Proceeds from Sale of Investments		1,400	77,600
Purchase of Property, Plant and Equipment		(48,709)	(62,377)
Proceeds from Sale of Property, Plant and Equipment		3,368	2,244
Net Cash Flow From/(Used in) Investing Activities		(43,941)	17,467
CASH FLOWS FROM FINANCING ACTIVITIES			
Net Settlement of Financial Instruments		-	(159)
Net Cash Flow From/(Used in) Financing Activities		-	(159)
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS HELD		31,633	63,315
CASH AND CASH EQUIVALENTS AT BEGINNING OF FINANCIAL YEAR		112,270	48,955
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	6.1	143,903	112,270

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

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

BASIS OF PRESENTATION

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

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

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

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2019, and the comparative information presented in these financial statements for the year ended 30 June 2018.

The going concern basis was used to prepare the financial statements.

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

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

Judgements, estimates and assumptions are required to be made about financial information being presented. The significant judgements made in the preparation of these financial statements are disclosed in the notes where amounts affected by those judgements are disclosed. Estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

Revisions to accounting estimates are recognised in the period in which the estimate is revised and also future periods that are affected by the revision. Judgements and assumptions made by management in applying the application of AASB that have significant effect on the financial statements and estimates are disclosed in Note 3.3, Note 4.2 and Note 4.4.

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

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These annual financial statements represent the audited general purpose financial statements for Ambulance Victoria (AV) for the year ending 30 June 2019. The report provides users with information about AV's stewardship of resources entrusted to it.

(a) Statement of Compliance

These general purpose financial statements have been prepared in accordance with the *Financial Management Act 1994*, and applicable Australian Accounting Standards (AASs) and Interpretations issued by the Australian Accounting Standards Board (AASB). They are presented in a manner consistent with the requirements of AASB 101 *Presentation of Financial Statements*.

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

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

These annual financial statements were authorised for issue by the Board of AV on 19 August 2019.

(b) Reporting Entity

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

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

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

(c) Comparatives

Where applicable, the comparative figures have been restated to align with the presentation in the current year. Figures have been restated at Notes 2.1, 3.2, 3.3 and 5.3.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

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.

To enable AV to fulfil its objective it receives income based on parliamentary appropriations. AV also receives transport fees charged on a fee for service basis and subscriptions from the Ambulance Victoria Membership Scheme.

Structure

2.1 Income from Transactions

	NOTE	2019 \$'000	2018 \$'000
NOTE 2.1: INCOME FROM TRANSACTIONS			
Operating Activities			
Government Grants - Operating ¹	2.1.1	776,803	717,685
Government Grants - Capital	2.1.1	65,593	46,895
Transport Fees	2.1.2	199,793	185,376
Membership Revenue	2.1.3	88,741	84,095
Other Income from Operating Activities (including non-capital donations)	2.1.4	6,824	9,018
Total Income from Operating Activities		1,137,755	1,043,069
Non-Operating Activities			
Interest		3,092	3,228
Property Rental		72	108
Total Income from Non-Operating Activities		3,164	3,336
TOTAL INCOME FROM TRANSACTIONS		1,140,919	1,046,405

¹ Includes indirect contributions from the DHHS

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

Government Grants

In accordance with AASB 1004 *Contributions*, government grants are recognised as income when AV gains control of the underlying assets irrespective of whether conditions are imposed on AV's use of the grants, and expenses relating to these grants may be incurred in later years. Grants are deferred as prepaid income when AV has a present obligation to repay them and the present obligation can be reliably measured.

AV received grants from the DHHS as payment for costs including providing transport for Pensioners and Health Care Card Holders under the government's concessions program. AV also received grants from the Department of Justice and Regulation (DJR) in respect of AV's participation in "whole of government" communications projects. AV received fixed availability charges for the air ambulance services from the Transport Accident Commission (TAC).

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

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

- . Insurance contribution, recognised as revenue following advice from the DHHS.
- . Long Service Leave (LSL) revenue, recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the DHHS Hospital Circular 04/17.

Transport Revenue

Income from the supply of services is recognised by reference to the stage of completion of the services being performed. The income is recognised when:

- . the amount of the income, stage of completion and transaction costs incurred can be reliably measured; and
- . it is probable that the economic benefits associated with the transaction will flow to AV.

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

Membership Revenue

Membership revenue is recognised on a time proportionate basis over the membership period (Note 5.2 details prepaid membership income).

Interest Income

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

Other Income

Other income includes donations, non-property rental, insurance recoveries and attendance fees and is recognised when it is probable that the economic benefits will flow to AV. Donations and bequests are recognised when received. If donations are conditioned for a special purpose, they may be appropriated to a reserve.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

NOTE 2: FUNDING DELIVERY OF OUR SERVICES (Continued)

NOTE 2.1.1: GOVERNMENT GRANTS	2019	2018
	\$'000	\$'000
Operating Grants		
DHHS	751,389	687,395
Department of Justice and Regulation	10,649	8,939
Transport Accident Commission	11,487	12,415
Other	249	676
Total Operating Grants	<u>773,774</u>	<u>709,426</u>
Operating Indirect Contributions by DHHS		
Long Service Leave	2,796	8,026
Insurance	234	234
Total Operating Indirect Contributions by DHHS	<u>3,029</u>	<u>8,260</u>
Total Government Grants - Operating	<u>776,803</u>	<u>717,685</u>
Capital Grants		
DHHS - Recurrent Capital	24,632	24,221
DHHS - Other Capital ¹	23,963	14,001
Department of Premier and Cabinet	661	-
Total Capital Grants	<u>49,256</u>	<u>38,222</u>
Capital Purpose Indirect Contributions by DHHS		
Pre-Construction Costs	16,338	8,673
Total Capital Purpose Indirect Contributions by DHHS	<u>16,338</u>	<u>8,673</u>
Total Government Grants - Capital	<u>65,593</u>	<u>46,895</u>
TOTAL GOVERNMENT GRANTS	<u>842,397</u>	<u>764,580</u>

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

NOTE 2.1.2: TRANSPORT FEES		
Patient Transport	89,478	85,223
Inter-Hospital and Outpatient Transfers	49,981	43,462
Transport Accident Commission	32,041	30,385
Department of Veteran Affairs	19,431	19,966
WorkCover	8,862	6,338
Public Duty	-	2
TOTAL TRANSPORT FEES	<u>199,793</u>	<u>185,376</u>

NOTE 2.1.3: MEMBERSHIP REVENUE		
Family	55,999	53,000
Single	32,742	31,095
TOTAL MEMBERSHIP REVENUE	<u>88,741</u>	<u>84,095</u>

NOTE 2.1.4: OTHER INCOME FROM OPERATING ACTIVITIES		
Attendance Fees	2,327	3,419
Victorian Ambulance Clinical Information System (VACIS) Collaboration Recoveries	1,039	1,570
Donations and Bequests	1,111	2,129
Recoveries	714	773
Other	1,633	1,127
TOTAL OTHER INCOME FROM OPERATING ACTIVITIES	<u>6,824</u>	<u>9,018</u>

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

NOTE 3: THE COST OF DELIVERING 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 recorded.

Structure

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

NOTE 3.1: EXPENSES FROM TRANSACTIONS	2019	2018
	\$'000	\$'000
Salaries and Wages	645,499	601,515
On Costs	62,559	58,541
Workcover	27,431	30,634
Long Service Leave	17,336	21,639
Total Employee Benefits	752,825	712,329
Transport Services	130,138	124,632
Dispatch Services	35,019	45,083
Other Contract Services	21,511	13,065
Total Contract Services	186,668	182,780
Supplies and Services	62,011	57,186
Total Supplies and Services	62,011	57,186
Professional Services	2,982	3,153
Maintenance	21,020	20,189
Occupancy	16,344	15,658
Total Other Operating Expenses	40,346	39,000
Depreciation and Amortisation	42,880	38,905
Total Other Non-Operating Expenses	42,880	38,905
TOTAL EXPENSES FROM TRANSACTIONS	1,084,730	1,030,200

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

Employee Benefits

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

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

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

Other Operating Expenses

Other operating expenses generally represent the day-to-day running costs incurred in normal operations and include: Supplies and Services, Contracts, Maintenance and Other Expenses are recognised as an expense in the reporting period in which they are incurred. The carrying amounts of any inventories held for distribution are expensed when distributed.

