Ambulance Victoria 2020-2021 Annual Report

5,010 operational staff

1,283 Community first responders

503 corporate and specialist support staff

The data shown above is full time equivalent (FTE).

Contents

Acknowledgement

We acknowledge the Traditional Owners of country throughout Australia and their continuing connection to land, sea and community. We pay respect to them and their cultures and to elders past, present and future.

Disclaimer

This publication may be of assistance to you but Ambulance Victoria do not guarantee that the publication is without flaw of any kind or is wholly appropriate for your particular purposes and therefore disclaims all liability for any error, loss or other con-sequence which may arise from you relying on any information in this publication.

Ambulance Victoria

Strategic Plan Summary

Outcome 01 An exceptional patient experience

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

Outcome 02 Partnerships that make a difference

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

Outcome 03 A great place to work and volunteer

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

Outcome 04 A high performing organisation

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

Our Values

- Being respectful
- Working together
- Openly communicating
- Being accountable

- Driving innovation

Patient Care Commitment

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

CARING

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

SAFE

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

EFFECTIVE

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

CONNECTED

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

Chair and CEO Report

Ken Lay AO APM ,Chair, Ambulance Victoria

Professor Tony Walker ASM Chief Executive Officer, Ambulance Victoria

This was a year of achievement and a year of adversity as we rose to the challenges of the coronavirus (COVID-19) pandemic to provide safe and high-quality care to the Victorian community and confronted some uncomfortable revelations about our culture.

We met many obstacles, from the increased demands on our services to the more complex needs of our patients, all the while adapting to the changing requirements of the pandemic.

At the outset, we must say that in yet another year marked by the coronavirus (COVID-19) pandemic, it is important to recognise the efforts of our people, the care they delivered and the sacrifices they made to support the community. We acknowledge the significant operational challenges and the ever-increasing workload they faced every day. At each step of the care pathway, our people demonstrated their unwavering commitment and dedication, and we are grateful to them all.

Our work continued to be driven by the Strategic Plan 2017-2022, a roadmap we conceived to make our organisation better, stronger and more responsive to community needs.

In its penultimate year, the strategic plan enabled us to focus on improvements enunciated in its four pillars: an exceptional patient experience, partnerships that make a difference, a great place to work and volunteer, and a high-performing organisation. The annual report highlights the organisation's endeavours in each of the four areas. Work has begun on the new strategic plan, and we are in the initial stages of stakeholder engagement.

We know that in order to adapt and evolve as an organisation, we must acknowledge our failures as well as our successes. In October 2020, public allegations emerged of serious and widespread discrimination, sexual harassment, and victimisation at Ambulance Victoria (AV). This led the AV Board and CEO to engage the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) to perform a review of workplace equality.

The final report is due to be released by 30 November 2021, and we are committed to a process of listening, reviewing and actioning to ensure that AV becomes a safe, respectful and inclusive place for all.

Work has already begun to better support our people. We expanded our wellbeing services and increased the Victorian Ambulance Clinicians' Unit (VACU) to a network of more than 120 clinicians, offering 24/7 support. We also broadened our Pastoral Care Program, with dedicated chaplains now in each region, and we launched programs such as Mindarma and SoLAR to protect mental health.

Our people were unwavering in their commitment to patient care. We responded to over one million incidents in Victoria by road and air in 2020-2021, up 4.3 per cent on the previous year. Our Air Ambulance team responded to 7,707 incidents (nearly 1,000 cases more than last year), and we attended a record number of cardiac arrest cases, representing a 2.4 per cent increase on last year. By doubling the practitioner capability of triage services, 140,000 Victorians were directed to the proper care, saving emergency resources for those who needed them most. Despite the challenges faced this year we continued to save and improve lives by providing outstanding care.

Coronavirus (COVID-19) defined our year. We continued with the Crisis Management Team and Crisis Support Team, made up of people across AV, to deliver a coordinated and agile response to the pandemic. These teams worked with our Emergency Management Unit (EMU) to ensure we delivered a united response to the pandemic.

We continued to protect our workforce and our patients from coronavirus (COVID-19) infection by maintaining strict health and safety measures, including the ongoing review and use of Personal Protective Equipment (PPE), which contributed to a decline in our response time performance.

This year we once again participated in the Victorian Healthcare Experience Survey, with 97 per cent of people reporting 'good' or 'very good' care experiences with AV. Respondents who identified as Aboriginal and Torres Strait Islander peoples also reported a positive interaction – 98 per cent compared to 78 per cent in 2019.

The coronavirus (COVID-19) pandemic continued to take a significant mental health toll on Victorians, as well as our people. AV responded to an increasing number of mental health presentations by adopting new technology and exploring better ways to connect patients to the right care. Innovative health services such as TelePROMPT ensured that people were supported by the right experts and directed to the most appropriate care. Through TelePROMPT, we connected 74 per cent of mental health patients with an alternative care pathway, avoiding unnecessary transport to an emergency department.

Our data shows that demand in regional Victoria is growing at an unprecedented rate, and we adapted our services accordingly. We made significant investments by adding rural resources on the Bellarine Peninsula and at Eaglehawk (Bendigo), Churchill, Gisborne, Benalla, Lakes Entrance, Torquay, Castlemaine, and Bannockburn, while the Ballan and Daylesford branches transitioned into a 24/7 onshift service. We also added additional resources in outer Melbourne to address increasing demand.

We are as committed as ever to being an environmentally and socially responsible organisation. This year, we developed AV's first ever Climate Adaptation Action Plan, which helps us to become a more sustainable service. We continued our shift to renewable energy and reduced our emissions as we worked towards being a net zero organisation by 2045.

Our efforts were recognised by multiple awards, including a gold award in climate leadership in the Health Care Climate Challenge 2020 (Health Care Without Harm).

AV has made a commitment to the Victorian community that 85 per cent of Code 1 cases are responded to within 15 minutes. However, various obstacles, such as volume of demand, case time increases and constrained unit availability, made achieving this promise increasingly difficult.

To address this, we developed an Ambulance Improvement Plan to provide pragmatic solutions that build on our strengths to provide safe, connected and effective care. The plan addresses the above factors impacting performance with new strategies and initiatives to meet our obligations. The overarching aim of the plan is to maximise the availability of on-road ambulance resources for the most urgent patients. In part, this will be accomplished by providing safe and accessible pathways to alternative care for less urgent cases.

As we reflect on the past year, it is crucial for us to remember that Ambulance Victoria is measured by more than its response time. AV is a multifaceted organisation that plays a vital role in the community. Over the past 12 months, we met or exceeded all our patient quality and care measures. We reduced patient pain and transported stroke and trauma patients to hospitals, which improved patient outcomes.

We are a trusted source of information, our pre-hospital research is world-class, and most importantly, our highly skilled clinicians provide exceptional emergency health care. From when a call is answered to the point where an ambulance arrives, or a patient is directed to the appropriate pathway of care, Victorians know they will be looked after.

Our achievements in this most difficult of years would not be possible without our people's commitment, care, and expertise. Working together we met the year's challenges and made a difference to the lives of those in their time of need. This is something to be incredibly proud of.

We are confident of our ability to address new challenges, partnering with other health and emergency services to serve our community with distinction. We have absorbed the lessons of the past year and stand ready to deliver outstanding care for our patients, each other and the Victorian community.

Signed by Ken Lay AO APM Chair and Professor Tony Walker ASM CEO

Declarations and Attestations

Responsible Body Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Ambulance Victoria for the year ended 30 June 2021.

Signed by Ken Lay AO APM, Chair of the Board

Melbourne, 20 September 2021

Data Integrity Declaration

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

Signed by Professor Tony Walker ASM, Chief Executive Officer

Melbourne, 13 September 2021

Integrity, Fraud and Corruption Declaration

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

Signed by Professor Tony Walker ASM, Chief Executive Officer

Melbourne, 13 September 2021

Financial Management Compliance Attestation Statement

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

Signed by Anna Leibel, Chair of the Audit and Risk Committee

Melbourne, 20 September 2021

Conflict of Interest Declaration

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

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

Signed by Professor Tony Walker ASM, Chief Executive Officer

Melbourne, 13 September 2021

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 **www.data.vic.gov.au** in machine readable format.

Signed by Professor Tony Walker ASM, Chief Executive Officer

Melbourne, 13 September 2021

Report of Operations

The year covered by this report was one of the most difficult in Victoria's history. Ambulance Victoria (AV) adapted and evolved as it responded to the extraordinary challenges posed by the coronavirus (COVID-19) pandemic.

We continued to provide Best Care to Victorians while keeping our people safe. We grew the organisation to address the complex and growing needs of the community to ensure Victorians were triaged to the right pathway of care. We provided the most appropriate clinical care to each patient, where they needed it and when they needed it.

As we look back at a momentous 12 months, we are proud of our people, our partnerships and our work in urban and regional communities. As an organisation, we took decisive action to confront difficult questions about workplace equality, while at the same time evolving our service to care for people in better ways – respectfully, effectively and together. We took major steps towards becoming the modern ambulance service our state needs.

Coronavirus (COVID-19) pandemic

Coronavirus (COVID-19) posed significant challenges for the entire health system, but it was also one of AV's biggest successes. We kept our people safe and continued to provide high-quality care for Victorians when they most needed it. Our Crisis Management Team, encompassing all divisions, proved that we are a nimble, agile, and responsive service. Most significantly, we protected our patients by adapting to new requirements in a dynamic and demanding environment.

We established a Crisis Management Team and Crisis Support Team, made up of people from across AV, to deliver a coordinated and agile response to the pandemic. These teams worked with our Emergency Management Unit (EMU) to ensure a coordinated response to the coronavirus (COVID-19) pandemic.

To continue to protect our workforce and our patients from coronavirus (COVID-19) infection, we maintained strict health and safety measures, including the adoption of Personal Protective Equipment (PPE), which added to our response times and continued to impact performance.

In response to ongoing issues, with paramedics being unable to access facilities or maintain physical distancing at hospitals, we established 24 Paramedic Support Hubs in July 2020 at various hospitals.

The hubs included marquees and bathroom facilities to ensure employees had a safe space to don and doff PPE, complete their electronic patient care

documentation, eat a meal and shower. Storage space for the significant amount of cleaning equipment was established at hub sites.

We also provided Team Managers at major hospitals to support staff to safely doff their PPE and engaged specialist contractors to clean the vehicles after transporting suspected coronavirus (COVID-19) patients.

Operational Communications was instrumental in the development and implementation of the Emergency Department Information System tool and implemented changes to the Call-taking and Dispatch process to identify patients with coronavirus (COVID-19) symptoms during the peak of the pandemic (Protocol 36). This allowed AV to alter its response to specific event types and increase the diversion rate away from emergency dispatch during the peak of the pandemic. Our agile approach to the Call-taking and Dispatch model enabled AV to provide a high level of service delivery to the Victorian community, despite the increased workload and case cycle times. Protocol 36 is no longer being used.

Approximately 40 per cent of the state-wide Triple Zero (000) call volume is directed to Secondary Triage each day. The team is dynamic and responsive to assist in times of peak demand, such as thunderstorm asthma events, to endeavour to ensure ambulances are available for emergencies. Secondary Triage works with the community to provide Best Care at the point of call.

Taking learnings from international services, we rapidly developed innovative workflows and IT systems to manage an exponential increase in Triple Zero (000) calls.

Secondary Triage also took proactive steps by splitting the workforce; team members were isolated to one of two locations to avoid transmission of coronavirus (COVID-19). We have maintained this critical team isolation in response to local coronavirus (COVID-19) cases.

Many of our partner organisations completed programs, following an expression-of-interest process, to identify personnel who were prepared to be trained to assist paramedics. Under these arrangements, we trained 80 Australian Defence Force personnel to complete a tailored Certificate II in Medical Services First Response (HLT21015). The personnel partnered with paramedics to complete their on-road experience, undertaking low acuity aged care transfers and assisting as third crew members.

As part of the surge planning for the coronavirus (COVID-19) pandemic, we arranged standby support from health and emergency services partners including:

- Australian Defence Force (ADF)
- Chevra Hatzolah Melbourne
- Country Fire Authority (CFA)
- Fire Rescue Victoria (FRV)
- Forest Fire Management Victoria
- Life Saving Victoria (LSV)
- St John Ambulance Victoria
- State Emergency Service (SES)
- Victoria Police

A high performing organisation

AV continued to manage an unprecedented coronavirus (COVID-19) emergency response and its impacts on demand during 2020-2021. **We responded to over one million incidents** (1,022,590) in Victoria by road and air, up 4.3 per cent on the previous year.

Additional resources allowed us to expand our triage capacity and we led the way in pre-hospital research. We successfully rolled out TelePROMPT, our enhanced pre-hospital response service, connecting patients with mental illness to alternative care pathways. We encouraged our people to be more environmentally conscious and were recognised for our work in this area. From patient care to environmental stewardship, we continued to perform highly.

Performance

When people change the way they live their lives, the way they need emergency services changes. Over the course of the year, we saw a shift in geographic profile of demand, with demand moving from central Melbourne to outer ring suburbs and rural communities as people continued to work from home.

The easing of restrictions towards the end of 2020 saw demand increase across the health system, placing significant pressures on emergency departments and waiting times for ambulance crews and their patients.

State-wide, we responded to **77.2 per cent of Code 1 cases within 15 minutes.** The average state-wide Code 1 response time was 12.7 minutes. For the most critically ill Victorians – our Priority Zero cases – we were on scene delivering life-saving care within or under our **13-minute target in 81.1 per cent of cases.**

Of the **801,984 Triple Zero calls** for assistance, a total of **660,478 were on-road emergency cases**, a 4.2 per cent increase on the previous year. Code 1 cases requiring a time-critical lights and sirens response grew 4.3 per cent year-on-year, faster than growth in demand for Code 2 (1.6 per cent), while Code 3 increased by 10.5 per cent. The increase in Code 3 cases was in part the result of special triaging procedures related to the pandemic.

Paramedics and nurses in our Secondary Triage Service expertly assessed and triaged 141,506 callers to the right care for their condition, including non-emergency transport, referral to a GP, nursing or allied health service, or care in the home. This represents **17.6 per cent of Triple Zero (000) callers being triaged to the best pathway of care,** keeping emergency ambulance resources available for patients in the greatest need.

Our Air Ambulance team responded to **7,707 incidents, an increase of almost 1,000 incidents compared to last year.** Adult Retrieval provided clinical coordination, retrieval and care services to 2,958 patients, an increase of more than 400 incidents compared to a year earlier.

All our patient quality and care measures were met or exceeded; we reduced patient pain and transported stroke and trauma patients to hospitals that would improve patient outcomes.

Measured against Utstein criteria, the uniform international guidelines for recording cardiac arrest survival (bystander witnessed, in a shockable rhythm), **58 per cent of patients survived to hospital (consistent with previous years) and 35 per cent survived to hospital discharge**, which is slightly lower than previous years.

Cardiac arrest survival declined during the coronavirus (COVID-19) period. The time taken to commence resuscitation and to first defibrillation was extended due to the application of PPE in all cardiac arrest cases. This, among other factors, contributed to the decline, even though coronavirus (COVID-19) itself was not the cause of cardiac arrest in almost all cases.

Cardiac arrest[1]

The coronavirus (COVID-19) pandemic had a significant impact on out-of-hospital cardiac arrest (OHCA) systems-of-care in Victoria. Essential safety measures to limit the spread of coronavirus (COVID-19), including stay-at-home rules, meant fewer cardiac arrests occurred in public and fewer patients were treated with public access defibrillators.

AV's internationally recognised research showed a halving in the likelihood of survival for out of OHCA patients during the first wave of the coronavirus (COVID-19) pandemic.

In 2020-21, data from the Victorian Ambulance Cardiac Arrest Registry showed that we attended **6,929 cardiac arrests, a record number of cases** and a 2.4 per cent increase on the previous year. Of the OHCA patients who received an attempted resuscitation by emergency medical services (EMS), **77 per cent received bystander CPR, a similar result to recent years**. However, the proportion of patients presenting in a shockable rhythm, and who were first defibrillated by a

[1] Figures reported in previous year's report may have changed due to factors such as constant quality control of data, changes in outcome status based on hospital data / patient follow-ups.

public access defibrillator, was 13 per cent, a shift down from 17 per cent in the year before the pandemic (2018-19). The proportion of initial shockable arrests occurring in public was also the lowest in the past decade (25 per cent).

Overall, survival to hospital discharge for adult cardiac arrests treated by EMS was 9 per cent, compared to 10 per cent in the previous year. For those presenting in a shockable rhythm, adult survival to hospital was 53 per cent, compared to 55 per cent in the previous year. In addition, the rate of adult survival to hospital discharge for those presenting in a shockable rhythm was 30 per cent, compared with 35 per cent in the previous year.[2]

Coronavirus (COVID-19) saw a decrease in survival from cardiac arrest in 2020, however there was a gradual improvement. **Survival for the June 2021 quarter increased to 35 per cent** (for those presenting in shockable rhythm). [3]

This improvement has been achieved through several mechanisms, including:

- region-specific strategies based on case review
- a region-wide improvement cycle, plus
- mandated High-Performance CPR in the annual minimum practising standards for annual re-accreditation.

The reduction in time to resuscitation due to reduced restrictions associated with PPE is also likely to have contributed to improved outcomes.

Major incidents attended during the year included:

- **Fire at a childcare centre** in Berwick, resulting in the safe evacuation of 95 children and 25 staff in October 2020.
- **Extended standby at a missing person search** in dense bushland near Warburton in November 2020, involving AV Wilderness Response Paramedics.
- **Fire at an aged care facility** in Mildura resulting in the safe evacuation and relocation of 23 residents in December 2020.
- **Potential thunderstorm asthma events** state-wide across December and January 2021.

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[2] Data extracted on 8 September 2021. Adult survival to hospital discharge for those presenting in a shockable rhythm; unknown survival status = 14.

[3] Data extracted on 8 September 2021. Adult survival to hospital discharge for those presenting in a shockable rhythm; unknown survival status = 6.

- **The surge in post-pandemic workload and demand** triggered execution of plans originally developed for epidemic thunderstorm asthma. This peaked in December 2020 when the AV Emergency Response Plan escalated to a Red response.
- **Elevated fire danger ratings and extreme heat** state-wide across December and January 2021.
- **A severe weather event** in Grampians in March 2021, where 22 secondary school students were assessed. One student was transported to hospital in a stable condition and no other injuries were reported.
- **Deployment of an emergency manager to Papua New Guinea (PNG)** for 16 weeks between March to June 2021 to support the St John Ambulance service in PNG with their response to the coronavirus (COVID-19) pandemic.
- **A severe weather event** in the Dandenong Ranges and East Gippsland in June 2021. Over 20 ambulance branches were without power and faced road blockages to reach patients.

Demand management strategies

AV experienced significant performance challenges this year, primarily related to:

- unprecedented emergency demand
- responding to coronavirus (COVID-19) pandemic, and
- system-wide challenges affecting hospital transfer times.

We are working in collaboration with health services and the Department of Health to address many of these issues. We are implementing strategies to increase the availability of emergency resources and exploring new ways to improve the interface between AV and hospital emergency departments.

We implemented several initiatives across the operational workforce to meet the increasing demand on our services, particularly in the metropolitan region. Each initiative was designed to complement other measures in place.

- The Ambulance Patient Offload Teams (APOT) assumed care of up to eight patients when queued at hospital and awaiting transfer to a hospital bed. The APOT pilot was held in April 2021 at Sunshine Hospital and informed further developments for improving transfer times and ambulance availability at other facilities.
- Hospital Ambulance Liaison Officers (HALO) were deployed to emergency departments to support paramedics in managing patient transfer delays. A

HALO assists in managing the way AV and emergency department work together and supports crews to offload patients at hospital quickly and safely, allowing crews to respond to other patients in the community.

- Deployment of a rapid hospital offload strategy to enable paramedics to transfer patients to health services, where safe to do so, to allow them to respond to existing emergency calls in the community.

Ambulance Improvement Plan

On-road emergency demand is forecast to grow by up to 27 per cent over the next three financials years, according to AV research. In response to this, and the impacts of coronavirus (COVID-19) pandemic on the health system, AV developed an Ambulance Improvement Plan to support our commitment to respond to 85 per cent of Code 1 cases in 15 minutes. This plan is designed to:

- address our demand challenge and improve our Code 1 first response times, while moving the organisation closer to our goal of becoming a modern ambulance service
- build on work undertaken by AV over the past five years to improve our ambulance response, in particular our revised Clinical Response Model
- enhance performance and demand management through new initiatives
- improve our Secondary Triage services and greater use of alternative service providers
- invest in additional resources and infrastructure.

Operational Communications

Operational Communications continued to play a central role in AV's response to the pandemic, ensuring that every caller was triaged to the right pathway of care and that our emergency resources were available for patients in greatest need.

TelePROMPT – Telehealth pre-hospital response of mental health and paramedic team

AV is a significant part of the safety net for people with mental illness, particularly after hours, when community-based services and supports are unavailable.

Triple Zero (000) calls, attendance by paramedics, and transports to hospital Emergency Departments (EDs) for patients with mental illness increased over the year. Mental health issues now represent approximately 11 per cent of all emergency ambulance responses and 15 per cent of AV's Secondary Triage referral management events in Victoria.

Linked ambulance and emergency department data showed that 80 per cent of patients with mental illness who received an emergency ambulance response were transported to ED, with almost half discharged within four hours of arrival.

AV's Patient Care Academy conducted a collaborative workshop which informed our multi- year response plan to improve the access, care and experience of patients with mental illness. As part of the response plan, TelePROMPT was developed to support coordination of care and deliver measurable benefits for patients, clinicians and the broader health system.

In collaboration with Eastern Health and the Department of Health, AV commenced a 12-month state-wide pilot of TelePROMPT on 2 November 2020.

Where TeleHELP enables mental health nurses to perform face-to-face assessment with patients, TelePROMPT provides callers with an enhanced pre-hospital response for patients with mental health conditions and diverts people to alternative and more appropriate services where ambulances previously would have been sent.

TelePROMPT demonstrated its success, assisting 74 per cent of AV patients with mental illness to connect to alternative care pathways and avoid unnecessary transport to an emergency department. **During the first six months of the TelePROMPT pilot, 1,253 patients** attended by an AV emergency ambulance were referred to the TelePROMPT service by paramedics infield. This is an average of eight patients per day who were triaged via the TelePROMPT service.

AV proudly notes that TelePROMPT won the IPAA Human-Centred Service Delivery Award in April 2021. This positive feedback, and the ongoing success of the program, reinforces that TelePROMPT will be a key consideration when responding to recommendations from the recent Royal Commission into Victoria's mental health system.

Triage services expansion

In the past 12 months, the capacity of our triage services doubled its practitioner capacity with the support of additional Government funding.

AV appointed **38 new triage practitioners and trained 17 internal paramedics**. We are currently recruiting a further 29.5 FTE.

The leadership team supporting triage services increased by three Triage Team Leaders. Further leadership support was created through the implementation of a new Manager of Triage Operations.

We added additional resources, including mental health nurses, to support 24/7 service delivery and personnel to support ongoing training capability and implementation of new projects. Triage services required additional equipment in our communications centres to accommodate the new people, which resulted in:

- **36 new workstations** for Referral Service Triage Practitioners (RSTPs)
- **Four workstations** to facilitate training
- Additional operational team leader workstation
- Two purpose-designed training rooms, and
- Support offices.

Operational Communications worked closely with Information Communications and Technology (ICT) to deliver new technological pathways for Computer Aided Dispatch, telephony and voice recording to provide Secondary Triage functions outside the main triage office. This carefully considered business continuity planning enabled the Secondary Triage team to be split across two locations, allowing triage practitioners to work from home.

A successful trial in late 2020 led to changes in the way Triage Services responded to surge events, with 17 RSTPs now trained to work from home. The first time an RSTP was contacted to assist during a period of surge event, it took seven minutes from the time they were contacted to the time they were on the phone managing a Triple Zero (000) call.

Additionally, in preparing for a significant increase in demand to AV, occasioned by coronavirus (COVID-19), a dedicated call queue within the Adastra triage tool was developed to manage high volumes of low acuity patients. This enabled the Emergency Fleet to be deployed to care for the critically unwell. The new triage tool separated calls that required secondary triage from lower priority calls that necessitated self-care, advice or support.

In May 2021, the Victorian Budget 2021-2022 included additional funding to help us expand our Secondary Triage and associated telehealth services. The budget increase will allow us to continue to provide the right care at the right time and at the right place.

Social and Environmental Responsibility

In 2020-2021, we took bold steps to reduce our environmental footprint. Under our Social and Environmental Responsibility Framework and Action Plan, we encouraged our people to become more socially and environmentally conscious.

Our emissions reduction plan sets our path to implement and report on our actions as we work towards our goal of becoming a net zero organisation. Our vision is a phased transition that encompasses emissions from road vehicles, building energy use, and air ambulance services. We pledged to meet a range of reduction targets from our 2015 baseline.

- 2025 39% emissions reductions
- 2030 60% emissions reductions
- 2045 Net 0 emissions

This year, a 3,000-tonne emissions reduction, from renewables and projects, resulted in a **10 per cent carbon reduction** against our 2015 baseline.

We continued our shift to renewable energy and transitioned to a 10-year power purchase agreement to supply renewable energy to some of our largest sites, including the Gippsland, Hume, South Melbourne, Doncaster and Ballarat, resulting in a 16 per cent decrease in our energy emissions.

Together with the University of Melbourne and the Australian Institute of Refrigeration, Air Conditioning and Heating (AIRAH), we completed the Integrated Design Studio (innovation hub) project that focused on developing sustainable building design. This work will allow us to deliver continuous improvements across our branches, including a solar and battery pilot site and lighting energy improvements.

In 2021, we developed our first Climate Adaptation Action Plan. This plan will guide our response to the impacts of climate change and help us to become a more climate resilient service. A new staff sustainability podcast helped build awareness and drive change, and sustainability messaging on our website shared our commitment and progress.

Our commitment to socially and environmentally responsible procurement remains in line with the Victorian Government's social and sustainable procurement objectives. This year, we analysed our spending and developed a social procurement strategy to better support disadvantaged groups and social enterprises in Victoria.

The strategy allowed us to grow our spend and diversity of suppliers. In 2020-2021 we spent $54.4 million with 40 social procurement suppliers.

Environmental Awards

Our work to become a more sustainable organisation was recognised in multiple awards this year.

IPAA Leadership in the Public Sector Awards

Finalist

Our Sustainability Team's exceptional work on our new Social and Environmental Responsibility Framework and Action Plan established AV as a leader on a national and global level.

Health Care Climate Challenge 2020 (Health Care Without Harm)

Gold – Climate Leadership

Silver – Renewable Energy

AV was internationally recognised as a sustainable healthcare leader in the Pacific. We received two awards in the Healthcare Climate Championships through the Global Green and Healthy Hospitals Network.

Building Capacity and Capability

Supplementary Alerting Service

In 2020-21, AV introduced the Supplementary Alerting Service (SAS) across rural Victoria in a joint project with Emergency Management Victoria (EMV) and other agencies.

This smartphone application provides an additional mechanism for rural paramedics to receive alerts and navigate to events. The service was rolled out to rural operational staff in January 2021.

Clinical credentialing

In December 2020, we launched our refreshed clinical credentialing framework. The revised framework ensures that our people have the skills, qualifications, behaviours and current competencies to deliver best care to all Victorians.

Building on existing strengths, the new framework encompasses everyone who delivers care, from our Community Emergency Response Team (CERT) members to physicians.

The clinical credentialing framework is underpinned by the:

1. National Safety and Quality Health Service (NSQHS) standards
2. Australian Health Practitioner Regulation Agency (AHPRA) standards and policies, and
3. Safer Care Victoria (SCV).

Clinical Research and Innovation

AV is an international leader in pre-hospital research. Research activities this year ranged from reviews of systems of care to world-first clinical trials.

In 2020-2021, AV research soared to new heights, with staff co-authoring 79 research articles in peer reviewed medical journals – our highest ever result. We were also among the most cited institutions in the world for prehospital emergency care research, attracting more than 1200 annual citations for AV-affiliated research.

In a recent bibliometric analysis published in 2021, AV was ranked 11th in the world for publishing on prehospital emergency research over the past 20 years. We were the only ambulance service listed.

The AV Centre for Research and Evaluation is helping to foster some of our brightest students and staff, through supervision and mentorship. Professor Karen Smith, the Director of our research centre, was listed as the top publishing researcher in the world.

AV staff co-authored 79 research articles in peer-reviewed medical journals

Areas of research were wide ranging and included:

- improving the management and triage of mental health patients through video triage at the point of the Triple Zero (000) call
- investigating the benefit of artificial intelligence in the detection of cardiac arrest patients, and
- enrolment of patients into ground-breaking clinical trials that examined the management of pain, trauma, cardiac arrest and sepsis.

An exceptional patient experience

In 2020-2021, we endeavoured to ensure that every patient received the highest quality care. We improved our knowledge, our clinical expertise and our systems to deliver safe and accessible experiences during a difficult year. Our Patient Care Academy harnessed knowledge across AV to improve models of care and to better support patients with mental illness. We listened to patient feedback and evolved our complaints process. It was gratifying to see that over **97 per cent of respondents reported good experiences with AV**. There is much to be proud of, but we will continue to learn, grow and improve our service.

