Ambulance
Victoria

Ambulance Victoria
2017-2018 Annual Report

ambulance.vic.gov.au

Contents

Our Charter

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

AV is required by the Ambulance Services Act 1986 to:

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

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

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

Chair's Report

This year has seen some of the best performance results achieved for our patients and for our people. We have recorded a Code 1 response time performance of 81.8 per cent, the strongest performance reported since 2008–2009.

The Federal Government's annual Productivity Commission report identified Ambulance Victoria in delivering the greatest improvement in statewide response times, and the only ambulance service nationally to improve Code 1 response times in major cities.

We have continued to deliver on the Victorian Government's $500 million-plus investment, with the recruitment of 170 paramedics, taking to 350 the total of additional paramedics recruited in response to the Government announcement.

These additional paramedics, combined with the first full year of implementation of the Clinical Response Model, have continued to deliver better health outcomes for our patients and the broader community.

Aligned to our Strategic Plan, we introduced a new Patient Care Commitment that sits at the heart of everything we do, and are delivering this through our new strategic quality framework, Best Care. Best Care was developed through engagement with our Community Advisory and Quality Committees and targets zero patient harm incidents, placing patients at the centre of our care. Importantly, continued health and safety initiatives have also seen significant improvements in the health and wellbeing of our people.

This year we created more opportunities to listen to our communities across Victoria about their needs and expectations, and fostered a culture that puts our patients and communities at the centre of what we do.

Survival rates of shockable cardiac arrest to discharge reached 32.3 per cent this year, meaning that 194 of these patients are now at home with their families and loved ones.

Continued advancements in our response to patients suffering from stroke or heart attack are seeing significant improvements in the health outcomes within the community.

Working alongside and engaging with our communities leads to informed decisions, the development of local emergency health care approaches and opportunities to share knowledge, experience and solutions.

We know we can't serve our communities, save lives and achieve good health outcomes for Victorians by doing it alone. We are better together.

As we look to the future there are tremendous opportunities. Next year we will launch our Diversity and Inclusion Strategy, the first of its kind for Ambulance Victoria, whilst continuing to deliver Best Care against the four pillars of the Strategic Plan: an exceptional patient experience; partnerships that make a difference; a great place to work and volunteer; and a high performing organisation.

I would like to take this opportunity to acknowledge the contributions of all Board Directors over the last 12 months. They have all provided expertise, wise counsel and leadership to the organisation.

I would also like to acknowledge the leadership of CEO Associate Professor Tony Walker and his Executive team, and thank every member of the organisation for their continued work and commitment.

I look forward to a bright future and continued success in achieving outstanding clinical results for all Victorians.

Ken Lay AO APM
Chair, Ambulance Victoria

Chief Executive Officer's Report

Ambulance Victoria continues to deliver transformational, sector-leading initiatives that provide better outcomes for our patients, our staff and for the Victorian community.

This year marks the 135th anniversary of the origin of ambulance services in Victoria and, while much has changed, our mission of supporting the community in times of need and partnering to deliver great care has remained steadfast over this time.

Better equipped for the future

This year we have taken further strides in creating a modern, sustainable ambulance service guided by the first year of our five-year Strategic Plan. We are breaking new ground to meet the challenges of growing demand, changing community needs, emerging technology, the increasing likelihood of more major incidents and extreme weather events.

We continued to deliver on the Government's $500 million investment with the recruitment of 170 additional paramedics and extra resources across the state. This year was also the first full year of our revised Clinical Response Model (CRM) which has changed the way we dispatch ambulances to ensure we get the right care, to the right patients, at the right time based on clinical need.

This investment and reform has allowed us to get to all patients, from the most critical to the less serious, more quickly. This is particularly the case for patients requiring a Code 1 (lights and sirens) response where we have seen our response time performance improve from 78.3 per cent in 2016–2017 to 81.8 per cent in 2017–2018. The improved performance came about despite a severe influenza season, which caused significant strain on the wider health system.

Increases in operating revenue and expenditure in 2017-2018 related largely to this additional investment as well as increases associated with industrial agreements and assumption of responsibility for NURSE-ON-CALL. In addition, one-off funding was received, and associated expenditure incurred, for the winter peak period and new contracts with the Emergency Services Telecommunications Authority.

Patient Care Commitment

The care we provide is underpinned by our new Patient Care Commitment, 'Outstanding emergency health care every time' and this year we saw an improvement in patient outcomes in a number of areas including stroke and heart attack.

The annual cardiac arrest survival rate to hospital discharge for patients in a shockable rhythm was 32.3 per cent. This equates to 194 patients who were able to return home to their families. In the case of stroke, we saw 97.5 per cent of adults with a suspected stroke transported to a specialist stroke facility or given access to specialist telemedicine within 60 minutes, allowing access to lifesaving and disability reducing clot dissolving drugs or clot retrieval treatment. This is 3.3 percentage points better than the previous year.

Patients were pleased with the services we provided, with 97.9 per cent of patients reporting their experience as good or very good in our annual patient survey.

This year we have also established a number of new pathways to care for our patients. These include introducing dedicated mental health nurses in our communications centre and assuming responsibility for the Victorian NURSE-ON-CALL service.

We have also enhanced service delivery in more isolated rural communities, including preparations to introduce 12 additional Paramedic Community Support Coordinators in 2018–2019. These specialist paramedics collaborate with local first responder teams and healthcare and community groups to improve patient outcomes in rural Victoria through partnerships, education and increased access to timely healthcare.

Partnering with our community

We created more opportunities for communities across Victoria to tell us about their needs and expectations. This is part of fostering a culture that puts our patients and communities at the centre of everything we do.

During the year we developed a Community and Stakeholder Engagement Framework and Action Plan to build and embed stronger relationships. Our Community Advisory Committee will be closely involved in monitoring the rollout of the plan as well as supporting enhanced community engagement and participation in our service design, delivery and evaluation.

We have partnered with the Royal Melbourne Hospital, Florey Institute and the Stroke Foundation to pilot Australia's first mobile stroke ambulance which commenced in November 2017. This ground-breaking, sector-leading initiative, provides early CT scans for patients with suspected stroke and treatment normally only provided in hospitals; decreasing the time taken to deliver critical stroke interventions.

For our rural communities, Ambulance Victoria assumed operations of the Victorian Stroke Telemedicine (VST) service, supporting integrated stroke care across Victoria. VST links the results of patient CT scans in rural and remote hospitals to a Melbourne-based neurologist 24 hours per day. This is improving the health outcomes of suspected stroke patients with more than 1400 suspected stroke patients treated in 2017.

Early 2018 also saw the launch of the GoodSAM Responder smartphone app, which alerts up to three nearby registered community responders to a suspected cardiac arrest case, and to the nearest available defibrillator. The community responders include off-duty paramedics, health professionals and trained first aiders from partner organisations.

The app has already contributed directly to saving two Victorian lives and is a ground-breaking initiative. The establishment of this app is reflective of the Australian community's history of supporting each other in times of need, and another example of how excellent health outcomes are achieved better together.

Support for our staff

Great patient care can only be provided by a safe, engaged and operationally ready workforce and this year we have continued to focus on programs to improve health and safety, mental health, workplace engagement, leadership and training and specifically reduce the risk of occupational violence.

During the year we undertook a number of initiatives such as continuing a trial of body-worn cameras by more than 260 paramedics and the introduction of ground-breaking virtual reality training for staff to increase awareness of incidents of violence within the community. This work has formed part of an organisational focus on occupational violence, which was recently recognised in the Victorian Public Healthcare Awards and, most importantly, has seen a marked reduction in the number of reported assaults.

We continued to roll out our three-year Mental Health and Wellbeing Strategy which we developed with feedback from multiple stakeholders. This strategy is vital to ensure our staff are adequately equipped to undertake mentally demanding roles. As a result of this work, staff are more confident to reach out for help if they need it.

We also recruited our first peer support dog – a golden labrador named Bruce who is providing support for the mental health and wellbeing of our workforce.

This year also saw the release of the Independent Broad-based Anti-corruption Commission (IBAC) 'Operation Tone' report. In response to this report, and as part of our commitment to ensuring the safety and wellbeing of our people, we have implemented significant improvements to our drug policies, controls and testing, including the expansion of our drug and alcohol policies to now include random testing of all staff across the state. To provide adequate support for our workforce, we have introduced specialist drug and alcohol staff who educate and support our staff as part of our holistic approach to health and wellbeing.

While we are already a better organisation for the IBAC investigation, we will continue to work on improvements to ensure best practice to protect our people and the broader community.

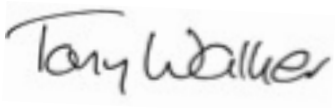
Chief Executive Officer's Report

We have taken enormous strides in implementing our five-year Strategic Plan, which was designed to ensure a modern and sustainable ambulance service. To ensure we continue to deliver against this strategy, we commenced a review of our frontline organisational structure. This review focuses on enhanced in-field supervision and health and safety to ensure we have the optimal configuration to support our staff and deliver Best Care to the Victorian community.

I would like to thank Mr Ken Lay, AO APM, Chair of the Ambulance Victoria Board, for his ongoing support and all of the members of the Board for their strong and considered guidance. I would like to acknowledge and thank our Community Advisory Committee for its invaluable contribution to ensure a strong community voice in the work we are undertaking.

I would also like to thank all members of my Executive team and all staff and volunteers at Ambulance Victoria. Without their tireless dedication and commitment, the extensive reforms and achievements over the past 12 months would not have been possible.

Finally, I would like to thank all of our supporters, colleagues and partners. We are truly better together in achieving the best clinical outcomes for the Victorian community and I look forward to our continued collaboration.



Assoc Prof Tony Walker ASM

Chief Executive Officer

AMBULANCE VICTORIA

Responsible Body Declaration as at 30 June 2018

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 2018.

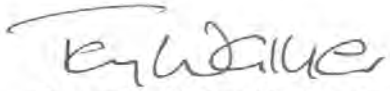
Ken Lay AO APM
Chair of the Board

Melbourne
15 August 2018

AMBULANCE VICTORIA

Attestation on Data Integrity

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



Assoc Prof Tony Walker ASM
Chief Executive Officer

Melbourne
15 August 2018

AMBULANCE VICTORIA

Financial Management Compliance Attestation Statement

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

Peter Lewinsky
Chair of the Audit and Risk Committee

Melbourne
15 August 2018

Report of Operations

In 2017–2018 Ambulance Victoria improved its response times and exceeded clinical targets for patient treatment, including for stroke and cardiac arrest.

We continued our program of transformation to build an ambulance service for the future, delivering the first full year of changes to our operating model to ensure that the right care was delivered to the right patients at the right time.

And we introduced innovative practices to create a modern, sustainable ambulance service.

We are breaking new ground to meet the challenges of growing demand, changing community needs, emerging technology and the risk of major incidents and extreme weather events.

We have developed new models of delivery and ensured stronger collaboration with health and emergency services partners. We understand that we work better together.

Our performance highlights for the year include:

Operations

- Responded to 889,381 emergency and non-emergency road incidents.
- Improved the speed of our response to the community, responding to Code 1 calls (lights and sirens) within 15 minutes in 81.8 per cent of cases, an improvement on the previous year's 78.3 per cent.
- Established Australia's first stroke ambulance, with patients provided CT scans and new treatments for stroke normally only provided in hospital.
- Established new branches and teams, including the flexible deployment of paramedics through six new Super Response Centres in Melbourne.
- Participated in clinical trials of international significance in the areas of cardiac arrest, stroke, severe bleeding in trauma, traumatic brain injury and spinal cord injury, confirming our place as a world leader in pre-hospital research.

Community

- Launched the GoodSAM Responder smartphone app, which alerts registered community responders to nearby cases of suspected cardiac arrest, enabling quicker treatment and a better chance of survival.
- Began integrating our Patient Care Commitment in line with our promise to deliver caring, safe, effective and connected care to every patient, every time.
- Established an Aboriginal staffed ambulance community response team at the Lake Tyers (Bung Yarnda) Aboriginal Trust, an isolated Aboriginal community with about 160 residents.
- Expanded the successful Emergency Medical Response (EMR) program, a collaborative program designed to improve survival from cardiac arrest, to nine additional integrated Country Fire Authority stations.
- Initiated a series of successful community discussion forums to better understand community needs and how they would like to participate in local emergency health care.

People

- Delivered an innovative injury prevention program to frontline staff to further cut manual handling injuries.
- Implemented an Alcohol and Other Drugs (AOD) testing program for all staff
- Established a Professional Conduct Unit to ensure that all matters of professional conduct are managed in a consistent, transparent and fair manner.

In April 2017, Ambulance Victoria adopted a five-year Strategic Plan for the period 2017–2022. The plan provides the blueprint for how we will approach the delivery of ambulance services, and we immediately began delivering against the first year objectives under four broad themes:

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

AN EXCEPTIONAL PATIENT EXPERIENCE

New Clinical Response Model

In 2017 we undertook major reform to change the way we dispatch ambulances to ensure a quicker response to patients with the most critical needs whilst providing a more appropriate and individualised care to non-urgent patients. This revised Clinical Response Model (CRM) was based on a comprehensive review of our dispatch grid which found that more than 300 case types did not require an emergency 'lights and sirens' response.

We also expanded our secondary triage service to ensure patients with less critical needs get the care they need through direct advice from paramedics or nurses, or referral to a clinically-appropriate service such as a doctor or mental health professional.

This significant reform has improved response times, patient experience and clinical outcomes. As a result, we're responding to an additional 7,000 critically ill patients within 15 minutes. There are now more ambulances available in Victoria for people in life-threatening, time-critical emergencies than ever before and response times have improved across all priority levels.

There are multiple safeguards built into how we assess individual requirements and prioritise urgent health needs. Victorians can count on getting an ambulance when they need one, with more than 90 per cent of cases getting an ambulance more quickly than prior to the implementation of the revised CRM, especially people in a time-critical life-threatening emergency.

As a result of the changes, more lives are being saved. The latest Victorian Ambulance Cardiac Arrest Registry Annual Report shows that a record number of patients are surviving cardiac arrest and that the average statewide response time to cardiac arrests improved to 7.7 minutes – the fastest ever.

2017–2018 saw the first full year of operation of our CRM, which was recognised at the Victorian Public Healthcare Awards, winning the prestigious Excellence in Quality and Safety Award.

Best Care model introduced

We introduced a new Patient Care Commitment that sits at the heart of everything we do and is our promise to deliver caring, safe, effective and connected care to every patient, every time. We are delivering this through a new strategic quality framework, Best Care. Developed through engagement with our Community Advisory Committee (CAC) and Quality Committee, Best Care is informed by the Targeting Zero system reforms to put patients at the centre of our care.

To enable systemic measurement and reporting of patient experience and improve the safety and quality of our care, we participated for the first time in the Victorian Healthcare Experience Survey. Survey results tell us that the overwhelming majority – 96 per cent – of patients report a good or very good overall experience with Ambulance Victoria, and 97 per cent said paramedics treated them with respect and dignity.

Improved stroke care

Stroke is a $5 billion burden on Australia's health system and with every minute that passes without treatment, patient outcomes are severely diminished. Taking a systems approach to improving stroke care which leverages off new and evolving technologies and interventions can lead to better clinical outcomes. Ambulance Victoria plays a role in supporting this stroke system of care in Victoria.

In an Australian first, and in collaboration with the Royal Melbourne Hospital, Stroke Foundation and the Florey Institute we developed Australia's first Mobile Stroke ambulance with CT scanner and telemedicine facilities, and staffed by an expert paramedic, radiographer, neurologist and stroke nurse team.

The Mobile Stroke Unit gives patients faster acute stroke care which ultimately improves their outcomes. In the first six months of operation the unit was called out an average of six times per day, assessed 288 patients, performed 143 CT scans, gave 27 patients vital medicine and transported 20 to hospital.

In January 2018, the Victorian Stroke Telemedicine (VST) program also became part of Ambulance Victoria's operations. VST enables clinicians to collaborate across Victoria to deliver the best care possible to patients in rural and regional areas with stroke. This innovation and other system changes have resulted in 97.5 per cent of adult stroke patients receiving definitive care within 60 minutes.

Telehealth for better remote care

In 2017–2018 we introduced Telehealth, which connects low acuity patients to other appropriate services to better meet their needs within their home and/or their local community. Telehealth also allows patients to access assessment and treatment at home when this is appropriate and they're unable to get to a GP. As well as increasing patient comfort, this frees emergency resources to respond to life-threatening situations. In the first seven months, 4,334 cases were diverted for assessment by phone which freed up 216 paramedic equivalent days.

New clinical governance model

To enhance oversight of quality, safety and patient experience outcomes, we reviewed and enhanced our clinical governance. The Peak Best Care Committee (PBCC) chaired by the CEO was launched in May 2018, having been created to provide stronger support for high quality patient care and increasing the engagement of frontline clinicians. Local operational committees reporting into the PBCC will commence in the new financial year.

New quarterly 'Grand Round' seminars and video communications on sentinel events and patient stories are created based on key themes, real-life case studies from patient harm reviews or best practice. These seminars are shared with staff to promote our zero harm culture and continuous improvement.

Daily 10-minute patient safety 'huddles' and a patient safety dashboard were established to understand any harm events and explore patient feedback, with immediate mitigation for serious incidents and complaints. A process which could take weeks, now takes 24 hours. A new escalation process sees serious complaints or harm events automatically escalated to the CEO and senior executives within four hours.

NURSE-ON-CALL

During the year, Ambulance Victoria took over management of the contract for NURSE-ON-CALL, Victoria's telephone-based nurse triage service. The contract with Medibank Health Solutions was previously run by the Department of Health and Human Services (DHHS).

Under the arrangements, NURSE-ON-CALL continues to operate with the same high quality service, by the same provider, with the same operating model and to the same high standards.

NURSE-ON-CALL is an integral part of the Victorian health system and responds to approximately 1,000 calls per day from the Victorian community. Ambulance Victoria will oversee the delivery of the same high quality NURSE-ON-CALL service into the future, which will enable the provision of an increasingly coordinated and integrated service connecting community members with the most appropriate care for their condition.

Expanding our capability

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.

During the year we continued the implementation of these additional resources, including the recruitment of 170 additional paramedics, taking to 350 the total of additional paramedics recruited since the Government announcement.

During the year we:

- Opened six Super Response Centres to enable a more flexible, scalable and mobile workforce. The locations form an arc around Melbourne and allow us to flexibly deploy resources to areas of need based on historical and current workload.
- Recruited 350 new paramedics, including 292 university graduates, 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.
- Set up a permanent Police-Ambulance Triage Team, following a successful pilot. The team operates with one paramedic and two police officers in and around the Melbourne CBD on Friday and Saturday nights, typically between 11pm and 5am. The paramedic on the team can quickly assess patients in a safe environment to determine whether an emergency ambulance is needed, saving unnecessary dispatches during often busy periods.
- Made preparations to expand the role of Paramedic Community Support Coordinator (PCSC) into 12 additional rural communities. These paramedics will collaborate with local first responder teams and healthcare and community groups with the aim of improving patient outcomes in rural Victoria through partnerships, education and increased access to timely healthcare.

PARTNERSHIPS THAT MAKE A DIFFERENCE

Partnerships with other emergency services

Under our Strategic Plan we are more focused on partnerships with health and emergency services.

We expanded the Emergency Medical Response (EMR) program in 2017-18, adding another nine integrated Country Fire Authority fire stations in Ballarat, Bendigo, Eltham, Craigieburn, Melton, Sunbury, Lucas, Hoppers Crossing and Caroline Springs. This means 242 career firefighters trained by Ambulance Victoria can now respond to cardiac arrest to shorten response times and commence early resuscitation.

We worked closely with our partner the Emergency Services Telecommunications Authority (ESTA) to deliver significant changes to our call taking and dispatch arrangements. Our revised CRM helped reduce pressure on hospital emergency departments by safely referring non-urgent patients to more appropriate care.

New partnerships with alternative service providers have created clinical pathways with locums, hospital in-reach services and nursing services. Most recently two Telehealth providers were added, one staffed by GPs and one staffed by Emergency Department (ED) consultants.

We also partner with universities, hospitals and institutes to drive clinical and practice innovation through continuous improvement and large research programs.

Partnering with Consumers

Our Consumer and Community Engagement Plan (2017–2019) maps how we are changing and adapting to meet community expectations and plan for local needs. In March, we began a series of community forums across Victoria in regional and metropolitan locations to better understand diverse community needs. These forums will continue in the coming year. In April we launched our new Better Together online community discussion forum, and actively encourage consumers to participate in a two-way engagement.

