

Ambulance
Victoria



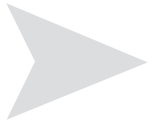
Ambulance Victoria 2016-2017 Annual Report





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Our Charter

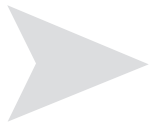
Ambulance Victoria (AV) aims to improve the health of the community by providing high quality pre-hospital care and medical transport. AV provides emergency medical response to more than six million people in an area of more than 227,000 square kilometres.

AV's Charter requires the service to:

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

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

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



Chair's Report



This has been a transformational year for Ambulance Victoria.

Significant reforms are delivering better outcomes for our patients, our employees and the communities we serve.

We finalised our Strategic Plan (2017–2022) giving us the opportunity to continue to build on our improvements.

It's been a transformational year for delivery of our service to patients. The significant changes to our Clinical Response Model are among some of the most important reforms this century.

Through prioritisation of ambulances for the sickest people, Ambulance Victoria is now reaching seriously ill people more quickly and we're achieving better health outcomes for our patients, notably in the areas of stroke and cardiac arrest. In fact, we achieved Victoria's highest ever cardiac arrest survival rate in March 2017.

Continued improvement to response performance will be supported by the State Government's commitment of an additional \$500 million. This will allow us to recruit an additional 450 paramedics over three years, establish six metropolitan Super Response Centres and build or upgrade 15 additional branches across the state. It will also provide welcome funding for 12 new rural services.

It's been a transformational year for our people after we acknowledged that if we don't care for our own people, we can't care for our patients.

We made it clear that Ambulance Victoria will no longer accept injuries – both physical and mental – as just part of the job for our people and that we have zero tolerance to violence against our people.

We launched the Ambulance Victoria Health and Safety Strategy and the award-winning Ambulance Victoria Mental Health and Wellbeing Strategy that guides important work to keep our people safe, healthy and well for work and life.

Sector leading initiatives include the full rollout of power-lift stretchers to every ambulance across the state, which is reducing manual handling injuries, and an innovative virtual reality training program, coupled with the trial of body-worn cameras to help keep our people safe from occupational violence.

The realignment of our corporate functions during the year will better support frontline service delivery and we've also completed a new Executive team, who bring the skills and experience needed to continue taking Ambulance Victoria forward.

It's been a transformational year for the way we engage with the community, the wider health sector and other stakeholders to better support the needs of Victorians.

We've made a step change in the way we partner with communities, to better understand them and listen to what they say, with the launch of a Consumer and Community Engagement Plan, and development of a work plan for the Board's new Community Advisory Committee.

We've also worked to strengthen partnerships and collaboration with health services to ensure we work together to deliver patients the right care at the right place at the right time.

This is the first full year of the Board overseeing activities at Ambulance Victoria and we are proud of what the organisation delivers on a daily basis and proud of the way our people – from our world-class frontline people, to our dedicated corporate staff, right through to management – have embraced and delivered on the opportunity to modernise our organisation.

I thank all Directors for their hard work and dedication, and commitment to Ambulance Victoria.

As well as breaking new ground for our patients, staff and other stakeholders during the year, we paved the way for ongoing improvement through the development of the five-year Strategic Plan. It's based on input from our staff, stakeholders and the community, and approved by the Minister for Ambulance Services.

There's no doubt that increasing patient demand, more complex patient needs, changing community expectations and the likelihood of more major incidents and extreme weather events will continue to test our organisation.

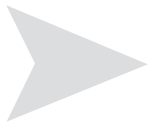
However, we are committed to providing timely, high-quality care to all our patients and connect them with the care they need.

The work we have completed this year and our Strategic Plan going forward put Ambulance Victoria in the best position to rise to these challenges over the next five years and beyond.

It has been a wonderful year to be associated with Ambulance Victoria. Despite significant achievements, there is a very strong commitment to make our organisation better, stronger and more responsive into the future.

I look forward with enormous confidence.

Ken Lay AO APM
Chair, Ambulance Victoria



Chief Executive Officer's report



Ambulance Victoria is delivering higher levels of service and patient outcomes than ever due to a comprehensive and ongoing program of reforms to create a modern, sustainable service for Victorian communities.

Throughout 2016-2017 we have implemented a number of sector-leading, transformational initiatives which are delivering immediate and longer-term benefits for our patients, staff, volunteers, communities and the wider health sector.

This includes the completion of an ambitious 18-month Corporate Plan with more than 250 discrete initiatives designed to reform, innovate and modernise our ambulance service consistent with Victoria's Ambulance Action Plan, the 2015 final report of the Ambulance Performance and Policy Consultative Committee.

We have achieved significant outcomes, but our work is not done. Ongoing innovation and reform is essential to keep pace with the growing and changing needs of the Victorian community and we have a clear strategy to guide us for the next five years.

Significant outcomes have been achieved through our focus on four key stakeholder groups: our patients, our people, our community and our health sector partners.

Delivering our patients the right care, at the right place, at the right time

Ambulance Victoria is now responding faster to patients across all priority levels and achieving better outcomes for patients as a result of changes completed this year to better assess and meet the individual needs of Victorians.

We have made significant changes to our Clinical Response Model to focus on getting quickly to seriously ill patients who can benefit from the world-class skills of our frontline staff.

As a result of the changes, we are reaching an additional 7,000 priority patients within our 15-minute timeframe on an annualised basis and 50,000 people who previously received an emergency ambulance are now being safely referred to care which is more appropriate to the urgency of their individual case.

These evidence-based changes to the way we dispatch ambulances to patients with specific presentations have been reviewed by an independent panel of clinical experts and supported by Safer Care Victoria, the peak state authority for leading quality and safety improvement in healthcare.

This reform complements the Government community awareness campaign *Save Lives, Save 000 for Emergencies*, which highlights the value of paramedics being available to respond to genuine clinical emergencies, rather than being tied up with low-acuity cases.

As we renew our focus on our role as an emergency ambulance service, we are also delivering better outcomes for our most seriously ill patients.

Our sickest patients are those in cardiac arrest, whose hearts have stopped beating. In the first two quarters of 2017 we recorded our best ever results for survival from cardiac arrest for patients with a shockable rhythm, and our annual survival rate in 2016-2017 was 32.9 per cent.

In the coming year, we will take another step to bolster cardiac arrest survival by introducing a smartphone App that will enable Ambulance Victoria to notify trusted responders of potential cardiac arrest cases nearby. This innovative technology uses trusted members of the community to provide cardiopulmonary resuscitation (CPR) and potentially apply an automated external defibrillator (AED) to patients whose need for intervention is absolutely time-critical, while emergency first responders and paramedics are on their way.

For heart attack patients – those with a blocked artery in their heart, who are typically conscious and in pain – we expanded our clot-busting treatment in regional Victoria to our Advanced Life Support paramedics. This provides timely treatment that can limit or prevent damage to the heart muscle.

Our response to stroke patients also improved. We began work to establish Australia's first Mobile Stroke Ambulance, which will carry a CT scanner and thrombolytic drugs, and respond to suspected cases of stroke in the Melbourne area.

These significant improvements delivered for Victorians during the year will be further supported by the \$500 million commitment the State Government made in November 2016. This commitment enabled us to bring on some additional resources during 2016-2017, including 180 additional paramedics, and we will add more in the coming year. In total, this funding will provide an additional 450 paramedics, 15 new and upgraded branches, six new Super Response Centres in Melbourne, additional vehicles and new paramedic resources in 12 rural locations.

For the 2016-2017 year, our response time performance improved to 78.3 per cent of cases within 15 minutes, despite a 2.92 per cent growth in demand from Triple Zero (000) callers. While this falls short of our target of responding to 85 per cent of cases within 15 minutes, we are continuing our efforts to meet the target and expect further improvements.

Improving our people's health, safety, wellbeing and capability

Ambulance Victoria has a proud reputation for delivering clinical excellence for patients and this year has been a turning point for the way we look after our own people.

Too many of our own staff were being physically or mentally injured on the job, and subjected to occupational violence and we had to change a culture that accepted that injuries are just part of the job for our people.

It is unacceptable for paramedics to be exposed to abuse or violence while undertaking their work, but sadly this is something that happens in Victoria about 13 times every day.

With support from the Government's Response Time Rescue Fund, we delivered training for staff to help reduce the risk of occupational violence, including innovative virtual reality training which was very well received by staff. A trial of body-worn cameras has started with more than 500 paramedics to assess their effectiveness in deterring violence against our people. This was complemented by a television and media campaign produced by WorkSafe Victoria on violence in the healthcare sector, including ambulance. Quite properly, the campaign said: It's Never OK.

These occupational violence initiatives were among the key deliverables in the Health and Safety Strategy launched during the year. The strategy has delivered significant reductions in injuries, lost time and injury claims, such as our claims rate reducing from 6.4 standard claims per 100 FTE to 4.7 per 100 FTE.

Our most significant manual handling injuries were caused by stretcher related activities. During the year we completed the rollout of powerlift stretchers to more than 632 ambulance vehicles across the state, which has significantly cut the number and frequency of manual handling injuries among staff.

We also launched our Mental Health and Wellbeing Strategy and deepened our partnership with beyondblue with the launch of the Mental Health Matters @AV training program, which has now been rolled out to all operational and corporate staff. The strategy has since been recognised with an award for leadership in health and safety from the Institute of Public Administration Australia.

We introduced more flexible leave policies, increased part-time and flexible work options, looked at the options to improve access to childcare, and commenced work on a Diversity and Inclusion Strategy to ensure that our workplace is a safe environment for employees of diverse backgrounds where we can benefit from the contribution of everyone.

Working more closely with the community and strengthening partnerships with health services

We wanted to make a step change this year in the way we engage with the community, to give communities a greater say and ensure that we're working effectively together to build awareness and resilience.

Ambulance Victoria has always been part of the community and in many areas we continue to have strong community ties through our auxiliaries.

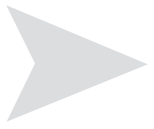
Coupled with the first full year of operations for our Community Advisory Committee, we developed a Community Engagement Strategy that provides a clear roadmap for Ambulance Victoria in coming years.

We are also committed to collaborative efforts across the Victorian health sector to ensure we're providing an integrated, effective and sustainable service to Victorians.

Our revised Clinical Response Model has contributed to reducing pressure on hospital emergency departments by safely referring non-urgent patients to more appropriate care. We have reduced ambulance arrivals at hospitals by an estimated 11,600 cases per year.

Major incidents during the year

Our people are at the frontline of dealing with the challenges and traumas that are part of the world we live in today and our reform program aims to ensure our people and our service are well-equipped and resilient to meet these demands.



Chief Executive Officer's report

In January 2017, Melbourne experienced a traumatic mass casualty event when a car drove into lunchtime crowds in Bourke Street, an event that ultimately left six people dead and dozens injured. I was extremely proud of the outstanding work our frontline staff performed that day, and equally proud of the heartfelt video by our paramedics released two weeks later, thanking members of the community who stepped in to help.

Our paramedics also faced extremely challenging circumstances in the unprecedented thunderstorm asthma event of November 2016, in which thousands of people were affected. This event stretched our service like never before and was the subject of a broad investigation into the State's health response by the Inspector General of Emergency Management. The event produced many learnings and I am confident we will be better placed to respond should a similar incident occur again.

Ongoing improvements for a sustainable future

We've taken enormous strides this year in creating a modern, sustainable ambulance service and our five-year Strategic Plan, which was developed during the year following widespread consultation, will guide our ongoing progress.

To ensure Ambulance Victoria is well positioned to deliver this strategy and meet the future needs of the Victorian community, we invited the Victorian Public Sector Commission (VPSC) to undertake an organisational capability review. Their work began in September 2016 and, informed by their report, we began an organisational realignment and refocused parts of our Executive Team.

I want to thank the Chair of the Ambulance Victoria Board, Ken Lay, for his support during the year and all the members of the Board for their strong and thoughtful guidance.

These significant and extensive reforms have been carried out by our people alongside delivering our day-to-day services to the community and I want to acknowledge and thank all members of my Executive Team and all staff and volunteers at Ambulance Victoria, and all our supporters for their contribution.

Ambulance Victoria has strong and long-established foundations that we have built upon this year to take the organisation to new levels of strength and capability.

Our important work continues in the year ahead and we are well on the way to delivering a more effective, innovative, modern emergency ambulance service for the people of Victoria.

Assoc Prof Tony Walker ASM
Chief Executive Officer

AMBULANCE VICTORIA

Responsible Body Declaration as at 30 June 2017

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 2017.



Ken Lay AO APM
Chair of the Board

Melbourne
14 August 2017

AMBULANCE VICTORIA

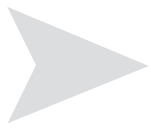
Attestation for Compliance with the Ministerial Standing Direction 3.7.1 – Risk Management Framework and Processes

I, Tony Walker, certify that Ambulance Victoria has complied with Ministerial Direction 3.7.1 – Risk Management Framework and Processes. The Ambulance Victoria's Audit and Risk Committee has verified this.



Tony Walker ASM
Chief Executive Officer

Melbourne
14 August 2017



Report of Operations

Ambulance Victoria (AV) implemented a number of sector-leading, transformational initiatives this year to deliver immediate and longer-term benefits for our patients, people and Victorian communities.

We delivered strong patient clinical outcomes in areas such as pain reduction, stroke patients getting to definitive care in time, heart attack patients receiving clot dissolving medications and cardiac arrest survival as a result of high-quality care from our paramedics and first responders, backed up by improvements to our systems and capabilities.

Our response time performance improved for the year despite a 2.92 per cent increase in demand for our Triple Zero (000) services and we're working hard to deliver more timely care and further response time improvements in 2017–2018.

During the year we continued a package of reforms aimed at strengthening our delivery of patient care across the state, based on Victoria's Ambulance Action Plan, the 2015 final report of the Ambulance Performance and Policy Consultative Committee.

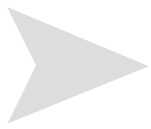
Ongoing innovation and reform will continue over the coming years to keep pace with the growing and changing needs of the Victorian community, and with breakthroughs in medical technology and understanding.

Our Highlights

AV achieved improvements for our patients, our people and our communities through the delivery of a significant reform agenda this year.

Here are some of our highlights for the year:

- Achieved the highest cardiac arrest survival rate ever recorded in Victoria and enabled emergency ambulances to reach an additional 7,000 Code 1 patients a year in the 15-minute timeframe through reforms to the Clinical Response Model that better align ambulance dispatch to the patient's needs.
- Launched a comprehensive Mental Health and Wellbeing Strategy, the first for an Australian ambulance service, to build awareness and ensure our people get the support they need.
- Tackled occupational violence against paramedics through the trial of body-worn cameras, delivery of innovative virtual reality training and participation in a Worksafe Victoria public education campaign.
- Reduced manual handling injuries among our people by rolling out power-lift stretchers to all operational ambulances as part of a comprehensive Health and Safety Strategy.
- A \$500 million Government investment will fund an additional 450 paramedics over three years, build new or upgrade 15 branches and add extra rural resources for small rural communities.
- Recruited 479 new paramedics, including 439 university graduate paramedics.
- Commenced the rollout of clot dissolving drugs for heart attacks, previously only available through Mobile Intensive Care Ambulance (MICA) paramedics, to all rural paramedics.
- Participated in clinical trials of international significance in the areas of cardiac arrest, traumatic brain injury, severe bleeding in trauma and spinal cord injury, confirming our place as a world leader in pre-hospital research.
- Won all five awards at the peer-reviewed Council of Ambulance Authorities 2017 Annual Awards, recognising our revised Clinical Response Model (two awards), our innovative virtual reality training to prevent occupational violence, improved treatment of agitated patients using ketamine, and an innovative paramedic rosters system that covers vacant shifts.



Report of Operations

OUR PATIENTS

Delivering our patients the right care, at the right place, at the right time

AV is responding faster to patients across all priority levels and 7,000 extra patients, on an annualised basis, are receiving a Code 1 ambulance within 15 minutes as a result of significant reform of AV's dispatch system during the year.

These changes also mean that approximately 50,000 patients a year who previously received an emergency ambulance are now receiving alternative care that is more appropriate for their individual problem.

This reform began on 19 October 2015 following the interim report of the Ambulance Performance and Policy Consultative Committee (APPCC), which identified opportunities to better align the dispatch of paramedics to a patient's actual needs. The reforms were funded through the Government's Response Time Rescue Fund election commitment.

An evaluation of the first three months of the revised Clinical Response Model showed there was an increase in MICA paramedic attendances at cardiac arrest cases and a marked improvement in Victoria's cardiac arrest survival rate, which reached a quarterly high in the review period. The revised model also reduced hospital emergency department attendances annually by about 11,600 presentations thereby reducing the rate of growth in emergency department workload.

The first stage dealt with a relatively small number of cases, and was followed in May and June 2016 with the start of more significant changes. The final major stage was delivered on 12 October 2016, completing the most significant single reform of AV's dispatch system and creating the revised Clinical Response Model.

The changes were reviewed by an independent clinical panel and supported by Safer Care Victoria, the peak state authority for leading quality and safety improvement in healthcare. Implementation relied on support from the Emergency Services Telecommunications Authority (ESTA), which manages Triple Zero (000) calls.

To support changes to the Clinical Response Model, expert paramedic and nursing staffing of AV's Referral Service expanded almost three-fold. We also added a dedicated mental health nurse, initiated a Telehealth pilot to refer suitable patients to a GP advice line, and added dozens of rural GPs as alternative service providers for callers.

The Referral Service was established in the metropolitan region in 2003 and expanded to cover

rural Victoria in 2013–2014. It has proven to be a safe and effective means of providing the right type of care based on the nature of the patient's illness. Paramedics and nurses provide a secondary triage service for Triple Zero (000) low-acuity calls and refine the ambulance response based on a thorough over-the-phone assessment.

The aim of the Referral Service is to ensure the patient receives the best service to meet their needs. Our staff identify when a patient's condition does not require an emergency ambulance response and instead non-emergency transport or an alternative service can be safely provided.

In 2016–2017, 15.3 per cent of Triple Zero (000) callers received non-emergency transport, health advice or a service from another health provider, instead of an emergency ambulance, an increase from 9.2 per cent of Triple Zero (000) callers in the previous year.

The changes to the Clinical Response Model were made in conjunction with the launch of an advertising campaign that highlights the value of paramedics being available to respond to genuine clinical emergencies, rather than being tied up with low-acuity cases that could be better dealt with by a service other than an emergency ambulance. The *Save Lives: Save 000 for Emergencies* campaign featured a real paramedic and a real patient who fully recovered after a serious accident. The campaign will continue in the coming year and we will monitor its impacts closely.

Responding to growth in demand

Demand for ambulance services continues to grow due to a range of factors. This includes population growth, the ageing population (people use ambulances more frequently as they age) and an increase in some members of the community seeking an ambulance instead of primary health services for less urgent cases.

Across our road and air fleet, AV responded to 854,603 emergency and non-emergency cases during the year, including 166,914 emergency road incidents in the five rural regions, 399,548 emergency road incidents in the two metropolitan regions and 6,679 air incidents (2,128 by helicopter and 4,551 by plane).

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

In Victoria, response times are measured from the receipt of the Triple Zero (000) call until paramedics arrive on scene. Response times are influenced by factors including traffic, road and weather conditions,

distance required to travel, availability of ambulances and demand for our services. Each Triple Zero (000) call is assessed on clinical need. An ambulance is always prioritised to respond to the most critical patients first, especially those with life-threatening conditions.

AV responded to Code 1 calls (lights and sirens) within 15 minutes in 78.3 per cent of cases. In areas with a population of more than 7,500, our response was 83.7 per cent within 15 minutes. While these response times were below our targets, there was an improvement on the previous year despite ongoing growth in demand. We prioritise the most urgent and time critical patients as a Priority Zero, and our response times to these patients are faster than for all other Triple Zero (000) callers.

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

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

We continue to work with health services and the Department of Health and Human Services to improve the timeliness of patient transfers to allow ambulance paramedics to be available to respond to new emergency calls from the community, especially during periods of peak demand.

An initiative during the year was to increase the information available on the 40 operational ambulance arrival boards at hospitals. These boards communicate ambulance-related information to hospitals to advise on incoming patients and assist hospitals in managing patient flow. The boards include transfer time and clearing time columns, which also give AV better visibility of the system and will help improve patient flow.

Combined with this, we have worked closely with our staff to reduce the time they spend at hospital, which reduces the time it takes before an ambulance crew can become available for an emergency call.

Improving patient outcomes

In 2016–2017, we surpassed our targets on all our key patient clinical indicators, including the percentage of adult patients who survive after a treatable cardiac arrest, with 32.9 per cent of patients surviving to hospital discharge.

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

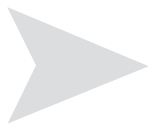
We also monitor adults suspected of having a stroke who were transported to a stroke unit with specialist stroke facilities within 60 minutes, ensuring rapid medical intervention by specialist doctors. For patients who have a call made to Triple Zero (000) soon after their stroke there is the potential to have lifesaving and disability reducing clot dissolving drugs or clot retrieval treatment. This year saw 94.2 per cent of patients transported to a hospital capable of offering clot dissolving drugs within 60 minutes. This is 5.3 percentage points better than the previous year.

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

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

In the coming year, stroke patients in the metropolitan area will benefit from the introduction of Australia's first Stroke Ambulance. This is being introduced with State Government funding and supported by Melbourne Health, the Stroke Foundation, The Florey Institute and the University of Melbourne. The ambulance will carry a CT machine that will allow a patient's stroke to be diagnosed and appropriate intervention provided.

Other key clinical measures include patients experiencing severe pain whose level of pain is reduced significantly, which came in at 90.4 per cent, ahead of our target of 90 per cent.



Report of Operations

For each patient we treat we collect comprehensive information through our electronic patient care record system known as VACIS. These records are captured within our data warehouse for operational and clinical analysis and then used to improve the service we offer by enabling us to make evidence-based decisions about the way we dispatch ambulances and support improvements in patient care.

We undertook a comprehensive program of research, with 74 active research projects during the year. Our paramedics participated in four major clinical trials, with collaborating institutions.

The leading nature of our research is reflected in the fact that AV research is cited more than 1,000 times a year by other researchers in Scopus, the largest abstract and citation database of peer-reviewed literature.

Notable highlights for AV this year included:

- AV becoming part of a Centre for Research Excellence (CRE) in Prehospital Emergency Care, established through a successful National Health and Medical Research Council submission. The CRE will build capacity in prehospital research in Australia through the conduct of collaborative research projects between academic researchers, clinicians and ambulance services. The overarching goal will be to strengthen the evidence base underpinning prehospital emergency care policy and practice, to ensure that ambulance patients receive 'the right care, at the right place, at the right time'. The CRE brings together ambulance services from three states – Ambulance Victoria, St John Ambulance Western Australia and South Australian Ambulance Service – and three universities – Monash University, Curtin University and Flinders University.
- Government funding supported the continuation and expansion of a program across the state that enables paramedics to administer thrombolytic (clot-dissolving) drugs to patients experiencing a heart attack. The program began in March 2014 in Gippsland and is designed to deliver timely treatment to patients in remote locations with limited access to hospital-based emergency and cardiac services. In the first stage of the project, all rural Mobile Intensive Care Ambulance (MICA) paramedics were trained to administer the drug, which improves survival and reduces disability in this cohort of patients. This program expedites thrombolytic treatment in regions where access to other definitive care is beyond recommended timeframes. A total of 255 patients have benefitted from this program since inception, with 142 patients treated in 2016–2017, with an average

reduced time-to-treatment for these patients of about one hour. A 24-hour cardiology consultation service was established to support the program, supported by 17 consultant cardiologists representing each of the metropolitan centres that perform percutaneous coronary intervention.

- Following a program of upgrading equipment and training Advanced Life Support (ALS) paramedics across the state to read 12-lead electrocardiograms (ECGs), a pilot with ALS paramedics administering the thrombolytic drug took place in 2017. Five patients were successfully treated during the pilot, and the program will be rolled out to all rural ALS paramedics in the coming year, providing enhanced care for regional Victoria.
- Expansion of the successful Emergency Medical Response (EMR) program. This is a collaborative program designed to improve survival from cardiac arrest, with firefighters co-responding with the nearest available ambulance to 'Priority Zero' calls, such as non-breathing or pulseless patients. This program was established in 2000 in the metropolitan area, where Metropolitan Fire Brigade firefighters co-respond and can deliver care such as defibrillation. During the year AV Paramedic Educators delivered ongoing monthly Continuing Education sessions to all MFB stations and MFB operational managers. AV trained an additional nine integrated Country Fire Authority (CFA) stations, which began responding to EMR events during the year, taking the total number of CFA brigades delivering EMR to 19. An additional 10 CFA integrated stations are expected to come online in the coming year, and the remaining nine in 2018–2019. Discussions are continuing about the potential for further expansion of the EMR program into additional volunteer stations.