Patient Care Academy

The Patient Care Academy (Academy) harnesses expertise across AV, our patients and expert partners to plan, design and improve models of patient care. We are tackling the challenges we face at AV, and across the emergency health sector, using a taskforce approach to achieve better outcomes. This innovative work is grounded in empirical research, data and the lived experience of our people and patients.

Complex caller pathway

The Academy focused on improving our response to patients with complex unmet health and social needs. Through the Academy, paramedics and subject matter experts collaborated on the development of a streamlined, coordinated approach to better recognise and support complex callers.

Our aim is to work with patients' primary care services to develop a comprehensive, individually tailored plan that connects patients to the right care. In this collaborative model, paramedics play a key role in coordinating care, while expert advice from a clinician panel informs an integrated response. The complex caller pathway is currently being tested with plans for scaled implementation in the coming year.

Patient feedback

AV strives to understand the patient experience by actively seeking patient feedback and by using standardised methodologies and tools. This is the fourth year AV has participated in the Victorian Healthcare Experience Survey. However, due to coronavirus (COVID-19) pandemic, the response rate was significantly lower (25 per cent) for the emergency survey.

Despite the lower uptake this year, we were still pleased to see that **97.1 per cent of respondents in the emergency survey reported having a 'good' or 'very good' experience of care with AV**. A very low number of respondents identified as Aboriginal and Torres Strait Islander peoples, but 98 per cent of this group reported having a 'good' or 'very good' experience (compared with 78 per cent in 2019). Patients also reported improvements in their experience with call taking and the Secondary Triage Service.

TeleHELP

Within Operational Triage Services, we focus on supporting mental health patients at the point of call.

Our recently developed TeleHELP video triage system, initiated by SMS, is now used by mental health nurses in the AV Triage Services environment. TeleHELP allows mental health nurses within our Secondary Triage unit to conduct remote, face-to-face assessment of patients as part of the triage process.

The interim evaluation of the TeleHELP pilot, delivered in December 2020, demonstrated that video systems facilitated a more informed and accurate triage experience for low acuity mental health patients. The system also led to fewer emergency ambulance dispatches than those triaged by voice alone. Video triage allowed mental health nurses to better engage with patients and incorporate visual cues into their clinical assessment while also enhancing the patient experience.

Initial results of video aided triage found that 89 per cent of survey respondents were 'satisfied' or 'very satisfied' with the experience.

TeleHELP was made possible by funding from the government's Better Care Victoria Innovation Fund. Secondary Triage Services continues to develop innovative and improved pathways for patients experiencing mental health crises.

Victorian Stroke Telemedicine

The Victorian Stroke Telemedicine (VST) service helps to diagnose and provide treatment advice for people with acute stroke symptoms.

The service is used in 17 hospitals across regional and outer-metropolitan Melbourne and two hospitals in northern Tasmania. VST also identifies urgent transfers to tertiary centres for patients who are eligible for potentially life-saving intervention.

VST connects clinicians at participating sites with a network of stroke specialist neurologists and physicians from Australia and New Zealand. The network has conducted more than 13,000 consultations as of June 2021.

The VST caseload continued to increase well beyond what was predicted for the past year. June 2021 was VST's busiest month on record with 419 consultations surpassing the previous record of 373 consultations in April 2021.

The proportion of referrals for a stroke continued to sit above 55 per cent on average for the year, with a benchmark of 60 per cent. Patients referred for the administration of a clot-dissolving drug continued to sit above 15 per cent (KPI 15 per cent). The proportion of patients being referred for an endovascular clot retrieval (where a clot is removed during an angiogram) was above 10 per cent (KPI target 10 per cent).

VICTORIAN STROKE TELEMEDICINE (VST) Locations

- Mildura
- Swan Hill
- Horsham
- Hamilton
- Warrnambool
- Ballarat
- Echuca
- Shepparton
- Bendigo
- Werribee
- Wangaratta
- Albury
- Bairnsdale
- Sale
- Wonthaggi
- Warragul
- Traralgon
- Burnie Tasmania

- Launceston Tasmania

Working together

In July 2019, AV restructured its approach to managing patient experience complaints by implementing a centralised case management model.

During 2020, an external review examined this model. AV's patient experience complaints process had significantly improved since centralisation, according to the review. Before centralisation, the rate of complaints closed within 30 days was 39 per cent, while this year, 69 per cent of complaints were closed within 30 days.

We made additional improvements, identified by the review, including enhanced reporting and monitoring of commitments; complaint handling is now a standing agenda item in all Best Care Committees. By embedding complaints management at all levels, we are better placed to prevent reoccurring complaints and inappropriate practices.

Child safety and family violence

AV has been building the required structures and supports to ensure we are operationally ready to meet the requirements of the new Child and Family Violence Information Sharing Schemes and the requirement to align to the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM).

Work is underway on revising and updating our policies and procedures. We are also developing learning packages, supported by a communication strategy, to drive change.

This includes:

- a suite of online MARAM training modules
- a new intranet information page, and
- a revised clinical practice guide with an instructional video.

Our innovative work in this area has included a new podcast and the addition of family violence and child safety in a recent Grand Round case review. The Grand Round provided a forum for healthcare professionals from several organisations to explore and debate a variety of issues.

A Safeguarding Care Senior Lead role was established within AV's Quality and Patient Experience division to co-ordinate and deliver a wide-reaching program portfolio that includes family violence and child safety responses. AV received a project grant from Family Safety Victoria to support the strengthening of the MARAM framework.

Melbourne Mobile Stroke Unit

Australia's first pre-hospital road stroke service, the Melbourne Mobile Stroke Unit (MSU), has been in operation since November 2017.

Operating in partnership with the Royal Melbourne Hospital, the MSU averages almost seven responses per day. Of the **1,920 patients that required expert care with the MSU, 757 (39 per cent) patients had CT scans performed in the mobile unit and 199 received clot-dissolving thrombolytic medication**. Shorter wait times for medication led to better outcomes, and the MSU delivered the most significant time reductions for thrombolysis internationally.

More than half of patients seen by the MSU were diagnosed with either stroke or a transient ischaemic attack (TIA). Fifty per cent of the patients who received clot-dissolving treatment (thrombolysis) on the MSU were treated in the first 90 minutes, compared to approximately 13 per cent in hospital.

Our data shows 18 per cent of patients receiving thrombolysis on the MSU were treated within the first 60 minutes (known as the 'Golden Hour') from the onset of stroke, compared to 1.5 per cent in hospital.

Time saved is brain saved and MSU's time to thrombolysis is more than one hour faster when compared to hospital and more than 45 minutes faster for those undergoing mechanical clot retrieval.

Consideration for development of a second MSU is underway. A second unit would see significant improvements, and the inclusion of an improved CT scanner would reduce intervention times.

Community Advisory Committee

The Community Advisory Committee (CAC) continued its engagement with AV on a range of subjects that reflect the concerns of Victoria's diverse communities.

As advocates for the community, the CAC worked to ensure the voices of Victorians were heard, understood and integrated in our work. Committee members, who are representatives of those communities, focused on equitable access to safe, effective and timely care for all Victorians.

Now in its fifth year, and with a new Chair at the helm, the CAC engaged with AV on:

- the development of the new Community and Consumer Engagement Plan
- the findings handed down by the Mental Health Royal Commission, including what it means for services to the community, and

- AV's new Strategic Planning development cycle.

The Committee also reflected on its purpose, discussing how it could continue to add value to ongoing improvement.

Quote: "Being an active participant in AV's change journey – having our voices heard, seeing our suggestions and advice taken on board, and having the opportunity to input into strategic planning and community engagement objectives – highlights AV's commitment to best practice, organisational improvement and community feedback." Dr Sandra Porter BSc/BPsych (Hons), MPsych, PhD – CAC member since January 2017

Quote: "The Committee is a valued forum through which its members and AV are held to account, ensuring the needs and experiences of communities are understood and respected... It ensures a community diversity lens is considered in AV's strategies and planning." Colleen Furlanetto OAM, CAC Chair

Shared decision making

Our work in this area over the past 12 months has prioritised genuinely listening to patients and creating clear input pathways.

Key achievements include:

- developing an external landing page on the AV website for patients to register their interest in being contributors to AV decision making
- a Consumer Induction Handbook, demonstrating AV's commitment to partnering with patients
- a more streamlined process for the public to provide feedback, including the redesign of the Contact Us page, and
- a revision of the Open Disclosure section to enhance recording and transparency of the Open Disclosure investigation.

Accessibility Action Plan

- In 2019, AV released its inaugural Accessibility Action Plan. The two-year plan drives our commitment to better meet the needs of people with disability, including our patients, our staff and our community. The plan's key goals are to improve access to information, services and facilities. To achieve this, AV is building a communication tool that will empower people with disability to better understand and access our services. At the same time, we are training and equipping our paramedic staff with the knowledge, skills and resources to better engage with people with disability, their carers and support networks.

- AV is partnering with Scope Australia to develop new training and communication resources for emergency health services workers across the patient journey, including: dialling Triple Zero (000), first response and treatment by ambulance staff, and handover to hospital emergency department staff. Gippsland and Metropolitan Melbourne are the trial sites for this work. Baseline research has been completed with paramedics and focus groups identifying opportunities to better support patients with complex communication needs.

Resourcing Investment and Improvements

In 2020-2021, AV built its capability to meet the growing demands on ambulance services and achieve the best patient outcomes.

We continued the implementation of the single officer upgrade program that commenced in 2019-2020, with Avoca, St Arnaud and Beechworth shifting to dual paramedic crewing in June 2021.

In January 2021, the government announced $14.8M in funding for AV to ensure regional and rural Victorians have greater access to emergency care. This investment supported the advance recruitment of 87 Full Time Equivalent (FTE) paramedics to work across Victoria and an additional 16 FTE Referral Service Triage Practitioners to provide alternative care options for patients not requiring a lights and sirens ambulance response.

AV's capacity was further enhanced through the addition of rural resources in Benalla, Lakes Entrance, Torquay, Castlemaine, Bannockburn, while the Daylesford and Ballan branches transitioned to a 24/7 on-shift service. We also brought forward the introduction of four additional Peak Period Units (PPUs) in the Bellarine Peninsula, Eaglehawk, Churchill and Gisborne. These units were originally intended to be introduced in future financial years, however the PPUs were introduced earlier to address demand challenges associated with the coronavirus (COVID-19) pandemic.

Seven additional PPUs were provided for the metropolitan region this financial year. These resources commenced in Epping, Tarneit, Mernda, Craigieburn, Boronia, Templestowe (under construction, with the team often working from Boronia) and Bayside.

This year, crews at Dandenong, Kew, Watsonia and Waverley moved into new purpose-built branches. The Balmoral Ambulance Community Officers (ACOs) and Remote Area Nurses are now based in a contemporary workplace – the result of a collaborative construction project between AV and the Balmoral Bush Nursing Centre. Work continues across the state with the relocation and rebuilding of over 25 branches in the pipeline. The new branches will provide crews and volunteers with workplaces that meet the ever-changing needs of the Victorian community.

Partnerships that make a difference

AV's partnerships allow us to broaden our support across mental health education, community emergency responses and a range of proactive initiatives. This year, we worked with multiple emergency services and partner organisations to respond to major events and the ongoing challenges of the coronavirus (COVID-19) pandemic.

We engaged with the community through our GoodSAM app, and our Heart Safe Community program empowered Victorians to help each other in emergency situations. We shifted campaigns and conversations online, and our health messages were amplified through partner networks. Together, we made a difference.

Community and consumer engagement

AV's Community and Consumer Engagement Plan 2020-2022, acknowledges our commitment to engage with our communities and consumers about their health care needs.

In 2020-2021, our Play Your Part Be Summer Smart campaign provided health advice and practical tips for keeping cool and safe in the sun, by the water and on the road over summer. We also developed a new education page for our website with activities and resources in accessible formats.

Other activities included:

- tailored engagement plans to meet local community needs
- area profiles to understand and respond to community needs
- expanding Heart Safe Communities to improve out of hospital cardiac arrest survival rates, and
- expanding the GoodSAM program.

GoodSAM (Smartphone activated medic)

For a person in cardiac arrest, every minute without CPR reduces their chance of survival by up to 10 per cent. Ready access to a CPR trained responder is therefore vital.

Any adult who knows how to perform CPR can now sign up to GoodSAM to help a person in desperate need.

GoodSAM is a smartphone app that connects community responders to patients in the first critical minutes of cardiac arrest. Following a Triple Zero (000) call,

GoodSAM links patients in cardiac arrest with community members and identifies nearby public defibrillators.

Our expanded GoodSAM community responder program has grown to more than **14,000 registered responders and contributed to saving more than 50 lives since** it was introduced in 2018. Following a temporary suspension, as part of coronavirus (COVID-19) pandemic risk management, the program recommenced in October 2020.

Partnering with the Victorian community is critical to the success of the GoodSAM program. During the year, we engaged with first aid training providers, hospitals, universities and local community groups across the state to encourage people to sign up to the program. We also launched our new Become a Heart Re-Starter campaign with a refreshed website and digital engagement campaign.

Heart Safe Communities

After the significant impacts of the coronavirus (COVID-19) pandemic in 2020, the Heart Safe Community program recommenced in 17 locations across Victoria in February 2021. The Heart Safe Community initiative improves survival rates for people suffering out of hospital cardiac arrest (OHCA) by teaching community members how to perform CPR and use an automated external defibrillator (AED). This year, we delivered ongoing community awareness and active engagement via Call, Push, Shock sessions. The sessions promoted AED registrations and GoodSAM responder signups. AV also provided each Heart Safe Community with two AEDs.

TLC Ambulance

AV continues to partner with TLC for Kids, a not-for-profit children's charity that provides memorable experiences to children with a terminal illness and their families. Although the coronavirus (COVID-19) pandemic led to the TLC Ambulance being paused for nine months, AV continued to support these trips when restrictions permitted.

Paramedics donated their time to crew the vehicle and provide support and clinical treatment during these special trips. Destinations included Werribee Open Range Zoo, Melbourne Zoo, a mobile petting zoo, Collingwood Children's Farm, Chesterfield Farm and Scienceworks.

The children's families received a package of photos and footage that captured the beautiful moments and memories created during their trip.

His Excellency General the Honourable David Hurley AC, DSC (Retd) and Her Excellency Mrs Linda Hurley serve as joint patrons of TLC for Kids. Following a visit to TLC for Kids with AV CEO Professor Tony Walker ASM in April 2021, the patrons sought to take an active role in promoting and supporting this valued service.

AV is working with TLC for Kids to put a second TLC Ambulance on the road. We thank our generous TLC donors and our amazing people who enable this program to grow and help more Victorian children.

Shocktober Campaign, supporting Restart a Heart Day

Since 2016, AV has supported the international campaign Restart a Heart Day by delivering local face-to-face sessions across the state. These sessions educate and empower the community to take lifesaving action when witnessing a cardiac arrest. Due to the coronavirus (COVID-19) pandemic, the 2020 October campaign was delivered online with great success.

The Shocktober campaign called on AV employees to become involved through social media and online engagement tools. The campaign taught Victorians:

- the simple Call, Push, Shock steps of CPR
- how to find their nearest AED
- how to make more AEDs in the community publicly accessible.

Each AV branch was asked to lead an online Call, Push, Shock session for their local community. In total, 366 online or small face-to-face sessions were delivered, reaching over 7,700 Victorians.

Our call for people to learn CPR and register AEDs was widely reported, particularly in regional Victoria.

In October 2020, the largest area of growth was in social media. Throughout the month, we reached a record number of community members via social media – over 705,000 people. A significant number of people tuned in to watch our Facebook Live event, where a paramedic delivered an online Call, Push, Shock session. The video was watched by over 113,000 people.

Mental health in adolescents Pulse Check engagement program

In Australia, around 75 per cent of common mental health problems emerge before the age of 25, and sadly, suicide is the leading cause of death for people aged 5-17.

To address these prevalent issues, AV partnered with Headspace Geelong to design and deliver Mental Health Pulse Check. This face-to-face school program targets students in years 7–12 and delivers preventative mental health messages.

Paramedics' voices are trusted in the community groups, and schools requested that paramedics speak on these challenging topics. As part of the program, an AV paramedic provided insights into mental health emergencies and how the community could access assistance.

The module was piloted in three trial sites in Geelong in May 2021. Geelong was selected as the trial site following several youth suicides in the Geelong area in 2020. We aim to expand the program once a full evaluation is completed.

A great place to work and volunteer

AV adapted to the challenges of the coronavirus (COVID-19) pandemic, launching new programs to protect the health and safety of our diverse workforce. Our Live Well hub offered a wealth of wellbeing content, and our Mental Health Action Plan (2019-2022) provided a clear roadmap to a happy and healthy workplace. We strove to create an inclusive and flexible work environment and recognised that we must work harder to achieve meaningful equality. We understood that learning and development was key to achieving our goal of being a great place to work and volunteer.

Victorian Equal Opportunity and Human Rights Commission Review into Workplace Equality and Ambulance Victoria

In late October 2020, public allegations emerged of serious and widespread discrimination, sexual harassment, and victimisation at AV. Our Board Chair Ken Lay AO, APM and CEO Professor Tony Walker ASM engaged the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) to conduct an independent review of AV, focused broadly on workplace equality.

The CEO led immediate communications with the workforce, supported by the Chair and AV Board and Executive, acknowledging the courage of the individuals who had come forward to share their experiences. The organisation has committed to a pathway of listening, review and action for cultural change to ensure that AV becomes safe, respectful, equal and inclusive for all staff.

The VEOHRC has been engaged to:

- examine the nature, extent, drivers and impact of discrimination, sexual harassment, victimisation and bullying experienced by current and former staff and volunteers
- examine the adequacy of measures to prevent and eliminate discrimination, sexual harassment, victimisation and bullying within AV, and
- identify leading practice strategies to ensure AV is a safe, equal and inclusive organisation that supports and promotes positive workplace systems, values and behaviours, in accordance with the Equal Opportunity Act 2010.

The review is supported by a board sub-committee that provides the board with regular oversight of the progress and review findings. The subcommittee is led by the AV Board Chair and includes three other directors.

An Executive Lead has been appointed by the CEO to support the review.

The review has concluded its research phase, comprised of an organisation-wide survey, written submissions, interviews with staff, focus groups and extensive data. It is currently in the analysis and report writing phase. The final report is due to be released by 30 November 2021.

Health and Safety

Health & Safety Action Plan

The three-year Health and Safety Action Plan (2019-2022) is working towards its goal of improving health and safety cultural maturity across the organisation.

This year, we implemented Health and Safety Business Plans (HSBP) to support regional areas in developing local safety initiatives and meeting compliance requirements. The HSBP action items provided a measurable, consistent standard across the organisation and built a solid evidence base for future safety initiatives. The plans also addressed the organisation's key safety priorities of leadership, manual handling, mental health and occupational violence.

We also used the latest technology to create simpler, faster, more streamlined methods in health and safety data analysis and performance monitoring and reporting.

Continued collaboration with our emergency services partners was key in enacting problem- solving practices that focused on paramedic safety and patient care. AV worked with Victoria Police to develop a scene safety video for use within both organisations, while our manual handling facilitators practiced complex patient extractions and use of specialist equipment with State Emergency Services (SES) teams.

In January 2021, we rolled out our service-wide manual handling program, Smart Moves, which delivers the most comprehensive and intensive skills training in manual handling to date.

This was followed in March with the launch of the new Behaviours of Concern (BOC) assessment tool to help us predict the unpredictable. This crucial tool provides our people with a simple process to evaluate the risk of violence and put appropriate safety controls in place. Importantly, the BOC can be used to assess the risk of anyone at the scene who poses a risk.

Learning Hub

In October 2020, we launched our new Learning Management System: Learning Hub. The Hub gives our people an improved experience of accessing learning in all forms: in-person, virtual, self-paced, or on-the-job.

Health and Wellbeing Programs

Respiratory Protection Program

The AV Respiratory Protection Program (AV RPP) was established in-line with the Department of Health's mandate that all healthcare workers with the potential to be exposed to respiratory hazards undergo respirator fit tests to ensure their masks are tight-fitting and adequately sealed.

Throughout 2021, the AV RPP commenced its service-wide rollout, conducting mask fit testing on all on-road clinical staff and relevant support roles across the state. Nearly 3,000 frontline workers were tested and are now protected with correctly fitting respirators.

Coronavirus (COVID-19) and Influenza vaccination programs

AV continued to prioritise staff and community safety. We worked closely with the Department of Health and nominated vaccination hubs to ensure timely delivery of coronavirus (COVID-19) vaccinations to our workforce. While Coronavirus (COVID-19) vaccination is not mandatory, our frontline workers understand the important role we play in setting an example and protecting ourselves and those around us.

Live Well Wellbeing Hub

To boost health and wellbeing within our workforce, AV launched the Live Well wellbeing hub. Every month, Live Well shares health and wellbeing content on nutrition, happiness and mental health, and more. Live Well can also be synced with wearable devices such as Fitbits and Garmin watches.

Mental Health Action Plan

We have now completed the second year of the three-year Mental Health Action Plan (MHAP) 20192022, AV's road map for achieving our goal of happy and healthy people delivering great care.

The MHAP captures AV's continued commitment to the wellbeing of our people. It targets resilience, encourages early intervention, and builds on our strengths.

A key aspect of early intervention and prevention is the timely provision of peer support around critical incidents or stressful events. After successfully expanding our Peer Support Dog Program to become state-wide, further work was completed to expand membership of the broader Peer Support Program.

This year, we delivered a Foundational Learning Program for our Peer Support Team. The program was expanded to incorporate more than 220 employees and first responders, providing compassionate support across the state. The Retired and Former Employees (RAFE) peer support program also increased its volunteer base this year after a successful pilot in 2019-2020.

Mental health and wellbeing programs

AV has increased resources for its Pastoral Care Program, with dedicated chaplains now in each region. Our chaplains support the emotional, psychological, spiritual and pastoral needs of our people and their families and play a key role in AV's Wellbeing and Support Services team.

AV continues to provide support for our people and their immediate family members, with services available 24-hours a day. A comprehensive public procurement process, saw us expand our Victorian Ambulance Clinicians Unit (VACU) to a network of more than 120 clinicians providing our staff, first responders and their families with counselling and other support.

AV's staff support program now includes telehealth, where safe and appropriate, which has increased the availability of care to people across all parts of Victoria.

AV partnered with the Black Dog Institute to deliver Mindarma, an evidence-based online program that teaches practical skills to enhance resilience and help protect mental health. We also launched our Skills for Life Adjustment and Resilience Program (SoLAR) – a pilot program with Phoenix Australia. SoLAR is designed to provide psychological skills- based intervention and support for AV staff and first responders who may be experiencing mild to moderate stress and distress.

These partnerships, together with our continued commitment to research and evidence- based initiatives will drive our work in developing the next Action Plan, due to be launched in July 2022.

Diversity and Inclusion

Cultural safety

AV continued to focus on cultural safety by recognising and protecting Aboriginal culture across the service. At the beginning of the year, our workforce undertook cultural safety training and inclusive practices were incorporated into leadership development. This work was designed to increase awareness of the diverse community we serve and improve health care for all Victorians.

Working with valued partners among the Aboriginal community, we drafted a Statement of Reconciliation and a Reflect Reconciliation Action Plan, which are in the final stages of approval. This process involved deep listening with our community partners and connecting with the majority of Aboriginal community-controlled Health Organisations across the state. The Action Plan will commence in 2021-2022, following endorsement from Reconciliation Australia.

Our Cultural Safety and Equity Action Plan guides the work of our clinical team members who work directly with patients. The plan aims to strengthen cultural safety and equity for high risk and vulnerable patients. This important work has improved the experience of patients who identify as Aboriginal or Torres Strait Islander, with 98 per cent indicating overall positive experience with AV in 2019-2020, up from 78 per cent in 2019-2020.

This work builds on the Patient Assessment Standards introduced in 2019-2020. We will continue to monitor and build on these initiatives to ensure that AV provides a culturally safe and appropriate response to the needs of First Nations peoples.

Diversity & Inclusion Council

AV's Diversity & Inclusion Council guides our work in providing an inclusive and accessible work environment. Now entering its third year, the council is made up of representatives across AV with a diverse range of lived experience.

The Council's work included celebrating diversity events, increasing awareness of cultural safety, and progressing reconciliation. The challenges of the coronavirus (COVID-19) pandemic saw many AV events take a different form this year, but we continued to demonstrate our support for creating an inclusive environment for our people and celebrating the diverse Victorian community.

AV stands with our diverse community. This year, we joined the annual Pride March, supported National Reconciliation Week, and hosted an IFTAR dinner to

celebrate the end of Ramadan. Each of these events helped to strengthen our community connections, share stories and learn from each other.

Gender equality

In March 2021, the *Gender Equality Act 2020* came into effect for the Victorian public sector, universities, and local councils. At AV, we supported the implementation of the Act with a cross-functional working group to establish new processes and procedures. This work has included the introduction of Gender Impact Assessments for any new or updated programs, policies, or procedures. In the coming year, we will conduct a Workforce Gender Audit and prepare a 4-year Gender Equality Action Plan to address opportunities identified in the audit.

Enterprise Agreements

The AV Enterprise Agreement 2020 is a four-year agreement that covers employees in the majority of AV's operational and some administrative roles.

After a positive bargaining period and a successful employee vote, the new agreement was approved by the Fair Work Commission to begin on 3 November 2020. Since commencing, the agreement has delivered a wide range of improvements for our employees' experience at work, how they are supported, their salary and career, their work-life balance, and equity in access to opportunities.

Awards and Excellence

Australia Day Honours

We are proud to recognise the outstanding achievements of our people who were formally acknowledged for their commitment and contributions.

Five paramedics and two Ambulance Community Officers (ACOs) were awarded an Ambulance Service Medal (ASM), recognising the care and leadership they contribute to their patients, peers, and communities.

In another nod of recognition, the IndigoShire awarded Ambulance Victoria's Chiltern ACO team, located in the state's north-east, their Community Group of the Year award.

Ambulance Service Medal Recipients for 2021:

Joanne Algie ASM

Along with her peer dog Lexi, Jo played a pivotal role in the aftermath of the 2020 bushfires in Gippsland, providing comfort and care to those whose homes and lives were devastated by tragedy. Jo also leads the Recycling AV Uniforms group and has repurposed thousands of uniforms for those in need around the world.

Graham Mummery ASM

In his 37 years with Ambulance Victoria, Graham has demonstrated service beyond the norm through his longevity as a clinical instructor and mentor to many graduating paramedics.

Michael Ray ASM

Affectionately known as 'The GoodSAM Guy', Michael has dedicated time and effort to community-based strategies that strengthen critical early links in the chain of survival for cardiac arrest patients.

Jemima Tawse ASM

Jemima has shown a passionate desire to make a difference as a frontline paramedic. The recent partnership between AV and TLC for Kids is the product of her tenacity and empathy in the care she provides her patients.

Shaun Whitmore ASM

A clinical leader and devoted peer support officer within AV's Air Ambulance team, Shaun's ability to relate to the emotional, psychological, technical, and clinical aspects of a case cannot be understated.

Gregory Fithall ASM

Over the past two decades, Greg has performed his role as an Ambulance community officer with unwavering dedication to community service and engagement.

Kathleen Poulton ASM

A long history of involvement in the local ambulance service has seen Kathleen continually support and provide mentorship to her colleagues.

Awards

CAA Women in ambulance awards

In March 2020, seven women working at Ambulance Victoria were recognised as role models for the workforce.

Julie O'Brien

Area Manager, Clinical Operations – METRO 9

Sophie Faulkner

Regional Capability and Development Coordinator, Operational Capability – Barwon South West

Caitlin Walker

Senior Team Manager, Clinical Operations –METRO 7

Jacinta Roberts

Senior People Partner (SPP), People & Culture – Grampians, Barwon South West, Complex Care

Michaela Malcolm

MICA Flight Paramedic (MFP), Clinical Operations – HEMS 3

Dr Kate Cantwell

MICA Paramedic & PhD, Operational Improvement Lead, Operational Improvement

Samantha Allender

Referral Service Triage Practitioner/Paramedic

Queen's Birthday Honours List

Chas Martin OAM, Curator/Manager Ambulance Historical Society Victoria.

Chas Martin began his career with the Victorian Civil Ambulance Service in 1962. After retirement, he founded the Ambulance Victoria Museum, where he still volunteers each week. Chas was awarded the Medal of the Order of Australia for service to community history.

Gold Quill – Social media communications during the coronavirus (COVID-19) pandemic

In May 2021, AV was honoured to receive an IABC Gold Quill Award of Excellence in the communication skills and audio/visual category. The Gold Quill Awards are highly regarded globally and AV's result was in the top tier of award winners.

The award recognised a series of social media videos created at the height of the coronavirus (COVID-19) pandemic. The videos encouraged compliance with lockdown measures by fostering a sense of reassurance, hope and community togetherness.

IPAA Leadership in the public sector awards

Winner Human Centred Design – TelePROMPT pilot

The TelePROMPT pilot is innovating how we help people experiencing mental health emergencies. It connects paramedics on scene with a mental health clinician through telehealth for rapid assessment and triage of patients.

Finalist

Our sustainability team established AV as a leader in this space, on both a national and global level, with a new Social and Environmental Responsibility Framework and Action Plan.

Finalist

The COVID-19 Support Team and Emergency Management Unit were shortlisted for AV's pandemic response.