NOTE 3.2: OTHER ECONOMIC FLOWS	2019	2018
	\$'000	\$'000
Allowance for impairment losses of contractual receivables	(22,275)	(21,993)
Total net gain/(loss) on financial instruments	(22,275)	(21,993)
Net gain/(loss) on sale of non-financial assets	(4,710)	(1,901)
Total net gain/(loss) on non-financial assets	(4,710)	(1,901)
Net gain/(loss) arising from revaluation of long service liability	(27,195)	(2,003)
Total other net gains/(losses) from economic flows	(27,195)	(2,003)
Total other economic flows	(54,180)	(25,897)

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

- . Revaluation gains/(losses) of non-financial physical assets: refer to Note 4.2
- . Disposal of non-financial assets includes any gain or loss on the disposal of non-financial assets and is recognised at the date of disposal and is the difference between the proceeds and the carrying value of the asset at that time.

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

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

NOTE 3.2: OTHER ECONOMIC FLOWS (Continued)

Net gain/(loss) on financial instruments includes:

- . Net gain/(loss) on financial instruments
- . Unrealised and realised gains and losses from revaluations of financial instruments at fair value (excludes dividends or interest earned on financial assets);
- . Impairment and reversal of impairment for financial instruments (refer to Note 7.1); and
- . Disposals of financial assets and derecognition of financial liabilities.

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

- . The revaluation of the present value of the long service leave liability due to changes in the bond rate movements, inflation rate movements and the impact of changes in
- . Transfer of amounts from the reserves to accumulated surplus or net result due to disposal or derecognition or reclassification

NOTE 3.3: PROVISIONS (EMPLOYEE BENEFITS IN BALANCE SHEET)

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

	2019	2018
	\$'000	\$'000
Current Provisions		
<i>Employee Benefits</i>		
Long Service Leave		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	8,704	7,490
Unconditional and expected to be wholly settled after 12 months (Discounted)	132,630	111,367
Annual Leave		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	39,910	37,206
Unconditional and expected to be wholly settled after 12 months (Discounted)	382	331
Accrued Days Off		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	13,265	11,040
Others		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	1,858	1,122
	<u>196,750</u>	<u>168,556</u>
<i>Provisions Related to Employee Benefit On-Costs</i>		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	10,132	9,048
Unconditional and expected to be wholly settled after 12 months (Discounted)	21,482	18,039
	<u>31,614</u>	<u>27,087</u>
Total Current Provisions	<u>228,364</u>	<u>195,643</u>
Non-Current Provisions		
Employee benefits - Long Service Leave (Present value)	36,430	30,431
Provisions related to employee benefit on-costs (Present value)	5,883	4,915
Total Non-Current Provisions	<u>42,313</u>	<u>35,345</u>
TOTAL PROVISIONS	<u>270,677</u>	<u>230,988</u>
3.3.1 Employee Benefits and Related On-costs		
Current Employee Benefits		
Unconditional LSL entitlements	141,334	118,857
Annual leave entitlements	40,293	37,537
Accrued days off	13,265	11,040
Others		
Accrued time-bank	1,344	1,122
AMPA EBA	514	-
Conditional LSL entitlements (Discounted)	36,430	30,431
Total Employee Benefits	<u>233,180</u>	<u>198,986</u>
On-Costs		
Current On-Costs	31,614	27,087
Non-Current On-Costs	5,883	4,915
Total On-Costs	<u>37,497</u>	<u>32,002</u>
Total Employee Benefits and Related On-Costs	<u>270,677</u>	<u>230,988</u>
3.3.2 Movement in On-costs		
Balance at start of year	32,002	29,635
Additional provisions recognised	1,714	2,089
Unwinding of discount and effect of changes in the discount rate	3,781	279
Balance at end of year	<u>37,497</u>	<u>32,002</u>

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

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

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

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

Annual Leave, Sick Leave and Accrued Days Off

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

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

Long Service Leave

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

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

The components of this current LSL liability are measured at:

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

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

Any gain or loss following the revaluation of the present value of the non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in estimations e.g bond rate movements, inflation rate movements and changes in probability factors, which are then recognised as an other economic flow (Refer Note 8.8).

On-Costs related to Employee Benefits

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

NOTE 3.4 SUPERANNUATION

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

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

Fund	Contributions Paid for the Year		Contributions Outstanding at Year End	
	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000
Defined Benefit Plans:				
Emergency Services Superannuation Fund	54,231	51,153	791	893
Defined Contribution Plans:				
Emergency Services Superannuation Fund	4,834	4,511	68	75
Other	2,598	1,855	37	54
Total	61,664	57,519	895	1,022

Defined Contribution Superannuation Plans

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

Defined Benefit Superannuation Plan

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

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

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NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

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

Structure

- 4.1 Investments and Other Financial Assets
- 4.2 Property, Plant and Equipment
- 4.3 Intangible Assets
- 4.4 Depreciation and Amortisation

	2019	2018
	\$'000	\$'000

NOTE 4.1: INVESTMENTS AND OTHER FINANCIAL ASSETS

Financial assets

Term Deposits (> 3 months)	-	1,400
TOTAL FINANCIAL ASSETS	-	1,400

Financial assets are classified in the following categories:

- Financial Assets at amortised cost; and
- Financial Instruments fair value through profit and loss.

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

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

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

	2019	2018
	\$'000	\$'000

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT

(a) Gross Carrying Amount and Accumulated Depreciation

Land

Land at Fair Value	101,224	90,877
Crown Land at Fair Value	18,350	19,467
Total Land	119,574	110,344

Buildings

Buildings under Construction at Cost	14,404	10,128
Buildings at Fair Value	165,060	176,436
Less Accumulated Depreciation	(565)	(18,832)
Total Buildings	178,898	167,732

Leasehold Improvements

Leasehold Improvements under Construction at Cost	913	500
Leasehold Improvements at Fair Value	20,000	18,332
Less Accumulated Amortisation	(11,677)	(9,427)
Total Leasehold Improvements	9,236	9,405

Plant and Equipment

Plant and Equipment under Construction at Cost	4,628	1,606
Plant and Equipment at Fair Value	95,743	95,184
Less Accumulated Depreciation	(51,397)	(45,191)
Total Plant and Equipment	48,974	51,599

Office Furniture and Equipment

Office Furniture and Equipment at Fair Value	946	943
Less Accumulated Depreciation	(845)	(802)
Total Office Furniture and Equipment	101	141

Motor Vehicles

Motor Vehicles under Construction at Cost	13,322	5,606
Motor Vehicles at Fair Value	135,080	139,899
Less Accumulated Depreciation	(70,002)	(64,892)
Total Motor Vehicles	78,401	80,612
TOTAL PROPERTY, PLANT AND EQUIPMENT	435,186	419,833

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT (Continued)

Property, Plant and Equipment

All non-current physical assets are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment. Where an asset is acquired for no or nominal cost, the cost is its fair value at the date of acquisition. Assets transferred as part of a merger/ machinery of government changes are transferred at their carrying amount.

More details about the valuation techniques and inputs used in determining the fair value of non-financial physical assets are discussed in Note 4.2(c).

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

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

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

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

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

	Land	Buildings	Leasehold Improvements	Plant and Equipment	Office Furniture and Equipment	Motor Vehicles	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2017	101,127	154,150	5,924	55,909	172	76,877	394,160
Additions	9,217	19,369	5,413	5,529	31	24,760	64,319
Disposals	-	(429)	(16)	(486)	-	(3,214)	(4,145)
Assets Transferred Free of Charge	-	-	-	-	-	-	-
Revaluation Increments/ (Decrements)	-	-	-	-	-	-	-
Net transfers between classes	-	(6)	6	955	-	-	955
Depreciation and Amortisation (Note 4.4)	-	(5,352)	(1,923)	(10,308)	(62)	(17,811)	(35,456)
Balance at 1 July 2018	110,344	167,732	9,405	51,599	141	80,612	419,833
Additions	247	20,988	1,966	9,417	-	21,563	54,181
Disposals	(976)	(2,152)	(77)	(79)	-	(4,794)	(8,078)
Assets Received Free of Charge	-	-	-	-	-	-	-
Revaluation Increments/ (Decrements)	9,960	(1,817)	-	-	-	-	8,143
Net transfers between classes	-	-	637	(636)	2	(3)	-
Depreciation and Amortisation (Note 4.4)	-	(5,854)	(2,694)	(11,327)	(42)	(18,978)	(38,894)
Balance at 30 June 2019	119,574	178,898	9,236	48,974	101	78,401	435,186

Revaluations of Non-Financial Physical Assets

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

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

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

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

The Property, Plant and Equipment Revaluation Reserve is not transferred to accumulated funds on derecognition of the relevant asset. In accordance with FRD 103H AV's non-current physical assets are assessed annually to determine whether revaluation of non-current physical assets was required.

