2021 ANNUAL REPORT 2022

AmbulanceVictoria

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

Contents

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

Ambulance Victoria (AV) and its people have a long and proud history of responding to challenges and providing best care to all patients – especially in times of need.

As the lives of many Victorians started to return to normal in 2021-2022, we remained confronted by a once-in-a-lifetime health issue, COVID-19, that continued to place significant pressure on our people and our partners.

The coronavirus (COVID-19) pandemic presented many obstacles to health services across the world. The significant planning and processes we developed over many years gave us a solid platform to meet these challenges.

We created a COVID-19 Incident Management Team to enable us to manage the pandemic while allowing other parts of the business to provide our usual service to the community. Our workforce and our patients continued to be protected from COVID-19 infection through strict health and safety measures, including vaccination of all staff and the ongoing use of Personal Protective Equipment (PPE).

We undertook record recruitment, including 716 paramedics, and implemented a medium acuity transport service to help free up paramedics for the most life-threatening cases. We forged partnerships with external agencies, to create a surge workforce to support our paramedics to deliver high quality care in the face of record demand.

Our Triage Services were also bolstered by new recruits to become the largest service of its type in any ambulance service in the world. This further increased our capacity to assist Victorians, with 19.8 per cent of Triple Zero (000) callers for ambulance provided advice or safely directed to appropriate, alternative care against a target of 15 per cent.

While our work continued to be driven by the Strategic Plan 2017-2022, we also discovered new ways of working. In collaboration with Northern Health, we launched a dedicated pathway for on-road paramedics to refer patients to an in-home virtual emergency department service in October 2021. The service commenced

We responded to over one million incidents in Victoria by road, up **26,864** incidents on 2020-2021, and our Air Ambulance team responded to **7,758** incidents (51 more cases than 2020-2021).

expansion state-wide in March 2022 and named the Victorian Virtual Emergency Department (VVED). During its first nine months, paramedics referred more than 10,000 patients to this service with 75 per cent of patients recommended for alternate care pathways that better suited their needs, leading to a decrease in AV transports to hospital and improving ambulance availability.

Our TelePROMPT service, which in conjunction with Eastern Health connects people experiencing mental health emergencies with a mental health clinician through telehealth, was also integrated into our business-as-usual response.

As part of the Ambulance Improvement Plan 2022-25, AV secured $121m Victorian Government investment to enhance performance and demand management through the delivery of new on-road initiatives, including additional capacity for Secondary Triage and our regional and metropolitan communications centres.

We implemented 22 Medium Acuity Transport units for lower priority cases. This pilot program supported the development of a new graduate pathway and increased options for our qualified workforce seeking flexible working arrangements.

New 24-hour branches now operate out of Thomastown, Hoppers Crossing and Bayswater. We added peak period units in Boronia, Craigieburn, Leongatha, Mernda, Moe, Templestowe and Warragul to provide additional coverage during peak demand period and converted Cobram, Korumburra, Mansfield and Yarrawonga branches to 24-hour coverage.

While COVID-19 restrictions prevented us celebrating in person, we recognised the significant anniversaries of 50 years of Victoria's Mobile Intensive Care Ambulance (MICA), and 60 years of Air Ambulance services. The advent of MICA brought coronary care and intensive care into the streets, homes and workplaces of Victorians who needed urgent medical help. Air ambulance services across the world have been modelled on ours.

We are incredibly proud of the work of our people during such a challenging period, and the care we have been able to provide our patients across Victoria.

In 2018-2019, before the COVID-19 pandemic started its march across the globe, AV recorded its best annual response performance of 83.9 per cent of Code 1 cases responded to within 15 minutes. But increased demand, the prevalence of COVID-19, the impact of patients delaying care, and the furloughing of paramedic and hospital staff have all since contributed to our declining response performance. The last nine months of 2021-2022 were the busiest in Ambulance Victoria's history, with three consecutive quarters of record demand.

We responded to over one million incidents in Victoria by road, up 26,864 incidents on 2020-2021, and our Air Ambulance team responded to 7,758 incidents (51 more cases than 2020-2021). In February 2022 we announced four new Beechcraft King Air fixed-wing aircraft would take to the skies from 2024 to replace our existing aircraft.

A 16.7 per cent increase in time-critical Code 1 emergencies had an impact on our performance. We reached 67.5 per cent of Code 1 cases within 15 minutes – below the state-wide average target of 85 per cent – and our average Code 1 response time was 15 minutes and 2 seconds. For the most critically ill Victorians – our Priority 0 cases – we were on scene delivering life-saving care within or under our 13-minute target in 76.9 per cent of cases.

While we know more needs to be done to meet our targets and community expectations, it is important to recognise that response times are only one measure of a quality ambulance service. We continue to meet or exceed all our patient quality and care measures, leading to better

Our collective challenge is to create an equal workplace at Ambulance Victoria, that is safe, fair and inclusive. This means working with our people to actively transform our systems, structures and previous ways of working that were causing inequality or harm.

outcomes in the survival and quality of life for heart attack, stroke and trauma patients.

We attended a record number of cardiac arrest cases, representing a 6.1 per cent increase on last year and continuing an increasing trend. The trajectory of bystander cardiopulmonary resuscitation (CPR) and survival trends are now slowly moving back to pre-COVID levels. Adult survival to hospital for patients presenting in a shockable cardiac rhythm has improved to 54.7 per cent in 2021-2022 compared with 52.5 per cent in the previous financial year.

Never has our health system experienced such a prolonged and difficult health emergency as the global COVID-19 pandemic. At the same time, our organisation was confronted as never before by an independent review commissioned by AV that found too many of our people had been harmed in a workplace lacking equality, fairness and inclusion.

The Victorian Equal Opportunity and Human Rights Commission's (the Commission's) Report into Workplace Equality in Ambulance Victoria was released in two volumes, in November 2021 and March 2022. We have accepted all 43 of the Commission's recommendations and are embarking on a roadmap of reform to drive long-term cultural change.

While the Commission acknowledged long-term culture change is hard and can take some time, we share its confidence that we can achieve this transformation together.

From the release of Volume 1, we have been laying the foundations for the long-term reforms to create a safer, more equal, fair and inclusive workplace. This includes establishing a new Equality & Workplace Reform Division, improved governance arrangements with external expertise, and additional safety measures.

We have the opportunity in front of us for meaningful and generational change. Our dedication to treat patients with dignity and respect, must be matched with the everyday experiences of our people.

Our collective challenge is to create an equal workplace at Ambulance Victoria, that is safe, fair and inclusive. This means working with our people to actively transform our systems, structures and previous ways of working that were causing inequality or harm. We must keep our people safe and support them to thrive.

We all rightly deserve Ambulance Victoria to be a great place to work and volunteer, as we provide best care to our community.

Ken Lay AO APM
Chair, Ambulance Victoria

Professor Tony Walker ASM
Chief Executive Officer, Ambulance Victoria

We have accepted all 43 of the Commission's recommendations and are embarking on a roadmap of reform to drive long-term cultural change.

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 2022.

Ken Lay AO APM
Chair of the Board

Melbourne
25 August 2022

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.

Professor Tony Walker ASM
Chief Executive Officer

Melbourne
25 August 2022

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.

Professor Tony Walker ASM
Chief Executive Officer

Melbourne
7 October 2022

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.

Professor Tony Walker ASM
Chief Executive Officer

Melbourne
7 October 2022

Report of **Operations**

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.

It was a year like no other for AV.

The global COVID-19 pandemic continued to impact on the health of our community, leading to sustained record emergency demand.

We welcomed the largest annual intake of paramedics in our history and, during the height of the pandemic, partnered with other organisations to create a surge workforce to help paramedics care for our community.

And, while its content and themes were confronting, an independent review into workplace equality at AV provided us an opportunity for meaningful and long-term cultural change within our organisation.

Despite the challenges, our people continued to achieve. Whether it was on the front line in an ambulance, on the phone triaging calls, or behind the scenes managing supplies or finances, every member of our team contributed in an important way.

In 2021-2022, our work continued to be guided by our four strategic outcomes:

01 An exceptional patient experience

02 Partnerships that make a difference

03 A great place to work and volunteer

04 A high performing organisation


PARAMEDIC
ZVG 842

An exceptional **patient experience**

AV's Best Care framework continued to shape our vision to provide a caring, safe and exceptional experience for all patients – from the call for help through to hospital discharge and every step in between.

In 2021-2022, our innovative technology, combined with improved resourcing, created safer, more comfortable and patient-led experiences. This included the Victorian Virtual Emergency Department, developed in partnership with Northern Health to provide patients with better care in the home and reduced transports to emergency departments, and the TelePROMPT program with Eastern Health. This program connected paramedics on-scene with patients who have mental health conditions, to mental health clinicians.

Ambulance Victoria Best Care

AV is committed to providing a caring, safe, effective, and connected experience to every patient, every time – it is what we call Best Care.

This year, despite the continuing challenges of the pandemic, we worked together to build and embed systems, structures and processes that support and enable our people to provide an exceptional patient experience.

This section of the report provides a closer look at some of this year's key activities that deliver against our Best Care goals.

Our Best Care Goals

CARING
We are responsive to and respectful of patient needs and circumstances.

SAFE
Our patients and staff are safe and experience no harm.

EFFECTIVE
We provide the right care, in the right way, with the best possible outcomes.

CONNECTED
We connect patients to the care they need.

Patient Care Academy

The Patient Care 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 an evidence-based and human-centred approach to achieve better outcomes. This innovative work is grounded in empirical research, data and the lived experience of our people, patients and healthcare partners.

Residential Aged Care Enhanced Response (RACER)

The Residential Aged Care Enhanced Response (RACER) pathway connects and coordinates Triple Zero (000) calls from residential aged care facilities to better meet patients' needs and avoid unnecessary transport to emergency departments.

This alternative care pathway, developed in 2022 and scheduled for launch in 2022-2023, also helps minimise unnecessary, disruptive, and stressful transfers for patients in residential aged care facilities.

The RACER pathway has been designed to use Victoria's Virtual Emergency Department to bring the emergency department to the patient rather than transporting them. An aged care specialist role will be introduced in Triage Services to help expand AV's in-house expertise and support our referral service triage practitioners.

RACER health benefits

- Improve the patient experience and outcomes for residential aged care facility residents, their families, and carers.
- Provide access to the right services for the patient's needs within residential aged care facility services.
- Reduce the risk of delirium and healthcare acquired trauma, infections and mortality that can be a complication of hospitalisation of older people.
- Reduce non-urgent call outs and improve ambulance availability for the acutely unwell.
- More than 100 stakeholders from across the sector (including health services, aged care facilities, and consumers) were engaged to contribute to the development of this pathway.

Palliative Care Connect

Palliative Care Connect is being developed to enhance the experience of palliative and end-of-life care patients. The academy worked with regional teams to identify evidence-based strategies that support patients and provide a clear pathway for escalation of care.

Frequent and Complex Caller Care Connect

The academy established a new caller pathway to better recognise, support and respond to callers with complex needs. Through early identification of frequent callers, we can more readily assess complex needs and integrate services with other healthcare providers.

Mental Health Care Connect

Following recommendations of the Royal Commission into Victoria's Mental Health System, AV worked in partnership with Victoria Police, the Emergency Services Telecommunications Authority (ESTA) and various Victorian government departments in response to Recommendation 10 — *Supporting responses from emergency services to Mental Health crises*. The Mental Health Care Connect initiative, part of the Recommendation 10 implementation, will support paramedics and police to better care for people with mental health issues calling Triple Zero (000).

TelePROMPT

TelePROMPT has improved how we help people experiencing mental health emergencies by connecting paramedics on-scene with a mental health clinician through telehealth.

The service, which commenced as a pilot, has now been integrated into our business-as-usual response, allowing us to provide better support for people experiencing mental health emergencies and reduce transports to hospital.

While **74 per cent of people** receiving care from TelePROMPT came from metro Melbourne, the percentage of rural interactions rose across the course of the pilot. The median age of patients managed through TelePROMPT was 37 years of age with women most frequently using the service during the pilot phase (58.3 per cent).

74%
of people
receiving care from TelePROMPT came from metro Melbourne

AV's TelePROMPT service won two awards this year:

The Excellence in Patient Care Award in the Council of Ambulance Authorities Awards for Excellence.

The Best Care Award in the AV Excellence Awards.

Safeguarding Care

AV responds to several hundred cases of family violence and child safety every year.

Our paramedics, first responders and triage practitioners play a vital role in responding to our community at times of crisis. AV became a prescribed organisation under the Family Violence Multi Agency Risk Assessment and Management (MARAM) framework in April 2021. AV's Safeguarding Care (SGC) team supports operational staff to connect patients at risk, or experiencing harm, to the care they need.

The team, formed in March 2021, is committed to creating and improving the systems, structures and processes that support staff in the areas of:

- Child safety and protection
- Family violence
- Information sharing with other agencies.

A new Safeguarding Care officer provides advice and support to on-road crews to make reports and referrals and liaises with Victoria Police and The Orange Door family violence services. In 2021-2022:

- **711 child safety and family violence cases** were reviewed.
- **186 reports were made to child protection** to keep at-risk children safe.
- **19 patients were referred to specialist family violence agencies** for additional support, improving responses to patients at risk and experiencing family violence.
- **Safeguarding Care facilitated 211 discussions** with paramedics about providing care to patients with child safety concerns or family violence.

Improving responses to patients at risk and experiencing family violence

As part of state-wide family violence reforms, AV strengthened its workforce capacity to identify, respond to, and prevent family violence. These Department of Health funded measures included:

- The Multi-Agency Risk Assessment and Management (MARAM) framework to identify areas for action.
- A series of webinars for first responders.
- A family violence training package co-designed with subject matter experts, Victoria Police and victims of family violence.
- Joining the Victorian Government Elder Abuse and Safeguarding Advisory Committee.

> The role as SGC officer has been really rewarding. I am an advocate for vulnerable adults and children in our community, and I support my colleagues by following up or reporting on situations of child safety and family violence they have encountered on the road. Paramedics are very appreciative, saying things like 'Thanks for letting me know the outcome, that has really put my mind at ease'.
>
> **Ishelle Pollard – Safeguarding Care Officer and Paramedic**

Victorian Virtual Emergency Department

Telehealth services have been at the forefront of healthcare innovation since the beginning of the COVID-19 pandemic.

The pandemic increased pressure on ambulance and hospital resources, with staff isolating due to illness or exposure. Alternative care pathways for patients, and adjustments to workplace arrangements for staff, became more important than ever.

AV collaborated with Northern Health to establish a dedicated infield ambulance referral pathway for on-road paramedics to refer patients within the hospital's catchment to the Victorian Virtual Emergency Department (VVED).

VVED provides in-home virtual clinical assessment, medical advice, treatment, and local referrals to appropriate services for patients who would normally attend an emergency department via ambulance or self-presentation. The service aims to connect patients to care pathways that best match their health needs in a timely manner. At the same time, VVED serves to decrease AV transports to hospital, improving AV resource availability in the community.

Within one week of the project launch in October 2021, the number of patients presenting with COVID-19 rapidly increased in Melbourne, highlighting the need to broaden the initial geographic boundaries beyond Northern Health's catchment.

At the three-month mark, over 350 patients had been referred to the VVED service within the north-east metropolitan area, with 84 per cent safely referred to community-based healthcare, avoiding transport to hospital.

While still in its infancy, the ambulance referral VVED pathway demonstrated enormous benefit in bringing healthcare to the home and reducing the number of patients transported to the emergency department, especially those with COVID-19.

Following a Victorian Government commitment of funding for a state-wide VVED service, AV rapidly commenced a staged rollout to provide access for all paramedics attending patients with COVID-19 during the peak of the Omicron wave from April 2022.

In the first 9 months infield paramedics referred over

10,000

patients to VVED

VVED paramedics recommended alternate care pathways for:

78%

of patients with suspected or confirmed COVID-19

72%

of patients with non-COVID related injury or illness

The South-East Health Service Partnership – inclusive of Alfred Health, Monash Health and Peninsula Health – commenced delivery of VVED for residents in the south-east metropolitan catchment.

During the first nine months from inception, infield paramedics referred over 10,000 patients to a VVED service. Approximately 78 per cent of patients with suspected or confirmed COVID-19, and approximately 72 per cent of patients with non-COVID related injury or illness, were recommended alternate care pathways.

The VVED pathway within AV has room to grow and plans are already underway to commence expanding to other sectors of the organisation, including our Secondary Triage service and the non-emergency patient transport service.

Patient safety and experience

The pressures in the healthcare system stemming from COVID-19 continued to challenge AV's capacity to provide a timely response and the best possible care.

This year, we established improved monitoring of patient safety and experience to better understand the impact of response delays throughout the patient care journey, from calling Triple Zero (000) through to discharge from ambulance care.

Patient feedback

We value the opportunity to understand our patients' experience of care and we seek feedback in several ways, such as the Victorian Healthcare Experience Survey. This year, despite the challenges of COVID-19, 96.1 per cent of respondents rated the overall care and experience of AV's emergency services as good or very good, which is similar to previous years.

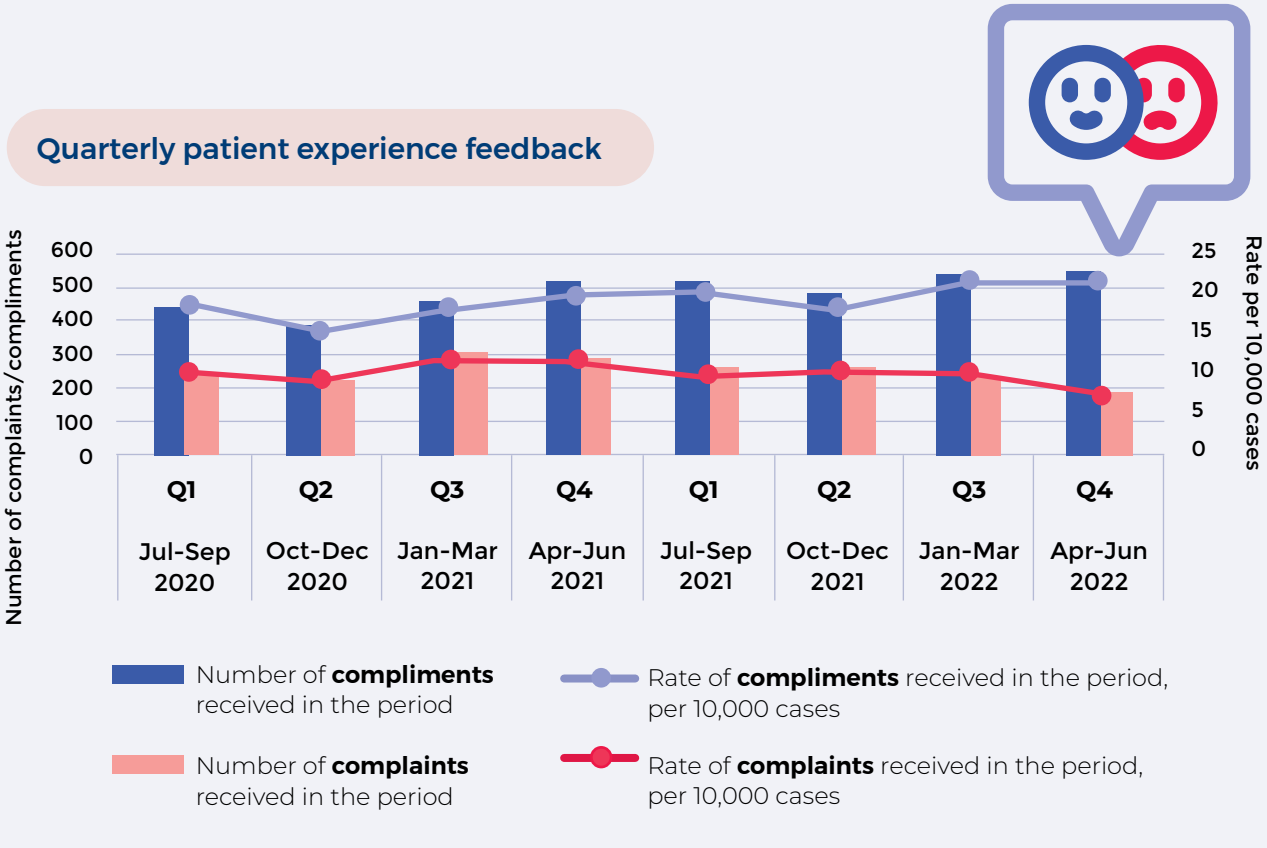
We also gained valuable feedback through the receipt of compliments and complaints. Pleasingly, despite the pressure on our service, a great number of consumers and other healthcare partners contacted us to commend our work. Negative feedback is equally valuable, as it provides us with an opportunity to learn and improve.

Most of the complaints received identified waiting times, from call taking through to ambulance arrival, as a key issue.

The main theme of compliments was staff professionalism and clinical care, exemplified by a patient's comments as shown above.

> *'I called an ambulance for the first time in my life yesterday to my house. I can't thank the two paramedics who came enough. They were in one word SUPERB. Took 5 minutes for them to correctly diagnose my problem... They were caring, knowledgeable and patient. Just thank you so much, you're the best.'*

Quarterly patient experience feedback



Promoting a positive patient safety culture through learning and improvement

AV launched a clinical discussion series for operational employees aimed at promoting open dialogue and reflective practice on pressing clinical care topics. This online, interactive forum promoted learning and systems improvement and explored clinical care and practice. The series provided opportunities for staff to share insights and receive input from clinical subject matter experts.

The reflective practice helped to establish a positive learning environment that focused on continuous improvement in the care we provide to the community.

Accessibility Action Plan

AV's Accessibility Action Plan 2020 – 2022 outlines how we will better meet the needs of people living with disability, including our patients, our staff and our community. As the Plan's implementation nears completion, AV is building a communication tool that will empower people living with disability to better understand and access our services.

At the same time, we are training and equipping our paramedics with the knowledge, skills and resources to improve engagement with people with disability, their carers and support networks.

To achieve this, AV partnered with Scope Australia in 2021 to develop new training and communication resources for emergency health services workers across the patient journey. These include dialling Triple Zero (000), first response and treatment by ambulance staff, and handover to hospital emergency department staff. Gippsland and Metropolitan Melbourne were the trial sites for this work.

While the impact of COVID-19 reduced our ability to engage within our workforce, it allowed us to take a deeper dive into the co-design, development and testing of our new tool to better support patients with complex communication needs. This innovation and associated training aims to enhance communication between operational staff and our patients when implemented in 2022-2023.

Victorian Stroke Telemedicine

The Victorian Stroke Telemedicine (VST) service helps diagnose and treat people with acute stroke. Working remotely from the patient, VST specialists help local doctors treat stroke patients locally and arrange transfers to tertiary centres for potentially life-saving surgery.

VST connects clinicians at 19 participating sites throughout Victoria and Tasmania with a network of stroke specialists and neurologists.

We believe the increase in demand for the VST service can be partly attributed to a greater awareness and acceptance of telehealth and telemedicine during the COVID-19 pandemic.

'Telemedicine is now second nature rather than a second thought'.

Professor Chris Bladin, Director Stroke Services at Ambulance Victoria.

In 2021-2022 there were:

- **3875 consultations**
- **238 cases** recommended for tissue plasminogen activator (tPA)
- **207 cases** recommended for endovascular clot retrieval (ECR).

VST not only helps people with acute stroke but also contributes to the upskilling of clinicians in regional health services. VST consultants play a vital role in bringing the latest in acute stroke research and treatment to our sites.

Our group of 25 specialists find working for VST extremely rewarding. Not only can they provide a diagnosis for the patient, but they can also offer remote expert support to the medical and nursing staff at VST sites.

This year, we implemented changes to our VST roster structure by reducing the length of busy overnight shifts to improve the work / life balance of our staff.

Mobile Stroke Unit

Australia's first Mobile Stroke Unit continued to provide cutting-edge care to patients in the community.

Patients can receive time-critical clot-dissolving treatment (thrombolysis) in as little as 15 minutes of the stroke ambulance arriving on scene.

The Mobile Stroke Unit was launched in November 2017 and data from its first year showed patients were treated with thrombolysis 42.5 minutes faster compared to all recognised acute stroke hospitals in Melbourne (median first ambulance dispatch to needle).

The most recent data (up to 2022) shows the proportion of patients that can receive thrombolysis within the first hour after symptoms – the 'stroke golden hour' – increased 12-fold from 1.5 per cent to 18 per cent. In addition, facilitation and triage of patients needing specialised clot retrieval thrombectomy results in this treatment occurring 51 minutes faster across Melbourne (median first ambulance dispatch to arterial puncture).

Patient experience

One of our patients, Diana, complimented the ED, Medical and VST teams and felt she was managed *'like the most important person in the world'.*

Another patient said, *'This stroke was nothing like my last stroke (over 10 years ago). Last time I came in and I was told we had to wait to see what life would be like. This time I was treated like a VIP. Everything was fast. I was treated with a drug and, look at me... I can't believe I am better! My wife is going to cry when she sees how great I am.'*

The design of the next-generation Mobile Stroke Unit has been completed and forms part of a multi-stage grant awarded to the Australian Stroke Alliance, led by the Royal Melbourne Hospital and key partners including Ambulance Victoria.

Work has also commenced to purchase and fit out a new ambulance with specialist stroke capability, following philanthropic investment and $12 million in Victorian Government funding to establish a second mobile stroke unit in Melbourne's south-east in 2023.

Ambulance Improvement Plan

As part of the Ambulance Improvement Plan 2022-25, AV secured a $121m Victorian Government investment to enhance performance and demand management through the delivery of new on-road initiatives, including additional capacity for Secondary Triage and our regional and metropolitan communications centres.

Improvements this year

- We implemented a fleet of Medium Acuity Transport units to help free up valuable resources to respond to the most urgent and time-critical cases. The new service of 22 vehicles and 165 dedicated staff has a focus on providing care to priority 2 and priority 3 cases. This pilot program also supported the development of a new graduate pathway and increased options for our qualified workforce seeking flexible working arrangements.
- We implemented three peak period units in Moe, Warragul and Leongatha to provide additional coverage during peak demand periods.
- Four branches were converted to 24-hour coverage at Cobram, Mansfield, Yarrawonga and Korumburra.
- Three new 24-hour branches now operate out of Thomastown, Hoppers Crossing and Bayswater.
- We implemented four new units in Mernda, Craigieburn, Boronia and Templestowe to assist with peak demand periods.
- Our communications centres expanded with 16 new clinical support paramedics in our metropolitan and rural centres, as well as planning to support new clinician roles in the latter half of 2022.

The Ambulance Improvement Plan further boosted secondary triage service capacity, following last year's increase, with 27 new referral services triage practitioners recruited, and a further 16 planned by September 2022.

In addition to increased resourcing, funding was also provided to AV Care Connect initiatives aimed at delivering connected care using alternative service providers.

Dual Crewing

We continued our work to convert a number of rural single officer locations to dual crewing. This initiative provided additional resourcing to Inglewood in February 2022 as well as planning for Euroa, Murchison, Yarram, Paynesville, Foster, Charlton, Beaufort and Rupanyup in the latter half of 2022.

New aircraft on the horizon

Our fixed-wing aircraft fleet – which provides a vital link between rural communities and metropolitan health services – will soon undergo a major upgrade to become the most innovative in the country.

In February 2022, we announced we would continue our relationship with Rex (Regional Express) subsidiary Pel-Air Aviation Pty Ltd with four new Beechcraft King Air fixed wing aircraft from 2024.

The state-of-the-art aircraft will feature the latest technology and provide additional comfort, safety and care for patients and flight paramedics. The aircraft will be fitted with high-tech stretcher loading systems, which provide a faster and smoother ride for patients and less risk of injury for paramedics and flight crews.

Ambulance Victoria will also work with Pel-Air to develop an Australian-first pilot fatigue monitoring system to ensure an improved focus on safety.

7,758

Incidents responded by Air Ambulances this year

Air Ambulance 60th Anniversary

Air Ambulance celebrated 60 years of world-class pre-hospital aviation care in May 2022.

Air Ambulance was established in Victoria in 1962 with one rotary wing and one fixed wing aircraft.

Sixty years on, our fleet of four fixed-wing aircraft and five helicopters provide a vital link between rural communities and metropolitan health services.

Fixed-wing aircraft – typically staffed by Advanced Life Support (ALS) flight paramedics – and helicopters – crewed by Mobile Intensive Care Ambulance (MICA) flight paramedics – service Victoria, parts of southern New South Wales, northern Tasmania and South Australia.

The service is supported by a dedicated team of flight co-ordinators, pilots, aircrew officers, doctors, engineers, trade assistants, retrieval services and administrators.

This year, our Air Ambulances responded to **7,758 incidents**, 51 more than the previous year, with our fixed-wing fleet responding to **5,282 incidents**, an increase of 217 incidents.

The fixed-wing planes fly patients with acute medical conditions requiring surgery, and transfer often critically injured and ill patients from regional hospitals to specialist care. Our air fleet also transports people from remote and rural areas for treatments such as chemotherapy and radiotherapy.

'Frequent flyer' 71-year-old Judith Harper said without AAV she wouldn't be here today. Judith underwent brain surgery in 2018, followed by radiotherapy.

'I always feel so safe and well-looked after on the fixed-wing planes which fly me monthly for my chemotherapy sessions from Warrnambool to Melbourne. The paramedics are incredibly kind, and their clinical expertise doesn't go unnoticed.'

'While it's difficult to confirm the number of lives saved since 1962, over the past decade, AAV has assisted more than 50,000 people throughout Victoria and our bordering communities.

People all over the world use AAV as a model. That's something to be celebrated.'

AV's Manager of Air Operations, Anthony de Wit

MICA 50th anniversary

AV celebrated the 50th anniversary of Mobile Intensive Care Ambulance (MICA) – a revolution that paved the way for Victoria's world-class pre-hospital care.

Australia's first MICA service — only the third in the world — commenced operations from a converted Dodge vehicle on 9 September 1971.

Before long, the MICA unit was responding without doctors on board and attending 250 cases each month.

Three other MICA units were soon established at Frankston Hospital, the Alfred Hospital, and the Western General Hospital. Today, there are **600 MICA paramedics in metropolitan and rural regions**, providing an internationally recognised level of care.

50 years on, the MICA service continues to evolve. Women now make up 20 per cent of the MICA paramedic workforce..

There are
600
MICA paramedics
in metropolitan
and rural regions

The advent of MICA brought coronary care and intensive care into the streets, homes and workplaces of Victorians who needed urgent medical help.

Rather than rushing patients to hospital, MICA brought hospital level care to them with ambulance officers able to provide ground-breaking treatment such as defibrillation for patients in cardiac arrest.

The skills, training and clinical expertise of all Victorian paramedics, including Advanced Life Support (ALS) paramedics, had their foundations in the early days of MICA.

Today's MICA paramedics are highly trained specialist clinicians with a postgraduate qualification. They are capable of comprehensive patient assessment, the administration of a wide range of drugs and are able to perform advanced procedures to treat life threatening illnesses and injuries.

Year on year, MICA has continued to deliver quality care to the community. It has saved the lives of countless patients across the state and touched the lives of many more.

There are people alive today because our MICA paramedics did extraordinary things in extraordinary circumstances to deliver fantastic care.

As we celebrate 50 years of MICA, we thank the pioneering ambulance officers, doctors and administrators for their vision, dedication and determination.

We truly stand on the shoulders of giants.

Ambulance Victoria CEO
Professor Tony Walker ASM

Membership

Operating since 1935, the AV Membership Subscription Scheme (MSS) provides Victorians with protection against the cost of using ambulance services, including emergency and clinically necessary non-emergency transports as well as providing AV with an additional direct source of revenue.

With **2.82 million members** and approximately **400,000 direct interactions per year**, MSS is often the first point of contact with AV for Victorians.

Our contact centre operates 60 hours per week through our service partner Startek to handle membership enquiries and payments.

Service Victoria also provides an optional channel for our members to join, renew, make a payment or update contact details.