Our Community Advisory Committee (CAC), now in its second year, has also enhanced community engagement and participation in our service design, delivery and evaluation.

We continued to grow our memberships, reaching 1,259,770 at 30 June 2018, an increase of 37,595 from the previous year. Memberships now cover about 2.64 million Victorians.

Saving ambulances for emergencies

We continue to work closely with non-emergency patient transport (NEPT) providers, who provide crucial support to our revised Clinical Response Model and enable Ambulance Victoria to focus on providing responses to patients experiencing life-threatening emergencies. In the metropolitan regions, 130,416 non-emergency stretcher patients were transported, 2027 more patients than the previous year, and 89,277 patients not in need of clinical care were transported in clinic cars, 6984 more patients than the previous year.

Heart Safe Communities

This year we partnered with the Heart Foundation to trial a new initiative to build the capacity of a rural community to respond to their own health emergencies. The project aims to raise awareness of the importance of providing early CPR and the early use of an Automated External Defibrillator (AED); increase bystander CPR and access to AEDs; and give the community the 'authority' to step in and take action during an emergency.

Working with local schools, sporting clubs, community groups and businesses in Tatura, Ambulance Victoria and the Heart Foundation have encouraged the community to register their AEDs and take an active role in improving the survival rate of cardiac arrest. Tatura was chosen for the pilot due to its regional location, prevalence of cardiac arrest, bystander CPR rates, numbers of registered AEDs, population size and diversity. According to Victorian Ambulance Cardiac Arrest Registry data, regional areas have higher rates of cardiac arrest (125 per 100,000 compared to 89 in metropolitan Melbourne) and lower rates of survival (40 per cent more likely to die).

We have upskilled 868 people in Tatura and seen a further eight AEDs registered (up from three prior to the program). We are now exploring opportunities to expand the program across the state.

Collaborating across Australasia

Originating in Europe, the Restart a Heart campaign aims to teach people that early CPR and use of AEDs can save a life in the event of a cardiac arrest. In October 2017 we participated, with all 12 Australian and New Zealand ambulance services, to mark Restart a Heart Day. Ambulance Victoria staff and volunteers trained more than 600 people on the day and Victorian activities reached almost 250,000 people via social media.

Expanding 'Triple Zero Heroes'

As part of their studies and paediatric rotation, medical students are required to engage with young people. The Monash School of Rural Health (part of Monash University in Traralgon) worked with us to establish a program that would support their students' capacity to engage and communicate with young people.

Based on 'Triple Zero Heroes', Ambulance Victoria established a program that would enable children in Grades One and Two to recognise and respond to an emergency and call Triple Zero (000). The customised lesson plans were delivered by 25 undergraduate medical students to rural and regional schools as part of a program to disseminate lifesaving messages and increase the confidence and capacity of the community in an emergency.

The program has had a ripple effect within the wider community as students are encouraged to discuss their learnings with their families and create an individual family health emergency plan.

Engaging first responders from culturally diverse backgrounds

This year we established a pilot Multicultural First Responder Program which aims to attract new recruits to Ambulance Victoria from culturally diverse backgrounds. The program is designed to build stronger connections with these communities, increase cultural awareness and provide career opportunities to individuals.

The program is being delivered in partnership with Life Saving Victoria and extends the work of their Multicultural Water Safety, Settlement, and Social Cohesion program. It includes job skills training and placement in life saving, swim teaching, and lifeguard roles. Successful participants will have transferable skills to entry level Ambulance Victoria roles, and with education support, can progress through career pathways. Seven participants are now at various stages of the selection process, representing diverse backgrounds including Eritrea, Myanmar, Afghanistan, and Tibet. They commenced training in July 2018.

Partnering with indigenous communities

We are committed to improving service delivery and emergency health resilience in indigenous communities. In July 2017, we appointed a senior paramedic to collaborate with people from the Aboriginal communities across the state of Victoria and to co-design a community-based first response team at Lake Tyers (Bung Yarnda) Aboriginal Trust in Gippsland.

Bung Yarnda is an isolated Aboriginal community situated 30 kilometres east of Lakes Entrance. It has a population of 160 people who experience a range of complex social and health issues contributing to premature morbidity and mortality.

Nine members of the community were initially recruited to provide a culturally sensitive primary emergency response, improve health outcomes and provide employment opportunities.

The community response team pilot commenced in December 2017. The team responds at the same time as an ambulance and this has reduced response times by 75 per cent (an average of 10 minutes, down from 40 minutes).

Our work as an indigenous employer was recognised with Public Sector Employer of the Year at the Wurreker Awards in October 2017. This award recognised our Aboriginal Cadet Program which has been running for a number of years and the implementation of our Aboriginal Employment Plan which was introduced in 2016. At the same awards, one of our Aboriginal paramedics was recognised as the Public Sector Employee of the Year.

Save Lives, Save 000 for Emergencies

We continued to support the public awareness and education campaign Save 000 for Emergencies, which entered a new phase in 2018. The first stage of the campaign focused on the true story of Will, a boy who was critically injured in an accident on a rural property, and only survived because of high-level paramedic care, and the fact paramedics were available and not tied up with non-emergency cases. New advertisements featured a doctor, pharmacist, nurse and a MICA flight paramedic, and illustrate the alternatives patients can use instead of an emergency ambulance.

This evidence-based campaign is improving awareness that ambulances are only for emergencies and educating the community about available non-emergency health service options – general practitioners, pharmacists and NURSE-ON-CALL. It aims to change Victorians' behaviour to reduce inappropriate calls to Triple Zero (000) for ambulances and increase use of other health services for everyday concerns.

Community Education

Over the past year our Community Education and Engagement Department has been refocused towards stronger evidence-based education programs statewide guided by our Community Capability Plan 2017–2020.

We are shifting from a highly centralised delivery model for community education to a train-the-trainer model which will equip and empower frontline staff to deliver high quality, evidence-based training in the communities they serve. This has been supported by a full review and update to our Community Resilience Toolkit, a training resource package.

As part of an improved community engagement program, this year we introduced a series of community discussion forums around Victoria to better understand community needs and how communities would like to participate in local community healthcare.

A lifesaving smartphone app

This year we launched a lifesaving smartphone app to create an army of first responders in the community who can attend cardiac arrest patients while an ambulance is on the way. Cardiac arrest affects more than 6,000 Victorians every year and we know from our Victorian Ambulance Cardiac Arrest Register (VACAR) that early CPR and access to defibrillation prior to ambulance arrival increases the chance of survival by 62 per cent.

Using the GoodSAM app, we alert the three nearest registered responders, giving them the location of the cardiac arrest patient and nearest available defibrillator. The closest available ambulance is simultaneously dispatched and, in some parts of Victoria, the fire brigade.

Community responders include off-duty paramedics, health professionals and trained first aiders from partner organisations such as CFA, Life Saving Victoria, St John Ambulance Australia (Vic), Chevra Hatzolah and many health services.

The successful UK-developed app has been piloted and progressively rolled out since January and has already directly contributed to saving two Victorian lives: one in Melbourne and one in Ballarat. By the end of June 2018, we had 2100 registered responders, 3000 calls to Triple Zero (000) had been classified as suitable for a GoodSAM response and 112 responders had accepted alerts to respond.

In a further initiative to build community capacity and, as part of our GoodSAM program, we have also undertaken significant community engagement to raise awareness and understanding of the importance of registered AEDs. This has included widespread media, targeted local engagement and stakeholder activities. It is estimated that there are up to 15,000 unregistered defibrillators across Victoria and, since calling on the public to help find these missing defibrillators, we have seen five additional defibrillators a day being registered with us. This will allow defibrillators to connect through the GoodSAM app to the closest responder alerted.

High-level responses

Every year we respond to major incidents across the state, such as heatwaves, bushfires and floods. One of our main priorities is to isolate large and complex incidents so that Ambulance Victoria's 'normal' business can continue unaffected and we can respond to the normal level of emergency calls in addition to the major incident. During the year we responded to a number of major incidents including:

- The evacuation of 54 patients from a private hospital in Melbourne following a major power disruption.
- A bus rollover at Avoca with 29 patients and one fatality.
- An incident in Flinders Street, Melbourne, in which a car ran into numerous pedestrians. Fourteen patients were taken to hospital, and one later died.
- A multi-agency coordinated response to a major fire in south-western Victoria in March 2018, which led to a prolonged peat fire that posed health risks for local communities.
- An outage of the Telstra network in May 2018, which led to issues with the public being unable to contact the Triple Zero (000) service.

The first full year of running our fleet of five AugustaWestland AW-139 twin engine helicopters also brought the busiest year on record. Our helicopters responded to 2549 emergency incidents, transporting 1999 patients.

Most of our helicopter callouts are to cases outside the metropolitan area for life-threatening emergencies, which are mainly trauma and paediatric cases, and critical inter-hospital transfers. This year there was also an increased callout for medical emergencies, with our MICA flight paramedics treating a growing number of patients experiencing conditions such as a heart attack and stroke.

A GREAT PLACE TO WORK AND VOLUNTEER

Reducing manual handling injuries

Reducing manual handling injuries is one of our largest injury causes, and we know great patient care can only be provided by a safe, engaged and operationally ready workforce.

This year we introduced an innovative injury prevention program using infield manual handling co-ordinators and specially equipped manual handling support vehicles. This program supports the successful rollout in the previous year of 632 power-lift stretchers across our fleet. This has led to a sharp reduction in the number of injuries to paramedics.

Addressing occupational violence

Along with a number of other emergency services, a big challenge for Ambulance Victoria is occupational violence. Every 50 hours one of our paramedics is assaulted. This was previously seen as 'just part of the job' but our leaders led a strong cultural shift to ensure our paramedics put their own safety first.

To deter threats, abuse or acts of violence against paramedics, we continued a trial of body-worn cameras among more than 260 paramedics at 29 branches in Melbourne.

Our work to date has seen a significant drop in the number of paramedics who have been assaulted. In the past year, the number of accepted WorkCover claims with lost time injury with an occupational violence cause per million hours worked has dropped from 1.66 to 1.02. This follows a drop from 2.91 in 2015-2016, illustrating the extent of the improvement.

During the year, our work to support our people was recognised through a number of industry awards. We won the Institute of Public Administration Australia (IPAA) Award for Leading the Way in Health Safety and Wellbeing. This award recognised Ambulance Victoria's Occupational Violence Prevention Education Program and, in particular, the innovative use of virtual reality technology for frontline staff. We also won a Victorian Public Healthcare award for improving workplace wellbeing. This award was further recognition for our innovative occupational violence training.

In May 2018, we gratefully acknowledged the outpouring of community support for paramedics and the widespread public condemnation of occupational violence against them.

Delivering our Mental Health Strategy

We have continued to roll out our three-year Mental Health and Wellbeing Strategy, developed in the previous year in consultation and with feedback from multiple stakeholders. We were the first ambulance service in Australia to develop a strategy in this form and delivered our Mental Health Matters training to corporate staff this year.

Previous research indicated the suicide rate for paramedics was four times higher than the Victorian average and three times the rate of other emergency services. People who work in emergency services also have reported higher levels of depression, anxiety, post-traumatic stress disorder (PTSD), stress and fatigue.

As a result of the work we are undertaking to improve the mental health and wellbeing of our people, they are now more confident to seek help and seek it sooner. We've seen a 30 per cent increase in face-to-face counselling and 69 per cent of staff who responded to our biennial psychosocial survey said they were likely to seek support (up from 40 per cent). During the year we conducted a review of Ambulance Victoria's Peer Support program to ensure it is focused, resourced and has the right clinical governance to support our workforce into the future.

In May 2018 we recruited the first peer support dog to an Australian ambulance service. Bruce, the golden labrador was recruited as part of a six-month peer support pilot program to improve and strengthen the mental health and wellbeing of our workforce.

Our aim is that spending time with Bruce will break-down barriers and start conversations between our paramedics and peer support staff that may not otherwise happen.

An engaged and healthy workforce

During the year we engaged staff in our Strategic Plan by holding 16 workshops across Victoria to explore the challenges and opportunities for our vision to deliver modern, innovative and outstanding emergency health care for Victorian communities. More than 500 staff attended these sessions.

We also continued to focus on the importance of our winter immunisation campaign, with the percentage of staff immunised against influenza reaching 76 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.

This year we commemorated the anniversary of the first female paramedic in Victoria in 1987 by holding a series of events to mark 30 years of women in ambulance. Our frontline workforce is now 48 per cent female.

We also improved and revised our graduate program to ensure better and more effective learning by our new operational staff in their first year. We also further developed our transition to retirement programs for staff towards the end of their careers, and extended Peer Support services to our retired staff.

To better connect our people we launched an internal online and mobile social media platform that has enabled improved communications and more effective exchange of ideas.

Setting professional standards

In July 2017, we established a Professional Conduct Unit to ensure that all matters of professional conduct are managed in a consistent, transparent and fair manner. The key focus of the unit is early intervention to ensure we address workplace issues and behaviours before they become formal professional conduct matters. The unit adopts a non-punitive approach with a focus on education, training, mediation and targeted performance and behavioural counselling. The unit has developed ongoing education programs and practical tools to ensure professional conduct across the organisation. Although the Professional Conduct Unit provides for suspected misconduct to be reported anonymously, to date more than 97 per cent of cases have been reported by parties who have identified themselves indicating a high level of staff confidence and support for the work of the unit.

During the year we fully implemented an Alcohol and Other Drugs testing program – the first ambulance service in Australia to have done so. We have also increased drug security and auditing, including the introduction of a pharmacist team that is now responsible for the delivery of all restricted and non-restricted medications and the removal and disposal of expired medications.

A HIGH PERFORMING ORGANISATION

Improved response performance

In 2017–2018 we improved the speed of our response to the community, despite the significant challenges of a severe influenza season. Ambulance Victoria responded to Code 1 calls (lights and sirens) within 15 minutes in 81.8 per cent of cases, an improvement on the previous year's 78.3 per cent.

In areas with a population of more than 7,500, our response was 87.1 per cent within 15 minutes, an improvement on the previous year's 83.7 per cent. While these response times were below our targets, we are continuing to work hard to meet them.

In 2017–2018 we responded to 889,381 emergency and non-emergency road incidents, including 175,416 emergency road incidents in the five rural regions, 416,544 emergency road incidents in the two metropolitan regions and 7,241 air incidents (2,549 by helicopter and 4,692 by plane).

Strong cardiac arrest survival rate

The global benchmark for measuring cardiac arrest survival is the percentage of adult patients who survive after being in cardiac arrest with a shockable rhythm – one that can be treated with a defibrillator. This year, 32.3 per cent of patients survived to hospital discharge, well above the target of 25 per cent, which meant 194 patients went home to their families.

For all causes of cardiac arrest (not just those in a shockable rhythm), 363 people survived to hospital discharge following paramedic intervention. Our research tells us that most of these surviving patients are discharged to their homes and families, and those who were working return to their previous employment, which is an exceptional result for the community.

Clinical research and innovation

Ambulance Victoria paramedics are leading the world in the conduct of pre-hospital clinical trials. Many of our previous trials have changed patient management and treatment worldwide. During the year Ambulance Victoria was involved in 65 active research projects and a number of clinical trials, examples include:

- The EXACT study, which aims to determine whether a lower oxygen level is beneficial after resuscitation from out-of-hospital cardiac arrest. The current practice of administering 100 per cent oxygen for several hours after resuscitation is not based on any supportive clinical data and may lead to additional neurological injury, and thus result in worse clinical outcomes.
- The PATCH study, which compares the administration of tranexamic acid or saline placebo in patients with suspected bleeding following trauma. The trial is currently recruiting in most Australian states and in New Zealand. Ambulance Victoria is the leading site for enrolments.
- The ICED study, which involves paramedic cooling of patients with suspected spinal cord injury, followed by early decompressive spinal surgery at the Alfred Hospital. Only a small number of patients have been enrolled because isolated spinal cord injury is a rare event, however it is hoped that significant benefit is seen in these patients.
- The PASS trial is due to begin in 2018 in which paramedics in two regions will be asked to enrol patients with suspected severe sepsis into a clinical trial allocating them to either standard care plus IV ceftriaxone or standard care alone. Current evidence of benefit from early paramedic administered antibiotics is lacking and it is hoped this trial in 100 patients will provide supportive data for a major national trial that will be undertaken to assess benefit.
- The POLAR trial involved paramedics cooling patients with ice cold saline after traumatic brain injury. Enrolments were completed this year with a total of 511 patients enrolled in Melbourne and many other sites around the world. Ambulance Victoria's Mobile Intensive Care Paramedics enrolled more patients than any other participating site. Final results will be published later in 2018.

Recognition for our achievements

In August 2017, we were recognised at the Council of Ambulance Authority Annual Awards, which reward innovation and achievement across Australia and New Zealand's ambulance services. We were recognised for our Clinical Response Model (two awards), our innovative virtual reality training to prevent occupational violence, our improved treatment of agitated patients by using ketamine, and an innovative paramedic rosters system that covers vacant shifts.

We received international recognition by winning a prestigious Gold Quill for Business Communication for the important work on staff mental health and wellbeing. This communication work was recognised by the International Association of Business Communicators (IABC).

In October 2017, paramedic Ziad Nehme was awarded with the Heart Foundation President's Award for his publication "Impact of a public health awareness campaign on out-of-hospital cardiac arrest incidence and mortality rates", which was published in the European Heart Journal. Paramedic Kylie Dyson, who completed her PhD titled "Paramedic exposure to cardiac arrest and patient survival: does practice make perfect?" utilising Ambulance Victoria data and co-supervised by Professor Karen Smith, won the prestigious Mollie Holman Doctoral Medal for best PhD thesis in the Faculty of Medicine, Nursing and Health Sciences, Monash University. Regional Clinical Manager, Grant Hocking, was also awarded the Stroke Foundation's President's Award for his work in improving stroke systems of care, particularly in rural and regional Victoria

Evidence-based clinical improvements

For each patient we treat we collect comprehensive information through our electronic patient care record system known as VACIS. Analysing this information enables us to make evidence-based decisions about the way we dispatch ambulances and improve patient care. We also measure the effect our clinical interventions have on the immediate and longer-term medical conditions in some patients we treat, meaning we can understand the significance of our interventions and change our clinical practice to improve future patients' medical outcomes. During the year we updated our VACIS system to improve the paramedic experience and ensure we continue to collect high-quality and relevant patient data, and continue to improve the care we provide to all Victorians.

Better information to improve performance

In line with our strategic imperative to deliver outstanding emergency health care every time, we are continuing to enhance our data reporting and analytics to achieve improvements in our performance.

In 2017-2018, we have introduced a new suite of operational and clinical reports and dashboards for our frontline managers to ensure accurate, timely and informative data is available, and so they can make better decisions about care and achieve improved patient outcomes.

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 2017–2018 (size of the workforce):

Staffing Numbers (FTE) – Annual Report Category	2017-2018	2016-2017
On-road Clinical Staff[1]	4049.4	3813.4
Operation Support and Managerial Staff[2]	352.5	342.3
Other Managerial, Professional and Administrative Staff[3]	400.4	375.3
TOTAL	**4802.3**	**4531.0**

MICA Paramedics

This group of MICA employees form part of AV's Full-Time Equivalent Staff 2017–2018:

MICA Staffing Numbers	2017-2018	2016-2017
MICA Full-Time Equivalent staff	552.6	549.4
MICA Full-Time Equivalent trainees	35.0	38.5
TOTAL	**596.6**	**587.9**

Volunteers

In addition, AV engages **329** Community Emergency Response Team volunteers (CERTs) who provided emergency response in 2017–2018.

ACOs

AV employs **879** casual Community Support Officers (ACO's) who also provide emergency response. These employees are represented in the above on-road Clinical Staff FTE numbers based on their hours worked converted to equivalent full time positions.

Notes:

The three staff categories are as follows:

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

Recruitment numbers

350 Paramedic staff were recruited by AV in the 2017-18 financial year. This included **292** new graduates.

Research Report

Ambulance Victoria (AV) has established itself as an international leader in pre-hospital research. Research activities range from epidemiological analyses of key patient cohorts, review and refinement of systems of care and world-first clinical trials. Results have been published in high ranking, high impact journals, disseminated throughout the wider health system and translated into improvements in patient care. The primary goal of AV research is to strengthen the evidence base underpinning ambulance protocols and systems to allow the best care for patients and staff. At the end of 2017–2018, a total of 65 research projects were recorded as active in the AV research governance system. The research portfolio is highly collaborative, involving collaborations with key organisations, such as universities, hospitals, and institutes like Turning Point Drug and Alcohol Centre, the National Heart Foundation, and the Stroke Foundation.