Staff Numbers and Workforce Data

This workforce information is provided in accordance with the Minister for Finance's Financial Reporting Direction 29C, 'Workforce data disclosures in the Report of Operations – public service employees (February 2018)'.

Total staffing numbers

Full-Time Equivalent (FTE) Staff 2020-2021 (Size of the workforce):

Staffing Numbers (FTE) – Annual Report Category	2020-21	2019-20
On road Clinical Staff[4]	4,497.2	4,336.6
Operation Support and Managerial Staff[5]	513.0	486.2
Other Managerial, Professional and Administrative Staff[6]	503.0	490.5
TOTAL	**5,513.2**	**5,313.3**

[4] On road Clinical Staff – includes but not limited to Paramedics, Team Managers, Patient Transport Officers, Retrieval Registrars, Clinic Transport Officers and Clinical Instructors.

[5] Operation Support and Managerial Staff – includes but not limited to Senior Team, Area and Regional Managers, Rosters staff, Communications staff, Rehab Advisors, OHS Advisors, Logistics staff, Fleet staff, Duty Team Managers, Telecommunication staff and Clinical Practice staff.

[6] Other Managerial, Professional include all other staff who do not fall into the above two categories.

Mobile Intensive Care Ambulance paramedics (MICA)

This group of MICA employees forms part of AV's Full-Time Equivalent Staff 2020-2021:

MICA Staffing Numbers	2020-21	2019-20
MICA Full-Time Equivalent Staff	547.4	564.1
MICA Full-Time Equivalent Trainees	46.9	47.0
TOTAL	**594.3**	**611.1**

1,026 Ambulance Community Officers (ACOs)

AV employs 1,026 casual Ambulance Community Support Officers (ACOs) who also provide emergency response. These employees are represented in the above on-road Clinical Staff FTE numbers based on their hours worked converted to equivalent full-time positions.

Notes

The three staff categories are as follows:

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

257 Volunteers

In addition, AV engages 257 Community Emergency Response Team volunteers (CERTs) who provide emergency response.

331 Newly recruited paramedics

331 Paramedic staff were recruited by AV in 2020-2021. This included 313 Graduate Paramedics.

Research Report

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

As of June 2021, a total of 134 active research projects were registered in the AV research governance system. Our research portfolio is highly collaborative, involving partnerships with key organisations, including universities, hospitals, and institutes, such as the Turning Point Drug and Alcohol Centre. In 2020-2021, AV research soared to new heights, with staff co- authoring 79 research articles in peer-reviewed medical journals – our highest ever result!

AV is also among the most cited institutions for prehospital emergency care research in the world, attracting more than 1,200 annual citations for AV-affiliated research. In a recent bibliometric analysis published in 2021, AV was ranked 11th in the world for publishing on prehospital emergency research between 2000 and 2020 and was the only ambulance service listed amongst institutions. In addition, Prof Karen Smith (Director Centre for Research and Evaluation) was listed as the top publishing researcher in the world (Xu et al A J Transl Res 2021;13:1109-1124). Importantly, the AV Centre for Research and Evaluation is helping to foster some of our brightest students and staff, through supervision and mentorship of higher degrees by research.

AV is proud to be a leading partner in some of the largest research collaborations in our region, including the National Health and Medical Research Council (NHMRC)-funded Centres for Research Excellence in Pre-hospital Emergency Care (PEC-ANZ) and the Australian Resuscitation Outcomes Consortium (Aus-ROC), which are administratively based at Monash University. These research centres have helped to build capacity in pre- hospital and cardiac arrest research through collaborative projects between leading researchers, clinicians and ambulance services in Australia and New Zealand. The aims of the PEC-ANZ and Aus-ROC Centres for Research Excellence are to strengthen the evidence base underpinning prehospital emergency care and cardiac arrest treatment, policy, and practice.

Pre-hospital clinical trials at AV are world-leading and our paramedics are internationally recognised for their success in recruiting eligible patients. In 2020-2021, recruitment into clinical trials has been more significant than ever. Launched in October 2020, the lignocAine Versus Opioids In myocarDial infarction (AVOID-2) trial explores whether intravenous lignocaine is a safe and effective alternative analgesic agent compared with intravenous fentanyl in patients with suspected ST-elevation myocardial infarction.

The trial has successfully trained over 2,000 paramedics and recruited 300 patients in a remarkable 10- month period. Compliance in enrolling eligible patients is over 75 per cent, and for the first time ever, our Advanced Life Support paramedics are leading the bulk of enrolments. In addition, our Mobile Intensive Care Paramedics successfully recruited 403 patients into the rEduction of oXygen After Cardiac arresT Study (EXACT Study) – a multi-centre randomised controlled trial which aims to determine whether reducing oxygen administration after successful resuscitation from cardiac arrest improves survival. The EXACT study has now concluded recruitment and results are expected to be published in the second half of 2021.

The Paramedic Antibiotics for Severe Sepsis (PASS) study is a phase 2 randomised controlled trial of the pre-hospital administration of intravenous antibiotics in patients with suspected sepsis. It aims to reduce the time to antibiotic administration when compared with standard care in the Emergency Department. The trial is a collaboration with Alfred Health, Bendigo Health and Northeast Health Wangaratta, with Barwon Health currently in the process of being welcomed to the trial. PASS unfortunately had to be put on hold during 2020 due to the coronavirus (COVID-19) pandemic.

We have been excited to be able to resume the trial again recently, with 16 patients enrolled to date. Over 200 paramedics have undergone training and accreditation in aseptic blood culture collection, with this number about to increase as Barwon Health prepares to commence enrolments. The trial intends to enrol 110 patients. Another feasibility study, which was suspended during 2020 due to the coronavirus (COVID-19) pandemic is CHEER3.

This trial is assessing the feasibility and impact of dispatching a paramedic with two Alfred Health intensive care physicians to eligible cardiac arrest patients to receive extracorporeal membrane oxygen (ECMO) therapy in the field. ECMO is like a heart and lung machine and provides support to patients refractory to standard resuscitation techniques. CHEER3 has now commenced enrolling patients again.

Finally, The Pre-hospital Anti-fibrinolytics for Traumatic Coagulopathy and Haemorrhage Study (PATCH Study) concluded recruitment in Australia and New Zealand in March 2021. This study aimed to determine whether early administration of tranexamic acid reduces mortality in severely injured patients when compared to a placebo. AV Mobile Intensive Care Paramedics enrolled a total of 581 patients into the trial since its commencement in 2014, which is 50 per cent of all Australian enrolments. The results of the study are now being analysed.

As another year draws to a close, we again thank our paramedics for helping to make AV the epicentre of pre-hospital clinical trials in Australia. We have several exciting new trials in the pipeline for next year involving key patient cohorts, including cardiac and trauma emergencies.

Two pivotal grants from Better Care Victoria's (BCV) Innovation Fund are helping to improve access to appropriate care at the point of triage in the Triple Zero (000) call. The Artificial Intelligence in carDiac arrEst (AIDE) project is a collaboration with Emergency Services Telecommunication Authority (ESTA) and Monash University Faculty of Information Technology and aims to develop an Artificial Intelligence (AI) framework for Triple Zero (000) call-takers to use as a decision support tool.

The support tool is designed to recognise potential cardiac arrests during the Triple Zero (000) call and notify the call-taker of the level of probability of a cardiac arrest at the earliest possible point of recognition. The AIDE project is in its training phase and has shown Higher rates of detection when compared to call-takers in cardiac arrest detection. The final stages of the project, including testing in a mock-live environment, will occur in late 2021 early 2022.

A new SMS-initiated video triage for low-acuity mental health patients, called Tele-HELP, is also being used by AV with support from the BCV Innovation Fund. As part of this initiative, suitable patients are referred to a mental health nurse and are offered the opportunity to have a video call option to enable a face-to-face interaction. The pilot finished in May 2021. However, due to the success of this project, AV has now embedded this innovative way of triaging emergency mental health patients into normal operations.

Our clinical quality registries remain the lifeblood of AV and underpin our commitment to provide Best Care to the community. The Victorian Ambulance Cardiac Arrest Registry (VACAR) has now captured over 115,000 cardiac arrest cases attended by AV paramedics and drives quality improvement in resuscitation practice, supports a large research agenda, and continues to inform key performance indicators at AV.

The VACAR also contributes to multiple research collaborations outside of AV, including the recently established Unexplained Sudden Cardiac Death Registry (based at the Baker Institute).

In 2020, the VACAR established routine postresuscitation debriefing reports using improved functionality embedded into the registry. These reports (known as Team Performance Reports) are issued to paramedics present at the scene of resuscitation and involve 19 key metrics that align with current resuscitation guidelines. The report utilises a traffic light system that benchmarks the team's metrics against the previous 12 months of attempted resuscitations. The reports are supported by the collection of real-time monitoring of CPR quality during resuscitation which is now routinely captured by the VACAR.

The AV Centre for Research and Evaluation also maintains the Victorian Ambulance STEMI Quality Improvement (VASQI) Initiative, which focuses on paramedic diagnosis, treatment, and triage of patients with a heart attack. In addition, the Centre for Research and Evaluation continues to provide data to the Victorian State Trauma Registry for all major trauma patients attended by ambulance paramedics; the Turning Point Drug and Alcohol Centre for all drug, alcohol and mental health related ambulance attendances; and, the Victorian Cardiac Outcomes Registry (VCOR), which is a state-wide population-based clinical quality registry aiming to improve the quality of care provided to patients with cardiovascular disease. We have also provided pre-hospital data to the Australian Stroke Clinical Registry to examine the impact of prehospital diagnosis, treatment and triage of stroke patients on long-term patient outcomes.

Awards

In September 2020, Professor Karen Smith, Director of the AV Centre for Research and Evaluation, was awarded a Top 50 Public Sector Women 2020 Award (Established) by the Institute of Public Administration Australia. This was in recognition of her individual excellence and achievement in pre-hospital research.

In June 2021, PhD student Brian Haskins was awarded the People's Choice award for his Three Minute Thesis in the Faculty of Medicine, Nursing and Health Sciences competition. His work is examining the role of public first responders in cardiac arrest survival. Both Professor Karen Smith and Dr Ziad Nehme (Paramedic and Senior Research Fellow) are part of his supervisor team.

Research publications (alphabetical)

This year there were 79 publications by AV staff, often in collaboration with key partners.

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Environmental Report

Environmental commitment

Our Social and Environmental Responsibility Framework's priorities of people, community, environment and supply chain drive our vision to be a leading sustainable Australian ambulance and health service.

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

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

Key achievements

This year, we continued implementing our Social and Environmental Responsibility Action Plan to further build a socially responsible business and to help us improve our environmental performance.

Some key achievements include our action on climate change, ongoing local waste projects, and the establishment of a donation disposals register to help us improve both environmental and social outcomes.

We were also recognised in 2020 by the IPAA Leadership Public Sector Awards as a finalist in Sustainable Communities and Environments Award and the Health Care Without Harm's Health Care Climate Challenge with a gold award in Climate Leadership and silver award in Renewable Energy.

Climate change

AV is proud to be one of the first health services to have an Action Plan that includes emissions reduction and climate adaptation commitments.

We have developed an emissions vision for net zero by 2045, including reduction pledges. Our emissions reduction plan sets our path to become a net zero organisation with a phased transition across AV's key emissions from road vehicles, building energy usage and air ambulance services. This year, we pledged the following reduction targets for our Scope 1 and 2 emissions on our path towards zero net carbon emissions from our 2015 baseline:

2025: 39 per cent emissions reduction

2030: 60 per cent emissions reduction

2045: Net zero emissions

We also developed our first Climate Adaptation Action Plan, designed to guide our response to the impacts of climate change and becoming a more climate resilient ambulance health service.

Greenhouse emissions

We are committed to reducing our environmental footprint and participating in Victorian Government activity around emissions reduction.

This year, overall net emissions decreased by 2 per cent from 2019-2020, including a 16 per cent reduction in energy emissions. These reductions were achieved, despite a 5 per cent increase in emergency transport emissions due to higher demand. Quantified emissions reduction from projects and renewables transition of more than 3,000 tonnes of carbon dioxide equivalent yielded a 10 per cent reduction against our 2015 baseline emissions reduction pledge.

Social procurement

AV conducted procurement activities in accordance with our Procurement and Contracts Framework, which aligns with the Victorian Government Purchasing Board policies to a significant extent, noting that AV were not mandated to fully comply with them until 1 July 2021.

This required AV to balance a range of financial and other non-financial factors including social procurement when considering value for money. Environmental performance requirements are built into AV's procurement processes with a view to promoting sustainable practices and assessing ongoing suppliers' social and environmental performance.

Fuel use (transport energy)

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

We have set a vision for zero emissions road vehicles in the medium term and work has commenced to transition to a hybrid corporate vehicle fleet in the short-term. This year, corporate travel reduced by approximately 30 per cent with staff working remotely. However, following the COVID-19 lockdown period in late 2020, AV experienced a significant increase in both overall demand and higher acuity Code 1 cases, which resulted in a 5 per cent increase in overall transport emissions

Energy use (stationary energy)

AV electricity and gas consumption reduced by approximately 5 per cent overall, and 2 per cent per FTE from 2019-2020.

This year, we delivered a lighting program project at our Essendon Air Ambulance site and installed a 16 kilowatt (kW) solar battery trial at the Sebastopol Branch. We also completed a Net Zero Branch project concept around carbon efficient branch design in the Integrated Design Studio innovation hub project in a partnership with the University of Melbourne and Australian Institute of Refrigeration, Air Conditioning and Heating (AIRAH).

In line with our renewable energy vision to source 100 per cent of our energy requirements from renewable sources by 2025, we commenced a 10-year Power Purchase Agreement (PPA) to supply renewable energy. We buy 100 per cent GreenPower™ accredited renewable energy from a Victorian wind farm for 14 of our sites that use high amounts of electricity.

Energy efficiency projects and rooftop solar installations on nine sites in 2020, has also meant that rooftop solar generation has increased by 40 per cent to approximately 415kW installed solar generation across the building portfolio. The combination of our energy efficiency projects, and our renewable agreement led to a 16 per cent reduction in electricity emissions.

Water use

Traditionally, the bulk of our water is consumed at corporate sites; operational sites do not use much water.

In 2020-2021, water usage reduced by 29 per cent, with corporate staff working remotely and operational staff utilising on-site hospital support facilities. AV regularly analyses water consumption trend information to identify possible leaks and improve our approach to water use.

Reducing waste and maximising recycling

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

Coronavirus (COVID-19) introduced further demand for personal protective equipment (PPE). In 2020-2021, our total waste reduced by 22 per cent from the 2019-2020 elevated volumes during the peak of the coronavirus (COVID-19) pandemic, and we are trending toward historical norms.

AV has active programs in place to recycle e-waste, batteries, lighting and printer cartridges along with more traditional recycling streams. Recycling has improved

by 6 per cent and now sits at 41 per cent diversion of waste from landfill. This year, we introduced an organics pilot across 17 branches to further divert waste from landfill. The uniform recycling program continues under the guidance of a local paramedic and their volunteers who redistribute uniforms to multiple recipients to achieve social and environmental outcomes. In 2020-2021, approximately 4,000 items have been redirected to alternative uses both locally and to those in need overseas.

Paper use

During 2020-2021, AV's overall paper usage reduced by 27 per cent, due to corporate staff continuing to work remotely and related changes in printing behaviour.

Approximately 70 per cent of all paper purchased contained recycled content. Supporting social procurement priorities, our paper is sourced from a certified Aboriginal and Torres Strait Islander social enterprise.

Environmental Report

Governance, reporting and targets

Regular progress reporting to the Executive and Board contributes to the governance of our action.

The following table summarises our environmental results for this year and outlines targets set for 2021-2022.

Environmental indicator	Target 2020-21	Results 2020-2021	Target 2020-2022
Reduction in greenhouse emissions[7] Increased energy sourced from renewables Increased fuel efficiency of road fleet	7 per cent carbon reduction Establish carbon per patient baseline	Carbon reduction Emissions reduction from renewables and projects: 10% carbon reduction against 2015 baseline pledged target[8] (3,024 tonnes carbon) Carbon per case baseline 40 kilograms carbon per case	2 per cent carbon reduction on 2015 baseline Establish baseline carbon per case by service type
Improved waste behaviours	Rollout recycling trial to 40 branches	Rolled out recycling trial to 80 branches	Rollout recycling trial to 40 branches

[7] Reduction of Scope 1 and 2 carbon dioxide equivalent (CO2e-) from 2015 emissions baseline: 30,552 tonnes.

[8] Projects and renewables emissions reduction attributed for 2020-2021: 3,024 total including 241 tonnes CO2e- via rooftop solar and energy efficiency projects and 2,783 tonnes via GreenPower.

Environmental Performance[9]

	Unit of Measure	2020-21	2019-20	2018-19
GREENHOUSE EMISSIONS[10]				
Scope 1	tC02e-	25,877	24,587	25,592
Scope 2	tC02e-	8,205	9,091	9,462
Total AV Greenhouse Emissions[11]	**tC02e-**	**34,082**	**33,678**	**35,054**
GreenPower	tC02e-	-2,783	-1,748	-1,287
Net AV Greenhouse Emissions[12]	tC02e-	31299	31,930	33,767
Emissions from Energy (Stationary)	tC02e-	5,549	6,584	7,045
Emissions from Transport	tC02e-	25,751	24,464	25,494
Carbon per Case	kgCO2e-	40.27	43.15	46.80

[9] All figures have been forecast and adjusted to include the most up-to-date information, available at the time of preparation. Where data was not available or estimated in prior years but has since become available, the data has been adjusted to reflect actual figures representing the reported portfolio as at 30 June 2021

[10] Greenhouse emissions are reported for Scope 1 (direct emissions from owned or controlled sources) and Scope 2 (indirect emissions from the generation of purchased electricity). Emission factors for calculation of greenhouse impact are taken from Department of Climate Change and Energy Efficiency, National Greenhouse Account Factors, August 2020 at https://www.industry.gov.au/data-and-publications/ national-greenhouse-accounts-factors

[11] Total greenhouse emissions figures incorporate all Scope 1 and 2 emissions produced (not including any offsets).

[12] Net greenhouse emissions figures incorporate an offset for the purchase of accredited GreenPower. For carbon per case, case is an event that results in one or more responses by an ambulance service.

	Unit of Measure	2020-21	2019-20	2018-19
Carbon avoided per Case	kgCO2e-	3.58	2.346	1.78
ENVIRONMENTAL INDICATOR				
Stationary Energy[13]				
Diesel Oil	GJ	135	174	15
Electricity	GJ	30,141	32,084	31,834
Liquefied Petroleum Gas	GJ	46	62	96
Natural Gas	GJ	2,224	2,090	1,763
Total Consumption	GJ	32,546	34,410	33,708
Green Power purchased	%	33	19	14
Solar Power (installed)	GJ	1,718	1,230	1,170
Consumption per FTE[14]	GJ per FTE	6.37	6.47	6.79
Transport Energy[15]				
Total Consumption	GJ	364,785	333,353	346,745
Consumption per FTE	GJ per FTE	68.65	62.73	69.89

[13] 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.

[14] Official Full Time Equivalent staff as at the end of the financial year.

[15] Transport Energy incorporates all AV road vehicles and air fleet. Due to lag in data collation, road-based fuel is calculated using the 12 month period from June 2019 to May 2020.

	Unit of Measure	2020-21	2019-20	2018-19
Water[16]				
Total Consumption	KL	25,066	35,137	38,448
Consumption per FTE	KL per FTE	4.72	6.61	7.75
Waste[17]				
Total waste generated	Kg (clinical, general, liquid & recycled)	225,806	291,205	230,096
Total waste to landfill	Kg (clinical & general)	160,270	206,624	115,188
Recycling rate %	Kg (recycled / general & recycled)	41	35	60
Waste to landfill per FTE	Kg per FTE	29.07	38.88	23.22
Paper[18]				
Total Reams	Reams	9,103	12,464	13,873
Average Recycled Content	%	70	71	62

[16] 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.

[17] In 2021 waste data has been re-baselined to align with Department of Health Waste Reporting Tool for 2020-2021 and previous years of data. Assumed weights are used for waste where no weight was recorded at time of collection.

[18] One ream is equivalent to 500 sheets of A4 paper. Recycled content is the average percentage of recycled content purchased. Paper count includes paper used for patient care record (VACIS) printing but does not include AV pre-printed letterhead.

	Unit of Measure	2020-21	2019-20	2018-19
Reams per FTE	Reams per FTE	1.71	2.35	2.80

Social Procurement

AV is committed to advancing social and sustainable objectives through social procurement.

Through our buying power, we generate social, economic and environmental outcomes that benefit the Victorian community and the environment. Our Social Procurement Framework (Framework) provides the strategy and the licence for collaboration with our suppliers, to improve the social and environmental value of our purchasing decisions.

This Framework sets the governance requirements by which AV intends to apply social procurement to achieve its related enterprise performance objectives.

Social procurement aligns with and supports both the AV Strategic Plan 2017-2022 objective of operating in a financially and environmentally sustainable way, and our broader Social and Environmental Responsibility Framework.

AV's approach to Social Procurement is grounded by nine key objectives, based on the Victorian Social Procurement Framework Objectives. These objectives are considered in purchasing decisions to deliver the social and environmental value we strive for. These objectives are:

- Providing opportunities for Victorian Aboriginal people
- Providing opportunities to Victorians with disability
- Promoting gender equality and women's safety
- Providing opportunities for disadvantaged Victorians
- Supporting safe and fair workplaces
- Engaging social enterprises, Australian disability enterprises and Aboriginal businesses where possible
- Consideration of a project's environmentally sustainable outputs
- Sustainable business practices adopted by suppliers
- Implementation of the Victorian Government's Climate Change Policy objectives.

Over the past 12 months, AV has delivered a range of work in line with the Framework. These include:

- conducting a detailed analysis of procurement spend to identify opportunities for AV to support local economies through local procurement

- delivering social procurement training to nine management groups within AV, reaching approximately 100 staff
- delivering reference documents and tools, including a briefing pack for potential suppliers, a checklist and guidance document for the Procurement and Corporate department and guidance for AV staff sourcing from ethical suppliers
- establishing a disposal register for end-of-life, zero value assets
- integrating Modern Slavery provisions into AV contracts
- identifying social benefit suppliers for direct social procurement opportunities including sports uniforms, events and re-usable water bottles, and
- integrating social and environmental responsibility requirements into tenders and assisting evaluation panels to score tenders on social procurement evaluation criteria.

Our 2020-2021 social procurement addressable spend exceeded target. This can be partially attributed to increased patient transport and related maintenance and operations delivered by social procurement suppliers as part of AV's health response to the coronavirus (COVID-19) pandemic.

Social Procurement	**2018-19**	**2019-20**	**2021-20 Target**	**2020-21 Actual**
Social procurement spend	$6.4M	$17.5M	n/a	$54.4M
Social procurement 'addressable spend'[19]	$178,000	$269,000	10% increase in addressable annual	$1,347,845
Number of suppliers	36	40	10 additional social procurement suppliers (50 suppliers)	New suppliers +17

[19] 'Addressable spend' excludes AV patient transport services.

Social Procurement	2018-19	2019-20	2021-20 Target	2020-21 Actual
				Total suppliers 57[20]
Asset disposal	n/a	n/a	Establish social enterprise relationships for asset disposal	1 organisation engaged

Case Studies

Linen & dry cleaning

As an example of indirect social procurement, AV has contracted two linen and dry- cleaning suppliers who have embedded social procurement practices within their operations

Princes Linen is an Environmental and Sustainability Award recipient and partners with Wallara Industries, an organisation that exists to provide meaningful employment opportunities for people with disability, for staff employment.

Gouge has received awards for its ongoing commitment to diversity, including working with new immigrants and refugees. This has included the Compassionate Friends Victoria Award and Business of the Year by the Shepparton Chamber of Commerce. They are also signatories to the Algabonyah Aboriginal Employment Accord.

Recycling e-waste

Enable Social Enterprises is a not-for-profit organisation working to tackle disadvantage and break unemployment cycles.

[20] During 2020-2021, AV engaged 17 new social procurement suppliers. Although the total number of social procurement suppliers did increase when compared to 2019 -2020, 17 previous suppliers were not used for procurement in 2020-2021.

It provides employability programs to help improve job prospects for people in the Victorian community experiencing, or at risk of, severe hardship, often due to significant employment barriers.

Enable recycles e-waste and, as the first company to be included on AV's asset end-of-life disposal register, provides an e-waste collection and recycling service to AV. Working equipment is re-used or resold and un-repairable equipment is broken down and recycled.

Donations Summary

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

Name of Donor	Donation Amount
Mallacoota Fundraising Group	$22,450.00
Alma Sylvia & Carmen Figuerola Trust	$22,274.88
Anonymous	$20,570.00
Judith Stembridge	$20,000.00
Anonymous	$20,000.00
Mildura Connected Community Group	$15,516.00
Anonymous	$10,000.00
Estate of Marie Griffiths	$8,648.27
Catalyst Metals Limited and Hancock Prospecting Pty Ltd (Four Eagles Joint Venture)	$8,000.00
Keith Chenhall Charitable Trust	$7,500.00
Mount Beauty Foodworks	$5,602.56
Anonymous	$5,000.00
Edwards Foundation	$5,000.00
Eildon Community Opportunity Shop Inc.	$5,000.00
Ernst Herzig	$5,000.00
Towong Shire Council	$5,000.00
Ritchies Stores	$3,799.58
Anonymous	$3,795.00
Rapid Relief Team	$3,000.00

Name of Donor	Donation Amount
Anonymous	$2,500.00
Anonymous	$2,000.00
John Brian Little	$2,000.00
Lions Club of Yarragon	$2,000.00
Anonymous – in honour of SIDS baby	$2,000.00
Anonymous	$1,651.83
Anonymous	$1,602.00
Blue Label Pty Ltd	$1,500.00
Shirley and Alan Kramer	$1,500.00
Lions Club of Balmoral District	$1,490.00
Anonymous	$1,000.00
Anonymous	$1,000.00
Anonymous	$1,000.00
Anonymous	$1,000.00
James Torpey	$1,000.00
Anonymous	$1,000.00
Anonymous	$1,000.00
Total	**$221,400.12**
General Donations and Bequests Under $1,000	**$24,141.00**
Total General Donations and Bequests	**$245,541.12**

Auxiliary Donations greater than or equal to $1,000

Name	Auxiliary	Amount
Julie Walker	Paynesville	$20,000.00
Gippsland Wool Growers	Helimed 1	$9,864.77
Maryborough Arts Society	Maryborough	$5,000.00
Marshal & Julie Walker	Paynesville	$5,000.00
Ritchies Community Rewards	Paynesville	$4,809.09
Esso Australia	Sale	$2,750.00
Bass Strait Charity Fund	Sale	$2,500.00
Community Bank Grant	Neerim South-Noojee	$2,200.00
Commonwealth Hotel Orbost	Orbost	$1,890.00
Yarram Camp Draft	Helimed 1	$1,000.00
Orbost CWA	Orbost	$1,000.00
Uniting Church Paynesville	Paynesville	$1,000.00
Robinvale Community Aid Centre	Robinvale	$1,000.00
Bendigo Bank Romsey-Lancefield	Romsey-Lancefield	$1,000.00
Total		**$59,013.86**
Auxiliary Donations under $1,000		**$204,247.80**
Total Auxiliary Donations		**$263,261.66**

Governance

AV 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 almost 6.7 million people.

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

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

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

AV reports to the Minister for Health and Ambulance Services through the Department of Health. During this reporting period, two ministers held the portfolios: Jenny Mikakos MP from 1 July 2020 to 26 September 2020, and the Hon. Martin Foley MP from 26 September 2020 – 30 June 2021.

Appointed by the Governor in Council on the recommendation of the Minister, the Board of Directors (the Board) is responsible for the provision of comprehensive, safe and efficient ambulance services to the people of Victoria. While organisational operations and management is vested in the Chief Executive Officer and the Executive team, the Board is accountable to the State Government and Minister for the overall and ongoing performance of AV.

The Board oversees AV's clinical, financial and organisational performance and operating efficiency. A primary focus of the Board continues to be its oversight of the quality and effectiveness of services provided to the community (patient care outcomes), the health and wellbeing of our people, and the organisation's strategic, financial and risk profiles.

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

Like all Boards, this suite of responsibilities was suitably tested in 2020-2021 due to the ongoing pressures and challenges posed by the coronavirus (COVID-19) pandemic. Per the prior year, the Board ensured it met as often as needed to ensure the organisation was receiving appropriate governance oversight in all areas, particularly in the areas of patient impacts and staff health and wellbeing.

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

The Board's qualifications, skills and experience are diverse and extensive, covering: government (state and federal), emergency services, health; industrial relations, technology and transformation, finance, accounting, law, commerce, diversity, governance, not-for-profit settings, community engagement, and culture. The Board also ensures it maintains regular engagement with representatives of other health services, government department officers, various external specialists and other Board Chairs to ensure it remains connected to contemporary practices and initiatives in health, risk and governance.

The Board and its committees conduct annual scheduled reviews of their performance and effectiveness. In 2020-2021, the Board engaged an external independent firm to conduct a comprehensive review of its performance across a range of important governance areas. The final report will be considered by Directors in 2021 and will support the Board's improvement program into the future.