Land and buildings carried at valuation

A full valuation of AV's land and buildings was performed by the Valuer-General Victoria in 2018-19. The valuation conformed to Australian Valuation Standards and was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT (Continued)

An annual assessment of AV's Plant and Equipment, Office Furniture and Equipment and Motor Vehicles was undertaken in 2018-19, and no material movements in fair value were noted.

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

2019	Carrying Amount \$'000	Fair Value Measurement at end of Reporting Period Using:		
		Level 1	Level 2	Level 3
Land at Fair Value				
Non-Specialised Land	14,827	-	14,827	-
Specialised Land	104,748	-	-	104,748
Total Land at Fair Value	119,574	-	14,827	104,748
Buildings at Fair Value				
Non-Specialised Buildings	4,329	-	4,329	-
Specialised Buildings	174,569	-	-	174,569
Total Buildings at Fair Value	178,898	-	4,329	174,569
Leasehold Improvements at Fair Value				
Leasehold Improvements	9,236	-	-	9,236
Total Leasehold Improvements at Fair Value	9,236	-	-	9,236
Plant and Equipment at Fair Value				
Plant and Equipment	48,974	-	-	48,974
Total Plant and Equipment at Fair Value	48,974	-	-	48,974
Office Furniture and Equipment at Fair Value				
Office Furniture and Equipment	101	-	-	101
Total Office Furniture and Equipment at Fair Value	101	-	-	101
Motor Vehicles at Fair Value				
Motor Vehicles	78,401	-	-	78,401
Total Motor Vehicles at Fair Value	78,401	-	-	78,401
	435,186	-	19,156	416,030

2018	Carrying Amount \$'000	Fair Value Measurement at End of the Financial Year Using:		
		Level 1	Level 2	Level 3
Land at Fair Value				
Non-Specialised Land	1,392	-	1,392	-
Specialised Land	108,952	-	-	108,952
Total Land at Fair Value	110,344	-	1,392	108,952
Buildings at Fair Value				
Non-Specialised Buildings	1,036	-	1,036	-
Specialised Buildings	166,696	-	-	166,696
Total Buildings at Fair Value	167,732	-	1,036	166,696
Leasehold Improvements at Fair Value				
Leasehold Improvements	9,405	-	-	9,405
Total Leasehold Improvements at Fair Value	9,405	-	-	9,405
Plant and Equipment at Fair Value				
Plant and Equipment	51,599	-	-	51,599
Total Plant and Equipment at Fair Value	51,599	-	-	51,599
Office Furniture and Equipment at Fair Value				
Office Furniture and Equipment	141	-	-	141
Total Office Furniture and Equipment at Fair Value	141	-	-	141
Motor Vehicles at Fair Value				
Motor Vehicles	80,612	-	-	80,612
Total Motor Vehicles at Fair Value	80,612	-	-	80,612
	419,833	-	2,428	417,405

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT (Continued)

Non-Specialised Land and Non-Specialised Buildings

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

For non-specialised land and non-specialised buildings, an independent valuation was performed by independent valuer's, 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 2019.

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

Specialised Land and Specialised Buildings

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

The CSO adjustment is 20%, and this is a reflection of the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement, and takes into account the use of the asset that is physically possible, legally permissible and financially feasible. As adjustments of CSO are considered as significant unobservable inputs, specialised land is classified as Level 3 assets.

An independent valuation of AV's specialised land was performed by the Valuer-General Victoria. The valuation was performed using the market approach adjusted for CSO. The effective date of the independent valuation is 30 June 2019.

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

Motor Vehicles

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

Plant and Equipment and Office Furniture and Equipment

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

There were no changes in valuation techniques throughout the year to 30 June 2019. For all assets measured at fair value, the current use is considered the highest and best use.

(d) Reconciliation of Level 3 Fair Value

	Land \$'000	Buildings \$'000	Leasehold Improvements \$'000	Plant and Equipment \$'000	Office Furniture and Equipment \$'000	Motor Vehicles \$'000
Balance at 1 July 2017	99,735	153,020	5,924	55,909	172	76,877
Additions/(Disposals)	9,217	19,034	5,397	5,043	31	21,546
Reclassification	-	(6)	6	955	-	-
Gains or Losses Recognised in Net Result						
- Depreciation	-	(5,352)	(1,923)	(10,308)	(62)	(17,811)
Subtotal	-	(5,352)	(1,923)	(10,308)	(62)	(17,811)
Items recognised in Other Comprehensive Income						
- Revaluation	-	-	-	-	-	-
Subtotal	-	-	-	-	-	-
Balance at 30 June 2018	108,952	166,696	9,405	51,599	141	80,612
Balance at 1 July 2018	108,952	166,696	9,405	51,599	141	80,612
Additions/(Disposals)	278	18,117	1,889	9,338	-	16,769
Reclassification	(13,976)	(3,078)	637	(636)	2	(3)
Gains or Losses Recognised in Net Result						
- Depreciation	-	(4,798)	(2,694)	(11,327)	(42)	(18,978)
Subtotal	-	(4,798)	(2,694)	(11,327)	(42)	(18,978)
Items recognised in Other Comprehensive Income						
- Revaluation	9,494	(2,369)	-	-	-	-
Subtotal	9,494	(2,369)	-	-	-	-
Balance at 30 June 2019	104,748	174,568	9,236	48,974	101	78,401

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT (Continued)

Description of Significant Unobservable Inputs to Level 3 Valuations

Asset class	Examples of types of assets	Expected fair value level	Likely valuation approach	Significant inputs (Level 3 only) ^(c)
Non specialised land	In areas where there is an active market: - Vacant land - Land not subject to restrictions as to use or sale	Level 2	Market approach	n.a.
Specialised Land (Crown / Freehold)	- Land subject to restriction as to use and/or sale - Land in areas where there is not an active market	Level 3	Market approach	Community Service Obligations Adjustments ^(c)
Non specialised buildings	For general/commercial buildings that are just built	Level 2	Market approach	n.a.
Specialised buildings ^(a)	Specialised buildings with limited alternative uses and/or substantial customisation e.g. prisons, hospitals and schools	Level 3	Depreciated replacement cost	- Cost per square metre - Useful life
Vehicles	If there is no active resale market available	Level 3	Depreciated replacement cost	- Cost per unit - Useful life
Plant and equipment ^(a)	Specialised items with limited alternative uses and/or substantial customisation	Level 3	Depreciated replacement cost	- Cost per square metre - Useful life

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

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

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

There were no changes in valuation techniques throughout the period to 30 June 2019.

	2019 \$'000	2018 \$'000
(e) Property, Plant and Equipment Revaluation Reserve		
Property, Plant and Equipment Revaluation Reserve		
Balance at the beginning of the reporting period	47,864	47,864
Revaluation Increment		
- Land	9,960	-
- Buildings	<u>(1,817)</u>	-
Balance at the end of the reporting period*	<u>56,007</u>	<u>47,864</u>
* Represented by:		
- Land	41,980	32,020
- Buildings	<u>14,027</u>	<u>15,844</u>
	<u>56,007</u>	<u>47,864</u>

NOTE 4.3: INTANGIBLE ASSETS

Software and Development Costs Capitalised	42,799	31,933
Less Accumulated Amortisation	<u>(25,838)</u>	<u>(21,852)</u>
TOTAL INTANGIBLE ASSETS	<u>16,961</u>	<u>10,081</u>

Reconciliation of the carrying amounts of intangible assets at the beginning and end of the previous and current financial year:		Total \$'000
Balance at 1 July 2017		7,755
Additions		6,732
Net Transfers between classes		(956)
Amortisation	4.4	<u>(3,450)</u>
Balance at 1 July 2018		10,081
Additions		10,866
Amortisation	4.4	<u>(3,986)</u>
Balance at 30 June 2019		<u>16,961</u>

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

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

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

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

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
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	2019 \$'000	2018 \$'000
NOTE 4.4: DEPRECIATION AND AMORTISATION		
Depreciation		
Buildings	5,854	5,352
Plant and Equipment	11,327	10,308
Office Furniture and Equipment	42	62
Motor Vehicles	18,978	17,811
Total Depreciation	36,200	33,533
Amortisation		
Leasehold Improvements	2,694	1,923
Intangible Assets	3,986	3,450
Total Amortisation	6,680	5,372
TOTAL DEPRECIATION AND AMORTISATION	42,880	38,905

Depreciation

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

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

Assets with a cost in excess of \$2,000 (2017-18: \$2,000) are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives.