In collaboration with Melbourne Health, Victorian and Commonwealth Governments, the Stroke Foundation, the Royal Melbourne Hospital Neurosciences Foundation, The Florey Institute of Neuroscience and Mental Health and the University of Melbourne, AV has launched Australia's first Mobile Stroke Unit (MSU). The MSU ambulance is equipped to deliver time-critical diagnosis and stroke treatment within the pre-hospital setting and aims to improve overall outcomes for stroke patients.

AV is collaborating on a number of ground-breaking clinical trial drugs aboard the MSU, allowing patients to be enrolled in cutting edge trials in the pre-hospital setting. Currently, AV MICA paramedics are enrolling stroke patients in the Stopping Haemorrhage with Tranexamic Acid Trial (STOP-AUST). This study aims to determine whether patients would have lower rates of haematoma growth when treated with intravenous tranexamic acid within two hours of stroke onset.

AV paramedics are also enrolling patients into the Tenecteplase Dose Comparison before Endovascular Thrombectomy for Ischemic Stroke Trial (Extend-IA TNK). The aim of this study is to test whether 0.4mg/kg tenecteplase is superior to 0.25mg/kg tenecteplase in achieving reperfusion at initial angiogram when administered within 4.5 hours of ischaemic stroke onset in patients planned to undergo endovascular therapy.

In 2017–2018, AV also commenced the Paramedic Validation of Ambulance Clinical Triage – for Acute Stroke Treatment (ACT-FAST) Algorithm Trial. This feasibility study aims to determine the accuracy of the ACT-FAST algorithm in identifying endovascular eligible stroke patients when used by paramedics in the pre-hospital setting. The overarching aim of the ACT-FAST study is to save time by using the ACT-FAST algorithm to triage patients with a large vessel occlusion directly to an endovascular centre where clot retrieval can occur.

AV is a key partner in the National Health and Medical Research Council (NHMRC) funded Centre for Research Excellence in Prehospital Emergency Care based at Monash University. The Centre for Research Excellence will further build capacity in pre-hospital research in Australia through the conduct of collaborative research projects between academics, clinicians and ambulance services. The overarching aim of the centre is to strengthen the evidence base underpinning pre-hospital emergency care, policy and practice. AV also continues to be a key partner in the NHMRC-funded 'Australian Resuscitation Outcomes Consortium (Aus-ROC) Centre for Research Excellence which aims to improve resuscitation care and outcomes for cardiac arrest patients. 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.

In the past year, AV has maintained its significant research output. During 2017–2018, AV staff co-authored 41 research articles in quality medical journals. Research results were also presented at 10 national and international conferences. A research highlight for 2017–2018 was the publication of the results of the rEduction of oXygen After Cardiac arrest (EXACT) Trial in the journal Resuscitation. This study assessed the feasibility of paramedic titration of oxygen delivery in adult patients who have been resuscitated after out-of-hospital cardiac arrest (OHCA). On the basis of the pilot results, in December 2017, AV commenced the EXACT randomised controlled trial, which aims to determine whether titrating oxygen administered as soon as possible following successful resuscitation from OHCA, compared to the current practice of maintaining 100% oxygen, improves outcomes at hospital discharge. The EXACT trial is planned to expand to other states in 2018–2019.

The value of registries in driving performance improvement is well established. AV continues to maintain the Victorian Ambulance Cardiac Arrest Registry (VACAR) which contains data for over 95,000 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 on drug, alcohol and mental health related ambulance attendances. In addition, AV continues to collaborate 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. This year, AV also established the Victorian Ambulance STEMI Quality Improvement (VASQI) which focuses on paramedic diagnosis, treatment and triage of patients with a heart attack. A recent grant from the Stroke Foundation in collaboration with The Florey Institute of Neuroscience and Mental Health is also allowing AV to pilot linking AV data with the Australian Stroke Clinical Registry to examine the impact of pre-hospital diagnosis, treatment and triage of stroke patients on long term outcomes.

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

Research Awards

In 2017, AV was awarded the Better Care Victoria Award for Excellence in Quality and Safety for AV's Revised Clinical Response Model. In addition, AV's Revised Clinical Response model also received the Council of Ambulance Authorities (CAA) Star Award and placed first in the CAA Management Category.

ALS Paramedic Kylie Dyson, who completed her PhD titled "Paramedic exposure to cardiac arrest and patient survival: does practice make perfect?" utilising AV data and co-supervised by Professor Karen Smith, won the prestigious Mollie Holman Doctoral Medal for best PhD thesis in the Faculty of Medicine, Nursing and Health Sciences, Monash University.

In October 2017, ALS paramedic Ziad Nehme was awarded the Heart Foundation President's Award for his publication "Impact of a public health awareness campaign on out-of-hospital cardiac arrest incidence and mortality rates" in the European Heart Journal.

Research Publications (alphabetical)

Andrew E, Mercier E, Nehme Z, Bernard S, Smith K. Long-term functional recovery and health-related quality of life of elderly out-of-hospital cardiac arrest survivors. *Resuscitation*. 2018; 126: 118-124

Andrew E, Nehme Z, Bernard S, Abramson MJ, Newbigin E, Piper B, Dunlop J, Holman P, Smith K. Stormy weather: a retrospective analysis of demand for emergency medical services during epidemic thunderstorm asthma. *British Medical Journal*. 2017; 359

Beck B, Bray J, Cameron P, Walker T, Smith K, Grantham H, Hein C, Thorrowgood M, Smith A, Inoue T, Bridget D, Swain A, Bosley E, Pemberton K, McKay M. Resuscitation of out-of-hospital cardiac arrests in residential aged care facilities in Melbourne, Australia. *Resuscitation*. 2018; 126: 46-57

Beck B, Bray JE, Cameron P, Straney L, Andrew E, Bernard S, Smith K. Predicting outcomes in traumatic out-of-hospital cardiac arrest: the relevance of Utstein factors. *Emergency Medical Journal*. 2017; 34(12):786

Bray J, Hein C, Smith K, Stephenson M, Grantham H, Finn J, Stub D, Cameron P, Bernard S. Oxygen titration after resuscitation from out-of-hospital cardiac arrest: A multi-centre, randomised controlled pilot study (the EXACT pilot trial). *Resuscitation*. 2018

Cameron, P on behalf of the Chief Investigators. Centre of excellence addresses pre-hospital care knowledge gaps. *Medical Journal Australia Insight*. 2017; 48

Case R, Cartledge S, Siedenburg J, Smith K, Straney L, Barger B, Finn J, Bray JE. Identifying barriers to the provision of bystander cardiopulmonary resuscitation (CPR) in high-risk regions: A qualitative review of emergency calls. *Resuscitation*. 2018; 129: 43-47

Cox S, Roggenkamp R, Bernard S and Smith K. The epidemiology of elderly falls attended by emergency medical services in Victoria, Australia. *Injury*. 2018. In Press.

Crossin R, Scott D, Witt KG, Duncan JR, Smith K and Lubman D. Acute harms associated with inhalant misuse: co-morbidities and trends relative to age and gender among ambulance attendees. *Drug and Alcohol Dependence*. 2018; 190: 46-53

Delorenzo A, St Clair T, Andrew E, Bernard S, Smith K. Prehospital Rapid Sequence Intubation by Intensive Care Flight Paramedics. *Prehospital Emergency Care*. 2018; 6: 1-7

Dwyer R, Gabbe B, Tran K D, Smith K, Lowthian J A; Patterns of emergency ambulance use 2009-2013: comparison of older people living in Residential Aged Care Facilities and the Community. *Age and Ageing*. 2018; 47(4): 615-619

Dyson K, Stub D, Bernard S and Smith K. Controversial Issues: Pro Mechanical Cardiopulmonary Resuscitation. *Cardiology Clinics*. 2018; 36: 367-374

Eastwood K, Smith K, Morgans A, Stoelwinder J. appropriateness of cases presenting in the emergency department following ambulance service secondary telephone triage: a retrospective cohort study. *British Medical Journal Open*. 2017; 7(10)

Fitzgerald M, Esser M, Russ M, Mathew J, Varma D, Wilkinson A, Mannambeth RV, Smit D, Bernard S, Mitra B. Pelvic trauma mortality reduced by integrated trauma care. *Emergency Medicine Australasia*. 2017; 29(4): 444-9

Foerster C, Andrew E, Smith K and Bernard S. Amioderone for sustained stable ventricular tachycardia in the prehospital setting. *Emergency Medicine Australasia*. 2018.

Heschl S, Andrew E, de Wit A, Bernard S, Kennedy M, Smith K, on behalf of the Study I. Prehospital transfusion of red cell concentrates in a paramedic-staffed helicopter emergency medical service. *Emergency Medicine Australasia*. 2017; 30(2): 236-241.

Heschl S, Meadley B, Andrew E, Warwick B, Bernard S, Smith K. Efficacy of pre-hospital rapid sequence intubation in paediatric traumatic brain injury: A 9-year observational study. *Injury*. 2018; 49: 916-920

Johnston FH, Salimi F, Williamson GJ, Henderson SB, Yao J, Dennekamp M, Smith K, Abramson MJ and Morgan GG. Ambient particulate matter and paramedic assessments of acute diabetic, cardiovascular and respiratory conditions. *Epidemiology*. 2018

Lord B, Jennings PA, Smith K. Effects of the Introduction of Intranasal Fentanyl on Reduction of Pain Severity Score in Children: An Interrupted Time-Series Analysis. *Pediatric Emergency Care*. 2017

Masterson S, McNally B, Cullinin J, Vellano K, Booth S, Escutnaire J, Fitzpatrick D, Koster R, Nakajima Y, Pemberton K, Quinn M, Smith K, Jonsson B, Stromsoe A, Tandan M, Vellinga D. Out-of-hospital cardiac arrest survival in international airports. *Resuscitation*. 2018; 127: 58-62

McLelland G, McKenna L, Morgans A and Smith K. Epidemiology of unplanned out-of-hospital births attended by paramedics. *BMC Pregnancy and Childbirth*. 2018; 18: 1-9

Mercier E, Cameron P, Smith K and Beck B. Prehospital trauma death review in the State of Victoria, Australia: a study protocol. *British Medical Journal Open*. 2018. In press.

Mitra B, Mathew J, Gupta A, Cameron P, Reilly G, Soni KD, Kaushik G, Howard T, Fahey M, Stephenson M, Kumar V, Vyas S, Dharap S, Patel P, Thakor A, Sharma N, Walker T, Misra MC, Gruen R, Fitzgerald M. Protocol for a prospective observational study to improve prehospital notification of injured patients presenting to trauma centres in India. *British Medical Journal Open*. 2017; 7(7): e014073

Nehme Z, Andrew E, Nair R, Bernard S, Smith K. Recurrent out-of-hospital cardiac arrest. *Resuscitation*. 2017; 121: 158-65

Nehme Z, Bernard S, Andrew E, Cameron P, Bray J and Smith K. Warning symptoms preceding out-of-hospital cardiac arrest: do patient delays matter. *Resuscitation.* 2018; 123: 65-70

Nehme Z, Namachivayam S, Forrest A, Butt W, Bernard S and Smith K. Trends in the incidence and outcome of paediatric out-of-hospital cardiac arrest: a 17-year observational study. *Resuscitation*. 2018; 128: 43-50

Nolan JP, Berg RA, Bernard S, Bobrow BJ, Callaway CW, Cronberg T, Koster RW, Kudenchuk PJ, Nichol G, Perkins GD, Rea TD, Sandroni C, Soar J, Sunde K, Cariou A. Intensive care medicine research agenda on cardiac arrest. *Intensive Care Medicine*. 2017; 43(9): 1282-93.

Pinto C, Cameron PA, Gabbe B, McLellan S, Walker T. Trauma case review: A quality and safety feature of the Victorian State Trauma System. *Emergency Medicine Australasia*. 2017; 30(1): 125-129

Roggenkamp R, Andrew E, Nehme Z, Cox S, Smith K. Descriptive analysis of mental health-related presentations to emergency medical services. *Prehospital Emergency Care*. 2018; 22(4): 399-405

Riou M, Ball S, Williams TA, Whiteside A, Cameron P, Fatovich DM, Perkins GD, Smith K, Bray J, Inoue M, O'Halloran KL, Bailey P, Brink D and Finn J. She's sort of breathing': what linguistic factors determine call-taker recognition of agonal breathing in emergency calls for cardiac arrest? *Resuscitation*. 2018; 122: 92-98.

Riou M, Ball S, Williams TA, Whiteside A, O'Halloran KL, Bray J, Perkins GD, Cameron P, Fatovich DM, Inoue M, Bailey P, Brink D, Smith K, Della P, Finn J. The linguistic and interactional factors impacting

recognition and dispatch in emergency calls for out-of-hospital cardiac arrest: a mixed-method linguistic analysis study protocol. *British Medical Journal Open*. 2017; 7(7)

Rosenfeld J V, Mitra B, Smit D V, Fitzgerald M, Butson B, Stephenson M, Reade M C. Preparedness for treating victims of terrorist attacks in Australia: Learning from recent military experience. *Emergency Medicine Australasia*. 2018

Ross L, Jennings P, Williams B. Psychosocial Support Issues Affecting Older Patients: A Cross-sectional Paramedic Perspective. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*. 2017; 54.

Smith K and Spahn D. Rapidly getting resuscitation skills to the patient with out-of-hospital cardiac arrest. *European Heart Journal*. 2018; 39(13): 1048-1050

Spelten E, Thomas B, O'Meara PF, Maguire BJ, FitzGerald D, Begg SJ. Organisational interventions for preventing and minimising aggression directed toward healthcare workers by patients and patient advocates. *Cochrane Database System Review.* 2017; (5)

Stam NC, Gerostamoulos D, Dietze PM, Parsons S, Smith K, Lloyd B, Pilgrim JL. The attribution of a death to heroin: A model to help improve the consistent and transparent classification and reporting of heroin-related deaths. *Forensic Science International*. 2017; 281: 18-28

Stam NC, Pilgrim JL, Olaf H, Olaf H, Smith K, Gerostamoulos D. Catch and release: evaluating the safety of non-fatal heroin overdose management in the out-of-hospital environment. *Clinical Toxicology*. 2018; 6: 1-7

Udy AA, Smith K, Bernard S. Timing of antibiotics in the management of community-acquired sepsis: Can a randomised controlled trial of prehospital therapy provide answers? *Emergency Medicine Australasia*. 2017; 30(2): 270-272

Villani M, Nanayakkara N, Ranasinha S, Earnest A, Smith K, Soldatos G, Teede H, Zoungas S. Utilisation of prehospital emergency medical services for hyperglycaemia: A community-based observational study. *PLoS ONE*. 2017;12(8)

Waack J, Shepherd M, Andrew E, Bernard S, Smith K. Delayed Sequence Intubation by Intensive Care Flight Paramedics in Victoria, Australia. *Prehospital Emergency Care*. 2018; 6: 1-7

Zhao H, Pesavento L, Coote S, Rodrigues E, Salvaris P, Smith K, Bernard S, Stephenson M, Churilov L, Yassi N, Davis S and Campbell B. Ambulance Clinical Triage For Acute Stroke Treatment (ACT-FAST): Paramedic Validation of a High Specificity Triage Algorithm for Large Vessel Occlusion. *Stroke*. 2018; 49(4): 945-951

AV presentations at key conferences

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

- Council of Ambulance Authorities 2017, Adelaide Australia
- Australian & New Zealand College of Paramedics 2017, Brisbane Australia
- Annual Scientific Meeting of the Stroke Society of Australasia, Queenstown New Zealand
- National Association of EMS educators symposium, Washington, USA
- Cardiac Society Australia and New Zealand, Perth Australia
- European Resuscitation Council, Freiburg Germany
- Paramedic Australasia International Conference, Melbourne Australia
- AHA Resuscitation Science Symposium, California USA
- International Stroke Conference, Los Angeles USA
- European Stroke Organisation Conference, Gothenburg Sweden
- EMS 2018, Copenhagen Denmark

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.

Waste figures have been reported for the first time to coincide with DHHS's inclusion of AV's waste data in whole of Department reporting.

Procurement Activities

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

Paper Use

In 2017–2018, 73 per cent of paper purchased contained recycled content, and 79 per cent of paper purchased was carbon neutral, which is a 7 per cent improvement from 2016–2017. 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 and gas consumption reduce by approximately 3.1 per cent per FTE, however overall consumption increased by approximately 2.7 per cent. The year-on-year increase correlates with a 6 per cent increase in FTE and commissioning of additional facilities in 2017–2018. Analysis of the energy sources shows electricity consumption increased by approximately 4.6 per cent, however gas consumption reduced by about 14.4 per cent. Reduction in gas can be attributed to a number of factors, one of which is the development of new operational branches which no longer use gas.

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.

AV continues to install solar power systems with current solar capacity of 269.35 kilowatts with a further 43.56 kilowatts of capacity planned for early 2018–2019. Additional Environmentally Sustainable Design (ESD) requirements have been embedded in AV's Branch Design Guide.

Water Use

This year AV's water consumption reduced by approximately 4.2 per cent per FTE, however overall consumption increased by approximately 1.5 per cent. AV consistently analyses water consumption trend information to identify possible leaks, and takes 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 requirement for specific vehicles and aircraft. Our response vehicles are efficient Mercedes Benz vehicles and we also have Hybrid and LPG vehicles that help reduce the overall impact of the AV fleet on the environment.

It should be noted that there have been two changes to the reporting data for fuel this year.

Prior to 2017–2018 data recorded for AV's air fleet included fuel used by Victoria Police in one of the rotary wing aircraft. The 2017–2018 figures includes an additional rotary wing aircraft operated by AV.

Prior the 2017–2018 data, the total for Vehicle Fuel consumption did not include consumption from non-emergency transport vehicles. This year's figures include this data, which has contributed to the overall increase in fuel consumption.

Environmental Performance

Environmental Indicator	Unit of Measure	2017-2018	2016-2017
Office Paper[iii]			
Reams per FTE[ii]	Reams per FTE	3.17	3.35
Total Reams	Reams	15,208	15,185
Average Recycled Content	%	73%	73%
Average Carbon Neutral Paper	%	79%	72%
Waste[iv]			
Total waste generated	Kg (clinical, general & recycled)	358,665	NA
Total waste to landfill	Kg (Clinical & general)	205,181	NA
Recycling rate %	Kg (recycled / Kg to landfill)	49.40	NA
Waste to landfill per FTE	Kg per FTE	42.73	NA
Water[v]			
Consumption per FTE	KL per FTE	7.79	8.13
Total Consumption	KL	37,388	36,850[vi]
Transport Energy[vii]			
Consumption per FTE	GJ per FTE	65.81	65.69
Total Consumption	GJ	316,002	297,632
Stationary Energy (Electricity & Gas)[viii]			
Consumption per FTE	GJ per FTE	7.11	7.34
Total Consumption	GJ	34,121	33,239[vi]
Green Power Purchased	%	13.12%	8.7%
Greenhouse Emissions[vii]	**Unit of measure**	**2012-13**	**2013-14**
Emissions from Energy	tC02-e	9,533	9,477
Emissions from Transport	tC02-e	21,348	20,856
Total AV Greenhouse Emissions[viii]	**tC02-e**	**30,881**	**30,333**

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

ii. Six new metropolitan Super Resource Centres and an additional Fleet & Emergency Management Support Centre were added to AV's operational portfolio in 2017–2018.

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

iv. Waste figures are being reported for the first time to coincide with DHHS's inclusion of AV's waste data in whole of Department reporting.

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

vi. All figures have been forecast and adjusted to include the most up-to-date information, available at the time of preparation. Where data was not available or estimated in 2016-2017 but has since become available, the data has been adjusted to reflect actual figures representing the reported building portfolio as at 30 June 2017.

vii. Transport Energy incorporates all AV vehicles and air fleet. Prior to 2017–2018 data recorded for AV air fleet included fuel used by Victoria Police in one of the rotary wing aircraft. The 2017–2018 figures include an additional rotary wing aircraft operated by AV. Due to calculation delays, road based fuel is calculated using the 12 month period from June 2017 to May 2018. For totals prior to 2017–2018, fuel consumption from non-emergency contractors is not included, however from 2017¬–2018 the totals include the usage from non-emergency patient transport vehicles.

viii. 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.

ix. The total greenhouse emissions figures incorporate an offset for the purchase of accredited Green Power.