In 2021-2022 the MSS generated more than **$97 million** in direct revenue and covered more than **$270 million** worth of transports for our members.

Membership Subscription Scheme

In 2021-2022, the Membership Scheme attracted **89,000 new memberships** resulting in a total net growth of 32,000 memberships more than the previous year.

COVID-19 presented a challenging year for the Membership Scheme in terms of ensuring required staffing levels were maintained to meet contracted service levels. Sick leave and agent attrition resulted in higher than expected wait times, averaging slightly greater than three minutes for customers.

Snapshot

$97 mil
Direct revenue provided

1.37 million membership policies
2.82 million people covered

54%
Family members

46%
Single members

Usage

Members used
17% of all
Ambulance Victoria transports

This resulted in
187,000
Ambulance transport invoices that were covered for our members

Customer Contact

We have a 60-seat call centre operating 60 hours per week located in Melbourne, committed to serving our members across multiple channels

345,000
Phone calls

15,000
Online chats

35,000
Emails and letters

Customer Satisfaction

We continue to adapt to the challenges presented by COVID-19, with our Contact Centre transitioning to a hybrid working-from-home model, whilst continuing to service our members and maintaining a high customer satisfaction rate.

AV continues working together with our service providers to ensure that our members continue to receive the high level of service they expect.

97%
Satisfied

Quality Account 2020–2021

In lieu of publishing a full Quality Account for 2020-2021, due to the ongoing focus on responding to the Victorian community during the COVID-19 pandemic, AV published key patient stories and improvement in care projects on the AV website 'Voices from the Community' page which can be found at **www.ambulance.vic.gov.au/community/voices-of-our-community/community-voices/**.

This provides an ongoing opportunity to highlight patient experiences and provide patients' unique perspective of their care back to the community.

COVID-19 Clinical Practice Guidelines

COVID-19 led to two years of constant change in everyday paramedic practice. We are proud to have been at the forefront of providing evidence-based care for patients with COVID-19. An important part of this process was ensuring our clinical practice guidelines and procedures were kept up to date, in line with rapidly developing research and emerging variants.

These guidelines supported the health system by establishing safe referral pathways for low-acuity patients to be cared for in the community. This allowed the hospital system to focus on caring for patients who were more severely ill from COVID-19.

As well as informing clinical practice, the models of care in our COVID-19 guidelines informed other ambulance services and broader health care system guidelines. We shared our guidelines with many Australian and New Zealand ambulance services to support development of their own models.

Property

The Victorian Health Building Authority (VHBA) delivered new branches at Templestowe and Lilydale in May 2022.

AV delivered the new Rawson Ambulance Community Officer branch, located at a Victorian State Emergency Services site, and secured a lease for nearby paramedic accommodation. Additional paramedic accommodation locations were also delivered in Skipton, Lismore, Heywood, Warrnambool, Rupanyup and Bright. Relievers quarters were converted into rest and recline facilities to support the upgrade of Daylesford, Yarrawonga and Mansfield branches to 24-hour services.

AV also delivered minor infrastructure works to 30 locations under Ambulance Improvement Plan programs.

Temporary branch fit outs and relocations occurred at Ararat, Rochester, Oak Park, Epping and Inglewood to enable VHBA to start branch renewal works. Wedderburn branch was relocated early this year and Werribee (Bridge St) reinstated to provide increased growth and surge resources.

Our minor works program delivered 180 small to medium projects at multiple locations across the state and CCTV infrastructure was upgraded at 256 locations. Approximately 450 privacy locks were fitted to rest and recline rooms at branches across the state to improve staff personal safety.

We also undertook office accommodation works at our Burwood business centre and Doncaster headquarters.

Partnerships that **make a difference**

Partnerships are at the core of AV's mission to achieve the best health outcomes for our patients.

Throughout the year, we initiated a range of productive collaborations across various sectors, from transport to health education, to meet the needs of diverse communities across the state.

Community and Consumer Plan

The AV Community and Consumer Engagement Plan 2020-2022 recognises that shared leadership and action by our organisation and the community is needed to deliver Best Care to our patients.

We are committed to ensuring our local level engagement is place-based and achieves local outcomes. We aim to support the community to prepare for health emergencies, including heat health, fire and floods, and ensure local community engagement reflects diverse community views.

This year, our six Operational Community Engagement Liaison Coordinators, situated in each Victorian region, developed localised engagement plans to meet and respond to local community needs, and delivered community engagement material in accessible languages and formats.

Other highlights to improve engagement include:

- A revised and relaunched Patient Charter of Rights and Responsibilities, endorsed by our Consumer Advisory Committee.
- Patient experience stories and information shared on our Voices of the Community webpage.
- Establishing a new Partnering with Consumers Committee to guide AV's workplan and meet National Standards into the future.
- Work with lived experience consumers to help co-design new pathways for patients with mental health conditions.

GoodSAM (Smartphone Activated Medic)

The GoodSAM smartphone app links patients in cardiac arrest with nearby community members and life-saving public defibrillators following a Triple Zero (000) call.

We know that when someone is in cardiac arrest, every minute without CPR reduces their chance of survival by up to 10 per cent. Any adult in the community who knows CPR can now sign up to GoodSAM, which connects responders to patients in those first critical minutes of cardiac arrest while paramedics are on the way.

A recruitment and awareness campaign in October 2021 saw the number of registered GoodSAM community responders ready to step in and help grow by 1,010.

The results of quick intervention by GoodSAM responders are being felt right across Victoria, helping to save more than 55 lives since the program was introduced in 2018, including Croydon North grandfather Paul Laister who survived a cardiac arrest after receiving CPR from his wife Beth and a GoodSAM Responder.

The 66-year-old collapsed in his study, with his grandson quickly phoning Triple Zero (000). Within minutes, GoodSAM Responder Chloe Wirth, an occupational therapist, arrived to help. Chloe took over CPR and continued until paramedics arrived. After spending three weeks in ICU, Paul returned home and has since made a full recovery. He and Beth reunited with Chloe in September 2021.

During the year, we continued to expand community engagement to include first aid training providers, hospitals and local community groups across Victoria.

Heart Safe Communities

This year, we delivered ongoing community awareness and active engagement via **226 Call, Push, Shock sessions.**

After pausing due to COVID-19 in 2020, the Heart Safe Community program recommenced in 17 locations across Victoria in 2021. The initiative aims to improve 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).

Our Call Push Shock program focuses on the willingness and capability to recognise a cardiac arrest and take action in three simple steps: Call Triple Zero (000), Push on the chest to start CPR immediately, and Shock using an AED, if available.

This year, we delivered ongoing community awareness and active engagement via **226 Call, Push, Shock sessions**, reaching 16 per cent of community members across these 17 locations.

The sessions promoted 160 public access defibrillator registrations and 69 GoodSAM responder signups.

We are proud to announce these 17 locations have graduated as 'Heart Safe' by reaching their set targets. To celebrate the success of the program and to further expand and embed the learnings of the Heart Safe Community initiative, **12 new Heart Safe Communities** are scheduled to commence around the state in July 2022.

Victoria's Heart Safe Communities

Pilot sites:

Tatura
Bellarine Peninsula
Inverloch

2022 graduate sites:

Beechworth
Boort
Camperdown
Clunes
Donald
Euroa
Healesville
Mallacoota
Murrayville
Murtoa
Port Fairy
Queenscliff
Red Hill
Robinvale
Rosedale
Smythesdale
Terang

New sites (from mid-2022):

Bacchus Marsh
Chiltern
Coleraine
Dunolly
Hopetoun
Kinglake
Lismore
Longwarry
Stanhope
Trentham
Violet Town
Yallourn North

Paramedics volunteer to provide memorable experiences for children with terminal illnesses on the TLC Ambulance.

TLC for Kids

It was our privilege to continue our support for TLC for Kids – a not-for-profit charity that provides memorable experiences for children with terminal illness. Paramedics voluntarily provide expert care and clinical treatment, enabling children to enjoy treasured experiences.

Despite ongoing challenges around COVID-19 restrictions, risk and workforce fatigue, we managed several trips this year, including visits to the Melbourne Aquarium and Scienceworks. These memorable trips were captured on GoPro cameras for loved ones to enjoy and remember.

While a second TLC Ambulance has been delayed due to supply chain issues, we look forward to the possibility of expanding this service to regional Victoria.

The TLC for Kids and AV partnership also featured in an episode of the Victorian-based *Paramedics* show.

Shocktober

SHOCKTOBER
RESTART A HEART

The month long Shocktober campaign adopted a digital engagement approach to highlight the importance of knowing Call Push Shock and encouraging the Victorian community to sign up to GoodSAM. Throughout the month:

- **An additional 1,010 community members** were added to our GoodSAM program (400 of those in the first few days of the campaign) well exceeding our target of 500.
- **134 online sessions were delivered**, reaching over 6,900 Victorians.
- **Shocktober social media posts reached over 510,000 people**, including 3,500 Victorians who tuned into a paramedic delivering a CPR refresher on Facebook Live.

12
Call Push Shock resources in additional languages

3,700
people reached through live CPR sign up sessions

279
Media mentions

6,900
people reached through CPR training with a paramedic

510,000+
Social media reach

3,120
people watched the AED & CPR training video

76
AEDs registered

134
Shocktober online events

1,010
new GoodSAM responders

2,400
visits to the Shocktober website

'I feel much more comfortable now to deliver CPR and use an AED. I'm excited to sign up to GoodSAM.'

Ambulance Victoria Chas Martin OAM Museum

Chas Martin OAM, served his community for over 60 years, providing care for his many patients before embarking on a role preserving our history at the Ambulance Historical Society Museum.

In 2005, he accepted the challenge to establish an Ambulance Museum to preserve our state's vintage ambulances, memorabilia, and history. Chas' name became synonymous with the Ambulance Museum, and right up until the end, he was often working several days a week to help preserve Victoria's ambulance history.

To honour Chas' incredible contribution, the museum was renamed the Ambulance Victoria Chas Martin O.A.M. Museum. Sadly, Chas passed away a few weeks later, aged 84.

His life was celebrated in a service at the Victoria Police Academy Chapel, before his many ambulance friends gathered in his memory at the museum that now bears his name.

Stroke Foundation partnership

Stroke is one of Australia's biggest killers and a leading cause of disability, but more than 80 per cent of strokes can be prevented. Receiving prompt treatment for stroke can be the difference between life, death or permanent disability.

AV partnered with the Stroke Foundation during Stroke Week in August.

Paramedics delivered the Act F.A.S.T. Save Lives presentation to **14 community groups, reaching 362 Victorians.** Educating people on F.A.S.T signs of a stroke (face, arms, speech, time) and the importance of calling Triple Zero (000) will improve health outcomes for stroke victims.

A great place to **work and volunteer**

Ambulance Victoria is committed to developing a culture of continual learning and development.

Ambulance Victoria is committed to creating a safe, fair and inclusive workplace. Sadly, allegations in 2020 revealed discrimination, sexual harassment and bullying, highlighting we had lost our way. It became essential to open up to an external review to provide hope and a clear way forward.

While we recognise there is much work to do, we also need to acknowledge this year's progress.

We continued to look after our people's mental and physical health. We engaged with our communities and we were bolstered by our incredible volunteers. We look towards the future with new recruits, new systems and new commitments that, combined, will once again make AV a great place to work and volunteer.

Victorian Equal Opportunity and Human Rights Commission Review

In late October 2020, allegations of discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria emerged publicly and privately. AV engaged the Victorian Equal Opportunity and Human Rights Commission to conduct an independent review, which was delivered in full to AV in March 2022.

The Commission's findings were confronting. Too many of our people had been harmed and our systems had not always provided adequate support. In fact, the Commission found that often the systems themselves caused the harm and failed to provide equality, fairness and inclusion.

Following the review, the Commission's report and its recommendations will serve as our guide to long-term reforms.

When the second and final volume of the report was released, our CEO Professor Tony Walker ASM wrote the following message to our people.

How we create our future workplace at Ambulance Victoria is open for all of us.

To create as individuals. To create in our teams. To create together as an organisation.

When I talk about an equal workplace at Ambulance Victoria, I imagine a workplace that is safe, fair and inclusive. A workplace where people in the same, or similar circumstances are treated equally.

When I talk about an equal workplace, I think of a workplace that actively transforms our systems, structures and previous ways of working that were causing inequality or harm.

I want everyone who works here to make choices about their personal and professional lives based on what is right for them and for their families.

I want everyone who works here to help create a workplace where everyone can thrive.

You are important to us. We will support you to thrive. We will keep you safe from harm. If you raise concerns, they will be addressed.

continued →

The vision is clear, and I'm asking you to help shape how we get there.

Thanks to everyone who came forward during the review and through the Commission's expertise, we now have a deep understanding of what we need to do.

As the Commission acknowledges, long-term culture change is hard and can take some time. But it has confidence, and I have confidence, that we can achieve this transformation together.

In addition to our roadmap to equality and workplace reform, you will help create your AV workplace culture through how you show up every day.

As a foundation for that, we must reset our values – to guide how we want to work, treat each other and make decisions.

The values won't be determined by me, or the Executive. You will be asked to develop our new values and I will accept what you say.

The only way we will change is through everyone understanding 'it starts with me' and actively choosing to define, own and live our values.

Every single day.

The structures and systems that support those values – such as rostering, flexibility, career progression and transition to retirement – will be based on what you have said is important and best practice insights into what will help change your experience for the better.

You rightly deserve Ambulance Victoria to be a great place to work and volunteer.

I believe that we can be a safe, fair and inclusive workplace and provide best care to our community.

In fact, we can't truly have one without the other.

We must create a workplace that works for you and enables best care for our patients. You are too important not to get this right.

Prof. Tony Walker ASM
Chief Executive Officer

AV is now at the start of a significant journey of cultural and structural reform. Our work is underway, and we have established the foundations required to create an organisation that is safe, fair and inclusive. Steps taken so far include:

- Reflecting on the drivers of unlawful and harmful conduct and inequality so we can understand what happened and how to improve.
- Examining options for a restorative engagement scheme so our people can share their stories and our leaders can listen and learn.
- Installing privacy locks across our branches and starting work to audit safety in isolated work environments so our people are afforded the same level of protection against harm, regardless of where they work.
- Starting work to reintroduce Contact Officers so our people can reach out to trusted peers for advice and guidance if they have experienced or witnessed unlawful or harmful conduct.
- Starting work to reset our organisational values so the values resonate for our people, and we create clear expectations of appropriate workplace behaviour.
- Setting up the Equality and Workplace Reform Division to drive efforts to create a safe, fair and inclusive AV.
- Establishing the Ambulance Victoria Equality & Workplace Reform Steering Committee, comprised of internal and external representatives, including our people, the unions and professional associations, so there is robust governance and oversight of reforms.
- Establishing an Equality & Workplace Reform Staff Reference Group in early 2022 to represent the voice of the workforce, performing a critical role in helping to shape the way we approach the reforms to create a safe, fair and inclusive organisation.
- Taking steps to create a fair, effective and transparent report and complaint system, as well as anonymous reporting pathways, so we improve how we respond if unlawful and harmful conduct occurs.

'Through listening to the experiences and views of people who came forward during the review, you become committed to implementing the changes.'

Equality and Workplace Reform Division

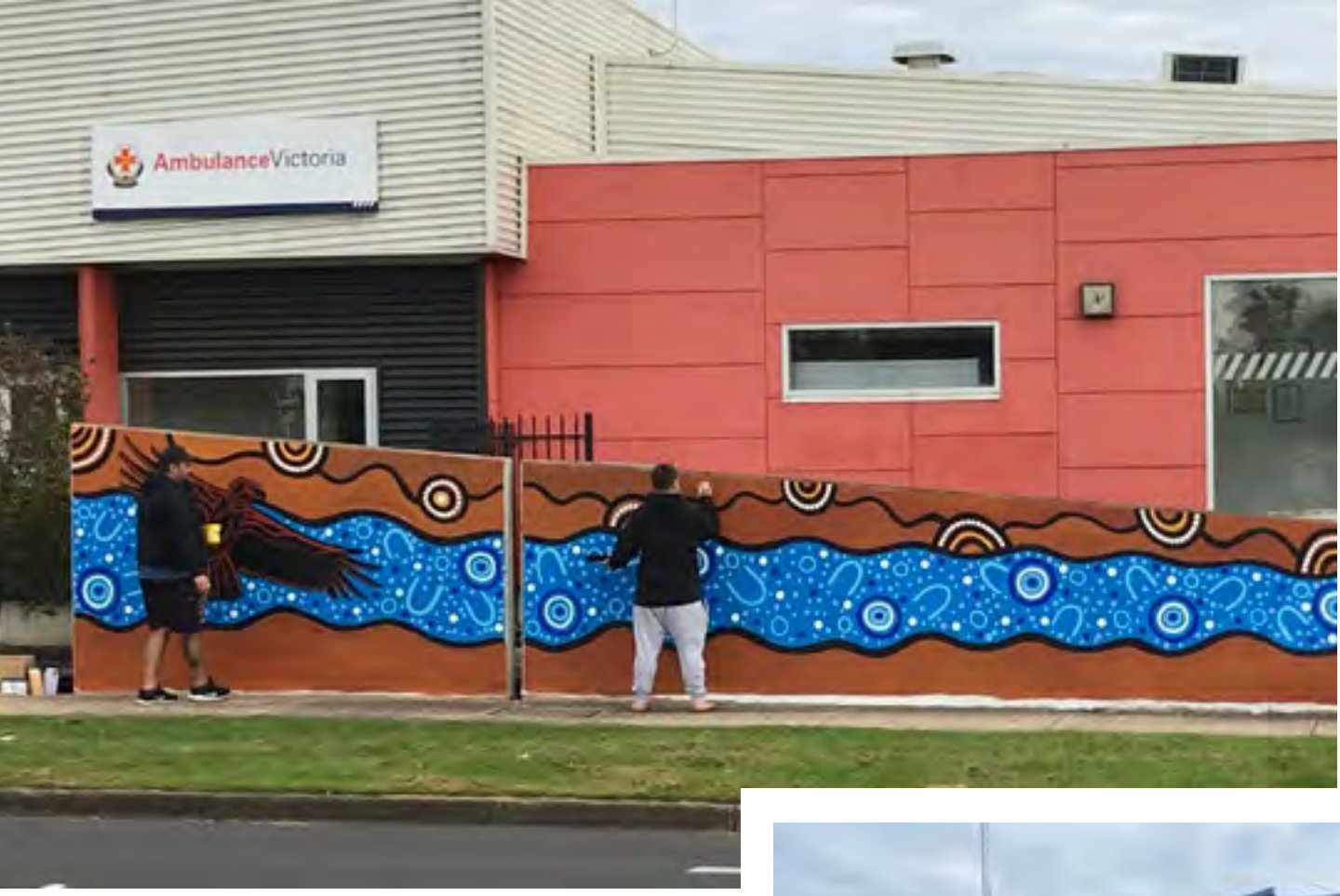
In early 2022, we set up the Equality and Workplace Reform Division, as recommended by the Victorian Equal Opportunity and Human Rights Commission. The division's role is to lead and coordinate efforts across AV to create a safe, fair and inclusive organisation. The initial focus will be implementing recommendations arising from the Commission's independent review, with the aim of creating a workplace that is good for our people and enables best patient care.

By May 2022, the structure of the new division was finalised and recruitment commenced. We understand that to achieve real change we need to employ people who are aligned with our vision and values. To this end, we will bring together a mix of existing, experienced staff and new employees who will bring diverse capabilities, experiences and processes.

In late March 2022, Simone Cusack joined AV as our inaugural Executive Director, Equality & Workplace Reform.

She reflected on her reasons for joining AV:

'Through listening to the experiences and views of people who came forward during the review, you become committed to implementing the changes they have told you will help to create a safe, fair and inclusive AV, that will make a difference when they turn up to work or volunteer each day. Now is the time for action, for AV to implement the changes recommended by the Commission. And I want to follow that through and be here to support the organisation and its people.'



Barwon South West regional office

Diversity and **Inclusion**

Shepparton branch

Cultural Safety – improving our engagement

AV provided seed funding for all six operational regions to improve engagement with First Nations communities. Each project aimed to improve the experience of care and the services we provide. Each region worked with local communities to create a culturally appropriate project that best represented the region.

In Barwon South West, local Aboriginal artist BJ O'Toole painted a mural of local significance in front of the regional office. The artwork represents the elements of Mother Earth, water, sun, people and animals. Bunjil the Eagle represents the creator of land and protector of all things, including people's health.

In Hume, artwork by Aboriginal artist Tom Day was created for Shepparton branch. The artwork's symbols represent the diversity of natural elements in the region, including water, mountains and rocks. The piece sits alongside a new indigenous garden and will be used for community activities.

Furthermore, Acknowledgment of Country plaques were placed at branch entrances in Yorta Yorta country (Echuca and Kyabram), increased cultural awareness training was undertaken in Gippsland, and posters featuring acknowledgement and Aboriginal and Torres Strait Islander symbols were developed to support community events across the metropolitan region.

The Council focuses on creating awareness of key areas of diversity: gender, age, disability, sexual, and cultural and linguistic diversity as well as Aboriginal and Torres Strait Islander peoples.

Diversity & Inclusion Council

In 2021, AV welcomed its second iteration of a Diversity & Inclusion Council, following an invitation to employees to nominate for a two-year membership.

The Council focuses on creating awareness of key areas of diversity: gender, age, disability, sexual, and cultural and linguistic diversity as well as Aboriginal and Torres Strait Islander peoples. The Council supports data collection to help understand the diversity of our workforce. This knowledge now informs AV events and our multicultural employment program.

Reconciliation Action Plan

As part of our continued program of work towards reconciliation, AV is developing its first Reconciliation Action Plan and proudly published a Statement of Commitment to Reconciliation.

Feedback from Reconciliation Australia to AV's first Reconciliation Action Plan draft has been incorporated into a fresh draft which has been re-submitted for a second review.

Statement of Commitment to Reconciliation

At AV we recognise the diverse and unique heritage of Aboriginal and Torres Strait Islander peoples and value the knowledge of countless generations of custodians. Moving forward we are committed to working together to build a fair and just future.

We will come together with Aboriginal and Torres Strait Islander communities to identify, understand and develop opportunities.

To prioritise Aboriginal culture and communities, we will celebrate Aboriginal and Torres Strait Islander culture so that we can show respect and dignity to the people we live and work with.

Our goal is fair and impartial care and service of Aboriginal and Torres Strait Islander peoples. We will achieve this by acknowledging that the attitudes we hold can either positively or negatively impact health outcomes. We will work to address a positive shift in these attitudes.

We commit to collaborate with Aboriginal and Torres Strait Islander communities with the aim of creating safe and supportive environments for individuals and families which promote strength and resilience.

We are committed to working with Aboriginal and Torres Strait Islander communities to understand our shared priorities and integrate sustainable services which contribute to improving outcomes of physical, emotional and social health and wellbeing.

This is the beginning of our shared journey. We will listen and learn from each other to create a healthy and vibrant future together.

Working Towards Gender Equality

Important steps were taken to address gender equality and meet obligations set in the *Gender Equality Act 2020*. The Act defines activities that government organisations can implement to promote and improve gender equality in the workplace.

A Workplace Gender Audit from July to September 2021 looked at data for a range of indicators that monitor gender equality. We shared its findings with our workforce and employee representative groups for consultation, and their input informed the creation of our first Gender Equality Action Plan.

The Gender Equality Action Plan, developed in conjunction with a cross-functional work group, was also informed by recommendations from the Independent Review into Workplace Equality undertaken by the Victorian Equal Opportunity and Human Rights Commission.

The final Gender Equality Action Plan was submitted to the Commission for Gender Equality in the Public Sector in June 2022, with implementation to occur through to 2025.

In the last three months of 2021, AV established processes to undertake gender impact assessments on any new or updated policies, programs or services with a direct and significant impact on the public. By combining reflection, analysis and external research, the gender impact assessment process enables us to improve gender equality across the organisation.

Health and **safety**

Health & Safety Action Plan

In the final year of our Health and Safety Action Plan (2019-2022), we continued to improve the cultural maturity of health and safety across the organisation.

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. The success of this program led to a new AV manual handling instructional smartphone application, developed in-house by our Health & Safety team. The Smart Moves app — a natural extension to professional development training – features guidance, videos and step-by-step instructions for operational staff to keep them safe on the job.

We also implemented an interactive Power BI dashboard that provides dynamic and streamlined reporting options across multiple levels to capture data for occupational health and safety, and return-to-work performance. The new dashboard allows for more in-depth data analysis to understand themes and trends.

AV consistently rates as a scheme-leading employer in government agency and emergency services sectors for successful return-to-work performance at all measured timeline increments (weeks 13, 26 and 52 of the claims cycle). While the average cost of WorkCover standard claims rose nearly 13 per cent, this was primarily driven by the increase in total psychological claims compared to physical claims. Psychological claims tend to result in longer time lost than physical claims and be more expensive to treat.

Fatigue management

AV's Fatigue Management Committee, established in May 2021 to undertake detailed analysis of incidents specifically related to fatigue, continued to focus on supporting the establishment of an effective Fatigue Risk Management System.

The Committee plays an important role in staff welfare, following a risk management approach to ensure all fatigue risks are identified, understood, monitored and controlled. The Committee delivered a fatigue workplan in May 2022 and its Incident Review Working Group met for the first time in April 2022.

The Committee has started to develop new fatigue management guidelines in consultation with the workforce and unions.

Occupational Violence

AV is committed to preventing injuries, both physical and psychological, arising from occupational violence. While the overall number of occupational violence hazards/incidents/injuries (HIIs) reported and the number of HIIs reported per 100 FTE are the lowest they have been in three years, the percentage of reports that ultimately result in injury is rising.

Mental Health Action Plan 2019-2022

AV continues to provide support for our people and their immediate family members, with peer support, pastoral care, and counselling services available 24-hours a day. These supports are provided in person or via telehealth, which has increased access to care across the state.

AV has now delivered its three-year Mental Health Action Plan 2019-2022, which sets our road map for achieving happy and healthy people delivering great care.

1,453

staff members and their families received mental health education – AV SMART 2.0

Over the course of this plan, we have seen significant reform and expansion of our Wellbeing and Support Services department. We increased the availability of clinicians through a comprehensive public procurement process, expanded our Peer Support program with updated training and procedures and improved governance processes, and invested in our Pastoral Care program to provide state-wide coverage.

This year, we continued to deliver mental health education and training for staff and families. AV SMART 2.0 – an introductory psychological support service for AV employees and volunteers to manage their psychological wellbeing and build resilience – was provided to 1453 people state-wide.

We continued to implement our Skills for Life Adjustment and Resilience (SoLAR) pilot program with Phoenix Australia, undertook our

third Psychosocial Survey to measure the health and wellbeing of our people, and focused on stigma reduction through the establishment of communication plans and engagement activities.

Pleasingly, over the course of the plan's implementation, we saw an increase from **6,603 contacts in Year 1 to 10,758 in year 3,** in the use of our counselling services. This reflects our focus on early intervention and the improved accessibility of care for AV staff, first responders and family members.

To build on AV's continued commitment to the wellbeing of our people, we embarked a significant co-design and consultation process to develop the new Mental Health and Wellbeing Action Plan 2022-2025.

The new plan, to be launched in July 2022, is focused on four key pillars:

- Prevention and education
- Early intervention
- Building on our strengths
- Partnering for success

Designed to respond to the needs of our organisation in an integrated way, the plan retains the person-centred model of care that has been a key feature of our wellbeing programs and encompasses a suite of services.

Respiratory Protection Program

The AV Respiratory Protection Program was formally implemented in January 2021 after an initial trial period in November 2000.

Through the program, masks are tested on each operational employee to ensure a complete seal to ensure protection against droplet and airborne pathogens.

Almost 7,000 mask fit tests have been conducted to the end of June 2022. A re-testing program has commenced for staff members who participated in the first wave of testing in 2021, with ongoing re-testing proposed every 18 months.

COVID-19 Rapid Antigen Testing

During the peak of COVID-19 in late 2021, AV implemented and piloted a program of rapid antigen testing of our people in line with guidelines issued by the Department of Health for workers who perform duties at multiple health care settings. This program was highly successful in identifying and isolating staff who test positive at critical location sites prior to the commencement of shifts. The process was extended to a variety of internal departments at AV before it became standard operating practice.

COVID-19 and Influenza vaccination programs

As a Victorian health service, we strive to set an example to protect each other and the community, and that's why vaccination is so important. We know that COVID-19 vaccination helps to protect our critical health workforce, our patients, our families and loved ones, and our community.

AV supported public health orders issued in late 2021 and January 2022 mandating that specified workers – including all AV employees, volunteers and contractors – be adequately vaccinated against COVID-19. We established a team to monitor and oversee this process and confirm vaccination status via internal human resources systems.

Similarly, AV supported Department of Health Directions that mandate influenza vaccinations for

716
paramedics recruited
in 2021-2022, the largest intake in AV's history

healthcare staff in public and private hospitals, ambulance services and public residential aged care by 15 August each year. We are committed to a 100 per cent influenza vaccination rate, with 54.5 per cent of all of AV staff having received their influenza vaccinations by 30 June 2022.

Extensive recruitment

As demand for our services grew, so too did our workforce. In 2021-2022, AV recruited 716 paramedics – the largest number of paramedic recruits in AV's history.

Our new recruits comprised:

- **647 graduate paramedics** (including 60 Medium Acuity Transport Service Graduate Bridging Program paramedics)
- **69 qualified paramedics**

The 2022-2023 recruitment program commenced early, with **60 graduate paramedics** and one qualified paramedic commencing induction on 27 June 2022.

In addition, **68 new Referral Service Triage Practitioners** commenced with AV to help match Triple Zero (000) callers with care that better meets their needs than an emergency ambulance.

Advancing Paramedic Roles Implementation Program

The Advancing Paramedic Roles Implementation Program trial commenced in March 2021 and continued throughout 2021-2022 to pilot a community paramedic model of care in collaboration with two small rural health services.

To prepare for the trial, Paramedic Community Support Coordinators (PCSCs) attended a Monash University community paramedicine course, obtaining further knowledge and a suite of new skills and abilities relevant to the primary healthcare environment.

Two PCSCs spent two days a week with local health services in Mallee Track (Ouyen) and Tallangatta, supporting staff in Urgent Care Centres, delivering education to nursing and ancillary staff and collaborating around patient care. The PCSCs also conducted community visits and followed up referrals from health service providers, AV crews and the community.

The trial was formally evaluated with the final report scheduled to be delivered in July 2022.

Ambulance Auxiliaries

Ambulance Auxiliaries are part of our fabric, and the additional support they provide AV contributes to better patient outcomes and a healthier Victorian community. Their sense of community and passion for their local area enable them to make significant contributions over and above government grants which is truly appreciated by AV.

AV has over **350 Auxiliary volunteers** – ranging from community members to Ambulance Community Officers and paramedics – who build strong relationships with local businesses and organisations, leading to significant contributions towards operational and medical equipment, branch improvements, and training and education.

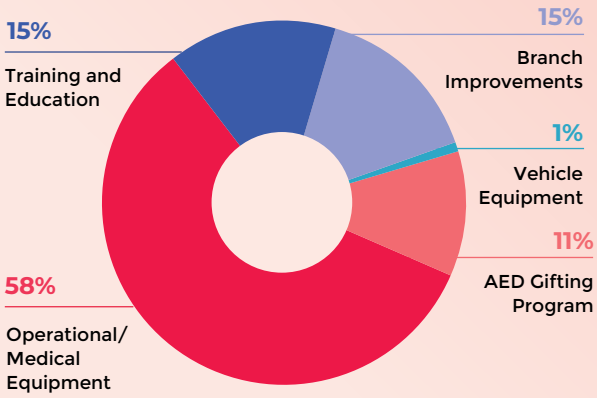
Funds raised through community events such as plant sales, barbecues, cake raffles and trivia nights make a significant difference to the service that ambulance branches provide within their local communities.