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

	2019	2018
Buildings	5 to 68 years	6 to 63 years
Leasehold Improvements	1 to 50 years	1 to 50 years
Plant and Equipment	1 to 15 years	1 to 13 years
Intangibles	2 to 5 years	2 to 4 years
Office Furniture and Equipment	3 to 10 years	3 to 11 years
Motor Vehicles	1 to 10 years	1 to 10 years

Amortisation

Intangible assets with finite useful lives are amortised on a systematic (typically straight-line) basis over the asset's useful life. Amortisation begins when the asset is available for use, that is, when it is in the location and condition necessary for it to be capable of operating in the manner intended by management. The consumption of intangible non-produced assets with finite lives is classified as amortisation. The amortisation period and the amortisation method for an intangible asset with a finite useful life is reviewed at least at the end of each annual reporting period. In addition, an assessment is made at each reporting date to determine whether there are indicators that the intangible asset concerned is impaired. If so, the asset concerned is tested as to whether its carrying value exceeds its recoverable amount. Any excess of the carrying amount over the recoverable amount is recognised as an impairment loss.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

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 Prepaid Income
5.3 Payables
5.4 Other Provisions

NOTE 5.1: RECEIVABLES	2019	2018
	\$'000	\$'000
Current		
Contractual		
Accrued Revenue	4,344	3,147
Sundry Debtors	2,495	4,298
Transport Debtors		
Patient Account	24,557	26,792
Department of Veteran Affairs	1,487	1,820
Hospital Transfers	6,730	5,596
Transport Accident Commission	1,174	895
WorkCover	2,245	1,498
Less Provision for Doubtful Debts		
Patient Account	(14,012)	(12,366)
Hospital Transfers	(312)	(1)
Transport Accident Commission	(1)	-
WorkCover	-	(261)
	<u>28,709</u>	<u>31,418</u>
Statutory		
DHHS - Grant	-	2,000
GST Receivable	4,332	3,245
Total Current Receivables	<u>33,041</u>	<u>36,663</u>
Non-Current		
Statutory		
DHHS - Long Service Leave	101,054	98,259
Total Non Current Receivables	<u>101,054</u>	<u>98,259</u>
TOTAL RECEIVABLES	<u>134,095</u>	<u>134,922</u>
(a) Movement in the Provision for Doubtful Debts		
Balance at Beginning of Year	12,627	13,018
Amounts written off during the year	(20,853)	(22,670)
Amounts recovered during the year	275	445
Increase in provision recognised in net result (other economic flows)	22,275	21,834
Balance at End of Year	<u>14,324</u>	<u>12,627</u>

Receivables consist of:

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

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

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

(a) Ageing Analysis of Receivables

Please refer to Note 7.1 for the ageing analysis of receivables.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

NOTE 5.2: PREPAID INCOME	2019	2018
	\$'000	\$'000
Current		
Prepaid Membership Income	<u>50,093</u>	<u>47,736</u>
Total Current Prepaid Income	<u>50,093</u>	<u>47,736</u>
Non-Current		
Prepaid Membership Income	<u>20,173</u>	<u>19,448</u>
Total Non-Current Prepaid Income	<u>20,173</u>	<u>19,448</u>
TOTAL PREPAID INCOME	<u>70,265</u>	<u>67,184</u>

Prepaid Income represents payments in advance of receipt of membership services (refer Note 2).

NOTE 5.3: PAYABLES

Current Payables		
Contractual		
Trade Creditors	23,514	20,050
Accrued salaries and wages	15,778	13,117
Accrued Expenses	34,667	32,593
Amounts Payable to Government Agencies	604	869
Other Creditors	<u>3,562</u>	<u>3,596</u>
	<u>78,124</u>	<u>70,225</u>
Statutory		
DHHS	<u>422</u>	<u>78</u>
	<u>422</u>	<u>78</u>
Total Current Payables	<u>78,547</u>	<u>70,303</u>
Non Current		
Contractual		
Other Creditors ¹	<u>7,113</u>	<u>10,703</u>
Total Non Current Payables	<u>7,113</u>	<u>10,703</u>
TOTAL PAYABLES	<u>85,660</u>	<u>81,007</u>

¹ Purchase of defibrillators with a payment plan.

Payables consist of:

- contractual payables, classified as financial instruments and measured at amortised costs. Accounts payable represent liabilities for goods and services provided to AV prior to the end of the financial year that are unpaid; and
- accrued wages and salaries, which are expected to be settled wholly within 12 months of the reporting date
- statutory payables, such as goods and services tax and fringe benefits tax payables, are recognised and measured similarly to contractual payables, but are not classified as financial instruments and are not included in the category of financial liabilities at amortised cost, because they do not arise from a contract.

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

NOTE 5.4: OTHER PROVISIONS

Non-Current		
Make Good Provision	<u>3,620</u>	<u>3,376</u>
TOTAL OTHER PROVISIONS	<u>3,620</u>	<u>3,376</u>
Movements in Make Good Provision:		
Opening Balance	3,376	3,531
Additional provisions recognised	40	-
Reductions arising from payments/other sacrifices of future economic benefits	-	(67)
Reductions resulting from remeasurement of settlement without cost	(53)	(83)
Unwind of discount and effect of changes in discount rate	<u>259</u>	<u>(5)</u>
Closing Balance	<u>3,620</u>	<u>3,376</u>

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

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

NOTE 6: HOW WE FINANCED OUR OPERATIONS

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

Structure

- 6.1 Cash and Cash Equivalents
6.2 Commitments for Expenditure

	2019 \$'000	2018 \$'000
NOTE 6.1: CASH AND CASH EQUIVALENTS		
Cash on Hand	89	87
Cash at Bank	143,814	36,683
Term Deposits (<3 Months)	-	75,500
TOTAL CASH AND CASH EQUIVALENTS	<u>143,903</u>	<u>112,270</u>

Represented by:

Cash as per Cash Flow Statement	<u>143,903</u>	<u>112,270</u>
TOTAL CASH AND CASH EQUIVALENTS	<u>143,903</u>	<u>112,270</u>

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

NOTE 6.2: COMMITMENTS FOR EXPENDITURE

(a) Commitments

Capital Expenditure Commitments

Land and Buildings	-	10,266
Motor Vehicle & Fit Outs	8,947	2,493
Equipment and Technology Purchases	87	83
Total Capital Expenditure Commitments	<u>9,036</u>	<u>12,842</u>

Other Expenditure Commitments

Transport Services	337,805	355,864
Membership Services	2,197	37,821
Metro Mobile Radio/Mobile Data Network	38,881	47,714
RAVNet Services	-	1,702
Biomedical Services	598	2,035
Other Services	381	418
Total Other Expenditure Commitments	<u>379,862</u>	<u>445,554</u>

Operating Lease Commitments

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

Operating Leases	<u>58,569</u>	<u>63,144</u>
Total Operating Lease Commitments	<u>58,569</u>	<u>63,144</u>
Total Commitments for Expenditure (inclusive of GST)	<u>447,466</u>	<u>521,540</u>

All amounts shown in the commitments note are nominal amounts inclusive of GST.

(b) Commitments Payable

Capital Expenditure Commitments

Not Later than One Year	9,035	5,006
Later than One Year and Not Later than 5 Years	-	7,836
Total	<u>9,035</u>	<u>12,842</u>

Other Expenditure Commitments

Not Later than One Year	68,009	76,344
Later than One Year and Not Later than 5 Years	238,741	249,325
Later than 5 Years	73,112	119,885
Total	<u>379,862</u>	<u>445,554</u>

Operating Leases Commitments

Non-Cancellable

Not Later than One Year	11,964	11,132
Later than One Year and Not Later than 5 Years	32,469	35,000
Later than 5 Years	14,136	17,012
Total	<u>58,569</u>	<u>63,144</u>

Total Commitments for Expenditure (inclusive of GST)

Less GST Recoverable from the Australian Taxation Office	<u>(40,679)</u>	<u>(47,413)</u>
Total Commitments for Expenditure (exclusive of GST)	<u>406,787</u>	<u>474,127</u>

During the 2018-19 financial year, the total paid and/or payable on rental expense relating to operating leases was \$10.103m (2017-18: \$10.273m).

AV is not party to any finance lease arrangements.

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

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

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 Contingent assets and contingent liabilities

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. 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

From 1 July 2018, AV applies AASB 9 and classifies all of its financial assets based on the business model for managing the assets and the asset's contractual terms.

Categories of financial assets under AASB 9:

Financial Assets at Amortised cost.