Donations Summary

General Donations and Bequests equal to or over $1000

NAME OF DONOR	DONATION AMOUNT
Estate of Undisclosed Donor	$1,555,987.71
Estate of Thomas McKenzie	$12,454.34
Estate of Gwenda Pearl Love	$10,000.00
Edwards Foundation	$5,000.00
Count Charitable Foundation	$5,000.00
Ritchies IGA	$3,401.17
Pyramid Hill CERT	$2,953.30
Wedderburn CERT Inc	$2,875.00
The Lions Club of Wandong-Wallan Inc	$1,600.00
Corryong Men's Shed	$1,550.00
Drouin Lions Club	$1,500.00

TOTAL	**$1,602,321.52**
GENERAL DONATIONS AND BEQUESTS UNDER $1000	**$200,227.41**
TOTAL GENERAL DONATIONS	**1,802,548.93**

Auxiliary Donations equal to or over $1,000

NAME OF DONOR	AUXILIARY	AMOUNT
Kyneton M2M	Kyneton	$19,800.00
Beaufort Op Shop	Beaufort	$8,355.00
Oaks Day Committee	Yea	$7,500.00
Richies IGA	Paynesville	$6,206.05
Powercor Australia	Warracknabeal	$5,000.00
Raymond Island Football Match	Paynesville	$2,705.00
Gisborne GREAT Association Inc	Gisborne	$2,000.00
Community Aid Centre Op Shop	Robinvale	$2,000.00
Paynesville Opportunity Shop	Paynesville	$1,977.80
Rotoract Club Warracknabeal	Warracknabeal	$1,807.70
Bairnsdale Golf & Bowls Club	Paynesville	$1,765.00
St Andrew's Uniting Church	Woodend	$1,750.00
Arthritis Group	Robinvale	$1,667.75
JJ & JH O'Connor	Paynesville	$1,006.65
S.C.S.V.M.G	Maffra	$1,000.00
Mallacoota Community Opportunity Shop	Mallacoota	$1,000.00
Mrs M Curson	Paynesville	$1,000.00
Paynesville Uniting Church (Friendship Opportunity Shed)	Paynesville	$1,000.00
Speed Lions Club	*Ouyen-Patchewollock*	$1,000.00

TOTAL		**$68,540.95**
AUXILIARY DONATIONS UNDER $1000		**$258,185.66**
TOTAL AUXILIARY DONATIONS		**$326,726.61**

AMBULANCE VICTORIA

Conflict of Interest Attestation Statement

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

Assoc Prof Tony Walker ASM
Chief Executive Officer

Melbourne
15 August 2018

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

The Act was most recently updated in April 2018.

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, supportive and inclusive 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 collectively extend across Government, emergency services, health, industrial relations, finance, accounting, law, commerce, governance, culture and consulting. The Board regularly engages with senior health service, Government department officers and other external specialists to ensure Directors remain connected to contemporary health, risk and governance practices. The Board also meets in a regional location twice per year to enhance Directors' insight into local operations and community matters.

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

Declarations of pecuniary interest

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

Board Committees

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

The Board has three (3) 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 annual performance and effectiveness reviews are conducted and reported.

Finance Committee (s18 requirement)

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

use of AV financial resources and assets. Specific responsibilities include:

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

The Committee is assisted in its work by the extensive commercial, finance and accounting experience of its members. The Committee continuously improves its insights into AV through regular presentations on key areas of the business which present both financial opportunity and challenge for the organisation. All members of the Finance Committee are also members of the Audit and Risk Committee.

Audit and Risk Committee (s18 requirement)

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

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

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

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

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.

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

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

The Committee maintains an ongoing commitment in evolving its knowledge and consideration of new clinical governance practices and frameworks, comprehensive quality and safety reporting, and ways to effectively monitor and measure patient care, safety and experience. Patient stories and case examples are regularly reviewed by the Committee to maintain a direct connection to patient outcomes, AV clinical practices and clinical governance performance.

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

People and Culture Committee

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

During the year, significant review areas included occupational violence strategies, oversight of AV's first Diversity and Inclusion Strategy, strategic workforce planning, development and performance of the Professional Conduct Unit, alcohol and other drug testing, and AV's new peer dog program.

Community Advisory Committee

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

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

The CAC participates in various AV events both externally (community forums) and internally (AV activities). Key focus areas for the past year have included the development of AV's external stakeholder engagement strategy, and the commencement of stakeholder mapping.

Other contributions have been in the areas of policy and community/consumer communications.

Members' knowledge is also advanced through regular external guest presentations to ensure an ongoing connection to community issues. The community members are actively supported in developing their CAC education to enhance their contribution to the Committee's work program.

The CAC annually meets with the Quality Committee to ensure an aligned understanding of consumer and community-related issues, challenges and opportunities. Chaired by a Board Director, the Committee reports regularly to the Board.

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

BOARD CHAIR

Mr Ken Lay AO APM

Mr Lay is the former Chief Commissioner of Victoria Police where he held a number of 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 and Alannah and Madeline Foundation. Other appointments include Chair of National Mental Health & Wellbeing Study of Police and Emergency Services (beyondblue), the AFL's Respect and Responsibility Expert Advisory Committee, and a member of the Federal Defence Gender Equality Advisory Board.

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

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

BOARD MEMBERS

Ms Tasneem Chopra

Ms Chopra has extensive networks with Australia's national multicultural communities. 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 Missen Foundation, and the Australian Centre for the Moving Image. Tasneem's most recent appointment was to the Board of the Now Australia Campaign in March 2018.

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

Ms Susanne Clarke

Ms Clarke has held numerous senior management and governance positions in health and community services for over 40 years in local and State Government, and private sectors. Her experience extends across primary healthcare, philanthropy, governance and community engagement. She has been a Board Director of Bendigo Health since 2010, and is the current Chair of their Quality Care Council.

Susanne is also the Chair of Loddon Mallee Housing Ltd t/a Haven: Home, Safe, and a Director of Murray PHN.

Her 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 the public service. A passionate community advocate and environmentalist, she has served as a Board Director with a number of health and environmental organisations including Austin Health, Sustainability Victoria, North East Water and Osteopaths Registration Board of Victoria.

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

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 Eastern Health and the Medical Board of Australia since 2009. In 2015, she was a 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 and the Board Reports Advisory Committee – Victorian Agency for Health Information.

Over many years, Dr Flynn has held an extensive range of advisory and leadership appointments across the health sector. She is also a Member of the Order of Australia.

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

Mr Ian Forsyth

Mr Forsyth has more than 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 was previous 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 and Finance 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, corporate and clinical governance, and risk management.

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

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

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

Mr Peter Lewinsky

Peter has extensive private investment banking and corporate and Government advisory experience, preceded by a decade of investment banking and stockbroking experience both in Australia and internationally. Over the past 20 years, Peter has held numerous Victorian Government department governance appointments across a range of sectors.

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

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

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

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

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

Community Advisory Committee

COMMUNITY MEMBERS

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

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

Christine Stow

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

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

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

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

Mr Steven Gibbs

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

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

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

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

Community Advisory Committee

Mr Andrew Gardiner

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

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

Ross Coverdale

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

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

Judith Drake

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

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

William Lau

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

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

Mr Kevin Boote – (retired Community Advisory Committee member)

Mr Boote is the Group Liquor Operations Manager of Reddrop Management Group, and has also served on a number of Victorian health service Boards.

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.

Independent Members of the Board

Ms Karen Wells – (retired 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.

Mr Paul Coughlin – (retired Audit and Risk Committee)

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

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

Previous Board experience includes membership of the Board of the Alfred Group of Hospitals, and of Taiwan Ratings Corporation.

Ms Geniere Aplin – (retired 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.

Geniere is currently the Group Executive for Personal Injury at Employers Mutual.

Dr Angela Williams – (retired Quality Committee)

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.

Dr Williams retired from Ambulance Victoria's Quality Committee to take up a Director role on the Board of ESTA.

Meetings

	Board		Finance Committee		Audit & Risk Committee		Quality Committee		People & Culture Committee		CAC		Rem & Nom Comm.	
	H	A	H	A	H	A	H	A	H	A	H	A	H	A
Board of Directors														
K Lay AO APM (AV Chair)	13	13		5*		4*		5*		4*			3	3**
T Chopra	13	12							4	4	5	4		
S Clarke	13	12					7	6			5	5**		
S Evans	13	13	7	7**	5	5								
Dr J Flynn AM	13	12					7	6**	4	4			3	3
I Forsyth	13	13	4	3	5	5								
M Gorton AM	13	10			5	5	7	7						
P Lewinsky	13	11	7	6	5	5**			4	4			3	3
G Smith AM	13	12							4	4**				
P Coughlin Δ					5	4								
G Aplin Δ					2	2								
K Wells			7	6										
Dr A Williams Δ							3	3						
P Kirkpatrick							7	6***						
S Gibbs							7	6***						

H = Meetings eligible to attend A = Meetings attended *ex officio (non-mandatory attendance)

** Committee Chair ***Community members of the Quality Committee (voting members)

Δ G Aplin Retired November 2017, Paul Coughlin Retired End May 2017, Dr A Williams Retired November 2017

Community Advisory Committee – community members	H	A
Paul Kirkpatrick	5	5
Steven Gibbs	5	4
Dr Sally Shaw	5	5
Christine Stow	5	4
Andrew Gardiner	5	3
Dr Sandra Porter	5	5
William Lau – Commenced March 2018	2	2
Ross Coverdale – Commenced March 2018	2	2
Judith Drake – Commenced March 2018	2	1
Kevin Boote (resigned member – last meeting August 2017)	1	1

The Executive

- Chief Executive Officer, Associate Professor Tony Walker ASM
- Chief Operating 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 Operating Officer

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

Executive Director, 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. Corporate Services is also responsible for asset management, privacy advice and audit and risk management.

Executive Director, Transformation and Strategy

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

Executive Director, People & Culture

Responsible for 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 Ambulance Victoria. Engage strategically with the membership base and develop community partnerships to build a stronger link between the community and Ambulance Victoria.

Executive Director, Quality and Patient Experience

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

AMBULANCE VICTORIA

Compliance with DataVic Access Policy

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

Assoc Prof Tony Walker ASM
Chief Executive Officer

Melbourne
15 August 2018

Statement of Priorities

Goals	Strategies	Health Service Deliverables
Better Health A system geared to prevention as much as treatment Everyone understands their own health and risks Illness is detected and managed early Healthy neighbourhoods can communities encourage healthy lifestyles	**Better Health** Reduce statewide risks Build healthy neighbourhoods Help people to stay healthy Target health gaps	Expand Restart a Heart Day to a national campaign in collaboration with Council of Ambulance Authorities by December 2017.
		By June 2018, introduce a mobile application to provide trusted responders with patient location and nearest public Automated External Defibrillator.
		Building on the success of the Victorian Government "Defibrillators for Sporting Clubs and Facilities Program", with 3650 Automated Defibrillators now registered, Ambulance Victoria will support and encourage communities to continue to increase the number of publically available, accessible and registered Automated External Defibrillators by March 2018.
		Implement the 2017-2018 actions outlined in the Ambulance Victoria Consumer and Community Engagement Plan by June 2018, to ensure community feedback informs service delivery.

Outcome

Achieved

In collaboration with the Council of Ambulance Authorities, all 12 Australian and NZ Ambulance Services participated in Restart a Heart Day in 2017-2018. Ambulance Victoria developed highly engaging content for social platforms, of which two videos were shared with all 12 ambulance services, to extend the reach and actively collaborate.

Locally, our staff and volunteers facilitated 31 interactive cardiopulmonary resuscitation and automated external defibrillator activities across the state, training more than 600 members of the community. Ambulance Victoria supported six partner organisations to run activities on the day. The Victorian activities for Restart A Heart Day reached 249,000 via social media channels and was prominent in print media.

Achieved

Ambulance Victoria has introduced a lifesaving smartphone application, GoodSAM, to connect people in cardiac arrest with first aid qualified responders to provide critical help while emergency services are on the way.

An official launch of GoodSAM occurred in May 2018, involving the Premier and the Minister for Ambulance Services, and there are currently more than 3000 responders registered in Victoria.

Achieved

Ambulance Victoria has completed a suite of activities to improve registration of automated external defibrillators (AEDs), including engagement with leading manufacturers to facilitate the insertion of AED registration brochures with AEDs sold in Victoria, integration between the Ambulance Victoria AED Registry and GoodSAM Defibrilocator tool, and development of AED registration flyers and a media promotional pack.

These activities have collectively contributed towards a 25 per cent increase in the number of AED's identified and registered within Victoria between July 2017 and June 2018.

Achieved

The Ambulance Victoria Consumer and Community Engagement Plan 2017-2019 was launched in May 2017. The development of this plan was a significant accomplishment, being the first document of its type developed for Ambulance Victoria.

During 2017-2018, significant inroads have been made in achieving the goals contained within the Consumer and Community Engagement Plan. Activities undertaken in 2017-2018 have included development of a Diversity and Inclusion Strategy, completion of the Victorian Health Experience Survey, and launch of the Best Care Framework.

Ambulance Victoria has also continued to work closely with to the Community Advisory Committee to ensure community input into delivery of ambulance services to the Victorian community.

Statement of Priorities

Goals	Strategies	Health Service Deliverables
Better Access Care is always there when people need it More access to care in the home and community People are connected to the full range of care and support they need There is equal access to care	**Better Access** Plan and invest Unlock innovation Provide easier access Ensure fair access	Deliver the Victorian Government's $500 million plan to improve ambulance performance and response times, including recruitment of 450 additional paramedics and deployment or expansion of services across a number of rural, regional and priority locations. In 2017-2018, this will include: Establish six response centres (initial stage) across the metropolitan area by December 2017. Flexible deployment of 110 paramedic FTE by June 2018. Service upgrades at nine locations, including deployment of 57 new paramedic FTE by June 2018. Implement Revised Ambulance Dispatch by review and update of ambulance dispatch processes, transfer of duties from Communications Support Paramedic to dispatcher, implementation of additional dispatch channel, and modification of response boundaries, by June 2018. Commence trial of the operation of a Mobile Stroke Unit by December 2017, in collaboration with Melbourne Health, University of Melbourne and the Florey Institute of Neuroscience and Mental Health. Ongoing reporting of progress and implementation via the Ambulance Performance Improvement Portfolio steering committee.
		Fully implement Telehealth across Ambulance Victoria by September 2017, to support medical service access, particularly in regional and remote areas.
		Introduce in-field referral across Ambulance Victoria by December 2017, to support clinically safe diversion of patients to the most appropriate service for their needs.
		By December 2017, implement and evaluate pilots with Primary Health Networks to expand patient referral pathways and more appropriately care for low acuity patients.

Outcome

Achieved

Six Super Response Centres are complete, fitted out and fully operational.

The flexible deployment program is well ahead of the Government commitment schedule, with 110 resources already placed and deployed from Super Response Centres.

Service upgrades at nine locations have occurred.

Review and update of ambulance dispatch processes, revision of standard operating procedures as agreed with the Emergency Services Telecommunications Authority, implementation of an additional dispatch channel, and modification of response boundaries have been completed.

The Mobile Stroke Unit commenced operation in November 2017.

Ongoing reporting to the Ambulance Performance Improvement Portfolio Steering Committee has occurred each quarter, to provide advice on progress of key deliverables against portfolio objectives.

Achieved

Two Telehealth providers have been engaged through a tender process at Ambulance Victoria's referral service and are currently providing telehealth services across Victoria.

This provides an additional care pathway for low acuity patients to access medical services, particularly in regional and remote locations.

Achieved

The Ambulance Victoria field referral process went live in November 2017 as scheduled, enabling paramedics to connect low acuity patients in the field with a range of alternative service providers.

Achieved

Ambulance Victoria has finalised a number of pilot initiatives with Primary Health Networks (PHNs). The evaluation of this work has informed further collaboration with the PHNs, which will continue into the future.

Activities undertaken with the PHNs include the establishment of regular steering committee meetings, sharing of workload data reports and region analysis, development of a priority matrix and work plan, and introduction of a care plan communication initiative.

Statement of Priorities

Goals	Strategies	Health Service Deliverables
Better Care Target zero avoidable harm Healthcare that focuses on outcomes Patients and carers are active partners in care Care fits together around people's needs	**Better Care** Put quality first Join up care Partner with patients Strengthen the workforce Embed evidence Ensure equal care	Develop and launch the Ambulance Victoria Patient Safety and Quality Framework by September 2017.
		Establish new patient quality and safety governance mechanisms and processes for oversight and monitoring by March 2018, including organisational and regional mechanisms for monitoring and supporting performance and improvement.
	Mandatory action: Develop and implement a plan to educate staff about obligations to report patient safety concerns	Develop and implement a plan to educate staff about obligations to report patient safety concerns by June 2018, to ensure early intervention for identified safety and quality issues.
	Mandatory action: In partnership with consumers, identify three priority improvement areas using Victorian Healthcare Experience Survey data and establish an improvement plan for each. These should be reviewed every six months to reflect new areas for improvement in patient experience.	In partnership with consumers, identify three priority improvement areas using Victorian Healthcare Experience Survey data and establish an improvement plan for each, once the survey data is available.

Outcome

Achieved

Ambulance Victoria has developed a Best Care Safety and Quality Framework (Best Care) that defines the vision, goals and governance systems for a high quality experience.

Ambulance Victoria Best Care was successfully launched in September 2017, and communications supporting the roll out of Best Care have been incorporated into the Strategic Planning workshops across Victoria.

Achieved

The Ambulance Victoria Best Care clinical governance model has been established, and has been widely supported with implementation and engagement progressing.

Achieved

Ambulance Victoria has communicated regularly with staff regarding patient safety, and undertaken a suite of initiatives aimed at creating a positive patient safety culture. Monitoring of self-reporting rates has been integrated into quality governance reporting.

The organisation has also commenced a self-reporting improvement project to improve the culture and actual reporting of clinical incidents and near misses.

Achieved

Subsequent to asking patients about their experience through Victorian Healthcare Experience Survey (VHES) in early 2017, Ambulance Victoria has embarked on a significant reform journey to strengthen our commitment and vision to improving the patient experience of ambulance care.

This commenced with staff engagement across the service and with the community through the Community Advisory Committee and their networks to develop Best Care at Ambulance Victoria. Best Care is a strategic quality framework that identifies the goals for every patient to receive a safe, caring, effective and connected experience with Ambulance Victoria, every time. Best Care was officially launched in April 2018 during Patient Experience Week.

This work is ongoing and will continue to be the focus of our quality and patient experience efforts during 2018-2019 to embed Best Care as part of business as usual.

A comprehensive analysis of results for the initial survey period and identification of key findings has been undertaken. The results show the experiences of AV patients are overwhelmingly positive, especially in the areas identified as important to our patients, such as being safe in the ambulance, being provided with the right information and care, and being made to feel calm and reassured.

The key areas of improvement identified relate to the care provided through our referral service, information provided to patients as part of transition or discharge from care, and the information communicated while waiting. Action to address these improvements is being managed through implementation of the Best Care Framework.