Responding to major incidents

Our people responded to a number of major incidents during the year including:

- The 'Thunderstorm Asthma' event caused unprecedented demand for ambulances in Geelong and metropolitan Melbourne on the night of 21 November 2016. Nine people died and thousands of people presented to hospital emergency departments. The event was reviewed by the Inspector General for Emergency Management and AV has accepted all recommendations from the final report.

- A vehicle was driven into Melbourne's Bourke Street Mall and along Bourke Street, hitting numerous pedestrians on 20 January 2017. In a large, complex scene, more than 20 people were injured and six people died. Dozens of paramedics attended the scene providing exemplary care, supported by Non-Emergency Patient Transfer staff.
- A fire inside a Springvale bank left 27 people, including children, with burns.
- A number of other serious incidents, including a crowd crush and stampede at a music festival, a plane crash near Essendon Airport, a train crash with 18 injuries west of Colac, a tram-truck collision in Parkville with 14 patients and an extreme heat event in February 2017.

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

The unit represented AV in peak emergency management bodies and deployed paramedics to anti-terrorism exercises held in conjunction with other agencies to test the emergency response to mock terrorist incidents. It also coordinated paramedic attendance at 450 major public events including the Spring Racing Carnival, New Year's Eve, Anzac Day and the AFL finals series.

Enhancements to Air Ambulance service for patients

A highlight for the year was completing the transformation of our helicopter fleet to AugustaWestland AW-139 twin engine helicopters. The fifth helicopter came online on 13 January 2017 and marked the end of a shared service with Victoria Police known as Air495 that had run since 1986. Our helicopters now have the latest in avionic technology, and are faster, bigger and can travel longer distances without refuelling than the previous fleet.

In 2016–2017:

- Our helicopters responded to 2,128 emergency cases, transporting 1,757 patients. Most helicopter callouts are for life-threatening emergencies, which are mainly trauma and paediatric cases, and critical inter-hospital transfers.
- Our planes responded to 4,551 cases, transporting 4,504 patients. We fly to numerous airports in Victoria and some interstate.

AV operates the following aircraft:

- Five emergency response helicopters: HEMS 1 (Helicopter Emergency Medical Service based at Essendon), HEMS 2 (Latrobe Valley), HEMS 3 (Bendigo), HEMS 4 (Warrnambool) and HEMS 5 (an emergency response and specialist medical retrieval helicopter based at Essendon). All five helicopters carry blood, which can be administered to patients by a MICA flight paramedic with medical approval, along with a range of other emergency medical capabilities.
- Four King Air B-200 fixed-wing aircraft, which are used in emergencies and for the routine transport of non-emergency patients. This service includes transporting people from regional and rural regions for regular and important treatments, such as chemotherapy and radiotherapy for cancer patients, and transporting patients from metropolitan hospitals to regional hospitals.

We also fly patients with acute medical conditions requiring surgery, transfer injured patients from regional hospitals and retrieve critically ill patients from regional hospitals to specialist care, such as coronary care and intensive care. During the year our MICA Flight paramedics began using a new surgical procedure that will improve outcomes for those with life-threatening chest injuries.

The main users of Air Ambulance are patients outside the metropolitan area. This ensures rural communities have rapid access to our highest level of care and transport to major specialist care in the Melbourne metropolitan region, particularly for severe trauma patients as part of the state trauma system

Investing in Adult Retrieval for critically ill patients

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

ARV handled 4,897 cases during the year, 0.8 per cent fewer than the previous year, which resulted in 2,614 retrievals, 2.46 per cent more than the previous year. Retrievals by road were 39.4 per cent and retrievals by air were 60.6 per cent.

ARV uses doctors, paramedics and MICA paramedics to move critically ill adult patients between hospitals, using road ambulances, planes and helicopters, and is a key element of AV's range of services. It also provides telephone advice on the clinical care of critically ill patients, coordinates access to critical care, coronary and specialist care beds in the hospital system and provides adult and paediatric trauma advice and referral.



Report of Operations

Key developments during the year include:

- Expanded use of video-link Telehealth technology. This allows clinicians in Melbourne to assess a patient's condition by speaking to staff and seeing the patient in rural Victoria, allowing more accurate and effective patient management. This technology now covers almost 80 per cent of the state.
- The development of six new clinical trauma guidelines, refreshment of 12 existing guidelines, production of two significant trauma care training videos and improvements to the Trauma Victoria website were enabled by a second phase of funding by the Department of Health and Human Services.
- We added retrieval nurses and patient transport officers to our workforce, along with a dedicated single responder unit and a retrieval ambulance, which have improved efficiency, cost-effectiveness and clinical quality.
- We continued further development of the ARV information systems (ARVIS) and the REACH website to include neonatal critical care beds and Mental Health beds statewide.

Non-emergency patient transport a critical part of the patient service

While AV's core role is to provide an emergency pre-hospital response, the role of non-emergency patient transport (NEPT) has become increasingly important. NEPT supports our revised Clinical Response Model and enables AV to focus on providing responses to patients experiencing life-threatening emergencies.

In the metropolitan regions, 127,679 non-emergency stretcher patients were transported, 18,269 patients more than the previous year, and 81,648 patients not in need of clinical care or monitoring en route were transported in clinic cars, 5,364 more patients than the previous year.

Key developments during the year include:

- Embedding changes to NEPT Regulations introduced in April 2016 that gave AV an enhanced ability to arrange NEPT responses to Triple Zero (000) callers with non-time-critical needs. These are in addition to the key role NEPT plays in enabling patients to access a variety of health services and specialist appointments. This enabled NEPT crews to respond to Triple Zero (000) patients at a greater variety of locations, rather than the more traditional inter-hospital and hospital-to-home transfers. These patients must meet criteria for being suitable and may need active clinical monitoring en route, but do not require

the skillset of an ALS paramedic. AV works with six contractors, which provide vehicles and crews. This important change is part of the revised Clinical Response Model and is crucial to freeing up emergency ambulances for emergencies.

- An additional 12 NEPT services were established during the year, with one in Bairnsdale, Bendigo, Shepparton, Wangaratta, Wonthaggi and metropolitan Melbourne and two in Geelong, Morwell and Ballarat.

OUR PEOPLE

Investing in physical and mental health and wellbeing, safety and capability

AV made significant strides to improve the health, safety and wellbeing of our staff using reforms and initiatives that offer better work-life balance, provide opportunities to develop skills and capabilities, and keep our people healthy and safe.

Our work in this area has reduced manual handling claims, increased the number of staff willing to seek support for mental health and given our people new skills and awareness to reduce harm from occupational violence.

Key initiatives during the year included:

- Completing rollout of power-lift stretchers across our statewide ambulance fleet, with the placement of a total of 632 stretchers, supported by two dedicated manual handling coordinators. These new stretchers significantly reduce manual handling risks because raising and lowering the stretcher is controlled by the touch of a finger rather than a manual lift. We have seen a significant reduction in stretcher related injuries, which were previously the single biggest cause of manual handling injuries. This is a key enabler to achieving AV's zero harm goal.
- We continued our focus on minimising occupational violence, which paramedics experience on a regular basis. This included training paramedics using virtual reality technology and a pilot using body-worn cameras in Melbourne. The focus on occupational violence was highlighted by an advertising campaign produced by WorkSafe Victoria highlighting violence against healthcare workers under the tagline: No matter what the situation, It's Never OK.
- Launching our Mental Health and Wellbeing Strategy, which was developed in partnership with beyondblue through extensive research and in consultation with paramedics and other Ambulance Victoria staff, family members, the Ambulance Employees Association Victoria and stakeholders. The strategy was recognised with the Leading the Way in Health,

Safety and Wellbeing Award at the Institute of Public Administration Australia (Victoria)'s leadership in the public sector awards. The rollout of a mental health awareness training program was completed, with training provided to all paramedics and volunteers.

- Continuing to examine flexible work options and roster flexibility including the implementation of leave policies that allow paramedics access to leave as single days off or in two-week blocks, introducing shorter shifts and examining options for childcare arrangements. We also completed the placement of 26 new ambulances at busy branches, which help staff to finish their shifts on time.
- Training and education for paramedic staff was provided through a 40-hour clinical practice development program. This provides opportunities to update and improve clinical knowledge and skills, as well as a focus on manual handling, mental health and suicide prevention.
- Offering development programs for all leadership levels – frontline, middle manager and senior leader – delivering contemporary practices to equip our leaders to more effectively engage with their teams and improve the AV work environment.
- Holding highly successful operations conferences to provide a valuable opportunity for our managers to network with their colleagues and learn about new developments of relevance to their teams, exchange ideas and ensure a common purpose to our work.
- Improving the physical and psychological testing of graduate paramedics joining the organisation, and improved transition to retirement programs for staff towards the end of their careers.
- Promoting our winter immunisation campaign, with the percentage of staff immunised against influenza reaching 80 per cent. We regard these immunisations as very important as they protect both our staff and the community from the potential spread of a serious illness.

Expanding our on-road capabilities

The investment in building our on-road capabilities continued this year with the addition of significant new resources and funding for further expansion in the year ahead.

Significant new resources include:

- New branches built at Emerald, Healesville, Lysterfield, Mt Martha, Pakenham, Rosebud, Roxburgh Park and Wyndham Vale, and continued a program to maintain and upgrade branches at numerous locations.

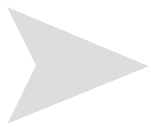
- Following a successful pilot of an ambulance resource at Nagambie, we introduced a 24-hour ambulance resource staffed by Ambulance Community Officers (ACOs), who are backed up by paramedics to emergency calls and supported by paramedics at peak times.
- We recruited 439 new graduate paramedics, who have all completed a university degree in paramedicine. These graduates complete a three-week induction course then spend nearly a year supervised by experienced paramedics before becoming fully qualified.
- In November 2016, the government announced a \$500 million commitment to provide an additional 450 paramedics, 15 new and upgraded branches, six new Super Response Centres in Melbourne, additional vehicles, and new paramedic resources in 12 rural locations. We implemented some of these new resources in 2016–2017, with the recruitment of 180 additional paramedics and 26 more ambulances.

Delivering emergency medical response in remote rural communities

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

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

- ACOs are employed on a casual basis to work mainly in small communities where it is not practical to maintain a permanent paramedic crew. They also support paramedics in some communities. During the year 799 people were active as ACOs in their local communities, responding to emergencies and promoting health care.
- CERTs are located in less populated and more remote areas of the state and co-respond with the nearest ambulance to provide immediate care until the ambulance arrives. In 2016–2017, CERTs arrived before an ambulance in 77.9 per cent of cases, illustrating the high value of these teams. At 30 June 2017, there were 24 teams with a total of 310 volunteers.
- RANs operate from Victoria's 15 Bush Nursing Centres, and can be dispatched by AV as first responders in a Triple Zero (000) emergency. Due to responsibilities at their centres, RANs may not be able, nor are expected, to respond to all AV requests. The RAN scope of practice is similar to that of an Advanced Life Support Paramedic, with special permits enabling the nurses to administer a range of medications in an emergency when a doctor is not available.



Report of Operations

OUR COMMUNITIES

Listening and engaging with the community

AV is committed to increasing engagement and participation by consumers and the community in their own healthcare decisions, and in the shape and delivery of health care services more broadly because it improves people's experiences of care and ultimately their outcomes of care.

To support this goal, we released our Consumer and Community Engagement Plan: Working Together with our Community 2017-2019 in May 2017.

The AV Community Advisory Committee, which comprises members of the community who reflect the voice of patients, carers and families, and the cultural, gender and geographic diversity of the Victorian community, will be closely involved in monitoring the rollout of the plan.

During the year we were involved in many community events, including the Pride march, NAIDOC week and hosting an Iftar dinner.

Building community awareness and resilience

An important aspect of Ambulance Victoria's charter is to improve community response in health emergencies. Ambulance Victoria knows that patients who experience a life-threatening health emergency are more likely to survive and have better quality of life when they receive immediate lifesaving interventions before paramedics arrive on the scene.

During the year we:

- Reached more than 200,000 Victorians through our Community Education programs and events.
- Recruited an additional 100 CPR Champions who facilitated cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) awareness to more than 6,000 people through the Four Steps for Life+ self-education program.
- Identified newly arrived migrants and people seeking asylum as a cohort who potentially have low public knowledge and awareness of the appropriate use of emergency ambulances. Our Culturally and Linguistically Diverse (CALD) program was strengthened and delivered to 3,500 members of our CALD community.
- Reinforced the messages that promote community involvement in assisting paramedics and patients through the Community Heroes Awards. This event attracted widespread media coverage, with 18 ordinary Victorians who performed outstanding acts of bravery recognised at a ceremony held at Parliament House in December 2016.

- Participated in the international campaign Restart a Heart Day 2016 to raise statewide CPR and AED awareness.
- Held our second annual Thank a Paramedic Day during the year, which enabled community members to publicly recognise the work of paramedics who may have touched their lives.
- Implemented a program for paramedics that sets out the responsibilities of AV staff and volunteers in relation to patients and children who have been, or are likely to be, harmed by family violence, abuse or neglect.
- Continued to maintain 101 automated external defibrillators across 28 public places in Victoria, and provide training to staff at those sites. We promote the purchase of AEDs by places where people are most at risk, such as fitness/sporting clubs, community organisations and private businesses because they are inexpensive, and save lives. AV maintains a registry of the location of these devices, which is accessible on AV's website, with these AEDs designed to be used by members of the public prior to the arrival of paramedics. In the coming year the importance of this registry will increase with the rollout of a smartphone App that can alert people to a nearby cardiac arrest, and ask them to perform CPR or use an AED. This type of disruptive technology is working in the US and Europe, and AV is partnering with GoodSAM to deliver this lifesaving initiative to Victoria.

In addition to this extensive engagement with and education of the community, more than \$560,000 was generated through community funding and donations during the year. More than half of this funding was generated by Ambulance Victoria Auxiliaries, which consist of 644 members within 60 committees.

We also grew ambulance memberships to 1,222,175 at 30 June 2017, a 31,600 increase in membership numbers compared with the previous year. Memberships cover about 2.6 million Victorians.



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 2016-2017 (Size of the workforce):

Staffing Numbers (FTE) – Annual Report Category	2016-2017	2015-2016
On road Clinical Staff ¹	3,813.4	3,438.6
Operation Support and Managerial Staff ²	342.3	318.2
Other Managerial, Professional and Administrative Staff ³	375.3	366.5
TOTAL	4,531.0	4,123.3

MICA Paramedics

This group of MICA employees form part of AV's Full-Time Equivalent Staff 2016 – 2017:

MICA Staffing Numbers	2016-2017	2015-2016
MICA Full-Time Equivalent staff	549.4	530.7
MICA Full-Time Equivalent trainees	38.5	48.0
TOTAL	587.9	578.7

Volunteers

In addition, AV engages 310 Community Emergency Response Team volunteers (CERTs) who provided emergency response in 2016-2017.

ACOs

AV employs 799 casual Ambulance Community Officers (ACOs) who also provide emergency response. These employees are represented in the above On-Road Clinical Staff FTE numbers based on their hours worked converted to equivalent full time positions.

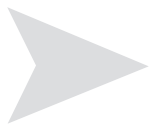
Notes:

The three staff categories are as follows:

- 1) **On road Clinical Staff** - 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

479 Paramedic staff were recruited by AV in the 2016-2017 financial year. This included **439** new graduates.



Research Report

Ambulance Victoria (AV) has established itself as a leader in pre-hospital research. Research activities include epidemiological analyses of key patient cohorts, review and refinement of systems of care, and world-first clinical trials. Results have been published in high-ranking, high-impact journals, disseminated throughout the wider health system and translated into improvements in patient care. The primary goal of AV research is to strengthen the evidence base underpinning AV protocols and systems to allow the best care for patients and staff. The research portfolio is highly collaborative, including collaborations with key organisations, including universities, hospitals, and institutes such as Turning Point Alcohol and Drug Centre, the National Heart Foundation of Australia, and beyondblue. At the end of 2016-2017, a total of 74 research projects were recorded as active in the AV research governance system.

AV continues to collaborate on significant National Health and Medical Research Council (NHMRC) funded projects, including multi-centre randomised controlled trials (RCTs). Currently, AV MICA paramedics are enrolling patients into two RCTs. The Prophylactic hypOthermia trial to Lessen trAumatic bRain injury (POLAR) RCT aims to determine whether early and sustained prophylactic hypothermia, compared to standard 'normothermic' care, is associated with more favourable neurological outcome six months after severe traumatic brain injury. At 1 July 2017, the trial had enrolled 474 of the 500 required participants, 138 of whom had been enrolled by AV paramedics. Enrolments into the trial are anticipated to be completed in October 2017.

AV paramedics are also enrolling patients into the Pre-hospital Anti-fibrinolytics for Traumatic Coagulopathy and Haemorrhage (PATCH) study. This trial aims to address whether early administration of tranexamic acid, compared to placebo, reduces mortality and improves recovery at six months in severely injured patients at risk of acute traumatic coagulopathy. A total of 357 out of the 1,184 required patients had been enrolled at 1 July 2017, 252 of whom were enrolled by AV MICA paramedics.

In 2016-2017, enrolments in the rEduction of oXYgen After Cardiac arresT (EXACT) pilot study were also completed, with AV enrolling 46 of the required 88 patients. This pilot study aimed to determine the feasibility of paramedic titration of oxygen in adult patients who are resuscitated from cardiac arrest. The results of this pilot study will be used to inform the Phase 3, NHMRC-funded EXACT RCT, which is due to commence in late 2017. The Phase 3 study will aim to determine whether reducing oxygen administration as soon as possible following successful resuscitation from cardiac arrest, compared with current practice, improves patient outcomes at hospital discharge.

AV also commenced enrolling patients into the Immediate Cooling and Emergency Decompression (ICED) for spinal cord injury safety and feasibility study. This feasibility study aims to determine whether immediate cooling commenced by paramedics within two hours of spinal cord injury, followed by emergency decompression within eight hours of injury, is safe and feasible. The results of the study will be used to inform a larger RCT, the aim of which will be to determine whether the combination of hypothermia and early surgical decompression can improve motor impairment outcomes at six months in patients with severe cervical spinal cord injury. Additional information about these trials is available on the AV research website <http://ambulance.vic.gov.au/about-us/research/>.

During the year AV commenced partnership in a new NHMRC-funded Centre for Research Excellence in Prehospital Emergency Care based at Monash University. The Centre for Research Excellence will further build capacity in prehospital research in Australia through the conduct of collaborative research projects between academics, clinicians and ambulance services. The overarching aim of the Centre is to strengthen the evidence base underpinning prehospital emergency care, policy and practice. AV 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. In addition, AV is participating in the NHMRC-funded 'Right care, right time, right place: Improving outcomes for people with spinal cord injury' project which aims to examine the clinical journey of confirmed spinal cord injured patients.

AV has maintained its significant research output. During 2016-2017, AV staff co-authored 38 research articles in quality medical journals. Research results were also presented at 13 national and international conferences. A research highlight for 2016-2017 was the publication of the results of the Rapid Infusion of cold Normal Saline (RINSE) Trial in the journal *Circulation*. This was a large RCT of paramedic cooling during cardiopulmonary resuscitation, compared with cooling after arrival at hospital.

AV continues to maintain the Victorian Ambulance Cardiac Arrest Registry (VACAR) which contains data for almost 90,000 cardiac arrest cases attended by ambulance in Victoria. The registry drives quality improvement in resuscitation practice and supports a large research agenda. AV also continues to provide data to the Victorian State Trauma Registry for all major trauma patients attended by ambulance paramedics, and data to Turning Point Alcohol and Drug Centre on drug, alcohol and mental health related ambulance attendances. This year, AV also commenced a collaboration with the Victorian Cardiac Outcomes

Registry (VCOR), a statewide population-based clinical quality registry which aims to improve the quality of care provided to patients with cardiovascular disease, in particular patients experiencing a heart attack.

The extensive clinical data available to AV through the electronic patient care records completed by paramedics, underpinned the methodology used to drive AV's revised Clinical Response Model (CRM). The implementation of the revised CRM was completed in October 2016 and resulted in significant changes to resource allocation with responses better aligned to patient acuity. The evaluation of the revised CRM was completed by the Research and Evaluation Department and is available here <http://ambulance.vic.gov.au/about-us/research/our-clinical-response-model/>.

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

Research Awards

In November 2016, paramedic and researcher Ziad Nehme was awarded Best Overall Research Paper at the Paramedics Australasia International Conference in Auckland for his paper: 'The impact of a mass media campaign to improve ambulance use for chest pain'. Researcher Emily Andrew and PhD student/paramedic Melanie Villani also presented their work in the 'Best of the Best' abstract session alongside Ziad, placing 2nd and 3rd. PhD student and paramedic Simon Sawyer was also awarded Best Postgraduate Oral Presentation.

In May 2017, Ziad Nehme and Emily Andrew also presented their work in the Best of the Best abstract session at the EMS2017 international conference in Copenhagen. Ziad placed second for his work on manual versus semi-automatic rhythm analysis and defibrillation, and Emily placed third for her research into the 2016 Thunderstorm Asthma event in Victoria.

Finally, Chris Morrison, who completed his PhD titled "Macrosocial determinants of risk for alcohol-related trauma among lower income populations" utilising AV data and co-supervised by Professor Karen Smith, won the prestigious Mollie Holman Medal for best PhD thesis in the Faculty of Medicine, Monash University.

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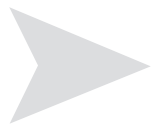
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Research Report

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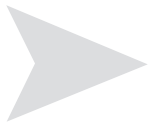
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Witt K, Lubman D, Lloyd B, Smith K. Co-consumption of alcohol and psychotropic medications in episodes of non-fatal self-poisoning attended by ambulance services in Victoria, Australia: evidence of potential modification by medical severity. *The British Journal of Psychiatry*. 2017;211(1):53.

AV Presentation at Key Conferences

AV staff or research was presented at a number of key conferences, including:

- 2nd International Conference on Applied Medical Sciences/Paramedic, Amman Jordan
- Aeromedical Society of Australasia, Queenstown New Zealand
- American Heart Association Scientific Sessions, New Orleans United States
- Australian Resuscitation Council Spark of Life Conference, Adelaide Australia
- Australian and New Zealand College of Paramedicine Conference, Melbourne Australia
- Canadian Association of Emergency Medicine Conference
- Council of Ambulance Authorities Conference, Brisbane Australia
- EMS2017, Copenhagen Denmark
- European Seminar on Emergency Medicine (EuSEM), Vienna Austria
- IAGG World Congress of Gerontology and Geriatrics, San Francisco United States
- Paramedics Australasia International Conference, Auckland New Zealand
- Student Paramedics Australasia International Conference, Sydney Australia
- Trauma 2017, Melbourne Australia
- World Trauma Congress 2016, New Dehli India



Environmental Report

Environmental Commitment

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

Reducing waste and maximising recycling

AV is committed to the effective management of waste to reduce waste to landfill as well as associated operating costs. AV has active programs in place to recycle printer cartridges, e-waste and batteries along with more traditional recycling streams such as paper, cardboard, bottles, cans and cartons.

Paper Use

In 2016–2017, more than 70 per cent of paper purchased contained recycled content along with being carbon neutral. The carbon neutral paper purchased is certified under the National Carbon Offset Standard (NCOS) Carbon Neutral Program.

Energy Use

This year saw AV's electricity consumption reduce by approximately 4.5 per cent. A variety of factors have driven the reduction including seasonal influences and capital investment in energy saving initiatives. Significant usage reductions have been achieved at AV's Doncaster head office (17.5 per cent), Wangaratta Branch & Regional Office (19 per cent), Horsham Branch (20 per cent) and Swan Hill Branch (25.75 per cent). These savings can be partially attributed to installation of a more efficient air-conditioning plant at Doncaster and installation of solar power systems in 2015–2016 at the regional locations. AV has installed an additional 182.85 kilowatts of solar power capacity at a further seven sites this year bringing the installation total to 17 and overall capacity of 269.35 kilowatts.

We continue to assess and specify construction products and technologies for our new branches that offer increased levels of energy efficiency and reduce our operating costs. Additional Environmentally Sustainable Design (ESD) requirements have been embedded in AV's Branch Design Guide.