Financial assets are measured at amortised costs if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by AV to collect the contractual cash flows, and
- the assets contractual terms give rise to cash flows that are solely payments of principal and interests.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

AV recognises the following assets in this category:

- cash and deposits;
- trade receivables (excluding statutory receivables);
- term deposits with maturity greater than three months; and
- other receivables

Categories of financial assets previously under AASB 139

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

The receivables category includes cash and deposits, term deposits with maturity greater than three months, trade receivables, and other receivables, but not statutory receivable

Financial liabilities at amortised cost are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount and the settlement value being recognised in the comprehensive income statement. AV recognises the following liabilities in this category:

- payables (excluding statutory payables)

Offsetting of financial instruments: Financial assets and liabilities are offset, with the net amount reported in the balance sheet only where there is a currently legally enforceable right to offset the recognised amounts and there is an intention to settle on a net basis or realise the asset and settle the liability simultaneously.

Derecognition of Financial Assets: A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when the rights to receive cash flows from the asset have expired.

Impairment of Financial Assets

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

In assessing impairment of statutory (non-contractual) financial assets, which are not financial instruments, professional judgement is applied in assessing materiality using estimates, averages and other computational methods in accordance with AASB 136 *Impairment of Assets*. Where the fair value of an investment in an equity instrument at balance date has reduced by 20 percent or more than its cost price or where its fair value has been less than its cost price for a period of 12 or more months, the financial asset is treated as impaired.

Derecognition of Financial Liabilities

A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expired.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

NOTE 7.1: FINANCIAL INSTRUMENTS (Continued)

Note 7.1(a) Categorisation of Financial Instruments (Continued)

	Note	Financial Assets - at Amortised Cost \$'000	Financial Liabilities at Amortised Cost \$'000	Total \$'000
2019				
Contractual Financial Assets				
Cash and Cash Equivalents At Amortised Cost	6.1	143,903	-	143,903
Trade Receivables	5.1	28,709	-	28,709
Total Financial Assets⁽ⁱ⁾		172,612	-	172,612
Financial Liabilities				
Payables	5.3	-	85,238	85,238
Total Financial Liabilities⁽ⁱⁱ⁾		-	85,238	85,238
		Contractual Financial Assets - Receivables \$'000	Contractual Financial Liabilities at Amortised Cost \$'000	Total \$'000
2018				
Contractual Financial Assets				
Cash and Cash Equivalents At Amortised Cost	6.1	112,270	-	112,270
Trade Receivables	5.1	31,418	-	31,418
Term Deposits (>3 months)	4.1	1,400	-	1,400
Total Financial Assets⁽ⁱ⁾		145,088	-	145,088
Financial Liabilities				
Payables	5.3	-	80,928	80,928
Total Financial Liabilities⁽ⁱⁱ⁾		-	80,928	80,928

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

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

Note 7.1(b) Ageing Analysis of Financial Assets as at 30 June

	Carrying Amount \$'000	Not Past Due and Not Impaired \$'000	Past Due But Not Impaired 1 to 3 months \$'000	3 months to 1 year \$'000	Impaired Financial Assets \$'000
2019					
Financial Assets					
Cash and Cash Equivalents At Amortised Cost	143,903	143,903	-	-	-
Receivables	28,709	20,995	6,352	1,362	14,324
Total Financial Assets	172,612	164,898	6,352	1,362	14,324
2018					
Financial Assets					
Cash and Cash Equivalents At Amortised Cost	112,270	112,270	-	-	-
Receivables	31,418	23,779	5,707	1,932	12,628
Term Deposit (>3 months)	1,400	1,400	-	-	-
Total Financial Assets	137,449	137,449	5,707	1,932	12,628

Ageing analysis of financial assets excludes all statutory financial assets.

Contractual Financial Assets that are Either Past Due or Impaired

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

There are no financial assets that have had their terms renegotiated so as to prevent them from being past due or impaired, and they are stated at the carrying amounts as indicated.

Note 7.1(c): Contractual Receivables at Amortised Costs

	Current	Less than 1 month	1-3 months	3 months to 1 year	1 to 5 Years	Total
1 July 2018						
Expected loss rate	0%	19%	40%	57%	83%	
Gross carrying amount of contractual receivables	5,000	25,721	827	11,648	850	44,046
Loss allowance	-	4,940	334	6,648	705	12,627
30 June 2019						
Expected loss rate	0%	28%	21%	56%	78%	
Gross carrying amount of contractual receivables	3,554	20,167	6,352	12,157	805	43,034
Loss allowance	-	5,546	1,311	6,843	624	14,324

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

NOTE 7.1: FINANCIAL INSTRUMENTS (Continued)

Impairment of financial assets under AASB 9

From 1 July 2018, the allowance for expected credit loss for relevant financial instruments replaces AASB 139's incurred loss approach with AASB 9's Expected Credit Loss approach.

Subject to AASB 9 impairment assessment are contractual receivables and statutory receivables. While cash and cash equivalents are also subject to the impairment requirements of AASB 9, the identified impairment loss was immaterial.

Contractual receivables at amortised cost

Ambulance Victoria applies AASB 9 simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. AV has grouped contractual receivables on shared credit risk characteristics and days past due and select the expected credit loss rate based on past history, existing market conditions, as well as forward looking estimates at the end of the financial year.

On this basis, AV determines there is no impact to opening loss allowance on initial application date of AASB 9 and the closing loss allowance at end of the financial year.

Credit loss allowance is classified as other economic flows in the net result. Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same line item.

In prior years, a provision for doubtful debts is recognised when there is objective evidence that the debts may not be collected and bad debts are written off when identified. A provision is made for estimated irrecoverable amounts from the sale of goods when there is objective evidence that an individual receivable is impaired.

Statutory receivables at amortised cost

AV's non-contractual receivables arising from statutory requirements are not financial instruments. However, they are nevertheless recognised and measured in accordance with AASB 9 requirements as if those receivables are financial instruments.

The statutory receivables are considered to have low credit risk, taking into account the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near future. As the result, the loss allowance recognised for these financial assets during the period was limited to 12 months expected losses. No loss allowance recognised at 30 June 2018 under AASB 139. No additional loss allowance required upon transition into AASB 9 on 1 July 2018.

Note 7.1(d) Maturity Analysis of Financial Liabilities as at 30 June

	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	1 to 5 Years \$'000
2019							
Financial Liabilities							
Payables	5.3						
Trade Creditors		23,514	23,514	23,514	-	-	-
Accrued Salaries and Wages		15,778	15,778	15,778	-	-	-
Accrued Expenses		34,667	34,667	34,667	-	-	-
Other Creditors		11,279	11,279	612	-	3,554	7,113
Total Financial Liabilities		85,238	85,238	74,570	-	3,554	7,113
2018							
Financial Liabilities							
Payables	5.3						
Trade Creditors		20,050	20,050	20,050	-	-	-
Accrued Salaries and Wages		13,117	13,117	13,117	-	-	-
Accrued Expenses		32,593	32,593	32,593	-	-	-
Other Creditors		15,168	15,168	911	-	3,554	10,703
Total Financial Liabilities		80,928	80,928	66,671	-	3,554	10,703

NOTE 7.2: CONTINGENT ASSETS AND CONTINGENT LIABILITIES

A judgement has been received for a matter relating to alleged underpayment of wages, however, the decision was appealed and the potential amount of future payments AV would be required to make to an adverse decision is estimated to be up to \$0.3m.

As at 30 June 2019, there has been no change in the probability of the outcome of this disclosure.

There were no contingent assets as at 30 June 2019 (2018: Nil).