This year, we witnessed exceptional contributions from our 44 Ambulance Auxiliaries, despite fewer opportunities for fundraising due to the impact of COVID-19. Across rural Victoria, Auxiliary volunteers donated their time and energy to raise money to help their local ambulance branches.

Supported by the Community Fundraising team, Ambulance Auxiliaries raised approximately **$345,000** in 2021-2022.

Through the generosity of donors, branches benefit from purchases such as specialised training manikins for paramedics to practise new skills. Auxiliaries also help to improve public access to automated defibrillators across Victorian communities by moving internal AED units to external, publicly accessible cabinets.

Auxiliary Purchases



Figures based on 2021-2022 data

Utilisation of Auxiliary funds over the last financial year.

What our volunteers say

'Being a member of an Ambulance Auxiliary is a dedication to a wonderful cause – the satisfaction of knowing that Heathcote and district now has two of the best equipped ambulances in the state due to the contribution of the community.'

***Barbara Walker-Donnelly**, Heathcote Ambulance Auxiliary, 31 years of service*

'Over 20 years ago we became aware that an ambulance service would be invaluable to the local region. We had the time and the energy and wanted to contribute to the health, safety and peace of mind of our community. We have so much fun along the way and have made many new friends. Joining Ambulance Victoria has enriched our lives. Thank you!'

***Frances Schulz & Ruth Wilson**, Paynesville Ambulance Auxiliary, 17 & 22 years of service*

A high performing **organisation**

Ambulance Victoria is committed to operating in a financially and environmentally sustainable way.

AV continued to pursue technical innovation, reimagining the work environment to meet the challenges of COVID-19. Faced with the reality of staff unavailability, we developed a surge workforce of more than 1,700 personnel drawn from a range of partner agencies and university paramedic students. We adapted and transformed as an organisation, introducing new ways to look after our people and the planet.

Performance

The global COVID-19 pandemic continued to have an unprecedented impact on demand for emergency care. While the lives of Victorians started to return to normal following restrictions, the extraordinary strain on our paramedics, first responders and the entire health system persisted.

This led to three consecutive quarters of record demand for emergency ambulances, from October 2021 to June 2022.

In 2021-2022, we responded to **377,386 time-critical Code 1 cases** – a substantial increase of **53,820 lights and sirens cases** (16.6 per cent) than the same time a year earlier.

This demand had an impact on performance, with **67.5 per cent of Code 1 cases responded to within 15 minutes,** below the state-wide average target of 85 per cent.

The state-wide average response time to Code 1 cases was 14 minutes and 58 seconds compared with 12 minutes and 48 seconds last year.

For the most critically ill Victorians – our Priority 0 cases – we were on scene delivering life-saving care within or under our 13-minute target in 76.9 per cent of cases.

While we strive to meet our response performance targets and community expectations, it is important to recognise that response times are only one measure of a quality ambulance service. We continue to meet or exceed all our patient quality and care measures, leading to better outcomes in the survival and quality of life for heart attack, stroke and trauma patients.

There was also a **13.9 per cent increase in cases handled by Adult Retrieval Victoria**, which provides clinical coordination, retrieval and critical care services. The team handled **6,365 cases in 2021-2022** – compared with 5,587 for the previous year – and **3,096 patient movements by road and air.**

377,386
Time-critical Code 1 cases

3,096
patient movements by road and air

AV's next strategic plan

AV's Strategic Plan (2017-2022) was approved by the Minister for Ambulance Services in June 2017, focusing on outstanding emergency health care every time. We commenced development of the next strategic plan in late 2020, ahead of the scheduled commencement on 1 July 2022.

Due to the significant workload demands of COVID-19 and the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) Review, the Minister for Ambulance Services, on the recommendation of the Board and with the support of the Department of Health, endorsed an extension of the current plan for an additional year.

This pause is providing time to consider recent learnings and better understand wider community and health system needs. Development of the new Strategic Plan has recommenced and will launch on 1 July 2023.

7,360

Cardiac arrests attended to

Cardiac Arrest

AV attended **7,360 cardiac arrests in 2021-2022** compared with 6,934 the previous reporting year, continuing a trend of cardiac arrests attended by AV steadily increasing each year.

It is well established that rapid access to defibrillation is paramount to cardiac arrest survival, with evidence showing that reducing delays to defibrillation leads to better outcomes for patients in a shockable rhythm, including improved quality of life outcomes. The Victorian Ambulance Cardiac Arrest Registry (VACAR), an AV-led registry, routinely monitors timeliness of emergency medical services' response to cardiac arrest and whether defibrillation is provided by AV, first responders or public access defibrillators (PADs).

Data from 2021-2022 is consistent with previous years, with cardiac arrest survival to hospital observed to be higher when patients are first defibrillated by a PAD compared to when AV is first to shock (68 per cent compared with 54 per cent in 2021-2022, and 65 per cent versus 50 per cent in the previous reporting year). Similarly, the proportion of patients who survive to hospital discharge is higher when first defibrillated by a PAD compared to when AV is first to shock (48 per cent compared with 24 per cent in 2021-2022 and 50 per cent compared with 27 per cent in 2020-2021).

Out-of-hospital cardiac arrests that are witnessed by bystanders have more positive survival outcomes, particularly when cardiopulmonary resuscitation (CPR) is applied. Bystander CPR ensures that patients in cardiac arrest are over six times more likely to be in a shockable rhythm when emergency services arrive (unadjusted, 2021-2022). The importance of bystander CPR cannot be underestimated, and although trends over the past 10 years illustrate an increase of bystander CPR and PAD use, the COVID-19 pandemic has influenced the ability of bystanders to intervene.

Essential safety measures implemented across the state to reduce the spread of COVID-19, including periods of shutdown or 'stay at home' orders, meant that fewer cardiac arrests occurred in public places and fewer patients were treated with PADs. Furthermore, safety requirements including donning of personal protective equipment, though vital for the safety of the public and our crews, increased time to interventions for cardiac arrest patients and combined with the stay-at-home measures led to reduced survival in cardiac arrest.

The trajectory of bystander CPR and survival trends are, however, slowly moving back to pre-COVID-19 levels. Adult survival to hospital discharge for patients presenting in a **shockable rhythm has improved at 54.7 per cent in 2021-2022** compared with 52.5 per cent in the previous financial year. Adult survival for patients presenting in a shockable rhythm has decreased, at 27.3 per cent in 2021-2022 compared with 30.2 per cent in the previous year, however this data should be interpreted with caution as almost seven per cent of cases in the most recent period are missing hospital follow up information.

The VACAR 2020-2021 Annual Report, containing more comprehensive data on out-of-hospital cardiac arrest survival and management, can be found on the Ambulance Victoria website.

*Data extracted on 26/07/2022

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

Adult survival to hospital discharge for those presenting in a shockable rhythm: unknown survival status = 41 (6.6 per cent). This number is expected to decrease in time and reflects current delays in data transfer processes.

A surge workforce of **1,700+**

COVID-19

COVID-19 Incident Management Team

Throughout the pandemic, AV's paramedics and first responders rose to the challenge of working in a complex and changing environment, while managing the same personal pressures that were felt across the Victorian community.

As the complexity of the pandemic increased, an AV COVID-19 Incident Management Team (IMT) was established to oversee the whole of organisation activity to prepare for and respond to an expected surge in workload and demand. Based in the Department of Health and co-located with our Emergency Management Unit, the COVID IMT focussed on all matters relating to AV's response to COVID including safety, operations, planning, logistics, finance and administration, public and workforce communication, and intelligence.

Surge Workforce

As part of our approach to manage extraordinary demands resulting from the COVID-19 pandemic, from September 2021 AV implemented a surge workforce with the support of partner agencies.

While qualified paramedics remained responsible for patient care, a hardworking surge workforce of 1700 people supported and worked alongside our staff at emergencies and hospitals as required.

Complex logistics lay behind identifying, recruiting, inducting and managing a diverse workforce of approximately 1,246 first responders from outside of AV. With additional support from more than 500 AV Ambulance Community Officers (ACOs) and Community Emergency Response Team volunteers (CERT members), the **total surge workforce of more than 1,700 people** allowed us to continue to provide Best Care to the Victorian community.

AV's COVID-19 Surge Workforce included:

- AV Ambulance Community Officers (ACOs)
- AV Community Emergency Response Team volunteers (CERTs)
- St John Ambulance Australia (Victoria) – first aid volunteers
- State Emergency Service (SES) volunteers
- Life Saving Victoria volunteers
- Hatzolah Melbourne CERT responders
- Australian Red Cross volunteers
- Australian Defence Force personnel
- Undergraduate paramedicine students
- Returned retired paramedics
- Contracted nurses

Successfully assimilating the surge responder group into our existing workforce, while undertaking clinical skill assessment and categorisation, also posed a significant challenge.

We worked with our partners in the education and emergency management sector to recruit and train the surge workforce. **Over six months, a dedicated team of paramedic educators from our Operational Capability division provided more than 10,000 hours of training in advanced first aid**, infection control, manual handling, safe driving, and mental health to prepare the surge workforce to work alongside paramedics.

The creation of an additional workforce saw surge responders fill 60 to 110 shifts a day to play a critical role in maintaining AV's operational capacity. Up to 30 June 2022, this equated to approximately 25,043 shifts or approximately five per cent of response shifts.

The implementation of the COVID-19 surge workforce set a new standard for upscaling an ambulance workforce in a time of sustained demand.

The contribution of all our surge response partners – to AV and the Victorian community during the pandemic – cannot be underestimated. We appreciate and value all personnel who assisted our paramedics and our patients during this challenging period.

AV commenced gradually scaling back the surge workforce from April 2022.

Paramedic Support Hubs

Following their establishment in July 2020, Paramedic Support Hubs were maintained at hospitals throughout 2021-2022.

A total of **24 paramedic support hubs were established**, including 14 at metropolitan hospitals and 10 across regional Victoria.

Each hub includes bathroom and basic kitchen facilities, with a team manager stationed at each hub to provide support to hospital liaison and to AV operational staff on their arrival at hospital. The hubs also provide a safe place for operational staff to complete their patient care records.

Demand Management **Strategies**

Patient offload teams

In 2021-2022, we expanded the use of AV offload teams at emergency departments.

In an effort to allow paramedics to offload patients as quickly as possible, offload areas were created at six metropolitan and two rural health services. Staffed by a paramedic supervisor and agency nurses, these facilities allow for three patients at a time to be cared for by one healthcare professional, freeing up three ambulances to return to the community.

Grid changes

AV's dispatch grid is a database of more than 1000 classifications that are assigned to patients during Triple Zero (000) calls. This year saw three tranches of changes to the dispatch grid in response to COVID-19, with a total of 35 event types changed.

Safely recategorising these case types increased the number of low acuity events diverted to secondary triage for further assessment and consideration of appropriate alternate service providers, allowing the emergency fleet to be prioritised for critical, high acuity cases. The grid changes occurred following thorough assessment, including oversight from AV's Medical Advisory Committee. Following implementation, the COVID-19 Patient Safety Monitoring Group undertook extensive patient safety monitoring.

Secondary Triage

Our Secondary Triage team continued to expand and is now the largest service of its type within any ambulance service in the world. In 2021-2022, 19.8 per cent of Triple Zero (000) callers were safely provided advice or alternative health care rather than an emergency ambulance.

During periods of peak demand, about **45 per cent of state-wide** Triple Zero (000) call volume was able to be directed to Secondary Triage.

This allowed AV to better connect 156,581 Victorians with appropriate services that not only provide the patient with Best Care but help increase ambulance availability to respond to those people who need us the most.

In response to the changing environment due to the COVID-19 pandemic, new ways of managing calls needed to be developed. A new role was created within Secondary Triage – the Practitioner Assist. Forty Practitioner Assists were recruited to work alongside our triage practitioners, to further increase our ability to provide Triple Zero (000) patients advice and support.

To add flexibility and minimise the impact of furloughing of staff we refined and expanded our working from home capability. Many of our triage practitioners continue to work from home, with access to all department systems – a first for an Australian ambulance service.

Our working-from-home model ensures we continue to provide world-leading Secondary Triage to the people of Victoria.

68 **new triage practitioners**

48 **practitioner assists**

21 **additional workstations**

AUSTRALIA DAY HONOURS

Ambulance Service Medal Australia Day 2022

Six AV paramedics and a CERT volunteer were recognised for their outstanding service and contributions in the 2022 Australia Day Honours List.

Josephine Brookes ASM

Ms Josephine Brookes demonstrated exceptional service, providing training and public education as the Paramedic Community Support Coordinator for AV in Mitta Mitta/Towong, North-East Victoria.

Through developing and implementing a service-focused approach to supporting rural communities, Ms Brookes has markedly improved patient outcomes. Ms Brookes has also encouraged meaningful collaboration, respect, and support for patients and health agencies in the district.

Ian Dunell ASM

Mr Ian Dunell has dedicated the past 16 years to volunteering with AV as a Community Emergency Response Team (CERT) member and has served as team leader for the past 10 years.

During this time, Mr Dunell has demonstrated passion, support and care for his team and the Kinglake community. Following the 2009 Victorian Bushfires, Mr Dunell was instrumental in rebuilding Kinglake's CERT and establishing new protocols.

The pandemic again highlighted Mr Dunell's strength and dedication to his volunteer role; he led the Kinglake CERT through this period while maintaining a high level of engagement and comradery.

Bernard Goss ASM

Mr Bernard Goss has been a dedicated frontline paramedic for 40 years. Following the 1998 Longford Incident, Mr Goss was instrumental in providing post-event support to paramedics who suffered post-traumatic stress, well before AV introduced any formal psychological support service into the organisation.

Mr Goss continued to demonstrate distinguished service in the provision of mental health support for current and retired paramedics, bringing the How Are You Travelling (HAYT) program to Gippsland in May 2016. HAYT provides a safe place for paramedics to discuss challenges and stressors of the job and share their mental health experiences.

Gavin Keane ASM

Mr Gavin Keane is a career paramedic with more than 47 years of service with AV. He has also volunteered with the Lang Lang Community Emergency Response Team since its inception 17 years ago.

Mr Keane has volunteered thousands of hours to train recruits and taught CPR and use of automated external defibrillators. He was instrumental in obtaining over 50 public access defibrillator sites in Lang Lang and surrounding communities.

Ziad Nehme ASM

Mr Ziad Nehme is an Advanced Life Support paramedic who has worked to improve the evidence base for paramedic care. He has made a significant contribution to pre-hospital emergency care and resuscitation research.

Mr Ziad's research has influenced local and international resuscitation guidelines, and co-authored and managed AV's Air Versus Oxygen In myocarDial infarction (AVOID) study.

Frances Scott ASM

Ms Frances Scott has been an integral part of the Woods Point Ambulance Community Officer team for 31 years.

As team leader, Ms Scott responds to remote jobs, treating patients before paramedic road crews arrive. She drove the conversion of an old hospital into a functioning Ambulance Community Officer station and worked tirelessly to fit out a troop carrier to access remote areas.

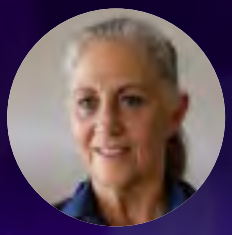
Glenice Winter ASM

During her 28 years of dedicated service, Ms Glenice Winter has demonstrated outstanding clinical leadership in the provision of education and mentoring of Advanced Life Support (ALS) and Mobile Intensive Care Ambulance (MICA) paramedics.

Ms Winter helped create a clinical learning culture within AV, adopting creative methods to deliver tailored clinical sessions for staff. She was one of the first female MICA paramedics at AV and is recognised as a pioneer for women in the workplace.

Order of Australia Medal 2022

David Cottee, Vicki Cottee and Sandi Grieve, were recognised with the Medal of the Order of Australia (OAM) in this year's Australia Day Honours List.



Mrs Vicki Cottee has contributed significantly to the Talgarno community as an Ambulance Community Officer since 2006, and by providing first aid at local events. Vicki has helped secure donations to the CERT to buy medical equipment, including six defibrillators for the area.

Mr David Cottee has contributed significantly to the Talgarno community as an Ambulance Community Officer for 16 years. David voluntarily taught taekwondo for 18 years, and is a member of various local committees.

Ms Sandi Grieve has been recognised for her service to community health including her significant contributions at the Walwa Bush Nursing Centre over 33 years, and as CEO since 2003. Sandi is among the Remote Area Nurses across Victoria who provide support as co-responder to help AV paramedics deliver best care.

Awards

AV Excellence Awards 2021

The AV Excellence Awards recognises the exceptional work and dedication of our employees, volunteers and auxiliary members.

These peer-nominated awards raise awareness of the people and projects that demonstrate AV's values. Winners are:

TelePROMPT
for Best Care

AV Healthy Signs – Auslan
for Community Engagement

Mallacoota First Responder Team and Mallacoota PCSC
for First Responders and Volunteers

COVID-19 Infection Prevention & Control Response
for Health, Safety and Wellbeing

Tiarni Allan
Senior Officer – First Responder Programs
for Inclusive Culture

Rachelle Pellow
Acting Regional Director Gippsland
for Leadership

Mental Health Destination Tool
for Performance and Innovation

Deb Riseley
Patient Review Coordinator
for Performance and Innovation

AV Uniform Recycling
for Social and Environmental Responsibility

Dr David Komesaroff Initiative Award 2021

The Dr David Komesaroff Initiative Award is awarded every three years to an AV paramedic for exceptional achievements. It encourages paramedics to be innovative and put their ideas into practice to continually improve paramedic practice in Victoria.

MICA Flight Paramedic **Ben Meadley** received the award in recognition of a PhD submission relating to the physical demands on paramedics working on helicopters.

CAA Awards

The CAA Awards for Excellence recognise the hard and innovative work of member ambulance services from Australia, New Zealand and Papua New Guinea. AV won in both the patient care and leadership categories in the 2021 Awards:

- The TelePROMPT service claimed the Excellence in Patient Care award
- Social and Environmental Responsibility (Framework and Action Plan) took out the Excellence in Leadership category.

Six AV entries were confirmed as finalists in the 2022 CAA Awards.

Winners were to be announced in August 2022.

CAA Women in ambulance awards

The CAA Awards for Excellence recognise the hard and innovative work of member ambulance services from Australia, New Zealand and Papua New Guinea. AV won in both the patient care and leadership categories in the 2021 Awards:

Anna Devereux
Senior People Partner

Bronwyn Lambert
Paramedic Educator

Debbie Ray
Area Manager

Eileen Craven
Project Manager Solution Delivery

Lindsay Mackay
Director Triage Services

Rod Moore Memorial Award 2022

The Rod Moore Memorial Award was established in honour of respected paramedic Rod Moore who overcame many hurdles to succeed as a paramedic before his death in 2007. The Award recognises paramedics who demonstrate exceptional drive, determination, personal development and improvement throughout their graduate phase.

This year's recipient, **Juan Audish,** was commended for immense character, stamina, grace and professionalism.

Workforce Data

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

Total staffing numbers

Full-time equivalent (FTE) staff 2021-2022 (size of the workforce):

Staffing Numbers (FTE) – Annual Report Category	2021-22	2020-21
On road Clinical Staff[1]	4,983.9	4,497.2
Operation Support and Managerial Staff[2]	598.9	513.0
Other managerial, professional and administrative staff[3]	515.1	503.0
TOTAL	**6,097.9**	**5,513.2**

Mobile Intensive Care Ambulance paramedics (MICA)

This group of MICA employees forms part of AV's Full-Time Equivalent Staff 2021-2022:

MICA Staffing Numbers	2021-22	2020-21
MICA Full-Time Equivalent Staff	552.1	547.4
MICA Full-Time Equivalent Trainees	44.0	46.9
TOTAL	**596.1**	**594.3**

1,014 Ambulance Community Officers (ACOs)

AV employs 1,014 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..

716 Newly recruited paramedics

This included 647 graduate paramedics and 69 qualified paramedics.

The 2022-2023 recruitment program commenced early, with 60 graduate paramedics and one qualified paramedic commencing induction on 27 June 2022.

250 Volunteers

In addition, AV engages 250 Community Emergency Response Team volunteers (CERTs) who provided emergency response in 2021-2022.

Notes:

The three staff categories:

1) **On-road clinical staff** – include paramedics, team managers, patient transport officers, retrieval registrars, clinic transport officers and clinical instructors, etc.
2) **Operation support and managerial staff** – include senior team managers, area managers, regional directors, rosters staff, communications staff, rehabilitation advisors, occupational health and safety advisors, logistics staff, fleet staff, duty team managers, telecommunication staff and clinical practice staff, etc.
3) **Other managerial, professional and administrative staff** – include all other staff who do not fall into the above two categories.

Health, Safety **and Wellbeing**

Statistics

	2021-22	2020-21	2019-20
Number of workplace fatalities	0	0	0
Lost Time Injury Frequency Rates (LTIFR)[1]	72.6	71.6	59.9
Number of standard claims per 100 FTE (Full Time Equivalent) staff[1]	8.0	6.6	5.3
Number of standard claims per 1,000,000 hours worked[1]	50.6	40.3	32.3
Average cost per WorkCover standard claim[1, 2, 3]	$113,268	$100,261	$81,262
Number of hazards/incidents reports lodged[4]	3,356	4,086	3,995
Percentage of WorkCover Standard claims with a Return to Work plan initiated	100%	100%	100%
Percentage of employees immunised against influenza (including ACO's)[5]	54.4%	93.8%	86.9%
Number of health and safety representative positions filled[6]	376	294	274
Number of employees immunised against COVID-19 Vax 1[7, 8]	99.7%	56.9%	n/a
Number of employees immunised against COVID-19 Vax 1 & 2[7, 8]	99.3%	34.4%	n/a

Notes:

1. An increased number of Standard WorkCover claims in 2021-2022 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.

2. The average cost per WorkCover claim has been updated to reflect current data. This captures average costs as they have matured since the last annual report. The 2021-2022 result is based on the cost of claims as received by AV's workers compensation claims agent as at the end of June 2022, divided by the total number of Standard WorkCover claims lodged in 2021-2022.

3. Occupational Violence AV is committed to preventing injuries, both physical and psychological, arising from occupational violence. While the overall number of occupational violence hazards/incidents/injuries (HIIs) reported and the number of HIIs reported per 100 FTE are the lowest they have been in three years, the percentage of reports that ultimately result in injury is rising.

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

5. The result reflects the uptake of the 2021 Influenza Vaccination Program from 14 April to 14 August 2021.

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

7. COVID-19 vaccination rates as at 30 June 2022.

8. COVID-19 vaccination rates represent a point in time rate at the end of the financial year and are not discrete annual program rates.

Occupational **Violence**

Statistics

	2021-22	2020-21	2019-20
WorkCover accepted claims with an occupational violence cause per 100 FTE	0.9	0.9	0.6
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	5.0	5.3	3.7
Number of occupational violence HII's reported	564	631	696
Number of occupational violence HII's reported per 100 FTE	9.2	11.4	13.1
Percentage of occupational violence HII's resulting in staff injury, illness or condition	9.40%	7.77%	4.74%

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 the financial year.
   d. Lost Time – defined as greater than one day.

Alcohol and **Other Drugs**

AV's Alcohol and Other Drugs (AOD) testing program consists of four distinct areas, with a key performance indicator set at 20 per cent (N=1470) of the AV workforce (N=7350).

- The AOD program achieved a figure of 22 per cent of the workforce tested (N=1639) for 2021-2022.
- Pre-employment testing for operational paramedic applicants (830).
- Random testing for the existing workforce via randomised AV locations (621).
- 'For cause/post incident' testing (35).
- Workgroup testing (153).

Pre-employment AOD testing is conducted as part of the medical selection process prior to being employed with AV. The total of 830 candidates tested returned negative results.

In workforce testing (Random, For Cause, Post Incident and Workgroup) programs in 2021-2022, AV conducted the following testing numbers: Random (N=621), For Cause (N=26), Post Incident (MVA) (N=9) and Workgroup (N=153).

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.

Research Report

AV is an international leader in pre-hospital research. 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 internationally.

The primary goal of AV research is to strengthen the evidence base that underpins ambulance protocols and systems to allow the best and most efficient care for patients and staff.

As of June 2022, 120 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 2021-2022, AV research continued to contribute substantially to pre-hospital literature despite the operational burden of the COVID-19 pandemic, with staff co- authoring a record-breaking 85 research articles in peer-reviewed medical journals.

The AV Centre for Research and Evaluation also continues to foster research education and mentorship through supervision of higher research degree students, many of whom are paramedics who have balanced research education with clinical duties. The AV Centre for Research and Evaluation has also supervised and mentored internationally based higher research degree students who have chosen to work with AV for our reputation for clinical and research excellence.

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 pre-hospital emergency care and cardiac arrest treatment, policy and practice.

Collaborations

AV has also engaged in new collaborative projects, such as contributing to the creation of the National Transfusion Dataset (NTD). The NTD will be administratively based at Monash University and has been developed to expand transfusion data coverage by integrating pre-hospital transfusion data with hospital transfusion data and linking the dataset with registry transfusion data. Ultimately, the NTD will create new research opportunities to inform national transfusion policy and practice, improve blood utilisation and patient management and outcomes.

AV has also engaged in new collaborative projects, such as contributing to the creation of the National Transfusion Dataset (NTD).

Additionally, we are excited to engage with the National Centre for Healthy Ageing, a partnership between Monash University and Peninsula Health, to develop and test a nationally scalable, digital health solution to enable the sharing of consensus-driven critical point-of-care, primary healthcare information during transfer of people living in residential aged care to hospital and back again.

The provision of real-time, accurate and reliable patient information that can be shared across settings involved in the transfer of resident is expected to have numerous benefits for AV and other health service providers. This includes improved quality and safety of care for residential aged care residents across the transfer settings and health system savings through increased efficiencies.

Pre-hospital clinical trials at AV are world-leading and our paramedics are internationally recognised for their success in recruiting eligible patients.

Clinical trials

Pre-hospital clinical trials at AV are world-leading and our paramedics are internationally recognised for their success in recruiting eligible patients. Enrolment into various clinical trials that had to be postponed due to the COVID-19 pandemic has now resumed, and we look forward to another productive year of pre-hospital clinical trial research.

The lignocAine Versus Opioids In myocarDial infarction (AVOID-2) trial was a phase II multi-centre randomised controlled trial, designed to examine whether lignocaine is an effective and safe alternative analgesic agent compared to fentanyl in patients with suspected ST-elevation myocardial infarction (STEMI). We successfully enrolled over 300 patients between October 2020 and July 2021, completing recruitment months ahead of schedule.

Trial results show that although lignocaine significantly reduced pain, it was not as effective as fentanyl for pain relief. Despite this, lignocaine was better tolerated than fentanyl, with fewer patients experiencing adverse events. AVOID-2 was undertaken during challenging times in the COVID-19 pandemic, and despite this, over 140 teams in the metropolitan region contributed to patient recruitment. Importantly, more than 80 per cent of patients had confirmed STEMI on coronary angiogram and there were very few protocol deviations. We are absolutely thrilled with this result and would like to congratulate AV paramedics for leading the world in evidence-based practice.

Despite several interruptions, the CPR, pre-Hospital ECMO and Early Reperfusion (CHEER-3) trial has now enrolled seven patients. CHEER3 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 similar to a heart and lung machine and provides support to patients who are refractory to standard resuscitation techniques.

Recently, the manual pressure AUGMENTation in defibrillation of Ventricular Arrhythmias: (AUGMENT-VA) randomised controlled trial began

The Pre-hospital Freeze-Dried Plasma for critical bleeding after trauma pilot trial has now commenced enrolment.

and has successfully enrolled over 20 patients as of June 2022. The primary aims of AUGMENT-VA are to determine the impact of manual pressure augmentation (MPA) on patient survival to hospital discharge and to assess the efficacy of MPA for successfully cardioverting shockable rhythms.

While use of MPA for successful conversion of atrial arrhythmias is well documented, the use of MPA for defibrillation of ventricular arrhythmias is novel. The first patient enrolment, resulting in successful rhythm conversion, was reported in the *Resuscitation* journal this year (Voskoboinik et al. Resuscitation. 2022; 174:31-32). We look forward to continuing to lead pre-hospital out-of-hospital cardiac arrest research.

We are also aiming to further increase survivability from out-of-hospital cardiac arrests (OHCA) by increasing access to early defibrillation. The First Responder Shock Trial (FIRST) is a cluster randomised controlled trial of smartphone-activated first responders equipped with ultraportable defibrillators in OHCA. This trial is a collaboration between AV and St John Ambulance New Zealand. For every minute that passes without defibrillation, survival from cardiac arrest falls by approximately 10 per cent.

Defibrillation by bystanders and GoodSAM responders using an AED halves the time to first defibrillation and can potentially triple survival rates. Although the GoodSAM app aims to increase visibility and access to AEDs in the community, the proportion of GoodSAM responders providing defibrillation remains low. New defibrillation technology has been developed to improve the cost-effectiveness and accessibility of AEDs significantly. We are looking forward to leading this exciting clinical trial.

The Safe Treatment of Atrial fibrillation in the communitY (STAY) trial has now commenced enrolment, already enrolling seven patients. This trial aims to develop a novel, integrated model-of-care and alternative clinical pathway for atrial fibrillation (AF) patients who contact Triple Zero (000) for acute presentations. Redirecting patients away from transport to and management within hospital emergency departments lessens the burden on ambulance and hospital resources.

This alternative care model is likely to be significantly lower in cost and clinically beneficial. Successful development of a community-based care system would have important implications for quality care and public health policy in the management of atrial fibrillation and other cardiovascular conditions presenting acutely in the community.

Phase two of the Paramedic Antibiotics for Severe Sepsis (PASS) trial is underway, investigating whether prehospital administration of antibiotics to patients with suspected sepsis reduces the time to antibiotic administration when compared with standard care in the emergency department. A total of 20 patients have been successfully enrolled in the trial so far, and we look forward to continuing to enrol patients in the coming year.

The Pre-hospital Freeze-Dried Plasma for critical bleeding after trauma pilot trial has now commenced enrolment. This trial involves a pilot feasibility trial of freeze-dried plasma versus standard therapy for patients with haemorrhagic shock receiving pre-hospital blood. The aim of this project is to fill an identified patient blood management knowledge gap on early and effective management of haemorrhage after trauma. This will build on evidence from two overseas trials examining pre-hospital plasma that reported contrasting results.

Registries

Our clinical quality registries remain the lifeblood of AV and underpin our commitment to provide best care to the community. The VACAR has now captured over 120,000 cardiac arrest cases attended by AV paramedics since October 1999 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 Unexplained Sudden Cardiac Death Registry (based at the Baker Institute). In 2020, the VACAR established routine post-resuscitation 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.

This information has also been used to develop a service-wide bi-monthly newsletter aimed at

increasing transparency between the VACAR and the wider AV workforce regarding key performance metrics, while encouraging engagement with high-performance CPR training.

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 through a novel data linkage project. This project aims to examine the impact of pre-hospital diagnosis, treatment, and triage of stroke patients on long-term patient outcomes.

Awards

The Director for the Centre of Research and Evaluation, Professor Karen Smith, was in 2021 recognised as the top publishing researcher in the world for pre-hospital emergency care research for 2000-2020, as well as the most-cited author internationally (2010- 2019) regarding paramedic related publications.

Dr. Ziad Nehme, an Advanced Life Support Paramedic and Senior Clinical Researcher with AV, was recognised as a 2021 Heart Foundation Future Leader Fellow, as well as receiving the Resuscitation Science Symposium (ReSS) Young Investigator Award and the Paul Dudley White International Scholar Award at the Resuscitation Science Symposium 2021 conference.

Dr Nehme has also been recognised in the 2022 Australia Day Honours list as a recipient of an Ambulance Service Medal in recognition of his significant contribution to pre-hospital research improving the evidence base for paramedic care and patient outcomes.

