



ANNUAL REPORT

2022 — 23



Ambulance
Victoria



ACKNOWLEDGEMENT OF COUNTRY

Ambulance Victoria acknowledges the Traditional Owners of the lands in Victoria. We pay our respects to Aboriginal and Torres Strait Islander cultures and to Elders past and present and recognise Aboriginal self-determination is a human right. We commit to working with our Aboriginal communities to improve our care and services in the spirit of partnership.

Strategic Plan Summary	2
Chair and CEO Report	4
Declarations and Attestations	8
Report of Operations	9
Workforce Data	50
Health, Safety and Wellbeing	51
Occupational Violence	52
Alcohol and Other Drugs	53
Research Report	54
Environmental Report	64
Environmental Performance	68
Social Procurement	75
Donations Summary	78
Governance	81
Board Director Profiles	84
Meetings	88
Executive Group	90
Executive Structure	91
Statement of Priorities	92
Performance Priorities	97
Statistical Summary	99
Statutory Compliance	108
Consultancies	111
ICT Expenditure	113
Financial Overview	114
Disclosure Index	117
Financial Report for the year ending 30 June 2023	118

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.



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.

Our Values

Being respectful

Working together

Openly communicating

Being accountable

Driving innovation



Chair and CEO Report



Shelly Park
Chair,
Ambulance Victoria



Jane Miller
Chief Executive,
Ambulance Victoria

We have recruited more than **1,115 paramedics** over the past two years.

We are incredibly proud of the work of our people and the care we provide our patients. Over the course of 2022-2023, Ambulance Victoria (AV) continued to meet the challenges of the global pandemic while establishing new foundations to ensure AV is a great place for our people, patients and partners.

Demand for ambulance services continued to rise to record levels. In 2022-2023 we responded to more than one million incidents in Victoria by road, up 10,397 incidents from 2021-2022, and our Air Ambulance team responded to 7,889 incidents (131 more cases than 2021-2022).

A **6.2 per cent increase** in time-critical Code 1 emergencies had an impact on our performance. We reached 62.8 per cent of Code 1 cases within 15 minutes – below the state-wide target of 85 per cent – and our average Code 1 response time was 15 minutes and 57 seconds. For the most critically ill Victorians – our Priority 0 cases – we were on scene delivering life-saving care within our 13-minute target in 74.4 per cent of cases.

In 2018-2019, before the COVID-19 pandemic, we recorded **our best response performance, with 83.9 per cent of Code 1 cases responded to within 15 minutes.**

Demand has since increased significantly, with the period from October to December 2022 our busiest quarter on record. **Ambulances were called to 100,234 Code 1 cases, which was, 8,837**

additional 'lights and sirens' cases than for the same period in 2021-2022 and a 35.8 per cent increase from 73,797 Code 1 cases for the same period in 2018-2019.

After some relief in early 2023, demand increased sharply again with the period from April 2023 to June 2023 our third busiest quarter on record with 97,509 Code 1 cases..

We are committed to working with the broader health system to rise to the challenge and deliver the very best care when and where it is needed.

We are striving to ensure our patients receive the most appropriate response for their needs and improve ambulance availability across the state for emergencies. We have recruited more than 1,115 paramedics over the past two years. We continue to recruit to ensure AV is appropriately resourced to respond to health system demand and deliver new and expanded services.

We attended a record number of cardiac arrest cases, representing a six per cent rise on last year and continuing an increasing trend. Adult survival to hospital for patients presenting in a shockable cardiac rhythm has continued to **improve to 56 per cent in 2022-2023 compared with 54.7 per cent in the previous financial year.**

We were pleased to note the number of patients receiving their first shock from a public access defibrillator increased three percentage points in 2022-2023 to 19 per cent.

Innovative technology and improved resourcing created safer, more comfortable, and patient-led experiences. This includes the expansion of the Victorian Virtual Emergency Department (VVED), working with Northern Health to care for patients in the home and reduce transports to emergency departments.

Our Residential Aged Care Enhanced Response (RACER) pathway, also launched in 2022, uses VVED to minimise unnecessary, disruptive and stressful hospital transfers.

With funding from the Victorian Government, the Victorian Health Building Authority delivered five new ambulance branches in 2022-2023, providing better working conditions for paramedics and improving access to life-saving emergency care for Victorian communities.

The new branches – at Lilydale, Melton West, Moe, Taylors Lakes and Warragul West – all feature a four or five bay garage, training facilities, rest and recline areas, fully fitted kitchen, improved security and car parking. New Ambulance Community

Officer branches also opened in 2022-2023 at Clunes, Rawson and Rushworth.

We delivered on our Strategic Plan (2017-2022), which had been extended to 30 June 2023 due to the pending outcomes of the Victorian Equal Opportunity and Human Rights Commission's (VEOHRC) Independent Review into Workplace Equality in Ambulance Victoria, and the significant workload demands of COVID-19. This pause provided time to consider learnings and better understand wider community and health system needs.