The Board Chair works with the Department of Health and the Minister to ensure the Board has the requisite skills and competency mix to provide strong and insightful stewardship of the organisation. This includes ensuring the Board has the attributes required not only for today's needs, but also for future years where

the Board will need to respond to a more technologically, financially and socially complex environment.

In 2020-2021 the Board continued to engage extensively with management, overseeing the organisation's emergency and operational response to coronavirus (COVID-19) pandemic, noting the fluctuations across lockdowns and restrictions arising across the year.

Directors also prioritised their engagement with the Executive to ensure the health, wellbeing and safety of frontline paramedics and other clinicians working in the community (and potentially with coronavirus [COVID-19] cases) was being suitably supported. This responsibility also extended to overseeing the effectiveness of management's strategy to provide psychological and other services across the State, supporting the resilience and health of the entire workforce.

Beyond its minimum requirements, the Board's annual work plan in 2020-2021 extended to commencing the development of the organisation's new Strategic Plan, overseeing management's delivery of material and significant projects, and approving the Resource Improvement Program, as well as key frameworks, policies and targets to advance AV's climate change and sustainability agenda.

Since October 2020, a considerable priority for the Board has been the oversight of the appointment of the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) to independently oversee an extensive review of AV's workplace equality environment and to deliver a report of findings and recommendations. To ensure the orderly progress of the review, the Board appointed a sub-committee of four Directors who periodically meet to receive updates from the Executive Director appointed to the portfolio and the CEO, and to ensure the project is running to time and aligned with VEOHRC's needs and expectations.

The Board was updated by management each month on the program of work being undertaken in the VEOHRC portfolio. The work will continue into the next financial year and will be a critical governance responsibility and activity for the Board for the foreseeable future.

Board committees

In 2020-2021, while the Board's committee structure was retained from previous years, two committees received changes to their Terms of Reference.

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

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

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

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

Finance Committee (section 18 requirement)

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

- financial strategy
- financial reporting, and
- 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 of the committee's members are also appointed to the Audit and Risk Committee.

In 2020-2021, modifications were made to the committee's Terms of Reference to ensure it remains contemporary and fit-for-purpose, relative to both the work and responsibilities of other committees and the Board, and recognises the future financial challenges and environment for AV.

Audit and Risk Committee (section 18 requirement)

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

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

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

The committee's work is supported by a strong cross-section of skills and experience of its members in the areas of law, banking, finance, commerce, government, hospitals and insurance.

In September 2020, the committee held its annual joint meeting with the Quality and Safety Committee to ensure it was retaining the requisite oversight across material patient safety risks.

The committee continues to update and refine AV's risk and risk appetite framework, as well as staying connected to internal and external emerging risks. In 2020-2021, the committee continued its oversight of material risks including, but not limited to, the coronavirus (COVID-19) pandemic and organisational culture.

A new Executive Director of Corporate Services is also assisting the committee to review and refresh key frameworks, policy settings and other governance controls to produce contemporary risk outcomes for the organisation.

Quality and Safety Committee (section 18 requirement)

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

- effective and accountable systems are in place to monitor and improve the quality, safety and effectiveness of services provided by AV;

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

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

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

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

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

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

People and Culture Committee

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

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

In 2020-2021, the committee maintained a strong focus on the health, safety and wellbeing of AV's workforce, which has included overseeing management's development of various related strategies, plans and work programs. Management's development of internal leadership capability has also been a key focus of this forum over the past year.

Community Advisory Committee

The Community Advisory Committee (CAC) has been established for five years and continues to inform and guide the Board and Executive on key issues associated with AV's work with the community.

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

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

In March 2021, the Board approved a new strategic direction for the committee, requesting it to focus its expertise on community while allowing the consumer component to be overseen by other governance forums within the organisation and at Board level.

Board Director Profiles

BOARD CHAIR

Mr Ken Lay AO APM

Ken Lay is a professional non-executive Director. His career was with Victoria Police, concluding as the Chief Commissioner (2011-2015). He has since conducted a number of reviews for both state and federal governments concerning significant social policy, community safety, governance and leadership issues.

In 2020-2021, Ken's Board portfolio continued to include the National Heavy Vehicle Regulator Board (Director), and chairing roles with Ambulance Victoria and the Victorian Institute of Forensic Mental Health (Forensicare). In July 2020, he was appointed by the Victorian State Government to lead a review into establishing a second supervised injecting room in Melbourne which remains ongoing.

Ken is an Officer of the Order of Australia and an Australian Police Medal recipient. He has also been admitted to the degree of Doctorate of Laws (Honoris Causa) by Monash University.

Appointed Ambulance Victoria's Board Chair in December 2015, Ken attends a variety of Committee meetings in an ex officio capacity throughout the year and is a permanent member of the People and Culture Committee. He also chairs AV's Remuneration and Nominations Committee and the Board's Sub- Committee overseeing the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) review.

BOARD MEMBERS

Dr Joanna Flynn AM

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

Jo continues in her role as President of Berry Street and a Director of the Victorian Institute of Forensic Mental Health (Forensicare). She also chairs the Ministerial Advisory Committee advising the Minister for Health regarding Health Board appointments.

Across her significant governance career, Jo was Chair of Eastern Health (10 years) and the Medical Board of Australia.

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

Jo has chaired AV's Quality and Safety Committee since 2016 and remains a member of both the Community Advisory Committee and the Remuneration and Nominations Committee.

Mr Michael Gorton AM

Michael Gorton has been a Board Director with Ambulance Victoria since December 2015. Michael's extensive commercial and public sector career has spanned more than 28 years, advising the health and medical sectors on all aspects of commercial law, corporate and clinical governance, and risk management.

In addition to his role as a senior partner of Russell Kennedy Lawyers, Michael remains the Chair of Alfred Health and Wellways Australia Ltd. In 2020-2021, he was appointed Chair of the Department of Health Information Sharing Legislation Reform Advisory Group and the Mental Health and Wellbeing Act Expert Advisory Group.

Michael is a founding member of the International Academy for Quality and Safety in Health Care and is also an Honorary Fellow of the Royal Australasian College of Surgeons (RACS) and the Australian and Aotearoa New Zealand College of Anaesthetists (ANZCA). In recognition of his substantial contributions to the community, Michael was awarded a Member of the Order of Australia.

Since January 2016, Michael has been a valued member of AV's Quality and Safety Committee and the Audit and Risk Committee. In 2020- 2021, he was appointed a member of the Board's Sub-Committee overseeing the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) review.

Mr Peter Lewinsky

Peter Lewinsky has been a Board Director with Ambulance Victoria since December 2015.

He has an extensive private and public sector career spanning investment banking, corporate and government advisory, and stockbroking both in Australia and internationally. Over the past 26 years, he has been appointed across various Victorian Government departments in governance roles, often as a finance, audit and risk specialist.

Peter's appointments in 2020-2021 included Chair of Holmesglen Institute, TAL Superannuation Ltd and the Audit and Risk Committee (Department of Environment, Land, Water and Planning). He is also a Director of Carbon Revolution, an ASX listed company, and Emmy Monash Aged Care.

New roles acquired over the past year included his appointment to the Audit and Risk Committees of each of the Labour Hire Authority Victoria, Essential Services Commission and the Environment, Planning and Sustainable Development Directorate in the ACT.

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

Anna Leibel

Anna Leibel has been a Director with Ambulance Victoria since 1 July 2019.

During 2020-2021, Anna closed the chapter on her extensive corporate career and became a professional non-executive Director, consultant and author. Her executive specialisations include leading significant organisational transformation programs, IT advisory and technology start-ups.

She was previously the Chief Technology and Delivery Officer for Unisuper (a super fund with circa $100 billion funds under management) and had earlier consulted extensively with PwC, Telstra, IBM and NAB. In 2020-2021, Anna co-authored and published her first book on cyber security safety for Boards. She also retained her private consulting firm 110% Consulting and commenced a partnership within The Secure Board Advisory. From 1 July 2021, Anna will commence a new role as non-Executive Director on the Board of Alfred Health. Over the past year, Anna was a member of both the Finance Committee and the Audit and Risk Committee.

Mr Ian Forsyth

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

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

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

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

In 2020-2021, Ian continued to chair Ambulance Victoria's Finance Committee. He is also a member of the Audit and Risk Committee.

Mr Greg Smith AM

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

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

Greg retains his position as a Director on the Board of Zoos Victoria and as Chair of the Statewide Classification Committee for the Australian Nurses and Midwifery Federation and the Victorian Hospitals' Industrial Association. New appointments this past year included his role as Chair of the ACT Government's Disciplinary Appeals Panel and a member of the newly established Independent Review into the Culture of Victoria's Prison System. Greg holds the award of Member of the Order of Australia. He remains Chair of AV's People and Culture Committee (a role held since January 2016).

Wenda Donaldson

Wenda Donaldson was appointed as a new Director with Ambulance Victoria from 1 July 2020.

Wenda is a public sector and not-for-profit senior executive, combining her non-Executive Board career with her role as a General Manager at Uniting Victoria/Tasmania. Previous executive roles have been held with the Australian Red Cross, Australian Department of Education and the Australian Sports Commission.

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

Previous governance roles have included Chair of the Refugee and Asylum Seeker Reference Group, State Emergency Management Team, Panel Member – Bourke Street Mall Fund, Indigenous Reading Project, ACT Justice Reform Advisory Committee and the ACT One Canberra Reference Group. Wenda is a member of the Board's People and Culture Committee and the Quality and Safety Committee.

In 2020-2021, Wenda was also appointed a member of the Board's Sub-Committee overseeing the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) review.

Colleen Furlanetto OAM

Colleen Furlanetto was appointed as a new Director with Ambulance Victoria from 1 July 2020.

She is a passionate and committed community leader, specialising in diversity, equality and the disability sector.

Living in rural Victoria, Colleen is a Country Fire Authority (CFA) volunteer leader and supporter of the CFA Rehabilitation Health Monitoring Team and other committee roles in strategic planning, also in diversity and inclusion in CFA. She was recently appointed Board member of Regional Development Victoria – Goulburn Regional Partnership.

With a background in nursing, Colleen's interests extend across health access for those living in rural and regional Victoria, including those with disability. From 2008 to 2016, she was an elected local government representative (Councillor, Deputy Mayor and Mayor), focusing on community access to healthcare and timely emergency support for rural areas. She has also served on a variety of not-for-profit boards, including organisations involved in the prevention of violence against girls and women.

Colleen enjoyed two terms as a member of Victoria's Disability Advisory Council including two years as Chair. In 2020, she concluded her three year term as inaugural Disability Commissioner for Commercial Vehicles Victoria (taxi and rideshare industries). In 2015, Colleen was the recipient of the Brenda Gabe award for Women with Disability Victoria, followed by the Australian Human Rights Commissioner Inspire Award in 2016

Meetings

	Board		Finance Committee		Audit & Risk Committee		Quality & Safety Committee		People & Culture Committee		Community Advisory Committee		Rem & Nom Committee	
	Chair: K Lay AO APM		Chair: I Forsyth		Chair: P Lewinsky		Chair: Dr J Flynn AM		Chair: G Smith AM		Chair: C Furlanetto OAM		Chair: K Lay AO APM	
	H[21]	A[22]	H[23]	A[24]	H[25]	A[26]	H[27]	A[28]	H[29]	A[30]	H[31]	A[32]	H[33]	A[34]
Board of Directors														
K Lay AO APM (AV Chair)	14	14	Ex officio		Ex officio		Ex officio		4	4	Ex officio		2	2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Board		Finance Committee		Audit & Risk Committee		Quality & Safety Committee		People & Culture Committee		Community Advisory Committee		Rem & Nom Committee	
	Chair: K Lay AO APM		Chair: I Forsyth		Chair: P Lewinsky		Chair: Dr J Flynn AM		Chair: G Smith AM		Chair: C Furlanetto OAM		Chair: K Lay AO APM	
	H[21]	A[22]	H[23]	A[24]	H[25]	A[26]	H[27]	A[28]	H[29]	A[30]	H[31]	A[32]	H[33]	A[34]
C Furlanetto OAM	14	14					7**[35]	7			5	5		
W Donaldson	14	14					7**[36]	7						
Dr J Flynn AM	14	14					7**[37]	7			5	5	2	2
I Forsyth	14	14	9	9	6*	6								

[35] ** Includes two (2) joint meetings.

[36] ** Includes two (2) joint meetings.

[37] ** Includes two (2) joint meetings.

	Board		Finance Committee		Audit & Risk Committee		Quality & Safety Committee		People & Culture Committee		Community Advisory Committee		Rem & Nom Committee	
	Chair: K Lay AO APM		Chair: I Forsyth		Chair: P Lewinsky		Chair: Dr J Flynn AM		Chair: G Smith AM		Chair: C Furlanetto OAM		Chair: K Lay AO APM	
	H[21]	A[22]	H[23]	A[24]	H[25]	A[26]	H[27]	A[28]	H[29]	A[30]	H[31]	A[32]	H[33]	A[34]
M Gorton AM	14	13			6*	6	7**[38]	7	4	4				
P Lewinsky	14	14	9	9	6*	6					5	5	2	2
A Leibel	14	13	9	9	6*	6								
G Smith AM	14	14							4	4			2	2
G Seiz#[39]							7**[40]	3						

[38] ** Includes two (2) joint meetings.

[39] # Paramedic representative (no voting rights).

[40] ** Includes two (2) joint meetings.

	Board		Finance Committee		Audit & Risk Committee		Quality & Safety Committee		People & Culture Committee		Community Advisory Committee		Rem & Nom Committee	
	Chair: K Lay AO APM		Chair: I Forsyth		Chair: P Lewinsky		Chair: Dr J Flynn AM		Chair: G Smith AM		Chair: C Furlanetto OAM		Chair: K Lay AO APM	
	H[21]	A[22]	H[23]	A[24]	H[25]	A[26]	H[27]	A[28]	H[29]	A[30]	H[31]	A[32]	H[33]	A[34]
T Santo#[41]							7**[42]	7						
J Drake^^[43]							7**[44]	7			5	5		
S Porter^^[45]							7**[46]	7			5	5		

[41] # Paramedic representative (no voting rights).

[42] ** Includes two (2) joint meetings.

[43] ^^ J Drake, S Porter are also voting members of Quality & Safety Committee.

[44] ** Includes two (2) joint meetings.

[45] ^^ J Drake, S Porter are also voting members of Quality & Safety Committee.

[46] ** Includes two (2) joint meetings.

	Board		Finance Committee		Audit & Risk Committee		Quality & Safety Committee		People & Culture Committee		Community Advisory Committee		Rem & Nom Committee	
	Chair: K Lay AO APM		Chair: I Forsyth		Chair: P Lewinsky		Chair: Dr J Flynn AM		Chair: G Smith AM		Chair: C Furlanetto OAM		Chair: K Lay AO APM	
	H[21]	A[22]	H[23]	A[24]	H[25]	A[26]	H[27]	A[28]	H[29]	A[30]	H[31]	A[32]	H[33]	A[34]
A Gardiner^[47]											5	1		
P Kirkpatrick^[48]											5	5		
R Coverdale^[49]											5	5		

[47] ^ Community members of the Community Advisory Committee.

[48] ^ Community members of the Community Advisory Committee.

[49] ^ Community members of the Community Advisory Committee.

	Board		Finance Committee		Audit & Risk Committee		Quality & Safety Committee		People & Culture Committee		Community Advisory Committee		Rem & Nom Committee	
	Chair: K Lay AO APM		Chair: I Forsyth		Chair: P Lewinsky		Chair: Dr J Flynn AM		Chair: G Smith AM		Chair: C Furlanetto OAM		Chair: K Lay AO APM	
	H[21]	A[22]	H[23]	A[24]	H[25]	A[26]	H[27]	A[28]	H[29]	A[30]	H[31]	A[32]	H[33]	A[34]
Khayshie Tilak Ramesh^											5	3		
Hana Williamson^ [50]											5	5		

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

* Includes one (1) joint meeting.

** Includes two (2) joint meetings.

^ Community members of the Community Advisory Committee.

[50] ^ Community members of the Community Advisory Committee.

^^ J Drake, S Porter are also voting members of Quality & Safety Committee.

Paramedic representative (no voting rights).

Executive Group

Chief Executive Officer, Professor Tony Walker ASM

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

Chief Operating Officer, Mark Rogers ASM

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

Executive Director Clinical Operations, Associate Professor Mick Stephenson ASM

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

Executive Director Transformation and Strategy, Jill FitzRoy

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

Executive Director Corporate Services, Garry Button (since 14/12/20) and Rob Barr (until 9/12/20)

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

Executive Director People and Culture, Rebecca Hodges (also held Executive Director responsibilities for Communication and Stakeholder Relations from 13/05/21)

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

Executive Director Communication and Stakeholder Relations, Tracey Curro (until 12/05/21)

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

Executive Director Quality and Patient Experience, Nicola Reinders

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

Executive Director Operational Communications, Anthony Carlyon

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

Medical Director, Professor Stephen Bernard ASM (until 04/10/20) and Dr David Anderson (acting from 05/10/20)

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

Executive Structure

Ambulance Victoria Board of Directors

- Chair Ken Lay
- Chief Executive Officer Tony Walker – reporting to Chair Ken Lay
- Medical Director Stephen Bernard – reporting to Chief Executive Officer Tony Walker
- Executive Director Quality and Patient Experience Nicola Reinders – reporting to Chief Executive Officer Tony Walker
- Chief Operating Officer Mark Rogers – reporting to Chief Executive Officer Tony Walker
- Executive Director People and Culture Rebecca Hodges – reporting to Chief Executive Officer Tony Walker
- Executive Director Corporate Services Garry Button – reporting to Chief Executive Officer Tony Walker
- Executive Director Transformation and Strategy Jill FitzRoy – reporting to Chief Executive Officer Tony Walker
- Executive Director Communication and Stakeholder Relations Rebecca Hodges – reporting to Chief Executive Officer Tony Walker
- Executive Director Operational Communications Anthony Carlyon – reporting to Chief Operating Officer Mark Rogers
- Executive Director Clinical Operations Mick Stephenson – reporting to Chief Operating Officer Mark Rogers

Statement of Priorities

Part A Summary

Strategic Priorities	Deliverables	Outcome
COVID-19 READINESS AND RESPONSE		
Maintain robust COVID-19 readiness and response, working with the Department of Health (DH) to ensure we rapidly respond to outbreaks, if and when they occur. This includes preparing to participate in, and where possible assist with, the implementation of our COVID-19 vaccine immunisation program rollout, ensuring the community's confidence in the program.	AV will support the Victorian government and community in ensuring readiness and response to COVID-19 through: • Maintenance of the AV COVID-19 Pandemic Subplan, including iteration as required to ensure appropriate response to the pandemic. • Supporting implementation of the COVID-19 vaccine immunisation program to AV personnel.	AV has implemented the AV COVID-19 Pandemic Subplan and updated its PPE response matrix in line with the Department of Health's COVID-19 roadmap. AV has undertaken a second COVID-19 readiness exercise in June 2021 and will implement the lessons learned into the Pandemic Subplan. AV has strongly promoted and tracked COVID-19 vaccination of personnel; this included negotiating a five-day vaccination blitz and formation of a support team to assist staff in obtaining and recording vaccination.

Strategic Priorities	Deliverables	Outcome
RESPONSE PERFORMANCE IMPROVEMENT PLAN		
Develop a plan to improve statewide response performance, in the context of high demand and the ongoing pandemic response. This includes ensuring a focus on improving service delivery and response performance in regional and rural areas.	AV will develop the Ambulance Improvement Plan, outlining the organisation's approach to improving response performance through to 2024. AV will progress delivery of the Government's $14.8 million program for: • additional Peak Period Units at Bendigo, Bellarine Peninsula, Eaglehawk, Churchill and Gisborne. • further resources for Benalla, Lakes Entrance, Torquay, Castlemaine, Bannockburn, and Daylesford. • seven additional Peak Period Units in the metropolitan region, commencing with Epping, Tarneit, Mernda, Craigieburn,	The Ambulance Improvement Plan 20222024 strategy was approved by AV's Board of Directors at the March 2021 meeting. Initiatives that will contribute to improve performance and demand management include: • improvements across Referral Services • use of alternative service providers • investment in additional resources and infrastructure. The plan was submitted for government consideration to inform future investment. AV has delivered on the $14.8 million growth funding initiatives. Five additional resources were deployed at Bellarine (MICA) and Eaglehawk (Bendigo) in March, Churchill during April, and Gisborne in May 2021. The metropolitan region introduced seven additional Peak Period Units in March 2021. These included Epping, Tarneit, Mernda, Craigieburn, Boronia, Templestowe (under construction, with the team

Strategic Priorities	Deliverables	Outcome
	Boronia, Templestowe and Bayside.	often working from Boronia) and Bayside. Additional rural peak period resources have now commenced at Benalla, Lakes Entrance, Torquay, Castlemaine, and Bannockburn. Daylesford and Ballan on-call resources converted to 24hr on shift resources at end of June 2021.
FINANCIAL SUSTAINABILITY		
Continue to work with DH on funding options to ensure the ongoing financial sustainability of the service. This includes budgetary requirements in the short term and longer term reform options to enable delivery of high-quality ambulance services.	AV will continue to work with DH and provide assistance, advice, data, and information here necessary to facilitate the development of funding options for AV to ensure financial sustainability and stability.	AV will continue to work with DH to develop funding options that ensure ongoing financial sustainability for the organisation. It is important to note that DH has committed significant funding to AV in the 2021-2022 State Budget. This includes funding for growth, sustainability, and a significant level of investment for performance improvement.
VICTORIAN EQUAL OPPORTUNITY AND HUMAN RIGHTS COMMISSION REVIEW		
Provide full support for the Victorian Equal Opportunity and Human Rights Commission's (VEOHRC) independent review into workplace	AV will provide full support for the VEOHRC review, support staff to safely participate, and ensure DH and the Minister's Office	The VEOHRC Workplace Equality Review is supported through the Executive Lead and the Executive Coordinator, who meet weekly with Review leaders to facilitate and coordinate Review activities.

Strategic Priorities	Deliverables	Outcome
equality in Ambulance Victoria. This includes ensuring the workforce are supported to safely raise issues and/or participate in the review and that immediate actions are undertaken, where appropriate, to respond to matters raised. AV will work closely with the Minister's Office and DH and provide progress updates.	remain informed of progress.	VEOHRC review leaders, including the former and new Commissioner, have engaged with the AV Board, Executive and individual representatives throughout the research phase, which is now complete. This phase included a staff survey, written submissions, and interviews. Staff were supported and encouraged to participate in the Review through regular VEOHRC communications and encouragement via leaders and senior managers. Pathways for raising issues have been established and shared with staff. A Safe Space line was established; conciliation was offered via VEOHRC, ad an external, independent pathway for reviewing complaints was created. Complaints continue to be progressed via these avenues. Policies, procedures, workforce data and other documentation was provided by AV in two requests from VEOHRC to inform the Review. V is continuing to work with VEOHRC throughout the report writing phase, providing additional information as required.

Performance Priorities

Statement of Priority Part B

	2020-21 Target	2020-21 Actual
HIGH QUALITY & SAFE CARE		
Accreditation		
Certification to the ISO Standard ISO 9001:2015	Certified	Certified
Infection prevention and control		
Percentage of healthcare workers immunised for influenza [51]	90.0%	93.8%
Quality and safety		
Percentage of respondents who rated care, treatment, advice and/or transport received from the ambulance service as good or very good[52]	95.0%	97.1%
Percentage of patients experiencing severe cardiac or traumatic pain whose level of pain was reduced significantly[53]	90.0%	92.5%
Percentage of adult stroke patients transported to definitive care within 60 minutes[54]	90.0%	98.5%

[51] Includes all AV staff. Results reflect the 2020 Influenza Immunisation Program which ran until the end of August 2020.

[52] Based on results of VHES survey conducted in 2020 (excludes missing/don't know/can't say from total responses).

[53] Includes patients of all ages with traumatic pain and patients aged 15 years or older with cardiac pain who presented with GCS Glasgow Coma Scale) of 9 or more, were not intubated, had an initial pain score of 8 or more and a pain reduction of 2 or more points.

[54] Includes patients aged 15 years or older whose final paramedic assessment was stroke and who were transported to a hospital with stroke unit and thrombolysis or telemedicine services within 60 minutes. Excludes inter-hospital transports.

	2020-21 Target	2020-21 Actual
Percentage of major trauma patients that meet destination compliance[55]	85.0%	92.6%
Percentage of adult cardiac arrest patients surviving to hospital6[56]	50.0%	52.5%
Percentage of adult cardiac arrest patients surviving to hospital discharge[57]	25.0%	30.3%

[55] 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 2020 – December 2020.

[56] Adult (≥15 years) cardiac arrests where resuscitation was attempted by EMS (excluding those cases where resuscitation was commenced but ceased when a Do Not Resuscitate was discovered) and the arrest rhythm on first ECG assessment was Ventricular Fibrillation (VF) or Ventricular Tachycardia (VT). VF/VT events include cases that were defibrillated prior to the arrival of EMS. EMS denotes Ambulance Victoria, Fire Services (Metropolitan Fire Brigade (MFB), Country Fire Authority (CFA)) and Community Emergency Response Teams (CERT). Excludes cardiac arrests witnessed by a paramedic and cases involving Terminal Illnesses. Cardiac arrest data is sourced from the Victorian Ambulance Cardiac Arrest Registry (VACAR) which is subject to ongoing quality control and is continually updated. Survival to hospital percentage calculation excludes cases where rhythm on arrival at hospital was unknown. Survival to hospital discharge percentage calculation excludes cases where hospital outcome data is unavailable. The data provided is provisional. Results based on data available from July 2020 to June 2021.

[57] Adult (≥15 years) cardiac arrests where resuscitation was attempted by EMS (excluding those cases where resuscitation was commenced but ceased when a Do Not Resuscitate was discovered) and the arrest rhythm on first ECG assessment was Ventricular Fibrillation (VF) or Ventricular Tachycardia (VT). VF/VT events include cases that were defibrillated prior to the arrival of EMS. EMS denotes Ambulance Victoria, Fire Services (Metropolitan Fire Brigade (MFB), Country Fire Authority (CFA)) and Community Emergency Response Teams (CERT). Excludes cardiac arrests witnessed by a paramedic and cases involving Terminal Illnesses. Cardiac arrest data is sourced from the Victorian Ambulance Cardiac Arrest Registry (VACAR) which is subject to ongoing quality control and is continually updated. Survival to hospital percentage calculation excludes cases where rhythm on arrival at hospital was unknown. Survival to hospital discharge percentage calculation excludes cases where hospital outcome data is unavailable. The data provided is provisional. Results based on data available from July 2020 to June 2021.

	2020-21 Target	2020-21 Actual
Percentage of respondents who rated care and treatment received from paramedics as good or very good	95.0%	98.1%
TIMELY ACCESS TO CARE		
Response times Statewide		
Percentage of emergency Code 1 incidents responded to within 15 minutes7[58]	85%	77.2%
Percentage of emergency Priority 0 incidents responded to within 13 minutes	85%	81.1%
Response times Urban		
Percentage of emergency Code 1 incidents responded to within 15 minutes in centres with a population greater than 7,5008	90.0%	82.5%
40-minute transfer		
Percentage of patients transferred from ambulance to ED within 40 minutes	90.0%	72.7%
Call referral		
Percentage of triple zero cases where the caller receives advice or service from another health provider as an alternative to an emergency ambulance response – statewide	15.0%	17.6%

[58] From 1 July 2014 Statewide response times are based on data sourced from the Computer Aided Dispatch system.

	2020-21 Target	2020-21 Actual
Clearing time		
Average ambulance hospital clearing time[59]	20 mins	23.9 mins

Notes:

4. Includes all AV staff. Results reflect the 2020 Influenza Immunisation Program which ran until the end of August 2020.
5. Based on results of VHES survey conducted in 2020 (excludes missing/don't know/can't say from total responses).
6. Includes patients of all ages with traumatic pain and patients aged 15 years or older with cardiac pain who presented with GCS Glasgow Coma Scale) of 9 or more, were not intubated, had an initial pain score of 8 or more and a pain reduction of 2 or more points.
7. Includes patients aged 15 years or older whose final paramedic assessment was stroke and who were transported to a hospital with stroke unit and thrombolysis or telemedicine services within 60 minutes. Excludes inter-hospital transports.
8. Adult (≥15 years) cardiac arrests where resuscitation was attempted by EMS (excluding those cases where resuscitation was commenced but ceased when a Do Not Resuscitate was discovered) and the arrest rhythm on first ECG assessment was Ventricular Fibrillation (VF) or Ventricular Tachycardia (VT). VF/VT events include cases that were defibrillated prior to the arrival of EMS. EMS denotes Ambulance Victoria, Fire Services (Metropolitan Fire Brigade (MFB), Country Fire Authority (CFA)) and Community Emergency Response Teams (CERT). Excludes cardiac arrests witnessed by a paramedic and cases involving Terminal Illnesses. Cardiac arrest data is sourced from the Victorian Ambulance Cardiac Arrest Registry (VACAR) which is subject to ongoing quality control and is continually updated. Survival to hospital percentage calculation excludes cases where rhythm on arrival at hospital was unknown. Survival to hospital discharge percentage calculation excludes cases where hospital outcome data is unavailable. The data provided is provisional. Results based on data available from July 2020 to June 2021.

[59] Based on all emergency transports with recorded times. From 1 July 2019, minor data quality issues were resolved.