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

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

NOTE 8: OTHER DISCLOSURES

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

- 8.1 Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) From Operating Activities
- 8.2 Responsible persons disclosures
- 8.3 Executive officer disclosures
- 8.4 Related parties
- 8.5 Remuneration of auditors
- 8.6 Ex-gratia payments
- 8.7 Events occurring after balance sheet date
- 8.8 Economic dependency
- 8.9 New Accounting Standards and Interpretations
- 8.10 Glossary of terms and style conventions

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

	2019 \$'000	2018 \$'000
Net Result For The Year	2,010	(9,692)
Non Cash Movements		
Depreciation and Amortisation	42,880	38,905
Indirect Capital Contributions	(16,338)	(8,673)
Movements Included in Investing and Financing Activities		
Net Loss from Sale of Property, Plant and Equipment	4,710	1,901
Net Loss on Settlement of Financial Instrument	-	159
Movements in Assets and Liabilities		
Change in Operating Assets and Liabilities		
(Decrease)/Increase in Provision for Make Good	89	-
(Decrease)/Increase in Provision for Doubtful Debts	1,697	(391)
(Increase)/Decrease in Receivables	(871)	(1,269)
(Increase)/Decrease in Inventories	(447)	(169)
(Increase)/Decrease in Prepayments	(5,736)	1,536
(Decrease)/Increase in Payables	4,653	1,432
(Decrease)/Increase in Employee Benefits	39,844	16,784
(Decrease)/Increase in Prepaid Income	3,083	5,484
NET CASH FLOW FROM/(USED IN) OPERATING ACTIVITIES	75,574	46,007

NOTE 8.2: RESPONSIBLE PERSONS DISCLOSURES

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

	Period	
Responsible Minister		
The Honourable Jill Hennessy MLA, Minister for Ambulance Services, Minister for Health	1 July 2018 to 29 November 2018	
The Honourable Jenny Mikakos, Minister for Ambulance Services, Minister for Health	29 November 2018 to 30 June 2019	
Governing Board		
Mr Ken Lay AO (Chair)	1 July 2018 to 30 June 2019	
Ms Tasneem Chopra	1 July 2018 to 30 June 2019	
Ms Susanne Clarke	1 July 2018 to 30 June 2019	
Ms Suzanne Evans	1 July 2018 to 30 June 2019	
Dr Joanna Flynn AM	1 July 2018 to 30 June 2019	
Mr Ian Forsyth	1 July 2018 to 30 June 2019	
Mr Michael Gorton AM	1 July 2018 to 30 June 2019	
Mr Peter Lewinsky	1 July 2018 to 30 June 2019	
Mr Greg Smith AM	1 July 2018 to 30 June 2019	
Accountable Officer		
Assoc Prof Tony Walker ASM	1 July 2018 to 30 June 2019	
Remuneration of Responsible Persons	2019	2018
The number of Responsible Persons are shown below in their relevant income bands:	No.	No.
\$50,000 - \$59,999	8	8
\$120,000 - \$129,999	1	1
\$450,000 - \$459,999	-	1
\$480,000 - \$489,999	1	-
Total Number	10	10
Total Remuneration (\$'000)	1,025	977

Amounts relating to Responsible Ministers are reported within the Department of Parliamentary Services financial report

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

NOTE 8.3: EXECUTIVE OFFICER DISCLOSURES

Executive Officers' Remuneration

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

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided by AV, or on behalf of AV, in exchange for services rendered, and is disclosed in the following categories.

Short-term employee benefits include amounts such as wages, salaries, annual leave or sick leave that are usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances and free or subsidised goods or services.

Post-employment benefits include pensions and other retirement benefits paid or payable on a discrete basis when employment has ceased.

Other long-term benefits include long service leave, other long service benefits or deferred compensation.

	2019	2018
	\$'000	\$'000
Remuneration of Executive Officers		
(including Key Management Personnel disclosed in Note 8.4)		
Short term employee benefits	5,216	4,289
Post-employment benefits	508	307
Other long-term benefits	272	365
Total Remuneration	<u>5,995</u>	<u>4,961</u>
Total Number of Executives¹	<u>25</u>	<u>18</u>
Total Annualised Employee Equivalent²	<u>21.91</u>	<u>17.89</u>

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

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

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);
- all cabinet ministers and their close family members; and
- all departments and public sector entities that are controlled and consolidated into the whole of state consolidated financial statements.

All related party transactions have been entered into on an arm's length basis.

	2019	2018
	\$'000	\$'000
Significant transactions with government-related entities¹		
During the year, AV had the following government-related entity transactions:		
Government Grants from DHHS	820,012	742,549
Government Grants from DJR	10,649	8,939
Government Grants from TAC	11,487	12,415
Government Grants from DPC	661	-
CBS Interest Income from DTF ¹	1,336	-
Transport Revenue from Victorian public hospitals	34,761	33,367
Transport Revenue received from TAC	32,041	30,385
Transport Revenue from WorkSafe	8,862	6,338
Insurance Premium paid to VMIA	1,546	1,391
Training Fees from the Country Fire Authority (CFA)	850	505

¹ The Standing Directions of the Assistant Treasurer require AV to hold cash (in excess of working capital) in accordance with the State's centralised banking arrangements.

Key management personnel (KMP) of AV includes Cabinet Ministers, AV Board (refer Note 8.3), AV CEO Tony Walker, and members of the AV Executive Committee, which includes:

Chief Operating Officer, Mark Rogers
 Executive Director Clinical Operations, Michael Stephenson
 Executive Director Corporate Services, Rob Barr
 Executive Director People & Culture, Rebecca Hodges
 Executive Director Transformation & Strategy, Craig Howard
 Executive Director Operational Communications, Anthony Carlyon
 Executive Director Quality & Patient Experience, Nicola Reinders
 Chief Information Officer, Mark Gardiner
 Medical Director, Professor Stephen Bernard
 Governance Advisor & Board Secretary, Robyn Weatherley
 Chief of Staff, Danielle North

The compensation detailed below excludes the salaries and benefits the Portfolio Ministers receive. The Minister's remuneration and allowances is set by the *Parliamentary Salaries and Superannuation Act 1968*, and is reported within the Department of Parliamentary Services' Financial Report.

	2019	2018
	\$'000	\$'000
Compensation of KMPs		
Short term employee benefits	3,952	3,555
Post-employment benefits	356	304
Other long-term benefits	191	264
Total²	<u>4,499</u>	<u>4,123</u>

² The compensation of certain KMPs are also reported in the disclosure of responsible persons (Note 8.2) and executive officers (Note 8.3). 2018-19 includes the full year compensation for KMPs appointed during 2017-18.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2019

NOTE 8.4: RELATED PARTIES (Continued)

Transactions with key management personnel and other related parties

Given the breadth and depth of State government activities, related parties transact with the Victorian public sector in a manner consistent with other members of the public e.g. stamp duty and other government fees and charges. Further employment of processes within the Victorian public sector occur on terms and conditions consistent with the *Public Administration Act 2004* and Codes of Conduct and Standards issued by the Victorian Public Sector Commission. Procurement processes occur on terms and conditions consistent with the Victorian Government Procurement Board requirements.

Outside of normal citizen type transactions, the related party transactions that involved key management personnel and their close family members are as follows:

Mr Michael Gorton AM, Director, holds executive positions in other entities as follows:

- Director of Australasian College for Emergency Medicine (ACEM);
- Principal of Russel Kennedy Lawyers;
- the Chair of Alfred Health; and
- the Chair of the Australian Health Practitioner Regulation Agency (AHPRA).

During the year, these entities provided services to AV under terms and conditions equivalent for those that prevail in arm's length transactions under the AV's procurement process:

	2019 \$'000	2018 \$'000
Advertising fee paid to ACEM	1	1
Legal fee paid to Russell Kennedy Lawyers	52	22
Paramedics registration application fees paid to AHPRA	849	-

Transactions with Alfred Health have been included in the Significant transactions with government-related entities (above).

During the year, AV paid \$107,077 (2018: \$93,870) and \$60,000 (2018: \$12,389) to Council of Ambulance Authorities and Emergency Services Foundation, respectively, organisations of which Mr Tony Walker, the Chief Executive Officer is a Board member representing AV. The annual membership contribution and sponsorship for forums/conferences are paid under standard terms and conditions.

NOTE 8.5: REMUNERATION OF AUDITORS	2019 \$'000	2018 \$'000
Victorian Auditor-General's Office		
Audit of financial statements	178	174
Other Providers		
Internal audit services	495	487
Other	61	57
TOTAL	734	718

NOTE 8.6: EX GRATIA PAYMENTS¹

AV has made the following ex gratia payments:

Forgiveness or waiver of debt ²	187	36
	187	36

¹ Ex gratia payments greater than or equal to \$5,000 or those considered material in nature.

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 OCCURRING AFTER BALANCE SHEET DATE

There have been no subsequent events occurring after balance sheet date.

NOTE 8.8: ECONOMIC DEPENDENCY

AV is dependent on the Department of Health and Human Services for the majority of its revenue used to operate the entity. At the date of this report, the Board of Directors has no reason to believe the Department of Health and Human Services will not continue to support AV.

NOTE 8.9: NEW ACCOUNTING STANDARDS AND INTERPRETATIONS

Changes in Accounting Policy

Ambulance Victoria has elected to apply the limited exemption in AASB 9 paragraph 7.1 relating to transition for classification and measurement and impairment, and accordingly has not restated comparative periods in the year of initial application. As a result:

- (a) any adjustments to carrying amounts of financial assets or liabilities are recognised at beginning of the current reporting period with difference recognised in opening retained earnings; and
- (b) financial assets and provision for impairment have not been reclassified and/or restated in the comparative period.