Performance Priorities 2017-2018

	2017-2018 Target	2017-2018 Actual
High Quality and Safe Care		
Percentage of emergency patients satisfied or very satisfied with the quality of care provided by paramedics[1]	95%	97.9%
Percentage of patients experiencing severe cardiac or traumatic pain whose level of pain is reduced significantly[2]	90%	90.8%
Percentage of adult stroke patients transported to definitive care within 60 minutes[3]	90%	97.5%
Percentage of major trauma patients that meet destination compliance[4]	85%	93.3%
Percentage of adult cardiac arrest patients surviving to hospital[5]	50%	53.1%
Percentage of adult cardiac arrest patients surviving to hospital discharge[5]	25%	32.3%
Percentage of healthcare workers immunised for influenza[6]	75%	76.4%
Certification to the ISO standard ISO 9001:2008		Certified
Timely Access to Care		
Percentage of emergency (Code 1) incidents responded to within 15 minutes[7]	85%	81.8%
Percentage of emergency Priority 0 incidents responded to within 13 minutes	85%	84.0%
Percentage of emergency (Code 1) incidents responded to within 15 minutes in centres with a population greater than 7,500[7,8]	90%	87.2%
Average ambulance hospital clearing time[9]	20 mins	21:23
Percentage of patients transferred from Ambulance to ED within 40 minutes	90%	83.0%
Percentage of triple zero events where the caller receives advice or service from another health provider as an alternative to emergency ambulance response – statewide	15%	14.9%

Statistical Summary 2017-2018

	2017-2018 Target	2017-2018 Actual
Strong Governance, Leadership and Culture		
People Matter Survey - percentage of staff with a positive response to safety culture questions[10]	80%	84%
People Matter Survey – percentage of staff with a positive response to the question, "I am encouraged by my colleagues to report any patient safety concerns I may have"[10]	80%	91%
People Matter Survey – percentage of staff with a positive response to the question, "Patient care errors are handled appropriately in my work area"[10]	80%	88%
People Matter Survey – percentage of staff with a positive response to the question, "My suggestions about patient safety would be acted upon if I expressed them to my manager"[10]	80%	84%
People Matter Survey – percentage of staff with a positive response to the question, "The culture in my work area makes it easy to learn from the errors of others"[10]	80%	78%
People Matter Survey – percentage of staff with a positive response to the question, "Management is driving us to be a safety-centred organisation"[10]	80%	93%
People Matter Survey – percentage of staff with a positive response to the question, "This health service does a good job of training new and existing staff"[10]	80%	73%
People Matter Survey – percentage of staff with a positive response to the question, "Trainees in my discipline are adequately supervised" [10]	80%	63%
People Matter Survey – percentage of staff with a positive response to the question, "I would recommend a friend or relative to be treated as a patient here" [10]	80%	96%

Notes.

1. Based on results of survey conducted by the Council of Ambulance Authorities (CAA) and excluding the "Don't Know" and "Not applicable" responses.
2. Includes patients of all ages with traumatic pain and patients aged 15 years or greater with cardiac pain who presented with GCS (Glasgow Coma Scale) of 9 or more, were not intubated, had an initial pain score of 8 or more and a pain reduction of 2 or more points. Provisional figures are provided.
3. Includes patients aged 15 years or greater whose final paramedic assessment was stroke and who were transported to a hospital with stroke unit and thrombolysis or telemedicne services within 60 minutes. Excludes inter-hospital transports. Provisional figures are provided.
4. 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 2017 - December 2017.
5. Adult (↗15 years) cardiac arrests where resuscitation was attempted by EMS (excluding those cases where resuscitation was commenced but ceased when a Do Not Resuscitate was discovered) and the arrest rhythm on first ECG assessment was Ventricular Fibrillation (VF) or Ventricular Tachycardia (VT). VF/VT events include cases that were defibrillated prior to the arrival of EMS. EMS denotes Ambulance Victoria, Fire Services (Metropolitan Fire Brigade (MFB), Country Fire Authority (CFA) and Community Emergency Response Team (CERT)). Excludes cardiac arrests witnessed by a paramedic. The data in the VACAR is subject to ongoing quality control and is continually updated. Survival to hospital percentage calculation excludes cases where rhythm on arrival at hospital was unknown. Survival to hospital discharge percentage calculation excludes cases where hospital outcome data is unavailable. Results based on data available from July 2017 to March 2018.
6. Includes all AV staff. Results reflect the 2017 Influenza immunisation program, as required by business rules. Other aspects of Annual Report refer to AV's 2017 result.
7. From 1 July 2014 Statewide response times are based on data sourced from the Computer Aided Dispatch system.
8. Based on the Australian Bureau of Statistics Urban Centre boundaries (2011 census) and resident population data.
9. Based on all emergency transports with recorded times
10. People Matter Survey results reflect 2017 results

Statistical Summary 2017-2018

	2017-2018	2016-2017[1,2]	2015-2016	2014-2015	2013-2014
EMERGENCY ROAD INCIDENTS*					
Code 1	205,531	200,960	246,068	236,784	230,843
Code 2	160,917	151,974	139,196	134,376	123,862
Code 3	50,096	46,625	31,499	29,886	29,159
Total Metropolitan Emergency Road Incidents	**416,544**	**399,559**	**416,763**	**401,046**	**383,864**
RURAL REGIONS*					
Code 1	81,772	78,372	96,412	94,373	90,996
Code 2	69,752	66,533	60,143	56,984	52,711
Code 3 [3,4]	23,892	22,028	16,384	15,822	24,698
Total Rural Emergency Road Incidents	**175,416**	**166,933**	**172,939**	**167,179**	**168,405**
ALL REGIONS*					
Code 1	287,303	279,332	342,480	331,157	321,839
Code 2	230,669	218,507	199,339	191,360	176,573
Code 3 [3,4]	73,988	68,653	47,883	45,708	53,857
Total Statewide Emergency Road Incidents	**591,960**	**566,492**	**589,702**	**568,225**	**552,269**
NON-EMERGENCY ROAD INCIDENTS*					
Total Metropolitan Non-Emergency Road Incidents [4]	**235,915**	**229,921**	**200,754**	**218,263**	**250,800**
Total Rural Non-Emergency Road Incidents [3,4]	**61,506**	**53,551**	**45,190**	**46,966**	**41,158**
Total Statewide Non-Emergency Road Incidents	**297,421**	**283,472**	**245,944**	**265,229**	**291,958**
Total Metropolitan Road Incidents [4]	**652,459**	**629,480**	**617,517**	**619,309**	**634,664**
Total Rural Road Incidents	**236,922**	**220,484**	**218,129**	**214,145**	**209,563**
ROAD INCIDENTS (ALL REGIONS)*					
Emergency Code 1	287,303	279,332	342,480	331,157	321,839
Emergency Code 2	230,669	218,507	199,339	191,360	176,573
Emergency Code 3 [4]	73,988	68,653	47,883	45,708	53,857
Non-Emergency [4]	297,421	283,472	245,944	265,229	291,958
Total Road Incidents [4]	**889,381**	**849,964**	**835,646**	**833,454**	**844,227**
AIR INCIDENTS (ALL REGIONS)					
Fixed Wing - Emergency	2,437	2,298	2,523	2,139	2,184
Fixed Wing - Non-Emergency [4]	2,255	2,253	2,413	2,855	3,287
Total Fixed Wing Incidents [4]	**4,692**	**4,551**	**4,936**	**4,994**	**5,471**
HELICOPTERS					
Helicopter (HEMS 1 Essendon)	591	392	458	437	486
Helicopter (HEMS 2 Latrobe Valley)	499	452	387	369	416
Helicopter (HEMS 3 Bendigo)	521	424	373	339	332
Helicopter (HEMS 4 Warrnambool)	345	282	247	242	229
Helicopter (HEMS 5 Essendon)	593	578	568	454	423
Total Helicopter Incidents (All Emergency)	**2,549**	**2,128**	**2,033**	**1,841**	**1,886**
Emergency Air Incidents	4,986	4,426	4,556	3,980	4,070
Non-Emergency Air Incidents [4]	2,255	2,253	2,413	2,855	3,287
Total Air Incidents [4]	7,241	6,679	6,969	6,835	7,357

	2017-2018	2016-2017[1,2]	2015-2016	2014-2015	2013-2014
ADULT RETRIEVAL					
Cases handled	5,178	4,897	4,938	4,577	4,113
Retrievals [5i]					
Road retrievals - ARV Crew (Doctors and/or Critical Care Registered Nurse) [5ii]	602	NA	NA	NA	NA
Road retrievals - paramedic only	354	278	267	304	242
Road retrievals - doctor & paramedic	299	477	558	514	476
Total road retrievals	**1,255**	**755**	**825**	**818**	**718**
Air retrievals - paramedic only	1,137	1,183	1,132	1,075	1,074
Air retrievals - doctor & paramedic	549	493	594	547	533
Total air retrievals	**1,686**	**1,676**	**1,726**	**1,622**	**1,607**
Total adult retrievals	**2,941**	**2,431**	**2,551**	**2,440**	**2,325**
CODE 1 RESPONSE TIME [6]*					
Proportion of emergency (Code 1) incidents responded to in 15 minutes or less	81.8%	78.3%	75.2%	74.3%	73.7%
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]	87.2%	83.7%	80.5%	79.9%	78.5%
REFERRAL SERVICE [8]					
Percentage of 000 cases resulting in callers receiving health advice or service from another health provider as an alternative to emergency ambulance response	14.9%	15.3%	9.2%	7.6%	7.8%
PATIENTS TRANSPORTED [9]*					
Road transports (Metropolitan Regions)					
Emergency Operations	303,283	285,484	291,419	284,642	274,102
Non-Emergency Operations Stretcher [4]	130,416	128,389	109,410	123,248	146,139
Total Stretcher	**433,699**	**413,873**	**400,829**	**407,890**	**420,241**
Non-Emergency Clinic Transport Services [4]	89,277	82,293	76,284	80,799	88,424
Total Metropolitan Regions	**522,976**	**496,166**	**477,113**	**488,689**	**508,665**
Road Transports (Rural Regions)					
Total Rural Regions	**191,021**	**176,455**	**172,564**	**171,098**	**167,493**
Total Patients Transported by Road	**713,997**	**672,621**	**649,677**	**659,787**	**676,158**
AIR TRANSPORTS (ALL REGIONS)					
Fixed Wing transports [4]	4,665	4,504	4,852	4,885	5,361
Helicopters					
Helicopter (HEMS 1 Essendon)	464	324	350	348	370
Helicopter (HEMS 2 Latrobe Valley)	393	382	312	290	333
Helicopter (HEMS 3 Bendigo)	400	349	298	274	255
Helicopter (HEMS 4 Warrnambool)	274	244	196	199	172
Helicopter (HEMS 5 Essendon)	468	471	479	388	348
Total Helicopter Transports	**1,999**	**1,770**	**1,635**	**1,499**	**1,478**
Total Air Transports [4]	6,664	6,274	6,487	6,384	6,839
Total Patient Transports [4]	**720,661**	**678,895**	**656,164**	**666,171**	**682,997**

Statistical Summary 2017-2018

	2017-2018	2016-2017[1,2]	2015-2016	2014-2015	2013-2014
ROAD PATIENTS TRANSPORTED (ALL REGIONS) - CHARGING CATEGORIES [10] *					
Compensable Transports					
Veterans' Affairs [11]	20,783	21,413	23,256	26,207	30,063
Transport Accident Commission	14,523	13,153	11,853	11,510	11,487
WorkCover	3,589	3,447	3,666	3,761	3,724
Public Hospital Transfers [4]	26,281	24,712	25,990	29,507	21,523
Private Hospital Transfers [4]	2,227	2,071	2,251	5,403	na
Ordinary	56,919	53,863	53,000	52,635	51,879
Subscriber	130,984	123,187	120,615	116,200	103,297
Total Compensable Road Transports	**255,306**	**241,846**	**240,631**	**245,223**	**221,973**
Community Service Obligation Road Transports [4,11]	452,747	422,778	400,838	406,123	436,889
Other [4,12]	8,386	7,996	8,208	8,441	17,296
Total Patients Transported by Road [4]	**716,439**	**672,620**	**649,677**	**659,787**	**676,158**

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 2016-17 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.

5i. Retrievals may appear as either a road incident, an air incident or both.

5ii. During 2016-17 Adult Retrieval Victoria introduced a new platform – ARV Ambulance. This has resulted in a change in how staff are crewed therefore from 2017-18 there are retrievals without paramedic attendances.

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 2017/18 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 2017/18 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.

* Figures for 2017-2018 have been generated from a new enterprise data warehouse. Accuracy has been improved and results may vary slightly on previous years.

Statistical Summary 2017-2018

Code 1 First Response Performance by LGA, 2017-2018

Local Government Area Name	% Responses <=15 Minutes	Average Response Times Minutes	Total Number of First Responses
Alpine (S)	46.4%	20:39	591
Ararat (RC)	67.5%	14:47	618
Ballarat (C)	87.8%	10:41	5565
Banyule (C)	88.7%	10:27	5043
Bass Coast (S)	65.1%	14:10	2167
Baw Baw (S)	67.3%	14:25	2373
Bayside (C)	87.4%	11:06	3404
Benalla (RC)	70.8%	13:37	701
Boroondara (C)	88.9%	10:39	5046
Brimbank (C)	87.5%	10:40	9337
Buloke (S)	36.0%	24:53	278
Campaspe (S)	67.1%	14:19	1918
Cardinia (S)	67.5%	13:35	4236
Casey (C)	84.2%	11:17	12507
Central Goldfields (S)	64.1%	15:14	766
Colac-Otway (S)	66.6%	15:04	882
Corangamite (S)	47.7%	18:45	639
Darebin (C)	89.5%	10:26	7596
East Gippsland (S)	62.5%	15:55	2863
Frankston (C)	90.9%	09:55	7502
Gannawarra (S)	47.1%	19:55	433
Glen Eira (C)	89.7%	10:22	5344
Glenelg (S)	76.0%	12:50	888
Golden Plains (S)	37.0%	18:11	692
Greater Bendigo (C)	80.2%	11:58	5836
Greater Dandenong (C)	88.5%	10:32	8095
Greater Geelong (C)	84.9%	11:09	12818
Greater Shepparton (C)	83.9%	11:03	3807
Hepburn (S)	37.8%	18:30	675
Hindmarsh (S)	54.1%	20:44	266
Hobsons Bay (C)	85.5%	11:06	3834
Horsham (RC)	84.2%	10:47	1071
Hume (C)	84.3%	11:16	11509
Indigo (S)	31.2%	21:00	525
Kingston (C)	89.3%	10:21	6624
Knox (C)	89.5%	10:20	6193
Latrobe (C)	78.8%	11:44	5594

Statistical Summary 2017-2018

Local Government Area Name	% Responses <=15 Minutes	Average Response Times Minutes	Total Number of First Responses
Loddon (S)	29.0%	22:31	427
Macedon Ranges (S)	63.1%	14:14	1844
Manningham (C)	83.2%	11:59	4281
Mansfield (S)	44.2%	21:16	337
Maribyrnong (C)	89.1%	10:08	3620
Maroondah (C)	91.3%	09:43	5043
Melbourne (C)	90.5%	09:16	9602
Melton (S)	79.7%	11:42	6492
Mildura (RC)	83.4%	11:06	3039
Mitchell (S)	64.2%	14:13	2026
Moira (S)	58.5%	16:09	1571
Monash (C)	87.0%	11:08	6904
Moonee Valley (C)	85.4%	11:29	5248
Moorabool (S)	65.3%	14:13	1396
Moreland (C)	88.5%	10:37	8394
Mornington Peninsula (S)	80.3%	11:36	8355
Mount Alexander (S)	50.5%	17:41	798
Moyne (S)	41.0%	18:34	556
Murrindindi (S)	34.3%	21:49	717
Nillumbik (S)	65.9%	14:11	1864
Northern Grampians (S)	64.5%	14:54	555
Port Phillip (C)	89.8%	10:00	4827
Pyrenees (S)	45.3%	18:46	400
Queenscliffe (B)	48.0%	16:04	177
South Gippsland (S)	51.8%	17:25	1416
Southern Grampians (S)	69.3%	14:31	576
Stonnington (C)	87.4%	10:53	3783
Strathbogie (S)	38.5%	19:45	631
Surf Coast (S)	62.5%	14:53	1252
Swan Hill (RC)	74.1%	13:09	924
Towong (S)	35.4%	24:18	271
Unincorporated Vic	45.6%	27:25	90
Wangaratta (RC)	77.9%	12:21	1426
Warrnambool (C)	91.5%	09:39	1559
Wellington (S)	57.4%	17:00	2102
West Wimmera (S)	37.4%	23:12	131
Whitehorse (C)	91.7%	09:40	5991
Whittlesea (C)	78.9%	12:09	8645

Local Government Area Name	% Responses <=15 Minutes	Average Response Times Minutes	Total Number of First Responses
Wodonga (RC)	87.6%	10:36	1909
Wyndham (C)	83.4%	11:21	7674
Yarra (C)	91.9%	09:16	4682
Yarra Ranges (S)	73.1%	12:47	6475
Yarriambiack (S)	37.6%	23:08	383
Interstate LGAs	56.5%	17:49	871
Total AV	**81.8%**	**11:40**	**277500**

Statistical Summary 2017-2018

Code 1 First Response Performance by UCL > 7500, 2017-18

Urban Centre Locality Name >7500	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Albury - Wodonga (Wodonga Part)	91.4%	10:02	1735
Bacchus Marsh	79.8%	11:33	784
Bairnsdale	85.6%	11:08	966
Ballarat	89.3%	10:27	5272
Benalla	84.1%	11:22	534
Bendigo	86.2%	10:59	5098
Castlemaine	71.4%	14:50	441
Colac	85.4%	11:20	547
Drouin	75.0%	13:12	624
Drysdale - Clifton Springs	82.4%	11:47	505
Echuca - Moama (Echuca Part)	86.7%	10:57	854
Geelong	89.4%	10:31	9030
Gisborne	74.3%	12:18	412
Hamilton	94.2%	09:03	379
Healesville	74.3%	12:02	565
Horsham	92.4%	09:13	936
Lara	86.0%	10:46	535
Leopold	90.0%	09:57	450
Melbourne	87.3%	10:40	182520
Melton	81.4%	11:07	3436
Mildura - Buronga (Mildura Part)	92.0%	09:18	2123
Moe - Newborough	80.0%	11:17	1532
Morwell	89.3%	09:49	1598
Ocean Grove - Barwon Heads	84.2%	11:16	638
Pakenham	81.4%	11:33	2213
Portland (Vic.)	88.8%	09:56	561
Sale	89.7%	09:30	622
Shepparton - Mooroopna	91.3%	09:53	2979
Sunbury	81.2%	11:06	1769
Swan Hill	89.9%	09:26	504
Torquay - Jan Juc	79.1%	11:47	561
Traralgon	82.0%	11:26	1562
Wallan	89.8%	10:00	433
Wangaratta	90.8%	09:56	1109
Warragul	83.4%	11:25	864
Warrnambool	93.0%	09:25	1480
Total UCLs > 7500	**87.2%**	**10:40**	**236171**

Glossary

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

Road Incident:	An event to which one or more ambulances are dispatched.
Emergency Incident:	An incident to which one or more ambulances are dispatched in response to a Triple Zero (000) call from a member of the public, or a medical request for transport requiring an emergency ambulance (due to patient acuity or transport timeframe).
Dispatch Codes:	Code 1 incidents require urgent paramedic and hospital care, based on information available at time of call. Code 2 incidents are acute and time sensitive, but do not require a lights and sirens response, based on information available at time of call. Code 3 incidents are not urgent but still require an ambulance response, based on information available at time of call.
Non-Emergency Incident:	Request for patient transport where patient has been medically assessed and the transport is medically authorised; covered by the NEPT regulations and usually pre-booked.
Compensable:	Not funded by the Department of Health 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:	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. 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.
Referral Service:	The AV Referral Service provides additional triaging of lower priority calls to Triple Zero (000) by a health professional; suitable calls are referred to other service providers as an alternative to an emergency ambulance dispatch. Referral options include locum general practitioners, nursing service, hospital response teams and non-emergency ambulance transport.

Statistical Summary 2017-2018

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

Statutory Compliance

Freedom of Information

Ambulance Victoria received 2251 requests under the *Freedom of Information Act 1982* for the 2017–2018 financial year.

Full access to documents was provided in 1164 requests.

Exemptions under the Act were applied to 612 requests.

Partial access was granted for 589 requests while 14 requests were denied in full.

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

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

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

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

AV collected $53,448.80 in application fees and waived $10,366 in fees.

AV collected nil in charges to access documents.

In addition, the Freedom of Information team at Ambulance Victoria processed 534 requests for The Coroners Court of Victoria 40 for DHHHS/Child Protection and 468 for TAC applying the relevant statute law. AV collected $13,291.40 for processing TAC requests.