Water Use

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

Fuel Use

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



Environmental Performance

Environmental Indicator	Unit of Measure	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017
Office Paperⁱ						
Reams per FTE ⁱⁱ	Reams per FTE	3.9	3.5	3.8	3.52	3.35
Total Reams	Reams	14,162	13,530	15,214	14,527	15,185
Average Recycled Content	%	5%	5.4%	77%	73%	73%
Average Carbon Neutral Paper	%	71.3%	70%	71.2%	73%	72%
Waterⁱⁱⁱ						
Consumption per FTE	KL per FTE	9.4	8.2	7.7	7.67	7.37
Total Consumption	KL	34,553	31,797	30,993	31,613	33,388
Transport Energy^{iv}						
Consumption per FTE	GJ per FTE	78.85	73.61	69.64	70.80	65.69
Total Consumption	GJ	288,969	283,597	281,815	291,939	297,632
Stationary Energy (Electricity & Gas)^v						
Consumption per FTE	GJ per FTE	8.96	8.58	8.26	8.37	7.25
Total Consumption	GJ	32,836	33,053	33,450	34,495	32,860
Green Power Purchased	%	16.5%	15%	14%	14.5%	8.7% ^{vi}
Greenhouse Emissions^{vii}						
Greenhouse Emissions ^{vii}	Unit of measure	2012-13	2013-14	2014-15	2015-16	2016-17
Emissions from Energy	tCO2-e	9,533	9,477	9,853	9,693	9,161
Emissions from Transport	tCO2-e	21,348	20,856	20,745	21,332	20,772
Total AV Greenhouse Emissions^{viii}	tCO2-e	30,881	30,333	30,598	31,025	29,933

- i. One ream is equivalent to 500 sheets of A4 paper. Recycled content is the average percentage of recycled content purchased. Average Carbon Neutral is the average percentage of paper purchased that is certified Carbon Neutral. Carbon Neutral information was not captured for reporting purposes before 2012–2013. Paper count includes paper used for VACIS printing from 2012–2013, but does not include AV pre-printed letterhead.
- ii. Official Full Time Equivalent staff as at the end of the financial year.
- iii. Metered potable water used for all sites including offices and branches. Consumption data that is unavailable, for example at sites that are co-located with hospitals or other emergency services is estimated.
- iv. Transport Energy incorporates all AV vehicles and air fleet. This includes operational response vehicles and administration vehicles. The total recorded for the AV air fleet also incorporates fuel used by Victoria Police in one of the rotary wing aircraft. Due to calculation delays, road based fuel is calculated using the 12 month period from June 2014 to May 2015. Fuel consumption from non-emergency contractors is not included in this tally.
- v. Stationary Energy use incorporates electricity and natural gas consumption for all sites including offices and branches. Consumption data that is unavailable, for example at sites that are co-located with hospitals or other emergency services is estimated.
- vi. AV's target for purchase of accredited Green Power through the State Purchasing Contract (SPC) and is set at 15% of total electricity consumption. Year-to-date Green Power purchase is reported 8.7%. The SPC electricity retailer, Power Direct, is working to correct the green power purchase anomaly in 2017–2018.
- vii. Greenhouse gas emissions are reported using scope one, two and three National Greenhouse Accounts (NGA) factors published by the Department of the Environment. This is reported as Tonnes of CO2 or equivalent.
- viii. The total greenhouse emissions figure incorporates an offset for the purchase of accredited Green Power.



Donations Summary

GENERAL DONATIONS AND BEQUESTS EQUAL TO OR OVER \$1,000	AMOUNT
Estate of Betty Nance Frazer	57,241.63
Estate of John Lawrence Kelly	36,793.94
Donations In Memoriam - Nathan Hofbauer	21,000.00
Alma, Sylvia & Carmen Figuerola Trust	16,125.03
Bright Hospital Opportunity Shop	16,119.00
Estate of Judith Ann Fullerton	15,000.00
Estate of Winifred Daisy Stevens	6,912.06
Lions Club of 201V2 - Zone 14 & Zone 15	6,200.00
Lyndal Lancaster	5,500.00
ATF Edwards Foundation	5,000.00
Estate of Marian Violet Lundberg	5,000.00
Ritchies IGA	2,510.46
Veolia South Melbourne	2,500.00
Estate of Arthur Bolton Reeves Barlow	2,358.55
Casterton & District Drag Racing Club Inc	2,000.00
Donations In Memoriam - Barbara Lim	1,750.00
ORC International	1,600.00
Blue Label Pty Ltd	1,500.00
Turningpoint Church	1,074.28
Hoang Truong	1,000.00
JP Properties	1,000.00
TOTAL	208,184.95
GENERAL DONATIONS AND BEQUESTS UNDER \$1000	39,200.41
TOTAL GENERAL DONATIONS	247,385.36

AUXILIARY DONATIONS EQUAL TO OR OVER \$1,000	AUXILIARY	AMOUNT
Omeo Wool Growers	<i>Helimed 1</i>	12,959.52
Oaks Day Committee	<i>Yea</i>	5,890.00
Ritchies IGA	<i>Paynesville</i>	5,399.57
Kyneton M2M	<i>Kyneton</i>	4,198.00
Lions Club of Phillip Island Inc	<i>Cowes</i>	3,950.00
Keith Barns	<i>Euroa</i>	3,500.00
Raymond Island Football Match	<i>Paynesville</i>	2,716.00
Community Aid Centre Opportunity Shop	<i>Robinvale</i>	2,000.00
Bairnsdale Golf Club	<i>Paynesville</i>	1,665.65
Kevington Repeater Station Association	<i>Woods Point</i>	1,500.00
Uniting Church	<i>Woodend</i>	1,500.00
Yarram Camp Draft	<i>Helimed 1</i>	1,400.00
Bass Valley Lions Club	<i>Grantville</i>	1,280.00
Maryborough Highland Society	<i>Maryborough</i>	1,122.10
Alpha Accounting	<i>Woodend</i>	1,000.00
Bendigo Bank (Lancefield)	<i>Romsey Lancefield & District</i>	1,000.00
Gippsland Lodge Sale	<i>Helimed 1</i>	1,000.00
Mallacoota Community Opportunity Shop	<i>Mallacoota</i>	1,000.00
Mildura Show Society Inc Ladies Committee	<i>Mildura</i>	1,000.00
Paynesville Uniting Church	<i>Paynesville</i>	1,000.00
Phillip Island Patchwork and Quilters Society	<i>Cowes</i>	1,000.00
Speed Lions Club	<i>Ouyen- Patchewollock</i>	1,000.00
St Peters Opportunity Shop Leongatha	<i>Helimed 1</i>	1,000.00
Yea Neighbourhood Watch	<i>Yea</i>	1,000.00
TOTAL		59,080.84
AUXILIARY DONATIONS UNDER \$1000		253,626.18
TOTAL AUXILIARY DONATIONS		312,707.02



Governance

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

AV is required by the Ambulance Services Act 1986 to:

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

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

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

The primary focus of the Board is the establishment 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 and supportive organisational culture.

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 of AV.

The Board's skills and experience set collectively extends across government, emergency services, health, industrial relations, finance, accounting, law, commerce, governance, and consulting.

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 of Directors operates a number of Committees to assist it in meeting statutory and governance responsibilities.

It retains three (3) s18¹ Board Committees, two (2) 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 regular performance and effectiveness reviews are conducted.

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 membership of an independent financial chartered accountant and registered company auditor.

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
- compliance with laws, regulations, internal policies and industry standards
- enterprise risk management (shares responsibility with the Quality Committee in overseeing clinical risks).

¹ Ambulance Services Act 1986

The Committee engages directly and regularly with AV's internal auditors (KPMG) and external auditors (Victorian Auditor General's Office). This ensures 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.

The Committee is assisted in its work by two external independent members with specialties in law, banking, finance, commerce, government, hospitals and insurance.

Quality Committee (s18 requirement)

The Quality 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.

On behalf of the Board, the Committee actively monitors the performance of quality care and service provision against the five (5) domains of the "Delivering high-quality healthcare – Victorian Clinical Governance Framework":

- leadership and culture
- consumer partnerships
- risk management
- clinical practice
- effective workforce.

The Committee's membership includes AV Directors, a consultant forensic clinician (qualified in medicine, business and public health), 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.

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.

During 2016–2017, the Committee oversaw material improvements, developments and innovations in the areas of staff mental health and safety, manual handling, culture, innovative workforce developments and paramedic education. Future work of the Committee will also be informed by AV's 2017–2022 Strategic Plan and the 2017–2018 Statement of Priorities.

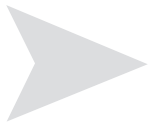
Community Advisory Committee

In May 2016, AV established its first Community Advisory Committee (CAC). The purpose of the Committee is to inform and guide the Board and Executive on matters relating to patients, consumers, and stakeholder engagement and participation.

The participation of community members in AV's strategic activities, and its engagement with the broader Victorian community will tangibly contribute to both the future service design and delivery of our services, and to AV's patient care commitments.

The education and experience of the CAC's community members provides AV with a diverse range of views which are informed by the interests and needs of our patients and consumers. The group represents a variety of regions, communities, and consumer types, including rural communities facing disadvantage and disability. Members also reflect Culturally and Linguistically Diverse communities (CALD), including Aboriginal communities.

A key achievement of AV in 2017 was the launch in Bendigo of the inaugural Consumer and Community Engagement Plan, which will act as an informative foundation point for guiding the work and activities of the CAC over the coming years.

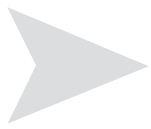


Management Structure

Minister for Ambulance Services

The Honourable Jill Hennessy, MP

Department of Health and Human Services**AV Board****AV Chief Executive Officer****AV Executive Group**



Board Members

AV BOARD COMPOSITION

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

BOARD CHAIR

Mr Ken Lay AO APM

Mr Lay is the former Chief Commissioner of Victoria Police where he held various positions since 1974. Mr Lay has extensive networks within all levels of government and the broader community. He is currently a non-Executive Director of the Essendon Football Club, Alannah and Madeline Foundation, and Dixon Hospitality Limited. Other appointments include Chair of National Mental Health & Wellbeing Study of Police and Emergency Services (beyondblue), Chair of the Expert Panel on Terrorism Laws Review, and a member of the Federal Defence Gender Equality Advisory Board.

Previous roles have included Chair of the Prime Minister's National Ice Taskforce, Chair of the Council of Australian Governments Domestic Violence Taskforce, and a Director of Greyhound Racing Victoria.

As Board Chair, Ken attends a variety of Board Committee meetings in an ex officio capacity. 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. As an independent Cross Cultural Consultant, Tasneem 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 is Chair of the Australian Muslim Women's Centre for Human Rights, a Director of the Luke Batty Foundation and the Missen Foundation, and is an alumni of TEDx and Golden Key.

Tasneem is a member of the AV People and Culture Committee, and the Community Advisory Committee.

Ms Susanne Clarke

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

Ms Clarke is also a Director and Chair of Loddon Mallee Housing Ltd t/a Haven: Home, Safe, a Director of Murray PHN, Bendigo Health Care Group, a member of the Central Victorian AICD Advisory Committee, and Patron of the Community Foundation for Bendigo and Central Victoria.

Susanne's qualifications extend across social science and business, and she is a Fellow of both the AICD and ANZSOG.

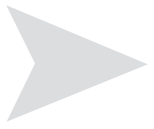
Susanne is Chair of AV's Community Advisory Committee, and a member of the Quality Committee.

Ms Suzanne Evans

Ms Evans has a background in finance and economics, and has broad management experience in corporate governance, customer and community relations, accountancy and in the public service. She has been a past Board member on a number of Health and environmental organisations including Austin Health, Sustainability Victoria, North East Water and Osteopaths Registration Board of Victoria.

She is currently on the Board of Bioregional Australia Foundation Ltd, and an independent member on the Risk and Audit Committee of the Department of Environment Land Water and Planning.

Suzanne is Chair of the Finance Committee, and a member of the Audit and Risk Committee



Board Members

Dr Joanna Flynn AM

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

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

Mr Ian Forsyth

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

Ian is a member of AV's Audit and Risk Committee.

Mr Michael Gorton AM

Mr Gorton is a senior partner at Russell Kennedy Lawyers and has more than 25 years' experience advising the health and medical sectors on all aspects of commercial law, assisting boards of health organisations to understand their legal obligations for effective governance structures, governance policies and implementing risk management strategies.

He was a Board Member of Melbourne Health, and was recently appointed Chair of Alfred Health. He is a Board member of Australasian College for Emergency Medicine, Melbourne Primary Health Network (PHN) and is the Chair of the Australian Health Practitioner Regulation Agency (AHPRA). He is a former Chair of the Victorian Equal Opportunity and Human Rights Commission.

Michael is a member of AV's Quality Committee, and the Audit and Risk Committee.

Mr Peter Lewinsky

Since 1991, Mr Lewinsky has conducted a private investment banking and corporate and government advisory practice. This followed 10 years of investment banking and stockbroking experience both in Australia and internationally. Over the past 20 years, Peter has been (and remains) a member or Chair of a number of Victorian Government department audit and risk committees.

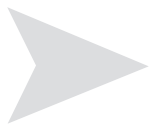
His current appointments include Chair of Holmesglen Institute, President of the Board: Australian Centre for the Moving Image, and independent Chair of TAL Superannuation Ltd. He is also a Director of Tasmanian Water and Sewerage Corporation.

Peter is Chair of AV's Audit and Risk Committee, and 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 experience includes being the current Chair of the Country Fire Authority.

Greg is Chair of AV's People and Culture Committee.



Independent Members of the Board Committees

Mr Paul Coughlin – Audit and Risk Committee

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

Prior to his ratings career, he spent 5 years as an investment banker, as well as a number of years in economic policy and administrative roles - including a role on the staff of then Federal Treasurer the Hon John Howard. Mr Coughlin was appointed to the Board of the Treasury Corporation of Victoria in 2015.

Previous Board experience includes membership of the Board of the Alfred Group of Hospitals, and of Taiwan Ratings Corporation. He has a Bachelor of Economics Degree from Monash University and a Masters of Business Administration from Melbourne University.

Ms Karen Wells – Finance Committee

Ms Wells is a chartered accountant and a registered company auditor with more than 20 years professional experience. She is currently the Director of Professional Standards for HLB Mann Judd Australia and New Zealand, and has held various governance roles in the community including six years on the Board of Management of the Queen Elizabeth Centre.

Ms Wells specialises in the areas of audit, financial reporting, quality control and risk management and is also a graduate member of the Australian Institute of Company Directors.

Ms Geniere Aplin – Audit and Risk Committee

Ms Aplin commenced practice at a plaintiff firm before transitioning to financial services where she held Executive roles in personal and commercial insurance, banking and shared services. In addition, she has had experience in the public sector at both a state and federal level working with the Motor Accidents Authority NSW, WorkCover NSW, and ComCare in both senior Executive and Board roles.

Ms Aplin has demonstrated a track record in leading businesses through challenging cycles whilst delivering exceptional outcomes for clients and shareholders. Geniere is currently the group Executive for Personal Injury at Employers Mutual.

Dr Angela Williams – Quality Committee member

Dr Williams is a Consultant Forensic Physician for the Forensic Services Division at the Victorian Institute of Forensic Medicine. She has qualifications in medicine, business, health management and public health and is a graduate member of the Australian Institute of Company Directors. She has worked with the Department of Justice, the Australian Football League and Standards Australia.

With a background in forensic medicine, Dr Williams has helped many women, children and families in crisis and has been part of the development of programs aiming to address the forensic medical needs of the people of Victoria. She is a Board Member for OzChild, and on the Board of Professional Practice and Quality for the Royal College of Pathologists Australasia.



Community Advisory Committee

Community Members

Mr Paul Kirkpatrick

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 experience on a range of Boards and Committees, and is currently the Chair of the Bendigo Volunteer Resource Centre.

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 breadth of knowledge and education 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

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

She was a principal author of the Dental Health Services Victoria Strategic Plan 2008–2012 and, having served as a member of the Advisory Committee to the board of MS Australia, Dr Shaw has close connections to MS Australia, Family and Relationship Support for Carers, and the Eastern Health Multiple Sclerosis Service.

Mr Steven Gibbs

Mr Gibbs is the 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.

Mr Kevin Boote

Mr Boote is currently the Operations Manager of Reddrop Management Group, Chair of Primary Care Connect in Shepparton, Chair of Darlingford Upper Goulburn Nursing Home in Eildon, and also serves as a Director on the Murray Primary Health Network.

He was formerly the Chair of the Alexandra District Ambulance Service 2004–2008, a Director of Ambulance Victoria on the inaugural board from 2008–2011, and served as a Director on the Goulburn Valley Medicare Local Board. He has an understanding of the health issues and needs of Aboriginal and Torres Strait Islanders, older people with chronic health conditions, mental illness and disability as well as people with alcohol and other drug addiction.

Dr Sandra Porter, Ph.D

Dr Porter is a psychologist who has worked in the trauma field for over 10 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 Ambulance 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 support for the Koori community. Andrew has had extensive experience working in with Indigenous communities throughout Victoria and Far North Queensland. He is a Wurundjeri descendant, and is passionate about the opportunities to be developed for his community, its healthcare and workforce.

Ms Jorden Lam (retired Community Advisory Committee member)

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

Ms Amber Smith (retired Community Advisory Committee member)

Ms Smith joined the Community Advisory Committee with extensive knowledge and experience across a wide array of community sectors. She holds a Bachelor Degree in Public Health and Paramedicine. In 2016, she was accepted into Ambulance Victoria as a Graduate Ambulance Paramedic.



*ex officio (non-mandatory attendance) ** Committee Chair ***Community members of the Quality Committee

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The Executive Group

Chief Executive Officer, Associate Professor Tony Walker ASM

Chief Operations Officer, Mark Rogers ASM

Executive Director Emergency Operations, Associate Professor Mick Stephenson ASM

Executive Director Corporate Services, Rob Barr

Executive Director Transformation and Strategy, Craig Howard

Executive Director People and Culture, Rebecca Hodges

Executive Director Communications and Stakeholder Engagement, Kate Bradstreet

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 Operations Officer

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

Executive Director, Emergency Operations

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

Executive Director, Corporate Services

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

Executive Director, Transformation and Strategy

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

Executive Director, People & Culture

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

Executive Director Communications and Stakeholder Engagement

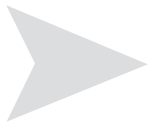
Responsible for providing leadership and direction for the organisation's strategic communication and engagement with its patients, its people and its partners. Raise awareness, educate and inform key stakeholders of Ambulance Victoria's aims, objectives and key programs to ensure they are connected with the Ambulance Victoria brand. 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 safe, high quality patient care and experience, every time.

Medical Director

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



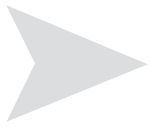
Statement of Priorities

Domain	Action
Quality and safety	Implement systems and processes to recognise and support person-centred end of life care in all settings, with a focus on providing support for people who choose to die at home.
	Advance care planning is included as a parameter in an assessment of outcomes including: mortality and morbidity review reports, patient experience and routine data collection.
	Progress implementation of a whole-of-organisation model for responding to family violence.
	Develop a regional leadership culture that fosters multidisciplinary and multi-organisational collaboration to promote learning and the provision of safe, quality care across rural and regional Victoria.
	Use patient feedback, including the Victorian Healthcare Experience Survey to drive improved health outcomes and experiences through a strong focus on person and family centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.

Ambulance Victoria Deliverable

Progress as at 30 June 2017

<p>Consult with Ambulance Victoria's Community Advisory Committee and other key stakeholders, including palliative care services and Primary Health Networks, to review and update clinical frameworks to ensure adoption of best-practice, person-centred end of life care. This will include enhancing education and clinical practice guidelines to better support people who choose to die at home.</p>	<p><i>Complete</i></p> <p>AV has used inputs from various stakeholders to inform improvements to end of life care, including incorporation into organisational processes and paramedic training.</p> <p>AV has in place a Withholding or Ceasing Resuscitation clinical practice guideline that considers end of life wishes, and in particular Advanced Care Plans. In partnership with the Palliative Care Clinical Network, AV has developed a clinical practice guideline for patients receiving palliative care. Training for this commenced for all paramedics in May 2017.</p>
<p>Review and use outcomes from the Victorian Health Experience Survey to consider opportunities to further incorporate advance care planning into Ambulance Victoria's processes.</p> <p>Actively participate in the Department of Health and Human Services Advance Care Planning Advisory Group.</p> <p>Finalise Ambulance Victoria's patient experience strategy to improve participation and empowerment of patients, carers and community, and enhance service provision.</p>	<p><i>Complete</i></p> <p>The use of feedback through the Victorian Healthcare Experience Survey to further incorporate advance care planning into AV's processes was explored as part of the development of the initial survey. In consultation with the Department of Health and Human Services, it was decided that AV should instead leverage other feedback mechanisms, including the Community Advisory Committee, to inform future improvements.</p> <p>AV is represented on the DHHS Advance Care Planning Strategy Implementation Advisory Group, and participation will continue into 2017-18.</p> <p>AV has released its first comprehensive Consumer and Community Engagement Plan to engage and partner with the community we serve.</p>
<p>Deliver and evaluate the impact of family violence awareness training to all paramedics.</p>	<p><i>Good progress</i></p> <p>Training on the new family violence clinical practice guidelines has been delivered to paramedics. AV has sought feedback via surveys with paramedics attending this training, and will undertake further evaluation in 2017-18 using data from VACIS, clinical audit and Riskman. This information will assist AV in determining the impact of family violence training and awareness across the organisation to inform the need for future education initiatives.</p>
<p>Implement a supportive family violence policy for Ambulance Victoria staff and volunteers, including introducing family violence leave for all staff.</p>	<p><i>Complete</i></p> <p>AV has developed a Child Safe Policy and Domestic and Family Violence Policy to reflect the organisation's commitment to child safety. Included in the Domestic and Family Violence Policy are provisions for special leave offered for AV employees who experience domestic violence.</p>
<p>Review and implement an improved rural leader engagement strategy with appropriate rural and regional Victorian health services.</p> <p>Collaborate with health service leaders to implement revised rural and regional response models.</p> <p>Review the Paramedic Community Support Coordinator role as collaborators in a multidisciplinary approach, and use the findings to design further improvements to multidisciplinary collaboration in rural and regional Victoria.</p>	<p><i>Complete</i></p> <p>The AV regions that work with rural and regional health services have reviewed, updated and implemented their health service engagement strategies.</p> <p>AV continues to engage with health services through regional emergency operations leaders and through collaborative initiatives to achieve improved patient outcomes. Initiatives include engagement with urgent care centres to deliver scenario training, support for local health services to increase scope of clinical practice, introduction of shared training opportunities as part of multi-disciplinary community health information sessions, and implementation of the Paramedic Community Support Coordinator role.</p> <p>AV currently operates four Paramedic Community Support Coordinator roles across the state – these roles have demonstrated effectiveness in increasing the capability of AV responders and health service staff, in addition to providing operational response to rural and regional communities.</p>
<p>Use feedback from the Victorian Health Experience Survey and other feedback mechanisms to better understand patient and carer experiences of Ambulance Victoria to inform future actions.</p> <p>Expand membership of the Ambulance Victoria's Quality Committee to include members of the Community Advisory Committee.</p> <p>Finalise Ambulance Victoria's patient experience strategy to improve participation and empowerment of patients, carers and community, and enhance service provision.</p>	<p><i>Complete</i></p> <p>AV has actively participated in the development of the Victorian Health Experience Survey for patients. An action plan will be developed once results from the initial survey have been received.</p> <p>Membership of the AV Quality Committee has been expanded to include two Community Advisory Committee members.</p> <p>AV has released its first comprehensive Consumer and Community Engagement Plan to engage and partner with the community we serve.</p>



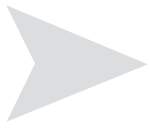
Statement of Priorities

Domain	Action
(Quality and safety – cont.)	Develop a whole of organisation approach to reduce the use of restrictive practices for patients, including seclusion and restraint.
Access and timeliness	<p>Ensure the implementation of a range of strategies (including processes and service models) to improve patient flow, transfer times and efficiency in the emergency department.</p> <p>Identify opportunities and implement pathways to aid prevention and increase care outside hospital walls by optimising appropriate use of existing programs (i.e. the Health Independence Program or telemedicine).</p> <p>Work with relevant agencies to develop and trial methods for identifying patients and methods for linking to individual care plans (including advance care plans), focusing on people with mental health, complex health and/or disability needs.</p>