AV presentations at key conferences

Despite continued interruptions to international travel AV staff or research was presented at key conferences including:

- **American** Heart Association Resuscitation Science Symposium, 'ReSS2021', virtually.
- Annual International Research Conference 2021: Global Developments in Paramedic Research, virtually.
- **Australasian** Resuscitation Outcomes Consortium (AUS-ROC) ECR Seminar 'Resuscitation: The Future is Shocking', virtually.
- **Australasian** Trauma Conference, virtually.
- EMS 2022, **Glasgow Scotland**.
- The 7th International Conference on Neurology and Epidemiology 2021, virtually.
- The Council of Ambulance Authorities Webinar series, virtually.
- The European Society of Cardiology's EuroPCR Meeting**, Paris France**.
- **The European** Resuscitation Council Congress 2022, **Antwerp Belgium**.

Publications

1. Alqudah Z, Nehme Z, Williams B, Oteir A, Smith K. Survival outcomes in emergency medical services witnessed traumatic out-of-hospital cardiac arrest after the introduction of a trauma-based resuscitation protocol. Resuscitation. 2021;168:65-74.
2. Amminadab E, Smith, K, Kilkenny M, Kim J, Bagot, K, Andrew E, Cox S, Bladin C, Cadilhac D. Linking data from the Australian Stroke Clinical Registry with ambulance and emergency administrative data in Victoria. Inquiry In Press 2022.
3. Andrew E, Cox S, Smith K. Linking Ambulance Records with Hospital and Death Index Data to Evaluate Patient Outcomes. International Journal of General Medicine. 2022;15:567-72.
4. Andrew E, Nehme Z, Stephenson M, Walker T, Smith K. The Impact of the COVID-19 Pandemic on Demand for Emergency Ambulances in Victoria, Australia. Prehospital Emergency Care. 2021:1-7.
5. Andrew E, Nehme Z, Stephenson M, Walker T, Smith K. The Impact of the COVID-19 Pandemic on Demand for Emergency Ambulances in Victoria, Australia. Prehospital Emergency Care. 2022;26(1):23-9.
6. Beck B, Zammit-Mangion A, Fry R, Smith K and Gabbe B. Spatiotemporal mapping of major trauma in Victoria, Australia. Plos One. In Press 2022.
7. Bennett R, Williams B. Desirable non-technical skills for paramedicine: A Delphi study. Australasian Journal of Paramedicine. 2022;19.
8. Bernard S, Roggenkamp R, Delorenzo A, Stephenson M, Smith K, Augello M, et al. Use of intramuscular ketamine by paramedics in the management of severely agitated patients. EMA – Emergency Medicine Australasia. 2021;33(5):875-82.
9. Bernard SA, Hopkins SJ, Ball JC, Stub DA, Stephenson MW, Nanjayya VB, et al. Outcomes of patients with refractory out-of-hospital cardiac arrest transported to an ECMO centre compared with transport to non-ECMO centres. Crit Care Resusc. 2022;24(1):7-13.
10 Bivard A, Zhao H, Churilov L, Campbell BCV, Coote S, Yassi N, et al. Comparison of tenecteplase with alteplase for the early treatment of ischaemic stroke in the Melbourne Mobile Stroke Unit (TASTE-A): a phase 2, randomised, open-label trial. The Lancet Neurology. 2022;21(6):520-7.
11. Bivard A, Zhao H, Churilov L, Campbell B, Coote S, Yassi N, Yan B, Valente M, os Sharobeam A, Balabanski A, Dos Santos A, Ng J, Langenberg F, Easton D, Warwick A, Mackey E, MacDonald A, Stephenson M, Smith K, Anderson D, Choi P, Thijs V, Ma H, Cloud G, Wijeratne T, Olenko L, Italiano D, Davis S, Donnan G and Parsons M on behalf of the TASTE-A collaborators. The Melbourne Mobile Stroke Unit Tenecteplase versus Alteplase for Stroke Thrombolysis Evaluation Trial in the Ambulance (TASTE-A). The Lancet Neurology. In Press 2022.
12. Bivard A, Zhao H, Coote S, Campbell B, Churilov L, Yassi N, et al. Tenecteplase versus Alteplase for Stroke Thrombolysis Evaluation Trial in the Ambulance (Mobile Stroke Unit-TASTE-A): protocol for a prospective randomised, open-label, blinded endpoint, phase II superiority trial of tenecteplase versus alteplase for ischaemic stroke patients presenting within 4.5 hours of symptom onset to the mobile stroke unit. BMJ open. 2022;12(4):e056573.
13. Bloom JE, Andrew E, Dawson LP, Nehme Z, Stephenson M, Anderson D, et al. Incidence and Outcomes of Nontraumatic Shock in Adults Using Emergency Medical Services in Victoria, Australia. JAMA Network Open. 2022;5(1):e2145179-e.
14. Bloom J, Andrew E, Nehme Z, Beale A, Dawson L, Shi W, Vriesendorp P, Fernando H, Noaman S, Cox S, Stephenson M, Anderson D, Chan W, Kaye D, Smith K and Stub D. Gender disparities in cardiogenic shock treatment and outcomes; A population-based cohort study. American Journal of Cardiology In Press 2022.
15. Bloom JE, Andrew E, Nehme Z, Dinh DT, Fernando H, Shi WY, et al. Pre-hospital heparin use for ST-elevation myocardial infarction is safe and improves angiographic outcomes. Eur Heart J Acute Cardiovasc Care. 2021;10(10):1140-7.
16. Blusztein D, Dinh D, Stub D, Dawson L, Brennan A, Reid C, et al. Predictors of hospital prenotification for STEMI and association of prenotification with outcomes. Emerg Med J. 2021:emermed-2020-210522.
17. Bray J, Howell S, Ball S, Doan T, Bosley E, Smith K, et al. The epidemiology of out-of-hospital cardiac arrest in Australia and New Zealand: A binational report from the Australasian Resuscitation Outcomes Consortium (Aus-ROC). Resuscitation. 2022;172:74-83.
18. Broder JC, Gao CX, Abramson MJ, Wolfe R, Dimitriadis C, Ikin J, et al. Long-term impact of exposure to coalmine fire emitted PM2.5 on emergency ambulance attendances. Chemosphere. 2022;288:132339.
19. Buscot MJ, Chandra RV, Mainguard J, Nichols L, Blizzard L, Stirling C, et al. Association of Onset-to-Treatment Time with Discharge Destination, Mortality, and Complications among Patients with Aneurysmal Subarachnoid Hemorrhage. JAMA Network Open. 2022;5(1).

20. Cadilhac DA, Bagot KL, Demaerschalk BM, Hubert G, Schwamm L, Watkins CL, et al. Establishment of an internationally agreed minimum data set for acute telestroke. J Telemed Telecare. 2021;27(9):582-9.

21. Carroll M, Gao CX, Campbell TCH, Smith CL, Dimitriadis C, Berger E, et al. Impacts of coal mine fire-related PM2.5 on the utilisation of ambulance and hospital services for mental health conditions. Atmospheric Pollution Research. 2022;13(5).

22. Case R, Stub D, Mazzagatti E, Pryor H, Mion M, Ball J, et al. The second year of a second chance: Long-term psychosocial outcomes of cardiac arrest survivors and their family. Resuscitation. 2021;167:274-81.

23. Cole J, Beare R, Phan T, Srikanth V, Stub D, Smith K, et al. Modelling STEMI service delivery: a proof of concept study. Emerg Med J. 2021:emermed-2020-210334.

24. Coote S, Mackey E, Alexandrov AW, Cadilhac DA, Alexandrov AV, Easton D, et al. The Mobile Stroke Unit Nurse: An International Exploration of Their Scope of Practice, Education, and Training. J Neurosci Nurs. 2022;54(2):61-7.

25. Davis S, Olaussen A, Bowles KA, Shannon B. Review article: Paramedic pain management of femur fractures in the prehospital setting: A systematic review. EMA – Emergency Medicine Australasia. 2021;33(4):601-9.

26. Dawson LP, Andrew E, Nehme Z, Bloom J, Biswas S, Cox S, et al. Association of Socioeconomic Status With Outcomes and Care Quality in Patients Presenting With Undifferentiated Chest Pain in the Setting of Universal Health Care Coverage. Journal of the American Heart Association. 2022;11(7).

27. Dawson LP, Andrew E, Nehme Z, Bloom J, Liew D, Cox S, et al. Development and validation of a comprehensive early risk prediction model for patients with undifferentiated acute chest pain. IJC Heart and Vasculature. 2022;40.

28. Dawson L, Andrew E, Nehme Z, Bloom J, Okyere D, Cox S, Anderson D, Stephenson M, Lefkovits J, Taylor A, Kaye D, Smith K* and Stub D*. Incidence, diagnoses and outcomes of ambulance attendances for chest pain: A population-based cohort study. Annals of Epidemiology In Press 2022.

29. Dawson L, Andrew E, Stephenson M, Nemhe Z, Bloom J, Cox S, Anderson D, Leftovits J, Taylor A, Kaye D, Smith K and Stub D. Impact of ambulance off-load delays on mortality in patients with chest pain. Medical Journal of Australia. In Press 2022.

30. Dawson L, Smith K, Cullen L, Nehme Z, Leftkovits J, Taylor A and Stub D. Care Models for Acute Chest Pain that Improve Outcomes and Efficiency: JACC State-of-the-Art Review. Journal of the American College of Cardiology In Press 2022.

31. Delardes B, Chakraborty S, Smith K, and Bowles KA. Development of an electronic referral proforma from paramedics to general practitioners: a Delphi study. Australasian Journal of Paramedicine. In Press 2022.

32. Delorenzo A, Shepherd M, Andrew E, Jennings P, Bernard S, Smith K. Endotracheal Tube Intracuff Pressure Changes in Patients Transported by a Helicopter Emergency Medical Service: A Prospective Observational Study. Air Med J. 2021;40(4):216-9.

33. Eastwood K, Howell S, Nehme Z, Finn J, Smith K, Cameron P, et al. Impact of a mass media campaign on presentations and ambulance use for acute coronary syndrome. Open Heart. 2021;8(2):e001792.

34. Eliakundu AL, Cadilhac DA, Kim J, Andrew NE, Bladin CF, Grimley R, et al. Factors associated with arrival by ambulance for patients with stroke: a multicentre, national data linkage study. Australasian Emergency Care. 2021;24(3):167-73.

35. Fernando H, Duong T, Huynh K, Noonan J, Shaw J, Duffy SJ, et al. Effects of lignocaine vs. opioids on antiplatelet activity of ticagrelor: the LOCAL trial. Eur Heart J. 2021;42(39):4025-36.

36. Fernando H, Nehme Z, Dinh D, Andrew E, Brennan A, Shi W, Bloom J, Duffy S, Shaw J, Peter K, Nadurata V, Chan W, Layland J, Freeman M, Van Gaal, Barnard S, Lefkovits, Liew D, Stepehenson M, Smith K* and Stub D*. Impact of Pre-hospital Opioid Dose on Angiographic and Clinical Outcomes in Acute Coronary Syndromes. Emergency Medicine Journal. In Press 2022.

37. Fernando H, Nehme Z, Peter K, Bernard S, Stephenson M, Bray JE, et al. Association between pre-hospital chest pain severity and myocardial injury in ST elevation myocardial infarction: A post-hoc analysis of the AVOID study. IJC Heart & Vasculature. 2021;37:100899.

38. Fouche PF, Meadley B, St Clair T, Winnall A, Jennings PA, Bernard S, et al. The association of ketamine induction with blood pressure changes in paramedic rapid sequence intubation of out-of-hospital traumatic brain injury. Acad Emerg Med. 2021;28(10):1134-41.

39. Fouche PF, Meadley B, StClair T, Winnall A, Stein C, Jennings PA, et al. Temporal changes in blood pressure following prehospital rapid sequence intubation. Emerg Med J. 2021:emermed-2020-210887.

40. Gowens P, Smith K, Clegg G, Williams B, Nehme Z. Global variation in the incidence

and outcome of emergency medical services witnessed out-of-hospital cardiac arrest: A systematic review and meta-analysis. Resuscitation. 2022.

41. Han M, Yeo A, Ong M, Smith K, Lim Y, Lin N, Tan B, Arulanandam S, Ho A, Ng Q. Cardiac arrest occurring in high-rise buildings: A scoping review. Journal of Clinical Medicine In Press 2021.
42. Haskins B, Nehme Z, Cameron PA, Smith K. Cardiac arrests in general practice clinics or witnessed by emergency medical services: a 20-year retrospective study. Medical Journal of Australia. 2021;215(5):222-7.
43. Haskins B, Nehme Z, Dicker B, Wilson MH, Ray M, Bernard S, et al. A binational survey of smartphone activated volunteer responders for out-of-hospital cardiac arrest: Availability, interventions, and post-traumatic stress. Resuscitation. 2021;169:67-75.
44. Holbery-Morgan L, Carew J, Angel C, Simpson N, Steinfort D, Radford S, et al. Feasibility of pulse oximetry after water immersion. Resusc Plus. 2021;7:100147.
45. Hook J, Smith K, Andrew E, Ball J, Nehme Z. Daylight savings time transitions and risk of out-of-hospital cardiac arrest: An interrupted time series analysis. Resuscitation. 2021;168:84-90.
46. Kearney J, Muir C, Smith K. Occupational injury among paramedics: a systematic review. Inj Prev. 2021:injuryprev-2021-044405.
47. Kearney J, Muir C, Smith K. Occupational injury among paramedics: a systematic review. Injury prevention : journal of the International Society for Child and Adolescent Injury Prevention. 2022;28(2):175-84.
48. Kempster K, Howell S, Bernard S, Smith K, Cameron P, Finn J, et al. Out-of-hospital cardiac arrest outcomes in emergency departments. Resuscitation. 2021;166:21-30.
49. Kwok JS, Fox K, Bil C, Langenberg F, Balabanski AH, Dos Santos A, et al. Bringing CT Scanners to the Skies: Design of a CT Scanner for an Air Mobile Stroke Unit. Applied Sciences (Switzerland). 2022;12(3).
50. Li C, Sotomayor-Castillo C, Nahidi S, Kuznetsov S, Considine J, Curtis K, et al. Emergency clinicians' knowledge, preparedness and experiences of managing COVID-19 during the 2020 global pandemic in Australian healthcare settings. Australasian Emergency Care. 2021;24(3):186-96.
51. McGuinness SL, Johnson J, Eades O, Cameron PA, Forbes A, Fisher J, et al. Mental Health Outcomes in Australian Healthcare and Aged-Care Workers during the Second Year of the COVID-19 Pandemic. Int J Environ Res Public Health. 2022;19(9).
52. McManamny TE, Dwyer R, Cantwell K, Boyd L, Sheen J, Smith K, et al. Emergency ambulance demand by older adults from rural and regional Victoria, Australia. Australas J Ageing. 2022;41(1):e74-e81.
53. Meadley B, Horton E, Perraton L, Smith K, Bowles K and Caldwell J. The physiological demands of helicopter winch rescue in water and over land. Ergonomics In Press 2021.
54. Meadley B, Horton E, Pyne DB, Perraton L, Smith K, Bowles K-A, et al. Comparison of swimming versus running maximal aerobic capacity in helicopter rescue paramedics. Ergonomics. 2021;64(10):1243-54.
55. Meadley B, Wolkow AP, Smith K, Perraton L, Bowles K-A, Bonham MP. Cardiometabolic, dietary and physical health in graduate paramedics during the first 12-months of practice – a longitudinal study. Prehospital Emergency Care. 2021:1-19.
56. Mion M, Case R, Smith K, Lilja G, Blennow Nordström E, Swindell P, et al. Follow-up care after out-of-hospital cardiac arrest: A pilot study of survivors and families' experiences and recommendations. Resuscitation Plus. 2021;7:100154.
57. Naccarella L, Saxton D, Lugg E, Marley J. It takes a community to save a life in cardiac arrest: Heart safe community pilots, Australia. Health Promot J Austr. 2022;33(1):99-105.
58. Nan Tie E, Fernando H, Nehme Z, Dinh D, Andrew E, Brennan A, et al. Sex differences in prehospital analgesia in patients presenting with acute coronary syndromes and their association with clinical outcomes. Catheter Cardiovasc Interv. 2022;99(4):989-95.
59. Nehme Z, Smith K. Gas asphyxiation precipitating out-of-hospital cardiac arrest: A call for more data and uniform definitions. Resuscitation. 2022;175:34-5.
60. Nehme Z, Stub D. Triage of post-cardiac arrest patients: To PCI or not to PCI, that is the question. Resuscitation. 2022;170:335-8.
61. Nguyen TP, Stirling C, Kitsos G, Nichols L, Chandra RV, Rehman S, et al. Barriers and facilitators to more timely treatment of aneurysmal subarachnoid haemorrhage across two tertiary referral centres in Australia: A thematic analysis. Australasian Emergency Care. 2022.
62. Nielsen S, Sanfilippo PG, Scott D, Lam T, Smith K, Lubman DI. Characteristics of oxycodone-related ambulance attendances: analysis of temporal trends and the effect of reformulation in Victoria, Australia from 2013 to 2018. Addiction. 2021;116(8):2233-41.
63. Ogeil RP, Scott D, Faulkner A, Wilson J, Beard N, Smith K, et al. Changes in alcohol intoxication-related ambulance attendances during COVID-19: How have government announcements and policies affected ambulance call outs? The Lancet Regional Health – Western Pacific. 2021;14:100222.

64. Olaussen A, Abetz J, Qin KR, Mitra B, O'Reilly G. Misleading medical literature: An observational study. EMA – Emergency Medicine Australasia. 2022;34(1):39-45.

65. Orman Z, Thrift AG, Olaiya MT, Ung D, Cadilhac DA, Phan T, et al. Quality of life after stroke: a longitudinal analysis of a cluster randomized trial. Quality of Life Research. 2022.

66. Paratz E, Rowe S , Van Heusden A , Smith K , Pflaumer A, Semsarian C, Parsons S , Stub D, Zentner D , La Gerche A. Clinical and pathologic features of out-of-hospital cardiac arrest in pregnancy: insights from a state-wide registry. JACC Advances In Press 2022.

67. Paratz ED, van Heusden A, Zentner D, Morgan N, Smith K, Ball J, et al. Predictors and outcomes of in-hospital referrals for forensic investigation after young sudden cardiac death. Heart Rhythm. 2022.

68. Paratz E, vn Heusden A, Zentner D, Morgan N, Smith K, Ball J, Thompson T, James P, Connell V, Pflaumer A, Semsarian C, Ingles J, Stub D, Parsons S and La Gerche A. Prevalence of Coronary Artery Anomalies in Young and Middle-Aged Sudden Cardiac Death Victims (From a Prospective State-Wide Registry). American Journal of Cardiology. In Press 2022.

69. Pfeiffer CK, Smith K, Bernard S, Dalziel SR, Hearps S, Geis T, et al. Prehospital benzodiazepine use and need for respiratory support in paediatric seizures. Emerg Med J. 2022:emermed-2021-211735.

70. Pilcher DV, Duke G, Rosenow M, Coatsworth N, O'neill G, Tobias TA, et al. Assessment of a novel marker of ICU strain, the ICU Activity Index, during the COVID-19 pandemic in Victoria, Australia. Crit Care Resusc. 2021;23(3):300-7.

71. Rehman S, Chandra RV, Lai LT, Asadi H, Dubey A, Froelich J, et al. Adherence to evidence-based processes of care reduces one-year mortality after aneurysmal subarachnoid hemorrhage (aSAH). Journal of the Neurological Sciences. 2021;428:117613.

72. Ross LJ, Eade A, Shannon B, Williams B. Out-of-hospital or pre-hospital: Is it time to reconsider the language used to describe and define paramedicine? Australasian Emergency Care. 2022.

73. Sharobeam A, Yan B. Advanced imaging in acute ischemic stroke: an updated guide to the hub-and-spoke hospitals. Curr Opin Neurol. 2022;35(1):24-30.

74. Sharrock MK, Shannon B, Garcia Gonzalez C, Clair TS, Mitra B, Noonan M, et al. Prehospital paramedic pleural decompression: A systematic review. Injury. 2021;52(10):2778-86.

75. Smith J, Andrew E, Smith K. Pre-hospital early warning scores are associated with requirement for medical retrieval services. Australasian Journal of Paramedicine. 2022;19:1-9.

76. Ting A, Smith K, Wilson CL, Babl FE, Hopper SM. Pre-hospital intraosseous use in children: Indications and success rate. Emerg Med Australas. 2022;34(1):120-1.

77. Voskoboinik A, Nehme Z, Kistler PM, Stub D, Smith K. First time use of manual pressure augmentation for ventricular fibrillation arrest in the community. Resuscitation. 2022;174:31-2.

78. Walker K, Jiarpakdee J, Loupis A, Tantithamthavorn C, Joe K, Ben-Meir M, et al. Emergency medicine patient wait time multivariable prediction models: a multicentre derivation and validation study. Emerg Med J. 2021:emermed-2020-211000.

79. Walker K, Jiarpakdee J, Loupis A, Tantithamthavorn C, Joe K, Ben-Meir M, et al. Emergency medicine patient wait time multivariable prediction models: a multicentre derivation and validation study. Emergency medicine journal : EMJ. 2022;39(5):386-93.

80. Walker KJ, Jiarpakdee J, Loupis A, Tantithamthavorn C, Joe K, Ben-Meir M, et al. Predicting Ambulance Patient Wait Times: A Multicenter Derivation and Validation Study. Ann Emerg Med. 2021;78(1):113-22.

81. Walker M, d'Arville A, Lacey J, Lancman B, Moloney J, Hendel S. Mass casualty, intentional vehicular trauma and anaesthesia. Br J Anaesth. 2022;128(2):e190-e9.

82. Watt A, Sherry N, Anersson P, Lane C, Johnson S, Wilmot M, Horan K, Sait M, Ballard S, Crachi C, Beck D, Marshall C, Kainer M, Stuart R, McGrath C, Kwong J, Bass P, Kelley P, Crowe A, Guy S, Macesic N, Smith K, Williamson D, Seemann T, Howden B.State-wide Genomic Epidemiology Investigations of COVID-19 in Healthcare Workers in 2020 Victoria, Australia: Qualitative Thematic Analysis to Provide Insights for Future Pandemic Preparedness. Lancet Regional Health – Western Pacific In Press 2022.

83. White M, O'Reilly GM, Mitchell RD, Noonan M, Hiller R, Mitra B, et al. Informing the Alfred Registry for Emergency Care Project: An analysis of presenting complaint documentation in an emergency department. EMA – Emergency Medicine Australasia. 2022.

84. Witt K, Pirkis J, Scott D, Smith K, Lubman D. Trajectories in suicide attempt method lethality over a five-year period: Associations with suicide attempt repetition, all-cause, and suicide mortality. PLOS ONE. 2021;16(1):e0245780.

85. Yassi N, Zhao H, Churilov L, Campbell BCV, Wu T, Ma H, et al. Tranexamic acid for intracerebral haemorrhage within 2 hours of onset: protocol of a phase II randomised placebo-controlled double-blind multicentre trial. Stroke and vascular neurology. 2022;7(2):158-65.

Environment and **Sustainability**

Three years since the development of our Social and Environmental Responsibility Framework and Action Plan we continue to make great progress on improving social and environmental outcomes for our people and communities.

A focus on emissions reduction saw us continue to transition corporate and suitable response vehicles from internal combustion engines to hybrid vehicles. Our next stage of vehicle transition is to zero emission vehicles, which will include the trial of electric vehicles as part of the corporate fleet.

We were also able to avoid **4,330 tonnes of carbon dioxide equivalent (tCO_2e) emissions** from electricity usage from solar installations on our buildings and the purchase of green power throughout the year. The commencement of an LED lighting retrofit program will further support the reduction in energy consumption from our buildings and therefore contribute to emission reductions in future years.

Overall net emissions reduced **by three per cent in 2021-2022 compared** to the previous 12 months. While operational growth puts pressure on our emission reductions, we continue to target Net Zero emissions by 2045.

As a leader of sustainability in the healthcare sector we developed and delivered a climate literacy course for our employees, which was adapted into a module for training of directors by the Council of Ambulance Authorities (CAA). This was well received and viewed by 26 people within the CAA network.

We also collaborated with CAA on an emissions performance benchmarking study. As part of this a baseline dataset for *Carbon per Case* has been established and will be employed as a normalising indicator for greenhouse data going forward. AVs normalised data shows *Carbon per Case* has reduced by **14 per cent from 43.9 kilograms of** carbon dioxide equivalent ($kgCO_2e$) in **2014-2015 to 37.8 $kgCO_2e$ in 2021-2022**. This reflects AV's efforts in climate action and a transition towards a lower carbon model of care.

Waste is a significant challenge in the healthcare sector and this is no different for AV. In addition to segregating recycling from landfill, paramedics must also understand correct disposal of clinical waste. To support this, an online learning module was created for paramedics to understand best practice waste disposal. In this course paramedics learnt correct waste segregation practices for clinical and other related wastes in response to legislative changes introduced by the Victorian Environment Protection Authority.

Achieving both a positive social and environmental outcome, our partnership with Enable saw 15,000 kg of information technology waste, such as laptops and computers, responsibly recycled while also providing employment opportunities for people with a disability. And through our membership with Social Traders, a social enterprise certifying organisation, AV will be supported to identify further opportunities.

Environmental Awards

AV received three awards for our efforts in climate action and sustainability in the Global Green and Healthy Hospitals (GGHH) Climate Champion Awards announced in February 2022.

AV was awarded gold in both the Climate Resilience and Climate Leadership categories, and silver in the Renewable Energy category. The awards recognise the steps we are taking to prepare for the impacts of extreme weather and the shifting burden of disease, as well as educating staff and the public by promoting policies that protect public health from climate change, and help reduce health care's own carbon footprint.

AV is committed to reducing our key emissions from road vehicles, building energy usage, and air ambulance services.

We have set ambitious targets, and are making strong progress to meeting reduction targets for our Scope 1 and 2 emissions on our path towards zero net carbon emissions:

2025: 39 per cent emissions reduction

2030: 60 per cent emissions reduction

2045: Net zero emissions

By way of further commitment, AV participates in the Race To Zero, a global campaign to rally leadership and support from businesses, cities, regions, investors for a healthy, resilient, zero carbon recovery that prevents future threats, creates decent jobs, and unlocks inclusive, sustainable growth.

2025

39%

emissions reduction

2030

60%

emissions reduction

2045

Net 0

emissions

Patient triage finding sustainable solutions

An investigation into the clinically appropriate use of alternative service providers has demonstrated improved social and environmental outcomes.

Patients across Victoria have benefited from increased flexibility and service choice made possible through recent developments in virtual care and connection to alternate service providers when safe and clinically appropriate.

Triage Services care has proven to be a cost effective, real-time and convenient alternative to the more traditional face-to-face way of providing paramedic care. This innovative program introduced by AV managed to avoid dispatch to lower acuity patients during COVID-19 and preserve emergency ambulances for time critical events.

This alternative care model, initially introduced to alleviate pressure on the number of ambulance call outs, was also studied for its environmental impact. The study found that across the year 395 tonnes of carbon pollution was avoided by diverting calls to a mix of alternate service providers.

Statistical analysis revealed:

- On average, 11 kilometres of travel and **5.8 kilograms of carbon pollution was avoided** per diversion to an alternative service provider.
- Approximately **36 per cent of emissions reduced** was by the provision of telehealth services.
- The use of a domestic vehicle in place of an ambulance can **reduce emissions by more than 60 per cent**.
- Provision of taxis instead of an ambulance where clinically appropriate for the patient **reduced kilometres travelled on average by 40 per cent**.

AV continues to investigate how programs like these can improve the delivery of care to unique cohorts which would have further environmental and social benefits.


36%
of emissions reduced by providing telehealth services
EMERGENCY
AMBULANCE
IKD 3DQ

Environmental **Report**

Environmental commitment

AV recognises that our everyday activities have direct and indirect impacts on the environment. Knowing that the environment we live in can impact our health and quality of life our aim is to minimise these impacts wherever possible.

Our Social and Environmental Responsibility Framework 2020-2024 and associated Action Plan puts a focus on environmental improvements in our most material areas of climate change adaptation and mitigation, waste minimisation and sustainable design and procurement.

Key achievements

This year, we commenced implementation of our Climate Adaptation Action Plan 2022-2025.

This plan spans four years and will help AV understand the risks to our operations under potential future climate scenarios. Using this knowledge we are planning for more frequent and extreme weather events. By preparing for these events, climate related impacts to our operations will be reduced and our ability to provide effective pre-hospital care can be better maintained.

In mitigating our contribution to climate change, a continued focus on energy efficiency projects saw carbon emissions associated with electricity reduce in 2021-2022 by 9 per cent compared to 2020-2021.

This was a significant contributor to our overall carbon emission reduction of two per cent in 2021-2022.

In recognition of our efforts in 2021-2022 we received the following awards:

- Leadership Prize in CAA Annual Excellence Awards (November 2021).
- Community Champion – Waste Reduction and the Circular Economy category of the Premier's Sustainability Awards 2021.
- Climate Champion Awards from Global Green and Healthy Hospitals (GGHH) for action on climate change.
  - Climate Resilience – Gold
  - Climate Leadership – Gold
  - Renewable Energy – Silver

Climate change

The Climate Adaptation Action Plan 2022-2025 commenced its first year of delivery, known as the 'establish phase'.

Many of the actions were of a foundational and communicative nature to establish understanding, networks and process before moving into the longer-term strategic actions in the *Scenario Plan* stage in 2022-23. During this initial phase a strong relationship has been developed with the Department of Environment, Land, Water and Planning. This has helped us to understand potential future weather conditions and events specific to individual regions.

Paper use

AV continued to see a significant reduction in paper usage falling by **54 per cent in 2021-2022** to 4,196 reams of paper.

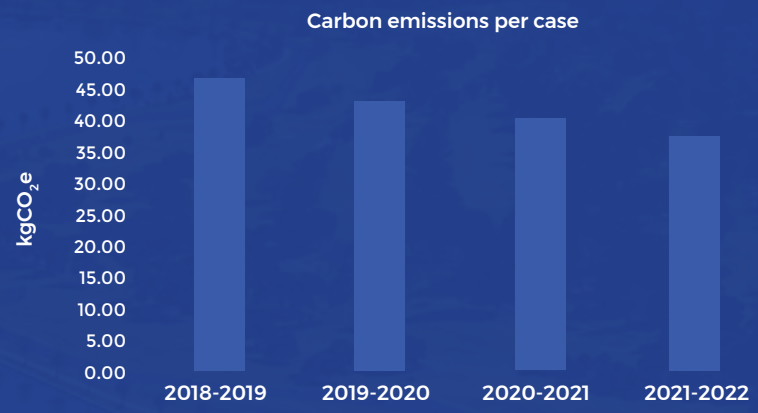
This is a great effort and supported by the reduced presence of corporate staff on site, the use of DocuSign to sign formal documents and an improvement in utilities invoice payments which resulted in less paper use. The recycled paper content of all paper consumed remained relatively consistent at 71 per cent. Supporting social procurement priorities, our paper is sourced from a certified Aboriginal and Torres Strait Islander social enterprise.

Electricity Greenhouse emissions

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 along the way. The first pledge is to achieve a **39 per cent reduction** in emissions from the 2015 baseline by 2025. AV net emissions have been steadily decreasing since a peak observed in 2018-19. This has been strongly influenced by higher penetration of renewable energy into the electricity grid, reducing the overall emission factor, and entering into a Power Purchase Agreement in 2020-2021. As a result Scope 2 emissions (electricity) reduced by nine per cent and AV total emissions reduced by three per cent overall.