9. Based on the Australian Bureau of Statistics Urban Centre boundaries (2016 census) and resident population data.

Statistical Summary

	2020-21	2019-20[60]	2018-19	2017-18	2016-17[61]
EMERGENCY ROAD INCIDENTS					
METROPOLITAN REGIONS					
Code 1	223,059	217,717	213,557	205,555	200,960
Code 2	163,016	163,968	160,169	160,926	151,974
Code 3	64,703	59,571	58,565	50,105	46,625
Total Metropolitan Emergency Road Incidents	**450,778**	**441,256**	**432,291**	**416,586**	**399,559**
RURAL REGIONS					
Code 1	100,504	92,373	87,779	81,776	78,372
Code 2	77,814	72,965	70,722	69,755	66,533
Code 3[62]	31,382	27,366	27,923	23,898	22,028

[60] Figures for 2019-20 have been updated where applicable to include data received after the completion of last year's report.

[61] In May 2016, AV commenced rolling out changes to event priorities to better match resource allocation to patient need. This program, included within the Ambulance Policy and Performance workload, including the Code 1 subset of Consultative Committee final report, sees a progressive increase in the number of Triple Zero calls receiving secondary triage by AV. Overall Emergency Ambulance workload, shows lower annualised growth than Triple Zero call volume for May and June 2016 as a result of this program.

[62] 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.

	2020-21	2019-20[60]	2018-19	2017-18	2016-17[61]
Total Rural Emergency Road Incidents	**209,700**	**192,704**	**186,424**	**175,429**	**166,933**
ALL REGIONS					
Code 1	323,563	310,090	301,336	287,331	279,332
Code 2	240,830	236,933	230,891	230,681	218,507
Code 3[63]	96,085	86,937	86,488	74,003	68,653
Total Statewide Emergency Road Incidents	**660,478**	**633,960**	**618,715**	**592,015**	**566,492**
NON-EMERGENCY ROAD INCIDENTS					
Total Metropolitan Non-Emergency Road Incidents[64]	257,662	254,020	246,594	235,627	229,921
Total Rural Non-Emergency Road Incidents[65]	96,743	85,710	74,865	61,441	53,551

[63] 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.

[64] 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.

[65] 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

	2020-21	2019-20[60]	2018-19	2017-18	2016-17[61]
Total Statewide Non-Emergency Road Incidents	**354,405**	**339,730**	**321,459**	**297,068**	**283,472**
Total Metropolitan Road Incidents66	**708,440**	**695,276**	**678,885**	**652,213**	**629,480**
Total Rural Road Incidents	306,443	278,414	261,289	236,870	220,484
ROAD INCIDENTS (ALL REGIONS)					
Emergency Code 1	323,563	310,090	301,336	287,331	279,332
Emergency Code 2	240,830	236,933	230,891	230,681	218,507
Emergency Code 3[67]	96,085	86,937	86,488	74,003	68,653
Non-Emergency[68]	354,405	339,730	321,459	297,068	283,472

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.

[66] 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.

[67] 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.

[68] 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

	2020-21	2019-20[60]	2018-19	2017-18	2016-17[61]
Total Road Incidents[69]	**1,014,883**	**973,690**	**940,174**	**889,083**	**849,964**
AIR INCIDENTS (ALL REGIONS)					
Fixed Wing – Emergency	2,017	1,771	2,235	2,437	2,298
Fixed Wing – Non-Emergency[70]	3,048	2,693	2,661	2,255	2,253
Total Fixed Wing Incidents[71]	5,065	4,464	4,896	4,692	4,551
HELICOPTERS					

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.

[69] 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.

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	2020-21	2019-20[60]	2018-19	2017-18	2016-17[61]
Helicopter (HEMS 1 Essendon)	612	554	617	591	392
Helicopter (HEMS 2 Latrobe Valley)	501	449	505	499	452
Helicopter (HEMS 3 Bendigo)	551	463	532	521	424
Helicopter (HEMS 4 Warrnambool)	355	331	342	345	282
Helicopter (HEMS 5 Retrieval)	623	546	591	593	578
Total Helicopter Incidents (All Emergency)	2,642	2,343	2,587	2,549	2,128
Emergency Air Incidents	4,659	4,114	4,822	4,986	4,426
Non-Emergency Air Incidents[72]	3,048	2,693	2,661	2,255	2,253
Total Air Incidents[73]	7,707	6,807	7,483	7,241	6,679

[72] 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.

[73] 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.

	2020-21	2019-20[60]	2018-19	2017-18	2016-17[61]
ADULT RETRIEVAL					
Cases handled	5,587	4,833	5,172	5,178	4,897
RETRIEVALS[4]					
Road retrievals – ARV Crew (Doctors and/or Critical Care Registered Nurse)	571	474	546	652	N/A
Road retrievals – paramedic only	477	424	364	368	278
Road retrievals – doctor & paramedic	218	183	195	228	477
Total road retrievals	1,266	1,081	1,105	1,248	755
Air retrievals – paramedic only	1,161	1,023	1,221	1,144	1,183
Air retrievals – doctor & paramedic	531	476	542	549	493
Total air retrievals	1,692	1,499	1,763	1,693	1,676
Total adult retrievals	**2,958**	**2,580**	**2,868**	**2,941**	**2,431**
CODE 1 RESPONSE TIME					
Proportion of emergency (Code 1) incidents responded to in 15 minutes or less	77.2%	82.3%	84.0%	81.8%	78.3%

	2020-21	2019-20[60]	2018-19	2017-18	2016-17[61]
Proportion of emergency (Code 1) incidents, located in centres with a population greater than 7,500, and responded to in 15 minutes or less[74]	82.5%	87.6%	89.3%	87.2%	83.7%
REFERRAL SERVICE					
Percentage of Triple Zero (000) cases resulting in service from another health provider as an alternative to emergency ambulance response[75]	17.6%	17.6%	15.5%	14.9%	15.3%
PATIENTS TRANSPORTED[6]					
ROAD TRANSPORTS (METROPOLITAN REGIONS)					
Emergency Operations	349,332	342,400	330,564	306,127	285,484
Non-Emergency Operations Stretcher3	140,211	137,461	129,745	134,466	128,389
Total Stretcher	489,543	479,861	460,309	440,593	413,873
Non-Emergency Clinic Transport Services[76]	99,748	100,234	97,033	89,647	82,293

[74] Based on the Australian Bureau of Statistics Urban Centre boundaries (2016 census) and resident population data.

[75] Referral results have been updated to include doctor request (CLINMRT) and referral welfare check cases that were diverted from emergency dispatch. This change has been implemented to correct an inconsistency between Emergency and Referral Services reporting. Figures prior to 2019/2020 are incomparable.

[76] 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

	2020-21	2019-20[60]	2018-19	2017-18	2016-17[61]
Total Metropolitan Regions	**589,291**	**580,095**	**557,342**	**530,240**	**496,166**
ROAD TRANSPORTS (RURAL REGIONS)					
Total Rural Regions	**242,574**	**224,833**	**211,818**	**187,483**	**176,455**
Total Patients Transported by Road	**831,865**	**804,928**	**769,160**	**717,723**	**672,621**
AIR TRANSPORTS (ALL REGIONS)					
Fixed Wing transports[77]	4,699	4,333	4,806	4,665	4,504
HELICOPTERS					
Helicopter (HEMS 1 Essendon)	493	461	519	506	324
Helicopter (HEMS 2 Latrobe Valley)	405	370	416	428	382
Helicopter (HEMS 3 Bendigo)	452	389	446	424	349

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.

[77] 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.

	2020-21	2019-20[60]	2018-19	2017-18	2016-17[61]
Helicopter (HEMS 4 Warrnambool)	306	279	289	295	244
Helicopter (HEMS 5 Retrieval)	503	474	505	495	471
Total Helicopter Transports	**2,159**	**1,973**	**2,175**	**2,148**	**1,770**
Total Air Transports[78]	**6,858**	**6,306**	**6,981**	**6,813**	**6,274**
Total Patient Transports[79]	**838,723**	**811,234**	**776,141**	**724,536**	**678,895**
ROAD PATIENTS TRANSPORTED (ALL REGIONS) – CHARGING CATEGORIES7					
COMPENSABLE TRANSPORTS					
Veterans' Affairs	14,616	16,400	18,382	19,980	21,413
Transport Accident Commission	12,473	14,701	16,046	14,789	13,153
WorkCover	3,780	3,697	3,959	3,652	3,447

[78] 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.

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	2020-21	2019-20[60]	2018-19	2017-18	2016-17[61]
Public Hospital Transfers3	29,664	27,949	28,441	26,732	24,712
Private Hospital Transfers[80]	2,277	2,226	2,214	2,229	2,071
Ordinary	61,266	62,790	60,768	56,782	53,863
Subscriber	164,140	155,817	146,491	132,189	123,187
Total Compensable Road Transports	**288,216**	**283,580**	**276,301**	**256,353**	**241,846**
Community Service Obligation Road Transports[81]	535,635	513,545	487,853	453,081	422,778

[80] 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.

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	2020-21	2019-20[60]	2018-19	2017-18	2016-17[61]
Other [82],[83]	8,015	7,804	8,107	8,289	7,997
Total Patients Transported by Road[84]	**831,866**	**804,929**	**772,261**	**717,723**	**672,621**

Code 1 First Response Performance by LGA, 2020-2021

Local Government Area Name	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Alpine	45.8%	21:37	706
Ararat	61.4%	16:08	658
Ballarat	85.1%	11:33	6,987
Banyule	85.0%	11:21	5,941
Bass Coast	65.3%	15:13	2,655

[82] 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.

[83] The 'other' category includes the road components of multi-legged road transports which have not been assigned a charge class. The 'Other' category also includes road transports not yet assigned a charge class.

[84] 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.

Local Government Area Name	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Baw Baw	68.2%	14:34	3,200
Bayside	81.7%a	12:36	3,266
Benalla	57.4%	17:42	913
Boroondara	86.2%	11:36	5,250
Brimbank	83.0%	11:53	10,306
Buloke	32.6%	25:25	359
Campaspe	62.6%	14:43	2,322
Cardinia	67.3%	14:00	5,267
Casey	78.0%	12:27	14,972
Central Goldfields	58.5%	17:04	933
Colac-Otway	64.6%	15:41	1,026
Corangamite	55.9%	16:28	863
Darebin	87.4%	11:08	7,606
East Gippsland	60.2%	16:36	3,288
Frankston	85.7%	11:12	8,585
Gannawarra	47.5%	19:56	551
Glen Eira	86.2%	11:15	5,215
Glenelg	75.2%	13:24	1,004
Golden Plains	30.7%	20:09	900
Greater Bendigo	75.1%	13:22	7,643
Greater Dandenong	85.7%	11:04	8,039

Local Government Area Name	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Greater Geelong	79.5%	12:16	15,338
Greater Shepparton	80.8%	11:54	4,619
Hepburn	38.7%	19:30	906
Hindmarsh	56.0%	19:30	377
Hobsons Bay	80.3%	12:14	4,274
Horsham	82.5%	11:18	1,229
Hume	75.3%	12:59	13,548
Indigo	26.0%	22:20	670
Kingston	83.0%	11:41	6,887
Knox	86.1%	11:13	6,820
Latrobe	78.9%	11:45	6,326
Loddon	30.7%	23:35	498
Macedon Ranges	61.5%	15:03	2,220
Manningham	81.5%	12:36	4,535
Mansfield	40.4%	25:12	426
Maribyrnong	84.8%	11:19	3,599
Maroondah	88.8%	10:24	5,344
Melbourne	87.9%	10:19	8,062
Melton	71.3%	13:33	8,533
Mildura	79.7%	12:20	3,539
Mitchell	60.4%	15:12	2,659

Local Government Area Name	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Moira	51.8%	18:28	2,252
Monash	83.0%	11:54	7,077
Moonee Valley[85]	83.0%	12:12	5,616
Moorabool	58.8%	15:19	1,720
Moreland	84.5%	11:53	8,677
Mornington Peninsula	74.0%	12:51	9,830
Mount Alexander	44.7%	19:41	970
Moyne	45.4%	17:29	657
Murrindindi	37.3%	21:39	866
Nillumbik	60.0%	15:33	2,248
Northern Grampians	61.3%	15:51	789
Port Phillip	88.1%	10:43	4,742
Pyrenees	41.7%	19:45	494
Queenscliffe	60.3%	16:00	247
South Gippsland	46.3%	18:57	1,711
Southern Grampians	62.2%	16:09	740

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

Local Government Area Name	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Stonnington	85.9%	11:31	3,781
Strathbogie	38.3%	20:03	798
Surf Coast	59.4%	15:22	1,538
Swan Hill	69.3%	14:28	1,195
Towong	34.1%	26:02	308
Unincorporated Vic	28.3%	42:08	46
Wangaratta	72.4%	14:20	1,798
Warrnambool	90.5%	10:13	1,751
Wellington	58.4%	16:26	2,669
West Wimmera	35.4%	22:10	175
Whitehorse	87.7%	10:45	6,338
Whittlesea	76.6%	12:48	10,460
Wodonga	83.5%	11:47	2,453
Wyndham	76.8%	12:41	9,725
Yarra	89.2%	10:27	4,032
Yarra Ranges	69.2%	13:48	7,254
Yarriambiack	38.8%	21:32	480
Interstate LGAs	56.5%	18:43	1,123
Total AV	**77.2%**	**12:48**	**313,424**

Code 1 First Response Performance by UCL > 7500, 2020-2021

Urban Centre Locality Name >7500	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Albury – Wodonga (Wodonga Part)	87.4%	11:12	2,237
Bacchus Marsh	71.1%	13:20	942
Bairnsdale	80.7%	12:22	1,109
Ballarat	86.5%	11:20	6,635
Benalla	68.7%	15:23	681
Bendigo	80.8%	12:22	6,688
Castlemaine	59.9%	17:29	549
Colac	80.5%	12:31	666
Drouin	79.2%	13:00	925
Drysdale – Clifton Springs	79.9%	12:15	851
Echuca – Moama (Echuca Part)	83.6%	11:05	884
Geelong	83.8%	11:36	10,549
Gisborne	69.0%	12:57	500
Hamilton	87.3%	10:43	458
Healesville	78.6%	12:08	584
Horsham	90.0%	09:58	1,092
Lara	75.0%	12:51	728
Leopold	85.3%	11:04	605
Maryborough (Vic.)	70.5%	15:00	664

Urban Centre Locality Name >7500	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Melbourne	82.7%	11:46	200,199
Melton	72.1%	13:12	4,195
Mildura – Buronga (Mildura Part)	91.5%	09:57	2,415
Moe – Newborough	78.1%	11:24	1,769
Morwell	91.3%	09:56	1,653
Ocean Grove – Barwon Heads	77.6%	12:50	978
Portland (Vic.)	86.9%	10:44	587
Sale	85.7%	10:20	891
Shepparton – Mooroopna	87.6%	10:54	3,654
Sunbury	70.5%	13:25	1,973
Swan Hill	83.8%	10:44	637
Torquay – Jan Juc	68.7%	13:39	823
Traralgon	82.0%	11:18	1,918
Wallan	71.6%	12:59	539
Wangaratta	85.8%	11:42	1,421
Warragul	83.9%	11:03	1,001
Warrnambool	91.6%	09:56	1,662
Wonthaggi	84.1%	11:38	690
Yarrawonga – Mulwala (Yarrawonga Part)	64.1%	17:13	668

Urban Centre Locality Name >7500	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Total UCLs > 7500	**82.5%**	**11:48**	**265,020**

Notes

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

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

Glossary

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

Incident

An event to which one or more ambulances are dispatched.

Emergency Incident

An incident to which one or more ambulances are dispatched in response to a Triple Zero (000) call from a member of the public, or a medical request for transport requiring an emergency ambulance (due to patient acuity or transport timeframe).

Dispatch Codes

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; 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 – 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 & 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 state-wide.

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.

Response Time

Response time measures the time from a Triple Zero (000) call being answered and registered by the Emergency Services Telecommunications Authority (ESTA), to the time the first AV resource arrives at the incident scene.

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

% <= 15mins

This is the percentage of Code 1 first responses arriving in 15 minutes or less. This is calculated by dividing the number of Code 1 first responses arriving in 15 minutes or less by the total number of Code 1 first arrivals. When AV respond to an incident, we sometimes dispatch multiple AV resources to that incident. 'First response' refers to the first AV resource to arrive at the incident scene.

Average Response Time

The average response time is the average response time for the area being reported, which is calculated by dividing the sum of the response times by the number of response times within the area being reported. The average response time is provided in minutes and seconds.

The average response time is the average response time for the area being reported, which is calculated by dividing the sum of the response times by the

number of response times within the area being reported. The average response time is provided in minutes and seconds.

Number of First Responses

This is the total number of first arrivals within the reported time period.

UCL (Urban Centres Localities)

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

LGA (Local Government Area)

Local government in Victoria comprises of 79 municipal districts. They are often referred to as local government areas (LGAs). The number of LGAs and their boundaries can change over time. LGAs are as defined by Local Government Victoria, which is part of the Department of Transport, Planning and Local Infrastructure.

Interstate LGAs

Incidents responded to by AV resources outside the Victorian LGA Boundaries

Statutory Compliance

Freedom of Information

Ambulance Victoria received 2,518 requests under the *Freedom of Information Act 1982 (Vic)* (the Act) for the 2020-2021 financial year.

- Full access to documents was provided in 1,681 requests.
- Exemptions under the Act were applied to 503 requests.
- Partial access was granted for 501 requests.
- Two requests were denied in full.

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

Regarding 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 public and lawyers/solicitors. Requests were also received from Members of Parliament, media organisations, hospitals and psychologists.

Most applications were for access to Patient Care Records held by Ambulance Victoria, by patients, their legal representatives or surviving next of kin.

- Ambulance Victoria collected $45,524.80 in application fees.
- Ambulance Victoria collected $ nil in access charge fees to facilitate access to documents.

In addition, the Freedom of Information unit at Ambulance Victoria processed:

1. 538 requests for the Coroners Court of Victoria
2. 121 requests for Child Protection
3. 237 for the Transport Accident Commission
4. 7 for Australian Health Practitioner Regulation Agency
5. 20 Statute Law requests were also received with the Agency listed as unknown. Requests applying the relevant Statute Law:

Freedom of Information Requests	2020-21
Requests received during the year	2518
Request not completed within the statutory period	37
Request transferred to another agency	4
Request transferred from another agency	0
Request withdrawn or not proceed with by the applicant	148
Access granted in full	1681
Access granted in part (exemptions applied)	501
Access denied in full (exemptions applied)	2
Request where no relevant documents could be located	111
Request not deemed valid	27
Requests awaiting completion at the end of the financial year	44

FOI Commissioner

Freedom of Information Requests	2020-21
Reviews/Complaints accepted by FOI Commissioner	2
VCAT appeal lodged	**1**

The Freedom of Information unit also processed:

- 1,553 Victoria Police requests for Patient Care Records or Paramedic statements
- 120 subpoenas to produce documents for the Magistrates County and Supreme Courts of Victoria and for courts in interstate jurisdictions.

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 Ambulance Victoria complies, to the extent applicable, with the National Competition Policy.

Building Standards

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

Code of Conduct

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

Carers' Recognition Act 2012

Ambulance Victoria acknowledges and values the important contribution that people in care relationships make to the community, recognising differing needs and promoting the benefit that care relationships bring in accordance with the *Carers' Recognition Act 2012* (the Act). Ambulance Victoria 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.

Public Interest Disclosure Act 2012

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

Local Jobs First Act 2003

The Linen and Dry-Cleaning Services tender was registered with Industry Capability Network (ICN) at a cost over $3 million but less than $50 million. From the tender, a panel of two suppliers has been established to provide services state-wide. Under the provisions applying to panels, a Local Industry Development Plan (LIDP) was not required during the tender.

Gender Equality Act 2020

As a defined entity under the *Gender Equality Act 2020*, Ambulance Victoria is progressively introducing processes to meet the three core obligations under the Act, which became effective on 31 March 2021. We have introduced processes to conduct Gender Impact Assessments to policies, programs or services that have a direct and significant impact to the public. We are on track to undertake a Workplace Gender Audit and develop a Gender Equality Action Plan, to be submitted to the Commission for Gender Equality by 1 December 2021.

Additional information available on request

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

- Declarations of pecuniary interests have been duly completed by all relevant officers
- Details of shares held by senior officers as nominee or held beneficially
- Details of publications produced by the entity about Ambulance Victoria, and how these can be obtained
- Details of changes in prices, fees, charges, rates and levies charged by Ambulance Victoria
- Details of any major external reviews carried out on the Ambulance Victoria
- Details of major research and development activities undertaken by the Ambulance Victoria that are not otherwise covered either in the report of operations or in a document that contains the financial statements and report of operations
- Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit

- Details of major promotional, public relations and marketing activities undertaken by Ambulance Victoria to develop community awareness of Ambulance Victoria and its services
- Details of assessments and measures undertaken to improve the occupational health and safety of employees
- A general statement on industrial relations within Ambulance Victoria and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the report of operations
- A list of major committees sponsored by Ambulance Victoria, the purposes of each committee and the extent to which those purposes have been achieved
- Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

Health, Safety and Wellbeing

Statistics

	2020-21	2019-20	2018-19
Number of workplace fatalities	0	0	0
Lost Time Injury Frequency Rates (LTIFR)[86]	71.6	59.9	55.4
Average number of standard claims per 100 FTE (Full Time Equivalent) staff[87]	6.6	5.3	4.2
Average number of standard claims per 1,000,000 hours worked[88]	40.3	32.3	25.0

[86] An increased number of Standard WorkCover claims in 2020-2021 negatively impacted the LTIFR, the average number of Standard Claims per 100 FTE and the average cost per WorkCover Standard Claim rates. The average number of Standard WorkCover claims per 1,000,000 Hours Worked has been included to show the impact of the increasing number of claims on the AV workforce environment based on the number of productive hours worked.

[87] An increased number of Standard WorkCover claims in 2020-2021 negatively impacted the LTIFR, the average number of Standard Claims per 100 FTE and the average cost per WorkCover Standard Claim rates. The average number of Standard WorkCover claims per 1,000,000 Hours Worked has been included to show the impact of the increasing number of claims on the AV workforce environment based on the number of productive hours worked.

[88] An increased number of Standard WorkCover claims in 2020-2021 negatively impacted the LTIFR, the average number of Standard Claims per 100 FTE and the average cost per WorkCover Standard Claim rates. The average number of Standard WorkCover claims per 1,000,000 Hours Worked has been included to show the impact of the increasing number of claims on the AV workforce environment based on the number of productive hours worked.

	2020-21	2019-20	2018-19
Average cost per WorkCover standard claim[89]	$100,261	$81,262	$68,690
Number of hazards/incidents reports lodged[90]	4,086	3,995	3,369
Percentage of WorkCover Standard claims with a RTW plan initiated	100%	100%	100%
Percentage of employees immunised against influenza (inc ACO's)[91]	93.8%	86.9%	83.7%
Number of health and safety representative positions filled[92]	294	274	265
Number of employees immunised against coronavirus (COVID-19) Vax 1	56.9%	n/a	n/a

[89] An increased number of Standard WorkCover claims in 2020-2021 negatively impacted the LTIFR, the average number of Standard Claims per 100 FTE and the average cost per WorkCover Standard Claim rates. The average number of Standard WorkCover claims per 1,000,000 Hours Worked has been included to show the impact of the increasing number of claims on the AV workforce environment based on the number of productive hours worked.

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 2020-2021 result is based on the cost of claims as received by Xchanging as at the end of June 2021, divided by the total number of Standard WorkCover claims lodged in 2020-2021.

[90] The number of hazards/incidents/injuries (HIIs) as lodged in AV's Health, Safety and Claims System (HSCS).

[91] The result reflects the uptake of the 2020 Influenza Vaccination Program from 14 April to 14 August 2020.

[92] HSRs have increased in number over the past three years and align with the growth in the paramedic workforce and the number of AV locations.

	2020-21	2019-20	2018-19
Number of employees immunised against coronavirus (COVID-19) Vax 1 & 2	34.4%	n/a	n/a

Occupational Violence

Statistics

	2020-21	2019-20	2018-19
1. WorkCover accepted claims with an occupational violence cause per 100 FTE	0.89	0.62	0.52
2. Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	5.33	3.66	2.23
3. Number of Occupational Violence HII's reported	631	696	653
4. Number of Occupational Violence HII's reported per 100 FTE	11.4	13.1	13.2
5. Percentage of Occupational Violence HII's resulting in a staff injury, illness or condition	7.77%	4.74%	3.98%

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. **HII's** – Occupational Health and Safety hazards/incidents/injuries (HIIs) reported in the health service incident reporting system (AV's Health and Safety Claims System (HSCS)).
   c. **Accepted WorkCover claims** – accepted WorkCover claims that were lodged in 2020-2021.
   d. **Lost Time** – defined as greater than one day.

Alcohol and Other Drugs

More than 16 per cent of staff (N=1193) were tested against a target of 20 per cent (N=1424) despite the program being unable to operate fully through the year due to constraints associated with the coronavirus (COVID-19) pandemic.

AV's Alcohol and Other Drugs (AOD) testing program consists of three distinct areas, with a Key Performance Indicator (KPI) set at 20 per cent (N=1424) of the workforce:

- Pre-employment testing for operational paramedic applicants
- Random testing for the existing workforce via randomised locations
- 'For cause/post incident' testing

Pre-employment AOD testing is conducted as part of the medical selection process and a total of 274 candidates were tested with nil positive results.

In workforce testing (Random & For Cause) programs in 2020-2021, AV conducted the following testing numbers: Random (N=808), For Cause (N=94), Post Incident (Motor Vehicle Accident) (N=17) with results as follows:

- One employee tested positive for AV medications, four employees tested positive for illicit substances and one external contractor employee, tested positive for illicit substances. In post incident testing all employees tested returned negative results.
- One employee was reported to the Australian Health Practitioner Regulation Agency (AHPRA) during the financial year in accordance with the relevant National Standards.
- All employees who test positive are given assistance through AV's supportive framework and the AOD Specialist Welfare with referral to treatment facilities as required.
- The external contractor was referred via the AOD Specialist to their employer for support and treatment.
- Following internal investigation one paramedic's employment was terminated due to being under the influence of illicit drugs whilst on duty. Testing was performed and included in last financial year's numbers. Mandatory notification was undertaken to AHPRA who have placed a suspension notice against their registration.

Assessment of Maturity

Asset Management Accountability Framework (AMAF) maturity assessment

The following sections summarise Ambulance Victoria's assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF). The AMAF is a non-prescriptive, devolved accountability model of asset management that requires compliance with 41 mandatory requirements.

These requirements can be found on the DTF website at **www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework**

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

Results

Leadership and Accountability (requirements 1-19)

Ambulance Victoria has met its target maturity level for some of the requirements within this category. Ambulance Victoria is partially compliant with some requirements across resourcing and skills, governance, allocating asset management responsibility and evaluation of asset performance. There were no material non-compliances reported in this category.

There are initiatives and plans for improvement currently underway to improve Ambulance Victoria's maturity rating in these areas. These include further integration of asset management principles and practices into established organisational activities including risk and budgeting processes and addressing the efficiency of collection and collation of data whilst improving the quality and insights generated by analysis to improve the monitoring and evaluation of asset performance.

Planning (requirements 20-23)

Ambulance Victoria has met its target maturity level in this category.

Acquisition (requirements 24 and 25)

Ambulance Victoria has met its target maturity level in this category.

Operation (requirements 26-40)

Ambulance Victoria has met its target maturity level under some requirements within this category. Ambulance Victoria did not comply with some requirements in the areas of monitoring and preventative action, information management and record keeping. There were no material noncompliances reported in this category.

Ambulance Victoria is developing a plan to aggregate and modernise the capture of asset information with improved functionality for planning, monitoring and reporting of asset performance to enhance the organisation's ability to proactively identify potential asset performance failures and identify options for preventive action. This will also further mature the organisation's information management and record keeping practices.

Disposal (requirement 41)

Ambulance Victoria has met its target maturity level in this category.

Consultancies

Details of Consultancies (under $10,000)

Ambulance Victoria did not engage any consultants where the total fees payable to the consultants was less than $10,000.

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

In 2020-21, there were six consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2020-21 in relation to these consultancies was $1,403,000 (excl. GST). Details of individual consultancies are below.

AV secured the services of consulting firms to undertake the following consultancies that were valued at more than $10,000 and completed over one financial year.

- Operational Messaging and Communication Delivery Review
- Operational Performance Measurement, Analytics and Reporting Review and
- Develop Digital Engagement Roadmap Strategy

Details of individual consultancies

Consultant Name	Purpose of Consultancy	Start date	End date	Total Approved Project Fee (excl GST) $'000	Expenditure 2020-21 $'000	Future Expenditure (excl GST) $'000
Nova Systems Australia Pty Ltd	Operational Messaging and Communication Delivery Review	Nov-20	Jun-21	68	68	0
Nous Group Pty Ltd	Operational Performance Measurement, Analytics and Reporting Review	Oct-20	Jan-21	100	100	0

Consultant Name	Purpose of Consultancy	Start date	End date	Total Approved Project Fee (excl GST) $'000	Expenditure 2020-21 $'000	Future Expenditure (excl GST) $'000
Price Waterhouse Coopers	Develop Digital Engagement Roadmap Strategy	Apr-21	Jun-21	158	158	0

AV secured the services of consulting firms to undertake the following consultancies that were valued at more than $10,000 and completed over two financial years.