FREEDOM OF INFORMATION REQUESTS	**2017–2018**
Requests received during the year	2251
Response not completed within the statutory period	10
Request transferred to another agency	0
Request transferred from another agency	4
Requests withdrawn or not proceed with by the applicant	196
Access granted in full	1164
Access granted in part (exemptions claimed)	598
Access denied in full (exemptions claimed)	14
Requests where no relevant documents could be located	213
Requests not deemed valid	10
Requests awaiting completion at the end of the financial year	42

FOI Commissioner	
Reviews/complaints accepted by FOI Commissioner	5
VCAT	
Appeals lodged	0
Outcome of appeal	
VCAT confirmed	0
VCAT varied original decision	0

Statutory Compliance

Victorian Industry Participation Policy

Under the *Victorian Industry Participation Policy (VIPP) Act 2003*, AV is required to disclose whether it had any VIPP contracts during the year. AV completed VIPP contestability assessments for 16 projects that commenced 2017–2018, however VIPP plans were not required for five of these projects.

The projects that did not require VIPP plans were:

- The contract for Port Fairy Ambulance Branch Construction, estimated at $1.08 million for the contract.
- The contract for the Provision of Patient Transport Services for non-emergency patient transport, at an estimated cost of $400 million for the life of the contract.
- The contract for the Provision of Warehousing Services, at a cost of $7.2 million for the life of the contract.
- The contract for Provision of Debt Collection Services, at a cost of $8.5 million for the life of the contracts.
- The contract for Embedded Credentialed Mental Health Nursing Services at a cost of $4.2 million for the life of the contract.

The projects that did require a VIPP plan were:

- The contracts for the following construction projects:
  - Moe Ambulance Branch
  - Mernda Ambulance Branch
  - Winchelsea Ambulance Branch
  - Swan Bay Queenscliff Ambulance Branch
  - Mornington Ambulance Branch
  - Broadford Ambulance Branch
  - Tatura Ambulance Branch
  - St Arnaud Ambulance Branch
- The contract for Medical Gases, at a value to be determined.
- The contract for Uniforms and Associated Services, at a total contract cost of $17.6 million.

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.

Disability Action Plan

Work is under way to develop an AV Accessibility Action Plan. This project is being led by the C&SE division, in partnership with P&C's Diversity and Inclusion team. Initial stakeholder briefings have commenced, with internal stakeholders and members of the Community Advisory Committee. Broader operations and external stakeholder consultations are scheduled to run over July and August, with a final plan to be delivered by October, pending the recruitment of a suitably qualified contractor or consultant.

Carers Recognition Act 2012

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*. 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.

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.

Consultancies

Consultant Name (excl GST)	Purpose of Consultancy Future Expenditure (excl GST)	Start date	End date $'000	Total Approved Project Fee (excl GST) $'000	Expenditure 2017-18 $'000	Future Expenditure (excl GST) $'000
KPMG	Finance Reporting and Analysis Technology Roadmap	Apr-18	Jun-18	$150	$150	-
PwC	Pharmacist Delivery of Medications Model	Apr-17	Nov-17	$17	$18	-
Integrated Global Partners Pty Ltd	Implement AV Organisational Redesign	Aug-17	Dec-17	$348	$241	-
ORH Ltd	AV Operational Planning - Response Time Modelling	Jul-17	May-18	$92	$92	-
The Ethics Centre Incorporated	Development of AV's Ethics Framework	Aug-17	Mar-18	$18	$18	-
PwC	Contract Management Review	Mar-18	Jun-18	$90	$90	-
Graylin Pty Ltd	Independent Review of NSQHS	Jul-17	Aug-17	$36	$36	-
Deloitte Risk Advisory Pty Ltd	Fuel & Power Recovery Strategy	Apr-18	May-18	$50	$50	-

In 2017-2018 Ambulance Victoria engaged three consultants where the total fees payable to the Consultants was less than $10,000, with a total expenditure of $12,000 excluding GST.

ICT Expenditure

Details of Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2017-2018 is $32.53m (excluding GST) with the details shown below ($m).

Business As Usual (BAU) ICT expenditure (Total)	Non Business As Usual (non BAU) ICT expenditure (Total=Operational expenditure and Capital Expenditure)	Operational expenditure	Capital expenditure
$20.92m	$11.61m	$2.54m	$9.07m

Health, Safety and Wellbeing

Health and Safety

	2017-2018	2016-2017	2015-2016
Number of workplace fatalities	0	0	0
Lost Time Injury Frequency Rate (LTIFR)* Previous Years[1]			~~96.5~~
Lost Time Injury Frequency Rate (LTIFR)* Corrected[1]	51.4	64.0	76.3
Average number of standard claims per 100 FTE (Full Time Equivalent) staff	3.8	4.7	6.4
Average cost per WorkCover standard claim[2]	$57,392	$64,868	$55,259
Number of hazards/incidents reports lodged[3]	3,074	2,944	3,288
Percentage of WorkCover standard claims with RTW plan initiated	100%	100%	100%
Percentage of employees immunised against influenza (including ACOs)[4]	84%	76%	54%
Percentage of Health and Safety Representatives (HSR) Positions filled	94%	94%	84&

Notes:

1. In FY2016–2017 the AV Board, AV People Committee, AV Executive and AV Audit & Finance Committee were 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 under-reporting of productive hours resulted in a significant improvement to the Lost Time Injury Frequency Rate metrics by an average 25 per cent per reporting period. Controls were implemented to resolve the issue. The LTIFR was recalculated for the financial year ending 2015–2016.
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 2017–2018 result is based on the cost of claims as received by Xchanging as at the end of June 2018, divided by the total number of Standard WorkCover claims lodged in 2017–2018.
3. The number of hazards/incidents/injuries (HIIs) as lodged in AV's Health, Safety and Claims System (HSCS).
4. The result reflects the uptake of 2018 Influenza Vaccination Program as at June 2018.

Occupational Violence Statistics

Occupational Violence Statistics

	2017-2018	2016-2017
Workcover accepted claims with an occupational violence cause per 100 FTE	0.31	0.33
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	1.02	1.66
Number of occupational violence incidents reported	610	567
Number of occupational violence incidents reported per 100 FTE	12.7	12.5
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	2.46%	2.65%

Notes:

1. 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.

Alcohol and Other Drugs testing

Alcohol and Other Drugs testing

AV's Alcohol and Other Drugs (AOD) program endorsed by the Executive commits to random testing of 20 per cent of the AV workforce in the first 12 months, equating to 1400 staff. The AOD program includes the following types of testing:

- 'For cause' testing
- Pre-employment testing for graduate paramedics
- For the existing workforce a combination of testing via randomising locations and targeted testing of high-risk groups.

All AV employees are included in the testing program.

The random AOD program commenced on 1 January 2018. For the 2017–2018 financial year AV conducted 1055 tests with seven employees testing positive for illicit substances and one employee testing positive for an AV medication.

The employees who tested positive are being given assistance by AV's supportive framework and the AOD Welfare Specialist.

Financial Overview 2017-2018

Key Financial Results

	2017-2018 $m	2016-2017 $m	2015-2016 $m	2014-2015 $m	2013-2014 $m
Net Result Before Capital & Specifics [i,ii]	8.215	12.513	5.639	5.880	6.387
Net Result [iii]	(9.692)	14.182	13.248	7.960	6.712
Comprehensive Result [iv]	(9.692)	23.468	23.883	7.946	24.050

i. The transactions arising from the organisation's activities excluding capital, depreciation and bad and doubtful debts. The adjustment to bad and doubtful debts have been applied to 2016-2017 comparatives only.

ii. The 2017-2018 Net Result before Capital & Specifics including bad and doubtful debt is a $13.6m accounting deficit due to timing of grant receipts, with an underlying result in line with Statement of Priotities target of $0.0m.

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

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

Summary results 2017-2018

AV has reported a deficit

AV recorded a deficit in 2017-2018. This result is impacted by a timing mismatch of grant revenue and associated expenses related to AV's Ambulance Performance Improvement Project and EBA increases. In 2017-2018, improvement to ambulance response time activities and EBA increases have been partly funded by grant revenue received in previous financial years.

Total revenue increased by 11%.

Additional Government funding was provided to AV to support increased service availability to improve paramedic response times, expand service capability (such as NURSE-ON-CALL and Clinical Response Model) and EBA pay increases.

Growth in activity has increased expenditure

Overall service delivery expenditure has increased in 2017-2018 due to continued increase in workload volume. The expenditure increase also reflects the ongoing impact of the changes to AV's Clinical Response Model i.e. increased contracted non-emergency workload, additional paramedics associated with the implementation of AV's Performance Improvement Plan, and the transition of the NURSE-ON-CALL service to AV in February 2018.

Major Movements

Employee Benefits

Additional paramedics were recruited as a part of AV's Performance Improvement Plan to improve response times and patient outcomes. In addition, EBA increases, and additional shifts to support increased workload (partly due to significant demand increases during the winter and influenza seasons), have contributed to the expenditure increase.

Air Wing Contract Cost

A new rotary aircraft contract came into effect in January 2017, and the full-year impact of all aircrafts have contributed to the increase in 2017-2018 expenditure.

Computer Aided Dispatch Contract Cost

A one-off payment to ESTA for enhancements to call taking and dispatch was incurred during the year. Whilst this increased contract expenditure there is no impact to the overall net result with corresponding Government funding provided.

Non-Emergency Contract Cost

The full implementation of the Clinical Response Model has contributed to an increase in non-emergency workload as AV continues to improve the allocation and utilisation of its resources to its patient needs.

NURSE-ON-CALL Contract Cost

AV assumed responsibility of the NURSE-ON-CALL service in February 2018. The increase in this cost has been offset by Government funding.

Financial Overview 2017-2018

Main Components of Expenditure

The majority of AV's expenditure continues to arise from major contracts and employee costs	Note 3 to the financial statements provides a detailed breakdown of AV's $1,058.3 million expenditure. The mix between major categories was consistent with 2016-2017 and previous years and shows a high level of fixed cost: $897.1 million 85% of total — Employee Costs and Major Contracts (including non-emergency services, Air Ambulance services and computer aided ambulance dispatch services) $96.2 million 9% of total — Supplies & indirect cost medical supplies, ambulances and property maintenance, rental and occupancy costs, audit, membership promotion and office and technical expenses $65.0 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

Summary Financial Results	2017-2018 $000	2016-2017 $000	2015-2016 $000	2014-2015 $000	2013-2014 $000
Total Revenue	1,048,649	954,945	810,900	728,661	663,923
Total Expenses	1,058,341	940,764	797,652	720,700	657,211
Net Result	(9,692)	14,182	13,248	7,960	6,712
Retained Surplus/(Deficit)	63,550	73,242	59,060	45,812	37,852
Total Assets	682,088	668,080	601,757	511,871	481,090
Total Liabilities	382,555	358,855	316,000	249,671	226,836
Net Assets	299,533	309,225	285,757	262,200	254,254
Total Equity	299,533	309,225	285,757	262,200	254,254

Financial Indicators	2017-2018	2016-2017	2015-2016	2014-2015	2013-2014
Current Assets Ratio	0.49	0.61	0.66	0.68	0.73
Debtors Turnover (Days) [i]	84	101	114	71	54
Creditors Payable Turnover (Days)	50	55	56	48	48
Bad & Doubtful Debt Provision/YTD Billings Ratio	0.12	0.11	0.10	0.11	0.09
Actual Cost Per Road Incident ($)	$986	$956	$826	$746	$ 694
Liability Ratio	0.56	0.54	0.53	0.49	0.47
Asset Turnover Ratio	1.55	1.50	1.46	1.47	1.41

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

Ambulance Victoria

Financial Report For The Year Ending 30 June 2018

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 2018 and the financial position of Ambulance Victoria at 30 June 2018.

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 15 August 2018.

Ken Lay AO APM
Chair of the Board

Melbourne
15 August 2018

Tony Walker ASM
Chief Executive Officer

Melbourne
15 August 2018

Rob Barr FCPA
Executive Director
Corporate Services/Chief
Financial Officer

Melbourne
15 August 2018

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Ambulance Victoria

Opinion	I have audited the financial report of Ambulance Victoria (the entity) which comprises the: • balance sheet as at 30 June 2018 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including significant accounting policies • board chair's, chief executive officer's and executive director corporate services' declaration. In my opinion the financial report presents fairly, in all material respects, the financial position of the entity as at 30 June 2018 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and applicable Australian Accounting Standards.
Basis for Opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* 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 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Board's responsibilities for the financial report	The Board of the entity is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Financial Management Act 1994*, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Board is responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

Level 31 / 35 Collins Street, Melbourne Vic 3000
T 03 8601 7000 enquiries@audit.vic.gov.au www.audit.vic.gov.au

Auditor's responsibilities for the audit of the financial report

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

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

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

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

MELBOURNE
21 August 2018

Ron Mak
as delegate for the Auditor-General of Victoria

Ambulance Victoria

COMPREHENSIVE OPERATING STATEMENT

For the Financial Year Ended 30 June 2018

	NOTE	2018 $'000	2017 $'000
Revenue from Operating Activities	2.1	**987,156**	886,469
Revenue from Non-Operating Activities	2.1	**3,336**	3,647
Other Income	2.1	**9,018**	10,041
Employee Benefits	3.1	**(712,329)**	(644,611)
Contract Payments and Services	3.1	**(182,780)**	(150,697)
Supplies and Services	3.1	**(57,186)**	(55,951)
Maintenance	3.1	**(20,189)**	(18,749)
Other Operating Expenses	3.1	**(18,811)**	(17,636)
NET RESULT BEFORE CAPITAL AND SPECIFIC ITEMS		**8,215**	12,513
Capital Purpose Income	2.1	**46,895**	51,504
Assets Received Free of Charge	2.2	**-**	130
Depreciation and Amortisation	4.4	**(38,905)**	(31,645)
NET RESULT AFTER CAPITAL AND SPECIFIC ITEMS		**16,205**	32,502
OTHER ECONOMIC FLOWS INCLUDED IN NET RESULT			
Net Gain/(Loss) on Disposal of Non-Financial Assets	2.1.6	**(1,901)**	(2,527)
Net Gain/(Loss) on Financial Instruments	3.1	**(21,993)**	(23,918)
Revaluation of Long Service Leave	3.1	**(2,003)**	8,125
TOTAL OTHER ECONOMIC FLOW INCLUDED IN NET RESULT		**(25,897)**	(18,320)
NET RESULT FOR THE YEAR		**(9,692)**	14,182
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
		-	9,286
COMPREHENSIVE RESULT FOR THE YEAR		**(9,692)**	23,468

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

Ambulance Victoria

BALANCE SHEET

For the Financial Year Ended 30 June 2018

	NOTE	2018 $'000	2017 $'000
CURRENT ASSETS			
Cash and Cash Equivalents	6.1	**112,270**	48,955
Receivables	5.1	**36,663**	43,029
Investments and Financial Assets	4.1	**1,400**	79,000
Inventories		**1,179**	1,009
Prepayments		**2,403**	3,939
TOTAL CURRENT ASSETS		**153,915**	175,932
NON-CURRENT ASSETS			
Receivables	5.1	**98,259**	90,233
Property, Plant and Equipment	4.2	**419,833**	394,160
Intangible Assets	4.3	**10,081**	7,755
TOTAL NON-CURRENT ASSETS		**528,173**	492,148
TOTAL ASSETS		**682,088**	668,080
CURRENT LIABILITIES			
Payables	5.3	**57,186**	51,851
Provisions	3.2	**208,761**	192,802
Prepaid Income	5.2	**47,736**	45,045
TOTAL CURRENT LIABILITIES		**313,683**	289,698
NON-CURRENT LIABILITIES			
Payables	5.3	**10,703**	14,606
Provisions	3.2 & 5.4	**38,721**	37,896
Prepaid Income	5.2	**19,448**	16,655
TOTAL NON-CURRENT LIABILITIES		**68,872**	69,157
TOTAL LIABILITIES		**382,555**	358,855
NET ASSETS		**299,533**	309,225
EQUITY			
Property, Plant and Equipment Revaluation Reserve	8.1.a	**47,864**	47,864
Contributed Capital	8.1.b	**188,119**	188,119
Accumulated Surplus	8.1.c	**63,550**	73,242
TOTAL EQUITY		**299,533**	309,225
Commitments for Expenditure	6.2		
Contingent Assets and Contingent Liabilities	7.2		

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

Ambulance Victoria

STATEMENT OF CHANGES IN EQUITY

For the Financial Year Ended 30 June 2018

	Note	Property, Plant and Equipment Revaluation Reserve	Contributed Capital	Accumulated Surplus	Total Equity
		$'000	$'000	$'000	$'000
Balance at 1 July 2016		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	8.1	**47,864**	**188,119**	**73,242**	**309,225**
Net result for the year		**-**	**-**	**(9,692)**	**(9,692)**
Other Comprehensive income for the year		-	-	-	-
Balance at 30 June 2018		**47,864**	**188,119**	**63,550**	**299,533**

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

Ambulance Victoria

CASH FLOW STATEMENT

For the Financial Year Ended 30 June 2018

	NOTE	2018	2017
		$'000	$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		**675,671**	631,151
Capital Grants from Government		**38,222**	51,504
Transport Fees Received		**168,631**	151,702
Membership Fees Received		**89,579**	85,151
Service Fees Received		**27,422**	26,924
Interest Received		**3,519**	3,466
Donations and Bequests Received		**2,129**	560
GST Received from ATO		**31,789**	28,157
Other Receipts		**6,554**	9,091
Total Receipts		**1,043,516**	987,706
Employee Benefits Paid		**(697,252)**	(606,059)
Payments for Supplies and Services		**(300,257)**	(262,744)
Total Payments		**(997,509)**	(868,803)
Net Cash Flow From/(Used In) Operating Activities	8.2	**46,007**	118,903
CASH FLOWS FROM INVESTING ACTIVITIES			
(Purchase of)/Proceeds from Redemption of Investments		**77,600**	(54,000)
Purchase of Property, Plant and Equipment		**(62,377)**	(62,826)
Proceeds from Sale of Property, Plant and Equipment		**2,244**	3,153
Net Cash Flow From/(Used in) Investing Activities		**17,467**	(113,673)
CASH FLOWS FROM FINANCING ACTIVITIES			
Loss on Settlement of Financial Instruments		**(159)**	(224)
Net Cash Flow From/(Used in) Financing Activities		**(159)**	(224)
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS HELD		**63,315**	5,006
CASH AND CASH EQUIVALENTS AT BEGINNING OF FINANCIAL YEAR		**48,955**	43,949
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	6.1.1	**112,270**	48,955

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

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 2018, and the comparative information presented in these financial statements for the year ended 30 June 2017.

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 AV.

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

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

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

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

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

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These annual financial statements represent the audited general purpose financial statements for Ambulance Victoria (AV) for the period ending 30 June 2018. 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 Australian paragraphs applicable to “not-for-profit” entities under the AASBs.

These annual financial statements were authorised for issue by the Board of AV on 15 August 2018.

(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.

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 Revenue by Source
2.2 Assets Received Free of Charge

NOTE 2.1: REVENUE BY SOURCE	**NOTE**	**2018 $'000**	2017 $'000
Revenue from Operating Activities			
Government Grants	2.1.1	**682,004**	587,795
Indirect Contributions from the DHHS [1]	2.1.2	**8,260**	22,479
Transport Fees	2.1.3	**185,376**	169,786
Membership Revenue	2.1.4	**84,095**	79,485
Service Fees	2.1.1	**27,422**	26,924
Total Revenue from Operating Activities		**987,156**	886,469
Revenue from Non-Operating Activities			
Interest		**3,228**	3,539
Property Rental		**108**	108
Total Revenue from Non-Operating Activities		**3,336**	3,647
Other Revenue	2.1.5	**9,018**	10,041
Revenue from Capital Purpose Income			
Government Grants	2.1.1	**38,222**	49,177
Indirect Contributions from the DHHS [1]	2.1.2	**8,673**	2,327
Total Revenue from Capital Purpose Income		**46,895**	51,504
Proceeds from Disposal of Non-Financial Assets	2.1.6	**2,244**	3,153
Assets Received Free of Charge	2.2	**-**	130
TOTAL REVENUE		**1,048,650**	954,944

[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 (refer below).

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

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

AV received grants from the DHHS as payment for costs including providing transport for Pensioners and Health Care Card Holders under the government's concessions program. AV also received grants from the Department of Justice and Regulation 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, recognised as revenue following advice from the DHHS.
. Long Service Leave (LSL) revenue, recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the DHHS Hospital Circular 04/18.