Importantly, it paved the way for us to develop our next Strategic Plan: 2023-2028 Transforming for Better in consultation with our workforce, partners and the community. When launched in 2023-2024, this Strategy will set our priorities and direction through ambitious and optimistic goals, underpinned by our new organisational values.

By 2028, AV will be a world-leading ambulance service in terms of our people's experience, patient health outcomes, the impact we make, and our connection to each other, our partners, and the broader healthcare system. The exceptional calibre of our people, and our collective achievements in 2022-2023, means we are well placed to realise this vision.

Our new values, also to be launched in 2023-2024, were co-designed with our people. In early 2023, everyone, in every division, region and role across the state had the opportunity to help reset our values, with 2,350 people sharing their insights and feedback.

Our people have been very clear in recent years that resetting our organisational values, and embedding new ones, is important to them.

In June 2023, AV proudly launched its Reflect Reconciliation Action Plan (RAP). Our commitment to enact change, and our opportunity to make a difference, and improve health outcomes for Aboriginal and Torres Strait Islander Victorians.

This was reinforced in VEOHRC's Independent Review into Workplace Equality in Ambulance Victoria in which we learned more about behaviours that do not always reflect the safe, fair and inclusive workplace we need for our people.

We have implemented to a full, significant or moderate extent two thirds of the recommendations from the Commission's report. This includes a new approach to effectively manage workplace complaints, supported by a new Professional Standards and Behaviours Department and an anonymous reporting pathway. It is important we are open about where we have been, and the need to continually strive to improve.

In June 2023, AV proudly launched its Reflect Reconciliation Action Plan (RAP) – the culmination of many years of work by our people and our communities. As Victoria's provider of pre-hospital emergency care and ambulance services, we are witness to the healthcare-related disadvantage experienced by Aboriginal and Torres Strait Islander peoples. This RAP is our commitment to enact change, and our opportunity to make a difference, and improve health outcomes for Aboriginal and Torres Strait Islander Victorians. The actions in our RAP support our organisation and our people to build strong, sustainable and meaningful relationships with Aboriginal and Torres Strait Island peoples, ensuring AV provides respectful, responsive and culturally safe and inclusive services – learning from 60,000 years of continuing connection to land, sea and culture.

We are committed to reducing our impact on the environment. Our Social and Environmental Responsibility Action Plan outlines the steps we are taking to play our part in creating a better environment for us all, and our commitment to achieving net zero carbon emissions by 2045 remains strong. Our commitment to environmental stewardship also encompasses diversion of waste from landfill and reducing our

water consumption. Efforts are being made to transition from fossil fuels with five electric vehicle charging stations installed at corporate locations for our corporate fleet.

We also continue to deliver a range of work in line with our Social Procurement Framework. Although our overall social procurement spend declined slightly, **our Indigenous spend grew tenfold to \$382,000 in 2023**. We are excited to be working with Thread Group Australia, an Indigenous owned and registered company, to supply AV uniforms.

As we reflect on the past year, it is crucial for us to remember that AV is measured by more than our response times. We are a multifaceted organisation that plays a vital role in the community. 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.

We would like to take this opportunity to acknowledge long-standing Chief Executive Officer, Professor Tony Walker ASM. Tony's dedication to AV and paramedicine is evident and we wish him the best for the years to come.

Our achievements this year would not have been possible without our people's commitment, care and expertise.

Working together we met the year's challenges and embraced the learnings. We stand ready to deliver outstanding care for our patients, each other and the Victorian community next year and beyond.



Shelly Park
Chair



Jane Miller
Chief Executive



Our achievements this year would not have been possible without our people's commitment, care and expertise.

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 2023.



Shelly Park, Chair of the Board
Melbourne, 2 November 2023

Data Integrity Declaration

I, Jane Miller 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.



Jane Miller, Chief Executive
Melbourne, 2 November 2023

Financial Management Compliance Attestation Statement

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



Dipak Sanghvi, Chair of the Audit and Risk Committee
Melbourne, 2 November 2023

Integrity, Fraud and Corruption Declaration

I, Jane Miller 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.



Jane Miller, Chief Executive
Melbourne, 2 November 2023

Conflict of Interest Declaration

I, Jane Miller 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.



Jane Miller, Chief Executive
Melbourne, 2 November 2023

Report of Operations

In the 2022-2023 year covered by this report, Ambulance Victoria (AV) continued to meet the challenges of the global pandemic and established a solid footing for the future.

We continued to provide Best Care to Victorians while keeping our people safe. Our organisation grew to address the complex and growing needs of the community, with 399 new paramedics welcomed to AV. We triaged each patient to the most appropriate clinical care, when and where they needed it.