Ambulance Victoria Deliverable

Progress as at 30 June 2017

<p>Review current policies and clinical practice guidelines and investigate system wide opportunities to reduce the use of restrictive practices yet ensuring safe pre-hospital care and transport.</p> <p>Report and review cases using chemical restraint through Ambulance Victoria's limited occurrence screening process.</p> <p>Deliver training on less restrictive practices once policies and guidelines have been updated.</p>	<p><i>Complete</i></p> <p>The reduction in the use of restrictive practices has been considered in the context of violence against paramedics, and ensuring safe care for patients. The AV Medical Advisory Committee has previously approved the use of ketamine for use by MICA paramedics for patients presenting with severe agitation, and in September 2016 approved the use of ketamine by ALS paramedics. Appropriate training has since been delivered.</p> <p>Regular reporting and monitoring of chemical sedation with ketamine occurs through limited occurrence screening.</p>
<p>Identify the five health services with the greatest opportunity for improvement in transfer time performance. Establish a working team to collaboratively develop, implement and monitor improvement plans with each health service by engaging with identified health services and evaluating implemented strategies.</p> <p>Engage with the broader health sector to monitor patient flow at all health services, and proactively identify opportunities for improvement in transfer times.</p>	<p><i>Complete</i></p> <p>Significant work has been undertaken with the previously identified five health services, and these improvement initiatives form part of AV's business as usual activity.</p> <p>AV has engaged with the broader health sector and undertaken a range of initiatives to improve hospital transfer time performance, including: the use of Hospital Ambulance Liaison Officers at peak times to assist with flow management; a trial of dedicated Patient Offload Teams to release ambulances from hospitals through paramedics rostered to Emergency Departments to care for queued patients; monthly reporting of transfer times and information-sharing with health services; AV Operations management and Board Chair direct engagement with health services; Better Care Victoria (including representation from AV) working with nine identified Health Services on whole-of-hospital patient flow strategies; and active AV participation in the Emergency Access Reference Committee.</p>
<p>Evaluate the Tristar Medical Trial for rural general practitioners to inform recommendations for future service models with more alternate service providers for Ambulance Victoria's Referral Service, including general practitioners, nursing services and mental health services.</p> <p>Engage with Primary Health Networks to explore data exchange and information analysis of service delivery, service gaps and enhancing alternative service provider pathways.</p> <p>Commence a trial of 24 hour state-wide telehealth services. Evaluate the feasibility of telehealth services, and its effectiveness in addressing medical service access, particularly in regional and remote areas.</p>	<p><i>Complete</i></p> <p>An evaluation report for the Tristar Medical trial has been completed. The pilot demonstrated that that the provider had the capacity to accept and manage low acuity referred patients on the day of the referral.</p> <p>AV has conducted several workshops with representatives from the Primary Health Networks to explore opportunities to share data.</p> <p>A pilot has been undertaken to ascertain if the Referral Service can engage with a telemedicine provider for the provision of 24 hour access to medical services across the state, particularly in regional and remote areas. The pilot demonstrated that that the provider had the capacity to accept and manage low acuity referred patients on the day of the referral, including 99.2% of patients receiving a consultation within four hours, and that additional services such as prescriptions to pharmacies and medical certificates can be provided. AV has extended the trial to enable this service to be maintained while a tender process for a telehealth service provider is completed.</p>
<p>Investigate options for sharing care plans with Primary Health Networks, and trial an option for patients with mental health, complex health and/or disability needs not requiring time critical care.</p> <p>Review and use outcomes from the Victorian Health Experience Survey to consider opportunities to further incorporate advance care planning into Ambulance Victoria's processes.</p> <p>Actively participate in the Department of Health and Human Services Advance Care Planning Advisory Group.</p>	<p><i>Complete</i></p> <p>AV shares care plans with the Primary Health Networks to support information sharing. Arising from the engagement with Primary Health Networks, AV has developed a trial approach to partner with a software intermediary to link AV care plans with My Health Records in the south east region. This trial will be the first instance of an AV care plan being accessed and updated by an external health service, and the findings will help inform AV and Primary Health Networks on progression of future development and management of care plans.</p> <p>AV explored the use of feedback from the Victorian Healthcare Experience Survey to further incorporate advance care planning into our processes as part of the initial survey development.</p> <p>AV is represented on the DHHS Advance Care Planning Strategy Implementation Advisory Group, and participation will continue into 2017-18.</p>



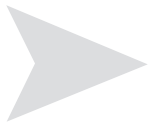
Statement of Priorities

Domain	Action
Supporting healthy populations	Support shared population health and wellbeing planning at a local level - aligning with the Local Government Municipal Public Health and Wellbeing plan and working with other local agencies and Primary Health Networks.
	Focus on primary prevention, including suicide prevention activities, and aim to impact on large numbers of people in the places where they spend their time adopting a place based, whole of population approach to tackle the multiple risk factors of poor health.
	Develop and implement strategies that encourage cultural diversity such as partnering with culturally diverse communities, reflecting the diversity of your community in the organisational governance, and having culturally sensitive, safe and inclusive practices.
	Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices which recognise and respect their cultural identities and safely meets their needs, expectations and rights.
	Drive improvements to Victoria's mental health system through focus and engagement in activity delivering on the 10 Year Plan for Mental Health and active input into consultations on the Design, Service and Infrastructure Plan for Victoria's Clinical mental health system.

Ambulance Victoria Deliverable

Progress as at 30 June 2017

<p>Partner with Primary Health Networks to enhance alternative service provider pathways, including data sharing and collaborative action plans for priority groups.</p> <p>Research rural and regional community need across Victoria to provide a clinical profile of patients by Local Government Area to understand clinical need at a local level.</p> <p>Develop, scope and pilot a targeted service model which addresses identified community need.</p>	<p><i>Complete</i></p> <p>Multiple meetings have occurred across 2016-17 with Primary Health Networks to progress data exchange, and this partnership will continue into 2017-18.</p> <p>AV has completed a review of epidemiological profiles of patients accessing AV, including emergency ambulance response and the Referral Service.</p> <p>AV has identified priority locations for targeted community models, and undertaken planning to determine capacity and capability of the community to sustain volunteer Community Emergency Response Teams.</p>
<p>Work with Turning Point to progress the Movember and beyondblue funded research project: <i>Improving Access to Care: A national ambulance approach to improve help seeking and the mental health of men.</i></p> <p>Continue the expansion of Ambulance Victoria's Referral Service to increase the number of alternative service providers and ensure accurate triage of patients with mental health needs and provision of timely support through the Care Planner.</p> <p>Use the outcomes of the 10 Year Plan for Mental Health to inform decisions regarding resourcing for patients with mental health needs.</p>	<p><i>Complete</i></p> <p>AV's collaboration with Turning Point is well established, and has generated research studies which AV has participated in.</p> <p>In response to Victoria's 10 year Mental Health Plan, AV has embedded mental health nurses into the Referral Service to assist with identification of additional alternative service providers and to improve care pathways for patients with mental health needs.</p>
<p>Develop and implement a Diversity and Inclusion Strategy to enable Ambulance Victoria to understand and respond to cultural diversity in the community and within the organisation. The strategy will be based on a person centred approach, and will include an Aboriginal employment program, cultural awareness training, targeted training for specific community groups, trial traineeship programs in rural Victoria, and embed child safe practices.</p>	<p><i>Good progress</i></p> <p>A Diversity and Inclusion Framework, adopting a cultural reform approach, has been developed and approved. Ongoing implementation of the Diversity and Inclusion Strategy and action plan will be delivered in line with AV's Strategic Plan.</p>
<p>Develop and implement a Diversity and Inclusion Strategy, including an Aboriginal employment program and cultural awareness training, to enable Ambulance Victoria to understand and respond to cultural diversity in the community and within the organisation.</p>	<p><i>Good progress</i></p> <p>AV has launched its Aboriginal Employment Plan 2016-2019. The Plan focusses on cultural education and inclusiveness, as well as the attraction, recruitment, development and retention of Aboriginal staff. This Plan will be integrated with the Diversity and Inclusion Strategy.</p>
<p>Review and use outcomes from the Victorian Health Experience Survey to consider opportunities to review or update Ambulance Victoria's cultural safety procedures and policies.</p> <p>Develop a heart health strategy that meets the needs, expectations and rights of Aboriginal and Torres Strait Islander people.</p>	<p><i>Complete</i></p> <p>AV has actively participated in the development of the Victorian Health Experience Survey for patients. An action plan will be developed once results from the initial survey have been received.</p> <p>AV has developed a Community Capability Plan 2017-2020 which recognises that unique communities, such as Aboriginal and Torres Strait Islander people, require AV to work with them to design and deliver tailored service delivery.</p>
<p>Investigate options to identify additional alternative service providers and review care pathways for patients with mental health needs aligned with the 10 Year Plan for Mental Health.</p> <p>Work with Ambulance Victoria's Community Advisory Committee to explore community expectations on mental healthcare and services, and use these to inform Ambulance Victoria policies, practices and procedures.</p>	<p><i>Complete</i></p> <p>AV has embedded mental health nurses into the Referral Service to assist with identification of additional alternative service providers and to review care pathways for patients with mental health needs.</p> <p>The Community Advisory Committee have discussed initiatives introduced to improve the experience for patients with mental illness, and have been provided with an evaluation of AV's mental health patients. The Committee have an agreed workplan that includes exploration of community views on mental health care.</p>



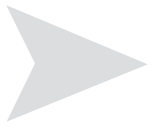
Statement of Priorities

Domain	Action
(Supporting healthy populations – cont.)	Using the Government's Rainbow eQuality Guide, identify and adopt 'actions for inclusive practices' and be more responsive to the health and wellbeing of lesbian, gay, bisexual, transgender and intersex individuals and communities.
	Further engagement with relevant academic institutions and other partners to increase participation in clinical trials.
Governance and leadership	Demonstrate implementation of the Victorian Clinical Governance Policy Framework: Governance for the provision of safe, quality healthcare at each level of the organisation, with clearly documented and understood roles and responsibilities. Ensure effective integrated systems, processes and leadership are in place to support the provision of safe, quality, accountable and person centred healthcare. It is an expectation that health services implement to best meet their employees' and community's needs, and that clinical governance arrangements undergo frequent and formal review, evaluation and amendment to drive continuous improvement.
	Contribute to the development and implementation of Local Region Action Plans under the series of statewide design, service and infrastructure plans being progressively released from 2016-17. Development of Local Region Action Plans will require partnerships and active collaboration across regions to ensure plans meet both regional and local service needs, as articulated in the statewide design, service and infrastructure plans.
	Ensure that an anti-bullying and harassment policy exists and includes the identification of appropriate behaviour, internal and external support mechanisms for staff and a clear process for reporting, investigation, feedback, consequence and appeal and the policy specifies a regular review schedule.
	Board and senior management ensure that an organisational wide occupational health and safety risk management approach is in place which includes: (1) A focus on prevention and the strategies used to manage risks, including the regular review of these controls; (2) Strategies to improve reporting of occupational health and safety incidents, risks and controls, with a particular focus on prevention of occupational violence and bullying and harassment, throughout all levels of the organisation, including to the board; and (3) Mechanisms for consulting with, debriefing and communicating with all staff regarding outcomes of investigations and controls following occupational violence and bullying and harassment incidents.

Ambulance Victoria Deliverable

Progress as at 30 June 2017

Develop and implement a Diversity and Inclusion Strategy, informed by the Government's Rainbow eQuality Guide, to enable Ambulance Victoria to understand and respond to cultural diversity in the community and within the organisation.	<i>Good progress</i> An AV Diversity and Inclusion Strategy and action plan has been developed which includes a number of actions to improve cultural understanding. Ongoing implementation of the Strategy and will be delivered in line with AV's Strategic Plan.
Continue partnership with Monash University and other collaborating organisations via the Australian Resuscitation Outcomes Centre for Research Excellence. Establish the Centre of Research Excellence in Prehospital Emergency care in collaboration with Monash University and other participating organisations (subject to funding). Implement the EXACT (reduction of oxygen after cardiac arrest) clinical trial in collaboration with participating states and organisations.	<i>Complete</i> Collaboration with Monash University and other organisations is well entrenched through the Australian Resuscitation Outcomes Centre for Research Excellence. Funding has been received through the National Health and Medical Research Council, and the Centre of Research Excellence in Prehospital Emergency care has been established. A feasibility study for the EXACT trial was completed in mid-2017, and the Phase 3 trial is anticipated to commence in AV in July 2017.
Assess organisational compliance against the Victorian Clinical Governance Policy Framework and National Standards. Develop an action plan to address the findings from the Health Service Board Clinical Governance Survey, including developing an Ambulance Victoria's Clinical Governance Framework. This work will focus on clinical quality improvement, leadership and culture, clarity of governance domains, quality and safety improvements and accreditation.	<i>Complete</i> AV has undertaken a self-assessment against the Victorian Government's Clinical Governance Policy Framework 2009, and completed gap analyses against relevant areas of the National Standards for Safety and Quality in Healthcare. AV has undertaken improvement activities based on the findings arising from its self-assessment. A draft AV Clinical Governance Framework has been developed as part of work being undertaken to strengthen clinical governance systems across the organisation.
Research rural and regional community need across Victoria to provide a clinical profile of patients by Local Government Area to understand clinical need at a local level. Develop a work plan with Primary Health Networks, and commence implementation to support information exchange, models of care and improved service directories to address local need.	<i>Complete</i> AV has completed a review of epidemiological profiles of patients accessing AV, including emergency ambulance response and the Referral Service. AV representatives and the Primary Health Networks Alliance have held regular steering committee meetings in 2017, and have agreed priority work activities.
Develop a professional conduct framework including a workforce behaviour conduct framework and a complaint management model, with a review and appeal mechanism.	<i>Complete</i> AV has developed a workforce behaviour conduct model and complaint management model, and launched a Professional Conduct Unit.
Implement manual handling initiatives including a training pilot, and evaluate the effectiveness of pre-employment physical capability testing. Establish an Ambulance Victoria health and safety strategy performance report, with key safety key performance indicators, to be tabled quarterly at Board and Executive meetings. Finalise the plan to address occupational violence towards paramedics, including final implementation of workforce training and a community awareness campaign. Implement safety leadership training for Ambulance Victoria's operational leaders to ensure they understand their safety responsibilities, foster a safety culture, and drive improved safety performance.	<i>Complete</i> AV has conducted a manual handling training pilot to investigate whether infield manual handling coaching would improve the manual handling skills of paramedics. Based on the success of this pilot, two full time manual handling co-ordinators have been funded for a 12 month period. A review of AV's pre-employment physical capacity testing was also conducted. A specific health & safety dashboard containing AV's Health & Safety Strategy's three safety KPIs and supporting metrics has been developed. These reports are now part of AV's ongoing quarterly reporting cycle. AV's occupational violence prevention education program syllabus has been delivered. A community awareness campaign regarding occupational violence against healthcare workers, including paramedics, commenced in June 2017. A one-day safety training program was delivered to operational and non-emergency transport employees through AV's continuing professional development program.



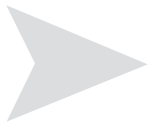
Statement of Priorities

Domain	Action
(Governance and leadership – cont.)	Implement and monitor workforce plans that: improve industrial relations; promote a learning culture; align with the Best Practice Clinical Learning Environment Framework; promote effective succession planning; increase employment opportunities for Aboriginal and Torres Strait Islander people; ensure the workforce is appropriately qualified and skilled; and support the delivery of high-quality and safe person centred care.
	Create a workforce culture that: (1) includes staff in decision making; (2) promotes and supports open communication, raising concerns and respectful behaviour across all levels of the organisation; and (3) includes consumers and the community.

Ambulance Victoria Deliverable

Progress as at 30 June 2017

Develop an employee relations engagement framework, modernise employment-related policies and procedures, and simplify and modernise clauses in industrial agreements to support and enhance operational performance.	<p><i>Complete</i></p> <p>An industrial relations strategy has been developed, and consultation has occurred. The Ambulance (Management and Administrative Staff) Enterprise Agreement 2017 has been approved by Government.</p>
Introduce performance development plans for all operational staff to promote a learning culture and ensure the workforce is appropriately qualified and skilled.	<p><i>Complete</i></p> <p>A single contemporary performance development framework has been developed, aimed at building a culture of continuous learning, ongoing feedback and development to build high performance organisation. The revised performance development process applies to all employees and volunteers, and is supported by a single performance plan template to guide performance discussions and document agreed meeting cycle and actions.</p>
Review merit-based processes for recruitment and promotion and incorporate changes into revised processes.	<p><i>Good progress</i></p> <p>AV's paramedic recruitment process has undergone significant reform and has been implemented as the paramedic recruitment model. Further work has commenced to review career pathways for our volunteer workforce. This work is ongoing and will become further aligned to the paramedic recruitment model.</p> <p>AV's recruitment & selection policy and procedure has also been reviewed and updated to align to Victorian Public Sector Commission standards and guidelines.</p> <p>AV are contributing to the Recruit Smarter pilot initiative currently in progress with Department of Premier and Cabinet. A review paper has also been completed on AV's transfer and promotion processes, outlining key findings.</p>
Implement Stage 1 of the Integrated Learning and Development Strategy which includes an organisation-wide learning needs analysis, and designing and implementing learning and development infrastructure and processes.	<p><i>Good progress</i></p> <p>Progress has been made to identify AV's learning needs at various organisational levels, and to determine how AV can improve ongoing learning needs analysis processes to apply to new capability gaps as they arise in the future.</p>
Develop and implement a Diversity and Inclusion Strategy to enable Ambulance Victoria to understand and respond to cultural diversity in the community and within the organisation. This includes an Aboriginal employment program.	<p><i>Complete</i></p> <p>A Diversity and Inclusion Framework, adopting a cultural reform approach, has been developed and approved. The AV Aboriginal Employment Plan was launched in 2016 and is focussed upon increased cultural awareness and the support of Aboriginal employees throughout the employee life cycle.</p>
Consult with Ambulance Victoria staff to review organisational values and expected standards of behaviour, consistent with <i>Victoria's Ambulance Action Plan</i> . Embed these into Ambulance Victoria's new strategic plan to increase awareness of and adherence to the values.	<p><i>Complete</i></p> <p>An extensive review of AV's current values has been completed, and recommendations developed in response to these findings. AV's Strategic Plan 2017-2022 incorporates the organisation's values as the standard of behaviour both inside and outside the organisation, in support of AV's vision and goals.</p>
Develop and commence implementation of a staff and volunteer engagement plan to embed organisational values.	<p><i>Good progress</i></p> <p>An extensive review of AV's current values has been completed, and recommendations developed in response to these findings. Embedding the values is occurring through leveraging AV's Strategic Plan engagement and communication activities to ensure alignment between what we do and how we behave, and through delivery of leadership development approaches which place equal importance on leadership behaviours and capability.</p>



Statement of Priorities

Domain	Action
(Governance and leadership- cont.)	Ensure that the Victorian Child Safe Standards are embedded in everyday thinking and practice to better protect children from abuse, which includes the implementation of: strategies to embed an organisational culture of child safety; a child safe policy or statement of commitment to child safety; a code of conduct that establishes clear expectations for appropriate behaviour with children; screening, supervision, training and other human resources practices that reduce the risk of child abuse; processes for responding to and reporting suspected abuse of children; strategies to identify and reduce or remove the risk of abuse and strategies to promote the participation and empowerment of children.
	Implement policies and procedures to ensure patient facing staff have access to vaccination programs and are appropriately vaccinated and/or immunised to protect staff and prevent the transmission of infection to susceptible patients or people in their care.
	Ambulance Victoria Board and Executive to deliver actions from Victoria's Ambulance Action Plan: Improving services saving lives as outlined and within the timeframes agreed with the DHHS, reporting to DHHS and the Implementation Advisory Group at appropriate intervals.
	Develop plan to sustain improvements made through implementation of actions from <i>Victoria's Ambulance Action Plan: Improving services saving lives</i> .
Financial sustainability	Further enhance cash management strategies to improve cash sustainability and meet financial obligations as they are due.
	Actively contribute to the implementation of the Victorian Government's 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.

Ambulance Victoria Deliverable	Progress as at 30 June 2017
Develop and implement a Diversity and Inclusion Strategy, including consideration of child safe standards.	<p><i>Good progress</i></p> <p>A Diversity and Inclusion Framework, adopting a cultural reform approach, has been developed and approved. Child safety standards are aligned to AV's Child Safe and Domestic and Family Violence policies, and are reflected in the implementation aspect of the Strategy.</p>
Finalise the roll out of family violence training to all paramedics, including awareness of Ambulance Victoria's Family Violence and Child Abuse Policy on reporting suspected child abuse and family violence, and support for staff.	<p><i>Complete</i></p> <p>AV has delivered training on the new Family Violence Clinical Practice Guideline. 97 percent of paramedics have attended face-to-face sessions, with the remaining three percent having online access to the training. Online learning modules are available to all new and returning to work paramedics.</p>
Implement strategies to ensure patient facing staff have access to vaccination programs to maintain the minimum target vaccination rate of 75 per cent. Strategies include making vaccines available at paramedic professional development days and at training nights for volunteers in rural locations.	<p><i>Complete</i></p> <p>AV introduced a number of new initiatives as part of the influenza vaccination program, including implementation of an extensive communication campaign to promote the vaccination across the organisation. AV achieved the target vaccination rate.</p>
Deliver actions from <i>Victoria's Ambulance Action Plan</i> in accordance with agreed time frames and report progress to the Department of Health and Human Services and the Implementation Advisory Group.	<p><i>Complete</i></p> <p>AV has progressed delivery of the 2016-17 Corporate Plan, which incorporates the agreed deliverables in response to <i>Victoria's Ambulance Action Plan</i>. The Board, DHHS and the Implementation Advisory Group have been informed of AV's progress on a quarterly basis.</p>
Develop longer term Ambulance Victoria Strategic Plan, incorporating lessons learned from the implementation of <i>Victoria's Ambulance Action Plan</i> .	<p><i>Complete</i></p> <p>AV's Strategic Plan 2017-2022 was approved by the Minister for Ambulance Services in June 2017.</p>
<p>Implement a pre-billing project to automate billing for appropriate transports, to streamline billing assessment of Ambulance Victoria's patients.</p> <p>Commission an end-to-end external assessment of accounts receivable/ debtors management function and implement recommendations based on a prioritised case flow impact.</p>	<p><i>Complete</i></p> <p>A pre-billing project was implemented to automate AV billing for appropriate transports to streamline billing assessments.</p> <p>An external review of accounts receivable/ debtors management has been undertaken, with a number of recommendations arising. Priority recommendations have since been implemented, with work underway to implement the remaining items in 2017-18.</p>
<p>Tender for the provision of secure medical waste bins at each ambulance branch and ensure all sharps and other waste is disposed of in an appropriate, safe and environmentally compliant manner.</p> <p>Review the Ambulance Victoria's Branch Design Guidelines (2012) and embed ecologically sustainable development principles for new construction and branch redevelopments.</p>	<p><i>Complete</i></p> <p>A tender for medical waste has been undertaken and contract awarded to the successful provider.</p> <p>The 2017 review of the AV Branch Design Guide has been completed, and published internally.</p>

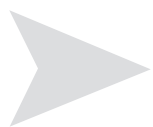


Performance Priorities 2016-2017

	2016-2017 Target	2016-2017 Actual
Quality and Safety		
Percentage of emergency patients satisfied or very satisfied with the quality of care provided by paramedics ¹	95%	97.4%
Proportion of patients experiencing severe cardiac or traumatic pain whose level of pain is reduced significantly ²	90%	90.4%
Percentage of adult patients suspected of having a stroke, who were transported to a stroke unit with thrombolysis facilities within 60 minutes ³	80%	94.2%
Percentage of major trauma patients that meet destination compliance ⁴	80%	88.2%
Percentage of adult cardiac arrest patients surviving to hospital ⁵	45%	52.8%
Percentage of adult cardiac arrest patients surviving to hospital discharge ⁵	20%	32.9%
Percentage of healthcare workers immunised for influenza ⁶	75%	80%
Percentage of audited emergency cases statewide meeting clinical practice standards	95%	98.8%
Percentage of audited non-emergency cases statewide meeting clinical practice standards ⁷	95%	96.2%
Percentage of audited cases attended by community emergency response teams (CERTs1) meeting clinical practice standards ⁷	90%	93.8%
Access and timeliness		
Percentage of emergency (Code 1) incidents responded to in 15 minutes ⁸	85%	78.3%
Percentage of emergency (Code 1) incidents responded to in 15 minutes in centres with a population greater than 7500 ^{8,9}	90%	83.7%
Average ambulance hospital clearing time ¹⁰	20 mins	20:01
Percentage CERT arrivals that occur prior to ambulance arrival where CERT is dispatched	85%	77.9%
Percentage of triple zero events where the caller receives advice or service from another health provider as an alternative to emergency ambulance response – statewide	10%	15.3%
Governance and leadership		
People Matter Survey - percentage of staff with a positive response to safety culture questions ¹¹	80%	79%

Notes.