Changes to classification and measurement

On initial application of AASB 9 on 1 July 2018, Ambulance Victoria's management has assessed for all financial assets based on Ambulance Victoria's business models for managing the assets. The following are the changes in the classification of Ambulance Victoria's financial assets:

- Sale of goods and services
- Trade Receivables
- Other Receivables

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2019

NOTE 8.9: NEW ACCOUNTING STANDARDS AND INTERPRETATIONS (Continued)**Changes to the impairment of financial assets**

Under AASB 9, all loans and receivables as well as other debt instruments not carried at fair value through net result are subject to AASB 9's new expected credit loss (ECL) impairment model, which replaces AASB 139's incurred loss approach. For other loans and receivables, AV applies the AASB 9 simplified approach to measure expected credit losses based on the change in the ECLs over the life of the asset. Application of the lifetime ECL allowance method results in an increase in the impairment loss allowance of \$0.

Refer to note 7.1 for details about the calculation of the allowance.

Transition impact

There was no transitional impact of first time adoption of AASB 9 on comprehensive operating statement.

New Accounting Standards and Interpretations

Certain new Australian accounting standards and interpretations have been published that are not mandatory for the 30 June 2019 financial year. As at 30 June 2019, the following standards and interpretations had been issued but were not yet effective. They become effective for the first financial statements for the financial years commencing after the stated operative dates as detailed in the table below. AV has not and does not intend to adopt these standards early.

Standard/Interpretation ¹	Summary	Applicable for annual reporting periods beginning on	Impact on public sector entity financial statements
AASB 15 <i>Revenue from Contracts with Customers</i>	The core principle of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer. Note that amending standard AASB 2015 8 <i>Amendments to Australian Accounting Standards – Effective Date of AASB 15</i> has deferred the effective date of AASB 15 to annual reporting periods beginning on or after 1 January 2018, instead of 1 January 2017 for Not-for-Profit entities.	1 Jan 2019	The changes in revenue recognition requirements in AASB 15 may result in changes to the timing and amount of revenue recorded in the financial statements. Revenue from grants that are provided under an enforceable agreement that have sufficiently specific obligations, will now be deferred and recognised as the performance obligations attached to the grant are satisfied. This is not expected to have a significant impact for AV.
AASB 2016-8 <i>Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-Profit Entities</i>	AASB 2016-8 inserts Australian requirements and authoritative implementation guidance for not-for-profit-entities into AASB 9 and AASB 15. This Standard amends AASB 9 and AASB 15 to include requirements to assist not-for-profit entities in applying the respective standards to particular transactions and events.	1 Jan 2019	This standard clarifies the application of AASB 15 and AASB 9 in a not-for-profit context. The areas within these standards that are amended for not-for-profit application include: AASB 9 <ul style="list-style-type: none"> Statutory receivables are recognised and measured similarly to financial assets. AASB 15 <ul style="list-style-type: none"> The 'customer' does not need to be the recipient of goods and/or services; The "contract" could include an arrangement entered into under the direction of another party; Contracts are enforceable if they are enforceable by legal or 'equivalent means'; Contracts do not have to have commercial substance, only economic substance; and Performance obligations need to be 'sufficiently specific' to be able to apply AASB 15 to these transactions.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2019

NOTE 8.9: NEW ACCOUNTING STANDARDS AND INTERPRETATIONS (Continued)

Standard/Interpretation ¹	Summary	Applicable for annual reporting periods beginning on	Impact on public sector entity financial statements
AASB 16 <i>Leases</i>	The key changes introduced by AASB 16 include the recognition of most operating leases (which are currently not recognised) on balance sheet.	1 Jan 2019	<p>The assessment has indicated that most operating leases, with the exception of short term and low value leases will come on to the balance sheet and will be recognised as right of use assets with a corresponding lease liability.</p> <p>In the operating statement, the operating lease expense will be replaced by depreciation expense of the asset and an interest charge.</p> <p>There will be no change for lessors as the classification of operating and finance leases remains unchanged.</p> <p>AV has performed a detailed impact assessment of AASB 16 and the potential impact in the initial year of application has been estimated as follows:</p> <ul style="list-style-type: none"> • Increase in Right of Use Assets (\$349m), • Increase in related depreciation (\$60m), • increase in lease liability (\$333m), • increase in related interest (\$4m) calculated using effective interest method, and • Decrease in contract service expense (\$51m) and rental expense (\$6m).
AASB 2018-8 <i>Amendments to Australian Accounting Standards – Right of Use Assets of Not-for-Profit entities</i>	This standard amends various other accounting standards to provide an option for not-for-profit entities to not apply the fair value initial measurement requirements to a class or classes of right of use assets arising under leases with significantly below-market terms and conditions principally to enable the entity to further its objectives. This Standard also adds additional disclosure requirements to AASB 16 for not-for-profit entities that elect to apply this option.	1 Jan 2019	<p>Under AASB 1058, not-for-profit entities are required to measure right-of-use assets at fair value at initial recognition for leases that have significantly below-market terms and conditions.</p> <p>For right-of-use assets arising under leases with significantly below market terms and conditions principally to enable the entity to further its objectives (peppercorn leases), AASB 2018-8 provides a temporary option for Not-for-Profit entities to measure at initial recognition, a class or classes of right-of-use assets at cost rather than at fair value and requires disclosure of the adoption.</p> <p>The State has elected to apply the temporary option in AASB 2018-8 for not-for-profit entities to not apply the fair value provisions under AASB 1058 for these right-of-use assets.</p> <p>In making this election, the State considered that the methodology of valuing peppercorn leases was still being developed.</p>

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2019

NOTE 8.9: NEW ACCOUNTING STANDARDS AND INTERPRETATIONS (Continued)

Standard/Interpretation ¹	Summary	Applicable for annual reporting periods beginning on	Impact on public sector entity financial statements
AASB 17 <i>Insurance Contracts</i>	The new Australian standard eliminates inconsistencies and weaknesses in existing practices by providing a single principle based framework to account for all types of insurance contracts, including reissuance contract that an insurer holds. It also provides requirements for presentation and disclosure to enhance comparability between entities. This standard currently does not apply to the not-for-profit public sector entities.	1 Jan 2021	The assessment has indicated that there will be no significant impact AV.
AASB 1059 <i>Service Concession Arrangements: Grantor</i>	This standard applies to arrangements that involve an operator providing a public service on behalf of a public sector grantor. It involves the use of a service concession asset and where the operator manages at least some of the public service at its own direction. An arrangement within the scope of this standard typically involves an operator constructing the asset used to provide the public service or upgrading the assets and operating and maintaining the assets for a specified period of time.	1 Jan 2020 (The State is intending to early adopt AASB 1059 for annual reporting periods beginning on or after 1 January 2019)	For an arrangement to be in scope of AASB 1059 all of the following requirements are to be satisfied: <ul style="list-style-type: none"> • Operator is providing public services using a service concession asset; • Operator manages at 'least some' of public services under its own discretion; • The State controls / regulates: <ul style="list-style-type: none"> – what services are to be provided; – to whom; and – at what price • State controls any significant residual interest in the asset. <p>If the arrangement does not satisfy all the above requirements the recognition will fall under the requirements of another applicable accounting standard. The standard is not expected to have a significant impact on AV.</p>
AASB 2018-5 <i>Amendments to Australian Accounting Standards – Deferral of AASB 1059</i>	This standard defers the mandatory effective date of AASB 1059 from 1 January 2019 to 1 January 2020.	1 Jan 2020 (The State is intending to early adopt AASB 1059 for annual reporting periods beginning on or after 1 January 2019)	This standard defers the mandatory effective date ^{32,502} SB 1059 for periods beginning on or after 1 January 2019 to 1 January 2020. As the State has elected to early adopt AASB 1059, the financial impact will be reported in the financial year ending 30 June 2019, rather than the following year.
AASB 2018-7 <i>Amendments to Australian Accounting Standards – Definition of Material</i>	This Standard principally amends AASB 101 <i>Presentation of Financial Statements</i> and AASB 108 <i>Accounting Policies, Changes in Accounting Estimates and Errors</i> . The amendments refine and clarify the definition of material in AASB 101 and its application by improving the wording and aligning the definition across AASB Standards and other publications. The amendments also include some supporting requirements in AASB 101 in the definition to give it more prominence and clarify the explanation accompanying the definition of material.	1 Jan 2020	The standard is not expected to have a significant impact for AV.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2019

NOTE 8.9: NEW ACCOUNTING STANDARDS AND INTERPRETATIONS (Continued)

In addition to the new standards and amendments above, the AASB has issued a list of other amending standards that are not effective for the 2018-19 reporting period. In general, these amending standards include editorial and references changes that are expected to have insignificant impacts on public sector reporting.