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 5.3 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	**2018**	2017
	$'000	$'000
Operating Grants		
DHHS	**672,389**	578,372
Department of Justice and Regulation	**8,939**	9,409
Other	**676**	14
Total Operating Grants	**682,004**	587,795
Service Fees		
DHHS	**15,006**	14,640
TAC	**12,415**	12,284
Total Service Fees	**27,422**	26,924
Capital Grants		
DHHS - Recurrent Capital	**24,221**	23,863
DHHS - Other Capital [1]	**14,001**	25,314
Total Capital Grants	**38,222**	49,177
TOTAL GOVERNMENT GRANTS AND SERVICE FEES	**747,648**	663,896

[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	**8,026**	22,235
Insurance	**234**	244
Total Operating Indirect Contributions by DHHS	**8,260**	22,479
Capital Purpose Indirect Contributions by DHHS		
Pre-Construction Costs	**8,673**	2,327
Total Capital Purpose Indirect Contributions by DHHS	**8,673**	2,327
TOTAL INDIRECT CONTRIBUTIONS BY DHHS	**16,933**	24,806

NOTE 2.1.3: TRANSPORT FEES

Patient Transport	**85,223**	75,927
Inter-Hospital and Outpatient Transfers	**43,462**	38,308
Transport Accident Commission	**30,385**	26,971
Department of Veteran Affairs	**19,966**	22,284
WorkCover	**6,338**	6,294
Public Duty	**2**	2
TOTAL TRANSPORT FEES	**185,376**	169,786

	2018	2017
NOTE 2.1.4: MEMBERSHIP REVENUE	**$'000**	$'000
Membership Revenue		
Family	**53,000**	49,793
Single	**31,095**	29,692
TOTAL MEMBERSHIP REVENUE	**84,095**	79,485

NOTE 2.1.5: OTHER INCOME

Attendance Fees	**3,419**	2,887
Victorian Ambulance Clinical Information System (VACIS) Collaboration Recoveries	**1,570**	1,570
Donations and Bequests	**2,129**	560
Recoveries	**773**	606
Other [1]	**1,127**	4,418
TOTAL OTHER INCOME	**9,018**	10,041

[1] Comparatives includes recognition of the distribution of settlements.

NOTE 2.1.6: NET GAIN/(LOSS) ON DISPOSAL OF NON-FINANCIAL ASSETS

Proceeds from Disposal of Non-Current Assets		
Plant and Equipment	**185**	681
Motor Vehicles	**2,059**	2,472
Total Proceeds from Disposal of Non-Current Assets	**2,244**	3,153
Less: Written Down Value of Non-Current Assets Disposed [2]		
Buildings	**429**	561
Leasehold Improvements	**16**	10
Plant and Equipment	**486**	1,321
Office Furniture and Equipment	**-**	1
Motor Vehicles	**3,214**	3,790
Total Written Down Value of Non-Current Assets Disposed	**4,145**	5,682
Net Gain/(Loss) on Disposal of Non-Current Assets		
Buildings	**(429)**	(561)
Leasehold Improvements	**(16)**	(10)
Plant and Equipment	**(301)**	(640)
Office Furniture and Equipment	**-**	(1)
Motor Vehicles	**(1,155)**	(1,318)
TOTAL NET GAIN/(LOSS) ON DISPOSAL OF NON-CURRENT ASSETS	**(1,901)**	(2,527)

[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

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 by Source
3.2 Provisions (Employee Benefits in the Balance Sheet)
3.3 Superannuation

NOTE 3.1: EXPENSES BY SOURCE	**Note**	**Operations**		**Administration**		**Vehicle & Property Maintenance**		**Other**		**Total**	
		2018 $'000	2017 $'000	**2018 $'000**	2017 $'000	**2018 $'000**	2017 $'000	**2018 $'000**	2017 $'000	**2018 $'000**	2017 $'000
Employee Benefits		**648,288**	575,098	**53,973**	50,143	**8,225**	7,533	**3,845**	3,712	**714,332**	636,486
Contract Payments and Services		**175,550**	143,612	**7,230**	7,073	**-**	11	**-**	-	**182,780**	150,697
Supplies and Services		**24,978**	22,621	**27,859**	29,048	**3,690**	3,414	**660**	867	**57,186**	55,951
Repairs & Maintenance		**12,041**	11,738	**347**	261	**7,787**	6,741	**14**	7	**20,189**	18,749
Other Operating Expenses		**11,930**	10,337	**3,094**	2,379	**3,726**	3,305	**60**	1,615	**18,811**	17,636
Depreciation and Amortisation	4.4	**23,050**	20,807	**3,865**	1,841	**11,990**	8,998	**-**	-	**38,905**	31,645
Written Down Value of Non-Current Assets Disposed	2.1.6	**-**	-	**4,145**	5,683	**-**	-	**-**	-	**4,145**	5,683
Loss on Financial Assets										**-**	
Bad and Doubtful Debts		**-**	-	**21,834**	19,316	**-**	-	**-**	**-**	**21,834**	19,316
Write down of Financial Assets [1]		**-**	-	**-**	4,552	**-**	-	**-**	-	**-**	4,552
Settlement on Forward Exchange Contract		**-**	-	**159**	50	**-**	-	**-**	-	**159**	50
TOTAL EXPENSES		**895,837**	784,213	**122,506**	120,346	**35,418**	30,002	**4,579**	6,201	**1,058,341**	940,765

[1] 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.

NOTE 3.1: EXPENSES BY SOURCE (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, termination benefits, leave entitlements and superannuation expenses which are reported differently depending upon whether employees are members of defined benefit or defined contribution plans.

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

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

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

Supplies and Services, 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.

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

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

Other Gains/(Losses) from other Economic Flows includes:
. the revaluation of the present value of the long service leave liability due to changes in the bond rate movements, inflation rate movements and the impact of changes in probability factors; and
. transfer of amounts from the reserves to accumulated surplus or net result due to disposal or derecognition or reclassification;
. net gain/(loss) on financial instruments.

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.

	2018	2017
Current Provisions	**$'000**	$'000
Employee Benefits		
Long Service Leave		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	**7,490**	7,172
Unconditional and expected to be wholly settled after 12 months (Discounted)	**111,367**	98,897
Annual Leave		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	**37,206**	33,997
Unconditional and expected to be wholly settled after 12 months (Discounted)	**331**	397
Accrued Days Off		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	**11,040**	13,110
Others		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	**14,240**	14,027
	181,674	167,600
Provisions Related to Employee Benefit On-Costs		
Unconditional and expected to be wholly settled within 12 months (Undiscounted)	**9,048**	9,166
Unconditional and expected to be wholly settled after 12 months (Discounted)	**18,039**	16,036
	27,087	25,202
Total Current Provisions	**208,761**	192,802
Non-Current Provisions		
Employee benefits - Long Service Leave (Present value)	**30,431**	29,587
Provisions related to employee benefit on-costs (Present value)	**4,915**	4,778
Total Non-Current Provisions	**35,345**	34,365
TOTAL PROVISIONS	**244,106**	227,167
3.2.1 Employee Benefits and Related On-costs		
Current Employee Benefits		
Unconditional LSL entitlements	**118,857**	106,069
Annual leave entitlements	**37,537**	34,394
Accrued days off	**11,040**	13,110
Others		
Accrued salaries and wages	**13,117**	10,575
Accrued time-bank	**1,122**	1,309
AMPA EBA	**-**	2,143
Non-Current Employee Benefits		
Conditional LSL entitlements (Discounted)	**30,431**	29,587
Total Employee Benefits	**212,104**	197,187
On-Costs		
Current On-Costs	**27,087**	25,202
Non-Current On-Costs	**4,915**	4,778
Total On-Costs	**32,002**	29,980
Total Employee Benefits and Related On-Costs	**244,106**	227,167
3.2.2 Reconciliation of movement in LSL Provision (including On-Costs):		
Balance at Beginning of Year	**157,566**	139,659
Provision made during the year	**21,765**	33,894
Revaluations	**2,003**	(8,125)
Settlement made during the year	**(7,996)**	(7,862)
Balance at End of Year	**173,338**	157,566

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.

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 e.g.. bond rate movements, inflation rate movements and changes in probability factors, which are then recognised as an other economic flow (Refer Note 8.9).

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	
	2018	2017	**2018**	2017
	$'000	$'000	**$'000**	$'000
Defined Benefit Plans:				
Emergency Services Superannuation Fund	**51,153**	43,888	**893**	673
Defined Contribution Plans:				
Emergency Services Superannuation Fund	**4,511**	4,261	**75**	64
Other	**1,855**	1,494	**54**	30
Total	**57,519**	49,643	**1,022**	767

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.

NOTE 4: KEY ASSETS TO SUPPORT SERVICE DELIVERY

AV controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the key resources that have been entrusted to AV to be utilised for delivery of those outputs.

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

NOTE 4.1: INVESTMENTS AND OTHER FINANCIAL ASSETS	**2018 $'000**	2017 $'000
Financial assets		
Term Deposits (> 3 months)	**1,400**	79,000
TOTAL FINANCIAL ASSETS	**1,400**	79,000

Financial assets 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.

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.

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT	**2018 $'000**	2017 $'000
(a) Gross Carrying Amount and Accumulated Depreciation		
Land		
Land at Fair Value	**90,877**	81,660
Crown Land at Fair Value	**19,467**	19,467
Total Land	**110,344**	101,127
Buildings		
Buildings under Construction at Cost	**10,128**	3,815
Buildings at Fair Value	**176,436**	164,058
Less Accumulated Depreciation	**(18,832)**	(13,722)
Total Buildings	**167,732**	154,151
Leasehold Improvements		
Leasehold Improvements under Construction at Cost	**500**	832
Leasehold Improvements at Fair Value	**18,332**	12,672
Less Accumulated Amortisation	**(9,427)**	(7,580)
Total Leasehold Improvements	**9,405**	5,924
Plant and Equipment		
Plant and Equipment under Construction at Cost	**1,606**	6,489
Plant and Equipment at Fair Value	**95,184**	87,497
Less Accumulated Depreciation	**(45,191)**	(38,077)
Total Plant and Equipment	**51,599**	55,909
Office Furniture and Equipment		
Office Furniture and Equipment at Fair Value	**943**	908
Less Accumulated Depreciation	**(802)**	(740)
Total Office Furniture and Equipment	**141**	172
Motor Vehicles		
Motor Vehicles under Construction at Cost	**5,606**	7,997
Motor Vehicles at Fair Value	**139,899**	125,072
Less Accumulated Depreciation	**(64,892)**	(56,192)
Total Motor Vehicles	**80,612**	76,877
TOTAL PROPERTY, PLANT AND EQUIPMENT	**419,833**	394,160

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT (Continued)

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

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

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

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

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

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

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

	Land	Buildings	Leasehold Improvements	Plant and Equipment	Office Furniture and Equipment	Motor Vehicles	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2016	88,583	151,136	5,658	43,228	208	71,431	360,243
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 Transferred Free of Charge	130	-	-	-	-	-	130
Revaluation Increments/ (Decrements)	9,286	-	-	-	-	-	9,286
Net transfers between classes	-	(5)	5	(3)	-	3	-
Depreciation and Amortisation (Note 4.4)	-	(4,929)	(1,288)	(7,710)	(74)	(15,878)	(29,879)
Balance at 1 July 2017	**101,127**	**154,150**	**5,924**	**55,909**	**172**	**76,877**	**394,160**
Additions	**9,217**	**19,369**	**5,413**	**5,529**	**31**	**24,760**	**64,319**
Disposals	**-**	**(429)**	**(16)**	**(486)**	**-**	**(3,214)**	**(4,145)**
Assets Received Free of Charge	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Revaluation Increments/ (Decrements)	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Net transfers between classes	**-**	**(6)**	**6**	**955**	**-**	**-**	**955**
Depreciation and Amortisation (Note 4.4)	**-**	**(5,352)**	**(1,923)**	**(10,308)**	**(62)**	**(17,811)**	**(35,456)**
Balance at 30 June 2018	**110,344**	**167,732**	**9,405**	**51,599**	**141**	**80,612**	**419,833**

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 2017 following a material movement in fair value of land in 2016-17.

An annual management assessment of AV's land and buildings was undertaken in 2017-18, and no material movements in fair value was noted for land and buildings.

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT (Continued)

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 2017-18, and no material movements in fair value were noted.

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

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

	Carrying Amount	Fair Value Measurement at End of the Financial Year Using:		
2017	$'000	Level 1	Level 2	Level 3
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 and Equipment at Fair Value				
Plant and Equipment	55,909	-	-	55,909
Total Plant and Equipment at Fair Value	55,909	-	-	55,909
Office Furniture and Equipment at Fair Value				
Office Furniture and Equipment	172	-	-	172
Total Office Furniture and 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
	394,160	-	2,522	391,638

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT (Continued)

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

For non-specialised land and non-specialised buildings, an independent valuation was performed by independent 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 as at 30 June 2016 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 managerial valuations were 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.

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 2018. 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 2016	87,296	149,912	5,658	43,228	208	71,431
Additions/(Disposals)	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	99,735	153,020	5,924	55,909	172	76,877
Balance at 1 July 2017	**99,735**	**153,020**	**5,924**	**55,909**	**172**	**76,877**
Additions/(Disposals)	**9,217**	**19,034**	**5,397**	**5,043**	**31**	**21,546**
Reclassification	**-**	**(6)**	**6**	**955**	**-**	**-**
Gains or Losses Recognised in Net Result						
- Depreciation	**-**	**(5,352)**	**(1,923)**	**(10,308)**	**(62)**	**(17,811)**
Subtotal	**-**	**(5,352)**	**(1,923)**	**(10,308)**	**(62)**	**(17,811)**
Balance at 30 June 2018	**108,952**	**166,696**	**9,405**	**51,599**	**141**	**80,612**

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT (Continued)

Description of Significant Unobservable Inputs to Level 3 Valuations

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

(a) Newly built/acquired assets could be categorised as Level 2 assets as depreciation would not be a significant unobservable input (based on the 10% materiality threshold).
(b) AASB 13 Fair Value Measurement provides an exemption for not for profit public sector entities from disclosing the sensitivity analysis relating to 'unrealised gains/(losses) on non-financial assets' if the assets are held primarily for their current service potential rather than to generate cash inflows.
(c) CSO adjustment of 20% was applied to reduce the market approach value for AV specialised land.

There were no changes in valuation techniques throughout the period to 30 June 2018.

	2018	2017
NOTE 4.3: INTANGIBLE ASSETS	**$'000**	$'000
Software and Development Costs Capitalised	**31,933**	26,599
Less Accumulated Amortisation	**(21,852)**	(18,844)
TOTAL INTANGIBLE ASSETS	**10,081**	7,755

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 2016		4,428
Additions		5,093
Amortisation	4.4	(1,766)
Balance at 1 July 2017		**7,755**
Additions		**6,731**
Net Transfers between classes		**(955)**
Amortisation	4.4	**(3,450)**
Balance at 30 June 2018		**10,081**

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

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

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

NOTE 4.4: DEPRECIATION AND AMORTISATION	**2018 $'000**	2017 $'000
Depreciation		
Buildings	**5,352**	4,929
Plant and Equipment	**10,308**	7,710
Office Furniture and Equipment	**62**	74
Motor Vehicles	**17,811**	15,878
Total Depreciation	**33,533**	28,591
Amortisation		
Leasehold Improvements	**1,923**	1,288
Intangible Assets	**3,450**	1,766
Total Amortisation	**5,372**	3,054
TOTAL DEPRECIATION AND AMORTISATION	**38,905**	31,645

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 (2016-17: $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:

	2018	2017
Buildings	**6 to 63 years**	6 to 63 years
Leasehold Improvements	**1 to 50 years**	1 to 50 years
Plant and Equipment	**1 to 13 years**	1 to 13 years
Intangibles	**2 to 4 years**	2 to 4 years
Office Furniture and Equipment	**3 to 11 years**	3 to 11 years
Motor Vehicles	**1 to 10 years**	1 to 10 years

Amortisation
Intangible assets with finite useful lives are amortised on a systematic (typically straight-line) basis over the asset's useful life. Amortisation begins when the asset is available for use, that is, when it is in the location and condition necessary for it to be capable of operating in the manner intended by management. The consumption of intangible non-produced assets with finite lives is classified as amortisation. The amortisation period and the amortisation method for an intangible asset with a finite useful life is reviewed at least at the end of each annual reporting period. In addition, an assessment is made at each reporting date to determine whether there are indicators that the intangible asset concerned is impaired. If so, the asset concerned is tested as to whether its carrying value exceeds its recoverable amount. Any excess of the carrying amount over the recoverable amount is recognised as an impairment loss. Intangible assets with finite useful lives are amortised over a 2-4 year period (2016-17: 2-4 year period).

NOTE 5: OTHER ASSETS AND LIABILITIES

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

Structure
5.1 Receivables
5.2 Prepaid Income
5.3 Payables
5.4 Other Provisions

NOTE 5.1: RECEIVABLES

	2018	2017
Current	**$'000**	$'000
Contractual		
Accrued Revenue	**3,147**	8,211
Sundry Debtors	**4,298**	2,375
Transport Debtors		
Patient Account	**26,792**	28,257
Department of Veteran Affairs	**1,820**	3,496
Hospital Transfers	**5,596**	5,800
Transport Accident Commission	**895**	468
WorkCover	**1,498**	1,917
Less Provision for Doubtful Debts		
Patient Account	**(12,366)**	(12,662)
Department of Veteran Affairs	**-**	(18)
Hospital Transfers	**(1)**	(21)
Transport Accident Commission	**-**	(1)
WorkCover	**(261)**	(316)
	31,418	37,506
Statutory		
DHHS - Grant	**2,000**	-
GST Receivable	**3,245**	5,523
Total Current Receivables	**36,663**	43,029
Non-Current		
Statutory		
DHHS - Long Service Leave	**98,259**	90,233
Total Non Current Receivables	**98,259**	90,233
TOTAL RECEIVABLES	**134,922**	133,262
Movement in the Provision for Doubtful Debts		
Balance at Beginning of Year	**13,018**	13,391
Amounts written off during the year	**(22,670)**	(19,845)
Amounts recovered during the year	**445**	156
Increase in provision recognised in net result (other economic flows)	**21,834**	19,316
Balance at End of Year	**12,627**	13,018

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.

NOTE 5.2: PREPAID INCOME	**2018**	2017
	$'000	$'000
Current		
Prepaid Membership Income	**47,736**	45,045
Total Current Prepaid Income	**47,736**	45,045
Non-Current		
Prepaid Membership Income	**19,448**	16,655
Total Non-Current Prepaid Income	**19,448**	16,655
TOTAL PREPAID INCOME	**67,184**	61,700

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

NOTE 5.3: PAYABLES

Current		
Contractual		
Trade Creditors	**20,050**	20,461
Accrued Expenses	**32,593**	27,663
Other Creditors	**4,543**	3,727
Total Current Payables	**57,186**	51,851
Non Current		
Contractual		
Other Creditors [1]	**10,703**	14,606
Total Non Current Payables	**10,703**	14,606
TOTAL PAYABLES	**67,889**	66,457

[1] Purchase of defibrillators with a payment plan.

Payables consist of:
- contractual payables, classified as financial instruments and measured at amortised costs. Accounts payable represent liabilities for goods and services provided to AV prior to the end of the financial year that are unpaid; and
- 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.

(a) Maturity Analysis of Payables
Please refer to Note 7.1 for the ageing analysis of payables.