Record demand for emergency ambulances continued. October to December 2022 was the busiest quarter in AV's history, with more than 100,000 Code 1 cases for the first time, and April to June 2023 was our third busiest quarter on record.

We look back on 12 momentous months with pride in our people, our partnerships and our work in urban and regional communities. As an organisation, we have built the foundations for long-term, systemic, sustainable change to create a safe, fair and inclusive environment for our people.

We welcomed new Board Chairperson Shelly Park in August 2022 and new Chief Executive Jane Miller in January 2023 – both of whom have experience in leading transformation in complex health-related organisations. Other Executive Directors have been recruited to lead our Strategy and Integration, People and Culture, and Communications and Engagement functions.

In 2022-2023, 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

An exceptional patient experience



Every day, AV answers the call for high-quality, state-wide out-of-hospital, mobile, and emergency health care, and connects our community to the care they need.

Our Patient Care Academy harnesses expertise and feedback from across AV, our patients, and partners to plan, design and improve models of patient care.

We listened to patient feedback and it was gratifying to see that more than 95 per cent of respondents reported good or very good experiences with AV. There is much to be proud of and we continue to learn, grow and improve our service.



Patient Care Academy and AV Care Connect

Our Patient Care Academy takes an evidence-based and human-centred approach to tackle the challenges faced at AV and across the emergency health sector for improved outcomes. This innovative work is grounded in empirical research, data and lived experience.

In 2022-2023 we launched AV Care Connect which is introducing extra alternate care pathways to better connect patients to the care they need. With each new care pathway, AV is supported to better manage growing demand and the increasingly complex needs of the community. This is happening at a time when we know we must make significant operating model reform to ensure we can support the Victorian community in the future.

Under AV Care Connect, alternate care pathways will support some of our most vulnerable patients such as aged care, palliative care, frequent and complex care needs, and mental health patients to remain in their home environment and avoid unnecessary transport to hospital emergency departments (EDs).

Best Care Clinical Governance

Our Best Care framework and Strategic Plan have supported our vision to provide a caring, safe, and exceptional experience for every patient, every time.

Our clinical governance and patient safety systems assure the quality, safety, and effectiveness of our service delivery. Our 2022-2023 achievements include:

- ✓ Successful external audit of the Patient Safety Incident Management system
- ✓ Recertification under Quality Management Systems ISO 9001:2015
- ✓ Successful migration to Occupational Health and Safety Management System ISO 45001:2018
- ✓ Introduction and implementation of an electronic audit platform to standardise auditing across AV. Successfully piloted and rolled-out state-wide.



1,784
aged care facility patients
have been referred to alternate care pathways

Residential Aged Care Enhanced Response

The Residential Aged Care Enhanced Response (RACER) pathway connects Triple Zero (000) calls from residential aged care facilities to Secondary Triage to better meet patients' needs and avoid unnecessary dispatch of ambulances.

Triage practitioners utilise services such as Residential In-Reach and the Victorian Virtual Emergency Department (VVED) to minimise unnecessary, disruptive, and stressful transfers for residents of aged care facilities. We introduced an aged care specialist role in Triage Services to support RACER, help expand AV's in-house expertise and assist triage practitioners.

Since launching in August 2022, 1784 aged care facility patients have been referred to alternate care pathways.

Palliative Care Connect

Palliative Care Connect seeks to improve opportunities across the palliative care landscape through two workstreams. The first stream focuses on implementing initiatives in regional settings to address some of the unique challenges communities and paramedics face in regional Victoria.

The second stream aims to identify critical opportunities for enhancements across the care continuum, ensuring seamless transitions and improved outcomes for patients throughout their palliative care journey.

By tailoring strategies to regional needs and optimising care processes, we seek to advance the standard of palliative care we provide and make a meaningful impact on the delivery of palliative care to our consumers and our people.

Key initiatives include:

- Implementation of a palliative care education course, providing specialised training to more than 6000 clinical staff.
- Introduction of a palliative care specialist role to expand AV's in-house expertise and support the delivery of this work.
- Established and strengthened relationships with state-wide palliative care providers, enabling effective communication channels for quality improvement, enabling paramedics to collaborate with experts.
- Commencement of a comprehensive gap analysis to identify further areas for improvement and provide paramedics with a stable and future-proofed framework that meets evolving palliative care needs.

Mental Health Care Connect

Throughout the year, AV has worked to support mental health reform work with our partners, the Emergency Services Telecommunication Authority (ESTA), Victoria Police, Department of Health and Department of Justice and Community Safety, following recommendations of the Royal Commission into Victoria's Mental Health System. The Mental Health Care Connect initiative will help paramedics and Victoria Police better care for people with mental health issues when calling Triple Zero (000). The Patient Care Academy is leading service design for changes under the new *Mental Health and Wellbeing Act 2022* in partnership with peak bodies, Tandem, and the Victorian Mental Illness Awareness Council.