- Based on results of survey conducted by the Council of Ambulance Authorities (CAA) and excluding the "Don't Know" and "Not Applicable" responses.
- Includes patients of all ages with traumatic pain and patients aged 15 years or greater with cardiac pain who presented with GCS (Glasgow Coma Scale) of 9 or more, were not intubated, had an initial pain score of 8 or more and a pain reduction of 2 or more points.
- Includes patients aged 15 years or greater whose final paramedic assessment was stroke and who were transported to a hospital with stroke unit and thrombolysis services within 60 minutes. Excludes inter-hospital transports. Patients transported to hospitals equipped with Telemedicine facilities are included from the last quarter of 2016.
- 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 2016-March 2017.
- Includes cardiac arrests, occurring in patients older than 14 years where resuscitation is attempted and the arrest rhythm on first ECG assessment was Ventricular Fibrillation (VF) or Ventricular Tachycardia (VT). Excludes cardiac arrests witnessed by a paramedic.
- Includes all AV staff. Results reflect the 2016 Influenza immunisation program, as required by business rules.
- Non Emergency and CERT (Community Emergency Response Team) results for June 2017 were not available at the time of compilation of this report
- From 1 July 2014 Statewide response times are based on data sourced from the Computer Aided Dispatch system.
- Based on the Australian Bureau of Statistics Urban Centre boundaries (2011 census) and resident population data.
- Based on all emergency transports with recorded times
- Based on the results published in the DHHS Monitor. Results based on data available from financial year 2015-16.



Statistical Summary 2016-2017

	2016-2017 ¹	2015-2016 ²	2014-2015	2013-2014	2012-2013
Emergency Road Incidents					
Metropolitan Regions					
Code 1	200,942	246,068	236,784	230,843	223,048
Code 2	151,982	139,196	134,376	123,862	113,959
Code 3	46,624	31,499	29,886	29,159	29,547
Total Metropolitan Emergency Road Incidents	399,548	416,763	401,046	383,864	366,554
Rural Regions					
Code 1	78,368	96,412	94,373	90,996	88,975
Code 2	66,522	60,143	56,984	52,711	50,592
Code 3 ^{3,4}	22,024	16,384	15,822	24,698	25,189
Total Rural Emergency Road Incidents	166,914	172,939	167,179	168,405	164,756
All Regions					
Code 1	279,310	342,480	331,157	321,839	312,023
Code 2	218,504	199,339	191,360	176,573	164,551
Code 3 ^{3,4}	68,648	47,883	45,708	53,857	54,736
Total Statewide Emergency Road Incidents	566,462	589,702	568,225	552,269	531,310
Non-Emergency Road Incidents					
Total Metropolitan Non-Emergency Road Incidents ⁴	227,911	200,754	218,263	250,800	245,861
Total Rural Non-Emergency Road Incidents ^{3,4}	53,551	45,190	46,966	41,158	38,825
Total Statewide Non-Emergency Road Incidents	281,462	245,944	265,229	291,958	284,686
Total Metropolitan Road Incidents⁴	627,459	617,517	619,309	634,664	612,415
Total Rural Road Incidents	220,465	218,129	214,145	209,563	203,581
Road Incidents (All Regions)					
Emergency Code 1	279,310	342,480	331,157	321,839	312,023
Emergency Code 2	218,504	199,339	191,360	176,573	164,551
Emergency Code 3 ⁴	68,648	47,883	45,708	53,857	54,736
Non-Emergency ⁴	281,462	245,944	265,229	291,958	284,686
Total Road Incidents⁴	847,924	835,646	833,454	844,227	815,996
Air Incidents (All Regions)					
Fixed Wing - Emergency	2,298	2,523	2,139	2,184	1,994
Fixed Wing - Non-Emergency ⁴	2,253	2,413	2,855	3,287	3,082
Total Fixed Wing Incidents⁴	4,551	4,936	4,994	5,471	5,076



Statistical Summary 2016-2017

	2016-2017 ¹	2015-2016 ²	2014-2015	2013-2014	2012-2013
Helicopters					
Helicopter (HEMS 1 Essendon)	392	458	437	486	548
Helicopter (HEMS 2 Latrobe Valley)	452	387	369	416	439
Helicopter (HEMS 3 Bendigo)	424	373	339	332	416
Helicopter (HEMS 4 Warrnambool)	282	247	242	229	260
Helicopter (HEMS 5 Retrieval)	578	568	454	423	524
Total Helicopter Incidents (All Emergency)	2,128	2,033	1,841	1,886	2,187
Emergency Air Incidents	4,426	4,556	3,980	4,070	4,181
Non-Emergency Air Incidents⁴	2,253	2,413	2,855	3,287	3,082
Total Air Incidents⁴	6,679	6,969	6,835	7,357	7,263
Adult Retrieval					
Cases handled	4,897	4,938	4,577	4,113	3,859
Retrievals⁵					
Road retrievals - paramedic only	379	267	304	242	193
Road retrievals - doctor & paramedic	651	558	514	476	377
Total road retrievals	1,030	825	818	718	570
Air retrievals - paramedic only	1,479	1,132	1,075	1,074	1,087
Air retrievals - doctor & paramedic	493	594	547	533	449
Total air retrievals	1,972	1,726	1,622	1,607	1,536
Total adult retrievals	3,002	2,551	2,440	2,325	2,106
Code 1 Response Time⁶					
Proportion of emergency (Code 1) incidents responded to in 15 minutes or less	78.3%	75.2%	74.3%	73.7%	73.0%
Proportion of emergency (Code 1) incidents, located in centres with a population greater than 7,500, and responded to in 15 minutes or less ⁷	83.7%	80.5%	79.9%	78.5%	78.1%
Referral Service⁸					
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	15.3%	9.2%	7.6%	7.8%	9.5%
Patients Transported⁹					
Road transports (Metropolitan Regions)					
Emergency Operations	284,571	291,419	284,642	274,102	262,501
Non-Emergency Operations Stretcher ⁴	127,679	109,410	123,248	146,139	143,224
Total Stretcher	412,251	400,829	407,890	420,241	405,725
Non-Emergency Clinic Transport Services ⁴	81,648	76,284	80,799	88,424	85,880
Total Metropolitan Regions	493,899	477,113	488,689	508,665	491,605
Road Transports (Rural Regions)					
Total Rural Regions	176,013	172,564	171,098	167,493	162,509
Total Patients Transported by Road	669,912	649,677	659,787	676,158	654,114

	2016-2017 ¹	2015-2016 ²	2014-2015	2013-2014	2012-2013
Air Transports (All Regions)					
Fixed Wing transports ⁴	4,504	4,852	4,885	5,361	5,019
Helicopters					
Helicopter (HEMS 1 Essendon)	322	350	348	370	430
Helicopter (HEMS 2 Latrobe Valley)	379	312	290	333	347
Helicopter (HEMS 3 Bendigo)	348	298	274	255	342
Helicopter (HEMS 4 Warrnambool)	243	196	199	172	215
Helicopter (HEMS 5 Retrieval)	465	479	388	348	460
Total Helicopter Transports	1,757	1,635	1,499	1,478	1,794
Total Air Transports ⁴	6,261	6,487	6,384	6,839	6,813
Total Patient Transports ⁴	676,173	656,164	666,171	682,997	660,927

Road Patients Transported (All Regions) - Charging Categories ¹⁰

Compensable Transports

Veterans' Affairs ¹¹	22,613	23,256	26,207	30,063	45,627
Transport Accident Commission	12,466	11,853	11,510	11,487	11,274
WorkCover	3,540	3,666	3,761	3,724	3,712
Public Hospital Transfers ⁴	25,263	25,990	29,507	21,523	20,130
Private Hospital Transfers ⁴	2,157	2,251	5,403	na	na
Ordinary	53,294	53,000	52,635	51,879	52,025
Subscriber	120,169	120,615	116,200	103,297	98,439
Total Compensable Road Transports	239,502	240,631	245,223	221,973	231,207
Community Service Obligation Road Transports ^{4,11}	421,593	400,838	406,123	436,889	409,641
Other ^{4,12}	8,817	8,208	8,441	17,296	13,266
Total Patients Transported by Road ⁴	669,912	649,677	659,787	676,158	654,114

Notes

1. In May 2016, AV commenced rolling out changes to event priorities to better match resource allocation to patient need. This program, included within the Ambulance Policy and Performance Consultative Committee final report, sees a progressive increase in the number of Triple Zero calls receiving secondary triage by AV. Overall Emergency Ambulance workload, including the Code 1 subset of workload, shows lower annualised growth than Triple Zero call volume for May and June 2016 as a result of this program.
2. Figures for 2015-16 have been updated where applicable to include data received after the completion of last year's report.
3. AV adopted a single dispatch grid on 1 July 2012, following the transition of rural call taking and dispatching services to the Emergency Services Telecommunications Authority (ESTA). Rural incidents previously classified as Non-Emergency Incidents were subsequently identified as Code 3 Emergency Incidents.
4. Revised patient transport charging guidelines were introduced on 1 July 2014. The revisions have impacted demand for AV services, resulting in changes in Air Ambulance transports, Non-Emergency Road transports, public hospital transfers, and the creation of a new charging category "Private Hospital Transfers". At times this has created a decline in demand, and is predominantly a result of a reduction in booked non emergency transports due to changes in non emergency fees introduced from July 2014 and the impact of the NEPT Pilot which began in November 2015 and finished in April 2016.
5. Retrievals may appear as either a road incident, an air incident or both.
6. From 1 July 2014 statewide response times are based on data sourced from the Computer Aided Dispatch (CAD) system. Prior to 1 July 2014, statewide response times were a combination of Metropolitan response times sourced from CAD and Rural response times sourced from Patient Care Records (PCR).
7. Based on the Australian Bureau of Statistics Urban Centre boundaries and resident population data.
8. In 2013/14 the percentage of callers receiving an alternative to emergency ambulance response is calculated with reference to the total caseload relevant to the regions in which the referral service was operational, as statewide expansion was only completed in April 2014. Years prior to 2013/14 refer to metropolitan performance only.
9. "Patients Transported" are categorised as metropolitan or rural based on the location of the resource used. Data for the 2016/17 is preliminary and subject to change.
10. The charge class assigned to patients transported is subject to change during the period when an account is being finalised, and significant movements between charge classes can occur after the end of the financial year. Charge class figures for 2016/17 are estimates.
11. Due to a change in contractual arrangements on 1 July 2013, some transports are no longer classified as Department of Veterans' Affairs services. Should patients hold either a Pensioner or Health Care Card, they will continue to receive free clinically necessary transports through the government's concession program, and will be classified as a Community Service Obligation (CSO) patient.
12. The "other" category includes the road components of multi-legged road transports which have not been assigned a charge class. Prior to the introduction of patient charging guidelines on 1 July 2014, this category also included the road components of multi-legged patient transports involving aircrafts. The "Other" category also includes road transports not yet assigned a charge class.



Statistical Summary 2016-2017

Public Reporting

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

Ambulance Victoria has two key response time targets:

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

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

The tables on the following pages provide Code 1 response time performance by Local Government Area (LGA) and Urban Centres and Localities (UCL) for 2016-17. Definitions are provided in the glossary. Ambulance Victoria also commenced publishing Code 2 response time performance in 2016-2017.

These can be found on the Ambulance Victoria website

<http://www.ambulance.vic.gov.au/About-Us/Our-performance.html>

Code 1 First Response Performance by LGA, 2016-2017

Local Government Area Name	% Responses <= 15 Minutes	Average Response Times Minutes (mm:ss)	Total Number of First Responses
Alpine	46.0%	20:50	539
Ararat	59.9%	17:00	548
Ballarat	85.8%	11:10	5315
Banyule	87.2%	10:54	5176
Bass Coast	63.7%	14:50	2108
Baw Baw	56.6%	16:49	2254
Bayside	84.8%	11:49	3354
Benalla	61.6%	15:46	691
Boroondara	86.4%	11:18	4841
Brimbank	84.7%	11:24	9269
Buloke	41.7%	24:42	259
Campaspe	62.8%	15:17	1885
Cardinia	64.2%	14:34	3846
Casey	81.6%	11:52	11877
Central Goldfields	60.2%	16:09	754
Colac-Otway	60.1%	16:45	700
Corangamite	42.5%	20:09	604
Darebin	88.0%	10:49	7272
East Gippsland	60.1%	16:47	2722
Frankston	87.3%	10:46	7454
Gannawarra	50.2%	19:26	333
Glen Eira	88.3%	10:43	5365
Glenelg	76.3%	12:55	782
Golden Plains	27.5%	21:04	647
Greater Bendigo	75.9%	13:05	5821
Greater Dandenong	85.1%	11:08	8234

Code 1 First Response Performance by LGA, 2016-2017

Local Government Area Name	% Responses <= 15 Minutes	Average Response Times Minutes (mm:ss)	Total Number of First Responses
Greater Geelong	78.4%	12:20	12160
Greater Shepparton	80.5%	11:34	3458
Hepburn	36.5%	19:41	655
Hindmarsh	52.9%	19:53	367
Hobsons Bay	83.3%	11:38	3901
Horsham	81.7%	11:35	999
Hume	75.9%	12:48	11011
Indigo	25.2%	21:21	493
Kingston	87.0%	10:51	6516
Knox	83.7%	11:37	6015
Latrobe	71.8%	13:12	5166
Loddon	29.9%	23:14	411
Macedon Ranges	59.3%	15:04	1793
Manningham	80.8%	12:23	3922
Mansfield	38.9%	24:56	342
Maribyrnong	87.5%	10:42	3739
Maroondah	88.8%	10:30	5060
Melbourne	88.7%	09:55	9630
Melton	73.9%	12:48	6133
Mildura	82.5%	11:39	2972
Mitchell	58.0%	15:51	1876
Moira	58.1%	16:40	1580
Monash	85.4%	11:25	6845
Moonee Valley	82.3%	12:15	5046
Moorabool	54.8%	15:49	1315
Moreland	85.8%	11:18	8180
Mornington Peninsula	76.5%	12:13	8120
Mount Alexander	48.8%	17:59	756
Moyne	41.8%	18:06	541
Murrindindi	36.2%	21:25	718
Nillumbik	56.4%	15:37	1776
Northern Grampians	61.5%	15:52	545
Port Phillip	88.8%	10:20	4853
Pyrenees	42.0%	19:03	369
Queenscliffe	37.6%	18:29	165
South Gippsland	45.7%	19:34	1290
Southern Grampians	65.6%	15:34	599
Stonnington	85.1%	11:13	3766
Strathbogie	34.9%	20:52	564
Surf Coast	58.0%	15:47	1163
Swan Hill	72.2%	13:40	891



Statistical Summary 2016-2017

Code 1 First Response Performance by LGA, 2016-2017

Local Government Area Name	% Responses < = 15 Minutes	Average Response Times Minutes (mm:ss)	Total Number of First Responses
Towong	34.9%	24:08	235
Unincorporated Vic	61.1%	23:35	108
Wangaratta	74.3%	13:36	1353
Warrnambool	90.2%	10:09	1392
Wellington	52.8%	17:38	2105
West Wimmera	38.1%	21:50	139
Whitehorse	90.0%	10:13	5911
Whittlesea	73.7%	13:01	8417
Wodonga	84.2%	11:22	1977
Wyndham	77.8%	12:39	7203
Yarra	90.4%	09:38	4497
Yarra Ranges	66.2%	14:17	6403
Yarriambiack	30.2%	24:10	318
Interstate LGAs	51.3%	18:52	825
Total AV	78.3%	12:26	268,409

Code 1 First Response Performance by UCL → 7500, 2016-2017

Urban Centre Locality Name →7500	% Responses ≤ 15 Minutes	Average Response Times Minutes (mm:ss)	Total Number of First Responses
Albury - Wodonga (Wodonga Part)	87.9%	10:48	1806
Bacchus Marsh	70.0%	13:27	701
Bairnsdale	80.2%	12:24	954
Ballarat	87.5%	10:53	5066
Benalla	71.1%	13:54	530
Bendigo	81.7%	12:06	5059
Castlemaine	67.5%	15:20	465
Colac	80.0%	13:08	420
Drouin	56.4%	16:32	573
Drysdale - Clifton Springs	69.5%	13:45	491
Echuca - Moama (Echuca Part)	81.5%	11:43	807
Geelong	85.0%	11:22	8726
Gisborne	65.5%	13:41	382
Hamilton	88.3%	11:22	386
Healesville	71.3%	13:32	581
Horsham	91.0%	09:47	857
Lara	77.3%	12:50	471
Leopold	80.0%	11:46	439
Melbourne	84.1%	11:23	178983
Melton	75.1%	12:21	3290
Mildura - Buronga (Mildura Part)	92.9%	09:34	2081
Moe - Newborough	70.9%	12:43	1412
Morwell	86.1%	10:55	1472
Ocean Grove - Barwon Heads	70.6%	13:51	636
Pakenham	79.4%	12:28	1968
Portland (Vic.)	87.4%	10:20	468
Sale	86.1%	10:18	641
Shepparton - Mooroopna	90.3%	10:08	2726
Sunbury	78.3%	12:17	1738
Swan Hill	91.2%	09:37	523
Torquay - Jan Juc	70.3%	13:14	600
Traralgon	71.6%	13:31	1480
Wallan	74.9%	12:07	394
Wangaratta	88.8%	10:43	1030
Warragul	82.1%	12:23	776
Warrnambool	90.9%	09:59	1327
Total UCLs → 7500	83.7%	11:27	230,259



Statistical Summary 2016-2017

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 and 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 000 by a health professional; suitable calls are referred to other service providers as an alternative to an emergency ambulance dispatch. Referral options include locum general practitioners, nursing service, hospital response teams and non-emergency ambulance transport.

Response Time:	<p>Response time measures the time from a triple zero (000) call being answered and registered by the Emergency Services Telecommunications Authority (ESTA), to the time the first AV resource arrives at the incident scene.</p> <p>From 1 July 2013 all response times are based on data sourced from the Computer Aided Dispatch (CAD) system.</p>
% ≤ 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 2156 requests under the *Freedom of Information Act 1982* for the 2016–2017 financial year. Three requests were transferred from another agency. This total comprised of 2113 personal requests and 43 non-personal requests.

Full access to documents was provided in 1227 requests. Exemptions were applied to 476 requests. Partial access was granted for 455 requests while 21 requests were denied in full.

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

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

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

Most applications were for access to Patient Care Records by patients attended by AV, their legal or other representatives, or surviving next of kin.

AV collected \$48,247.56 in application fees and waived \$11,932.74. AV collected nil in charges to access documents.

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

FREEDOM OF INFORMATION REQUESTS

2016–2017

Requests received during the year	2156
Response not completed within the statutory period	10
Requests transferred to another agency	7
Requests transferred from another agency	3
Requests withdrawn or not proceeded with by the applicant	200
Access granted in full	1227
Access granted in part (exemptions claimed)	455
Access denied in full (exemptions claimed)	21
Requests where no relevant documents could be located	199
Requests awaiting completion at the end of the financial year	54
Requests awaiting completion at the end of the financial year	18

FOI Commissioner

Reviews/complaints accepted by FOI Commissioner	5
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VCAT

Appeals lodged	0
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Outcome of Appeal

VCAT confirmed original decision	0
VCAT varied original decision	1
VCAT overturned original decision	0
Withdrawn	0
Settled prior to hearing	0
Not yet finalised	0

Victorian Industry Participation Policy

Under the *Victorian Industry Participation Policy (VIPPP) Act 2003*, AV is required to disclose whether it had any VIPP contracts during the year. AV completed VIPP contestability assessments for three projects that commenced 2016–2017, however VIPP plans were not required for two of these projects.

The projects that did not require VIPP assessments were:

- The contract with Chemtronics Biomedical Services for the provision of biomedical services, estimated at \$9.8 million over the life of the contract.
- The contract with Advanced Mobile IT (AMIT) for the provision of mobile handheld devices and managed support, estimated at \$4.7 million.

The project that did require a VIPP assessment was:

- The contract with Macneil Group for the construction of the Echuca Ambulance Branch, estimated at \$1.5 million.

A further process for the construction of the Wendouree Ambulance Branch commenced in February an Industry Capability Network assessment was completed, however the tender has not yet been released so the contract details are not available.

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

Inclusion Policy

AV's Diversity and Inclusion Strategy 2017-2020 is being developed. It will confirm AV's policy and position on diversity and inclusion in the workplace.

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.

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

Building standards

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



Statutory Compliance

Consultancies

Consultant Name	Purpose of Consultancy	Start date	End date	Total Approved Project Fee (excl GST) \$'000	Expenditure 2016-2017 (excl GST) \$'000	Future Expenditure (excl GST) \$'000
Anthony G Black Lawyer Pty Ltd	Cultural Change Management	Aug-16	Feb-17	\$28	\$28	
Connley Walker Pty Ltd	Pharmacist Delivery Model As Part of AV's Medication Management Process	Apr-17	Sep-17	\$18	\$14	\$4
Cube Group Management Consulting (Australia) Pty Ltd	AV's Five-year Strategic Plan and Implementation	Oct-16	Jun-17	\$229	\$255	
Deloitte Touche Tohmatsu	Development of a Five-year ICT Strategy	Jul-16	Jun-17	\$301	\$283	
Department of Premier & Cabinet	Victorian Public Sector Commission – Capability Review	Jul-16	Mar-17	\$403	\$359	
Ernst & Young	Debtors Management Review	Jul-16	Dec-16	\$239	\$239	
Grant Thornton Australia Ltd	Asset Management Accountability Framework	Nov-16	Jun-17	\$215	\$215	
Integrated Global Partners Pty Ltd	AV Corporate Review and Realignment	Nov-16	Aug-17	\$620	\$504	\$116
Integrated Global Partners Pty Ltd	AV Operational Review Design and Project	Jun-17	Sep-17	\$655	\$240	\$415
Kordamentha Forensic	Medication Management Review Project - Gap Analysis and Reporting	Jul-16	Dec-16	\$142	\$142	
Resolutions RTK	Cultural Change Management	Jul-16	Aug-16	\$24	\$24	
The Ethics Centre Incorporated	Development of AV's Ethics Framework	Dec-16	Feb-17	\$44	\$64	

In 2016-2017 Ambulance Victoria engaged five consultants where the total fees payable to the Consultants was less than \$10,000, with a total expenditure of \$25,294 excluding GST.

Details of Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2016-2017 is \$33.67m (excluding GST) with the details shown below (\$m).

Business As Usual (BAU) ICT expenditure Total	Non Business As Usual (non BAU) ICT expenditure (Total=A+B)	Operational expenditure (A)	Capital expenditure (B)
\$20.99m	\$12.68m	\$1.89m	\$10.79m

Health, Safety and Wellbeing

	2016-2017	2015-2016	2014-2015	2013-2014	2012-2013	2011-2012
Number of workplace fatalities	0	0	0	0	0	0
Lost Time Injury Frequency Rate (LTIFR)* Previous years ¹		96.6	120.4	102.9	102.6	106.0
Lost Time Injury Frequency Rate (LTIFR)* Corrected ¹	64.0	76.3	99.7			
Average number of standard claims per 100 FTE (full time equivalent) staff	4.7	6.4	8.9	8.3	8.0	8.4
Average cost per WorkCover standard claim ²	\$64,868	\$55,259	\$41,017	\$32,814	\$31,301	\$35,983
Number of hazards/incident reports lodged ³	2,944	3,288	2,918	3,037	3,102	3,163
Percentage of WorkCover standard claims with a RTW plan initiated	100%	100%	100%	100%	100%	100%
Percentage of employees immunised against influenza (include ACOs) ⁴	80%	54%	52%	53%	48%	45%
Percentage of Health & Safety Representatives (HSR) positions filled	94%	84%	93%	92%	90%	88%

Notes:

¹ The AV Board, AV People Committee, AV Executive and AV Audit & Finance Committee have been advised of a data integrity issue, discovered in September 2016, relating to the incorrect data extraction for productive hours dating to February 2013 whereby productive hours had been under-reported. Productive hours paid in the reporting period are used in the calculation of the Lost Time Injury Frequency Rate (LTIFR). The correct reporting of productive hours resulted in a significant improvement to the Lost Time Injury Frequency Rate metrics by an average 25% each month. Controls have been implemented to resolve the issue.

The LTIFR has been recalculated for the financial years ending 2014/15 and 2015/16.

² The average cost per WorkCover claim has been updated to reflect current data. This captures average costs as they have matured since the last annual report. The 2016-2017 result is based on the cost of claims as received by Xchanging as at the end of June 2017, divided by the total number of Standard WorkCover claims lodged in 2016-2017.

³ The number of hazards/incidents/injuries (HIIIs) as lodged in AV's Health, Safety and Claims System (HSCS).

⁴ Includes all AV staff. Results reflect the 2016 influenza immunisation program.

Occupational violence

	2016-2017	2015-2016
WorkCover accepted claims with an occupational violence cause per 100 FTE	0.33	0.50
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	1.66	2.91
Number of occupational violence incidents reported	567	580
Number of occupational violence incidents reported per 100 FTE	12.51	14.43
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	2.65%	3.45%

Notes:

1. The number of accepted WorkCover claims with lost time injury with an occupational violence cause result from 2015-2016 was calculated on 100,000 hours worked. The 2015-2016 result has been amended to reflect the calculation as 1,000,000 hours worked.