- Workplace Equality Review
- Develop Transformation and Strategy Operating Model and
- Develop AV Data Strategy

Details of individual consultancies over two years

Consultant Name	Purpose of Consultancy	Start date	End date	Total Approved Project Fee (excl GST) $'000	Expenditure 2020-21 $'000	Future Expenditure (excl GST) $'000
Victorian Equal Opportunity & Human Rights Commission	Workplace Equality Review	Nov-20	Nov-21	1,420	874	546
Nous Group Pty Ltd	Develop Transformation	Mar-21	Jul-21	199	155	44

Consultant Name	Purpose of Consultancy	Start date	End date	Total Approved Project Fee (excl GST) $'000	Expenditure 2020-21 $'000	Future Expenditure (excl GST) $'000
	and Strategy Operating Model					
Nous Group Pty Ltd	Develop AV Data Strategy	Mar-21	Jul-21	98	49	49

ICT Expenditure

Details of Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2020-21 is $47.61m (excluding GST) with the details shown below ($m).

Business As Usual (BAU) ICT expenditure (Total)	Non Business As Usual (non BAU) ICT expenditure (Total = Operating expenditure and Capital Expenditure)	Non-BAU Operating expenditure	Non-BAU Capital expenditure
$31.68m	$15.93m	$1.54m	$14.39m

Financial Overview

Key financial results

	2020-21 $m	2019-20 $m	2018-19 $m	2017-18 $m	2016-17 $m
Operating Result[93]	**10.701**	14.265	33.476	8.215	12.513
Net Result From Transactions[94]	**(10.660)**	13.322	56.189	16.205	32.506
Net Result[95]	**0.231**	(18.209)	2.010	(9.692)	14.182
Comprehensive Result[96]	**15.000**	(18.209)	10.153	(9.692)	23.468

Summary results

AV generated a $10.7m Operating Result surplus for 2020-2021. While this result is the key measure used to monitor health services financial performance, it excludes bad and doubtful debts, of which AV incurred $19.9m during the year and is included in Other Economic Flows/Net Result. AV's $0.2m Net Result surplus was then driven by net gains in Other Economic Flows due to a significant decrease in the value of AV's long service leave provision following Department of Treasury and Finance 30 June 2021 wage inflation rate reduction, and discount rate increase, compared to the previous year. AV's $15.0m Comprehensive Result surplus was then impacted by a $14.8m increase in the fair value of AV land.

Total revenue increased by 8 per cent

AV's total revenue comprises operating and capital income. While the global coronavirus (COVID-19) pandemic continues to have a material impact on the health sector, including AV, government funding was provided to support

[93] Statement of Priorities financial result performance measure (also refer reconciliation below)

[94] Includes capital income and depreciation.

[95] Includes capital income, depreciation, and movements in financial instruments, and other economic flows.

[96] Reflects the movement in Net Assets for the period.

expenditure incurred in AV's coronavirus (COVID-19) response, as well as reduced revenue. This included implementation of safety and precautionary activities, additional resourcing to support AV's response to the pandemic, and provision of medical and personal protective equipment. Additional government funding was also received to expand service capability and meet increases in demand.

Whilst AV's workload continued to increase, this was predominately in non-billable cases, with billable road transports decreasing, resulting in a 5 per cent reduction in transport fees.

Total expenditure from transactions increased by 11 per cent

Overall service delivery expenditure increased in 2020-2021 driven by increased workload volume, additional coronavirus (COVID-19) activities, and implementation of performance improvement plans. The increases included increased ambulance services (both emergency and non-emergency), recruitment of additional paramedics, impact of finalising the enterprise agreement, which included pay increases for 2020-21 and backpay for the prior year, and increased supplies and consumables.

Comprehensive Result

Property market values increased significantly in 2020-2021, triggering a management valuation resulting in a $14.8m increase to the fair value of AV land, and Net Assets, in 2020-2021.

Contacts

Bank

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

Westpac Institutional Bank, 150 Collins Street, Melbourne VIC 3000

Internal Auditor

Ernst & Young, 8 Exhibition Street, Melbourne VIC 3000

(Other audit service providers were also used for: independent assurance report for the membership scheme IT controls, occupational health and safety certification, communications audit, and other ad hoc reviews.)

External Auditor

The Victorian Auditor General

	2020-21 $000	**2019-20 $000**	**2018-19 $000**	**2017-18 $000**	**2016-17 $000**
Summary of Financial Results					
Total Income from Transactions	**1,288,269**	1,188,563	1,140,919	1,046,405	951,793
Total Expenses from Transactions	**(1,298,929)**	(1,175,241)	(1,084,730)	(1,030,200)	(919,287)
Net Result from Transactions	**(10,660)**	13,322	56,189	16,205	32,506
Total Other Economic Flow	**10,891**	(31,531)	(54,180)	(25,897)	(18,324)
Net Result	**231**	(18,209)	2,010	(9,692)	14,182
Total Assets	**1,051,955**	1,009,164	739,909	682,088	668,080
Total Liabilities	**749,793**	721,527	430,223	382,555	358,855
Net Assets	**302,162**	287,637	309,686	299,533	309,225
Financial Indicators					
Current Assets Ratio	**0.40**	0.36	0.52	0.49	0.61
Debtors Turnover (Days)	**73**	71	72	84	101
Creditors Payable Turnover (Days)	**46**	38	64	50	55
Bad & Doubtful Debt Provision/YTD Billings Ratio	**0.10**	0.08	0.07	0.07	0.08
Actual Cost Per Road Incident ($)	**$1,059**	$1,006	$969	$986	$956

	2020-21 $000	2019-20 $000	2018-19 $000	2017-18 $000	2016-17 $000
Liability Ratio	**0.71**	0.71	0.58	0.56	0.54
Asset Turnover Ratio	**1.25**	1.36	1.60	1.55	1.50

	2020-21
Reconciliation between Net Result from Transactions & Statement of Priorities	
Operating Result	**10,701**
Capital and Specific Items	
Capital Purpose Income	**100,340**
Specific Income	**n/a**
COVID-19 State Supply Arrangements	
• Assets and Supplies Received Free of Charge or for Nil Consideration	**4,553**
• State Supply Items Consumed up to 30 June 2021	**(1,669)**
Assets Received Free of Charge	**n/a**
Assets Provided Free of Charge	**n/a**
Expenditure for Capital Purpose	**n/a**
Depreciation and Amortisation	(118,145)
Impairment of Non-Financial Assets	n/a
Finance Costs	(6,440)
Net Result from Transactions	**(10,660)**

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. The page numbers referenced are as they appear in the printed pdf version of this document, not the word file.

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Financial Report for the year ending 30 June 2021

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

The attached financial statements for Ambulance Victoria have been prepared in accordance with Direction 5.2 of the Standing Directions of the Assistant Treasurer under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2021 and the financial position of Ambulance Victoria at 30 June 2021.

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 20 September 2021.

Signed by Ken Lay AO APM, Chair of the Board

Melbourne, 20 September 2021

Signed by Professor Tony Walker ASM , Chief Executive Officer

Melbourne , 20 September 2021

Signed by Garry Button FCPA , Chief Financial Officer

Melbourne 20 September 2021

Independent Auditor's Report

VAGO – Victorian Auditor-General's Office

Level 31 / 35 Collins Street, Melbourne, Victoria 3000

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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 2021
- 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 chief financial officer's declaration.

In my opinion the financial report presents fairly, in all material respects, the financial position of the entity as at 30 June 2021 and its 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.

Other Information

My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.

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.

Signed Dominika Ryan, as delegate for the Auditor-General of Victoria

Comprehensive Operating Statement

For the Financial Year Ended 30 June 2021

	NOTE	2021 $'000	2020 $'000
REVENUE AND INCOME FROM TRANSACTIONS			
Operating Activities	2.1	1,287,730	1,186,546
Non-Operating Activities	2.1	539	2,017
Total Revenue and Income from Transactions		1,288,269	1,188,563
EXPENSES FROM TRANSACTIONS			
Employee Benefits	3.1	(881,730)	(793,054)
Contract Services	3.1	(162,535)	(155,219)
Supplies and Services	3.1	(88,609)	(82,324)
Finance Costs	3.1	(6,440)	(6,866)
Depreciation and Amortisation	4.3	(118,145)	(101,853)
Other Operating Expenses	3.1	(41,470)	(35,925)
Total Expenses from Transactions		(1,298,929)	(1,175,241)
Net Result from Transactions – Net Operating Balance		**(10,660)**	**13,322**
OTHER ECONOMIC FLOWS INCLUDED IN NET RESULT			
Net Gain/(Loss) on Financial Instruments	3.4	(19,934)	(20,469)
Net Gain/(Loss) on Disposal of Non-Financial Assets	3.4	974	(543)
Net Gain/(Loss) on Other Economic Flows	3.4	29,851	(10,519)
Total Other Economic Flows Included in Net Result		10,891	(31,531)

	NOTE	2021 $'000	2020 $'000
Net Result for the Year		231	(18,209)
OTHER COMPREHENSIVE INCOME			
Items that will not be reclassified to net result	NOTE	2021 $'000	2020 $'000
Changes to Property, Plant and Equipment Revaluation Reserve	4.1(f)	14,769	–
Total Other Comprehensive Income		**14,769**	**–**
Comprehensive Result for the Year		**15,000**	**(18,209)**

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

Balance Sheet

As at 30 June 2021

	NOTE	2021 $'000	2020 $'000
CURRENT ASSETS			
Cash and Cash Equivalents	6.1	138,121	112,046
Receivables and Contract Assets	5.1	34,979	30,052
Inventories		7,183	3,713
Prepayments		10,338	7,889
Total Current Assets		**190,621**	**153,700**
NON-CURRENT ASSETS			
Receivables and Contract Assets	5.1	125,988	107,438
Property, Plant and Equipment	4.1	697,439	717,653
Intangible Assets	4.2	37,907	30,373
Total Non-Current Assets		**861,334**	**855,464**
Total Assets		**1,051,955**	**1,009,164**
CURRENT LIABILITIES			
Payables and Contract Liabilities	5.2	160,103	119,723
Provisions	3.2 & 5.3	262,297	250,054
Borrowings	6.2	58,817	53,927
Total Current Liabilities		481,217	423,704
NON-CURRENT LIABILITIES			
Payables and Contract Liabilities	5.2	23,943	28,229

	NOTE	2021 $'000	2020 $'000
Provisions	3.2 & 5.3	48,619	52,089
Borrowings	6.2	196,014	217,505
Total Non-Current Liabilities		268,576	297,823
Total Liabilities		749,793	721,527
Net Assets		302,162	287,637
EQUITY			
Property, Plant and Equipment Revaluation Reserve	4.1(f)	70,776	56,007
Contributed Capital		187,644	188,119
Accumulated Surplus		43,742	43,511
Total Equity		**302,162**	**287,637**
Commitments for Expenditure	6.3		
Contingent Assets and Contingent Liabilities	7.3		

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

Statement of Changes in Equity

For the Financial Year Ended 30 June 2021

	Note	Property, Plant and Equipment Revaluation Reserve $'000	Contributed Capital $'000	Accumulated Surplus $'000	Total Equity $'000
Balance at 30 June 2019		**56,007**	**188,119**	**65,560**	**309,686**
Change in Accounting Policy (AASB 15 & 1058)		–	–	(3,840)	(3,840)
Balance at 1 July 2019		**56,007**	**188,119**	**61,720**	**305,846**
Net result for the year		–	–	(18,209)	(18,209)
Balance at 30 June 2020		**56,007**	**188,119**	**43,511**	**287,637**
Net result for the year		–	–	231	231
Capital contribution returned to Victorian Government		–	(475)	–	(475)
Other Comprehensive income for the year	4.2(f)	14,769	–	–	14,769

	Note	Property, Plant and Equipment Revaluation Reserve $'000	Contributed Capital $'000	Accumulated Surplus $'000	Total Equity $'000
Balance at 30 June 2021		**70,776**	**187,644**	**43,742**	**302,162**

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

Cash Flow Statement

For the Financial Year Ended 30 June 2021

	NOTE	2021 $'000	2020 $'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		877,385	771,817
Capital Grants from Government		94,421	93,496
Transport Fees Received		170,712	181,256
Membership Fees Received		97,152	98,152
Interest Received		539	1,878
Donations and Bequests Received		434	531
GST Received from ATO		29,403	34,235
Other Receipts		9,952	7,284
Total Receipts		1,279,998	1,188,649
Employee Benefits Paid		(840,060)	(769,460)
Payments for Supplies and Services		(311,778)	(331,935)
Finance Costs		(6,440)	(6,866)
Total Payments		(1,158,278)	(1,108,261)
Net Cash Flow From/(Used in) Operating Activities	8.1	121,720	80,388
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Property, Plant and Equipment		(47,115)	(63,926)
Proceeds from Sale of Property, Plant and Equipment		9,382	4,312

	NOTE	2021 $'000	2020 $'000
Net Cash Flow From/(Used in) Investing Activities		(37,733)	(59,614)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of Borrowings		(57,912)	(53,531)
Lease Incentive Received		–	900
Net Cash Flow From/(Used in) Financing Activities		**(57,912)**	**(52,631)**
Net Increase / (Decrease) in Cash and Cash Equivalents Held		**26,075**	**(31,857)**
Cash and Cash Equivalents at Beginning of Financial Year		**112,046**	**143,903**
Cash and Cash Equivalents at End of Financial Year	**6.1**	**138,121**	**112,046**

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

Notes to the Financial Statements

For the Financial Year Ended 30 June 2021

These annual financial statements represent the audited general purpose financial statements for Ambulance Victoria (AV) for the year ending 30 June 2021. The report provides users with information about AV's stewardship of resources entrusted to it.

NOTE 1: BASIS OF PREPARATION

Introduction

This section explains the basis of preparing the financial statements and identifies the key accounting estimates and judgements.

Structure

1.1. Basis of Preparation of the Financial Statements

1.2. Impact of COVID-19 Pandemic

1.3. Abbreviations and Terminology Used in the Financial Statements

1.4. Key Accounting Estimates and Judgements

1.5. Accounting Standards Issued But Not Yet Effective

1.6. Goods and Services Tax (GST)

1.7. Reporting Entity

NOTE 1.1: BASIS OF PREPARATION OF THE FINANCIAL STATEMENTS

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

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

AV is a not-for profit entity and therefore applies the additional AUS paragraphs applicable to 'not-for-profit' entities under the Australian Accounting Standards. Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Apart from the changes in

accounting policies, standards and interpretations as noted below, material accounting policies adopted in the preparation of these financial statements are the same as those adopted in the previous period. 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. The financial statements have been prepared on a going concern basis (refer to Note 8.9 Economic Dependency).

These financial statements are presented in Australian dollars.

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

These annual financial statements were authorised for issue by the Board of AV on 20 September 2021.

NOTE 1.2: IMPACT OF COVID-19 PANDEMIC

In March 2020 a state of emergency was declared in Victoria due to the global coronavirus pandemic, known as COVID-19. Since this date, to contain the spread of COVID-19 and prioritise the health and safety of our community, AV was required to comply with various directions announced by the Commonwealth and State Governments, which in turn, has continued to impact the way in which AV operates.

AV introduced a range of measures in both the prior and current year, including:

- Expanded COVID-19 support capability in emergency response and triage services
- Expanded Telehealth, regional clinical support, coordination and critical care retrieval services
- Deployed additional patient transport resources
- Increased decontamination activities
- Implemented paramedic support hubs at various hospitals
- Implemented changes to personal protective equipment (PPE) usage
- Introduced critical area isolation and safe transitional duties for at risk employees

- Implemented work from home arrangements where appropriate.

The financial impacts of the pandemic are disclosed at:

- Note 2: Funding Delivery of Our Services
- Note 3: The Cost of Delivering Services.

NOTE 1.3: ABBREVIATIONS AND TERMINOLOGY USED IN THE FINANCIAL STATEMENTS

The following table sets out the common abbreviations used throughout the financial statements.

Reference	Title
AASB	Australian Accounting Standards Board
AASs	Australian Accounting Standards, which include Interpretations
DH	Department of Health
DTF	Department of Treasury and Finance
FMA	Financial Management Act 1994
FRD	Financial Reporting Direction
SD	Standing Direction
VAGO	Victorian Auditor General's Office
AV	Ambulance Victoria

NOTE 1.4: KEY ACCOUNTING ESTIMATES AND JUDGEMENTS

Management make estimates and judgements when preparing the financial statements.

These estimates and judgements are based on historical knowledge and best available current information and assume any reasonable expectation of future events. Actual results may differ.

Revisions to key estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision.

The accounting policies and significant management judgements and estimates used, and any changes thereto, are identified at the beginning of each section

where applicable and are disclosed in further detail throughout the accounting policies.

NOTE 1.5: ACCOUNTING STANDARDS ISSUED BUT NOT YET EFFECTIVE

An assessment of accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to AV and their potential impact when adopted in future periods is outlined below.

Standard	Adoption Date	Impact
AASB 17: Insurance Contracts	Reporting periods on or after 1 January 2023	Adoption of this standard is not expected to have a material impact.
AASB 2020-1: Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current	Reporting periods on or after 1 January 2022.	Adoption of this standard is not expected to have a material impact.
AASB 2020-3: Amendments to Australian Accounting Standards – Annual Improvements 2018-2020 and Other Amendments	Reporting periods on or after 1 January 2022.	Adoption of this standard is not expected to have a material impact.

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

NOTE 1.6: GOODS AND SERVICES TAX (GST)

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the Australian Taxation Office (ATO). In this case the GST payable is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the Balance Sheet.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the ATO, are presented separately in the operating cash flow.

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

NOTE 1.7: REPORTING ENTITY

The financial statements incorporate all controlled activities of AV, including AV auxiliaries. AV's principal address is 375 Manningham Road, Doncaster VIC 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

Introduction

AV's overall objective is to improve the health of Victorians by delivering innovative, high-quality ambulance services.

AV is predominantly funded by accrual based grant funding for the provision of outputs.

AV also receives income from the supply of services.

Structure

2.1 Revenue and Income from Transactions

2.2 Fair Value of Assets and Services Received Free of Charge

Telling the COVID-19 Story

Revenue recognised to fund the delivery of our services increased during the financial year, which was partially attributable to the COVID-19 Coronavirus pandemic. Funding provided included:

- COVID-19 grants to fund a range of measures detailed in Note 1.2 and lost transport revenue
- Sustainability funding to assist AV to meet its performance requirements
- Ambulance Improvement Plan in response to increased growth in demand
- Essential personal protective equipment and medical equipment
- Mental health capacity funding to pilot TelePROMPT, a new pre-hospital telehealth mental health response.

Key judgements and estimates

This section contains the following key judgements and estimates.

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

NOTE 2.1: REVENUE AND INCOME FROM TRANSACTIONS

	Note	2021 $'000	2020 $'000
OPERATING ACTIVITIES			
Revenue from Contracts with Customers			
Government Grants – Operating		919	1,112
Government Grants – Capital		314	830
Transport Fees		189,517	198,785
Membership Scheme		95,331	93,001
Other Services		8,132	5,537
Total Revenue from Contracts with Customers		**294,213**	**299,264**
Other Sources of Income			
Government Grants – Operating		888,007	778,612
Government Grants – Capital		100,026	106,946
Assets and Services Received Free of Charge	2.2	5,062	582
Other Revenue from Operating Activities		423	1,142
Total Other Sources of Income		993,517	887,282
Total Revenue and Income from Operating Activities		**1,287,730**	**1,186,546**
NON-OPERATING ACTIVITIES			
Income from Other Sources			
Interest		539	1,878
Other Revenue from Non-Operating Activities		–	139

	Note	2021 $'000	2020 $'000
Total Income from Non-Operating Activities		**539**	**2,017**
Total Revenue and Income from Transactions		**1,288,269**	**1,188,563**

How We Recognise Revenue and Income from Transactions

Government Operating Grants

To recognise revenue, AV assesses whether there is a contract that is enforceable and has sufficiently specific performance obligations in accordance with AASB 15 *Revenue from Contracts with Customers*.

When both these conditions are satisfied, AV:

- identifies each performance obligation relating to the revenue
- recognises a contract liability for its obligations under the agreement
- recognises revenue as it satisfied its performance obligations, at the time or over time when services are rendered.

Where the contract is not enforceable and/or does not have sufficiently specific performance obligations, AV:

- recognises the asset received in accordance with the recognition requirements of other applicable Accounting Standards (for example AASB 9, AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liabilities, financial instruments, provisions, revenue or contract liabilities from a contract with a customer), and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

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

Government Grant	Performance Obligation
TelePROMPT	TelePROMPT is a new telehealth pre-hospital mental health service to provide statewide access to mental health clinicians to improve patient outcomes. AV is required to establish

Government Grant	Performance Obligation
	and operate the pilot program for 12 months. Revenue is recognised over time, as and when the services are delivered.
Building Family Violence Prevention, and Response Workforce Capability	AV to build workforce capacity and capability to identify, respond and prevent family violence, specifically through development of a paramedic training package focused on the foundational skill sets and capabilities to response to all forms of family violence. Revenue is recognised over time, in line with achievement of project milestones and specified deliverables.
Extracorporeal Membrane Oxygenation (ECMO) Service	AV to set up IT infrastructure changes for the commissioning of the ECMO state-wide service at various health services. Revenue is recognised at a point in time, upon completion of the infrastructure work.

The performance obligations have been selected as they align with the terms and conditions of the funding agreements.

Capital Grants

Where AV receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liabilities, financial instruments, provisions, revenue or contract liabilities arising from a contract with a customer) recognised under other Australian Accounting Standards.

Income is recognised progressively as the asset is constructed which aligns with AV's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

Transport Revenue

Transport fees are charges that can be levied on patients for services they receive that aligns with the conditions of providing ambulance transport and patient attendance services, as set out in AV's Billing and Collections Policy. Transport Revenue is recognised at a point in time when the performance

obligation, the provision of services i.e. the transport and/or treatment of a patient, is satisfied.

Membership Revenue

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

Other Services

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

Interest Income

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

NOTE 2.2: FAIR VALUE OF ASSETS AND SERVICES RECEIVED FREE OF CHARGE

	$'000	$'000
Donations and Bequests	509	531
Plant and Equipment	2,884	–
Personal Protective Equipment	1,669	51
Total Fair Value of Assets and Services Received Free of Charge	**5,062**	**582**

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

Donations and Bequests

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

Personal Protective Equipment (PPE)

In order to meet the State of Victoria's health system supply needs during the COVID-19 pandemic, the purchasing of PPE and other essential plant and equipment was centralised.

The State Supply Arrangement stipulates that Health Purchasing Victoria (trading as HealthShare Victoria) sources, secures and agrees terms for the purchase of PPE. The purchases are funded by the Department of Health, while Monash Health takes delivery and distributes an allocation of the products to health agencies. AV received these resources free of charge and recognised them as income.

Contributions

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

On initial recognition of the asset, AV recognises related amounts being contributions by owners, lease liabilities, financial instruments, provisions and revenue or contract liabilities arising from a contract with a customer.

AV recognises income immediately in the profit or loss as the difference between the initial fair value of the asset and the related amounts.

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

Non-Cash Contributions from Department of Health (DH)

The Department of Health makes some payments on behalf of AV as follows:

Supplier	Description
Victorian Managed Insurance Authority	DH purchases non-medical indemnity insurance for AV which is paid directly to the Victorian Managed Insurance Authority. To record this contribution, such payments are recognised as income with a matching expense in the net result from transactions.

Supplier	Description
Department of Health	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements set out in the relevant Department of Health Hospital Circular.

NOTE 3: THE COST OF DELIVERING SERVICES

Introduction

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

Structure

3.1. Expenses from Transactions

3.2. Employee Benefits in the Balance Sheet

3.3. Superannuation

3.4. Other Economic Flows

Telling the COVID-19 Story

Expenses incurred to deliver our services increased during the financial year, which was partially attributable to the COVID-19 coronavirus pandemic. Additional costs were incurred to:

- operate paramedic support facilities at various hospitals resulting in increased employee costs, additional facilities and equipment hire costs
- implement COVID safe practices throughout AV including increased cleaning, decontamination, staff health management services and consumption of personal protective equipment provided as resources free of charge
- introduce critical area isolation and safe transitional duties for at risk employees resulting in increased employee costs
- expand COVID-19 support and response capability resulting in increased employee costs, patient transport costs, additional supplies and equipment purchases
- implement work from home arrangements resulting in increased ICT infrastructure costs and additional equipment purchases.

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Measuring and classifying employee benefit liabilities	AV applies significant judgment when measuring and classifying its employee benefit liabilities. Employee benefit liabilities are classified as a current liability if AV does not have an unconditional right to defer payment beyond 12 months. Annual leave, accrued days off and long service leave entitlements (for staff who have exceeded the minimum vesting period) fall into this category. Employee benefit liabilities are classified as a non-current liability if AV has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category. AV also applies judgement to determine when it expects its employee entitlements to be paid. With reference to historical data, if AV does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value. All other entitlements are measured at their nominal value.

NOTE 3.1: EXPENSES FROM TRANSACTIONS

Items	2021 $'000	2020 $'000
Salaries and Wages	47,166	681,430
On Costs	71,043	66,526
WorkCover	27,977	23,226

Items	2021 $'000	2020 $'000
Long Service Leave	35,545	21,872
Total Employee Expenses	**881,730**	**793,054**
Transport Services	108,822	98,885
Dispatch Services	31,597	34,499
Other Contract Services	22,116	21,836
Total Contract Services	**162,535**	**155,219**
Supplies and Services	88,609	82,324
Total Supplies and Services	**88,609**	**82,324**
Professional Services	5,395	3,874
Maintenance	25,912	22,512
Occupancy	9,158	7,716
Expenses Related to Short Term & Low Value Leases	1,005	1,823
Total Other Operating Expenses	**41,470**	**35,925**
Finance Costs	6,440	6,866
Total Finance Costs	**6,440**	**6,866**
Depreciation and Amortisation	118,145	101,853
Total Other Non-Operating Expenses	**118,145**	**101,853**
Total Expenses from Transactions	**1,298,929**	**1,175,241**

How We Recognise Expenses From Transactions

Expense Recognition

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

Employee Expenses

Employee expenses include:

- Salary and wages (including fringe benefit tax, leave entitlements and termination benefits)
- On Costs (including superannuation)
- WorkCover premium.

Other Operating Expenses

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

The Department of Health also makes certain payments on behalf of AV. These amounts have been brought to account as grants in determining the operating result for the year by recording them as revenue and also recording the related expense.

Finance Costs

Finance costs include:

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

Non-Operating Expenses

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

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.

CURRENT PROVISIONS	2021 $'000	2020 $'000
Accrued Days Off		

CURRENT PROVISIONS	2021 $'000	2020 $'000
Unconditional and expected to be wholly settled within 12 months [97]	17,573	13,400
Total	**17,573**	**13,400**

Annual Leave	2021 $'000	2020 $'000
Unconditional and expected to be wholly settled within 12 months[98]	48,392	43,944
Unconditional and expected to be wholly settled after 12 months[99]	3,326	1,034
Total	**51,718**	**44,978**

Long Service Leave	2021 $'000	2020 $'000
Unconditional and expected to be wholly settled within 12 months[100]	10,245	9,729
Unconditional and expected to be wholly settled after 12 months[101]	142,906	145,743
Total	**153,152**	**155,472**

[97] The amounts disclosed are nominal amounts.

[98] The amounts disclosed are nominal amounts.

[99] The amounts disclosed are discounted to present values.

[100] The amounts disclosed are nominal amounts

[101] The amounts disclosed are discounted to present values.

Other	2021 $'000	2020 $'000
Unconditional and expected to be wholly settled within 12 months[102]	2,018	1,546
Total	**2,018**	**1,546**

Provisions Related to Employee Benefit On-Costs	2021 $'000	2020 $'000
Unconditional and expected to be wholly settled within 12 months[103]	12,469	10,955
Unconditional and expected to be wholly settled after 12 months[104]	23,617	23,704
	36,085	**34,659**
Total Current Provisions	**260,546**	**250,054**

NON-CURRENT PROVISIONS[105]	2021 $'000	2020 $'000
Conditional Long Service Leave	39,847	41,383
Provisions Related to Employee Benefit On-Costs	6,435	6,683
Total Non-Current Provisions	**46,283**	**48,067**
Total Provisions	**306,829**	**298,121**

[102] The amounts disclosed are nominal amounts

[103] The amounts disclosed are discounted to present values

[104] The amounts disclosed are discounted to present values.

[105] The amounts disclosed are discounted to present values.

How We Recognise Employee Benefits

Employee Benefit Recognition

Provision is made for benefits accruing to employees in respect of accrued days off, annual leave and long service leave for services rendered to the reporting date as an expense during the period the services are delivered.

Provisions

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.

Annual Leave, Sick Leave and Accrued Days Off

Liabilities for annual leave and accrued days off are recognised in the provision for employee benefits as 'current liabilities' because AV does not have an unconditional right to defer settlements of these liabilities.

Depending on the expectation of the timing of settlement, liabilities for annual leave and accrued days off are measured at:

- **Nominal value** – if AV expects to wholly settle within 12 months, or
- **Present value** – if AV does not expect to wholly settle within 12 months.