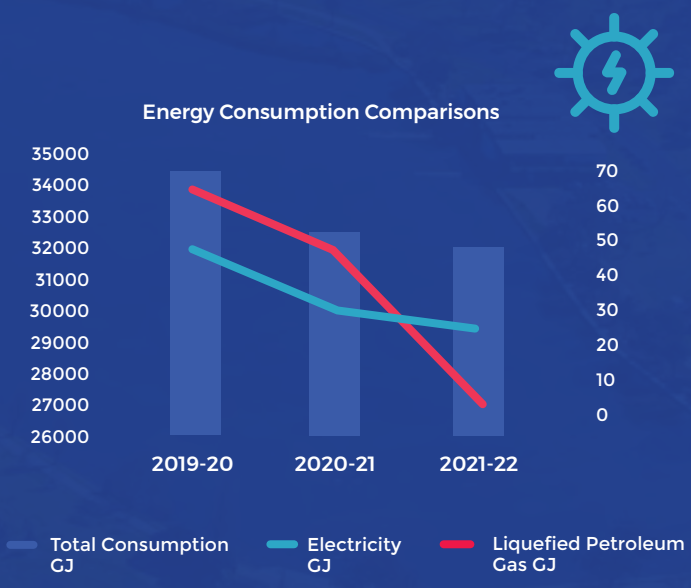
This reduction in emissions along with an increasing number of cases being responded to has seen emissions per case decrease since 2018-19 showing an improved emissions efficiency for service provided.



Energy use (Stationary Energy)

Stationary energy use has remained relatively stable since 2020-2021, only reducing by two per cent in 2021-2022.

Larger fluctuations have occurred in sources such as liquified petroleum gas, however due to the small quantity reported this has not made a significant impact on the overall figure.



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.

The conversion to hybrid corporate vehicles has commenced however worldwide delays in supply of vehicles has limited the number of hybrids coming into Australia and hampered the transition. An increased road case load over recent years has resulted in increased diesel fuel consumption, which has been too significant to offset the reduction observed in aircraft energy consumption. With these challenges in mind, AV is pleased to report that transport energy increased by less than one per cent in 2021-2022.

Water use

Water use increased by 12 per cent in 2021-2022 compared to 2020-2021 but remained well below the consumption levels observed pre-COVID-19.

Traditionally, the bulk of our water is consumed at corporate sites so this consumption is in line with reduced numbers of staff at these locations. AV regularly analyses water consumption trend information to identify possible leaks and improve our approach to water use.

Reducing waste and maximising recycling

Waste generation rose in 2021-2022, however so did our recycling percentage rate, up from 41 per cent in 2020-2021 to 48 per cent in 2021-2022.

The continued focus on recycling at branches and further roll out of waste segregation bins has contributed to this increased recycling rate. The increased number of cases and PPE requirements of COVID-19 has had a negative impact on waste generation at AV.

We will continue to seek innovative ways to manage the waste we generate. One such example is the adoption of gloves that breakdown in landfill via a process of mineralisation.

The gloves are impregnated with an organic additive that attracts landfill bacteria which consume the nitrile glove leaving behind organic material, carbon dioxide and methane.

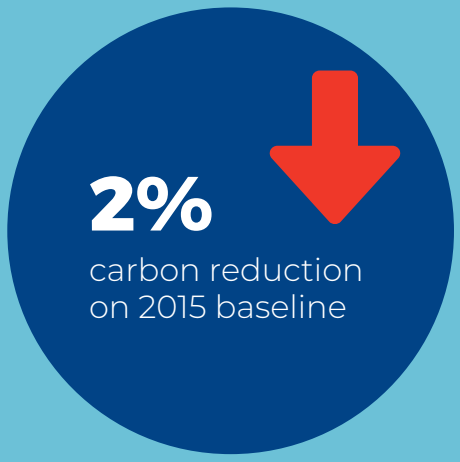
Another program AV has to reduce waste generation is the collection and re-use of paramedic uniforms that are no longer required.

The program, established and co-ordinated by ALS Paramedic and Team Manager Jo Algie, is able to re-distribute uniforms to current paramedics in need and was of benefit when needing to supply uniform to the COVID-19 surge workforce.

Uniforms that cannot be re-distributed are de-badged and donated to Uniforms for Kids, a not-for-profit organisation that, with the help of volunteers, creates new and unique outfits for disadvantaged children.

Jo was recognised in the Premier's Sustainability Awards in the Community Champion – Waste Reduction and the Circular Economy category for her great efforts.

Environmental **Report**



Governance, reporting and targets

Regular progress reporting to the Executive Committee and AV Board contributes to the governance of our actions. The following table summarises our environmental results for this year and outlines targets set for 2022-2023.

Environmental indicator	Target 2021-22	Results 2021-22	Target 2022-23
Reduction in greenhouse emissions Increased energy sourced from renewables Increased fuel efficiency of road fleet	**2 per cent** carbon reduction on 2015 baseline Establish baseline carbon per case by service type	**Carbon reduction** Emissions reduction achieved from renewables and projects: 3 per cent carbon reduction compared to 2020-2021 (788 tCO_2e) **Carbon per case** by service type established for: • Total fleet • Fixed Wing • Rotary Wing • Emergency Road • AV Non Emergency Patient Transport	**18 per cent** reduction compared to 2021-2022 Carbon per case <33kgCO_2e/case
Improved waste behaviours	Rollout recycling trial to **40 branches**	Rolled out recycling trial to 80 branches	Rollout recycling trial to a further **40 branches, 255 sites in total.**

Environmental **Performance**[1]

	Unit of Measure	2019-20	2020-21	2021-22
GREENHOUSE EMISSIONS[2]				
Scope 1	tC02e-	24,587	25,877	25,745
Scope 2	tC02e-	9,091	8,205	7,439
Total AV Greenhouse Emissions[3]	**tC02e-**	**33,678**	**34,082**	**33,184**
GreenPower	tC02e-	-1,748	-2,783	-2,673
Net AV Greenhouse Emissions[4]	**tC02e-**	**31,930**	**31,299**	**30,511**
Emissions from Energy (Stationary)	tC02e-	6,584	5,549	4,240
Emissions from Transport	tC02e-	24,464	25,751	25,611
Carbon per Case	kgCO2e-	43.15	40.27	37.78
Carbon avoided per Case	kgCO2e-	2.346	3.58	3.31
ENVIRONMENTAL INDICATOR				
Stationary Energy[5]				
Diesel Oil	GJ	174	135	154
Electricity	GJ	32,084	30,141	29,428
Liquefied Petroleum Gas	GJ	62	46	8
Natural Gas	GJ	2,090	2,224	2,391
Total Consumption	GJ	34,410	32,546	31,982
Green Power purchased	%	19	33	33
Solar Power (installed)	GJ	1,230	1,718	1,657
Consumption per FTE[6]	GJ per FTE	6.47	6.37	5.24
Transport Energy[7]				
Total Consumption	GJ	333,353	364,785	365,404
Consumption per FTE	GJ per FTE	62.73	68.65	74.61
Water[8]				
Total Consumption	KL	35,137	25,066	35,137
Consumption per FTE	KL per FTE	6.61	4.72	5.76
Waste[9]				
Total waste generated	Kg (clinical, general, liquid & recycled)	291,205	225,806	381,883
Total waste to landfill	Kg (clinical & general)	206,624	160,270	245,395
Recycling rate %	Kg (recycled / general & recycled)	35	41	48
Waste to landfill per FTE	Kg per FTE	38.88	29.07	40
Paper[10]				
Total Reams	Reams	12,464	9,103	4.196
Average Recycled Content	%	71	70	71
Reams per FTE	Reams per FTE	2.35	1.71	0.69

1. 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 2022.
2. 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
3. Total greenhouse emissions figures incorporate all Scope 1 and 2 emissions produced (not including any offsets).
4. 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.
5. 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.
6. Official Full Time Equivalent staff as at the end of the financial year.
7. 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 2021 to May 2022.
8. 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.
9. In 2021 waste data was 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.
10. 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.

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 provides the basis of our collaboration with our suppliers, to improve the social and environmental value of our purchasing decisions.

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

Our social procurement aligns with and supports the AV Strategic Plan 2017-2022 objective of operating in a financially and environmentally sustainable way.

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

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.
- Supporting sustainable Victorian regions.
- 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:

- Obtaining membership of Social Traders who aim to connect certified enterprises with business, creating a positive impact through jobs, community services and support for the most marginalised.
- Conducting an analysis of the AV procurement spend in conjunction with Social Traders, to identify social procurement opportunities.
- Delivering social procurement training to management groups within AV.
- Highlighting for AV to purchase social and sustainable products offered by our stationery provider (copy paper, bottled water, paper cups, etc).
- Establishing an attestation process for social procurement reporting.
- Providing an internal register of social providers on AV's Intranet.
- Increasing numbers of social suppliers in AV's supply chain.
- Continuing to integrate social and environmental responsibility requirements into tenders.
- Joining Supply Nation, which aims to help shape the emerging and rapidly evolving Indigenous business sector, to assist with growing our Indigenous spend and understanding.

Our 2021-2022 social procurement spend exceeded target. Total social spend with certified suppliers rose from $18.4 million to $27.7 million. This can be attributed to the increase in maintenance and operational services delivered by social procurement suppliers as part of AV's health response to the COVID-19 pandemic, the addition of long-term AV suppliers that are now included within the Social Traders umbrella and increased AV staff awareness.

Social Procurement	2019-20	2020-21	2021-22
Social procurement spend	$17.5m	$18.4m	$27.7m
Social procurement 'addressable spend'[1]	$269,000	$654,000	$ 3.4m
Number of social suppliers[2]	40	60	76

1. Addressable spend excludes DEBIT & AV patient transport services.
2. Cumulative year on year total.

Case studies

In accordance with the Victorian Government's Social Procurement Framework, AV actively seeks to use its buying power to generate social value above and beyond the value of the goods, services or construction being procured.

Social value refers to the benefits for all Victorians when social and sustainable outcomes are achieved through procurement activities. The below examples highlight opportunities that have been realised under AV's Social Procurement Framework.

Be Well Be Safe Program

Ambulance Victoria implemented the 'Be Well Be Safe' Healthcare Workforce Wellbeing Grant Program. Fruit boxes were delivered fortnightly by fruit2work across metropolitan Melbourne and to Geelong's Regional Office. Fruit2work is a social enterprise that provides employment opportunities to those who have been involved with the justice system.

Paramedic Refreshment Program

AV required a strategy to support paramedics and staff in combatting fatigue during the COVID-19 pandemic. Waverley Social Enterprises Catering and the Salvation Army were able to assist by supplying 'after hours' snack boxes at our premises at Wesley Court and the latter also at our Ballarat call centre. These were very well received by AV staff. Both suppliers felt a strong connection in supporting AV and in turn playing a part in assisting in the fight against the pandemic.

Delivery of night packs to Wesley Court from Waverley Industries and The Salvation Army

Uniforms

AV contracted two uniform providers with social procurement practices embedded within their operations.

Thread Group Australia is an Indigenous owned business, registered with both Kinaway and Supply Nation. It is also a registered supplier on the Victorian Government Ethical Supplier Register and accredited to Ethical Clothing Australia.

Workwear Group is a registered supplier on the Victorian Government Ethical Supplier Register, accredited to Ethical Clothing Australia, members of Better Cotton Initiative (BCI) and, Signatory to the Australian Packaging Covenant Organisation (APCO). The group also partners with Career Trackers to build pathways for young Indigenous professionals.

Donations
Summary

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

Name of Donor	Donation Amount
Rotary Club of Wonthaggi	$65,500.00
Lorne Community Opportunity Shop Inc.	$37,400.00
Alma Sylvia & Carmen Figuerola Trust	$26,261.79
Nicoll Bedford	$20,022.44
Judith Stembridge	$20,000.00
Heather Rae	$18,700.00
Foundation for Rural & Regional Renewal	$17,928.00
Magistrates Court of Victoria	$17,000.00
Rodney McRae	$10,000.00
Mildura Connected Community	$8,550.00
Ritchies Stores	$6,438.16
Mallacoota Fundraising Group	$5,835.00
Edwards Foundation	$5,000.00
Eildon Community Opportunity Shop Inc	$5,000.00
Estate of Brian J Winfield	$5,000.00
The AL Lane Foundation	$5,000.00
The Gall Family Foundation	$5,000.00
The Midfield Group	$5,000.00
Towong Shire Council	$5,000.00
McMahons Road Pty Ltd	$4,870.00
Kathleen & Neal Gildea	$4,000.00
John Brian Little	$3,000.00
Tracey Kol	$3,000.00
Omeo Rodeo Association Inc	$2,500.00
Andrew Stevens	$2,000.00
GOLF AUSTRALIA	$2,000.00
Anonymous	$1,500.00
Askra Consulting Pty Ltd	$1,500.00
Blue Label Pty Ltd	$1,500.00
Rotary Club of Warrandyte Donvale	$1,500.00
The Big Trentham Thank You	$1,319.05
Mount Beauty Foodworks	$1,292.81
Andrew Cook	$1,000.00
Ann & Peter Robb	$1,000.00

Name of Donor	Donation Amount
Anonymous	$1,000.00
Anonymous	$1,000.00
Brown McComish Solicitors	$1,000.00
Lloyd Thomson	$1,000.00
Nhan Le	$1,000.00
Salvatore Di Paola	$1,000.00
Warrnambool Dog Training School Inc.	$1,000.00
Total	**$327,617.25**
General Donations and Bequests under $1,000	**$111,048.81**
Total General Donations and Bequests	**$438,666.06**

Auxiliary Donations greater than or equal to $1,000

Name	Auxiliary	Amount
Gippsland Wool Growers	Helimed 1	$15,816.16
'Greater Gippsland Fund' Supported by Nationals MP Darren Chester & Department of Industry	Sale	$5,500.00
Ritchies IGA Paynesville	Paynesville	$3,795.50
Omeo Rodeo Association Inc	Helimed 1	$2,500.00
Exxon Mobil (ESSO)	Sale	$2,200.00
Sale Greyhound Racing Club	Sale	$2,183.10
Anonymous	Sale	$2,110.90
Paynesville Uniting Church	Paynesville	$2,000.00
Robinvale Op Shop	Robinvale	$2,000.00
Maryborough Lions Club	Maryborough	$1,500.00
Paul Okely	Warracknabeal	$1,500.00
Bairnsdale Golf Club	Paynesville	$1,437.55
Nhill Pharmacy	Nhill	$1,297.49
Parkridge Social Club	Paynesville	$1,250.00
Bendigo Bank	Romsey-Lancefield	$1,000.00
Grantville Business & Ratepayers Association	Grantville	$1,000.00
Anonymous	Woodend	$1,000.00
Yarram Camp Draft	Helimed 1	$1,000.00
Total		**$49,090.70**
Auxiliary Donation and Bequests under $1,000		**$296,979.47**
Total Auxiliary Donations		**$346,070.17**

Governance

AV Charter

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 to:

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

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

AV reports to the Minister for Ambulance Services through the Department of Health. During this reporting period, two Ministers held the portfolio. The Hon. Martin Foley MP from 1 July 2021 to 27 June 2022, and the Hon. Mary-Anne Thomas MP from 27 June 2022 to 30 June 2022.

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

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

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

The Board's qualifications, skills and experience are diverse and extensive, with expertise across government (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 Chair works with the Department of Health and the Minister to ensure the Board has the requisite skills, competency and diversity mix to provide strong and insightful stewardship of the organisation. This includes ensuring the Board has the attributes required not only for today's needs, but also for future years where the Board will need to respond to a more technologically, financially and socially complex environment.

Board Committees

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

All committees are governed by a Board-approved Terms of Reference, which sets out each forum's role, responsibilities, membership, quorum and voting structures. The Board appoints all committee members (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.

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.

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 2021-2022, the committee continued its oversight of material risks including, but not limited to, the COVID-19 pandemic and organisational culture.

Quality and Safety Committee (section 18 requirement)

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

- effective and accountable systems are in place to monitor and improve the quality, safety and effectiveness of services provided by AV;
- any systemic problems identified with the quality, safety and effectiveness of ambulance services are addressed and the results reported in a timely manner; 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 2021-2022, 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) informs and guides the Board and Executive on key issues associated with AV's work with the community.

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

Chaired by an AV Board Director, the CAC reports regularly to the Board, including on the progress of AV's Community and Consumer Engagement Plan 2020-2022. The CAC 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 CAC, 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. However, many CAC activities, including the joint meeting, were not undertaken this year due to the pressures arising from the COVID-19 pandemic.

Board Director **Profiles**

BOARD CHAIR

Ken Lay AO APM

Ken Lay is a professional non-executive Director and was appointed AV Board Chair in December 2015.

Ken's 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 2021-2022, 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.

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.

BOARD MEMBERS

Wenda Donaldson

Wenda Donaldson has been an AV Board Director since 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.

BOARD MEMBERS

Dr Joanna Flynn AM

Dr Jo Flynn has been an AV Board Director since December 2015.

Jo is a medical practitioner and has held many governance and advisory roles in health at federal and state level over many years.

Jo is the President of Berry Street. 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 (nine years). She has recently completed a term as a Board Director of Forensicare.

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 is also a member of the Remuneration and Nominations Committee, and the Community Advisory Committee.

Ian Forsyth

Ian Forsyth has been an AV Board Director since December 2015.

After a private and public sector executive career including more than three decades' experience developing and leading teams across complex, high profile and transitioning organisations, Ian recently retired as an executive, with the goal of assisting other companies as an adviser or board director.

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

Most recently as managing director with one of Australia's leading behaviour change communication consultancies, Ian's executive roles included Deputy CEO, WorkSafe Victoria, Managing Director, Norwich Union Life Australia and Chief Information Officer, Transport Accident Commission (TAC).

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

Colleen Furlanetto OAM

Colleen Furlanetto has been an AV Board Director since July 2020.

Colleen is a noteworthy advocate in the fields of disability and inclusion, authentically embodying the principle that 'Diversity is a Fact, Inclusion is a Choice' and carrying that concept into all her volunteer and business endeavours.

She lives a life of service, advocating strongly for connection, support, and inclusion for people with a disability. Believing that 'Access and Inclusion are a Human Right', she strives to ensure that all people have the opportunity to engage in active citizenship in their local communities and the wider world.

Awarded the Order of Australia Medal (OAM) in 2020 for Service to Community, Disability and Health, Colleen has also held various disability portfolios along with extensive committee roles regarding safety and inclusion for Victorians with a disability.

With significant networks across Victoria, including Local and State Government agencies, organisations, and departments, Colleen is currently a member of boards servicing community in Health, Disability, Emergency management, Community Services and Advocacy .

Michael Gorton AM

Michael Gorton has been an AV Board Director 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. Michael continues to Chair 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.

Michael is a member of AV's Audit and Risk, Quality and Safety, and Remuneration and Nominations committees.

BOARD MEMBERS

Anna Leibel

Anna Leibel has been an AV Board Director since July 2019.

Anna was previously the Chief Technology and Delivery Officer with superannuation fund UniSuper and had earlier led Digital Transformations with PwC, Telstra, IBM and NAB. In 2020-2021, Anna co-authored and published her first book on cyber security risk governance for Boards. She also retains her private consulting firm 110% Consulting and continues as a partner within The Secure Board Advisory. In 2021-2022, Anna commenced as a Non-Executive Director with Alfred Health and Secure Electronic Registries Victoria.

In July 2021 Anna was appointed as the Chair of the Audit and Risk Committee. She also served as a member of the Finance and Remuneration and Nominations committees. Ms Leibel concluded her tenure with Ambulance Victoria on 30 June 2022.

Peter Lewinsky

Peter Lewinsky has been an AV Board Director since December 2015.

Peter 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 2021-2022 included Chair, Audit and Risk Committee, Department of Jobs, Precincts and Regions and Primary Compliance Officer, Victorian Independent Tribunal (DPC).

Peter continues to be Chair of Holmesglen Institute, TAL Superannuation Ltd, the Audit and Risk Committee (Department of Environment, Land, Water and Planning), 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 AV'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.

Greg Smith AM

Greg Smith has been an AV Board Director 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 State-wide 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) and was a member of the Finance Committee from September 2021 through until the conclusion of his tenure with AV on 30 June 2022.

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	A	H	A	H	A	H	A	H	A	H	A	H	A
Board of Directors														
K Lay AO APM (AV Chair)	14	14	Ex officio		Ex officio		Ex officio		4	4	Ex officio		2	2
C Furlanetto OAM	14	14	7	6			1	1			3	3		
W Donaldson	14	13					5	5	4	4				
Dr J Flynn AM	14	14					5	5			3	3	1	1
I Forsyth	14	14	7	6	1	1			4	3				
M Gorton AM	14	13			5	4	5	5					1	1
P Lewinsky	14	14	7	7	5	5								
A Leibel	14	13	1	1	5	5			4	4			1	1
G Smith AM	14	13	7	5					4	4			1	1
T Santo#							1	1						
Jessica Handley#							2	2						
James Shuttleworth#							2	2						
J Drake^^							5	5			3	3		
S Porter^^							5	4			3	2		
A Gardiner^											3	2		
P Kirkpatrick^											3	3		
R Coverdale^											3	3		
Hana Williamson^											3	3		
Kane Treloar^											1	0		
Zaineb Mourad^											1	1		
David McCarthy^											1	1		

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.

^^ 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
Chief Executive Officer
(Medical leave from Mar 2022)

Elizabeth Murphy APM
(Acting Mar to Apr 2022)

Felicity Topp
(Interim from May 2022, seconded from Peninsula Health)

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

Chief Operating Officer

Mark Rogers ASM *(Jul to Aug 2021)*
Elizabeth Murphy APM
(from Aug 2021)

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

Garry Button

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, strategic planning, major projects as well as the Ambulance Victoria Membership Scheme.

Executive Director Transformation and Strategy

Jill Fitzroy *(until Dec 2021)*

Division was dissolved in January 2022. Previously responsible for the strategic design and delivery of digital and service transformation.

Executive Director People and Culture

Rebecca Hodges
(Jul 2021 to Feb 2022)

Alison Goss *(Acting since Feb 2022)*

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 Engagement

Rebecca Hodges
(acting until Jan 2022)
Nichola Holgate
(commenced Jan 2022)

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 AV 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.

Executive Director Operational Strategy and Integration

Mark Rogers ASM
(commenced Aug 2021

Operational Strategy and Integration focuses on delivery of priorities in relation to driving sustainability, operational strategy, service innovation and improvement to create a collaborative and integrated approach to support AV better to deliver Best Care and improving performance outcomes by using its resources as efficiently as possible.

Executive Director Equality and Workplace Reform

Simone Cusack
(commenced Mar 2022)

Responsible for providing leadership of AV's program of work to implement and oversee the long-term and meaningful reforms needed to make AV a safe, fair and inclusive organisation for our people and our patients. Established in 2022, the creation of the Equality and Workplace Reform division achieves implementation of Recommendation 11 arising from the VEOHRC Independent review into workplace equality in AV .

Medical Director

Dr David Anderson MStJ FICICM

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

Chief Information Officer

Gavin Gusling
(commenced Sep 2021)

Accountable and responsible for ICT strategy, digital and technology innovation, security and policy setting. Development of systems architecture, ICT led project delivery, major system changes or introduction / integration of new systems, master data management and data governance. Also responsible for data sharing agreements, ongoing maintenance of applications and infrastructure and hardware, including real-time support for IT end-users consistent with our service level objectives.

Executive **Structure**

Ambulance Victoria Board of Directors

Chair
Ken Lay

Chief Executive Officer
Tony Walker

Medical Director
Dr David Anderson

Executive Director Strategy and Integration
Mark Rogers

Executive Director Quality and Patient Experience
Nicola Reinders

Executive Director Corporate Services
Garry Button

Chief Operations Officer
Elizabeth Murphy

Chief Information Officer
Gavin Gusling

Executive Director Equality and Workplace Reform
Simone Cusack

Executive Director People and Culture
Alison Goss (acting)

Executive Director Communication & Engagement
Nichola Holgate

Executive Director Operational Communications
Anthony Carlyon

Executive Director Clinical Operations
Mick Stephenson

Statement **of Priorities**

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

Part A Summary

Strategic Priorities	Deliverables	Outcome
COVID-19 READINESS AND RESPONSE		
Maintain your robust COVID-19 readiness and response, working with my department to ensure we rapidly respond to outbreaks, if and when they occur, which includes providing testing for staff where necessary and if required. This includes participating in 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. › Maintaining a surge workforce to minimise the effects of unplanned leave during the pandemic. › Providing testing for AV personnel where necessary and if required. › Supporting implementation of the COVID-19 vaccine immunisation program to AV personnel.	The updated AV COVID-19 Pandemic SubPlan was in place since November 2021. An additional 160 surge responders were trained and made available for operational duties since Quarter 3 (total 1314). This includes 30 Australian Defence Force (ADF) personnel, who were due to complete a duty rotation on 30 June 2022. Revised AV COVID-19 Workplace Attendance Requirements remain in place, and are regularly reviewed against public health order requirements. COVID-19 surveillance testing via Rapid Antigen Test (RAT) remain in place for all operational staff, and staff working in critical areas. On 10 January 2022, the Victorian Government announced that workers in key sectors including Emergency Services who were already required to be fully vaccinated (two doses) against COVID-19 would be required to get their third dose within the specified timeline. The final booster deadline for AV employees was 29 March 2022 (extended from 12 March 2022). All eligible staff are vaccinated or have an appropriate exemption, aside from a small number of employees who were issued with show cause notices on 4 June 2022 in relation to their vaccination status. This process is currently active.

Strategic Priorities	Deliverables	Outcome
HOSPITAL HANDOVER ENHANCEMENT		
Work collaboratively with Emergency Departments to ensure improved and efficient handover processes.	AV will work collaboratively with Emergency Departments to improve handover processes through: › Ongoing representation on the Ambulance Patient Transfer Taskforce. › Participation in the sector wide review of transfer times and implement Taskforce recommendations.	COVID-19 response continues to slow progress of the Taskforce recommendations. Geographical catchments were removed at 7am on 22 June 2022 to enable better distribution of lower acuity patients to smaller metropolitan health services. Ambulance Patient Offload Teams (APOT) and now Ambulance Victoria Offload (AVOL) have expanded at Health Services state-wide, with both Latrobe Regional Hospital and Bass Coast commencing. Ambulance managers continue to be rostered daily to assist with ramping, escalation and patient flow. A joint three-week pilot program commenced for a daily 6pm Senior Consultant and Register led review of patients on stretchers at three sites (Austin, Box Hill and Sunshine). There is continued daily and weekly engagement with Health Services state-wide to discuss strategies for improved patient transfer. Hospital capacity and internal patient flow remains restricted AV response performance is increasingly impacted by hospital transfer times. AV has ongoing participation in the 'Medical Emergency Response Times' working group convened by Department of Premier & Cabinet (DPC). Progressive expansion of Victorian Virtual Emergency Department (VVED) state-wide for all patients is demonstrating benefits in reducing Emergency Department demand. The Ambulance Victoria Offload (AVOL) strategy expansion demonstrates early improvement.

Strategic Priorities	Deliverables	Outcome
AMBULANCE PERFORMANCE IMPROVEMENT PLAN (APIP)		
Commence delivery of the government's $121 million Ambulance Improvement Plan (AIP) to update AV's operating model to better meet the emergency health needs of Victorians. Progress and implementation of initiatives will be reported via the AIP steering committee.	The Ambulance Performance Improvement Program 2022-2025 will implement a suite of practical initiatives to deliver operational change to improve Code 1 response performance, in recognition of continued increase in Triple Zero (000) demand, as follows: › Expand AVs secondary triage, which connects Triple Zero (000) callers who do not need an ambulance, with alternative care providers. › Recruit additional mental health staff to expand TelePROMPT to 24-hours. › Recruit additional staff to Operational Communication centres to support increased workload and demand. › Introduce a new medium acuity patient transport service across the state, including vehicles and staff to target medium acuity workload. › Convert four on-call locations to 24-hour coverage – Cobram, Mansfield, Yarrawonga and Korumburra. › Four rural Peak Period Units operating out of Moe, Bendigo, Warragul and Leongatha.	The Ambulance Performance Improvement Program 2022-2025 Year 1 progress against deliverables is as follows: › The Secondary Triage Program has progressed recruitment of 31 Referral Service Triage Practitioners against a program target of 43 FTE. The program is on track for September 2022 completion, with the second recruitment campaign launched in April 2022. › Additional mental health staff have been engaged through mental health providers and the government funded TelePROMPT service now operates 24 hours a day, 7 days a week. › Following the introduction of additional Clinical Support Paramedics earlier in the year, the introduction of additional clinicians into both the metro and regional communications centres is on track for completion in August 2022. › 22 Medium Acuity Transport Units (MATS) continue to operate effectively across the state. The transition of our first MATS Graduate Bridging Paramedics (GBP) into the Graduate Ambulate Paramedic Program will occur in August 2022. As part of this process, a new group of MATS graduates will commence in the MATS pilot program. › Korumburra, Mansfield, Yarrawonga and Cobram have been successfully converted to 24-hour coverage. › Peak Period Units at Leongatha, Moe, Bendigo and Warragul have been implemented.

Strategic Priorities	Deliverables	Outcome
MENTAL HEALTH ROYAL COMMISSION REFORM		
Work with the Department of Health, Department of Justice and Community Services, Victoria Police and the Emergency Services Telecommunications Authority to deliver initial planning and design for the implementation of Recommendation 10 of the Royal Commission into Victoria's Mental Health System to enshrine health-led responses to mental health crises.	The Final Report of the Royal Commission into Victoria's Mental Health System sets out the reform agenda to redesign Victoria's mental health and wellbeing system including 65 recommendations. Specific to AV is recommendation 10, which details the requirements of emergency services when responding to mental health crises. AV will: › Develop an implementation plan in response to the Royal Commission into Victoria's Mental Health System Final Report. › Commence implementation of initiatives aligned to recommendation 10 of the report so that we can improve patient outcomes and experience, reduce emergency demand and create greater job satisfaction for paramedics.	In response to Recommendation 10 of the Final Report of the Royal Commission into Victoria's Mental Health System, AV has progressed deliverables as follows: › A detailed and dynamic Implementation Plan has been developed with our partner agencies and implementation initiatives have commenced. › The 'project initiation phase' nears completion with the development of project management tools, current state data and interdependency mapping. › Workstreams have commenced, including Legislation, Clinical Safety & Patient Experience (CSPE) and Service Design. › AV has provided critical input into the draft Mental Health & Wellbeing Bill comprising of 10 chapters and an addendum.
VICTORIAN EQUAL OPPORTUNITY AND HUMAN RIGHTS COMMISSION REVIEW		
Develop a detailed plan to implement recommendations contained in Volumes 1 and 2 of the final report from the Victorian Equal Opportunity and Human Rights Commission's independent review into workplace equality in Ambulance Victoria.	The Victorian Equal Opportunity and Human Rights Commission (VEOHRC) will conduct an independent review of AV, focused broadly on workplace equality. AV will: › Support the Independent Review into Workplace Equality in AV. › Develop an implementation plan in response to VEOHRC's final report and commence implementation of high priority recommendations.	AV developed a draft implementation plan – *Safe Fair Inclusive: Your AV Roadmap 2022-27* – and consulted with the workforce, unions and other key partners on its critical elements. This included the proposed governance framework, sequencing and prioritisation of reforms to reflect AV's response and the roadmap forward. The Equality & Workplace Reform Division has been set up and recruitment for staff to join the division is well underway. AV has also begun implementing the VEOHRC recommendations, including: › Making work environments more secure by installing privacy locks across all regional and metro buildings. › Developing tender documents to engage a consultancy to support the redesign of AV's organisational values. › Researching independent providers of restorative engagement schemes and the key elements of each scheme, which are now under consideration for AV to determine the way forward. › Identifying a service provider to administer 'anonymous reporting pathways'; enabling staff to raise concerns about unlawful or harmful workplace conduct without providing identifying information. › Progressing work to create a fair report and complaint system.