2. Definitions:
a. Occupational Violence – any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.

b. Incident – Occupational Health and Safety incidents reported in the health service incident reporting system (AV's Health and Safety Claims System (HSCS))

c. Accepted WorkCover claims – accepted WorkCover claims that were lodged in 2016-17

d. Lost Time – defined as greater than one day.

Definitions

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

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

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

Lost time – is defined as greater than one day.



Financial Overview 2016-2017

Key Financial Results

	2016-2017 \$m	2015-2016 \$m	2014-2015 \$m	2013-2014 \$m	2012-2013 \$m
Net Result from Operationsⁱ	(6.803)	5.639	5.880	6.387	10.310
Net Resultⁱⁱ	14.182	13.248	7.960	6.712	44.805
Comprehensive Resultⁱⁱⁱ	23.468	23.883	7.946	24.050	44.374

- i. The transactions arising from the organisation's activities excluding capital and depreciation.
- ii. The organisation's results including capital income, movements in financial instruments and depreciation.
- iii. Movement in the net worth of the entity, being total assets less total liabilities at the balance sheet date.

Summary results 2016-2017

AV has reported a surplus

AV recorded a surplus in 2016-2017. Consistent with prior years, the results were affected by some large one-off items. The Net Result before Capital & Specific is an accounting deficit. This result is impacted by the timing mismatch of grant revenue and associated expenses related to EBA increases. 2016-17 EBA expenditure increases were partly funded by grant revenue received in previous financial years. These impacts are partly offset by the additional government funding to improve ambulance response times, part of which will be spent in next financial year.

Operating revenue up 16 per cent

AV's total revenue comprises operating and capital income. Capital grants were higher in 2016-2017 than 2015-2016 due to additional funding to deliver new services announced by government.

Additional government funding for Work Value pay increases and government announced plans to improve paramedic response times have resulted in increased operating revenue.

Increase in expenditure relating to Work Value and major contract costs

Overall service delivery expenditure has increased in 2016-2017. The outcomes of the Work Value case, new Rotary aircraft, and implementation of AV's Dispatch Grid reform has contributed to this increase.

Major Movements

Work Value outcomes impacted employee costs

The final pay increases from AV's Work Value outcomes came into effect in 2016-2017. This is the largest item affecting employee costs. Although this has contributed to AV staff costs, there has been minimal impact to the overall operating position with corresponding government funding provided.

Fair Value adjustment in 2016-2017

In 2016-2017 an annual assessment of the fair value of all non-financial physical assets was undertaken. A managerial revaluation was applied to land due to material movements in fair value.

Air Wing Contract Costs

A new rotary aircraft contract came into effect in January 2017. This has contributed to the increase in expenditure along with the full-year impact of the contracts of four other aircraft that commenced in January 2016.

Non-Emergency contract cost

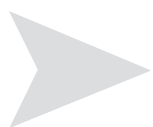
The implementation of the Dispatch Grid reform has led to an increase in non-emergency workload as AV continues to improve the allocation and utilisation of its resources to its patient needs.

Main Components of Expenditure

The majority of AV's expenditure continues to arise from major contracts and employee costs	Note 3 to the financial statements provides a detailed breakdown of AV's \$940.8 million expenditure. The mix between major categories was consistent with 2015-2016 and previous years and shows a high level of fixed cost:	
	\$787.2 million 84% of total	Employee Costs and Major Contracts (including non-emergency services, Air Ambulance services and computer aided ambulance dispatch services)
	\$92.3 million 10% of total	Supplies & indirect cost medical supplies, ambulances and property maintenance, rental and occupancy costs, audit, membership promotion and office and technical expenses
	\$61.3 million 6% of total	Depreciation and amortisation, doubtful debts and other charges

Contacts

AV banks with Westpac Institutional Bank	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



Financial Overview 2016-2017

Summary Of Financial Results	2016-2017	2015-2016	2014-2015	2013-2014	2012-2013
	\$000	\$000	\$000	\$000	\$000
Total Revenue	954,945	810,900	728,661	663,923	664,655
Total Expenses	940,764	797,652	720,700	657,211	619,849
Net Result	14,182	13,248	7,960	6,712	44,805
Retained Surplus/(Deficit)	73,242	59,060	45,812	37,852	34,679
Total Assets	668,080	601,757	511,871	481,090	459,340
Total Liabilities	358,855	316,000	249,671	226,836	229,136
Net Assets	309,225	285,757	262,200	254,254	230,204
Total Equity	309,225	285,757	262,200	254,254	230,204

Financial Indicators	2016-17	2015-16	2014-15	2013-14	2012-13
Current Assets Ratio	0.61	0.66	0.68	0.73	0.82
Debtors Turnover (Days) ⁱ	101	114	71	54	65
Creditors Payable Turnover (Days)	55	56	48	48	46
Bad & Doubtful Debt Provision/ YTD Billings Ratio	0.11	0.10	0.11	0.09	0.10
Actual Cost Per Road Incident (\$)	\$956	\$826	\$746	\$ 694	\$ 670
Liability Ratio	0.54	0.53	0.49	0.47	0.50
Asset Turnover Ratio	1.50	1.46	1.47	1.41	1.54

ⁱ From 2015-2016, excludes offset of bad and doubtful debts provision

Ambulance Victoria



Financial Report For The Year Ending 30 June 2017



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 of the Minister for Finance under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2017 and the financial position of Ambulance Victoria at 30 June 2017.

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 14 August 2017.



Ken Lay AO APM
Chair of the Board

Melbourne
14 August 2017



Tony Walker ASM
Chief Executive Officer

Melbourne
14 August 2017



Rob Barr FCPA
Executive Director
Corporate Services/Chief
Financial Officer

Melbourne
14 August 2017

Independent Auditor's Report

To the Board of Ambulance Victoria

Opinion	<p>I have audited the financial report of Ambulance Victoria which comprises the:</p> <ul style="list-style-type: none"> • balance sheet as at 30 June 2017 • 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 a summary of 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 2017 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. My responsibilities under the Act are further described 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 APES 110 <i>Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Australia. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
Board's responsibilities for the financial report	<p>The Board of Ambulance Victoria is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <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, and using the going concern basis of accounting unless it is inappropriate to do so.</p>

**Auditor's
responsibilities
for the audit
of the financial
report**

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

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

- 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 our 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
18 August 2017



Charlotte Jeffries
as delegate for the Auditor-General of Victoria

COMPREHENSIVE OPERATING STATEMENT

For the Financial Year Ended 30 June 2017

	NOTE	2017 \$'000	2016 \$'000
INCOME			
Revenue from Operating Activities	2.1	886,469	763,316
Revenue from Non-Operating Activities	2.1	3,647	3,381
Other Income	2.1	10,041	5,483
TOTAL INCOME		900,157	772,180
EXPENSES			
Employee Benefits	3.1.a	(644,611)	(543,487)
Contract Payments and Services	3.1.b	(150,697)	(128,884)
Supplies and Services	3.1.c	(55,951)	(45,743)
Maintenance	3.1.d	(18,749)	(17,379)
Bad and Doubtful Debts	3.1.e	(19,316)	(15,514)
Other Operating Expenses	3.1.f	(17,636)	(15,534)
TOTAL EXPENSES		(906,960)	(766,541)
NET RESULT BEFORE CAPITAL AND SPECIFIC ITEMS		(6,803)	5,639
Capital Purpose Income	2.1	51,504	36,853
Assets Received Free of Charge	2.2	130	-
Assets Provided Free of Charge	3.1	-	-
Depreciation and Amortisation	4.3	(31,645)	(26,953)
NET RESULT AFTER CAPITAL AND SPECIFIC ITEMS		19,989	9,900
OTHER ECONOMIC FLOWS INCLUDED IN NET RESULT			
Net Gain/(Loss) on Disposal of Non-Financial Assets	2.1.6	(2,527)	(1,379)
Revaluation of Financial Assets at Fair Value	3.1.g	(4,552)	(173)
Net Gain/(Loss) on Disposal of Financial Instruments	3.1.g	(50)	(739)
Revaluation of Long Service Leave	3.1.a	8,125	-
TOTAL OTHER ECONOMIC FLOW INCLUDED IN NET RESULT		996	(2,291)
NET RESULT FOR THE YEAR		14,182	13,248
OTHER COMPREHENSIVE INCOME			
Items that will not be reclassified subsequent to net result			
Changes to Property, Plant and Equipment revaluation reserve	8.1	9,286	10,635
		9,286	10,635
COMPREHENSIVE RESULT FOR THE YEAR		23,468	23,883

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

Ambulance Victoria

BALANCE SHEET

As at 30 June 2017

	NOTE	2017 \$'000	2016 \$'000
CURRENT ASSETS			
Cash and Cash Equivalents	6.1	48,955	43,949
Receivables	5.1	43,029	88,941
Financial Assets	4.4	79,000	25,000
Inventories		1,009	983
Prepayments		3,939	5,662
TOTAL CURRENT ASSETS		175,932	164,535
NON-CURRENT ASSETS			
Receivables	5.1	90,233	72,550
Property, Plant and Equipment	4.1	394,160	360,244
Intangible Assets	4.2	7,755	4,428
TOTAL NON-CURRENT ASSETS		492,148	437,222
TOTAL ASSETS		668,080	601,757
CURRENT LIABILITIES			
Payables	5.2	51,851	43,958
Provisions	3.2	192,802	164,364
Prepaid Income	5.4	45,045	42,327
TOTAL CURRENT LIABILITIES		289,698	250,649
NON-CURRENT LIABILITIES			
Payables	5.2	14,606	16,156
Provisions	3.2 & 5.3	37,896	35,315
Prepaid Income	5.4	16,655	13,707
Financial Liabilities	4.4	-	173
TOTAL NON-CURRENT LIABILITIES		69,157	65,351
TOTAL LIABILITIES		358,855	316,000
NET ASSETS		309,225	285,757
EQUITY			
Property, Plant and Equipment Revaluation Reserve	8.1	47,864	38,578
Contributed Capital	8.1	188,119	188,119
Accumulated Surplus	8.1	73,242	59,060
TOTAL EQUITY		309,225	285,757
Commitments for Expenditure	6.2		
Contingent Assets and Contingent Liabilities	7.3		

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

STATEMENT OF CHANGES IN EQUITY

For the Financial Year Ended 30 June 2017

		Property, Plant and Equipment Revaluation Reserve	Contributed Capital	Accumulated Surplus	Total Equity
	Note	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2015		27,943	188,445	45,812	262,200
Net result for the year		-	-	13,248	13,248
Capital Contribution received from Victorian Government		-	(326)	-	(326)
Other comprehensive income for the year		10,635	-	-	10,635
Balance at 30 June 2016	8.1	38,578	188,119	59,060	285,757
Net result for the year		-	-	14,182	14,182
Other comprehensive income for the year		9,286	-	-	9,286
Balance at 30 June 2017		47,864	188,119	73,242	309,225

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

CASH FLOW STATEMENT

For the Financial Year Ended 30 June 2017

	NOTE	2017 \$'000	2016 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		631,151	437,086
Capital Grants from Government		51,504	34,158
Transport Fees Received		151,702	161,425
Membership Fees Received		85,151	76,657
Service Fees Received		26,924	21,358
Interest Received		3,466	2,912
Donations and Bequests Received		560	1,161
GST Received from ATO		28,157	19,224
Other Receipts		9,091	5,143
Total Receipts		987,706	759,124
Employee Benefits Paid		(606,059)	(496,777)
Payments for Supplies and Services		(262,744)	(234,650)
Total Payments		(868,803)	(731,427)
Net Cash Flow From/(Used In) Operating Activities	6.1.2	118,903	27,697
CASH FLOWS FROM INVESTING ACTIVITIES			
(Purchase of)/Proceeds from Redemption of Investments		(54,000)	-
Purchase of Property, Plant and Equipment		(62,826)	(46,596)
Proceeds from Sale of Property, Plant and Equipment		3,153	2,040
Net Cash Flow From/(Used in) Investing Activities		(113,673)	(44,556)
CASH FLOWS FROM FINANCING ACTIVITIES			
Loss on Settlement of Financial Instruments		(224)	(739)
Net Cash Flow From/(Used in) Financing Activities		(224)	(739)
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS HELD		5,006	(17,598)
CASH AND CASH EQUIVALENTS AT BEGINNING OF FINANCIAL YEAR		43,949	61,547
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	6.1.1	48,955	43,949

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

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

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 2017, and the comparative information presented in these financial statements for the year ended 30 June 2016.

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

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

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 the notes under the heading: 'Significant judgement or estimates'.

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: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

These annual financial statements represent the audited general purpose financial statements for Ambulance Victoria (AV) for the period ending 30 June 2017. 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 Minister for Finance.

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

These annual financial statements were authorised for issue by the Board of AV on 14 August 2017.

(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.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

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 by Source

2.2 Assets Received Free of Charge

	NOTE	2017 \$'000	2016 \$'000
NOTE 2.1: INCOME BY SOURCE			
Revenue from Operating Activities			
Government Grants	2.1.1	587,795	482,872
Indirect Contributions from the DHHS ¹	2.1.2	22,479	24,042
Transport Fees	2.1.3	169,786	161,628
Membership Revenue	2.1.4	79,485	73,416
Service Fees	2.1.1	26,924	21,358
Total Revenue from Operating Activities		886,469	763,316
Revenue from Non-Operating Activities			
Interest		3,539	3,207
Property Rental		108	174
Total Revenue from Non-Operating Activities		3,647	3,381
Other Income	2.1.5	10,041	5,483
Revenue from Capital Purpose Income			
Government Grants	2.1.1	49,177	35,998
Indirect Contributions from the DHHS ¹	2.1.2	2,327	855
Total Revenue from Capital Purpose Income		51,504	36,853
Proceeds from Disposal of Non-Financial Assets	2.1.6	3,153	2,040
Assets Received Free of Charge	2.2	130	-
Revaluation of Financial Instruments at Fair Value		-	(173)
TOTAL REVENUE ²		954,944	810,900

¹ The DHHS makes certain payments on behalf of AV. These amounts have been brought to account in determining the comprehensive operating result for the year by recording them as revenue and expense.

² This note relates to revenues above the net result line only, and does not reconcile to comprehensive income.

Income is recognised in accordance with AASB 118 *Revenue* to the extent that it is probable that the economic benefits will flow to AV and the income can be reliably measured at fair value. Unearned income at reporting date is reported as prepaid income.

Amounts disclosed as income are, where applicable, net of returns, allowances and duties and taxes.

Government Grants

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

Service Fee

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

AV received fixed availability charges for the air ambulance services from DHHS and 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 is recognised as revenue following advice from the DHHS.
- . Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the DHHS Hospital Circular 04/17.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 2: FUNDING DELIVERY OF OUR SERVICES (Continued)**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 5.5 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.

Assets Received Free of Charge

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

NOTE 2.1.1: GOVERNMENT GRANTS AND SERVICE FEES

	2017 \$'000	2016 \$'000
Operating Grants		
DHHS	578,372	471,998
Department of Justice and Regulation	9,409	10,712
Other	14	162
Total Operating Grants	587,795	482,872
Service Fees		
DHHS	14,640	13,001
TAC	12,284	8,357
Total Service Fees	26,924	21,358
Capital Grants		
DHHS - Recurrent Capital	23,863	23,510
DHHS - Other Capital ¹	25,314	12,488
Total Capital Grants	49,177	35,998
TOTAL GOVERNMENT GRANTS AND SERVICE FEES	663,896	540,228

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

NOTE 2.1.2: INDIRECT CONTRIBUTIONS FROM THE DHHS**Operating Indirect Contributions by DHHS**

Long Service Leave	22,235	23,776
Insurance	244	266
Total Operating Indirect Contributions by DHHS	22,479	24,042

Capital Purpose Indirect Contributions by DHHS

Pre-Construction Costs	2,327	855
Total Capital Purpose Indirect Contributions by DHHS	2,327	855
TOTAL INDIRECT CONTRIBUTIONS BY DHHS	24,806	24,897

NOTE 2.1.3: TRANSPORT FEES

Patient Transport	75,927	72,665
Inter-Hospital and Outpatient Transfers	38,308	37,239
Transport Accident Commission	26,971	22,352
Department of Veteran Affairs	22,284	22,807
WorkCover	6,294	6,496
Public Duty	2	69
TOTAL TRANSPORT FEES	169,786	161,628

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

	2017	2016
	\$'000	\$'000

NOTE 2.1.4: MEMBERSHIP REVENUE**Membership Revenue**

Family	49,793	51,721
Single	29,692	21,695
TOTAL MEMBERSHIP REVENUE	79,485	73,416

NOTE 2.1.5: OTHER INCOME

Attendance Fees	2,887	1,769
Victorian Ambulance Clinical Information System (VACIS) Collaboration Recoveries	1,570	1,570
Donations and Bequests	560	1,161
Recoveries	606	704
Other ¹	4,418	279
TOTAL OTHER INCOME	10,041	5,483

¹ Recognition of the distribution of settlements in 2016-17 (relating to 2015-16).

NOTE 2.1.6: NET GAIN/(LOSS) ON DISPOSAL OF NON-FINANCIAL ASSETS**Proceeds from Disposal of Non-Current Assets**

Plant and Equipment	681	-
Motor Vehicles	2,472	2,040
Total Proceeds from Disposal of Non-Current Assets	3,153	2,040

Less: Written Down Value of Non-Current Assets Disposed ²

Buildings	561	94
Leasehold Improvements	10	91
Plant and Equipment	1,321	124
Office Furniture and Equipment	1	12
Motor Vehicles	3,790	3,100
Intangible Assets	-	1
Total Written Down Value of Non-Current Assets Disposed	5,682	3,420

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

Buildings	(561)	(94)
Leasehold Improvements	(10)	(91)
Plant and Equipment	(640)	(124)
Office Furniture and Equipment	(1)	(12)
Motor Vehicles	(1,318)	(1,060)
Intangible Assets	-	(1)
TOTAL NET GAIN/(LOSS) ON DISPOSAL OF NON-CURRENT ASSETS	(2,527)	(1,379)

² Disposal includes items that have been written off by AV.

NOTE 2.2: ASSETS RECEIVED FREE OF CHARGE**Fair Value of Assets Received Free of Charge:**

Land	130	-
TOTAL ASSETS RECEIVED FREE OF CHARGE	130	-

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

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

3.2 Provisions (Employee Benefits in the Balance Sheet)

3.3 Superannuation

NOTE 3.1: EXPENSES	Note	Operations		Administration		Vehicle & Property Maintenance		Other		Total	
		2017 \$'000	2016 \$'000	2017 \$'000	2016 \$'000	2017 \$'000	2016 \$'000	2017 \$'000	2016 \$'000	2017 \$'000	2016 \$'000
(a) Employee Benefits											
Salaries and Wages ¹		481,306	395,396	42,302	42,723	6,212	5,834	3,170	3,270	532,990	447,222
Superannuation		46,290	38,385	3,326	3,436	613	573	180	170	50,410	42,564
WorkCover		24,373	17,580	2,142	1,899	315	259	161	145	26,991	19,884
Long Service Leave											
Long Service Leave Expense		30,466	29,365	2,678	3,173	393	433	201	243	33,738	22,356
Revaluation of Long Service Leave ²		(7,337)		(788)		-		-		(8,125)	10,858
Fringe Benefits Tax		-	-	483	602	-	-	-	-	483	602
Total Employee Benefits		575,098	480,726	50,143	51,833	7,533	7,099	3,712	3,828	636,486	543,487
(b) Contract Payments and Services											
Non Emergency Services		51,350	38,495	-	-	-	-	-	-	51,350	38,495
Air Ambulance Services		60,027	52,631	-	-	-	-	-	-	60,027	52,631
Computer Aided Dispatch Services		32,235	31,495	-	-	11	-	-	-	32,247	31,495
Membership Services		-	-	7,073	6,264	-	-	-	-	7,073	6,264
Total Contract Payments and Services		143,612	122,621	7,073	6,264	11	-	-	-	150,697	128,884
(c) Supplies and Services											
Medical, Postage, Stationery, Computer Services, Telephone, Promotions		22,621	20,048	29,048	21,891	3,414	3,337	867	466	55,951	45,743
Total Supplies and Services		22,621	20,048	29,048	21,891	3,414	3,337	867	466	55,951	45,743
(d) Maintenance											
Property and Other Maintenance		2,577	2,242	1	2	750	603	-	-	3,329	2,849
Vehicle and Equipment Maintenance		9,161	7,482	260	236	5,991	6,787	7	24	15,420	14,530
Total Maintenance		11,738	9,724	261	238	6,741	7,390	7	24	18,749	17,379
(e) Bad and Doubtful Debts		-	-	19,316	15,514	-	-	-	-	19,316	15,514
(f) Other Operating Expenses											
Fees											
- Auditor-General		-	-	178	186	-	-	-	-	178	186
- Consulting and Legal		326	19	1,719	1,792	8	31	1,475	138	3,528	1,979
- Internal Audit		-	-	295	398	-	-	-	-	295	398
- Other Audit		7	8	137	118	-	-	-	-	144	127
Occupancy		10,004	9,725	50	88	3,297	3,031	140	1	13,491	12,845
Total Other Operating Expenses		10,337	9,752	2,379	2,582	3,305	3,062	1,615	139	17,636	15,534
Depreciation and Amortisation	4.3	20,807	19,346	1,841	1,564	8,998	6,045	-	-	31,645	26,953
Written Down Value of Non-Current Assets Disposed	2.1.6	-	-	5,683	3,420	-	-	-	-	5,683	3,420
(g) Loss on Financial Assets											
Write down of Financial Assets ³		-	-	4,552	-	-	-	-	-	4,552	-
Settlement on Forward Exchange Contract		-	-	50	739	-	-	-	-	50	739
TOTAL EXPENSES		784,213	662,217	120,346	104,045	30,002	26,933	6,201	4,457	940,764	797,654

¹ In 2015-16, the Fair Work Commission recommended paramedics receive a pay increase to reflect the increased complexity, higher skill and and qualification requirements in paramedicine. The Work Value outcome has impacted employee benefits in 2015-16 and 2016-17.

² No comparatives have been reported in the Comprehensive Operating Statement because long service leave (LSL) expense and associated funding was determined in line with DHHS Circular 5/2013 in 2015-16, while is reported in line with DHHS Circular 4/2017 in 2016-17. Revaluation of LSL was funded in 2015-16, and both expense and revenue was included in the 'Net Result Before Capital and Specific Items'.

³ Timing difference in the funding calculations between DHHS and AV has resulted in write down of DHHS LSL debtor following changes to DHHS LSL funding arrangement in 2016-17.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 3.1: EXPENSES (Continued)

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, 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, Contract Payments and Services, 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.

Bad and Doubtful Debts: Refer to Note 5.1.

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 4.1.
- . Disposal of non-financial assets includes any gain or loss on the disposal of non-financial assets is recognised at the date of disposal and is the difference between the proceeds and the carrying value of the asset at that time.

Impairment of non-financial assets

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

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

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

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

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

Net gain/(loss) on financial instruments includes:

- . Unrealised and realised gains and losses from revaluations of financial instruments at fair value;
- . Impairment and reversal of impairment for financial instruments (refer to Note 7.1); and
- . Disposals of financial assets and derecognition of financial liabilities.

Revaluations of financial instruments at fair value excludes dividends or interest earned on financial assets.

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

- . the revaluation of the present value of the long service leave liability due to changes in the bond rate movements, inflation rate movements and the impact of changes in probability factors; and
- . transfer of amounts from the reserves to accumulated surplus or net result due to disposal or derecognition or reclassification;
- . Write down of financial asset related to changes in DHHS LSL funding arrangements in 2016-17, where the carrying value exceeded its recoverable amount.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2017

NOTE 3.2: 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.