Long Service Leave

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

Unconditional LSL (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:

- **Nominal value** – if AV expects to wholly settle within 12 months, or
- **Present value** – if AV does not expect to wholly settle within 12 months.

Conditional LSL (representing less than 10 years of continuous service) is disclosed as a non-current liability. Any gain or loss following the revaluation of the present value of the non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in estimations, e.g. bond rate movements, inflation rate movements and changes in probability factors, which are then recognised as an other economic flow.

Termination Benefits

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

On-Costs related to Employee Benefits

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

Note 3.2.a: Employee Benefits and Related On-costs

	2021 $'000	2020 $'000
Unconditional LSL Entitlements	177,886	180,581
Unconditional Annual Leave Entitlements	60,070	52,241
Unconditional Accrued Days Off	20,411	15,564
Other	2,179	1,668
Total Current Employee Benefits	**260,546**	**250,054**
Conditional LSL Entitlements	46,283	48,067
Total Non-Current Employee Benefits	**46,283**	**48,067**
Total Employee Benefits and Related On-Costs	**306,829**	**298,121**

Note 3.2.b: Movement in On-costs

Balance at Beginning of Year	**41,343**	**37,497**
Additional Provisions Recognised	5,328	2,383

Balance at Beginning of Year	**41,343**	**37,497**
Unwinding of Discount and Effect of Changes in the Discount Rate	(4,151)	1,463
Balance at End of Year	**42,520**	**41,343**

NOTE 3.3: SUPERANNUATION

	Contributions Paid for the Year		Contributions Outstanding at Year End	
	2021 $'000	**2020 $'000**	**2021 $'000**	**2021 $'000**
DEFINED BENEFIT PLANS				
Emergency Services Superannuation Fund	61,109	55,792	276	2,382
DEFINED CONTRIBUTION PLANS				
Emergency Services Superannuation Fund	5,879	5,226	32	34
Other	3,720	3,060	27	31
Total	**70,708**	**64,078**	**335**	**2,447**

How We Recognise Superannuation

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

Defined 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 defined benefit plan provides benefits based on years of service and final average salary, and is operated by the Emergency Services Superannuation Fund (ESSS Defined Benefit Fund). The amount charged to the Comprehensive Operating Statement in respect of defined benefit superannuation plan represents the contributions made by AV to the superannuation plan in respect of the services of current AV staff during the reporting period. Superannuation contributions are made to the plan based on the relevant rules of the plan and are based upon actuarial advice.

AV does not recognise any 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.

Superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Comprehensive Operating Statement.

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

NOTE 3.4: OTHER ECONOMIC FLOWS

	2021 $'000	2020 $'000
Allowance for Impairment Losses of Contractual Receivables	(19,934)	(20,469)
Total Net Gain/(Loss) on Financial Instruments	**(19,934)**	**(20,469)**
Other Gains/(Losses) from Other Economic Flows	291	(318)
Net Gain/(Loss) On Sale of Non-Financial Assets	683	(225)
Total Net Gain/(Loss) on Non-Financial Assets	**974**	**(543)**
Net Gain/(Loss) Arising from Revaluation of Long Service Liability	29,851	(10,519)

	2021 $'000	2020 $'000
Total Other Net Gains/(Losses) from Economic Flows	**29,851**	**(10,519)**
Total Other Economic Flows	**10,891**	**(31,530)**

How We Recognise Other Economic Flows

Other economic flows are changes in the volume or value of an asset or liability that do not result from transactions.

Other Gains/(Losses) from Other Economic Flows includes the gains or losses from:

- 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.

Net Gain/(Loss) on Non-Financial Assets includes:

- Any gain or loss on the disposal of non-financial assets and is recognised at the date of disposal.

Net Gain/(Loss) on Financial Instruments includes:

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

NOTE 4: KEY ASSETS TO SUPPORT SERVICE DELIVERY

Introduction

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

Structure

4.1 Property, Plant and Equipment

4.2 Intangible Assets

4.3 Depreciation and Amortisation

Telling the COVID-19 Story

Assets used to support the delivery of our services during the financial year were not materially impacted by the COVID-19 coronavirus pandemic.

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Measuring fair value of property, plant and equipment	AV obtains independent valuations for its non-current assets at least once every five years. If an independent valuation has not been undertaken at balance date, AV estimates possible changes in fair value since the date of the last independent valuation with reference to Valuer-General of Victoria indices. Managerial adjustments are recorded if the assessment concludes a material change in fair value has occurred. Where exceptionally large movements are identified, an interim independent valuation is undertaken.
Estimating useful life of property, plant and equipment	AV reviews the useful life and depreciation rates of all assets at the end of each financial year and where necessary, records a change in accounting estimate.
Estimating useful life of right-of-use assets	The useful life of each right-of-use asset is typically the respective lease term, except where AV is reasonably certain to exercise a purchase option contained within the lease (if any), in which case the useful life reverts to the estimated useful life of the underlying asset. AV applies significant judgement to determine whether or not it is reasonably certain to exercise such purchase options.
Identifying indicators of impairment	At the end of each year, AV assesses impairment by evaluating the conditions and events specific to AV that may be indicative of impairment triggers. Where an indication exists, AV tests the asset for impairment.

Key judgements and estimates	Description
	AV considers a range of information when performing its assessment, including considering: • If an asset's value has declined more than expected based on normal use • If a significant change in technological, market, economic or legal environment which adversely impacts the way AV uses an asset • If an asset is obsolete or damaged • If the asset has become idle or if there are plans to discontinue or dispose of the asset before the end of its useful life • If the performance of the asset is or will be worse than initially expected. Where an impairment trigger exists, AV applies significant judgement and estimate to determine the recoverable amount of the asset.

NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT

Note 4.1.a: Gross Carrying Amount and Accumulated Depreciation

	2021 $'000	2020 $'000
Land at Fair Value	84,798	75,942
Crown Land at Fair Value	19,747	18,251
Total Land	**104,545**	**94,193**
Right of Use Land at Cost	28,799	27,168
Less Accumulated Depreciation	(1,236)	–
Total Right of Use Land	**27,563**	**27,168**
Buildings under Construction at Cost	9,258	13,276

	2021 $'000	2020 $'000
Buildings at Fair Value	191,061	180,067
Less Accumulated Depreciation	(11,546)	(6,047)
Total Buildings	**188,773**	**187,296**
Right of Use Buildings	53,853	38,617
Less Accumulated Depreciation	(19,549)	(9,031)
Total Right of Use Buildings	**34,304**	**29,586**
Leasehold Improvements under Construction at Cost	830	2,090
Leasehold Improvements at Fair Value	23,924	21,875
Less Accumulated Amortisation	(17,392)	(14,501)
Total Leasehold Improvements	**7,362**	**9,463**
Plant and Equipment under Construction at Cost	3,685	2,155
Plant and Equipment at Fair Value	113,668	106,362
Less Accumulated Depreciation	(74,790)	(63,978)
Total Plant and Equipment	**42,563**	**44,539**
Motor Vehicles under Construction at Cost	12,402	10,270
Motor Vehicles at Fair Value	148,057	149,437
Less Accumulated Depreciation	(74,423)	(72,192)
Total Motor Vehicles	**86,036**	**87,515**
Right of Use Plant & Equipment and Vehicles	311,472	285,447
Less Accumulated Depreciation	(105,179)	(47,554)
Total Right of Use Property, Plant & Equipment and Vehicles	**206,293**	**237,893**

	2021 $'000	2020 $'000
Total Property, Plant and Equipment	**697,439**	**717,653**

Note 4.1.b: Reconciliations of the carrying amounts of each class of asset at the beginning and end of the previous and current financial year is set out below.

	Land $'000	Buildings $'000	Leasehold Improve-ments $'000	Plant & Equip-ment $'000	Motor Vehicles $'000	ROU Prop, Plant & Equipment $'000	Total $'000
Balance at 1 July 2019	**119,575**	**178,898**	**9,236**	**49,075**	**78,401**	**324,037**	**759,221**
Additions	2,038	13,887	3,060	7,261	33,770	26	60,042
Disposals	(252)	–	–	(5)	(4,280)	–	(4,537)
Net transfers between classes	(27,168)	9	(9)	–	–	27,168	–
Depreciation and Amortisation (Note 4.3)	–	(5,498)	(2,824)	(11,792)	(20,375)	(56,585)	(97,074)
Balance at 1 July 2020	**94,193**	**187,296**	**9,463**	**44,539**	**87,515**	**294,647**	**717,653**
Additions	107	7,821	1,078	6,709	24,120	41,270	81,105
Disposals	(2,418)	(572)	–	(56)	(4,351)	–	(7,397)
Assets Received Free of Charge	–	–	–	2,884	–	–	2,884
Transferred as	(475)	–	–	–	–	–	(475)

	Land $'000	Buildings $'000	Leasehold Improve-ments $'000	Plant & Equip-ment $'000	Motor Vehicles $'000	ROU Prop, Plant & Equipment $'000	Total $'000
Contributed Capital							
Revaluation Increments/ (Decrements)	14,769	–	–	–	–	–	14,769
Net transfers between classes	(1,631)	–	–	–	–	1,631	–
Depreciation and Amortisation (Note 4.3)	–	(5,772)	(3,180)	(11,514)	(21,248)	(69,386)	(111,099)
Balance at 30 June 2021	**104,545**	**188,773**	**7,362**	**42,563**	**86,036**	**268,162**	**697,439**

How We Recognise Property, Plant and Equipment

Property, plant and equipment are tangible items used by AV in the supply of services or for administration purposes, and are expected to be used for more than one financial year.

Initial Recognition

Items of property, plant and equipment (excluding right-of-use assets) are initially measured at cost. Where an asset is acquired for no or nominal cost, being far below the fair value of the asset, the deemed cost is its fair value at the date of acquisition. Assets transferred as part of an amalgamation/ machinery of government change are transferred at their carrying amounts.

The cost of constructed non-financial physical assets includes the cost of all materials used in construction, direct labour on the project and an appropriate proportion of variable and fixed overheads.

The cost of a leasehold improvement is capitalised as an asset and depreciated over the shorter of the remaining term of the lease or the estimated useful life of the improvements.

Subsequent Measurement

Items of property, plant and equipment (excluding right-of-use assets) are subsequently measured at fair value less accumulated depreciation and impairment losses where applicable. Fair value is determined with reference to the asset's highest and best use (considering legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset). Further information regarding fair value measurement is disclosed below.

Revaluation

Fair value is based on periodic valuations by independent valuers, which normally occur once every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate a material change in fair value has occurred.

Where an independent valuation has not been undertaken at balance date, AV performs a managerial assessment to estimate possible changes in fair value of land and buildings since the date of the last independent valuation with reference to Valuer-General of Victoria (VGV) indices.

An adjustment is recognised if the assessment concludes that the fair value of land and buildings has changed by 10% or more since the last revaluation (whether that be the most recent independent valuation or managerial valuation). Any estimated change in fair value of less than 10% is deemed immaterial to the financial statements and no adjustment is recorded. Where the assessment indicates there has been an exceptionally material movement in the fair value of land and buildings since the last independent valuation, being equal to or in excess of 40%, AV would obtain an interim independent valuation prior to the next scheduled independent valuation.

An independent valuation of AV's property, plant and equipment was performed by the VGV on 30 June 2019. The valuation, which complies with Australian Valuation Standards, was determined by reference to the amount for which assets could be exchanged between knowledgeable willing parties in an arm's

length transaction. The managerial assessment performed at 30 June 2021 indicated an overall:

- increase in fair value of land of 12.9% ($14.8m)
- increase in fair value of buildings of 6.9% ($12.4m).

As the cumulative movement was greater than 10% for land since the last revaluation a managerial revaluation adjustment was required as at 30 June 2021. However this was not required for buildings, as the cumulative movement was less than 10%.

Revaluation increases (increments) arise when an asset's fair value exceeds its carrying amount. In comparison, revaluation decreases (decrements) arise when an asset's fair value is less than its carrying amount. Revaluation increments and revaluation decrements 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.

Revaluation increments are recognised in 'Other Comprehensive Income' and are credited directly to the asset 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, in which case 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 asset revaluation reserve in respect of the same class of property, plant and equipment. Otherwise, the decrement is recognised as an expense in the net result.

The revaluation reserve included in equity in respect of an item of property, plant and equipment may be transferred directly to retained earnings when the asset is derecognised.

Impairment

At the end of each financial year, AV assesses if there is any indication that an item of property, plant and equipment may be impaired by considering internal and external sources of information. If an indication exists, AV estimates the recoverable amount of the asset. Where the carrying amount of the asset exceeds its recoverable amount, an impairment loss is recognised. An impairment loss of a revalued asset is treated as a revaluation decrease as noted above.

AV has concluded that the recoverable amount of property, plant and equipment which are regularly revalued is expected to be materially consistent with the current fair value.

As such, there were no indications of property, plant and equipment being impaired at balance date.

How we recognise right-of-use assets

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

Unless the lease is considered a short-term lease or a lease of a low-value asset (refer to Note 6.2 for further information), the contract gives rise to a right-of-use asset and corresponding lease liability. AV presents its right-of-use assets as part of property, plant and equipment as if the asset was owned by AV.

Right-of-use assets and their respective lease terms include:

Class of Right-of-Use Asset	Lease Term
Leased land	1 to 50 years
Leased buildings	1 to 50 years
Leased plant, equipment and vehicles	1 to 5 years

Presentation of Right-of-Use Assets

AV presents right-of-use assets as 'property plant equipment' unless they meet the definition of investment property, in which case they are disclosed as 'investment property' in the balance sheet.

Initial Recognition

When a contract is entered into, AV assesses if the contract contains or is a lease. If a lease is present, a right-of-use asset and corresponding lease liability is recognised. The definition and recognition criteria of a lease is disclosed at Note 6.2.

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

- any lease payments made at or before the commencement date
- any initial direct costs incurred, and

- an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located, less any lease incentive received.

AV's lease agreements do not contain purchase options at the completion of the lease.

AV holds lease agreements which contain significantly below-market terms and conditions, which are principally to enable AV to further its objectives. AV has applied temporary relief and continues to measure those right-of-use asset at cost.

Refer to Note 6.2 for further information regarding the nature and terms of the concessional lease, and AV's dependency on such lease arrangements.

Subsequent Measurement

Right-of-use assets are subsequently measured at cost less accumulated depreciation and accumulated impairment losses where applicable. Right-of-use assets are also adjusted for certain remeasurements of the lease liability (for example, when a variable lease payment based on an index or rate becomes effective).

Impairment

At the end of each financial year, AV assesses if there is any indication that a right-of-use asset may be impaired by considering internal and external sources of information. If an indication exists, AV estimates the recoverable amount of the asset. Where the carrying amount of the asset exceeds its recoverable amount, an impairment loss is recognised.

AV performed an impairment assessment and noted there were no indications of its right-of-use assets being impaired at balance date.

Note 4.1.c: Fair Value Measurement Hierarchy for Assets

2021	Note	Carrying Amount $'000	Fair Value Measurement at end of Reporting Period Using:		
			Level 1	Level 2	Level 3
Non-Specialised Land		9,363	–	9,363	–
Specialised Land		95,182	–	–	95,182

2021	Note	Carrying Amount $'000	Fair Value Measurement at end of Reporting Period Using:		
			Level 1	Level 2	Level 3
Total Land at Fair Value	**4.1(a)**	**104,545**	**–**	**9,363**	**95,182**
Non-Specialised Buildings		4,026	–	4,026	–
Specialised Buildings		184,747	–		184,747
Total Buildings at Fair Value	**4.1(a)**	**188,773**	**–**	**4,026**	**184,747**
Leasehold Improvements		7,361	–	–	7,361
Total Leasehold Improvements at Fair Value	**4.1(a)**	**7,361**	**–**	**–**	**7,361**
Plant and Equipment		42,562	–	–	42,562
Total Plant and Equipment at Fair Value	**4.1(a)**	**42,562**	**–**	**–**	**42,562**
Motor Vehicles		86,036	–	–	86,036
Total Motor Vehicles at Fair Value		**86,036**	**–**	**–**	**86,036**
		429,277	**–**	**13,389**	**415,888**

2020	Note	Carrying Amount $'000	Fair Value Measurement at end of Reporting Period Using:		
			Level 1	Level 2	Level 3
Non-Specialised Land		8,901	–	8,901	–
Specialised Land		85,292	–	–	85,292
Total Land at Fair Value	**4.1(a)**	**94,193**	**–**	**8,901**	**85,292**

2020	Note	Carrying Amount $'000	Fair Value Measurement at end of Reporting Period Using:		
			Level 1	Level 2	Level 3
Non-Specialised Buildings		4,180	–	4,180	–
Specialised Buildings		183,116	–		183,116
Total Buildings at Fair Value	**4.1(a)**	**187,296**	**–**	**4,180**	**183,116**
Leasehold Improvements		9,463	–	–	9,463
Total Leasehold Improvements at Fair Value	**4.1(a)**	**9,463**	**–**	**–**	**9,463**
Plant and Equipment		44,540	–	–	44,540
Total Plant and Equipment at Fair Value	**4.1(a)**	**44,540**	**–**	**–**	**44,540**
Motor Vehicles		87,515	–	–	87,515
Total Motor Vehicles at Fair Value	**4.1(a)**	**87,515**	**–**	**–**	**87,515**
		423,007	–	13,081	409,926

Note 4.1.d: Reconciliation of Level 3 Fair Value

	Land $'000	Buildings $'000	Leasehold Improve-ments $'000	Plant and Equipment $'000	Motor Vehicles $'000
Balance at 1 July 2019	**104,748**	**174,569**	**9,236**	**49,075**	**78,401**
Additions/(Disposals)	1,783	13,883	3,059	7,257	29,489

	Land $'000	Buildings $'000	Leasehold Improve-ments $'000	Plant and Equipment $'000	Motor Vehicles $'000
Reclassification	(21,238)	9	(9)	–	–
Gains or Losses Recognised in Net Result					
– Depreciation	–	(5,345)	(2,824)	(11,792)	20,375)
Subtotal	**–**	**(5,345)**	**(2,824)**	**(11,792)**	**(20,375)**
Items recognised in Other Comprehensive Income					
– Revaluation	–	–	–	–	–
Subtotal	–	–	–	–	–
Balance at 30 June 2020	**85,293**	**183,116**	**9,463**	**44,540**	**87,515**

	Land $'000	Buildings $'000	Leasehold Improve-ments $'000	Plant and Equipment $'000	Motor Vehicles $'000
Balance at 1 July 2020	**85,293**	**183,116**	**9,463**	**44,540**	**87,515**
Additions/(Disposals)	(1,934)	7,249	1,078	9,536	19,769
Reclassification	(770)	–	–	–	–
Gains or Losses Recognised in Net Result					
– Depreciation	–	(5,617)	(3,180)	(11,514)	(21,248)
Subtotal	**–**	**(5,617)**	**(3,180)**	**(11,514)**	**(21,248)**

	Land $'000	Buildings $'000	Leasehold Improve-ments $'000	Plant and Equipment $'000	Motor Vehicles $'000
– Revaluation	12,591	–	–	–	–
Subtotal	**12,591**	**–**	**–**	**–**	**–**
Balance at 30 June 2021	**95,180**	**184,748**	**7,361**	**42,563**	**86,035**

Note 4.1.e: Fair Value Determination

Asset class	Likely valuation approach	Significant inputs (Level 3 only)
Non-specialised Land	Market approach	n/a
Specialised Land (Crown / Freehold)	Market approach	Community Service Obligations Adjustments[106]
Non-specialised Buildings	Market approach	n/a
Specialised Buildings	Depreciated replacement cost approach	• Cost per square metre • Useful life
Vehicles	Depreciated replacement cost approach	• Cost per unit • Useful life
Plant and Equipment	Depreciated replacement cost approach	• Cost per square metre • Useful life

[106] CSO adjustment of 20% was applied to reduce the market approach value for AV specialised land.

How We Measure Fair Value

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

In addition, AV determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period. There have been no transfers between levels during the period. The Valuer-General Victoria (VGV) is AV's independent valuation agency.

The estimates and underlying assumptions are reviewed on an ongoing basis.

Valuation Hierarchy

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

- **Level 1** – quoted (unadjusted) market prices in active markets for identical assets or liabilities
- **Level 2** – valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable, and
- **Level 3** – valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

Identifying Unobservable Inputs (Level 3) Fair Value Measurements

Level 3 fair value inputs are unobservable valuation inputs for an asset or liability. These inputs require significant judgement and assumptions in deriving fair value for both financial and non-financial assets.

Unobservable inputs are used to measure fair value to the extent that relevant observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. However, the fair value measurement objective remains the same, i.e., an exit price at the measurement date from the perspective of a market participant that holds the asset or owes the liability. Therefore, unobservable inputs shall reflect the assumptions that market participants would use when pricing the asset or liability, including assumptions about risk.

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

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

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

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.

Non-Specialised Land and Non-Specialised Buildings

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

For non-specialised land and non-specialised buildings, an independent valuation was performed by the Valuer General Victoria to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 2019.

Specialised Land and Specialised Buildings

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

During the reporting period, AV held Crown Land. The nature of this asset means that there are certain limitations and restrictions imposed on its use and/or

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

The CSO adjustment 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.

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.

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

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

Plant and Equipment are 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 2021.

Note 4.1.f: Property, Plant and Equipment Revaluation Reserve

	2021 $'000	2020 $'000
Balance at the beginning of the reporting period	**56,007**	**56,007**
Revaluation Increment		
– Land	14,769	–
Balance at the end of the reporting period	**70,776**	**56,007**
Represented by:		
– Land	56,748	41,980
– Buildings	14,028	14,027
	70,776	**56,007**

NOTE 4.2: INTANGIBLE ASSETS

	Note	2021 $'000	2020 $'000
Software and Development Costs Capitalised		75,571	60,991
Less Accumulated Amortisation		(37,663)	(30,618)
Total Intangible Assets		**37,907**	**30,373**

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 2019			**16,961**
Additions			18,191
Amortisation	4.3		(4,779)

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 2020			**30,373**
Additions			14,581
Amortisation	4.3		(7,046)
Balance at 30 June 2021			**37,907**

How We Recognise Intangible Assets

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

Initial Recognition

Purchased intangible assets are initially recognised at cost.

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

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

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

Subsequent Measurement

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

Impairment

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

NOTE 4.3: DEPRECIATION AND AMORTISATION

	2021 $'000	2020 $'000
DEPRECIATION		
Buildings	5,772	5,498
Right of Use Buildings	10,520	9,031
Right of Use Land	1,236	–
Motor Vehicles	21,248	20,375
Plant and Equipment	11,514	11,792
Leasehold Improvements	3,180	2,824
Right of Use Plant, Equipment and Vehicles	57,630	47,554
Total Depreciation	**111,099**	**97,074**
AMORTISATION		
Intangible Assets	7,046	4,779
Total Amortisation	**7,046**	**4,779**
Total Depreciation and Amortisation	**118,145**	**101,853**

How We Recognise Depreciation

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets (excluding land) that have finite useful lives are depreciated. Depreciation is generally calculated on a straight-line basis, at a rate that allocates the asset value, less any estimated residual value over its estimated useful life.

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

How We Recognise Amortisation

Amortisation is the systematic (typically straight-line) allocation of the depreciable amount of an intangible asset's useful life. The following table indicates the expected useful lives of non-current assets on which the depreciation and amortisation charges are based:

	2021	2020
Buildings	5 to 68 years	5 to 68 years
Leasehold Improvements	1 to 50 years	1 to 50 years
Plant and Equipment	1 to 15 years	1 to 15 years
Intangibles	2 to 5 years	2 to 5 years
Motor Vehicles	1 to 10 years	1 to 10 years
Right of Use Assets	1 to 50 years	1 to 50 years

NOTE 5: OTHER ASSETS AND LIABILITIES

Introduction

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

Structure

5.1. Receivables and Contract Assets

5.2. Payables and Contract Liabilities

5.3. Other Provisions

Telling the COVID-19 Story

Other assets and liabilities used to support the delivery of our services during the financial year were not materially impacted by the COVID-19 coronavirus pandemic.

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Estimating the provision for expected credit losses	AV uses a simplified approach to account for the expected credit loss provision. A provision matrix is used, which considers historical experience, external indicators and forward-looking information to determine expected credit loss rates.
Measuring contract liabilities	AV applies significant judgement to measure its progress towards satisfying a performance obligation as detailed in Note 2. Where a performance obligation is yet to be satisfied, AV assigns funds to the outstanding obligation and records this as a contract liability until the promised good or service is transferred to the customer.
Recognition of other provisions	Other provisions include AV's obligation to restore leased assets to their original condition at the end of a lease term. AV applies significant judgement and estimate to determine the present value of such restoration costs.

NOTE 5.1: RECEIVABLES AND CONTRACT ASSETS

	2021 $'000	2020 $'000
CURRENT RECEIVABLES AND CONTRACT ASSETS		
Contractual		
Contract Assets	4,934	4,380
Sundry Debtors	5,335	2,298
Transport Debtors	34,126	36,090
Provision for Doubtful Debts	(18,796)	(16,673)

	2021 $'000	2020 $'000
	25,599	26,095
Statutory		
GST Receivable	9,380	3,957
Total Current Receivables	34,979	30,052

NOTE 5.1: RECEIVABLES AND CONTRACT ASSETS (CONTINUED)

	2021 $'000	2020 $'000
NON-CURRENT RECEIVABLES AND CONTRACT ASSETS		
Contractual		
Long Service Leave – Department of Health	125,988	107,438
Total Non Current Receivables	125,988	107,438
Total Receivables and Contract Assets	160,967	137,490
(i) Financial Assets Classified as Receivables and Contract assets (Note 7.1(a))		
Total Receivables and Contract Assets	160,967	137,490
Provision for Impairment	18,796	16,673
Contract Assets	(4,934)	(4,380)
GST Receivable	(9,380)	(3,957)
Total Financial Assets	**165,449**	**145,826**

As at 30 June 2021, AV has contract assets of $4.9m, which is gross of an allowance for expected credit losses of $0.6m. This is included in the contractual receivable balances presented above.

Note 5.1.a: Movement in the Allowance for Impairment Losses of Contractual Receivables

	2021 $'000	2020 $'000
Balance at Beginning of Year	**16,673**	**14,324**
Increase in Allowance	19,934	20,469
Amounts written off during the year	(18,044)	(18,349)
Reversal of allowance written off during the year as uncollectable	233	229
Balance at End of Year	**18,796**	**16,673**

How We Recognise Receivables

Receivables consist of:

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

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

In assessing impairment of statutory (noncontractual) 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*.

AV is not exposed to any significant credit risk exposure to any single counterparty or any group of counterparties having similar characteristics. Trade receivables consist of a large number of customers in various geographical areas. Based on historical information about customer default rates, management consider the credit quality of trade receivables that are not past due or impaired to be good.

Impairment Losses of Contractual Receivables

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

Note 5.1.b: Contract Assets

	2021 $'000	2020 $'000
Balance at Beginning of Year	**4,380**	**–**
Adjustment for initial adoption of AASB 15	–	4,380
Add: Additional Costs Incurred Recoverable from Customer	4,934	–
Less: Transfer to Trade Debtors or Cash at Bank	(4,380)	–
Total Contract Assets	**4,934**	**4,380**
Represented by:		
Current	4,934	4,380
Non Current	–	–
	4,934	**4,380**

How We Recognise Contract Assets

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

NOTE 5.2: PAYABLES AND CONTRACT LIABILITIES

	2021 $'000	2020 $'000
CURRENT		
Contractual		
Trade Creditors	12,581	276
Accrued Salaries and Wages	26,710	22,073
Accrued Expenses	48,320	38,267
Contract Liabilities	58,423	55,020
Amounts Payable to Government Agencies	6,969	
Deferred Capital Grant	2,745	100
Other Creditors	4,355	3,986
Total Current Payables and Contract Liabilities	**160,103**	**119,723**
NON CURRENT		
Contractual		
Contract Liabilities	20,760	21,492
Deferred Capital Grant	3,180	3,180
Other Creditors	3	3,557
Total Non Current Payables and Contract Liabilities	**23,943**	**28,229**
Total Payables and Contract Liabilities	**184,046**	**147,952**
(i) Financial Liabilities Classified as Payables and Contract Liabilities (Note 7.1(a))		
Total Payables and Contract Liabilities	184,046	147,952
Deferred Capital Grant	(5,925)	(3,280)

	2021 $'000	2020 $'000
Contract Liabilities	(79,184)	(76,512)
Total Financial Liabilities	**98,938**	**68,160**

How We Recognise Payables and Contract Liabilities Payables consist of:

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

The normal credit terms for accounts payable are usually Net 30 days.

Note 5.2.a: Deferred Capital Grant

	2021 $'000	2020 $'000
Opening Balance	**3,280**	**3,180**
Grant Payments Received for Capital Works during the year	102,985	93,596
Capital Grant Income Recognised consistent with the Capital Works undertaken during the year	(100,340)	(93,496)
Closing Balance	**5,925**	**3,280**

How We Recognise Deferred Capital Grant Income

Grant consideration was received from the State Government to support the build of additional ambulance vehicles and purchase of medical equipment. Capital grant income is recognised progressively as the asset is constructed, since this is the time when AV satisfies its obligations. The progressive percentage of costs is used to recognise income because this most closely reflects the percentage of

completion of the building works. As a result, AV has deferred recognition of a portion of the grant consideration received as a liability for the outstanding obligations. AV expects to recognise all of the remaining deferred capital grant income for capital works by 30 June 2022.