Strategic Priorities	Deliverables	Outcome
ABORIGINAL AND TORRES STRAIT ISLANDER CULTURAL SAFETY FRAMEWORK		
Embed the Aboriginal and Torres Strait Islander Cultural Safety Framework into our organisation. Build a continuous quality improvement approach to improving cultural safety, underpinned by Aboriginal self-determination, to ensure delivery of culturally safe care to Aboriginal patients and families, and to provide culturally safe workplaces for Aboriginal employees.	AV is committing to establishing an enduring partnership with Aboriginal and Torres Strait Islander communities to improve the cultural safety of our organisation and enhance the provision of culturally appropriate care for our patients. AV will: › Establish a cross functional working group to support AV's work to embed the eight cultural safety framework principles across the organisation. The group's program of work to be governed by the Diversity and Inclusion Council. › Continue to progress and deliver key actions outlined in AV's Cultural Safety & Equity Action Plan (Phase 3). › Endorse and include relevant cultural safety actions as part of AV's Reflect Reconciliation Action Plan.	AV continues its commitment to creating culturally safe environments for all who work and volunteer with us. The establishment of the Equality & Workplace Reform Division includes a dedicated program lead with the remit for the program of work to lead cultural safety for Aboriginal and Torres Strait Islander peoples. With recruitment in progress, it is forecast for the team to be established by September 2022. In addition, a new governance structure has been established to oversee the Equality & Workplace Reform program of work, including a Steering Committee with employee representatives, senior leaders, external specialists, and union representatives. This governance of the work to embed Aboriginal and Torres Strait Islander Cultural Safety will formally transition to this Steering Committee. The Cultural Safety & Equity Action Plan has continued to progress, including the engagement of a designer to prepare a cultural safety symbol for use across AV. An Aboriginal artist has been commissioned to design the cultural safety symbol artwork and it is expected to be released in conjunction with AV's first Reconciliation Action Plan. AV's draft Reconciliation Action Plan was submitted to Reconciliation Australia for second review and endorsement in May 2022 with feedback for further amendment received in June 2022. A third draft is in development to be submitted for further feedback.

Performance
Priorities

Statement of Priority Part B

	2021-22 Target	2021-22 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[1]	90.0%	54.4%
Quality and safety		
Percentage of respondents who rated care, treatment, advice and/or transport received from the ambulance service as good or very good[2]	95.0%	96.1%
Percentage of patients experiencing severe cardiac or traumatic pain whose level of pain was reduced significantly[3]	90.0%	92.6%
Percentage of adult stroke patients transported to definitive care within 60 minutes[4]	90.0%	98.3%
Percentage of major trauma patients that meet destination compliance[5]	85.0%	94.8%
Percentage of adult cardiac arrest patients surviving to hospital[6]	50.0%	54.7%
Percentage of adult cardiac arrest patients surviving to hospital discharge[6]	25.0%	28.3%
Percentage of respondents who rated care and treatment received from paramedics as good or very good	95.0%	97.7%
STRONG GOVERNANCE, LEADERSHIP AND CULTURE		
Organisational culture		
People matter survey – percentage of staff with an overall positive response to safety and culture questions[7]	62.0%	75.0%
TIMELY ACCESS TO CARE		
Response times Statewide		
Percentage of emergency Code 1 incidents responded to within 15 minutes[8]	85%	67.5%
Percentage of emergency Priority 0* incidents responded to within 13 minutes	85%	76.9%
Response times Urban		
Percentage of emergency Code 1 incidents responded to within 15 minutes in centres with a population greater than 7,500[9]	90.0%	71.9%
40-minute transfer		
Percentage of patients transferred from ambulance to ED within 40 minutes	90.0%	61.3%

Continued >

* Priority 0 is a subset of our Code 1 caseload and indicates the most urgent events requiring a time-critical response. These usually involve patients with life-threatening conditions such as suspected cardiac arrest patients.

	2021-22 Target	2021-22 Actual
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%	19.8%
Clearing time		
Average ambulance hospital clearing time[10]	20 mins	29 mins

Notes:

1. Includes all AV staff. Results reflect the 2021 Influenza Immunisation Program which ended in August 2021, as required by business rules.
2. Based on results of VHES survey conducted in 2022 (excludes missing/don't know/cant say from total responses).
3. Includes patients of all ages with traumatic pain and patients aged 15 years or greater with cardiac pain who presented with GCS (Glasgow Coma Scale) of 9 or more, were not intubated, had an initial pain score of 8 or more and a pain reduction of 2 or more points. Provisional figures are provided.
4. Includes patients aged 15 years or greater whose final paramedic assessment was stroke and who were transported to a hospital with stroke unit and thrombolysis or telemedicine services within 60 minutes. Excludes inter-hospital transports. Provisional figures are provided.
5. 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 2021 – December 2021.
6. Adult (≥15 years) cardiac arrests where resuscitation was attempted by EMS (excluding those cases where resuscitation was commenced but ceased when a Do Not Resuscitate was discovered) and the arrest rhythm on first ECG assessment was Ventricular Fibrillation (VF) or Ventricular Tachycardia (VT). VF/VT events include cases that were defibrillated prior to the arrival of EMS. EMS denotes Ambulance Victoria, Fire Services (Metropolitan Fire Brigade (MFB), Country Fire Authority (CFA)) and Community Emergency Response Teams (CERT). Excludes cardiac arrests witnessed by a paramedic. Cardiac arrest data is sourced from the Victorian Ambulance Cardiac Arrest Registry (VACAR) which is subject to ongoing quality control and is continually updated. Survival to hospital percentage calculation excludes cases where rhythm on arrival at hospital was unknown. Survival to hospital discharge percentage calculation excludes cases where hospital outcome data is unavailable. The data provided is provisional. Results based on data available from July 2021 to May 2022.
7. Reinstatement following removal in 2020–21 due to optional participation in the People Matter Survey in response to COVID-19. Business rule change to align with Victorian Public Sector Commission reporting has affected performance levels – Target rebased to 62% to provide consistency in performance thresholds relative to past years. Single summary KPI to be reinstated as the sole indicator of 'Strong governance, leadership and culture' domain while all KPIs under this domain are reviewed. Supporting eight underlying KPIs will continue to be monitored through regular reporting in PRISM.
8. From 1 July 2014 Statewide response times are based on data sourced from the Computer Aided Dispatch system.
9. Based on the Australian Bureau of Statistics Urban Centre boundaries (2016 census) and resident population data.
10. Based on all emergency transports with recorded times. From 1 July 2019, minor data quality issues were resolved.

Statistical **Summary**

	2021-22	2020-21[2]	2019-20	2018-19	2017-18	2016-17[1]
EMERGENCY ROAD INCIDENTS						
METROPOLITAN REGIONS						
Code 1	266,066	223,062	217,717	213,557	205,555	200,960
Code 2	143,904	163,020	163,968	160,169	160,926	151,974
Code 3	54,479	64,704	59,571	58,565	50,105	46,625
Total Metropolitan Emergency Road Incidents	**464,449**	**450,786**	**441,256**	**432,291**	**416,586**	**399,559**
RURAL REGIONS						
Code 1	111,320	100,504	92,373	87,779	81,776	78,372
Code 2	73,210	77,816	72,965	70,722	69,755	66,533
Code 3[3]	33,529	31,386	27,366	27,923	23,898	22,028
Total Rural Emergency Road Incidents	**218,059**	**209,706**	**192,704**	**186,424**	**175,429**	**166,933**
ALL REGIONS						
Code 1	377,386	323,566	310,090	301,336	287,331	279,332
Code 2	217,114	240,836	236,933	230,891	230,681	218,507
Code 3[3]	88,008	96,090	86,937	86,488	74,003	68,653
Total Statewide Emergency Road Incidents	**682,508**	**660,492**	**633,960**	**618,715**	**592,015**	**566,492**
NON-EMERGENCY ROAD INCIDENTS						
Total Metropolitan Non-Emergency Road Incidents[3]	263,112	258,798	254,020	246,594	235,627	229,921
Total Rural Non-Emergency Road Incidents[3]	97,282	96,748	85,710	74,865	61,441	53,551
Total Statewide Non-Emergency Road Incidents	**360,394**	**355,546**	**339,730**	**321,459**	**297,068**	**283,472**
Total Metropolitan Road Incidents[3]	**727,561**	**709,584**	**695,276**	**678,885**	**652,213**	**629,480**
Total Rural Road Incidents	**315,341**	**306,454**	**278,414**	**261,289**	**236,870**	**220,484**
ROAD INCIDENTS (ALL REGIONS)						
Emergency Code 1	377,386	323,566	310,090	301,336	287,331	279,332
Emergency Code 2	217,114	240,836	236,933	230,891	230,681	218,507
Emergency Code 3[3]	88,008	96,090	86,937	86,488	74,003	68,653
Non-Emergency[3]	360,394	355,546	339,730	321,459	297,068	283,472
Total Road Incidents[3]	**1,042,902**	**1,016,038**	**973,690**	**940,174**	**889,083**	**849,964**

Continued >

	2021-22	2020-21[2]	2019-20	2018-19	2017-18	2016-17[1]
AIR INCIDENTS (ALL REGIONS)						
Fixed Wing – Emergency	1,962	2,017	1,771	2,235	2,437	2,298
Fixed Wing – Non-Emergency[3]	3,320	3,048	2,693	2,661	2,255	2,253
Total Fixed Wing Incidents[3]	**5,282**	**5,065**	**4,464**	**4,896**	**4,692**	**4,551**
HELICOPTERS						
Helicopter (HEMS 1 Essendon)	563	612	554	617	591	392
Helicopter (HEMS 2 Latrobe Valley)	461	501	449	505	499	452
Helicopter (HEMS 3 Bendigo)	516	551	463	532	521	424
Helicopter (HEMS 4 Warrnambool)	361	355	331	342	345	282
Helicopter (HEMS 5 Retrieval)	575	623	546	591	593	578
Total Helicopter Incidents (All Emergency)	**2,476**	**2,642**	**2,343**	**2,587**	**2,549**	**2,128**
Emergency Air Incidents	4,438	4,659	4,114	4,822	4,986	4,426
Non-Emergency Air Incidents[3]	3,320	3,048	2,693	2,661	2,255	2,253
Total Air Incidents[3]	**7,758**	**7,707**	**6,807**	**7,483**	**7,241**	**6,679**
ADULT RETRIEVAL						
Cases handled	6,365	5,587	4,833	5,172	5,178	4,897
RETRIEVALS[4]						
Road retrievals – ARV Crew (Doctors and/or Critical Care Registered Nurse)	829	571	474	546	652	N/A
Road retrievals – paramedic only	456	477	424	364	368	278
Road retrievals – doctor & paramedic	218	218	183	195	228	477
Total road retrievals	**1,503**	**1,266**	**1,081**	**1,105**	**1,248**	**755**
Air retrievals – paramedic only	1,217	1,161	1,023	1,221	1,144	1,183
Air retrievals – doctor & paramedic	376	531	476	542	549	493
Total air retrievals	**1,593**	**1,692**	**1,499**	**1,763**	**1,693**	**1,676**
Total adult retrievals	**3,096**	**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	67.5%	77.2%	82.3%	84.0%	81.8%	78.3%
Proportion of emergency (Code 1) incidents, located in centres with a population greater than 7,500, and responded to in 15 minutes or less[5]	71.9%	82.5%	87.6%	89.3%	87.2%	83.7%

Continued >

	2021-22	2020-21[2]	2019-20	2018-19	2017-18	2016-17[1]
REFERRAL SERVICE						
Percentage of Triple Zero (000) cases resulting in callers receiving health advice or service from another health provider as an alternative to emergency ambulance response[9]	19.8%	17.6%	17.6%	15.5%	14.9%	15.3%
PATIENTS TRANSPORTED[6]						
ROAD TRANSPORTS (METROPOLITAN REGIONS)						
Emergency Operations	336,014	349,714	342,400	330,564	306,127	285,484
Non-Emergency Operations Stretcher[3]	147,335	141,464	137,461	129,745	134,466	128,389
Total Stretcher	483,349	491,178	479,861	460,309	440,593	413,873
Non-Emergency Clinic Transport Services[3]	93,710	99,104	100,234	97,033	89,647	82,293
Total Metropolitan Regions	**577,059**	**590,282**	**580,095**	**557,342**	**530,240**	**496,166**
ROAD TRANSPORTS (RURAL REGIONS)						
Total Rural Regions	**231,121**	**236,600**	**224,833**	**211,818**	**187,483**	**176,455**
Total Patients Transported by Road	**808,180**	**826,882**	**804,928**	**769,160**	**717,723**	**672,621**
AIR TRANSPORTS (ALL REGIONS)						
Fixed Wing transports[3]	4,835	4,699	4,333	4,806	4,665	4,504
HELICOPTERS						
Helicopter (HEMS 1 Essendon)	445	493	461	519	506	324
Helicopter (HEMS 2 Latrobe Valley)	365	405	370	416	428	382
Helicopter (HEMS 3 Bendigo)	431	452	389	446	424	349
Helicopter (HEMS 4 Warrnambool)	287	307	279	289	295	244
Helicopter (HEMS 5 Retrieval)	453	502	474	505	495	471
Total Helicopter Transports	**1,981**	**2,159**	**1,973**	**2,175**	**2,148**	**1,770**
Total Air Transports[3]	**6,816**	**6,858**	**6,306**	**6,981**	**6,813**	**6,274**
Total Patient Transports[3]	**814,996**	**833,740**	**811,234**	**776,141**	**724,536**	**678,895**
ROAD PATIENTS TRANSPORTED (ALL REGIONS) – CHARGING CATEGORIES[7]						
COMPENSABLE TRANSPORTS						
Veterans' Affairs	12,908	14,199	16,400	18,382	19,980	21,413
Transport Accident Commission	12,310	13,055	14,701	16,046	14,789	13,153
WorkCover	3,331	3,778	3,697	3,959	3,652	3,447
Public Hospital Transfers[3]	31,246	30,306	27,949	28,441	26,732	24,712

Continued >

	2021-22	2020-21[2]	2019-20	2018-19	2017-18	2016-17[1]
Private Hospital Transfers[3]	2,432	2,389	2,226	2,214	2,229	2,071
Ordinary	65,210	62,315	62,790	60,768	56,782	53,863
Subscriber	164,718	164,165	155,817	146,491	132,189	123,187
Total Compensable Road Transports	**292,154**	**290,207**	**283,580**	**276,301**	**256,353**	**241,846**
Community Service Obligation Road Transports[3]	508,405	528,933	513,545	487,853	453,081	422,778
Other[3,8]	7,499	7,749	7,804	8,107	8,289	7,997
Total Patients Transported by Road[3]	**808,058**	**826,889**	**804,929**	**772,261**	**717,723**	**672,621**

Notes:

1. In May 2016, AV commenced rolling out changes to event priorities to better match resource allocation to patient need. This program, included within the Ambulance Policy and Performance 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.
2. Figures for 2020-2021 have been updated where applicable to include data received after the completion of last year's report.
3. 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.
4. Retrievals may appear as either a road incident, an air incident or both. During 2016-2017, Adult Retrieval Victoria introduced a new platform – ARV Ambulance. This has resulted in a change in how staff are crewed, therefore from 2017-2018 there are retrievals without paramedic attendances.
5. Based on the Australian Bureau of Statistics Urban Centre boundaries (2016 census) and resident population data.
6. 'Patients Transported' are categorised as metropolitan or rural based on the location of the resource used. Data for the 2021-2022 is preliminary and subject to change.
7. The charge class assigned to patients transported is subject to change during the period when an account is being finalised, and significant movements between charge classes can occur after the end of the financial year. Charge class figures for 2021-2022 are estimates.
8. 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.
9. 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.

Code 1 First Response Performance by LGA, 2021-2022

Local Government Area Name	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Interstate LGAs	50.5%	20:20	1,254
Alpine (S)	40.6%	22:47	727
Ararat (RC)	57.5%	17:49	772
Ballarat (C)	79.6%	12:53	7,973
Banyule (C)	73.6%	13:54	6,438
Bass Coast (S)	58.7%	16:38	2,714
Baw Baw (S)	60.1%	16:27	3,346
Bayside (C)	71.2%	14:53	3,705
Benalla (RC)	55.9%	17:52	965
Boroondara (C)	75.2%	13:53	5,755
Brimbank (C)	69.0%	14:40	12,190
Buloke (S)	32.7%	27:33	358
Campaspe (S)	57.2%	16:30	2,459
Cardinia (S)	54.8%	17:09	6,337
Casey (C)	64.9%	15:12	18,634
Central Goldfields (S)	53.1%	19:13	989
Colac-Otway (S)	60.1%	17:33	995
Corangamite (S)	48.9%	18:30	947
Darebin (C)	76.7%	13:34	8,691
East Gippsland (S)	53.2%	19:00	3,576
Frankston (C)	74.4%	13:30	9,361
Gannawarra (S)	42.8%	22:02	533
Glen Eira (C)	74.9%	13:48	6,163
Glenelg (S)	73.2%	14:11	1,074
Golden Plains (S)	29.7%	21:06	989
Greater Bendigo (C)	69.3%	14:40	8,281
Greater Dandenong (C)	74.3%	13:51	9,697
Greater Geelong (C)	73.3%	13:38	17,186
Greater Shepparton (C)	71.7%	14:20	5,379
Hepburn (S)	40.5%	20:10	1,020
Hindmarsh (S)	52.0%	20:17	400

Continued >

Local Government Area Name	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Hobsons Bay (C)	67.2%	14:37	5,139
Horsham (RC)	78.7%	12:54	1,327
Hume (C)	61.2%	16:00	18,680
Indigo (S)	28.2%	23:21	749
Kingston (C) (Vic.)	71.3%	14:13	7,802
Knox (C)	75.1%	13:42	7,375
Latrobe (C) (Vic.)	73.3%	13:07	7,164
Loddon (S)	24.8%	25:29	501
Macedon Ranges (S)	56.6%	16:36	2,539
Manningham (C)	67.4%	15:16	5,179
Mansfield (S)	43.5%	26:14	398
Maribyrnong (C)	73.1%	14:12	4,282
Maroondah (C)	77.4%	13:15	5,790
Melbourne (C)	79.3%	12:31	10,298
Melton (C)	55.3%	16:58	11,090
Mildura (RC)	76.6%	13:30	3,908
Mitchell (S)	52.9%	17:35	2,993
Moira (S)	46.4%	20:19	2,292
Monash (C)	70.1%	14:47	8,166
Moonee Valley (C)	70.4%	14:36	6,326
Moorabool (S)	46.5%	18:44	1,955
Moreland (C)	72.0%	14:20	10,387
Mornington Peninsula (S)	65.5%	14:48	10,307
Mount Alexander (S)	47.4%	18:44	964
Moyne (S)	37.8%	19:27	719
Murrindindi (S)	37.6%	23:05	969
Nillumbik (S)	50.9%	17:21	2,522
Northern Grampians (S)	62.1%	17:30	885
Port Phillip (C)	76.3%	13:15	5,498
Pyrenees (S)	36.8%	21:55	470
Queenscliffe (B)	59.7%	16:35	231
South Gippsland (S)	48.0%	18:59	1,830
Southern Grampians (S)	63.5%	16:14	816

Continued >

Local Government Area Name	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Stonnington (C)	74.4%	14:17	4,277
Strathbogie (S)	28.7%	23:38	890
Surf Coast (S)	56.0%	16:26	1,697
Swan Hill (RC)	65.7%	16:11	1,266
Towong (S)	34.7%	26:34	294
Unincorporated Vic	40.2%	30:06	87
Wangaratta (RC)	71.8%	14:39	2,022
Warrnambool (C)	85.6%	11:12	2,077
Wellington (S)	51.8%	18:49	2,719
West Wimmera (S)	34.8%	24:07	201
Whitehorse (C)	76.2%	13:27	6,849
Whittlesea (C)	64.5%	15:22	13,511
Wodonga (C)	75.2%	13:51	2,644
Wyndham (C)	67.7%	14:54	12,935
Yarra (C)	79.4%	12:44	4,757
Yarra Ranges (S)	59.7%	16:08	7,871
Yarriambiack (S)	37.7%	25:01	462
Total	**67.5%**	**15:02**	**363,018**

1. 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.

Code 1 First Response Performance by UCL > 7500, 2021-2022

Urban Centre Locality Name >7500	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Albury – Wodonga (Wodonga Part)	79.2%	13:21	2,411
Bacchus Marsh	53.8%	17:23	1,137
Bairnsdale	72.4%	14:35	1,175
Ballarat	81.2%	12:39	7,517
Benalla	68.7%	15:15	715
Bendigo	75.0%	13:41	7,219
Castlemaine	67.4%	15:37	552
Colac	78.2%	13:55	624
Drouin	70.3%	14:29	901

Continued >

Urban Centre Locality Name >7500	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Drysdale – Clifton Springs	74.6%	13:30	903
Echuca – Moama (Echuca Part)	80.8%	12:23	898
Geelong	77.1%	13:02	11,812
Gisborne	66.5%	14:10	629
Hamilton	84.0%	11:39	545
Healesville	65.4%	15:41	685
Horsham	87.1%	11:13	1,149
Lara	66.1%	14:59	799
Leopold	81.9%	11:36	679
Maryborough (Vic.)	65.2%	16:51	658
Melbourne	70.9%	14:21	236,137
Melton	56.9%	16:36	4,993
Mildura - Buronga (Mildura Part)	86.6%	11:29	2,790
Moe – Newborough	72.8%	12:57	2,136
Morwell	86.0%	11:11	1,888
Ocean Grove – Barwon Heads	73.0%	13:53	1,032
Portland (Vic.)	83.8%	11:29	618
Sale	81.2%	11:47	889
Shepparton – Mooroopna	79.8%	13:14	4,208
Sunbury	55.8%	16:37	2,404
Swan Hill	85.9%	11:15	700
Torquay – Jan Juc	63.6%	15:11	976
Traralgon	77.2%	12:30	2,005
Wallan	64.4%	14:44	609
Wangaratta	83.3%	12:23	1,616
Warragul	75.7%	13:19	1,064
Warrnambool	86.1%	11:04	1,986
Wonthaggi	78.6%	12:52	720
Yarrawonga– Mulwala (Yarrawonga Part)	65.8%	17:04	687
Total	**71.9%**	**14:09**	**308,466**

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

Priority 0 is a subset of our Code 1 caseload and indicates the most urgent events requiring a time-critical response. These usually involve patients with life-threatening conditions such as suspected cardiac arrest.

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.

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. AV 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

AV received 2,633 requests under the *Freedom of Information Act 1982 (Vic)* (the Act) in 2021-2022.

- Full access to documents was provided in 1,766 requests.
- Exemptions under the Act were applied to 523 requests.
  - Partial access was granted for 522 requests.
  - One request was denied in full.

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

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

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

Most applications were for access to patient care records (PCRs) by AV, their legal representatives or surviving next of kin.

AV collected $50,712.30 in application fees.

AV collected nil in access charge fees to facilitate access to documents.

In addition, the Freedom of Information team at AV processed 924 statute FOI requests.

These include:

The Coroners Court of Victoria	552
Child Protection	117
Transport Accident Commission (TAC)	228
Other	21
Australian Health Practitioner Regulation Agency (AHPRA)	6
Total	**924**

Freedom of Information Requests	2021-22
Requests received during the year	2,633
Response not completed within the statutory period	90
Response completed within the statutory period	2,543
Request transferred to another agency	4
Request transferred from another agency	1
Requests not proceeded with by the applicant	67
Requests withdrawn with by the applicant	3
Access granted in full	1,766
Access granted in part (exemptions claimed)	522
Access denied in full (exemptions claimed)	1
Requests where no relevant documents could be located	149
Requests not deemed valid	71
Requests awaiting completion at the end of the financial year	48
FOI Commissioner	
Reviews/Complaints accepted by FOI Commissioner	9
VCAT appeals lodged	1
Outcome of Appeal	
VCAT confirmed	1
VCAT varied original decision	0

The Freedom of Information unit also processed:

- 1,563 requests on behalf of Victoria Police for Patient Care Records and/or Paramedic statements.
- 175 subpoenas.
  - 66 subpoenas were for paramedics to attend court.
  - 109 subpoenas were for AV to produce documents.

National Competition Policy

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

Building Standards

AV is compliant with 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

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

Carers' Recognition Act 2012

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

Public Interest Disclosures Act 2012

Under the *Public Interest Disclosures 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. AV encourages individuals to make any disclosures which are protected disclosures within the meaning of the Act to IBAC.

Local Jobs First Act 2003

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

During 2021-2022 AV commenced five Local Jobs First Standard contracts totalling $28.38 million. All five contracts were state-wide and the Local Jobs First commitment outcomes expected are:

- An average of 90.66 per cent of local content committed.
- A total of 84.79 jobs (annualised employee equivalent) committed, including the creation of 34.47 new jobs and the retention of 50.32 jobs.
- A total of 3.04 positions for apprentices, trainees and cadets committed, including the creation of three new apprenticeships, traineeships and cadets, and the retention of 0.04 existing apprenticeships, traineeships and cadets.

During 2021-2022 AV commenced one Local Jobs First Strategic contract totalling $345.48 million. This project is state-wide, and the Local Jobs First commitment outcomes expected are:

- An average of 85.84 per cent of local content committed.
- A total of 46.83 jobs (annualised employee equivalent) committed, including the creation of 0.91 new jobs and the retention of 45.92 jobs.
- A total of 2.20 positions for apprentices, trainees and cadets committed, including the creation of 0.15 new apprenticeships, traineeships, and cadets and the retention of 2.05 existing apprenticeships, traineeships and cadets.

During 2021-2022 AV did not complete any projects subject to Local Jobs First policy outcomes.

Gender Equality Act 2020

As a defined entity under the *Gender Equality Act 2020*, AV has been progressively taking steps to meet three key obligations set out in the Act which came into effect on 31 March 2021. AV conducted a workplace gender audit to inform the development of its first Gender Equality Action Plan. This was submitted to the Gender Equality Commission on 20 June 2022. Additionally, AV has established processes to undertake a Gender Impact Assessment on any new or updated policies, programs, or services with a direct and significant impact on the public. To meet the consultation requirements set out by the Act, AV consulted with and sought input into the development of the Gender Equality Action Plan from the Board of Directors, Executive Committee, staff, and volunteers from across the organisation.

DataVic Access Policy

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

Additional information available on request

Details in respect of the items listed below have been retained by AV 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 AV, and how these can be obtained;
- Details of changes in prices, fees, charges, rates and levies charged by AV;
- Details of any major external reviews carried out on the AV;
- Details of major research and development activities undertaken by AV that are not otherwise covered either in the report of operations or in a document that contains the financial statements and report of operations;
- Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- Details of major promotional, public relations and marketing activities undertaken by AV to develop community awareness of AV and its services;
- Details of assessments and measures undertaken to improve the occupational health and safety of employees;
- A general statement on industrial relations within AV and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the report of operations;
- A list of major committees sponsored by AV, the purposes of each committee and the extent to which those purposes have been achieved;
- Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

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

Consultancies

Details of Consultancies (under $10,000)

AV 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 2021-2022, there were seven consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2021-2022 in relation to these consultancies was $1,677,000 (excluding 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.

- Property Services Department Functional Review
- Internal Cyber Incident Operational Review
- AV Demand Drivers and Demand Research Project
- Develop AV Restorative Justice Scheme
- Develop Data Literacy Improvement Program and Roadmap
- Major Projects Implementation Review
- Aviation Advisory Services for Fixed Wing Tender

Details of Individual Consultancies – Over One Year

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
Grosvenor Performance Group Pty Ltd	Property Services Department Functional Review	Aug-21	Mar-22	91	91	0
IPSec Pty Ltd	Internal Cyber Incident Operational Review	Oct-21	Jun-22	61	58	0
KPMG Management Consulting	AV Demand Drivers & Demand Research Project	Jul-21	Nov-21	248	248	0
Article One Consulting	Develop AV Restorative Justice Scheme	May-22	Jun-22	38	38	0
Deloitte Consulting Pty Ltd	Develop Data Literacy Improvement Program and Roadmap	Jun-22	Jun-22	195	195	0
Price Waterhouse Coopers	Major Projects Implementation Review	Feb-22	Jun-22	110	109	0
AviPro - Resolution Response Pty Ltd	Aviation Advisory Services for Fixed Wing Tender	May-21	Jul-21	27	27	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
- Develop AV Data Strategy
- Digitising the Paramedic Experience
- Aviation Advisory Services for Rotary Wing Tender

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	1,640	766	0
Nous Group Pty Ltd	Develop Transformation and Strategy Operating Model	Mar-21	Jul-21	199	49	0
Nous Group Pty Ltd	Develop AV Data Strategy	Mar-21	Jul-21	98	44	0
Nous Group Pty Ltd	Digitising the Paramedic Experience	Mar-21	Jul-21	30	30	0
Heliport Design Group Pty Ltd	Aviation Advisory Services for Rotary Wing Tender	Jun-22	Jun-24	250	22	228

ICT Expenditure

Details of Information and Communication Technology (ICT) expenditure

For the 2021-2022 reporting period, AV had a total ICT Expenditure of $48.57m (excluding GST) with the details shown below ($m).

All operational ICT Expenditure	ICT Expenditure related to projects to create or enhance ICT capabilities		
Business As Usual (BAU) ICT expenditure (Total)	Non Business As Usual (non BAU) ICT expenditure (Total = Operating expenditure and Capital Expenditure)	Non-Business as Usual Operating Expenditure	Non-Business as Usual Capital Expenditure
$34.94m	$13.63m	$1.27m	$12.36m

Financial **Overview**

Key financial results

	2021-22 $m	2020-21 $m	2019-20 $m	2018-19 $m	2017-18 $m
Operating Result [i]	**23.396**	10.701	14.265	33.476	8.215
Net Result from Transactions [ii]	**28.287**	(10.660)	13.322	56.189	16.205
Net Result [iii]	**28.644**	0.231	(18.209)	2.010	(9.692)
Comprehensive Result [iv]	**46.664**	15.000	(18.209)	10.153	(9.692)

i. Statement of Priorities financial result performance measure (also refer reconciliation below).
ii. Includes capital income and depreciation.
iii. Includes capital income, depreciation, and movements in financial instruments, and other economic flows.
iv. Reflects the movement in Net Assets for the period.

Summary results

AV generated a $23.4m Operating Result surplus for 2021-2022. While this result is the key measure used to monitor health services financial performance, it excludes bad and doubtful debts, of which AV incurred $21.5m during the year and is included in Other Economic Flows/Net Result. The doubtful debt expense within Other Economic Flows was largely offset by a significant decrease in the value of AV's long service leave provision to reflect lower expected future payments following increases to the Department of Treasury and Finance's discount rate, resulting in AV's $28.6m Net Result surplus. AV's $46.7m Comprehensive Result surplus was impacted by an $18.0m increase in the fair value of AV land.

Total revenue increased by 15 per cent

AV's total revenue comprises operating and capital income. While the global COVID-19 pandemic continues to have a material impact on the health sector, including AV, government continued to provide funding to support expenditure incurred in AV's COVID-19 response. 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.

AV's workload continued to increase, together with an increase to chargeable transports, resulting in a 6 per cent increase in transport fees.

Total expenditure from transactions increased by 12 per cent

Overall service delivery expenditure increased in 2021-2022, driven by workload growth, additional COVID-19 activities, and implementation of performance improvement programs. The increases included more ambulance services (both emergency and non-emergency, including new Medium Acuity Transport Services), recruitment of additional paramedics and surge workforce for COVID-19, and increased supplies and consumables.

Comprehensive result

Property market values continued to increase significantly in 2021-2022, triggering a management valuation resulting in a $18.0m increase to the fair value of AV land, and Net Assets, in 2021-2022.