NOTE 5.4: OTHER PROVISIONS

Non-Current		
Make Good Provision	**3,376**	3,531
TOTAL OTHER PROVISIONS	**3,376**	3,531
Movements in Make Good Provision:		
Balance at Beginning of Year	**3,531**	3,179
Additional provisions recognised	**-**	654
Reductions arising from payments/other sacrifices of future economic benefits	**(67)**	(49)
Reductions resulting from remeasurement of settlement without cost	**(83)**	(122)
Unwind of discount and effect of changes in discount rate	**(5)**	(131)
Balance at End of Year	**3,376**	3,531

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 6: HOW WE FINANCED OUR OPERATIONS

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

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

Structure
6.1 Cash and Cash Equivalents
6.2 Commitments for Expenditure

NOTE 6.1: CASH AND CASH EQUIVALENTS	**2018 $'000**	2017 $'000
Cash on Hand	**87**	83
Cash at Bank	**36,683**	29,372
Term Deposits (<3 Months)	**75,500**	19,500
TOTAL CASH AND CASH EQUIVALENTS	**112,270**	48,955

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

NOTE 6.2: COMMITMENTS FOR EXPENDITURE

(a) Commitments		
Capital Expenditure Commitments		
Land and Buildings	**10,266**	6,611
Motor Vehicle & Fit Outs	**2,493**	9,381
Equipment and Technology Purchases	**83**	136
Total Capital Expenditure Commitments	**12,842**	16,128
Other Expenditure Commitments		
Transport Services	**355,864**	401,096
Membership Services	**37,821**	45,346
Metro Mobile Radio/Mobile Data Network	**47,714**	12,385
RAVNet Services	**1,702**	3,404
Biomedical Services	**2,035**	349
Other Services	**418**	383
Total Other Expenditure Commitments	**445,554**	462,963
Operating Lease Commitments		
Commitments in relation to leases contracted for at the reporting date:		
Operating Leases	**63,144**	59,183
Total Operating Lease Commitments	**63,144**	59,183
Total Commitments for Expenditure (inclusive of GST)	**521,540**	538,274

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

(b) Commitments Payable		
Capital Expenditure Commitments		
Not Later than One Year	**5,006**	16,128
Later than One Year and Not Later than 5 Years	**7,836**	-
Total	**12,842**	16,128
Other Expenditure Commitments		
Not Later than One Year	**76,344**	73,418
Later than One Year and Not Later than 5 Years	**249,325**	241,963
Later than 5 Years	**119,885**	147,582
Total	**445,554**	462,963
Operating Leases Commitments		
Non-Cancellable		
Not Later than One Year	**11,132**	10,347
Later than One Year and Not Later than 5 Years	**35,000**	29,819
Later than 5 Years	**17,012**	19,017
Total	**63,144**	59,183
Total Commitments for Expenditure (inclusive of GST)	**521,540**	538,274
Less GST Recoverable from the Australian Taxation Office	**(47,413)**	(48,934)
Total Commitments for Expenditure (exclusive of GST)	**474,127**	489,341

During the 2017-18 financial year, the total paid and/or payable on rental expense relating to operating leases was $10.273m (2016-17: $7.910m).

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.

NOTE 7: RISKS, CONTINGENCIES AND VALUATION UNCERTAINTIES

AV is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information, (including exposures to financial risks) as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for AV is related mainly to fair value determination.

Structure
7.1 Financial instruments
7.2 Contingent assets and contingent liabilities

NOTE 7.1: FINANCIAL INSTRUMENTS

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.

Note 7.1(a) Categorisation 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.

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.

Derecognition of Financial Liabilities
A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expired.

NOTE 7.1: FINANCIAL INSTRUMENTS (Continued)

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

2018	Note	Contractual Financial Assets - Receivables $'000	Contractual Financial Liabilities at Amortised Cost $'000	Total $'000
Contractual Financial Assets				
Cash and Cash Equivalents	6.1	**112,270**	**-**	**112,270**
Receivables				
Receivables	5.1	**31,418**	**-**	**31,418**
Term Deposits (>3 months)	4.1	**1,400**	**-**	**1,400**
Total Financial Assets [(i)]		**145,088**	**-**	**145,088**
Financial Liabilities				
Payables	5.3	**-**	**67,889**	**67,889**
Total Financial Liabilities[(ii)]		**-**	**67,889**	**67,889**
2017				
Contractual Financial Assets				
Cash and Cash Equivalents	6.1	48,955	-	48,955
Receivables				
Receivables	5.1	37,506	-	37,506
Term Deposits (>3 months)	4.1	79,000	-	79,000
Total Financial Assets [(i)]		165,461	-	165,461
Financial Liabilities				
Payables	5.3	-	66,457	66,457
Total Financial Liabilities[(ii)]		-	66,457	66,457

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

Note 7.1(b): Net Gain/(Loss) on Disposal of Financial Instruments

2018	Net holding gain/(loss) $'000	Total interest income / (expense) $'000	Total $'000
Financial Assets			
Cash and Cash Equivalents	**-**	**3,228**	**3,228**
Receivables	**-**	**(21,834)**	**(21,834)**
Total Financial Assets	**-**	**(18,606)**	**(18,606)**
Financial Liabilities			
Derivative Liability	**-**	**(159)**	**(159)**
Total Financial Liabilities	**-**	**(159)**	**(159)**
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)

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

NOTE 7.1: FINANCIAL INSTRUMENTS (Continued)

Ageing Analysis of Financial Assets as at 30 June

			Past Due But Not Impaired			
	Carrying Amount	Not Past Due and Not Impaired	Less than 1 month	1 to 3 months	3 months to 1 year	Impaired Financial Assets
2018	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Financial Assets						
Cash and Cash Equivalents	**112,270**	**112,270**	**-**	**-**	**-**	**-**
Receivables						
Receivables	**31,418**	**23,779**	**-**	**5,707**	**1,932**	**12,628**
Term Deposit (>3 months)	**1,400**	**1,400**	**-**	**-**	**-**	**-**
Total Financial Assets	**145,088**	**137,449**	**-**	**5,707**	**1,932**	**12,628**
2017						
Financial Assets						
Cash and Cash Equivalents	48,955	48,955	-	-	-	-
Receivables						
Receivables	37,506	26,279	-	6,033	5,194	13,018
Term Deposit (>3 months)	79,000	79,000	-	-	-	-
Total Financial Assets	165,461	154,234	-	6,033	5,194	13,018

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.

Maturity Analysis of Financial Liabilities as at 30 June

				Maturity Dates			
	Note	Carrying Amount	Nominal Amount	Less than 1 month	1 to 3 months	3 months to 1 year	1 to 5 Years
2018		**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Financial Liabilities							
Payables	5.3						
Trade Creditors		**20,050**	**20,050**	**20,050**	**-**		-
Accrued Expenses		**32,593**	**32,593**	**32,593**	**-**	-	-
Other Creditors		**15,246**	**15,246**	**989**	**-**	**3,554**	**10,703**
Total Financial Liabilities		**67,889**	**67,889**	**53,632**	**-**	**3,554**	**10,703**
2017							
Financial Liabilities							
Payables	5.3						
Trade Creditors		20,461	20,461	20,461	**-**	-	-
Accrued Expenses		27,663	27,663	27,663	**-**	-	-
Other Creditors		18,333	18,333	496	**-**	3,231	14,606
Total Financial Liabilities		66,457	66,457	48,620	**-**	3,231	14,606

NOTE 7.2: CONTINGENT ASSETS AND CONTINGENT LIABILITIES

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

As at 30 June 2018, there has been no change in the probability of the outcome of this disclosure.

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.

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 Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) From Operating Activities
8.3 Responsible persons disclosures
8.4 Executive officer disclosures
8.5 Related parties
8.6 Remuneration of auditors
8.7 Ex-gratia expenses
8.8 Events occurring after balance sheet date
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	**2018**	2017
	$'000	$'000
(a) Property, Plant and Equipment Revaluation Reserve		
Balance at Beginning of Reporting Year	**47,864**	38,578
Revaluation Increments		
- Land	**-**	9,286
Balance at the End of Reporting Year	**47,864**	47,864

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**	188,119
Balance at the End of Reporting Year	**188,119**	188,119
(c) Accumulated Surpluses		
Balance at Beginning of Reporting Year	**73,242**	59,060
Net Result for the Year	**(9,692)**	14,182
Balance at the End of Reporting Year	**63,550**	73,242

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

Net Result For The Year	**(9,692)**	14,182
Non Cash Movements		
Depreciation and Amortisation	**38,905**	31,645
Indirect Capital Contributions	**(8,673)**	(2,327)
Revaluation Decrement on Financial Assets	**-**	4,552
Assets Received Free of Charge	**-**	(130)
Movements Included in Investing and Financing Activities		
Net Loss from Sale of Property, Plant and Equipment	**1,901**	2,527
Net Loss on Settlement of Financial Instrument	**159**	50
Movements in Assets and Liabilities		
Change in Operating Assets and Liabilities		
(Decrease)/Increase in Provision for Make Good	**-**	352
(Decrease)/Increase in Provision for Doubtful Debts	**(391)**	(373)
(Increase)/Decrease in Receivables	**(1,269)**	24,050
(Increase)/Decrease in Inventories	**(169)**	(26)
(Increase)/Decrease in Prepayments	**1,536**	1,723
(Decrease)/Increase in Payables	**1,432**	6,343
(Decrease)/Increase in Employee Benefits	**16,784**	30,668
(Decrease)/Increase in Prepaid Income	**5,484**	5,666
NET CASH FLOW FROM/(USED IN) OPERATING ACTIVITIES	**46,007**	118,903

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

NOTE 8.3: 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 2017 to 30 June 2018
Governing Board	
Mr Ken Lay AO (Chair)	1 July 2017 to 30 June 2018
Ms Tasneem Chopra	1 July 2017 to 30 June 2018
Ms Susanne Clarke	1 July 2017 to 30 June 2018
Ms Suzanne Evans	1 July 2017 to 30 June 2018
Dr Joanna Flynn AM	1 July 2017 to 30 June 2018
Mr Ian Forsyth	1 July 2017 to 30 June 2018
Mr Michael Gorton AM	1 July 2017 to 30 June 2018
Mr Peter Lewinsky	1 July 2017 to 30 June 2018
Mr Greg Smith AM	1 July 2017 to 30 June 2018
Accountable Officer	
Assoc Prof Tony Walker ASM	1 July 2017 to 30 June 2018

Remuneration of Responsible Persons	**2018**	2017
The number of Responsible Persons are shown below in their relevant income bands:	**No.**	No.
$40,000 - $49,999	**-**	8
$50,000 - $59,999	**8**	-
$110,000 - $119,999	**-**	1
$120,000 - $129,999	**1**	-
$420,000 - $429,999	**-**	1
$450,000 - $459,999	**1**	-
Total Number	**10**	10
Total Remuneration ($'000)	**977**	893

NOTE 8.4: 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.

	2018	2017
Remuneration of Executive Officers	**$'000**	$'000
(including Key Management Personnel disclosed in Note 8.5)		
Short term employee benefits	**4,289**	3,616
Post-employment benefits	**307**	330
Other long-term benefits	**365**	112
Total Remuneration	**4,961**	4,058
Total Number of Executives [1]	**18**	19
Total Annualised Employee Equivalent [2]	**17.89**	15.74

[1] The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of the entity under AASB 124 *Related Party Disclosure* and are also reported within the related parties note disclosure (Note 8.5).

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

NOTE 8.5: 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.

	2018	2017
Significant transactions with government-related entities	**$'000**	$'000
During the year, AV had the following government-related entity transactions:		
Government Grants from DHHS	**742,549**	666,995
Government Grants from DJR	**8,939**	9,409
Service Fees from TAC	**12,415**	12,284
Transport Revenue from Victorian public hospitals	**33,367**	28,140
Transport Revenue received from TAC	**30,385**	26,971
Transport Revenue from WorkSafe	**6,338**	6,294
Insurance Premium paid to VMIA	**1,391**	1,362
Training Fees from the Country Fire Authority (CFA)	**505**	302

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

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

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

Compensation of KMPs		
Short term employee benefits	**3,555**	2,509
Post-employment benefits	**304**	213
Other long-term benefits	**264**	152
Total [1, 2]	**4,123**	2,874

[1] The compensation of certain KMPs are also reported in the disclosure of responsible persons (Note 8.3) and executive officers (Note 8.4).
[2] 2017-18 includes the full year compensation for KMPs appointed during 2016-17.

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 $22,407, (2017: $47,839) while ACEM provided advertising services totalling $605 (2017: $1,815).

During the year, AV paid $93,870 (2017: $91,580) and $12,389 (2017: $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, was a Board member representing AV from 1 July 2017 to 31 December 2017. The superannuation contribution from 1 July 2017 to 31 December 2017 $27.7m (2017: $48.1m full year) included defined contribution and defined benefits superannuation plans as determined based on employees' entitlements as disclosed in Note 3.3 to the financial statements.

NOTE 8.6: REMUNERATION OF AUDITORS	2018 $'000	2017 $'000
Victorian Auditor-General's Office		
Audit or review of financial statements	**174**	178
Other Providers		
Internal audit services	**487**	295
Fraud Risk Assessment services	**-**	71
Other	**57**	57
TOTAL	**718**	601

NOTE 8.7: EX GRATIA PAYMENTS [1]

AV has made the following ex gratia payments:		
Forgiveness or waiver of debt [2]	**36**	-
	36	-

[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 financial hardship and on compassionate grounds and have been recognised in the Comprehensive Operating Statement under 'Net Gain/(Loss) on Financial Instruments'.

NOTE 8.8: EVENTS OCCURRING AFTER BALANCE SHEET DATE

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

NOTE 8.9 ALTERNATIVE PRESENTATION OF COMPREHENSIVE OPERATING STATEMENT

	NOTE	2018 $'000	2017 $'000
REVENUE FROM TRANSACTIONS			
Grants and Service Fees			
Operating	2.1.1, 2.1.2	**717,685**	637,199
Capital	2.1.1, 2.1.2	**46,895**	51,504
Transport Revenue	2.1.3	**185,376**	169,786
Membership Scheme Revenue	2.1.4	**84,095**	79,485
Interest	2.1	**3,228**	3,539
Other Income [1]	2.1.5	**9,126**	10,150
Assets Received Free of Charge	2.2	**-**	130
Employee Benefits	3.1	**(712,329)**	(644,612)
Operating Expenses			
Contract Payments and Services	3.1	**(182,780)**	(150,697)
Supplies and Services	3.1	**(57,186)**	(55,951)
Maintenance	3.1	**(20,189)**	(18,749)
Other Operating Expenses	3.1	**(18,811)**	(17,636)
Depreciation and Amortisation	4.4	**(38,905)**	(31,645)
NET RESULT FROM TRANSACTIONS		**16,205**	32,502
OTHER ECONOMIC FLOWS INCLUDED IN NET RESULT			
Net Gain/(Loss) on Disposal of Non-Financial Assets	2.1.6	**(1,901)**	(2,527)
Net Gain/(Loss) on Financial Instruments	3.1	**(21,993)**	(23,918)
Revaluation of Long Service Leave	3.1	**(2,003)**	8,125
NET RESULT FOR THE YEAR		**(9,692)**	14,182
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
		-	9,286
COMPREHENSIVE RESULT FOR THE YEAR		**(9,692)**	23,468

[1] Includes Property Rental (refer Note 2.1)

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 2018 financial year. As at 30 June 2018, 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 *Financial Instruments*	The key changes include the simplified requirements for the classification and measurement of financial assets, a new hedging accounting model and a revised impairment loss model to recognise impairment losses earlier, as opposed to the current approach that recognises impairment only when incurred.	1 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 *Amendments to Australian Accounting Standards arising from AASB 9* (December 2010)	The requirements for classifying and measuring financial liabilities were added to AASB 9. The existing requirements for the classification of financial liabilities and the ability to use the fair value option have been retained. However, where the fair value option is used for financial liabilities the change in fair value is accounted for as follows: • The change in fair value attributable to changes in credit risk is presented in other comprehensive income (OCI); and • Other fair value changes are presented in profit and loss. If this approach creates or enlarges an accounting mismatch in the profit or loss, the effect of the changes in credit risk are also presented in profit or loss.	1 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 *Amendments to Australian Accounting Standards [Part E Financial Instruments]*	Amends various AASs to reflect the AASB's decision to defer the mandatory application date of AASB 9 to annual reporting periods beginning on or after 1 January 2018 as a consequence of Chapter 6 Hedge Accounting, and to amend reduced disclosure requirements.	1 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.
AASB 2014-7 *Amendments to Australian Accounting Standards arising from AASB 9*	Amends various AASs to incorporate the consequential amendments arising from the issuance of AASB 9.	1 Jan 2018	The assessment has indicated that there will be no significant impact for AV.
AASB 15 *Revenue from Contracts with Customers*	The core principle of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer.	1 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.

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 2014-5 *Amendments to Australian Accounting Standards arising from AASB 15*	Amends the measurement of trade receivables and the recognition of dividends. Trade receivables that do not have a significant financing component, are to be measured at their transaction price, at initial recognition. Dividends are recognised in the profit and loss only when: • the entity's right to receive payment of the dividend is established; • it is probable that the economic benefits associated with the dividend will flow to the entity; and • the amount can be measured reliably.	1 Jan 2017, except amendments to AASB 9 (Dec 2009) and AASB 9 (Dec 2010) apply from 1 Jan 2018	The assessment has indicated that there will be no significant impact for AV.
AASB 2016-3 *Amendments to Australian Accounting Standards – Clarifications to AASB 15*	This Standard amends AASB 15 to clarify the requirements on identifying performance obligations, principal versus agent considerations and the timing of recognising revenue from granting a licence. The amendments require: • A promise to transfer to a customer a good or service that is 'distinct' to be recognised as a separate performance obligation; • For items purchased online, the entity is a principal if it obtains control of the good or service prior to transferring to the customer; and • For licences identified as being distinct from other goods or services in a contract, entities need to determine whether the licence transfers to the customer over time (right to use) or at a point in time (right to access).	1 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 *Amendments to Australian Accounting Standards – Deferral of AASB 15 for Not-for-Profit Entities*	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.
AASB 16 *Leases*	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.

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 1058 *Income of Not-for-Profit Entities*	This standard replaces AASB 1004 *Contributions* 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 2017-18 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* AASB 15 *Revenue from Contracts with Customers*, and AASB 16 *Leases 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'.

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.

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.

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

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

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

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

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

Ex gratia 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 favourable to the entity; or

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

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

Financial liability
A financial liability is any liability that is:
(a) A contractual obligation:
- to deliver cash or another financial asset to another entity; or
- to exchange financial assets or financial liabilities with another entity under conditions that are potentially unfavourable to the entity; or

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

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

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.

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.

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

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

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

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

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

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

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

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

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

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

The notation used in the tables is as follows:
zero, or rounded to zero
(xxx) negative numbers
201x year period
201x-1x year period

Disclosure Index

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

Legislation	Requirement	Page Reference
Report of Operations		
Charter and purpose		
FRD 22H	Manner of establishment and the relevant Ministers	33
FRD 22H	Purpose, functions, powers and duties	4, 33
FRD 22H	Initiatives and key achievements	12-22
FRD 22H	Nature and range of services provided	33
Management and structure		
FRD 22H	Organisational structure	36
Financial and other information		
FRD 10A	Disclosure index	110-111
FRD 11A	Disclosure of ex gratia expenses	103
FRD 21C	Responsible person and executive officer disclosures	101-102
FRD 22H	Application and operation of *Protected Disclosure 2012*	65
FRD 22H	Application and operation of *Carers Recognition Act 2012*	64
FRD 22H	Application and operation of *Freedom of Information Act 1982*	63
FRD 22H	Compliance with building and maintenance provisions of *Building Act 1993*	65
FRD 22H	Details of consultancies over $10,000	66
FRD 22H	Details of consultancies under $10,000	66
FRD 22H	Employment and conduct principles	64
FRD 22H	Information and Communication Technology Expenditure	66
FRD 22H	Major changes or factors affecting performance	12-22
FRD 22H	Occupational violence	67
FRD 22H	Operational and budgetary objectives and performance against objectives	46-52
FRD 22H	Significant changes in financial position during the year	69-71
FRD 22H	Statement on National Competition Policy	64
FRD 22H	Subsequent events	103
FRD 22H	Summary of the financial results for the year	69, 71
FRD 22H	Statement of availability of other information	4
Legislation	**Requirement**	**Page Reference**
FRD 22H	Workforce Data Disclosures including a statement on the application of employment and conduct principles	23, 64

FRD 24C	Reporting of office-based environmental impacts	28-29
FRD 25C	Victorian Industry Participation Policy disclosures	64
FRD 103F	Non-Financial Physical Assets	88-92
FRD 110A	Cash flow Statements	79
FRD 112D	Defined Benefit Superannuation Obligations	87
SD 5.2.3	Declaration in report of operations	9
SD 5.1.2.2	Financial Management Compliance Attestation	11

Other requirements under Standing Directions 5.2

SD 5.2.2	Declaration in financial statements	73
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	73, 80
SD 5.2.1(a)	Compliance with Ministerial Directions	73, 80

Legislation

Freedom of Information Act 1982	63
Protected Disclosure Act 2012	65
Carers' Recognition Act 2012	64
Victorian Industry Participation Policy Act 2003	64
Building Act 1993	65
Financial Management Act 1994	73, 80
Safe Patient Care Act 2015	N/A
Disability Act 2006	64

Ambulance
Victoria

Ambulance Victoria

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

Postal Address
PO Box 2000, Doncaster, Victoria 3108

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