	2017 \$'000	2016 \$'000
Current Provisions		
<i>Employee Benefits</i>		
Long Service Leave		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	7,172	6,268
Unconditional and expected to be wholly settled after 12 months (Discounted)	98,897	86,303
Annual Leave		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	33,997	29,671
Unconditional and expected to be wholly settled after 12 months (Discounted)	397	502
Accrued Days Off		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	13,110	11,442
Others		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	14,027	8,463
	167,600	142,648
<i>Provisions Related to Employee Benefit On-Costs</i>		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	9,166	7,778
Unconditional and expected to be wholly settled after 12 months (Discounted)	16,036	13,938
	25,202	21,715
Total Current Provisions	192,802	164,364
Non-Current Provisions		
Employee benefits - Long Service Leave (Present value)	29,587	27,667
Provisions related to employee benefit on-costs (Present value)	4,778	4,469
Total Non-Current Provisions	34,365	32,136
TOTAL PROVISIONS	227,167	196,500

3.2.1 Employee Benefits and Related On-costs

Current Employee Benefits

Unconditional LSL entitlements ¹	106,069	92,571
Annual leave entitlements	34,394	30,173
Accrued days off	13,110	11,442
Others		
Accrued salaries and wages	10,575	7,390
Accrued time-bank	1,309	1,073
AMPA EBA	2,143	-

Non-Current Employee Benefits

Conditional LSL entitlements (Discounted) ¹	29,587	27,667
Total Employee Benefits	197,187	170,316

On-Costs

Current On-Costs	25,202	21,715
Non-Current On-Costs	4,778	4,469
Total On-Costs	29,980	26,184
Total Employee Benefits and Related On-Costs	227,167	196,500

3.2.2 Reconciliation of movement in LSL Provision (including On-Costs):

Balance at Beginning of Year	139,659	113,430
Provision made during the year	33,894	22,356
Revaluations	(8,125)	10,858
Settlement made during the year	(7,862)	(6,984)
Balance at End of Year	157,566	139,659

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

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.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 3.2: PROVISIONS (EMPLOYEE BENEFITS IN BALANCE SHEET) (Continued)**Wages and Salaries, Annual Leave, Sick Leave and Accrued Days Off**

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

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

Long Service Leave

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

Unconditional LSL (representing 10 or more years of continuous service) is disclosed in the notes to the financial statements as a current liability even where AV does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months. 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 eg. bond rate movements, inflation rate movements and changes in probability factors, which are then recognised as an other economic flow (Refer Note 8.9).

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 3.3 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	
	2017 \$'000	2016 \$'000	2017 \$'000	2016 \$'000
Defined Benefit Plans:				
Emergency Services Superannuation Fund	43,888	36,664	673	423
Defined Contribution Plans:				
Emergency Services Superannuation Fund	4,261	4,076	64	44
Other	1,494	1,345	30	12
Total	49,643	42,085	767	480

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.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2017

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 Property, Plant & Equipment
- 4.2 Intangible Assets
- 4.3 Depreciation and Amortisation
- 4.4 Investments and other financial assets

	2017 \$'000	2016 \$'000
NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT		
Land		
Land at Fair Value	81,660	71,380
Crown Land at Fair Value	19,467	17,203
Total Land	101,127	88,583
Buildings		
Buildings under Construction at Cost	3,815	3,754
Buildings at Fair Value	164,058	156,384
Less Accumulated Depreciation	(13,722)	(9,002)
Total Buildings	154,151	151,136
Leasehold Improvements		
Leasehold Improvements under Construction at Cost	832	28
Leasehold Improvements at Fair Value	12,672	11,933
Less Accumulated Amortisation	(7,580)	(6,303)
Total Leasehold Improvements	5,924	5,658
Plant and Equipment		
Plant and Equipment under Construction at Cost	6,489	1,517
Plant and Equipment at Fair Value	87,497	89,548
Less Accumulated Depreciation	(38,077)	(47,837)
Total Plant and Equipment	55,909	43,228
Office Furniture and Equipment		
Office Furniture and Equipment at Fair Value	908	886
Less Accumulated Depreciation	(740)	(678)
Total Office Furniture and Equipment	172	208
Motor Vehicles		
Motor Vehicles under Construction at Cost	7,997	10,207
Motor Vehicles at Fair Value	125,072	111,456
Less Accumulated Depreciation	(56,192)	(50,232)
Total Motor Vehicles	76,877	71,431
TOTAL PROPERTY, PLANT AND EQUIPMENT	394,160	360,244

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 7.2.

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.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT (Continued)

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 2015	77,424	146,570	6,124	17,250	276	69,362	317,006
Additions	850	9,360	963	30,801	31	19,816	61,821
Disposals	-	(94)	(91)	(124)	(12)	(3,100)	(3,420)
Transferred as Contributed Capital	(326)	-	-	-	-	-	(326)
Revaluation Increments/ (Decrements)	10,635	-	-	-	-	-	10,635
Net transfers between classes	-	(1)	1	7	(7)	-	-
Depreciation and Amortisation (Note 4.3)	-	(4,699)	(1,339)	(4,706)	(81)	(14,647)	(25,472)
Balance at 1 July 2016	88,583	151,136	5,658	43,228	208	71,431	360,244
Additions	3,128	8,510	1,559	21,715	39	25,111	60,062
Disposals	-	(561)	(10)	(1,321)	(1)	(3,790)	(5,683)
Assets Received Free of Charge	130	-	-	-	-	-	130
Revaluation Increments/ (Decrements)	9,286	-	-	-	-	-	9,286
Net transfers between classes	-	(5)	5	(3)	-	3	-
Depreciation and Amortisation (Note 4.3)	-	(4,929)	(1,288)	(7,710)	(74)	(15,878)	(29,879)
Balance at 30 June 2017	101,127	154,151	5,924	55,909	172	76,877	394,160

Revaluations of Non-Financial Physical Assets

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

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

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

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

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

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

Land and buildings carried at valuation

An independent valuation of AV's land and buildings was performed by the Valuer-General Victoria to determine the fair value of land and buildings effective at 30 June 2014. The valuation conformed to Australian Valuation Standards and was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. A managerial revaluation was also undertaken at 30 June 2016 following a material movement in fair value of land in 2015-16.

An annual management assessment of AV's land and buildings was undertaken in 2016-17, and no material movements in fair value was noted for buildings, however land was again assessed to be have moved materially and a managerial valuation was undertaken.

The effective date of the managerial valuation of land is 30 June 2017.

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

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

An annual assessment of AV's Plant and Equipment, Office Furniture and Equipment and Motor Vehicles was undertaken in 2016-17, and no material movements in fair value were noted.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

	NOTE	2017 \$'000	2016 \$'000
NOTE 4.2: INTANGIBLE ASSETS			
Software and Development Costs Capitalised		26,599	24,158
Less Accumulated Amortisation		(18,844)	(19,730)
TOTAL INTANGIBLE ASSETS		7,755	4,428

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 2015		4,096
Additions		1,813
Amortisation	4.3	(1,481)
Balance at 1 July 2016		4,428
Additions		5,093
Amortisation	4.3	(1,766)
Balance at 30 June 2017		7,755

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

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

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

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

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

	2017 \$'000	2016 \$'000
NOTE 4.3: DEPRECIATION AND AMORTISATION		
Depreciation		
Buildings	4,929	4,699
Plant and Equipment	7,710	4,706
Office Furniture and Equipment	74	81
Motor Vehicles	15,878	14,647
Total Depreciation	28,591	24,133
Amortisation		
Leasehold Improvements	1,288	1,339
Intangible Assets	1,766	1,481
Total Amortisation	3,054	2,820
TOTAL DEPRECIATION AND AMORTISATION	31,645	26,953

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 (2015-16: \$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:

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 4.3: DEPRECIATION AND AMORTISATION (Continued)

	2017	2016
Buildings	6 to 63 years	6 to 63 years
Building Components:		
. Structure Shell Building Fabric	63 years	63 years
. Site Engineering Service and Central Plant	27 years	27 years
. Fit Out	21 years	21 years
. Trunk Reticulated Building Systems	22 years	22 years
Leasehold Improvements	1 to 50 years	1 to 50 years
Plant & Equipment	1 to 13 years	1 to 13 years
Intangibles	2 to 4 years	2 to 4 years
Office Furniture & Equipment	3 to 11 years	3 to 11 years
Motor Vehicles	1 to 10 years	1 to 10 years

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

Amortisation

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

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

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

Intangible assets with finite useful lives are amortised over a 2-4 year period (2015-16: 2-4 year period).

	2017 \$'000	2016 \$'000
NOTE 4.4: INVESTMENTS AND OTHER FINANCIAL ASSETS		
Financial assets		
Term Deposits (> 3 months)	79,000	25,000
Total Financial Assets	<u>79,000</u>	<u>25,000</u>
Financial Liabilities		
Derivative Liability - Forward Exchange Contract ¹	-	(173)
Total Financial Liabilities	<u>-</u>	<u>(173)</u>
TOTAL FINANCIAL ASSETS & LIABILITIES	<u>79,000</u>	<u>24,827</u>

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

Investments are classified in the following categories:

- Receivables; 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.

Nature and Extent of Risk Arising From Financial Assets and Liabilities

Please refer to Note 7.1 for the nature and extent of credit risk arising from other financial assets and liabilities.

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.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

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 Payables

5.3 Other Provisions

5.4 Prepaid Income

NOTE 5.1: RECEIVABLES

	2017	2016
	\$'000	\$'000
Current		
Contractual		
Accrued Revenue	8,211	7,651
Sundry Debtors	2,375	2,566
Transport Debtors		
Patient Account	28,257	28,904
Department of Veteran Affairs	3,496	3,191
Hospital Transfers	5,800	5,193
Transport Accident Commission	468	1,072
WorkCover	1,917	1,899
Less Provision for Doubtful Debts		
Patient Account	(12,662)	(12,507)
Department of Veteran Affairs	(18)	(330)
Hospital Transfers	(21)	(222)
Transport Accident Commission	(1)	(10)
WorkCover	(316)	(322)
	<u>37,506</u>	<u>37,085</u>
Statutory		
DHHS - Grant ¹	-	46,640
GST Receivable	5,523	5,217
Total Current Receivables	<u>43,029</u>	<u>88,941</u>
Non-Current		
Statutory		
DHHS - Long Service Leave	90,233	72,550
Total Non Current Receivables	<u>90,233</u>	<u>72,550</u>
TOTAL RECEIVABLES	<u>133,262</u>	<u>161,491</u>
Movement in the Provision for Doubtful Debts		
Balance at Beginning of Year	13,391	17,088
Amounts written off during the year	(19,845)	(19,592)
Amounts recovered during the year	156	381
Increase in provision recognised in Net Result	19,316	15,514
Balance at End of Year	<u>13,018</u>	<u>13,391</u>

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

Receivables consist of:

- contractual receivables, classified as financial instruments and categorised as Receivables 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 are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments because they do not arise from a contract. Statutory receivables includes predominantly amounts owing from the Victorian Government and GST input tax credits recoverable.

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

Collectability of debts is assessed on an ongoing basis, and debts considered as written off and provision for doubtful receivables 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.

(b) Nature and Extent of Risk Arising From Receivables

Please refer to Note 7.1 for the nature and extent of credit risk arising from receivables.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

	2017 \$'000	2016 \$'000
NOTE 5.2: PAYABLES		
Current		
Contractual		
Trade Creditors	20,461	18,982
Accrued Expenses	27,663	24,364
Other Creditors	3,727	612
Total Current Payables	51,851	43,958
Non Current		
Contractual		
Other Creditors ¹	14,606	16,156
Total Non Current Payables	14,606	16,156
TOTAL PAYABLES	66,457	60,114

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

(a) Maturity Analysis of Payables

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

(b) Nature and Extent of Risk Arising From Payables

Please refer to Note 7.1 for the nature and extent of risks arising from Payables.

Payables consist of:

- contractual payables, classified as financial instruments and measured at amortised costs. Accounts payables represent liabilities for goods and services provided to AV prior to the end of the financial year that are unpaid; and
- 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 5.3: OTHER PROVISIONS**Non-Current**

Make Good Provision	3,531	3,179
TOTAL OTHER PROVISIONS	3,531	3,179

Movements in Make Good Provision:

Balance at Beginning of Year	3,179	3,072
Additional provisions recognised	654	117
Reductions arising from payments/other sacrifices of future economic benefits	(49)	(10)
Reductions resulting from remeasurement of settlement without cost	(122)	-
Unwind of discount and effect of changes in discount rate	(131)	-
Balance at End of Year	3,531	3,179

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.

NOTE 5.4: PREPAID INCOME**Current**

Prepaid Membership Income	45,045	42,327
Total Current Prepaid Income	45,045	42,327

Non-Current

Prepaid Membership Income	16,655	13,707
Total Non-Current Prepaid Income	16,655	13,707
TOTAL PREPAID INCOME	61,700	56,034

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

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 flow information and balances

6.2 Commitments for Expenditure

NOTE 6.1: CASH FLOW INFORMATION AND BALANCES**Note 6.1.1: CASH AND CASH EQUIVALENTS**

	2017 \$'000	2016 \$'000
Cash on Hand	83	81
Cash at Bank	29,372	13,368
Term Deposits (<3 Months)	19,500	30,500
TOTAL CASH AND CASH EQUIVALENTS	48,955	43,949

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

Net Result For The Year	14,182	13,248
Non Cash Movements		
Depreciation and Amortisation	31,645	26,953
Indirect Capital Contributions	(2,327)	(855)
Revaluation Decrement on Financial Assets	4,552	173
Assets Received Free of Charge	(130)	-
Movements Included in Investing and Financing Activities		
Net Loss from Sale of Property, Plant and Equipment	2,527	1,379
Net Loss on Settlement of Financial Instrument	50	739
Movements in Assets and Liabilities		
Change in Operating Assets and Liabilities		
(Decrease)/Increase in Provision for Make Good	352	107
(Decrease)/Increase in Provision for Doubtful Debts	(373)	(3,697)
(Increase)/Decrease in Receivables	24,050	(57,963)
(Increase)/Decrease in Inventories	(26)	(34)
(Increase)/Decrease in Prepayments	1,723	(2,220)
(Decrease)/Increase in Payables	6,343	12,918
(Decrease)/Increase in Employee Benefits	30,668	33,708
(Decrease)/Increase in Prepaid Income	5,666	3,241
NET CASH FLOW FROM/(USED IN) OPERATING ACTIVITIES	118,903	27,697

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 6.2: COMMITMENTS FOR EXPENDITURE

(a) Commitments	2017	2016
Capital Expenditure Commitments	\$'000	\$'000
<u>Payable:</u>		
Land and Buildings	6,611	2,033
Motor Vehicle & Fit Outs	9,381	6,355
Equipment and Technology Purchases	136	908
Total Capital Expenditure Commitments	16,128	9,296
Other Expenditure Commitments		
<u>Payable:</u>		
Transport Services	401,096	418,304
Membership Services	45,346	48,671
Metro Mobile Radio/Mobile Data Network	12,385	3,320
RAVNet Services	3,404	4,724
Biomedical Services	349	349
Other Services	383	482
Total Other Expenditure Commitments	462,963	475,850
Operating Lease Commitments		
Commitments in relation to leases contracted for at the reporting date:		
Operating Leases	59,183	63,069
Total Operating Lease Commitments	59,183	63,069
Total Commitments for Expenditure (inclusive of GST)	538,274	548,215
All amounts shown in the commitments note are nominal amounts inclusive of GST.		
(b) Commitments Payable		
Capital Expenditure Commitments		
Not Later than One Year	16,128	9,296
Total	16,128	9,296
Other Expenditure Commitments		
Not Later than One Year	73,418	62,116
Later than One Year and Not Later than 5 Years	241,963	240,719
Later than 5 Years	147,582	173,015
Total	462,963	475,850
Operating Leases Commitments		
<i>Non-Cancellable</i>		
Not Later than One Year	10,347	9,195
Later than One Year and Not Later than 5 Years	29,819	27,854
Later than 5 Years	19,017	26,020
Total	59,183	63,069
Total Commitments for Expenditure (inclusive of GST)	538,275	548,215
Less GST Recoverable from the Australian Taxation Office	(48,934)	(49,838)
Total Commitments for Expenditure (exclusive of GST)	489,341	498,377

During the 2016-17 financial year, the total paid and/or payable on rental expense relating to operating leases was \$7.910m (2015-16: \$8.020m).

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.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 7: RISKS, CONTINGENCIES AND VALUATION JUDGEMENTS

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 Fair value determination
- 7.3 Contingent assets and contingent liabilities

NOTE 7.1: FINANCIAL INSTRUMENTS

The main purpose in holding financial instruments is to prudently manage AV's financial risks within government policy parameters. AV's main financial risks include credit risk, liquidity risk and interest rate risk. AV manages these financial risks in accordance with its financial risk management policy.

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

AV's principal financial instruments comprise:

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

Details of the significant accounting policies and methods adopted, including the criteria for recognition and the basis of measurement with respect to each class of financial asset and financial liability are disclosed in Note 5 to the financial statements.

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*.

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

The following refers to financial instruments unless otherwise stated.

Categories of financial instruments

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

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

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

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

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

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

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

Impairment of Financial Assets

At the end of each reporting period AV assesses whether there is objective evidence that a financial asset or group of financial assets is impaired. Objective evidence includes financial difficulties of the debtor, length of time overdue, and changes in debtor credit ratings. All financial 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.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 7.1: FINANCIAL INSTRUMENTS (Continued)**NOTE 7.1.1: Categorisation of Financial Instruments**

		Contractual Financial Assets - Receivables	Contractual Financial Liabilities Designated at Fair Value through Profit/Loss	Contractual Financial Liabilities at Amortised Cost	Total
	Note	\$'000	\$'000	\$'000	\$'000
2017					
Contractual Financial Assets					
Cash and Cash Equivalents	6.1.1	48,955	-	-	48,955
Receivables					
Receivables	5.1	37,506	-	-	37,506
Term Deposits (>3 months)	4.4	79,000	-	-	79,000
Total Financial Assets⁽ⁱ⁾		165,461	-	-	165,461
Financial Liabilities					
Payables	5.2	-	-	66,457	66,457
Derivative Liability	4.4				
Forward Exchange Contract		-	-	-	-
Total Financial Liabilities⁽ⁱⁱ⁾		-	-	66,457	66,457
2016					
Contractual Financial Assets					
Cash and Cash Equivalents	6.1.1	43,949	-	-	43,949
Receivables					
Receivables	5.1	37,085	-	-	37,085
Term Deposits (>3 months)	4.4	25,000	-	-	25,000
Total Financial Assets⁽ⁱ⁾		106,034	-	-	106,034
Financial Liabilities					
Payables	5.2	-	-	60,114	60,114
Derivative Liability	4.4				
Forward Exchange Contract		-	173	-	173
Total Financial Liabilities⁽ⁱⁱ⁾		-	173	60,114	60,287

(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 7.1.2: Net Holding Gain/(Loss) on Financial Instruments by Category

	Net holding gain/(loss)	Total interest income / (expense)	Total
	\$'000	\$'000	\$'000
2017			
Financial Assets			
Cash and Cash Equivalents	-	3,539	3,539
Receivables	-	(19,316)	(19,316)
Total Financial Assets	-	(15,777)	(15,777)
Financial Liabilities			
Derivative Liability	-	(50)	(50)
Total Financial Liabilities	-	(50)	(50)
2016			
Financial Assets			
Cash and Cash Equivalents	-	3,207	3,207
Receivables	-	(15,514)	(15,514)
Total Financial Assets	-	(12,307)	(12,307)
Financial Liabilities			
Derivative Liability	(173)	-	(173)
Total Financial Liabilities	(173)	-	(173)

The net holding gains or losses disclosed above are determined as follows:

- For cash and cash equivalents, loans and receivables and available-for-sale financial assets, the net gain or loss is calculated by taking the interest revenue, the movement in the fair value of the asset and minus any impairment recognised in the net result.
- For financial liabilities measured at amortised cost, the net gain or loss is calculated by taking the interest expense, plus or minus foreign exchange gains or losses arising from the revaluation of financial liabilities measured at amortised cost

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 7.1: FINANCIAL INSTRUMENTS (Continued)**Note 7.1.3: Financial Risk Management Objectives and Policies****Credit Risk**

Credit risk associated with AV's contractual financial assets largely relates to individuals who have received ambulance transport, which is dispersed across a large number of individual debtors. AV's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to AV. AV manages the credit risk through ongoing debt recovery action and the review of the collectability of receivables by debtor recovery measures and/or payment by instalments.

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

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

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents AV's maximum exposure to credit risk.

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

	Financial institutions (AA- to A- credit rating)	Government agencies (AA credit rating)	Other	Total
	\$'000	\$'000	\$'000	\$'000
2017				
Financial Assets				
Cash and Cash Equivalents	48,871.94	-	83	48,955
Receivables				
Receivables ⁽ⁱ⁾	-	5,891	31,615	37,506
Term Deposits (>3 months)	79,000	-	-	79,000
Total Financial Assets	127,872	5,891	31,698	165,461
2016				
Financial Assets				
Cash and Cash Equivalents	43,949	-	-	43,949
Receivables				
Receivables	-	-	28,642	28,642
Term Deposits (>3 months)	25,000	-	-	25,000
Total Financial Assets	68,949	-	28,642	97,591

(i) The total amounts disclosed here exclude statutory amounts.

Ageing Analysis of Financial Assets as at 30 June

	Carrying Amount	Not Past Due and Not Impaired	Past Due But Not Impaired			Impaired Financial Assets
	\$'000	\$'000	Less than 1 month	1 to 3 months	3 months to 1 year	\$'000
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
2017						
Financial Assets						
Cash and Cash Equivalents	48,955	48,955	-	-	-	-
Receivables						
Receivables	37,506	26,279	-	6,033	5,194	13,018
Term Deposits (>3 months)	79,000	79,000	-	-	-	-
Total Financial Assets	165,461	154,234	-	6,033	5,194	13,018
2016						
Financial Assets						
Cash and Cash Equivalents	43,949	43,949	-	-	-	-
Receivables						
Receivables	28,642	42,033	-	-	-	13,391
Term Deposits (>3 months)	25,000	25,000	-	-	-	-
Total Financial Assets	97,591	110,982	-	-	-	13,391

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. The ageing analysis table above discloses the ageing only of contractual financial assets that are past due but not impaired.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 7.1: FINANCIAL INSTRUMENTS (Continued)**Note 7.1.3: Financial Risk Management Objectives and Policies****Liquidity Risk**

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

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

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

Maturity Analysis of Financial Liabilities as at 30 June

	Note	Maturity Dates					
		Carrying Amount \$'000	Nominal Amount \$'000	Less than 1 month \$'000	1 to 3 months \$'000	3 months to 1 year \$'000	1 to 5 Years \$'000
2017							
Financial Liabilities							
Payables	5.2						
Trade Creditors		20,461	20,461	20,461	-	-	-
Accrued Expenses		27,663	27,663	27,663	-	-	-
Other Creditors ¹		18,333	18,333	496	-	3,231	14,606
Derivative Liability	4.4						
Forward Exchange Contract		-	-	-	-	-	-
Total Financial Liabilities		66,457	66,457	48,620	-	3,231	14,606
2016							
Financial Liabilities							
Payables	5.2						
Trade Creditors		18,982	18,982	18,982	-	-	-
Accrued Expenses		24,364	24,364	24,364	-	-	-
Other Creditors		16,768	16,768	612	-	-	16,156
Derivative Liability	4.4						
Forward Exchange Contract		173	173	24	-	113	37
Total Financial Liabilities		60,287	60,287	43,982	-	113	16,193

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

Market Risk

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

Currency Risk

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

Interest Rate Risk

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

Cash flow interest risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in market interest rates. AV has minimal exposure to cash flow interest rate risks through its cash holdings that are at floating rates.

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

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 7.1: FINANCIAL INSTRUMENTS (Continued)**Note 7.1.3: Financial Risk Management Objectives and Policies****Interest Rate Exposure of Financial Assets and Liabilities as at 30 June**

			Interest Rate Exposure			
		Weighted	Carrying	Fixed Interest	Variable	Non Interest
	Note	Average	Amount	Rate	Interest Rate	Bearing
		Effective				
		Interest Rates				
		(%)	\$'000	\$'000	\$'000	\$'000
2017						
Financial Assets						
Cash and Cash Equivalents	6.1.1					
Cash on Hand			83	-	-	83
Cash at Bank		1.77	29,372	-	29,372	-
Term Deposits (<3 Months)		1.75	19,500	-	19,500	-
Receivables						
Receivables	5.1		37,506	-	-	37,506
Term Deposits (>3 Months)	4.4	2.60	79,000	79,000	-	-
			<u>165,461</u>	<u>79,000</u>	<u>48,872</u>	<u>37,589</u>
Financial Liabilities						
Payables	5.2		66,457	-	-	66,457
Derivative Liability			-	-	-	-
			<u>66,457</u>	<u>-</u>	<u>-</u>	<u>66,457</u>
2016						
Financial Assets						
Cash and Cash Equivalents	6.1.1					
Cash on Hand			81	-	-	81
Cash at Bank		1.80	13,368	-	13,368	-
Term Deposits (<3 Months)		2.47	30,500	30,500	-	-
Receivables						
Receivables	5.1		37,085	-	-	37,085
Term Deposits (>3 Months)	4.4	3.00	25,000	-	25,000	-
			<u>106,034</u>	<u>30,500</u>	<u>38,368</u>	<u>37,166</u>
Financial Liabilities						
Payables	5.2		60,114	-	-	60,114
Derivative Liability	4.4		173	-	-	173
			<u>60,287</u>	<u>-</u>	<u>-</u>	<u>60,287</u>

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

Sensitivity Disclosure Analysis

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

- A parallel shift of +1% and -1% in market interest rates (AUD) from year end rates of 1.50% (2015-16: 1.75%).