	2021-22 $000	2020-21 $000	2019-20 $000	2018-19 $000	2017-18 $000
Summary of Financial Results					
Total Income from Transactions	**1,481,874**	1,288,269	1,188,563	1,140,919	1,046,405
Total Expenses from Transactions	**(1,453,587)**	(1,298,929)	(1,175,241)	(1,084,730)	(1,030,200)
Net Result from Transactions	**28,287**	(10,660)	13,322	56,189	16,205
Total Other Economic Flow	**357**	10,891	(31,531)	(54,180)	(25,897)
Net Result	**28,644**	231	(18,209)	2,010	(9,692)
Total Assets	**1,065,675**	1,051,955	1,009,164	739,909	682,088
Total Liabilities	**716,849**	749,793	721,527	430,223	382,555
Net Assets	**348,826**	302,162	287,637	309,686	299,533

	2021-22	2020-21	2019-20	2018-19	2017-18
Financial Indicators					
Current Assets Ratio	**0.39**	0.40	0.36	0.52	0.49
Debtors Turnover (Days)	**77**	73	71	72	84
Creditors Payable Turnover (Days)	**58**	46	38	64	50
Bad & Doubtful Debt Provision/YTD Billings Ratio	**0.13**	0.10	0.08	0.07	0.07
Actual Cost Per Road Incident ($)	**$1,065**	$1,059	$1,006	$969	$986
Liability Ratio	**0.67**	0.71	0.71	0.58	0.56
Asset Turnover Ratio	**1.41**	1.25	1.36	1.60	1.55

	2021-22 $000
Reconciliation between Net Result from Transactions & Statement of Priorities	
Operating Result	**23,396**
Capital and Specific Items	
Capital Purpose Income	**127,469**
Specific Income	**–**
COVID-19 State Supply Arrangements	
Assets and Supplies Received Free of Charge or for Nil Consideration	**3,577**
State Supply Items Consumed up to 30 June 2022	**(3,577)**
Assets Received Free of Charge	**–**
Assets Provided Free of Charge	**–**
Expenditure for Capital Purpose	**(4,512)**
Depreciation and Amortisation	**(112,707)**
Impairment of Non-Financial Assets	**–**
Finance Costs	**(5,359)**
Net Result from Transactions	**28,287**

Disclosure **Index**

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

Legislation	Requirement	Page
MINISTERIAL DIRECTIONS		
Report of Operations		
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	77–79
FRD 22	Purpose, functions, powers and duties	77–79
FRD 22	Nature and range of services provided	10–51
FRD 22	Activities, programs and achievements for the reporting period	10–51
FRD 22	Significant changes in key initiatives and expectations for the future	10–51
Management and structure		
FRD 22	Organisational structure	85
FRD 22	Workforce data/ employment and conduct principles	52, 103
FRD 22	Occupational Health and Safety	53–55
Financial information		
FRD 22	Summary of the financial results for the year	108–110
FRD 22	Significant changes in financial position during the year	108–110
FRD 22	Operational and budgetary objectives and performance against objectives	86–101
FRD 22	Subsequent events	147
FRD 22	Details of consultancies under $10,000	105–106
FRD 22	Details of consultancies over $10,000	105–106
FRD 22	Disclosure of ICT expenditure	107
Legislation		
FRD 22	Application and operation of *Freedom of Information Act 1982*	102
FRD 22	Compliance with building and maintenance provisions of *Building Act 1993*	103
FRD 22	Application and operation of *Protected Disclosure 2012*	103
FRD 22	Statement on National Competition Policy	103
FRD 22	Application and operation of *Carers Recognition Act 2012*	103
FRD 22	Summary of the entity's environmental performance	68–72
FRD 22	Additional information available on request	104
Other relevant reporting directives		
FRD 25	*Local Jobs First Act 2003* disclosures	103
SD 5.1.4	Financial Management Compliance attestation	113
SD 5.2.3	Declaration in Report of Operations	8
Attestations		
Attestation on Data Integrity		8
Attestation on managing Conflicts of Interest		9
Attestation on Integrity, Fraud and Corruption		9
Other reporting requirements		
Reporting of outcomes from Statement of Priorities 2021-2022		86–101
Occupational Violence reporting		54
Statement on *Gender Equality Act 2020*		104

Financial Report for the year ending 30 June 2022

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 2022 and the financial position of Ambulance Victoria at 30 June 2022.

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 7 October 2022.

Shelly Park
Chair of the Board

Melbourne
7 October 2022

Professor Tony Walker ASM
Chief Executive Officer

Melbourne
7 October 2022

Garry Button FCPA
Chief Financial Officer

Melbourne
7 October 2022

Independent
Auditor's Report

VAGO
Victorian Auditor-General's Office

Independent Auditor's Report

To the Board of Ambulance Victoria

Opinion	I have audited the financial report of Ambulance Victoria which comprises the: • balance sheet as at 30 June 2022 • 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 Ambulance Victoria as at 30 June 2022 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 Ambulance Victoria 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 Ambulance Victoria 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 Ambulance Victoria's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

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

Auditor's responsibilities for the audit of the financial report	As required by the *Audit Act 1994,* my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report. As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also: • identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. • obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ambulance Victoria's internal control • evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board • conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on Ambulance Victoria's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause Ambulance Victoria to cease to continue as a going concern. • evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation. I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

MELBOURNE
21 October 2022

Sanchu Chummar
as delegate for the Auditor-General of Victoria

Index for the **Financial Statements**

Financial Statements

Notes to the Financial Statements

Comprehensive **Operating Statement**

For the Financial Year Ended 30 June 2022

	NOTE	2022 $'000	2021 $'000
Revenue and Income from Transactions			
Operating Activities	2.1	**1,481,391**	1,287,730
Non-Operating Activities	2.1	**483**	539
Total Revenue and Income from Transactions		**1,481,874**	1,288,269
Expenses from Transactions			
Employee Benefits	3.1	**(996,655)**	(881,730)
Contract Services	3.1	**(165,822)**	(162,535)
Supplies and Services	3.1	**(118,156)**	(88,609)
Finance Costs	3.1	**(5,359)**	(6,440)
Depreciation and Amortisation	4.5	**(112,707)**	(118,145)
Other Operating Expenses	3.1	**(50,376)**	(41,470)
Other Non-Operating Expenses	3.1	**(4,512)**	-
Total Expenses from Transactions		**(1,453,587)**	(1,298,929)
NET RESULT FROM TRANSACTIONS - NET OPERATING BALANCE		**28,287**	(10,660)
Other Economic Flows Included in Net Result			
Net Gain/(Loss) on Financial Instruments	3.2	**(21,471)**	(19,934)
Net Gain/(Loss) on Disposal of Non-Financial Assets	3.2	**184**	974
Net Gain/(Loss) on Other Economic Flows	3.2	**21,644**	29,851
Total Other Economic Flows Included in Net Result		**357**	10,891
NET RESULT FOR THE YEAR		**28,644**	231
Other Comprehensive Income			
Items that will not be reclassified to Net Result			
Changes to Property, Plant and Equipment Revaluation Surplus	4.3	**18,020**	14,769
Total Other Comprehensive Income		**18,020**	14,769
COMPREHENSIVE RESULT FOR THE YEAR		**46,664**	15,000

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

Balance **Sheet**

As at 30 June 2022

	NOTE	2022 $'000	2021 $'000
CURRENT ASSETS			
Cash and Cash Equivalents	6.1	**153,970**	138,121
Receivables and Contract Assets	5.1	**32,856**	34,979
Inventories		**6,810**	7,183
Prepayments		**7,219**	10,338
TOTAL CURRENT ASSETS		**200,855**	190,621
NON-CURRENT ASSETS			
Receivables and Contract Assets	5.1	**137,486**	125,988
Property, Plant and Equipment	4.1	**465,943**	429,236
Right of Use Assets	4.2	**220,860**	268,203
Intangible Assets	4.4	**40,531**	37,907
TOTAL NON-CURRENT ASSETS		**864,820**	861,334
TOTAL ASSETS		**1,065,675**	1,051,955
CURRENT LIABILITIES			
Payables and Contract Liabilities	5.2	**183,225**	160,103
Employee Benefits Provisions	3.3	**269,901**	260,546
Borrowings	6.2	**61,832**	58,817
Other Provisions		**1,558**	1,751
TOTAL CURRENT LIABILITIES		**516,516**	481,217
NON-CURRENT LIABILITIES			
Payables and Contract Liabilities	5.2	**9,622**	23,943
Employee Benefits Provisions	3.3	**41,607**	46,283
Borrowings	6.2	**146,056**	196,014
Other Provisions		**3,048**	2,336
TOTAL NON-CURRENT LIABILITIES		**200,333**	268,576
TOTAL LIABILITIES		**716,849**	749,793
NET ASSETS		**348,826**	302,162
EQUITY			
Property, Plant and Equipment Revaluation Surplus	4.3	**88,796**	70,776
Contributed Capital		**187,644**	187,644
Accumulated Surplus		**72,386**	43,742
TOTAL EQUITY		**348,826**	302,162
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 2022

	Note	Property, Plant and Equipment Revaluation Reserve	Contributed Capital	Accumulated Surplus	Total Equity
		$'000	$'000	$'000	$'000
Balance at 1 July 2020		56,007	188,119	43,511	287,637
Net result for the year		-	-	231	231
Capital Contribution received from Victorian Government		-	(475)	-	(475)
Other Comprehensive income for the year	4.1(b)	14,769	-	-	14,769
Balance at 30 June 2021		**70,776**	**187,644**	**43,742**	**302,162**
Net result for the year		**-**	**-**	**28,644**	**28,644**
Other Comprehensive income for the year	4.1(b)	**18,020**	**-**	**-**	**18,020**
Balance at 30 June 2022		**88,796**	**187,644**	**72,386**	**348,826**

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

Cash Flow **Statement**

For the Financial Year Ended 30 June 2022

	NOTE	2022 $'000	2021 $'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		**1,037,740**	877,385
Capital Grants from Government		**108,472**	94,421
Transport Fees Received		**178,638**	170,712
Membership Fees Received		**85,678**	97,152
Interest Received		**483**	539
Donations and Bequests Received		**658**	434
GST Received from ATO		**40,056**	29,403
Other Receipts		**7,320**	9,952
Total Receipts		**1,459,045**	1,279,998
Employee Benefits Paid		**(964,822)**	(840,060)
Payments for Supplies and Services		**(363,544)**	(311,778)
Finance Costs		**(5,359)**	(6,440)
Total Payments		**(1,333,725)**	(1,158,278)
Net Cash Flow From/(used in) Operating Activities	8.1	**125,320**	121,720
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Property, Plant and Equipment		**(51,673)**	(47,115)
Proceeds from Sale of Property, Plant and Equipment		**4,972**	9,382
Net Cash Flow From/(Used in) Investing Activities		**(46,701)**	(37,733)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of Borrowings		**(62,770)**	(57,912)
Net Cash Flow From/(Used in) Financing Activities		**(62,770)**	(57,912)
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS HELD		**15,849**	26,075
CASH AND CASH EQUIVALENTS AT BEGINNING OF FINANCIAL YEAR		**138,121**	112,046
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	6.1	**153,970**	138,121

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

Notes to the **Financial Statements**

For the Financial Year Ended 30 June 2022

NOTE 1: BASIS OF PREPARATION

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

These annual financial statements represent the audited general purpose financial statements for Ambulance Victoria (AV) for the year ending 30 June 2022. The report provides users with information about AV's stewardship of resources entrusted to it.

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

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 Australian Accounting Standards, 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 7 October 2022.

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. On 2 August 2020 a state of disaster was added with both operating concurrently. The state of disaster in Victoria concluded on 28 October 2020 and the state of emergency concluded on 15 December 2021.

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.

The COVID-19 pandemic has created economic uncertainty. Actual economic events and conditions in the future may be materially different from those estimated by AV at the reporting date. Management recognises that is difficult to reliably estimate with certainty, the potential impact of the pandemic after the reporting date on AV, its operations, its future results and financial position.

In response to the ongoing COVID-19 pandemic, AV has:
. 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 material to AV, they are disclosed in the explanatory notes. For AV, this includes:
. 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.
AASB 2021-2: *Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definitions of Accounting Estimates.*	Reporting periods on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact.
AASB 2021-5: *Amendments to Australian Accounting Standards – Deferred Tax related to Assets and Liabilities arising from a Single Transaction*	Reporting periods on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact.
AASB 2021-6: *Amendments to Australian Accounting Standards – Disclosure of Accounting Policies: Tier 2 and Other Australian Accounting Standards*	Reporting periods on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact.
AASB 2021-7: *Amendments to Australian Accounting Standards – Effective Date of Amendments to AASB 10 and AASB 128 and Editorial Corrections*	Reporting periods on or after 1 January 2023.	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
Victoria 3108

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

NOTE 2: FUNDING DELIVERY OF OUR SERVICES

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

Revenue recognised to fund the delivery of our services during the financial year was 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
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	2022 $'000	2021 $'000
Operating Activities			
Revenue from Contracts with Customers			
Government Grants - Operating		**931**	919
Government Grants - Capital		**599**	314
Transport Fees		**200,682**	189,517
Membership Scheme		**97,855**	95,331
Other Services		**5,643**	8,132
Total Revenue from Contracts with Customers		**305,710**	294,213
Other Sources of Income			
Government Grants - Operating		**1,043,528**	888,007
Government Grants - Capital		**126,870**	100,026
Assets and Services Received Free of Charge	2.2	**4,361**	5,062
Other Income from Operating Activities		**922**	423
Total Other Sources of Income		**1,175,681**	993,517
Total Revenue and Income from Operating Activities		**1,481,391**	1,287,730
Non-Operating Activities			
Income from Other Sources			
Interest		**483**	539
Total Income from Non-Operating Activities		**483**	539
TOTAL REVENUE AND INCOME FROM TRANSACTIONS		**1,481,874**	1,288,269

2.1.1 Timing of Revenue from Customers with Contracts
AV disaggregates revenue by the timing of revenue recognition.

Goods and Services Transferred to Customers:		
At a Point in Time	**206,496**	**197,487**
Over Time	**99,214**	**96,726**
Total Revenue from Contracts with Customers	**305,710**	294,213

How We Recognise Revenue and Income from Transactions

Government Operating Grants
To recognise revenue, AV assesses whether each grant to determine if 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.

If a contract liability is recognised, AV recognises revenue in profit or loss as and when it satisfies its obligations under the contract, unless a contract modification is entered into between all parties. A contract modification may be obtained in writing, by oral agreement or implied by customary business practices.

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)

NOTE 2: FUNDING DELIVERY OF OUR SERVICES (Continued)

Government Operating Grants (Continued)

. 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 in accordance with AASB 1058.

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

Government Grant	Performance Obligation
Cyber Security Operational Funding	AV is to conduct an audit and remediate any issues relating to staff who have been granted Privileged Access. Once completed, AV can utilise the funding to procure a Privileged Access Management Tool. Revenue is recognised at a point in time, upon procurement of the tool.
Clinical Technology Refresh	AV is to replace the highest at-risk technology infrastructure, with a focus on the replacement of network devices. Revenue is recognised over time, in line with achievement of project milestones and specific replacement deliverables.
TelePROMPT	TelePROMPT is a telehealth pre-hospital mental health service to provide statewide access to mental health clinicians to improve patient outcomes. AV is required to establish 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 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	**2022**	2021
	$'000	$'000
Donations and Bequests	**785**	509
Plant and Equipment	**-**	2,884
Personal Protective Equipment	**3,577**	1,669
TOTAL FAIR VALUE OF ASSETS AND SERVICES RECEIVED FREE OF CHARGE	**4,361**	5,062

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, arrangements were put in place to centralise the purchasing of essential personal protective equipment (PPE) and other essential plant and equipment.

The general principles of the State Supply Arrangement were that Health Share Victoria sourced, secured and agreed terms for the purchase of the PPE products, funded by the Department of Health, while Monash Health took delivery, and distributed an allocation of the products to AV as resources provided free of charge. Health Share Victoria and Monash Health were acting as an agent of the Department of Health under this arrangement.

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.
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

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

Structure
3.1 Expenses from Transactions
3.2 Other Economic Flows
3.3 Employee Benefits in the Balance Sheet
3.4 Superannuation

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
. Continue 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
. Ambulance patient offload teams stationed at hospitals to receive handover and monitoring of suitable patients from the treating crew
. Expand COVID-19 support and response capability resulting in increased employee costs, patient transport costs, additional supplies and equipment purchases
. Victorian Government Hospital Surge Support allowance paid to AV staff who worked patient facing shifts.

Key Judgements and Estimates
This section contains the following key judgements and estimates:

Key Judgements and Estimates	Description
Classifying employee benefit liabilities	AV applies significant judgment when 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.
Measuring employee benefit liabilities	AV applies significant judgment when measuring its employee benefit liabilities. AV 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, being the expected future payments to employees Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields on government bonds at the end of the reporting period. All other entitlements are measured at their nominal value.

NOTE 3.1: EXPENSES FROM TRANSACTIONS	**2022 $'000**	2021 $'000
Salaries and Wages	**854,918**	747,166
On Costs	**80,018**	71,043
Workcover	**31,616**	27,977
Long Service Leave	**30,103**	35,545
Total Employee Expenses	**996,655**	881,730
Transport Services	**125,778**	108,822
Dispatch Services	**32,475**	31,597
Other Contract Services	**7,569**	22,116
Total Contract Services	**165,822**	162,535
Supplies and Services	**118,156**	88,609
Total Supplies and Services	**118,156**	88,609
Professional Services	**5,069**	5,395
Maintenance	**35,792**	25,912
Occupancy	**8,819**	9,158
Expenses Related to Short Term & Low Value Leases	**696**	1,005
Total Other Operating Expenses	**50,376**	41,470
Finance Costs	**5,359**	6,440
Total Finance Costs	**5,359**	6,440
Depreciation and Amortisation	**112,707**	118,145
Total Depreciation and Amortisation	**112,707**	118,145
Capital Grants	**4,512**	-
Total Other Non-Operating Expenses	**4,512**	-
TOTAL EXPENSES FROM TRANSACTIONS	**1,453,587**	1,298,929

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

Operating Expenses (includes Supplies and Services, Contract Services and Other Operating Expenses)
Other Operating expenses generally represent the day-to-day running costs incurred in normal operations and includes 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.

NOTE 3.1: EXPENSES FROM TRANSACTIONS (Continued)

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: OTHER ECONOMIC FLOWS	**2022**	2021
	$'000	$'000
Allowance For Impairment Losses Of Contractual Receivables	**(21,471)**	(19,934)
Total Net Gain/(Loss) On Financial Instruments	**(21,471)**	(19,934)
Net Gain/(Loss) On Disposal of Property, Plant and Equipment	**678**	683
Other Gains/(Losses) From Other Economic Flows	**(494)**	291
Total Net Gain/(Loss) On Non-Financial Assets	**184**	974
Net Gain/(Loss) Arising from Revaluation of Long Service Liability	**21,644**	29,851
Total Other Net Gains/(Losses) From Economic Flows	**21,644**	29,851
Total Other Economic Flows	**357**	10,891

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 realised and unrealised gains and losses as follows::
. Net gain/(loss) on disposal of non-financial assets
. 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 at fair value includes:
. Impairment and reversal of impairment for financial instruments (refer to Note 7.1).

NOTE 3.3: PROVISIONS (EMPLOYEE BENEFITS IN BALANCE SHEET)
This provision arises for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered to the reporting date.

	2022	2021
	$'000	$'000
Current Provisions		
Accrued Days Off		
Unconditional and expected to be wholly settled within 12 months [i]	**24,527**	17,573
	24,527	17,573
Annual Leave		
Unconditional and expected to be wholly settled within 12 months [i]	**52,921**	48,392
Unconditional and expected to be wholly settled after 12 months [ii]	**2,195**	3,326
	55,116	51,718
Long Service Leave		
Unconditional and expected to be wholly settled within 12 months [i]	**12,484**	10,245
Unconditional and expected to be wholly settled after 12 months [ii]	**138,806**	142,906
	151,290	153,152
Other		
Unconditional and expected to be wholly settled within 12 months [i]	**1,583**	2,018
	1,583	2,018
Provisions Related to Employee Benefit On-Costs		
Unconditional and expected to be wholly settled within 12 months [i]	**14,613**	12,469
Unconditional and expected to be wholly settled after 12 months [ii]	**22,772**	23,617
	37,385	36,085
Total Current Provisions	**269,901**	260,546
Non-Current Provisions [ii]		
Conditional Long Service Leave	**35,822**	39,847
Provisions Related to Employee Benefit On-Costs	**5,785**	6,435
Total Non-Current Provisions	**41,607**	46,283
TOTAL PROVISIONS	**311,508**	306,829

[i] The amounts disclosed are nominal amounts.
[ii] The amounts disclosed are discounted to present values.

3.3.1 Employee Benefits and Related On-costs		
Unconditional LSL Entitlements	**175,723**	177,886
Unconditional Annual Leave Entitlements	**64,018**	60,070
Unconditional Accrued Days Off	**28,488**	20,411
Other	**1,672**	2,179
Total Current Employee Benefits	**269,901**	260,546
Conditional LSL Entitlements	**41,607**	46,283
Total Non-Current Employee Benefits	**41,607**	46,283
Total Employee Benefits and Related On-Costs	**311,508**	306,829

NOTE 3.3: PROVISIONS (EMPLOYEE BENEFITS IN BALANCE SHEET) (Continued)
3.3.1 Employee Benefits and Related On-costs (continued)

Attributable to:		
Employee Benefits	**268,338**	264,308
Provision for Related On-Costs	**43,170**	42,520
Total Employee Benefits and Related On-Costs	**311,508**	306,829

3.3.2 Movement in On-costs

Balance at Beginning of Year	**42,520**	41,343
Additional provisions recognised	**3,660**	5,328
Unwinding of Discount and Effect of Changes in the Discount Rate	**(3,009)**	(4,151)
Balance at End of Year	**43,171**	42,520

How We Recognise Employee Benefits

Employee Benefit Recognition

Employee benefits are accrued for employees in respect of accrued days off, annual leave and long service leave for services rendered to the reporting date 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.

No provision has been made for sick leave as all sick leave is non-vesting and it is not considered probable that the average sick leave taken in the future will be greater than the benefits accrued in the future. As sick leave is non-vesting, an expense is recognised in the Statement of Comprehensive Income as it is taken.

Annual Leave and Accrued Days Off

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

Depending on the expectation of the timing of settlement, liabilities for annual leave and accrued days off are measured at:
. Nominal value – if AV expects to wholly settle within 12 months or
. Present value – if AV does not expect to wholly settle within 12 months.

Long Service Leave

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

Unconditional LSL (representing 7 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 7 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 eg. 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 3.4 SUPERANNUATION	**Contributions Paid for the Year**		**Contributions Outstanding at Year End**	
	2022	2021	**2022**	2021
	$'000	$'000	**$'000**	$'000
Defined Benefit Plans				
Emergency Services Superannuation Fund	**68,344**	61,109	**159**	276
Defined Contribution Plans				
Emergency Services Superannuation Fund	**6,710**	5,879	**39**	32
Other	**4,727**	3,720	**39**	27
Total	**79,781**	70,708	**237**	335

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 4: KEY ASSETS TO SUPPORT SERVICE DELIVERY

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

Structure
4.1 Property, Plant and Equipment
4.2 Right of use assets
4.3 Revaluation surplus
4.4 Intangible Assets
4.5 Depreciation and Amortisation
4.6 Impairment of assets

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 assigns an estimated useful life to each item of property, plant and equipment. This is used to calculate depreciation of the asset. 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. 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	**2022 $'000**	2021 $'000
Note 4.1(a) Gross Carrying Amount and Accumulated Depreciation		
Land at Fair Value	**99,459**	84,798
Crown Land at Fair Value	**22,456**	19,747
Total Land	**121,915**	104,545
Buildings under Construction at Cost	**19,554**	9,258
Buildings at Fair Value	**205,185**	191,061
Less Accumulated Depreciation	**(17,380)**	(11,546)
Total Buildings	**207,359**	188,773
Leasehold Improvements under Construction at Cost	**510**	830
Leasehold Improvements at Fair Value	**24,756**	23,924
Less Accumulated Amortisation	**(20,567)**	(17,392)
Total Leasehold Improvements	**4,699**	7,362
TOTAL LAND AND BUILDINGS	**333,973**	300,680
Plant and Equipment under Construction at Cost	**387**	3,685
Plant and Equipment at Fair Value	**129,687**	113,668
Less Accumulated Depreciation	**(87,258)**	(74,790)
Total Plant and Equipment	**42,816**	42,563
Motor Vehicles under Construction at Cost	**12,164**	12,402
Motor Vehicles at Fair Value	**163,568**	148,057
Less Accumulated Depreciation	**(86,578)**	(74,423)
Total Motor Vehicles	**89,154**	86,036
TOTAL PLANT AND EQUIPMENT AND MOTOR VEHICLES	**131,970**	128,599
TOTAL PROPERTY, PLANT AND EQUIPMENT	**465,943**	429,279

NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT (Continued)

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	Buildings	Leasehold Improvements	Plant and Equipment	Motor Vehicles	Total
	$'000	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2020	94,193	187,296	9,463	44,539	87,515	423,006
Additions	107	7,821	1,078	6,709	24,120	39,835
Disposals	(2,418)	(572)	-	(56)	(4,351)	(7,397)
Assets Transferred Free of Charge	-	-	-	2,884	-	2,884
Transferred as Contributed Capital	(475)	-	-	-	-	(475)
Revaluation Increments/ (Decrements)	14,769	-	-	-	-	14,769
Net transfers between classes	(1,631)	-	-	(41)	-	(1,672)
Depreciation and Amortisation (Note 4.5)	-	(5,772)	(3,180)	(11,514)	(21,248)	(41,713)
Balance at 1 July 2021	**104,545**	**188,773**	**7,361**	**42,522**	**86,036**	**429,237**
Additions	**1,308**	**25,181**	**1,149**	**12,358**	**25,776**	**65,772**
Disposals	**(1,958)**	**(694)**	**-**	**(9)**	**(1,632)**	**(4,293)**
Revaluation Increments/ (Decrements)	**18,020**	**-**	**-**	**-**	**-**	**18,020**
Net transfers between classes	**-**	**-**	**(637)**	**637**	**-**	**-**
Depreciation and Amortisation (Note 4.5)	**-**	**(5,901)**	**(3,175)**	**(12,691)**	**(21,026)**	**(42,793)**
Balance at 30 June 2022	**121,915**	**207,359**	**4,699**	**42,816**	**89,154**	**465,943**

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 2022 indicated an overall:

. increase in fair value of land of 14.06% ($18.0m)
. increase in fair value of buildings of 7.26% ($12.6m).

As the cumulative movement was greater than 10% but less than 40% for land since the last revaluation a managerial revaluation adjustment was required as at 30 June 2022. 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 surplus, 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 surplus 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.

NOTE 4.2: RIGHT OF USE ASSETS	**2022 $'000**	2021 $'000
Note 4.2(a) Gross Carrying Amount and Accumulated Depreciation		
Right of Use Land at Cost	**28,799**	28,799
Less Accumulated Depreciation	**(1,854)**	(1,236)
Total Right of Use Land	**26,945**	27,563
Right of Use Buildings	**63,954**	53,853
Less Accumulated Depreciation	**(27,488)**	(19,549)
Total Right of Use Buildings	**36,466**	34,304
TOTAL RIGHT OF USE LAND AND BUILDINGS	**63,411**	61,867
Right of Use Plant & Equipment	**48**	48
Less Accumulated Depreciation	**(18)**	(6)
Total Right of Use Plant & Equipment	**30**	42
Right of Use Vehicles	**6,349**	2,692
Less Accumulated Depreciation	**(944)**	(279)
Total Right of Use Vehicles	**5,405**	2,414
Right of Use Aircraft	**308,276**	308,780
Less Accumulated Depreciation	**(156,262)**	(104,900)
Total Right of Use Aircraft	**152,014**	203,880
TOTAL RIGHT OF USE PROPERTY, PLANT AND EQUIPMENT	**157,449**	206,336
TOTAL RIGHT OF USE ASSETS	**220,860**	268,203

Note 4.2(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:

	Right of Use Land $'000	Right of Use Buildings $'000	Right of Use P&E $'000	Right of Use Vehicles $'000	Right of Use Aircraft $'000	Total $'000
Balance at 1 July 2020	27,168	29,586	-	25	237,867	294,647
Additions	-	15,238	48	2,666	23,318	41,270
Disposals	-	-	-	-	-	-
Net transfers between classes	1,631	-	-	-	41	1,672
Depreciation and Amortisation (Note 4.5)	(1,236)	(10,520)	(6)	(278)	(57,346)	(69,386)
Balance at 1 July 2021	**27,563**	**34,306**	**42**	**2,413**	**203,880**	**268,203**
Additions	-	**12,677**	-	**3,653**	-	**16,330**
Disposals	-	-	-	-	-	**-**
Revaluation Increments/(Decrements)	-	-	-	-	**(504)**	**(504)**
Net transfers between classes	-	-	-	-	-	**-**
Depreciation and Amortisation (Note 4.5)	**(618)**	**(10,516)**	**(12)**	**(661)**	**(51,362)**	**(63,169)**
Balance at 30 June 2022	**26,945**	**36,466**	**30**	**5,405**	**152,014**	**220,860**

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

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

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

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

	NOTE	2022	2021
NOTE 4.3: REVALUATION SURPLUS		**$'000**	$'000
Balance at the beginning of the reporting period		**70,776**	56,007
Revaluation Increment			
- Land	4.1(b)	**18,020**	14,769
Balance at the end of the reporting period		**88,796**	70,776
Represented by:			
- Land		**74,768**	56,748
- Buildings		**14,028**	14,028
		88,796	70,776

Property, Plant and Equipment Revaluation Surplus
The Property, Plant and Equipment Revaluation Surplus 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 4.4: INTANGIBLE ASSETS

4.4(a) Gross Carrying Amount and Accumulated Depreciation

Software and Development Costs Capitalised	**84,939**	75,571
Less Accumulated Amortisation	**(44,409)**	(37,663)
TOTAL INTANGIBLE ASSETS	**40,531**	37,907

4.4(b) 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	4.5	(7,046)
Balance at 1 July 2021		**37,907**
Additions		**9,369**
Amortisation	4.5	**(6,745)**
Balance at 30 June 2022		**40,531**

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

Initial Recognition
Purchased intangible assets are initially recognised at cost.

An internally-generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following are demonstrated:
. the technical feasibility of completing the intangible asset so that it will be available for use or sale
. an intention to complete the intangible asset and use or sell it
. the ability to use or sell the intangible asset
. the intangible asset will generate probable future economic benefits
. the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset and
. the ability to measure reliably the expenditure attributable to the intangible asset during its development.

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

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

NOTE 4.5: DEPRECIATION AND AMORTISATION	**2022 $'000**	2021 $'000
Depreciation		
Property, Plant and Equipment		
Buildings	**5,901**	5,772
Leasehold Improvements	**3,175**	3,180
Plant and Equipment	**12,691**	11,514
Motor Vehicles	**21,026**	21,248
Total Depreciation - Property, Plant and Equipment	**42,793**	41,713
Right of Use Assets		
Right of Use Buildings	**10,516**	10,520
Right of Use Land	**618**	1,236
Right of Use Plant and Equipment	**12**	6
Right of Use Motor Vehicles	**661**	278
Right of Use Aircraft	**51,362**	57,346
Total Depreciation - Right of Use Assets	**63,169**	69,386
Total Depreciation	**105,962**	111,099
Amortisation		
Intangible Assets	**6,745**	7,046
Total Amortisation	**6,745**	7,046
TOTAL DEPRECIATION AND AMORTISATION	**112,707**	118,145

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:

	2022	2021
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 4.6: IMPAIRMENT OF ASSETS

How We Recognise Impairment

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

The assessment will include consideration of external sources of information and internal sources of information.

External sources of information include but are not limited to observable indications that an asset's value has declined during the period by significantly more than would be expected as a result of the passage of time or normal use. Internal sources of information include but are not limited to evidence of obsolescence or physical damage of an asset and significant changes with an adverse effect on AV which changes the way in which an asset is used or expected to be used.

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

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

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

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

AV did not record any impairment losses for the year ended 30 June 2022.