Note 5.2.b: Contract Liabilities

	2021 $'000	2020 $'000
Opening Balance	**76,512**	**71,108**
Payments received for performance obligations yet to be completed during the year	97,152	98,152
Grant consideration for sufficiently specific performance obligations received during the year	2,083	2,194
Revenue recognised in the reporting period for the completion of a performance obligation	(95,331)	(93,001)
Grant income for sufficiently specific performance obligations works recognised consistent with the performance obligations met during the year	(1,233)	(1,942)
Total Contract Liabilities	**79,183**	**76,512**
Represented by:		
Current Contract Liabilities	58,423	55,020
Non-Current Contract Liabilities	20,760	21,492
	79,183	**76,512**

How We Recognise Contract Liabilities

Contract liabilities include consideration received in advance from customers in respect of AV membership subscription, clinical trials, research and government initiatives. Contract liabilities are derecognised and recorded as revenue when promised goods and services are transferred to the customer. Refer to Note 2.1.

In the determination of fair value, consideration is given to factors including the overall capital management/ prudential supervision framework in operation, the

protection provided by DH by way of funding should the probability of default increase, probability of default by the guaranteed party and the likely loss to AV in the event of default.

Maturity Analysis of Payables

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

NOTE 5.3: OTHER PROVISIONS

	2021 $'000	2020 $'000
CURRENT		
Make Good Provision	1,751	351
NON-CURRENT		
Make Good Provision	2,336	3,670
Total Other Provisions	4,087	4,022
MOVEMENTS IN MAKE GOOD PROVISION:		
Opening Balance	4,022	3,620
Additional provisions recognised	438	231
Reductions arising from payments/other sacrifices of future economic benefits	(73)	(33)
Reductions resulting from remeasurement of settlement without cost	(10)	(114)
Unwind of discount and effect of changes in discount rate	(291)	318
Closing Balance	**4,087**	**4,022**

How We Recognise Other Provisions

Other 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.

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.

NOTE 6: HOW WE FINANCED OUR OPERATIONS

Introduction

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

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

Structure

6.1. Cash and Cash Equivalents

6.2. Borrowings

6.3. Commitments for Expenditure

Telling the COVID-19 Story

Our finance and borrowing arrangements were not materially impacted by the COVID-19 coronavirus pandemic because AV's response was funded by Government.

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Determining if a contract is or contains a lease	AV applies significant judgement to determine if a contract is or contains a lease by considering if AV: • has the right-to-use an identified asset • has the right to obtain substantially all economic benefits from the use of the leased asset, and

Key judgements and estimates	Description
	• can decide how and for what purpose the asset is used throughout the lease.
Determining if a lease meets the short-term or low value asset lease exemption	AV applies significant judgement when determining if a lease meets the short-term or low value lease exemption criteria. AV estimates the fair value of leased assets when new. Where the estimated fair value is less than $10,000. AV applies the low-value lease exemption. AV also estimates the lease term with reference to remaining lease term and period that the lease remains enforceable. Where the lease period is less than 12 months AV applies the short-term lease exemption.
Discount rate applied to future lease payments	AV discounts its lease payments using the interest rate implicit in the lease. If this rate cannot be readily determined, which is generally the case for AV's lease arrangements, AV uses its incremental borrowing rate, which is the amount AV would have to pay to borrow funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions.
Assessing the lease term	The lease term represents the non-cancellable period of a lease, combined with periods covered by an option to extend or terminate the lease if AV is reasonably certain to exercise such options. AV determines the likelihood of exercising such options on a lease-by-lease basis through consideration of various factors including:

Key judgements and estimates	Description
	• If there are significant penalties to terminate (or not extend), AV is typically reasonably certain to extend (or not terminate) the lease • If any leasehold improvements are expected to have a significant remaining value, AV is typically reasonably certain to extend (or not terminate) the lease • AV considers historical lease durations and the costs and business disruption to replace such leased assets.

NOTE 6.1: CASH AND CASH EQUIVALENTS

	2021 $'000	2020 $'000
Cash at Bank – CBS	135,747	109,541
Cash at Bank	2,284	2,397
Cash on Hand	90	108
Total Cash and Cash Equivalents	**138,121**	**112,046**

How We Recognised Cash and Cash Equivalents

Cash and cash equivalents recognised on the balance sheet 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: BORROWINGS

	2021 $'000	2020 $'000
CURRENT		
Lease Liability[107]	58,817	53,927
Total Current	**58,817**	**53,927**
NON CURRENT		
Lease Liability[108]	196,014	217,505
Total Non Current	**196,014**	**217,505**
Total Borrowings	**254,831**	**271,432**

How We Recognise Borrowings

Borrowings refer to interesting bearing liabilities raised through lease liabilities.

Initial Recognition

All borrowings are initially recognised at fair value of the consideration received, less directly attributable transaction costs. The measurement basis subsequent to initial recognition depends on whether the AV has categorised its liability as either 'financial liabilities designated at fair value through profit or loss', or financial liabilities at 'amortised cost'.

Subsequent Measurement

Subsequent to initial recognition, interest bearing borrowings are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in the net result over the period of the borrowing using the effective interest method. Non-interest bearing borrowings are measured at 'fair value through profit or loss'.

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

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

Maturity Analysis

Please refer to Note 7.2(b) for the ageing analysis of borrowings.

Defaults and Breaches

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

Note 6.2.a: Lease Liabilities

	2021 $'000	2020 $'000
AV's Lease Liabilities are summarised below:		
Total Undiscounted Lease Liabilities	268,904	289,248
Less Unexpired Finance Expenses	(14,073)	(17,816)
Net Lease Liabilities	**254,831**	**271,432**

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

	2021 $'000	2020 $'000
Not Later than One Year	63,996	59,646
Later than One Year and Not Later than 5 Years	194,034	200,182
Later than 5 Years	10,874	29,420
Minimum Lease Payments	**268,904**	**289,248**
Less Future Finance Charges	**(14,073)**	**(17,816)**
Present Value of Lease Liability	**254,831**	**271,432**
Represented by:		
Current Liabilities	58,817	53,927
Non Current Liabilities	196,014	217,505

	2021 $'000	2020 $'000
Total	**254,831**	**271,432**

How We Recognised Lease Liabilities

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

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

- The contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to AV and for which the supplier does not have substantive substitution rights
- AV has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract and AV has the right to direct the use of the identified asset throughout the period of use, and
- AV has the right to take decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

AV's lease arrangements consist of the following:

Type of Asset Leased	Lease Term
Leased Land	1 to 50 years
Leased Buildings	1 to 50 years
Leased Plant, Equipment and Vehicles	1 to 5 years

All leases are recognised on the balance sheet, with the exception of low value leases (less than $10,000 AUD) and short term leases of less than 12 months.

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

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

Separation of lease and non-lease components

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

Initial Measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or AV's incremental borrowing rate. Our lease liability has been discounted by rates of between 1.05% to 3.00%.

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

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

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

- Various property leases contain lease extension options of between 2 to 5 years.

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

In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term and lease liability if the lease is reasonably certain to be extended (or not terminated). Potential future cash outflows of $4.8m have not been included in the lease liability because it is not reasonably certain that the leases will be extended (or not terminated).

The assessment is reviewed if a significant event or a significant change in circumstances occurs which affects this assessment and that is within the control of the lessee. During the current financial year, the financial effect of revising lease terms to reflect the effect of exercising extension options was an increase in recognised lease liabilities and right-of-use assets of $8.9m.

Subsequent Measurement

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

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

Leases With Significantly Below Market Terms and Conditions

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

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

Description of Leased Asset	Our Dependence on Lease	Nature and Terms of Lease
Land	Leased land is used for land for ambulance branches. AV's dependence on these leases is considered high. The land is specialised in nature i.e. Crown or Freehold, and due to the location, there are limited readily available substitutes.	These leases have an annual rental of $1 payable at the request of the landlord. AV has various leases of up to 50 years, and are restricted to the provision of ambulance services.

NOTE 6.3: COMMITMENTS FOR EXPENDITURE

	2021 $'000	2020 $'000
CAPITAL EXPENDITURE COMMITMENTS		
Not Later than One Year	5,928	4,982
Total	**5,928**	**4,982**
OPERATING EXPENDITURE COMMITMENTS		
Not Later than One Year	22,361	20,764
Later than One Year and Not Later than 5 Years	31,593	50,273
Later than 5 Years	–	798
Total	**53,954**	**71,836**
NON-CANCELLABLE SHORT TERM AND LOW VALUE LEASE COMMITMENTS		
Not Later than One Year	404	349
Later than One Year and Not Later than 5 Years	165	187
Later than 5 Years	357	407

	2021 $'000	2020 $'000
Total	**926**	**943**
Not Later than One Year	22,361	20,764
Later than One Year and Not Later than 5 Years	31,593	50,273
Later than 5 Years	–	798
Total	**53,954**	**71,836**
NON-CANCELLABLE SHORT TERM AND LOW VALUE LEASE COMMITMENTS		
Not Later than One Year	404	349
Later than One Year and Not Later than 5 Years	165	187
Later than 5 Years	357	407
Total	**926**	**943**
Total Commitments for Expenditure (Inclusive of GST)	**60,809**	**77,760**
Less GST Recoverable from the Australian Taxation Office	(5,528)	(7,069)
Total Commitments for Expenditure (Exclusive of GST)	**55,281**	**70,691**

How We Disclose Our Commitments

Our commitments relate to expenditure, and short term and low value leases.

Expenditure Commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed at their nominal value and are inclusive of GST payable. In addition, where it is considered appropriate and provides additional relevant information to users the net present values of significant individual projects are stated.

These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the Balance Sheet.

Short Term and Low Value Leases

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

NOTE 7: RISKS, CONTINGENCIES AND VALUATION UNCERTAINTIES

Introduction

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

Structure

7.1. Financial Instruments

7.2. Financial Risk Management Objectives

7.3. Contingent Assets and Contingent Liabilities instrument

NOTE 7.1: FINANCIAL INSTRUMENTS

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of AV's activities, certain financial assets and financial liabilities arise under statute rather than a contract (for example, taxes, fines and penalties). Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

Note 7.1.a: Categorisation of Financial Instruments

	Note	Financial Assets at Amortised Cost $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
2021				
Contractual Financial Assets				

	Note	Financial Assets at Amortised Cost $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
Cash and Cash Equivalents	6.1	138,121	–	138,121
Receivables	5.1	165,449	–	165,449
Total Financial Assets[109]		**303,570**	**–**	**303,570**
Financial Liabilities				
Payables	5.2	–	98,938	98,938
Lease Liabilities	6.2	–	254,831	254,831
Total Financial Liabilities[110]		**–**	**353,769**	**353,769**

	Note	Financial Assets at Amortised Cost $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
2020				
Contractual Financial Assets				
Cash and Cash Equivalents	6.1	112,046	–	112,046
Receivables	5.1	145,826	–	145,826

[109] The carrying amount excludes statutory receivables (i.e.. GST Receivable and DH Receivable) and statutory payables (i.e. DH revenue in advance or payable).

[110] The carrying amount excludes statutory receivables (i.e.. GST Receivable and DH Receivable) and statutory payables (i.e. DH revenue in advance or payable).

	Note	Financial Assets at Amortised Cost $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
Total Financial Assets[111]		**257,872**	**–**	**257,872**
Payables	5.2	–	68,160	68,160
Lease Liabilities	6.2	–	271,432	271,432
Total Financial Liabilities[112]		**–**	**339,592**	**339,592**

How We Categorise Financial Instruments

Categories of Financial Assets

Financial assets are recognised when AV becomes party to the contractual provisions to the instrument. For financial assets, this is at the date AV commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through net result, in which case transaction costs are expensed to profit or loss immediately.

Where available, quoted prices in an active market are used to determine the fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain a significant financing component or if the practical expedient was applied as specified in AASB 15 para 63.

Financial Assets at Amortised Cost

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

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[111] The carrying amount excludes statutory receivables (i.e.. GST Receivable and DH Receivable) and statutory payables (i.e. DH revenue in advance or payable).

[112] The carrying amount excludes statutory receivables (i.e.. GST Receivable and DH Receivable) and statutory payables (i.e. DH revenue in advance or payable).

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

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

AV recognises the following assets in this category:

- cash and deposits
- trade receivables (excluding statutory receivables).

Categories of Financial Liabilities

Financial liabilities are recognised when AV becomes a party to the contractual provisions to the instrument. Financial instruments are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through profit or loss, in which case transaction costs are expensed to profit or loss immediately.

Financial Liabilities at Amortised Cost

Financial Liabilities are measured at amortised cost are initially measured at fair value using the effective interest method, where they are not held at fair value through net result. The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in net result over the relevant period. The effective interest is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

AV recognises the following liabilities in this category:

- payables (excluding statutory payables), and
- lease liabilities.

Offsetting of Financial Instruments

Financial assets and liabilities are offset, with the net amount presented in the balance sheet when, and only when, AV has a legal right to offset the amounts and intend either to settle on a net basis or to realise the asset and settle the liability simultaneously.

Derecognition of Financial Assets

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

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

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

Derecognition of Financial Liabilities

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

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised as an 'other economic flow' in the comprehensive operating statement.

Reclassification of Financial Instruments

Subsequent to initial recognition reclassification of financial liabilities is not permitted. Financial assets are required to reclassified between fair value through net result, fair value through other comprehensive income and amortised cost when and only when AV's business model for managing its financial assets has changed such that its previous model would no longer apply.

A financial liability reclassification is not permitted.

NOTE 7.2: FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

As a whole, AV's financial risk management program seeks to manage the risks and the associated volatility of its financial performance.

Details of the significant accounting policies and methods adopted, included the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset and financial liability above are disclosed throughout the financial statements.

AV's main financial risks include credit risk, liquidity risk and interest rate risk. AV manages these financial risks in accordance with its 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 Accountable Officer.

Note 7.2.a: Credit Risk

Credit risk refers to the possibility that a borrower will default on its financial obligations as and when they fall due. AV's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to AV. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with AV's contractual financial assets largely relates to individuals who have received ambulance transport, which is dispersed across a large number of individual debtors. AV's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to AV. AV manages the credit risk through ongoing debt recovery action and the review of the collectability of receivables by debtor recovery measures and/or payment by instalments. In addition, AV does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash and deposits, which are mainly cash at bank. AV's policy is to only deal with banks with high credit ratings.

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

Contract financial assets are written off against the carrying amount when there is no reasonable expectation of recovery. Bad debt written off by mutual consent is classified as a transaction expense. Bad debt written off following a unilateral decision is recognised as other economic flows in the net result.

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents AV's maximum exposure to credit risk without taking account of the value of any collateral obtained.

There has been no material change to AV's credit risk profile in 2020-21.

Impairment of Financial Assets under AASB 9

AV records the allowance for expected credit loss for the relevant financial instruments, in accordance with AASB 9 *Financial Instruments* 'Expected Credit Loss' approach. Subject to AASB 9 impairment assessment are contractual receivables and statutory receivables. While cash and cash equivalents are also subject to the impairment requirements of AASB 9, any identified impairment loss would be immaterial.

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

Contractual Receivables at Amortised Cost

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

On this basis, AV determines the closing loss allowance at the end of the financial year as follows:

	Note	Current	Less than 1 month	1-3 months	3 months to 1 year	1 to 5 Years	Total
30 June 2021							
Expected Loss Rate		0%	35%	34%	84%	78%	

	Note	Current	Less than 1 month	1-3 months	3 months to 1 year	1 to 5 Years	Total
Gross Carrying Amount of Contractual Receivables	5.1	1,656	20,583	5,546	10,146	1,530	39,461
Loss Allowance		**–**	**7,216**	**1,880**	**8,512**	**1,187**	**18,796**
30 June 2020							
Expected Loss Rate		0%	34%	23%	65%	78%	
Gross Carrying Amount of Contractual Receivables	5.1	436	18,862	5,443	12,632	1,016	38,388
Loss Allowance		**–**	**6,364**	**1,268**	**8,253**	**788**	**16,673**

Statutory Receivables at Amortised Cost

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

The statutory receivables are considered to have low credit risk, taking into account the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near future. As the result, the no loss allowance has been recognised.

Note 7.2.b: Liquidity Risk

Liquidity risk arises from being unable to meet financial obligations as they fall due.

AV is exposed to liquidity risk mainly through the financial liabilities as disclosed in the face of the balance sheet. AV manages its liquidity risk by:

- close monitoring of its short-term and long-term borrowings by management, including monthly reviews on current and future borrowing levels and requirements
- maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations
- careful maturity planning of its financial obligations based on forecasts of future cash flows.

AV's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk. Cash for unexpected events is generally sourced from liquidation of other financial assets. As at 30 June 2021, total cash of $138.1m is the equivalent of 39 days cash availability, which is calculated Total Cash ÷ (Total Expenses from Transactions ÷ 365 Days).

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

	Note	Carrying Amount $'000	Nominal Amount $'000		Maturity Dates		
				Less than 1 month $'000	1 to 3 months $'000	3 months to 1 year $'000	Greater than 1 year $'000
2021							
Financial Liabilities							
Payables	**5.2**						
– Trade Creditors		12,581	12,581	12,581	–	–	–

	Note	Carrying Amount $'000	Nominal Amount $'000		Maturity Dates		
				Less than 1 month $'000	1 to 3 months $'000	3 months to 1 year $'000	Greater than 1 year $'000
– Accrued Salaries and Wages		26,710	26,710	26,710	–	–	–
– Accrued Expenses		48,320	48,320	48,320	–	–	–
– Other Creditors		11,327	11,327	–	6,969	4,355	3
Borrowings	**6.2**						
– Lease Liabilities		254,831	268,904	–	7	1,534	253,290
Total Financial Liabilities		**353,769**	**367,842**	**87,611**	**6,976**	**5,889**	**253,293**
2020							
Financial Liabilities							
– Trade Creditors		276	276	276	–	–	–
– Accrued Salaries and Wages		22,073	22,073	22,073	–	–	–
– Accrued Expenses		38,267	38,267	38,267	–	–	–

	Note	Carrying Amount $'000	Nominal Amount $'000		Maturity Dates		
				Less than 1 month $'000	1 to 3 months $'000	3 months to 1 year $'000	Greater than 1 year $'000
– Other Creditors		7,543	7,543	–	–	3,986	3,557
Borrowings	**6.2**						
– Lease Liabilities		271,432	289,246	20	43	689	270,681
Total Financial Liabilities		**339,592**	**357,406**	**60,636**	**43**	**4,675**	**274,238**

Note 7.2.c: Market Risk

AV's exposures to market risk are primarily through interest rate risk. Objectives, policies and processes used to manage each of these risks are disclosed below.

Sensitivity disclosure analysis and assumptions

AV's sensitivity to market risk is determined based on the observed range of actual historical data for the preceding five-year period. The following movements are 'reasonably possible' over the next 12 months:

- a change in interest rates of 1% up or down.

Interest rate risk

Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate because of changes in market interest rates. AV does not hold any interest-bearing financial instruments that are measured at fair value, and therefore has no exposure to fair value interest rate risk.

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

NOTE 7.3: CONTINGENT ASSETS AND CONTINGENT LIABILITIES

In November 2020, AV engaged the Victorian Equal Opportunity & Human Rights Commission (the Commission) to complete an independent review into improving workplace equality. Since then, a number of complaints have been lodged by individuals with the Commission alleging discrimination and unfair treatment, and potential future payments for any adverse decisions are estimated to be up to $0.2m. As at 30 June 2021, there has been no change in the probability of the outcomes in these matters.

There were no contingent assets as at 30 June 2021 (2020: Nil).

How We Measure and Disclose Contingent Assets and Contingent Liabilities

Contingent assets and contingent liabilities are not recognised in the Balance Sheet, but are disclosed by way of note and, if quantifiable, are measured at nominal value.

Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

Contingent Assets

Contingent assets are possible assets that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of AV.

These are classified as either quantifiable, where the potential economic benefit is known, or non-quantifiable.

Contingent Liabilities

Contingent liabilities are:

- possible obligations that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of AV, or
- present obligations that arise from past events but are not recognised because:
- It is not probable that an outflow of resources embodying economic benefits will be required to settle the obligations, or
- the amount of the obligations cannot be measured with sufficient reliability.

Contingent liabilities are also classified as either quantifiable or non-quantifiable.

NOTE 8: OTHER DISCLOSURES

Introduction

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

Structure

8.1. Reconciliation of Net Cash Inflow/(Outflow) From Operating Activities

8.2. Responsible Persons Disclosures

8.3. Executive Officer Disclosures

8.4. Related Parties

8.5. Remuneration Of Auditors

8.6. Ex-Gratia Payments

8.7. Events Occurring After Balance Sheet Date

8.8. Equity

8.9. Economic Dependency

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

	2021 $'000	2020 $'000
Net Result For The Year	231	(18,209)
NON CASH MOVEMENTS		
Depreciation and Amortisation	118,145	101,853
Indirect Capital Contributions	(8,561)	(14,280)
Other Non-Cash Movement	–	(3,840)
Assets Received Free of Charge	(2,884)	–
MOVEMENTS INCLUDED IN INVESTING AND FINANCING ACTIVITIES		
(Gain)/Loss from Sale of Property, Plant and Equipment	(683)	225

MOVEMENTS IN ASSETS AND LIABILITIES	2021 $'000	2020 $'000
Change in Operating Assets and Liabilities		
(Decrease)/Increase in Provision for Make Good	65	402
(Decrease)/Increase in Allowance for Impairment of Contractual Receivables	2,123	2,348
(Increase)/Decrease in Receivables	(25,600)	(5,743)
(Increase)/Decrease in Inventories	(3,470)	(2,087)
(Increase)/Decrease in Prepayments	(2,449)	249
(Decrease)/Increase in Payables	23,809	(16,896)
(Decrease)/Increase in Employee Benefits	8,708	27,444
(Decrease)/Increase in Contract Liabilities	2,672	6,247
(Decrease)/Increase in Deferred Grant	9,614	2,676
Net Cash Flow From/(Used In) Operating Activities	121,720	80,388

NOTE 8.2: RESPONSIBLE PERSONS DISCLOSURES

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

	Period
RESPONSIBLE MINISTER	
The Honourable Martin Foley, Minister for Ambulance Services, Minister for Health	26 Sept 2020 to 30 June 2021
The Honourable Jenny Mikakos, Minister for Ambulance Services, Minister for Health	1 July 2020 to 26 Sept 2020

	Period
GOVERNING BOARD	
Mr Ken Lay AO APM (Chair)	1 July 2020 to 30 June 2021
Ms Wenda Donaldson	1 July 2020 to 30 June 2021
Dr Joanna Flynn AM	1 July 2020 to 30 June 2021
Mr Ian Forsyth	1 July 2020 to 30 June 2021
Ms Colleen Furlanetto	1 July 2020 to 30 June 2021
Mr Michael Gorton AM	1 July 2020 to 30 June 2021
Ms Anna Leibel	1 July 2020 to 30 June 2021
Mr Peter Lewinsky	1 July 2020 to 30 June 2021
Mr Greg Smith AM	1 July 2020 to 30 June 2021
ACCOUNTABLE OFFICER	
Professor Tony Walker ASM	1 July 2020 to 30 June 2021

	2021 No.	2020 No.
REMUNERATION OF RESPONSIBLE PERSONS The number of Responsible Persons are shown below in their relevant income bands:		
$50,000 – $59,999	8	7
$60,000 – $69,999	0	1
$100,000 – $109,999	0	1
$130,000 – $139,999	1	0
$500,000 – $509,999	1	1

	2021 No.	2020 No.
Total Number	**10**	**10**
Total Remuneration ($'000)	**1,059**	**1,044**

Amounts relating to Responsible Ministers are reported within the Department of Parliamentary Services' Financial Report.

NOTE 8.3: EXECUTIVE OFFICER DISCLOSURES

Executive Officers' Remuneration

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

	2021 $'000	2020 $'000
REMUNERATION OF EXECUTIVE OFFICERS (Including Key Management Personnel disclosed in Note 8.4)		
Short Term Employee Benefits	6,024	5,451
Post-Employment Benefits	585	557
Other Long-Term Benefits	360	435
Termination Benefits	100	205
Total Remuneration	7,069	6,648
Total Number of Executives[113]	**29**	**29**
Total Annualised Employee Equivalent [114]	**24.1**	**23.6**

[113] A number of executive officers who meet the definition of Key Management Personnel (KMP) of the entity under AASB 124 Related Party Disclosure are also reported within the related parties note disclosure (Note 8.4).

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

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

Short-Term Employee Benefits

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

Post-Employment Benefits

Pensions and other retirement benefits (such as superannuation guarantee contributions) paid or payable on a discrete basis when employment has ceased.

Other Long-Term Benefits

Long service leave, other long service benefits or deferred compensation.

Termination Benefits

Termination of employment payments, such as severance packages.

NOTE 8.4: RELATED PARTIES

AV is a wholly owned and controlled entity of the State of Victoria. Related parties of AV include:

- all key management personnel (KMP) 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.

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of the AV and its controlled entities, directly or indirectly.

Key Management Personnel (KMP) of AV includes Cabinet Ministers, AV Board (refer Note 8.2), AV CEO Tony Walker, and voting members of the AV Executive Committee, which includes:

Position Title	Name
Chief Operating Officer	Mark Rogers

Position Title	Name
Executive Director Clinical Operations	Michael Stephenson
Executive Director Operational Communications	Anthony Carlyon
Executive Director Corporate Services	Garry Button
Executive Director People & Culture and Acting Executive Director Communication & Stakeholder Relations	Rebecca Hodges
Executive Director Transformation & Strategy	Jill FitzRoy
Executive Director Quality & Patient Experience	Nicola Reinders
Medical Director (Acting)	Dr David Anderson
Medical Director	Dr Stephen Bernard
Executive Director Corporate Services (Former)	Rob Barr
Executive Director Communication & Stakeholder Relations (Former)	Tracey Curro

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

	2021 $'000	2020 $'000
COMPENSATION OF KMPS		
Short Term Employee Benefits	3,777	3,676
Post-Employment Benefits	339	335
Other Long-Term Benefits	211	234
Termination Benefits	100	–

	2021 $'000	2020 $'000
Total[115]	**4,426**	**4,245**

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

Government-related entity transaction	**2021 $'000**	**2020 $'000**
SIGNIFICANT TRANSACTIONS WITH GOVERNMENT-RELATED ENTITIES During the year, AV had the following government-related entity transactions:		
Government Grants from DH	968,017	865,925
Government Grants from DJCS	7,846	8,932
Government Grants from TAC	12,091	11,727
Government Grants from ESTA	500	–
Government Grants from DPC	100	561
CBS Interest Income from DTF[116]	690	1,836
Transport Revenue from Victorian public hospitals	37,019	34,567
Transport Revenue from TAC	23,877	31,498
Transport Revenue from WorkSafe	8,659	7,582
Insurance Premium paid to VMIA	1,326	1,459

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.

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

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

Further employment of processes within the Victorian public sector occur on terms and conditions consistent with the *Public Administration Act 2004* and Codes of Conduct and Standards issued by the Victorian Public Sector Commission. Procurement processes occur on terms and conditions consistent with HealthShare Victoria and the Victorian Government Procurement Board requirements.

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

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

- Director of Australasian College for Emergency Medicine (ACEM), and
- Principal of Russel Kennedy Lawyers.

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

	2021 $'000	**2020 $'000**
Advertising fee paid to ACEM	1	1
Legal fee paid to Russell Kennedy Lawyers	24	18

During the year, AV paid $114,950 (2020: $126,858) to Council of Ambulance Authorities, an organisation of which Mr Tony Walker, the Chief Executive Officer is a Board member representing AV. The annual membership contribution and sponsorship for forums/conferences were paid under standard terms and conditions.

During the year, AV paid $30,240 (2020: $2,200) to Emergency Services Foundation, an organisation of which Mr Tony Walker and Mr Ian Forsyth, Director, are Board members. The annual membership contribution and sponsorship for forums/conferences were paid under standard terms and conditions.

During the year, AV paid $67,331 (2020: $92,723) to the Shannon Company, a company of which Mr Ian Forsyth, Director, is the Managing Partner. The campaign fees were paid under standard terms and conditions.

NOTE 8.5: REMUNERATION OF AUDITORS

	2021 $'000	2020 $'000
VICTORIAN AUDITOR-GENERAL'S OFFICE		
Audit of financial statements	182	183
Total	**182**	**183**

NOTE 8.6: EX GRATIA PAYMENTS[117]

AV has made the following ex gratia payments:

	2021 $'000	2020 $'000
Forgiveness or waiver of debt[118]	429	335
Total	**429**	**335**

NOTE 8.7: EVENTS AFTER BALANCE SHEET DATE

There were no events after balance sheet date.

NOTE 8.8: EQUITY

Contributed Capital

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

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

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[117] Ex gratia payments greater than or equal to $5,000 or those considered material in nature.

[118] 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'.

administrative restructurings are treated as distributions to owners. Other transfers that are in the nature of contributions or distributions or that have been designated as contributed capital are also treated as contributed capital.

Property, Plant and Equipment Revaluation Reserve

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.

NOTE 8.9: ECONOMIC DEPENDENCY

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

The End