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

			Interest Rate Risk			
		Carrying	-1%		+1%	
	Note	Amount	Net Result	Equity	Net Result	Equity
		\$'000	\$'000	\$'000	\$'000	\$'000
2017						
Financial Assets						
Cash and Cash Equivalents	6.1.1					
Cash on Hand		83	-	-	-	-
Cash at Bank		29,372	(294)	(294)	294	294
Term Deposits (<3 Months)		19,500	(195)	(195)	195	195
Receivables						
Receivables	5.1	37,506	-	-	-	-
Term Deposits (>3 Months)	4.4	79,000	-	-	-	-
Financial Liabilities						
Payables	5.2	66,457	-	-	-	-
			<u>(489)</u>	<u>(489)</u>	<u>489</u>	<u>489</u>

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

Note 7.1.3: Financial Risk Management Objectives and Policies (Continued)

		Interest Rate Risk			
		Carrying Amount	Net Result	-1% Equity	+1% Equity
	Note	\$'000	\$'000	\$'000	\$'000
2016					
Financial Assets					
Cash and Cash Equivalents	6.1.1				
Cash on Hand		81	-	-	-
Cash at Bank		13,368	(134)	(134)	134
Term Deposits (<3 Months)		30,500	(414)	(414)	414
Receivables					
Receivables	5.1	37,085	-	-	-
Term Deposits (>3 Months)	4.4	25,000	(50)	(50)	50
Financial Liabilities					
Payables	5.2	60,114	-	-	-
Derivative Liability	4.4	173	-	-	-
			(598)	(598)	598

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

NOTE 7.2: FAIR VALUE DETERMINATION

This section sets out information on how AV determined fair value for financial reporting purposes. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The following assets and liabilities are carried at fair value:

- financial assets and liabilities at fair value through operating result; and
- land, buildings, infrastructure, plant, equipment, office furniture and vehicles.

In addition, the fair values of other assets and liabilities that are carried at amortised cost, also need to be determined for disclosure purposes. AV determines the policies and procedures for determining fair values for both financial and non-financial assets and liabilities as required.

Fair value hierarchy

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

Level 1 - the fair value of financial instrument with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices;

Level 2 - the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly or indirectly; and

Level 3 - the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

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

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

Comparison Between Carrying Amount and Fair Value

	Carrying Amount 2017 \$'000	Fair Value 2017 \$'000	Carrying Amount 2016 \$'000	Fair Value 2016 \$'000
Financial Assets				
Cash and Cash Equivalents	48,955	48,955	43,949	43,949
Receivables	116,506	116,506	62,085	62,085
Total Financial Assets	165,461	165,461	106,034	106,034
Financial Liabilities				
Payables	66,457	66,457	60,114	60,114
Derivative Liability	-	-	173	173
Total Financial Liabilities	66,457	66,457	60,287	60,287

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

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 7.2: FAIR VALUE DETERMINATION (Continued)**Financial assets measured at fair value as at 30 June**

	Carrying Amount \$'000	Fair Value Measurement at end of Reporting Period Using:		
		Level 1	Level 2	Level 3
2017				
Financial Assets				
Receivables				
Receivables	37,506	37,506		
Term Deposits (>3 Months)	79,000	79,000	-	-
Total Financial Assets	116,506	116,506	-	-

2016**Financial Assets**

Receivables				
Receivables	37,085	37,085		
Term Deposits (>3 Months)	25,000	25,000	-	-
Total Financial Assets	62,085	62,085	-	-

There have been no transfers between levels during the period.

Non-financial assets measured at fair value as at 30 June

	Carrying Amount \$'000	Fair Value Measurement at end of Reporting Period Using:		
		Level 1	Level 2	Level 3
2017				
Land at Fair Value				
Non-Specialised Land	1,391	-	1,391	-
Specialised Land	99,736	-	-	99,736
Total Land at Fair Value	101,127	-	1,391	99,736
Buildings at Fair Value				
Non-Specialised Buildings	1,131	-	1,131	-
Specialised Buildings	153,020	-	-	153,020
Total Buildings at Fair Value	154,151	-	1,131	153,020
Leasehold Improvements at Fair Value				
Leasehold Improvements	5,924	-	-	5,924
Total Leasehold Improvements at Fair Value	5,924	-	-	5,924
Plant & Equipment at Fair Value				
Plant & Equipment	55,909	-	-	55,909
Total Plant & Equipment at Fair Value	55,909	-	-	55,909
Office Furniture & Equipment at Fair Value				
Office Furniture & Equipment	172	-	-	172
Total Office Furniture & Equipment at Fair Value	172	-	-	172
Motor Vehicles at Fair Value				
Motor Vehicles	76,877	-	-	76,877
Total Motor Vehicles at Fair Value	76,877	-	-	76,877
	394,161	-	2,522	391,638

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 7.2: FAIR VALUE DETERMINATION (Continued)**Non-financial assets measured at fair value as at 30 June (Continued)**

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

Non-Specialised Land and Non-Specialised Buildings

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

For non-specialised land and non-specialised buildings, an independent valuation was performed by independent valuers, Valuer-General Victoria, to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 2014. However managerial valuations were undertaken in 2015-16 and 2016-17 following material movements in the fair value of land.

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

Specialised Land and Specialised Buildings

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

The CSO adjustment is 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 2014, however a managerial valuation was undertaken as at 30 June 2016 and 30 June 2017, using Valuer-General Victoria land indices following a material movement in the fair value of land.

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

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 7.2: FAIR VALUE DETERMINATION (Continued)**Non-financial assets measured at fair value as at 30 June (Continued)****Motor Vehicles**

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

Plant and Equipment and Office Furniture and Equipment

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

There were no changes in valuation techniques throughout the year to 30 June 2017.

For all assets measured at fair value, the current use is considered the highest and best use.

(d) Reconciliation of Level 3 Fair Value

	Land	Buildings	Leasehold Improvements	Plant and Equipment	Office Furniture and Equipment	Motor Vehicles
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2015	76,800	145,908	6,124	17,250	276	69,362
Purchases/(Sales)	(82)	8,704	872	30,677	19	16,716
Reclassification	-	(1)	1	7	(7)	-
Gains or Losses Recognised in Net Result						
- Depreciation	-	(4,699)	(1,339)	(4,706)	(81)	(14,647)
Subtotal	-	(4,699)	(1,339)	(4,706)	(81)	(14,647)
Items recognised in Other Comprehensive Income						
- Revaluation	10,578	-	-	-	-	-
Subtotal	10,578	-	-	-	-	-
Balance at 30 June 2016	87,296	149,912	5,658	43,228	208	71,431
Balance at 1 July 2016	87,296	149,912	5,658	43,228	208	71,431
Purchases/(Sales)	3,259	8,043	1,549	20,394	38	21,321
Reclassification	-	(5)	5	(3)	-	3
Gains or Losses Recognised in Net Result						
- Depreciation	-	(4,929)	(1,288)	(7,710)	(74)	(15,878)
Subtotal	-	(4,929)	(1,288)	(7,710)	(74)	(15,878)
Items recognised in Other Comprehensive Income						
- Revaluation	9,180	-	-	-	-	-
Subtotal	9,180	-	-	-	-	-
Balance at 30 June 2017	99,736	153,020	5,924	55,909	172	76,877

Description of Significant Unobservable Inputs to Level 3 Valuations

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

NOTE 7.3: CONTINGENT ASSETS AND CONTINGENT LIABILITIES

Two contingent liabilities have been recognised in 2016-17. A lawsuit in which AV is the defendant; a claim has arisen from a former employee alleging underpayment of wages. The potential amount of future payments AV could be required to make if there was an adverse decision is estimated up to \$0.3m. AV has also been summoned by WorkSafe Victoria in relation to alleged improper work practice. The potential amount of future payment is not quantifiable. As at 30 June 2017, there has been no change in the probability of the outcomes in both matters (2016-17: Nil).

There were no contingent assets as at 30 June 2017 (2015-16: 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.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

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 Equity
- 8.2 Responsible persons disclosures
- 8.3 Executive officer disclosures
- 8.4 Related parties
- 8.5 Remuneration of auditors
- 8.6 Ex-gratia expenses
- 8.7 Segment Reporting
- 8.8 Subsequent Events
- 8.9 Alternative presentation of comprehensive operating statement
- 8.10 New accounting standards and interpretations
- 8.11 Glossary of terms and style conventions

NOTE 8.1: EQUITY

	2017	2016
	\$'000	\$'000
(a) Property, Plant and Equipment Revaluation Reserve		
Balance at Beginning of Reporting Year	38,578	27,943
Revaluation Increments		
- Land	9,286	10,635
- Buildings	-	-
Balance at the End of Reporting Year	47,864	38,578

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

(b) Contributed Capital

Balance at Beginning of Reporting Year	188,119	188,445
Capital Contributions Returned to Victorian Government	-	(326)
Balance at the End of Reporting Year	188,119	188,119

(c) Accumulated Surpluses

Balance at Beginning of Reporting Year	59,060	45,812
Net Result for the Year	14,182	13,248
Balance at the End of Reporting Year	73,242	59,060

Contributed Capital

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

NOTE 8.2: RESPONSIBLE PERSONS DISCLOSURES

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

	Period	
Responsible Minister		
The Hon Jill Hennessy MLA, Minister for Ambulance Services, Minister for Health	1 July 2016 to 30 June 2017	
Governing Board		
Mr Ken Lay AO (Chair)	1 July 2016 to 30 June 2017	
Ms Tasneem Chopra	1 July 2016 to 30 June 2017	
Ms Susanne Clarke	1 July 2016 to 30 June 2017	
Ms Suzanne Evans	1 July 2016 to 30 June 2017	
Dr Joanna Flynn AM	1 July 2016 to 30 June 2017	
Mr Ian Forsyth	1 July 2016 to 30 June 2017	
Mr Michael Gorton AM	1 July 2016 to 30 June 2017	
Mr Peter Lewinsky	1 July 2016 to 30 June 2017	
Mr Greg Smith AM	1 July 2016 to 30 June 2017	
Accountable Officer		
Assoc Prof Tony Walker ASM	1 July 2016 to 30 June 2017	
Remuneration of Responsible Persons		
The number of Responsible Persons are shown below in their relevant income bands:		
	2017	2016
	No.	No.
\$0 - \$9,999	-	1
\$20,000 - \$29,999	-	8
\$40,000 - \$49,999	8	-
\$60,000 - \$69,999	-	1
\$110,000 - \$119,999	1	-
\$380,000 - \$389,999	-	1
\$420,000 - \$429,999	1	-
Total Number	10	11
Total Remuneration (\$'000)	893	630

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2017

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.

Several factors affected total remuneration payable to executives over the year. A number of employment contracts were completed and renegotiated and a number of executive positions were realigned in the past year.

	2017 \$'000	2016 ¹ \$'000
Remuneration of Executive Officers (including Key Management Personnel disclosed in Note 8.4)		
Short term employee benefits	3,616	na
Post-employment benefits	330	na
Other long-term benefits	112	na
Total Remuneration	4,058	na
Total Number of Executives²	19	13
Total Annualised Employee Equivalent³	15.74	11.10

¹ No comparatives have been reported because remuneration in the prior year was determined in line with the basis and definition under FRD 21B. Remuneration previously excluded non-monetary benefits and comprised any money, consideration or benefit received or receivable, excluding reimbursement of out-of-pocket expenses, including any amount received or receivable from a related party transaction. Refer to the prior year's financial statements for executive remuneration for the 2015-16 reporting period.

² 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* s and are also reported within the related parties note disclosure (Note 8.4).

³ 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.

Significant transactions with government-related entities	2017 \$'000
During the year, AV had the following government-related entity transactions:	
Government Grants from DHHS	666,995
Government Grants from DJR	9,409
Service Fees from TAC	12,284
Transport Revenue from Victorian public hospitals	28,140
Transport Revenue received from TAC	26,971
Transport Revenue from WorkSafe	6,294
Insurance Premium paid to VMIA	1,362
Training Fees from the Country Fire Authority (CFA)	302

Key management personnel (KMP) of AV includes Cabinet Ministers, the Portfolio Minister, Hon Jill Hennessy MLA, AV Board (refer Note 8.2), AV CEO, Tony Walker, and members of the AV Executive Committee, which includes:

Chief Operating Officer, Mark Rogers
Executive Director Emergency Operations, Michael Stephenson
Executive Director Corporate Services, Rob Barr
Executive Director People and Culture, Rebecca Hodges
Executive Director Strategy and Transformation, Craig Howard
Executive Director Communications & Stakeholder Engagement, Kate Bradstreet
Executive Director Quality & Patient Experience, Nicola Reinders
Chief Information Officer, Mark Gardiner
Medical Director, Stephen Bernard
Governance Advisor & Board Secretary, Robyn Weatherly
Chief of Staff, Danielle North

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2017

NOTE 8.4: RELATED PARTIES (Continued)

The compensation detailed below excludes the salaries and benefits the Portfolio Ministers and Cabinet 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.

	2017
	\$'000
Compensation of KMPs	
Short term employee benefits	2,509
Post-employment benefits	213
Other long-term benefits	152
Total ¹	2,874

¹ The compensation of certain KMPs are also reported in the disclosure of responsible persons (Note 8.2) and executive officers (Note 8.3).

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, is also a Director of the Australasian College for Emergency Medicine (ACEM) and Principal of Russell Kennedy Lawyers. During the year, Russell Kennedy Lawyers and ACME provided services to AV under terms and conditions equivalent for those that prevail in arm's length transactions under the AV's procurement process. Russell Kennedy Lawyers provided legal services totalling \$47,839, while ACME provided advertising services totalling \$1,815.

During the year, AV paid \$91,580 and \$12,280 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.

During the year, AV paid superannuation contributions to Emergency Services Superannuation Fund, an entity of which Mr Michael Stephenson, a member of the AV Executive Committee, is a Board member representing AV. The superannuation contribution included defined contribution and defined benefits superannuation plans as determined based on employees' entitlements as disclosed in Note 3.3 to the financial statements.

	2017	2016
	\$'000	\$'000
NOTE 8.5: REMUNERATION OF AUDITORS		
Victorian Auditor-General's Office		
Audit or review of financial statements	178	186
Other Providers		
Internal audit services	295	398
Fraud Risk Assessment services	71	-
Other	57	118
TOTAL	601	702

NOTE 8.6: EX GRATIA PAYMENTS¹

There have been no ex gratia payments during 2016-17 (2015-16: Nil).²

¹ Includes ex-gratia expenses greater than or equal to \$5,000 or those considered material in nature.

² Forgiveness of transport fees debt to individuals due to excessive financial hardship and have been recognised in the Comprehensive Operating Statement under 'Bad & Doubtful Debts'

NOTE 8.7: SEGMENT REPORTING

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

NOTE 8.8: SUBSEQUENT EVENTS

The ballot for the Ambulance Victoria (Management and Administrative Staff) Enterprise Agreement 2017 closed on 10 July 2017, and the proposed Agreement was approved by a valid majority of employees. A provision for the associated increases has been recognised in Employee Benefits.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 8.9 ALTERNATIVE PRESENTATION OF COMPREHENSIVE OPERATING STATEMENT

	NOTE	2017	2016
		\$'000	\$'000
REVENUE FROM TRANSACTIONS			
Grants and Service Fees			
Operating	2.1.1, 2.1.2	637,198	528,272
Capital	2.1.1, 2.1.2	51,504	36,853
Transport Revenue	2.1.3	169,786	161,628
Membership Scheme Revenue	2.1.4	79,485	73,416
Interest	2.1	3,539	3,207
Other Income ¹	2.1.5	10,150	5,657
Assets Received Free of Charge	2.2	130	-
TOTAL REVENUE FROM TRANSACTIONS		951,792	809,033
EXPENSES FROM TRANSACTIONS			
Employee Benefits	3.1.a	(644,612)	(532,629)
Operating Expenses			
Contract Payments and Services	3.1.b	(150,697)	(128,884)
Supplies and Services	3.1.c	(55,951)	(45,743)
Maintenance	3.1.d	(18,749)	(17,379)
Bad and Doubtful Debts	3.1.e	(19,316)	(15,514)
Other Operating Expenses	3.1.f	(17,636)	(15,534)
Depreciation and Amortisation	4.3	(31,645)	(26,953)
TOTAL EXPENSES FROM TRANSACTIONS		(938,606)	(782,636)
NET RESULT FROM TRANSACTIONS		13,186	26,397
OTHER ECONOMIC FLOWS INCLUDED IN NET RESULT			
Net Gain/(Loss) on Disposal of Non-Financial Assets	2.1.6	(2,527)	(1,379)
Revaluation of Financial Instruments at Fair Value	2.1	-	(173)
Net Gain/(Loss) on Financial Assets	3.1.g	(4,602)	(739)
Revaluation of Long Service Leave	3.1.a	8,125	(10,858)
NET RESULT FOR THE YEAR		14,182	13,248
OTHER COMPREHENSIVE INCOME/(LOSS)			
Items that may be reclassified subsequent to net result			
Net Fair Value Gain on Non Financial Assets	8.1	9,286	10,635
		9,286	10,635
COMPREHENSIVE RESULT FOR THE YEAR		23,468	23,883

¹ Includes Property Rental (refer Note 2.1)

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 8.10: New Accounting Standards and Interpretations**New Accounting Standards and Interpretations**

Certain new Australian accounting standards and interpretations have been published that are not mandatory for the 30 June 2017 financial year. As at 30 June 2017, 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 9 <i>Financial Instruments</i>	The key changes include the simplified requirements for the classification and measurement of financial assets, a new hedging accounting model and a revised impairment loss model to recognise impairment losses earlier, as opposed to the current approach that recognises impairment only when incurred.	1 Jan 2018	The assessment has identified that the amendments are likely to result in earlier recognition of impairment losses and at more regular intervals. While there will be no significant impact arising from AASB 9, there will be a change to the way financial instruments are disclosed.
AASB 2010-7 <i>Amendments to Australian Accounting Standards arising from AASB 9</i> (December 2010)	The requirements for classifying and measuring financial liabilities were added to AASB 9. The existing requirements for the classification of financial liabilities and the ability to use the fair value option have been retained. However, where the fair value option is used for financial liabilities the change in fair value is accounted for as follows: <ul style="list-style-type: none"> • The change in fair value attributable to changes in credit risk is presented in other comprehensive income (OCI); and • Other fair value changes are presented in profit and loss. If this approach creates or enlarges an accounting mismatch in the profit or loss, the effect of the changes in credit risk are also presented in profit or loss. 	1 Jan 2018	The assessment has identified that the financial impact of available for sale (AFS) assets will now be reported through other comprehensive income (OCI) and no longer recycled to the profit and loss. Changes in own credit risk in respect of liabilities designated at fair value through profit and loss will now be presented within other comprehensive income (OCI). Hedge accounting will be more closely aligned with common risk management practices making it easier to have an effective hedge.
AASB 2014-1 <i>Amendments to Australian Accounting Standards [Part E Financial Instruments]</i>	Amends various AASs to reflect the AASB's decision to defer the mandatory application date of AASB 9 to annual reporting periods beginning on or after 1 January 2018 as a consequence of Chapter 6 Hedge Accounting, and to amend reduced disclosure requirements.	1 Jan 2018	This amending standard will defer the application period of AASB 9 to the 2018-19 reporting period in accordance with the transition requirements.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 8.10: New Accounting Standards and Interpretations (Continued)

Standard/Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on public sector entity financial statements
AASB 2014-7 <i>Amendments to Australian Accounting Standards arising from AASB 9</i>	Amends various AASBs to incorporate the consequential amendments arising from the issuance of AASB 9.	1 Jan 2018	The assessment has indicated that there will be no significant impact for AV.
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.	1 Jan 2018	The changes in revenue recognition requirements in AASB 15 may result in changes to the timing and amount of revenue recorded in the financial statements. The Standard will also require additional disclosures on service revenue and contract modifications.
AASB 2014-5 <i>Amendments to Australian Accounting Standards arising from AASB 15</i>	Amends the measurement of trade receivables and the recognition of dividends. Trade receivables that do not have a significant financing component, are to be measured at their transaction price, at initial recognition. Dividends are recognised in the profit and loss only when: <ul style="list-style-type: none"> the entity's right to receive payment of the dividend is established; it is probable that the economic benefits associated with the dividend will flow to the entity; and the amount can be measured reliably. 	1 Jan 2017, except amendments to AASB 9 (Dec 2009) and AASB 9 (Dec 2010) apply from 1 Jan 2018	The assessment has indicated that there will be no significant impact for AV.
AASB 2016-3 <i>Amendments to Australian Accounting Standards – Clarifications to AASB 15</i>	This Standard amends AASB 15 to clarify the requirements on identifying performance obligations, principal versus agent considerations and the timing of recognising revenue from granting a licence. The amendments require: <ul style="list-style-type: none"> A promise to transfer to a customer a good or service that is 'distinct' to be recognised as a separate performance obligation; For items purchased online, the entity is a principal if it obtains control of the good or service prior to transferring to the customer; and For licences identified as being distinct from other goods or services in a contract, entities need to determine whether the licence transfers to the customer over time (right to use) or at a point in time (right to access). 	1 Jan 2018	The assessment has indicated that there will be no significant impact for AV, other than the impact identified for AASB 15 above.
AASB 2016-7 <i>Amendments to Australian Accounting Standards – Deferral of AASB 15 for Not-for-Profit Entities</i>	This Standard defers the mandatory effective date of AASB 15 for not-for-profit entities from 1 January 2018 to 1 January 2019.	1 Jan 2019	This amending standard will defer the application period of AASB 15 for not-for-profit entities to the 2019-20 reporting period.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 8.10: 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 current not recognised) on balance sheet.	1 Jan 2019	The assessment has indicated that as most operating leases will come on balance sheet, recognition of the right-of-use assets and lease liabilities will cause net debt to increase. Rather than expensing the lease payments, depreciation of right-of-use assets and interest on lease liabilities will be recognised in the income statement with marginal impact on the operating surplus. No change for lessors.
AASB 2016-4 <i>Amendments to Australian Accounting Standards – Recoverable Amount of Non-Cash-Generating Specialised Assets of Not-for-Profit Entities</i>	The standard amends AASB 136 <i>Impairment of Assets</i> to remove references to using depreciated replacement cost (DRC) as a measure of value in use for not-for-profit entities.	1 Jan 2017	The assessment has indicated that there is minimal impact. Given the specialised nature and restrictions of public sector assets, the existing use is presumed to be the highest and best use (HBU), hence current replacement cost under AASB 13 <i>Fair Value Measurement</i> is the same as the depreciated replacement cost concept under AASB 136.
AASB 1058 <i>Income of Not-for-Profit Entities</i>	This standard replaces AASB 1004 <i>Contributions</i> and establishes revenue recognition principles for transactions where the consideration to acquire an asset is significantly less than fair value to enable to not-for-profit entity to further its objectives.	1 Jan 2019	The assessment has indicated that revenue from capital grants that are provided under an enforceable agreement that have sufficiently specific obligations, will now be deferred and recognised as performance obligations are satisfied. As a result, the timing recognition of revenue will change.

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 2016-17 reporting period. In general, these amending standards include editorial and references changes that are expected to have insignificant impacts on public sector reporting.

1. For the current year, given the number of consequential amendments to AASB 9 *Financial Instruments* and AASB 15 *Revenue from Contracts with Customers*, the standards/interpretations have been grouped together to provide a more relevant view of the upcoming changes.

NOTE 8.11: 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'.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 8.11: Glossary of Terms and Style Conventions (Continued)

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 expenses

Ex-gratia expenses 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 favorable to the entity; or
- (d) a contract that will or may be settled in the entity's own equity instruments and is:
 - a non-derivative for which the entity is or may be obliged to receive a variable number of the entity's own equity instruments; or
 - a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments.

Financial instrument

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

Financial liability

A financial liability is any liability that is:

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

Financial statements

A complete set of financial statements comprises:

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

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 8.11: Glossary of Terms and Style Conventions (Continued)

Grants and other transfers

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

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

Intangible produced assets

Refer to produced assets in this glossary.

Intangible non-produced assets

Refer to non-produced asset in this glossary.

Interest expense

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

Interest income

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

Liabilities

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

Net acquisition of non-financial assets (from transactions)

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

Net result

Net result is a measure of financial performance of the operations for the period. It is the net result of items of income, gains and expenses (including losses) recognised for the period, excluding those that are classified as 'other comprehensive income'. Net result from transactions/net operating balance Net result from transactions or net operating balance is a key fiscal aggregate and is income from transactions minus expenses from transactions. It is a summary measure of the ongoing sustainability of operations. It excludes gains and losses resulting from changes in price levels and other changes in the volume of assets.

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.

NOTES TO THE FINANCIAL STATEMENTS

For the Financial Year Ended 30 June 2017

NOTE 8.11: Glossary of Terms and Style Conventions (Continued)

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 startup 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

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