- AASB 2017-1 *Amendments to Australian Accounting Standards – Transfers of Investment Property, Annual Improvements 2014-16 Cycle and Other Amendments*
- AASB 2017-4 *Amendments to Australian Accounting Standards – Uncertainty over Income Tax Treatments*
- AASB 2017-6 *Amendments to Australian Accounting Standards – Prepayment Features with Negative Compensation*
- AASB 2017-7 *Amendments to Australian Accounting Standards – Long-term Interests in Associates and Joint Ventures*
- AASB 2018-1 *Amendments to Australian Accounting Standards – Annual Improvements 2015 – 2017 Cycle*
- AASB 2018-2 *Amendments to Australian Accounting Standards – Plan Amendments, Curtailment or Settlement*
- AASB 2018-3 *Amendments to Australian Accounting Standards – Reduced Disclosure Requirements*
- AASB 2018-6 *Amendments to Australian Accounting Standards – Definition of a Business*

NOTE 8.10: GLOSSARY OF TERMS AND STYLE CONVENTIONS

Amortisation

Amortisation is the expense which results from the consumption, extraction or use over time of a non-produced physical or intangible asset.

Comprehensive result

The net result of all items of income and expense recognised for the period. It is the aggregate of operating result and other comprehensive income.

Commitments

Commitments include those operating, capital and other outsourcing commitments arising from non-cancellable contractual or statutory sources.

Depreciation

Depreciation is an expense that arises from the consumption through wear or time of a produced physical or intangible asset. This expense reduces the 'net result for the year'.

Effective interest method

The effective interest method is used to calculate the amortised cost of a financial asset or liability and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial instrument, or, where appropriate, a shorter period

Employee benefits expenses

Employee benefits expenses include all costs related to employment including wages and salaries, fringe benefits tax, leave entitlements, redundancy payments, defined benefits superannuation plans, and defined contribution superannuation plans.

Ex gratia payments

Ex-gratia payments mean the voluntary payment of money or other non-monetary benefit (e.g. a write off) that is not made either to acquire goods, services or other benefits for the entity or to meet a legal liability, or to settle or resolve a possible legal liability, or claim against the entity.

Financial asset

A financial asset is any asset that is:

- (a) cash;
- (b) an equity instrument of another entity;
- (c) a contractual or statutory right:
 - to receive cash or another financial asset from another entity; or
 - to exchange financial assets or financial liabilities with another entity under conditions that are potentially favourable to the entity; or
- (d) a contract that will or may be settled in the entity's own equity instruments and is:
 - a non-derivative for which the entity is or may be obliged to receive a variable number of the entity's own equity instruments; or
 - a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments.

Financial instrument

A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Financial assets or liabilities that are not contractual (such as statutory receivables or payables that arise as a result of statutory requirements imposed by governments) are not financial instruments.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2019

NOTE 8.10: GLOSSARY OF TERMS AND STYLE CONVENTIONS (Continued)

Financial liability

A financial liability is any liability that is:

- (a) A contractual obligation:
 - to deliver cash or another financial asset to another entity; or
 - to exchange financial assets or financial liabilities with another entity under conditions that are potentially unfavourable to the entity; or
- (b) A contract that will or may be settled in the entity's own equity instruments and is:
 - a non-derivative for which the entity is or may be obliged to deliver a variable number of the entity's own equity instruments; or
 - a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments. For this purpose the entity's own equity instruments do not include instruments that are themselves contracts for the future receipt or delivery of the entity's own equity instruments.

Financial statements

A complete set of financial statements comprises:

- (c) Balance sheet as at the end of the period;
- (d) Comprehensive operating statement for the period;
- (e) A statement of changes in equity for the period;
- (f) Cash flow statement for the period;
- (g) Notes, comprising a summary of significant accounting policies and other explanatory information;
- (h) Comparative information in respect of the preceding period as specified in paragraph 38 of AASB 101 Presentation of Financial Statements; and
- (i) A statement of financial position at the beginning of the preceding period when an entity applies an accounting policy retrospectively or makes a retrospective restatement of items in its financial statements, or when it reclassifies items in its financial statements in accordance with paragraphs 41 of AASB 101.

Grants and other transfers

Transactions in which one unit provides goods, services, assets (or extinguishes a liability) or labour to another unit without receiving approximately equal value in return. Grants can either be operating or capital in nature.

While grants to governments may result in the provision of some goods or services to the transferor, they do not give the transferor a claim to receive directly benefits of approximately equal value. For this reason, grants are referred to by the AASB as involuntary transfers and are termed non-reciprocal transfers. Receipt and sacrifice of approximately equal value may occur, but only by coincidence. For example, governments are not obliged to provide commensurate benefits, in the form of goods or services, to particular taxpayers in return for their taxes. Grants can be paid as general purpose grants which refer to grants that are not subject to conditions regarding their use. Alternatively, they may be paid as specific purpose grants which are paid for a particular purpose and/or have conditions attached regarding their use.

Intangible produced assets

Refer to produced assets in this glossary.

Intangible non-produced assets

Refer to non-produced asset in this glossary.

Interest expense

Costs incurred in connection with the borrowing of funds includes interest on bank overdrafts and short-term and long-term liabilities, amortisation of discounts or premiums relating to liabilities, interest component of finance leases repayments, and the increase in financial liabilities and non-employee provisions due to the unwinding of discounts to reflect the passage of time.

Interest income

Interest income includes unwinding over time of discounts on financial assets and interest received on bank term deposits and other investments.

Liabilities

Liabilities refers to amounts owed to a supplier or other provider of goods, services, or loans. Liabilities also include non-interest-bearing advances from government that are acquired for policy purposes.

Net acquisition of non-financial assets (from transactions)

Purchases (and other acquisitions) of non-financial assets less sales (or disposals) of non-financial assets less depreciation plus changes in inventories and other movements in non-financial assets. It includes only those increases or decreases in non-financial assets resulting from transactions and therefore excludes write-offs, impairment write-downs and revaluations.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2019

NOTE 8.10: GLOSSARY OF TERMS AND STYLE CONVENTIONS (Continued)

Net worth

Assets less liabilities, which is an economic measure of wealth.

Non-financial assets

Non-financial assets are all assets that are not 'financial assets'. It includes inventories, land, buildings, plant and equipment, investment properties, intangible and biological assets.

Non-produced assets

Non-produced assets are assets needed for production that have not themselves been produced. They include land, subsoil assets, and certain intangible assets. Non-produced intangibles are intangible assets needed for production that have not themselves been produced. They include constructs of society such as patents.

Payables

Includes short and long term trade debt and accounts payable, grants, taxes and interest payable.

Produced assets

Produced assets include buildings, plant and equipment, inventories, cultivated assets and certain intangible assets. Intangible produced assets may include computer software, motion picture films, and research and development costs (which does not include the start-up costs associated with capital projects).

Receivables

Includes amounts owing from government through appropriation receivable, short and long term trade credit and accounts receivable, accrued investment income, grants, taxes and interest receivable.

Sales of goods and services

Refers to income from the direct provision of goods and services and includes fees and charges for services rendered, sales of goods and services, fees from regulatory services and work done as an agent for private enterprises. It also includes rental income under operating leases and on produced assets such as buildings and entertainment, but excludes rent income from the use of non-produced assets such as land. User charges includes sale of goods and services income.

Supplies and services

Supplies and services generally represent cost of goods sold and the day-to-day running costs, including maintenance costs, incurred in the normal operations of the Department.

Transactions

Revised Transactions are those economic flows that are considered to arise as a result of policy decisions, usually an interaction between two entities by mutual agreement. They also include flows in an entity such as depreciation where the owner is simultaneously acting as the owner of the depreciating asset and as the consumer of the service provided by the asset. Taxation is regarded as mutually agreed interactions between the government and taxpayers. Transactions can be in kind (e.g. assets provided/given free of charge or for nominal consideration) or where the final consideration is cash.

Style conventions

Figures in the tables and in the text have been rounded. Discrepancies in tables between totals and sums of components reflect rounding. Percentage variations in all tables are based on the underlying unrounded amounts.

The notation used in the tables is as follows:

zero, or rounded to zero

(xxx) negative numbers

201x year period

201x-1x year period



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.

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Ambulance Victoria



Ambulance Victoria

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

Postal Address
PO Box 2000, Doncaster, Victoria 3108

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