NOTE 5: OTHER ASSETS AND LIABILITIES

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

Telling the COVID-19 Story
The measurement of other assets and liabilities 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	**NOTE**	**2022**	2021
		$'000	$'000
Current Receivables and Contract Assets			
Contractual			
Contract Assets	5.1(b)	**7,219**	4,934
Sundry Debtors		**2,290**	5,335
Transport Debtors		**40,871**	34,126
Allowance for Impairment Losses	5.1(a)	**(25,274)**	(18,796)
		25,106	25,599
Statutory			
GST Receivable		**7,750**	9,380
Total Current Receivables		**32,856**	34,979
Non-Current Receivables and Contract Assets			
Contractual			
Long Service Leave - Department of Health		**137,486**	125,988
Total Non Current Receivables		**137,486**	125,988
TOTAL RECEIVABLES AND CONTRACT ASSETS		**170,342**	160,967
(i) Financial Assets Classified as Receivables and Contract assets (Note 7.1(a))			
Total Receivables and Contract Assets		**170,342**	160,967
Provision for Impairment		**25,274**	18,796
Contract Assets		**(7,219)**	(4,934)
GST Receivable		**(7,750)**	(9,380)
Total Financial Assets	7.1(a)	**180,647**	165,449

As at 30 June 2022, AV has contract assets of $7.2m (2021: $4.9m), which is gross of an allowance for expected credit losses of $0.7m (2021: $0.6m). This is included in the contractual receivable balances presented above.

NOTE 5.1: RECEIVABLES AND CONTRACT ASSETS (Continued)	2022	2021
	$'000	$'000
Note 5.1(a) Movement in the Allowance for Impairment Losses of Contractual Receivables		
Balance at Beginning of Year	**18,796**	16,673
Increase in Allowance	**21,471**	19,934
Amounts written off during the year	**(15,194)**	(18,044)
Reversal of allowance written off during the year as uncollectable	**200**	233
Balance at End of Year	**25,274**	18,796

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 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 (non-contractual) financial assets, which are not financial instruments, professional judgement is applied in assessing materiality using estimates, averages and other computational methods in accordance with AASB 136 *Impairment of Assets.*

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		
Balance at Beginning of Year	**4,934**	4,380
Add: Additional Costs Incurred Recoverable from Customer	**7,219**	4,934
Less: Transfer to Trade Debtors or Cash at Bank	**(4,934)**	(4,380)
Total Contract Assets	**7,219**	4,934
Represented by:		
Current	**7,219**	4,934
Non Current	**-**	-
	7,219	4,934

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 in the next financial year.

NOTE 5.2: PAYABLES AND CONTRACT LIABILITIES	NOTE	2022	2021
		$'000	$'000
Current			
Contractual			
Trade Creditors		**23,687**	12,581
Accrued Salaries and Wages		**32,338**	26,710
Accrued Expenses		**49,719**	48,320
Contract Liabilities	5.2(b)	**59,360**	58,423
Amounts Payable to Government Agencies		**15,805**	6,969
Deferred Capital Grant	5.2(a)	**2,317**	2,745
Other Creditors		**-**	4,355
Total Current Payables and Contract Liabilities		**183,225**	160,103
Non Current			
Contractual			
Contract Liabilities	5.2(b)	**9,622**	20,760
Deferred Capital Grant	5.2(a)	**-**	3,180
Other Creditors		**-**	3
Total Non Current Payables and Contract Liabilities		**9,622**	23,943
TOTAL PAYABLES AND CONTRACT LIABILITIES		**192,847**	184,046
(i) Financial Liabilities Classified as Payables and Contract Liabilities (Note 7.1(a))			
Total Payables and Contract Liabilities		**192,847**	184,046
Deferred Capital Grant		**(2,317)**	(5,925)
Contract Liabilities		**(68,981)**	(79,184)
Total Financial Liabilities		**121,549**	98,938

NOTE 5.2: PAYABLES AND CONTRACT LIABILITIES (Continued)

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 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	**2022**	2021
	$'000	$'000
Opening Balance	**5,925**	3,280
Grant Payments Received for Capital Works during the year	**123,861**	102,985
Capital Grant Income Recognised consistent with the Capital Works undertaken during the year	**(127,469)**	(100,340)
Closing Balance	**2,317**	5,925

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 2023.

NOTE 5.2(b) CONTRACT LIABILITIES

Opening Balance	**79,183**	76,512
Payments received for performance obligations yet to be completed during the year	**85,678**	97,152
Grant consideration for sufficiently specific performance obligations received during the year	**3,506**	2,083
Revenue recognised in the reporting period for the completion of a performance obligation	**(97,855)**	(95,331)
Grant income for sufficiently specific performance obligations works recognised consistent with the performance obligations met during the year	**(1,530)**	(1,233)
TOTAL CONTRACT LIABILITIES	**68,982**	79,183
Represented by:		
Current Contract Liabilities	**59,360**	58,423
Non-Current Contract Liabilities	**9,622**	20,760
	68,982	79,183

How We Recognise Contract Liabilities

Contract liabilities include consideration received in advance from customers in respect of AV membership subscription, clinical trials, research and government initiatives. The balance of contract liabilities was lower than the previous reporting period due to Ambulance Memberships greater than one year no longer available for purchase during the financial year. Contract liabilities are derecognised and recorded as revenue when promised goods and services are transferred to the customer. Refer to Note 2.1.

Maturity Analysis of Payables

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

NOTE 6: HOW WE FINANCED OUR OPERATIONS

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

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 . 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: . 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	**2022**	2021
	$'000	$'000
Cash at Bank - CBS	**151,343**	135,747
Cash at Bank	**2,542**	2,284
Cash on Hand	**84**	90
TOTAL CASH AND CASH EQUIVALENTS	**153,970**	138,121

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	**NOTE**		
Current			
Lease Liability [1]	6.2(a)	**61,832**	58,817
Total Current		**61,832**	58,817
Non Current			
Lease Liability [1]	6.2(a)	**146,056**	196,014
Total Non Current		**146,056**	196,014
TOTAL BORROWINGS	7.1(a)	**207,888**	254,831

[1] Secured by the assets leased.

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'.

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: BORROWINGS (Continued)

NOTE 6.2(a) LEASE LIABILITIES	**2022**	2021
	$'000	$'000
AV's Lease Liabilities are summarised below:		
Total Undiscounted Lease Liabilities	**217,174**	268,904
Less Unexpired Finance Expenses	**(9,286)**	(14,073)
Net Lease Liabilities	**207,888**	254,831

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

	2022	2021
	$'000	$'000
Not Later than One Year	**66,369**	63,996
Later than One Year and Not Later than 5 Years	**141,341**	194,034
Later than 5 Years	**9,463**	10,874
Minimum Lease Payments	**217,174**	268,904
Less Unexpired Future Finance Charges	**(9,286)**	(14,073)
Present Value of Lease Liability	**207,888**	254,831
Represented by:		
Current Liabilities	**61,832**	58,817
Non Current Liabilities	**146,056**	196,014
Total	**207,888**	254,831

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 0.87 to 3.66%.

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 $16.2m 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 $16.7m.

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 Statement of Comprehensive Income if the right of use asset is already reduced to zero.

NOTE 6: HOW WE FINANCED OUR OPERATIONS (Continued)

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

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

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.	These leases have an annual rental of $1 payable at the request of the landlord.
	The land is specialised in nature i.e. Crown or Freehold, and due to the location, there are limited readily available substitutes.	AV has various leases of up to 50 years, and are restricted to the provision of ambulance services.

NOTE 6.3: COMMITMENTS FOR EXPENDITURE	2022	2021
	$'000	$'000
Capital Expenditure Commitments		
Not Later than One Year	**11,880**	5,928
Total	**11,880**	5,928
Operating Expenditure Commitments		
Not Later than One Year	**32,505**	22,361
Later than One Year and Not Later than 5 Years	**42,030**	31,593
Later than 5 Years	**-**	-
Total	**74,535**	53,954
Non-Cancellable Short Term and Low Value Lease Commitments		
Not Later than One Year	**791**	404
Later than One Year and Not Later than 5 Years	**54**	165
Later than 5 Years	**168**	357
Total	**1,013**	926
Total Commitments for Expenditure (inclusive of GST)	**87,427**	60,809
Less GST Recoverable from the Australian Taxation Office	**(7,948)**	(5,528)
TOTAL COMMITMENTS FOR EXPENDITURE (EXCLUSIVE OF GST)	**79,479**	55,281

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

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

Structure
7.1 Financial Instruments
7.2 Financial Risk Management Objectives and Policies
7.3 Contingent Assets and Contingent Liabilities
7.4 Fair Value Determination

Key Judgements and Estimates
This section contains the following key judgements and estimates:

Key Judgements and Estimates	Description
Measuring Fair Value of Non Financial Assets	Fair value is measured with reference to highest and best use, that is, the use of the asset by a market participant that is physically possible, legally permissible, financially feasible, and which results in the highest value, or to sell it to another market participant that would use the same asset in its highest and best use. In determining the highest and best use, AV has assumed the current use is its highest and best use. Accordingly, characteristics of the health service's assets are considered, including condition, location and any restrictions on the use and disposal of such assets. AV uses a range of valuation techniques to estimate fair value, which include the following: . Market approach, which uses prices and other relevant information generated by market transactions involving identical or comparable assets and liabilities. The fair value of AV's specialised land, non-specialised land and non-specialised buildings are measured using this approach. . Cost approach, which reflects the amount that would be required to replace the service capacity of the asset (referred to as current replacement cost). The fair value of AV's specialised buildings, furniture, fittings, plant, equipment and vehicles are measured using this approach. . Income approach, which converts future cash flows or income and expenses to a single undiscounted amount. AV does not this use approach to measure fair value. AV selects a valuation technique which is considered most appropriate, and for which there is sufficient data available to measure fair value, maximising the use of relevant observable inputs and minimising the use of unobservable inputs. Subsequently, AV applies significant judgement to categorise and disclose such assets within a fair value hierarchy, which includes: . Level 1, using quoted prices (unadjusted) in active markets for identical assets that AV can access at measurement date. AV does not categorise any fair values within this level. . Level 2, inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly. AV categorises non-specialised land and right-of-use concessionary land in this level. . Level 3, where inputs are unobservable. AV categorises specialised land, non-specialised buildings, specialised buildings, plant, equipment, furniture, fittings, vehicles, right-of-use buildings and right-of-use plant, equipment, furniture and fittings in this level.

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	Financial Liabilities at Amortised Cost	Total
2022		**$'000**	**$'000**	**$'000**
Contractual Financial Assets				
Cash and Cash Equivalents	6.1	**153,970**	**-**	**153,970**
Receivables	5.1	**180,647**	**-**	**180,647**
Total Financial Assets [(i)]		**334,617**	**-**	**334,617**
Financial Liabilities				
Payables	5.2	**-**	**121,549**	**121,549**
Lease Liabilities	6.2	**-**	**207,888**	**207,888**
Total Financial Liabilities[(i)]		**-**	**329,437**	**329,437**
2021				
Contractual Financial Assets				
Cash and Cash Equivalents	6.1	138,121	-	138,121
Receivables	5.1	165,449	-	165,449
Total Financial Assets [(i)]		303,570	-	303,570
Financial Liabilities				
Payables	5.2	-	98,938	98,938
Lease Liabilities		-	254,831	254,831
Total Financial Liabilities[(i)]		-	353,769	353,769

(i) The carrying amount excludes statutory receivables (ie. GST Receivable) and statutory payables (ie. DH revenue in advance or payable).

NOTE 7.1: FINANCIAL INSTRUMENTS (Continued)

Note 7.1(a) Categorisation of Financial Instruments (Continued)
How We Categorise Financial Instruments

Categories of Financial Assets
Financial assets are recognised when AV becomes party to the contractual provisions to the instrument. For financial assets, this is at the date AV commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through net result, in which case transaction costs are expensed to profit or loss immediately.

Where available, quoted prices in an active market are used to determine the fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain a significant financing component or if the practical expedient was applied as specified in AASB 15 para 63.

Financial Assets at Amortised Cost
Financial assets are measured at amortised costs if both of the following criteria are met and the assets are not designated as fair value through net result:
. the assets are held by AV to collect the contractual cash flows, and
. the assets contractual terms give rise to cash flows that are solely payments of principal and interests.
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 financial risks in accordance with its Enterprise Risk Management Framework.

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.

NOTE 7.1: FINANCIAL INSTRUMENTS (Continued)

Note 7.2(a) Credit Risk (Continued)
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 2021-22.

Impairment of Financial Assets under AASB 9
AV records the allowance for expected credit loss for the relevant financial instruments applying AASB 9 'Expected Credit Loss' approach. Subject to AASB 9 impairment assessment are contractual receivables.

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 2022							
Expected Loss Rate		**0%**	**50%**	**34%**	**90%**	**78%**	
Gross Carrying Amount of Contractual Receivables	5.1	**2,290**	**20,769**	**5,419**	**13,171**	**1,512**	**43,161**
Loss Allowance		**-**	**10,474**	**1,824**	**11,803**	**1,173**	**25,274**
30 June 2021							
Expected Loss Rate		0%	35%	34%	84%	78%	
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

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.

AV's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk. As at 30 June 2022, total cash of $154.0m 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.

				Maturity Dates			
	Note	Carrying Amount	Nominal Amount	Less than 1 month	1 to 3 months	3 months to 1 year	Greater than 1 year
2022		**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Financial Liabilities							
Payables	5.2						
Trade Creditors		**23,687**	**23,687**	**23,687**	**-**	**-**	**-**
Accrued Salaries and Wages		**32,338**	**32,338**	**32,338**	**-**	**-**	**-**
Accrued Expenses		**49,719**	**49,719**	**49,719**	**-**	**-**	**-**
Other Creditors		**15,805**	**15,805**	**-**	**15,805**	**-**	**-**
Borrowings	6.2						
Lease Liabilities		**207,888**	**217,174**	**43**	**88**	**390**	**207,366**
Total Financial Liabilities		**329,437**	**338,722**	**105,787**	**15,892**	**390**	**207,366**
2021							
Financial Liabilities							
Payables	5.2						
Trade Creditors		12,581	12,581	12,581	-	-	-
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

NOTE 7.2: FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES (Continued)

Note 7.2(c) Market Risk
AV's exposures to market risk are primarily through interest rate risk. Objectives, policies and processes used to manage each of these risks are disclosed below.

Sensitivity disclosure analysis and assumptions
AV's sensitivity to market risk is determined based on the observed range of actual historical data for the preceding five-year period. The following movements are 'reasonably possible' over the next 12 months:
. a change in interest rates of 1% up or down

Interest rate risk
Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate because of changes in market interest rates. AV does not hold any interest-bearing financial instruments that are measured at fair value, and therefore has no exposure to fair value interest rate risk.

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

NOTE 7.3: CONTINGENT ASSETS AND CONTINGENT LIABILITIES

The Victorian Equal Opportunity & Human Rights Commission (the Commission) completed an independent review into improving workplace equality in 2021. 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 $0.8m.

AV is also exposed to the maximum payment of up to $1.3m representing potential litigation relating to other employment matters unrelated to the Commission's review.

As at 30 June 2022, there has been no change in the probability of the outcomes in these matters.

There were no contingent assets as at 30 June 2022 (2021: Nil).

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

Contingent Assets
Contingent assets are possible assets that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of AV.
These are classified as either quantifiable, where the potential economic benefit is known, or non-quantifiable.

Contingent Liabilities
Contingent liabilities are:
. possible obligations that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of AV or
. present obligations that arise from past events but are not recognised because:
  - It is not probable that an outflow of resources embodying economic benefits will be required to settle the obligations or
  - the amount of the obligations cannot be measured with sufficient reliability.

Contingent liabilities are also classified as either quantifiable or non-quantifiable.

NOTE 7.4: FAIR VALUE DETERMINATION

How We Measure Fair Value
Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The following assets and liabilities are carried at fair value:
. Property, plant and equipment
. Right of use assets

In addition, the fair value of other assets and liabilities that are carried at amortised cost, also need to be determined for disclosure.

Valuation Hierarchy
In determining fair values a number of inputs are used. To increase consistency and comparability in the financial statements, these inputs are categorised into three levels, also known as the fair value hierarchy. The levels are as follows:
. Level 1 – quoted (unadjusted) market prices in active markets for identical assets or liabilities
. Level 2 – valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable and
. Level 3 – valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

AV determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period. There have been no transfers between levels during the period.

AV monitors changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required. The Valuer-General Victoria (VGV) is AV's independent valuation agency for property, plant and equipment.

Identifying Unobservable Inputs (Level 3) Fair Value Measurements
Level 3 fair value inputs are unobservable valuation inputs for an asset or liability. These inputs require significant judgement and assumptions in deriving fair value for both financial and non-financial assets.

Unobservable inputs are used to measure fair value to the extent that relevant observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. However, the fair value measurement objective remains the same, i.e. an exit price at the measurement date from the perspective of a market participant that holds the asset or owes the liability. Therefore, unobservable inputs shall reflect the assumptions that market participants would use when pricing the asset or liability, including assumptions about risk.

NOTE 7.4: FAIR VALUE DETERMINATION (Continued)

Note 7.4(a) Fair Value Determination of Non-Financial Physical Assets		**Carrying Amount**	**Fair Value Measurement at end of Reporting Period Using:**		
2022	**NOTE**	**$'000**	**Level 1**	**Level 2**	**Level 3**
Non-Specialised Land		**11,958**	**-**	**11,958**	**-**
Specialised Land		**109,956**	**-**	**-**	**109,956**
Total Land at Fair Value	4.1(a)	**121,914**	**-**	**11,958**	**109,956**
Non-Specialised Buildings		**3,881**	**-**	**3,881**	**-**
Specialised Buildings		**183,925**	**-**		**183,925**
Total Buildings at Fair Value	4.1(a)	**187,806**	**-**	**3,881**	**183,925**
Leasehold Improvements		**4,188**	**-**	**-**	**4,188**
Total Leasehold Improvements at Fair Value	4.1(a)	**4,188**	**-**	**-**	**4,188**
Plant and Equipment		**42,428**	**-**	**-**	**42,428**
Total Plant and Equipment at Fair Value	4.1(a)	**42,428**	**-**	**-**	**42,428**
Motor Vehicles		**76,989**	**-**	**-**	**76,989**
Total Motor Vehicles at Fair Value		**76,989**	**-**	**-**	**76,989**
Right of Use Land	4.2(a)	**26,945**	**-**	**26,945**	**-**
Right of Use Building	4.2(a)	**36,466**	**-**	**-**	**36,466**
Right of Use Plant & Equipment	4.2(a)	**30**	**-**	**-**	**30**
Right of Use Motor Vehicle	4.2(a)	**5,405**	**-**	**-**	**5,405**
Right of Use Aircraft	4.2(a)	**152,016**	**-**	**-**	**152,016**
Total Right of Use at Fair Value		**220,862**	**-**	**26,945**	**193,917**
Total Non-Financial Physical Assets at Fair Value		**654,188**	**-**	**42,784**	**611,404**

		Carrying Amount	Fair Value Measurement at End of the Financial Year Using:		
2021		$'000	Level 1	Level 2	Level 3
Non-Specialised Land		9,363	-	9,363	-
Specialised Land		95,182	-	-	95,182
Total Land at Fair Value	4.1(a)	104,545	-	9,363	95,182
Non-Specialised Buildings		4,026	-	4,026	-
Specialised Buildings		175,489	-	-	175,489
Total Buildings at Fair Value	4.1(a)	179,515	-	4,026	175,489
Leasehold Improvements		6,531	-	-	6,531
Total Leasehold Improvements at Fair Value	4.1(a)	6,531	-	-	6,531
Plant and Equipment		38,877	-	-	38,877
Total Plant and Equipment at Fair Value	4.1(a)	38,877	-	-	38,877
Motor Vehicles		73,634	-	-	73,634
Total Motor Vehicles at Fair Value	4.1(a)	73,634	-	-	73,634
Right of Use Land	4.2(a)	27,563	-	27,563	-
Right of Use Building	4.2(a)	34,304	-	-	34,304
Right of Use Plant & Equipment	4.2(a)	42	-	-	42
Right of Use Motor Vehicle	4.2(a)	2,414	-	-	2,414
Right of Use Aircraft	4.2(a)	203,882	-	-	203,882
Total Right of Use at Fair Value		268,205	-	27,563	240,642
Total Non-Financial Physical Assets at Fair Value		671,307	-	40,952	630,355

How We Measure Fair Value of Non-Financial Physical Assets

The fair value measurement of non-financial physical assets takes into account the market participant's ability to use the asset in its highest and best use, or to sell it to another market participant that would use the same asset in its highest and best use.

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 *Fair 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.

NOTE 7.4: FAIR VALUE DETERMINATION (Continued)

Specialised Land and Specialised Buildings (continued)
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 current replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation. As depreciation adjustments are significant and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

An independent valuation of AV's specialised land was performed by the Valuer-General Victoria. The valuation was performed using the market approach adjusted for CSO. The effective date of the valuation is 30 June 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 (current replacement cost). When these assets are specialised in use, such that it is rarely sold other than as part of a going concern, the current replacement cost is used to estimate the fair value. Unless there is market evidence that replacement costs are significantly different from the original acquisition cost, it is considered unlikely that current replacement cost will be materially different from the existing carrying value.

There were no changes in valuation techniques throughout the year to 30 June 2022.

Note 7.4(b) Reconciliation of Level 3 Fair Value	**NOTE**	**Land**	**Buildings**	**Leasehold Improvements**	**Plant and Equipment**	**Motor Vehicles**
		$'000	**$'000**	**$'000**	**$'000**	**$'000**
Balance at 1 July 2020		85,293	169,840	7,373	42,385	77,245
Additions/(Disposals)		(1,934)	11,266	2,338	8,005	17,639
Reclassification		(770)	-	-	-	-
Gains or Losses Recognised in Net Result						
- Depreciation		-	(5,617)	(3,180)	(11,514)	(21,248)
Items recognised in Other Comprehensive Income						
- Revaluation		12,591	-	-	-	-
Subtotal		12,591	-	-	-	-
Balance at 30 June 2021	7.4(a)	95,180	175,489	6,531	38,877	73,635
Balance at 1 July 2021		**95,180**	**175,489**	**6,531**	**38,877**	**73,635**
Additions/(Disposals)		**(1,199)**	**14,181**	**832**	**16,243**	**24,380**
Gains or Losses Recognised in Net Result						
- Depreciation		**-**	**(5,746)**	**(3,175)**	**(12,691)**	**(21,026)**
Items recognised in Other Comprehensive Income						
- Revaluation		**15,975**	-	-	-	-
Balance at 30 June 2022	7.4(a)	**109,956**	**183,924**	**4,188**	**42,428**	**76,989**

		Right of Use Buildings	**Right of Use Plant & Equp**	**Right of Use Motor Vehicle**	**Right of Use Aircraft**
		$'000	**$'000**	**$'000**	**$'000**
Balance at 1 July 2020		29,586	-	26	237,867
Additions/(Disposals)		15,238	48	2,667	23,361
Gains or Losses Recognised in Net Result					
- Depreciation		(10,520)	(6)	(278)	(57,346)
Balance at 30 June 2021	7.4(a)	34,304	42	2,414	203,882
Balance at 1 July 2021		**34,304**	**42**	**2,414**	**203,882**
Additions/(Disposals)		**12,677**	**-**	**3,653**	**(504)**
Gains or Losses Recognised in Net Result					
- Depreciation		**(10,516)**	**(12)**	**(661)**	**(51,362)**
Balance at 30 June 2022	7.4(a)	**36,465**	**30**	**5,406**	**152,016**

Note 7.4(c) 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[i]
Non Specialised Buildings	Market approach	N/A
Specialised Buildings	Current replacement cost approach	- Cost per square metre - Useful life
Vehicles	Current replacement cost approach	- Cost per unit - Useful life
Plant and Equipment	Current replacement cost approach	- Cost per unit - Useful life
Right of Use Building	Current replacement cost approach / Market approach	- Cost per contract - Useful life
Right of Use Plant & Equipment	Current replacement cost approach	- Cost per contract - Useful life
Right of Use Motor Vehicle	Current replacement cost approach	- Cost per contract - Useful life
Right of Use Aircraft	Current replacement cost approach	- Cost per contract - Useful life

[i] CSO adjustment of 20% was applied to reduce the market approach value for AV specialised land.

NOTE 8: OTHER DISCLOSURES

This section includes additional material disclosures required by accounting standards or otherwise, for the understanding of this financial report.
8.1 Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) From Operating Activities
8.2 Responsible Persons Disclosures
8.3 Executive Officer Disclosures
8.4 Related Parties
8.5 Remuneration Of Auditors
8.6 Ex-Gratia Payments
8.7 Events Occurring After Balance Sheet Date
8.8 Equity
8.9 Economic Dependency

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

	2022	2021
	$'000	$'000
Net Result For The Year	**28,644**	231
Non Cash Movements		
Depreciation and Amortisation	**112,707**	118,145
Indirect Capital Contributions	**(23,466)**	(8,561)
Medical Supplies	**(3,577)**	(1,669)
Resources Received Free of Charge	**3,577**	1,669
Assets Received Free of Charge	**-**	(2,884)
Movements Included in Investing and Financing Activities		
(Gain)/Loss from Sale of Property, Plant and Equipment	**(678)**	(683)
Movements in Assets and Liabilities		
Change in Operating Assets and Liabilities		
(Decrease)/Increase in Provision for Make Good	**516**	65
(Decrease)/Increase in Allowance for Impairment of Contractual Receivables	**6,478**	2,123
(Increase)/Decrease in Receivables	**(15,853)**	(25,600)
(Increase)/Decrease in Inventories	**373**	(3,470)
(Increase)/Decrease in Prepayments	**3,120**	(2,449)
(Decrease)/Increase in Payables	**13,775**	23,809
(Decrease)/Increase in Employee Benefits	**4,679**	8,708
(Decrease)/Increase in Contract Liabilities	**(10,202)**	2,672
(Decrease)/Increase in Deferred Grant	**5,228**	9,614
NET CASH FLOW FROM/(USED IN) OPERATING ACTIVITIES	**125,320**	121,720

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 MP, Minister for Ambulance Services, Minister for Health	1 July 2021 to 27 June 2022
The Honourable Mary-Anne Thomas MP, Minister for Ambulance Services, Minister for Health	27 June 2022 to 30 June 2022
Governing Board	
Mr Ken Lay AO APM (Chair)	1 July 2021 to 30 June 2022
Ms Wenda Donaldson	1 July 2021 to 30 June 2022
Dr Joanna Flynn AM	1 July 2021 to 30 June 2022
Mr Ian Forsyth	1 July 2021 to 30 June 2022
Mr Michael Gorton AM	1 July 2021 to 30 June 2022
Mr Peter Lewinsky	1 July 2021 to 30 June 2022
Mr Greg Smith AM	1 July 2021 to 30 June 2022
Ms Anna Leibel	1 July 2021 to 30 June 2022
Ms Colleen Furlanetto	1 July 2021 to 30 June 2022
Accountable Officer	
Professor Tony Walker ASM	1 July 2021 to 30 June 2022
Elizabeth Murphy APM (Acting)	29 March to 29 May 2022
Felicity Topp (Interim)	30 May to 30 June 2022

Remuneration of Responsible Persons	**2022**	2021
The number of Responsible Persons are shown below in their relevant income bands:	**No.**	No.
$30,000 - $39,999	**1**	-
$40,000 - $49,999	**8**	8
$90,000 - $99,999	**1**	-
$120,000 - $129,999	**1**	-
$130,000 - $139,999	**-**	1
$500,000 - $509,999	**-**	1
$540,000 - $549,999	**1**	-
Total Number	**12**	10
Total Remuneration ($'000)	**1,186**	1,059

Amounts relating to Responsible Ministers are reported within the State's Annual 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.

	2022	2021
Remuneration of Executive Officers	**$'000**	$'000
(including Key Management Personnel disclosed in Note 8.4)		
Short Term Employee Benefits	**7,490**	6,024
Post-Employment Benefits	**683**	585
Other Long-Term Benefits	**312**	360
Termination Benefits	**-**	100
Total Remuneration	**8,485**	7,069
Total Number of Executives [1]	**32**	29
Total Annualised Employee Equivalent [2]	**30.5**	24.1

[1] A number of executive officers who meet the definition of Key Management Personnel (KMP) of the entity under AASB 124 *Related Party Disclosure* are also reported within the related parties note disclosure (Note 8.4).
[2] Annualised employee equivalent is based on paid working hours of 38 ordinary hours per week over the 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 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, and voting members of the AV Executive Committee, which includes:

KMPs	**Position**
Elizabeth Murphy APM	Chief Operating Officer
Assoc Prof Michael Stephenson ASM	Executive Director Clinical Operations
Anthony Carlyon	Executive Director Operational Communications
Lindsay Mackay	Executive Director Operational Communications (Acting)
Mark Rogers ASM	Executive Director Operational Strategy and Integration
Garry Button	Executive Director Corporate Services
Jill FitzRoy	Executive Director Transformation & Strategy (Former)
Alison Goss	Executive Director People & Culture (Acting)
Rebecca Hodges	Executive Director People & Culture (Former)
Nicola Reinders	Executive Director Quality & Patient Experience
Danielle North	Executive Director Quality & Patient Experience (Acting)
Nichola Holgate	Executive Director Communication & Engagement
Simone Cusack	Executive Director Equality and Workplace Reform
Gavin Gusling	Chief Information Officer
Dr David Anderson	Medical Director

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

	2022	2021
	$'000	$'000
Compensation of KMPs		
Short Term Employee Benefits [3]	**4,027**	3,777
Post-Employment Benefits	**354**	339
Other Long-Term Benefits	**142**	211
Termination Benefits	**-**	100
Total [3]	**4,523**	4,426

[3] Total remuneration paid to KMPs employed as a contractor during the reporting period has been reported under Short Term employee benefits
[4] The compensation of certain KMPs are also reported in the disclosure of responsible persons (Note 8.2) and executive officers (Note 8.3)

NOTE 8.4: RELATED PARTIES (Continued)	**2022**	2021
	$'000	$'000
Significant Transactions with Government-Related Entities		
During the year, AV had the following government-related entity transactions:		
Government Grants from DH	**1,154,173**	968,017
Government Grants from DJCS	**7,108**	7,846
Government Grants from TAC	**9,968**	12,091
Government Grants from ESTA	**-**	500
Government Grants from DPC	**-**	100
CBS Interest Income from DTF [1]	**483**	690
Transport Revenue from Victorian public hospitals	**43,839**	37,019
Transport Revenue from TAC	**25,505**	23,877
Transport Revenue from WorkSafe	**6,446**	8,659
Insurance Premium paid to VMIA	**1,388**	1,326

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

Transactions with Key Management Personnel and Other Related Parties

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

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

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

	2022	2021
	$'000	$'000
Advertising fee paid to Australasian College for Emergency Medicine (ACEM) [2]	**-**	1
Legal fee paid to Russell Kennedy Lawyers	**40**	124

[2] ACEM is no longer a related party in 2021-22 after Mr Michael Gorton finished his term as Chair of AHPRA in September 2020.

During the year, AV paid $126,256 (2021: $114,950) to Council of Ambulance Authorities, an organisation of which Mr Tony Walker, the Chief Executive Officer is the Board Chair. The annual membership contribution and sponsorship for forums/conferences were paid under standard terms and conditions.

During the year, AV paid $36,455 (2021: $30,240) 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.

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

NOTE 8.5: REMUNERATION OF AUDITORS	**2022**	2021
	$'000	$'000
Victorian Auditor-General's Office		
Audit of financial statements	**185**	182
	185	182

NOTE 8.6: EX GRATIA PAYMENTS [3]

AV has made the following ex gratia payments:		
Forgiveness or waiver of debt [4]	**332**	429
	332	429

[3] Ex gratia payments greater than or equal to $5,000 or those considered material in nature.

[4] Forgiveness of transport fees debt to individuals due to financial hardship and on compassionate grounds and have been recognised in the Comprehensive Operating Statement under 'Net Gain/(Loss) on Financial Instruments'.

NOTE 8.7: EVENTS AFTER BALANCE SHEET DATE

There 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 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.

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 have no reason to believe the Department of Health will not continue to support AV.

AV provides emergency medical response to close to **6.5 million people** in an area of more than **227,000 square kilometres.**

AmbulanceVictoria

Caring

Safe

Effective

Connected

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.