TelePROMPT

TelePROMPT celebrated its second anniversary in November 2022. The collaboration with AV, Eastern Health and the Department of Health better connects patients with mental health conditions to the care they need through specialist assessment at scene. We continue to see impressive results from TelePROMPT, with almost 80 per cent of patients being supported through alternative care options – reducing unnecessary transport to the ED and improving patient and paramedic experience.

Safeguarding Care

Best Care in child safety and family violence

AV is a child and family safe organisation, committed to meeting the Victorian legislative standards for child safety and wellbeing, family violence and supporting other priority cohorts at risk of harm and abuse. Safeguarding is a core part of our commitment to Best Care for every patient every time and meeting the diverse needs of the Victorian community.

In 2022-2023, the Safeguarding Care team reviewed:

- ✓ 667 child safety cases
- ✓ 594 family violence cases
- ✓ 134 reports to child protection to keep at risk children safe.

Paramedics are in a unique position to support patients and their families through early intervention and crisis management, and we strive to provide respectful, sensitive and safe engagement for vulnerable people in our care.

- ✓ We facilitated 447 discussions with paramedics about providing care to patients with child safety concerns or family violence.

Safeguarding Operational Support

The Safeguarding Care team supports paramedics every day through:

- ✓ Best practice safeguarding: Providing safeguarding guidance to paramedics and managers to ensure patient rights and safety are upheld;
- ✓ Reporting harm and abuse: Reviewing patient cases as part of clinical governance and undertaking additional child safety and family violence risk reporting;
- ✓ Information sharing for patient safety: Managing requests through the Multi-Agency Risk Assessment and Management (MARAM) Framework, Family Violence Information Sharing Scheme, and Child Information Sharing Scheme.

Family Violence

AV has continued our MARAM alignment, with support and funding from the Department of Health, including:

MARAM Victim Survivor Family Violence Training for paramedics and first responders.

More than 5,500 frontline staff have undertaken e-learning and face-to-face training on identifying and responding to family violence and elder abuse. The online modules include powerful video resources co-designed with the Victorian Government Victim Survivor Advisory Council.

The videos centred on the lived experience of victim/survivors of family violence and focused on their expertise and insights about how paramedics can best meet the needs of people at risk and experiencing violence.

In the six months since the training started, there has been nearly a 40 per cent increase in identification of primary presentation of family violence, as well as an increase in identification of child safety concerns and elder abuse.

5,500+
frontline staff

have undertaken e-learning and face-to-face training on identifying and responding to family violence and elder abuse

40%
increase

in identification of family, child and elder abuse concerns



Virtual Kids

Before VVED, many paediatric patients were transported long distances to a regional ED for assessment and care. This was often disruptive and distressing for their family, particularly for single parents with other children. This led to the 2022-2023 expansion of VVED through the launch of Virtual Kids – a dedicated paediatric service.

The option for families to receive care at home has been well received according to the VVED patient survey, including the following response received by the parent of a four-year-old child:

This was a much better outcome for our family. It allowed us to manage our son in a comfortable place at home with confidence that he had received the treatment that he needed.



Victorian Virtual Emergency Department

Connecting patients with lower acuity medical presentations or minor injuries with emergency physicians via telehealth is helping provide Victorians with the right care, at the right time, in the right place.

The Victorian Virtual Emergency Department (VVED) aims to provide the virtual equivalent of attending a physical ED. Delivered by Northern Health, VVED provides patients with in-home virtual emergency doctor clinical assessment, advice, treatment and, where required, referral to an appropriate healthcare provider such as a GP or residential in-reach service. This free service is available to all Victorians around the clock via the VVED website.

The AV referral pathway to VVED started as a pilot for patients in the catchment in the northern metropolitan area in October 2021.



VVED has provided virtual care to more than

40,000

patients referred by AV



27,000+

patients were seen in 2022-2023

74%

of patients not requiring transport to, or in-person care at, an ED

In regional Victoria, there were

6,246 referrals

with **72 per cent** of patients not requiring transport to, or in-person care at, an ED



The ambulance referral pathway has grown significantly and is now used in **four per cent** of all emergency events each month



'VVED has been the best addition to AV practice in my, albeit short, career.'

Paramedic

'I have felt very supported by the doctors who have assisted – especially when barriers have presented themselves like they did this morning (complex palliative care). I feel comfort knowing that the people I care for have VVED clinicians to provide compassionate care.'

Kristie Goldsborough, Paramedic, Barwon South West.

'The consultation by both the ambulance and emergency doctor was extremely thorough. I felt all my questions and concerns were clearly explained. They were extremely professional, and I felt I great care was taken.'

Patient



Patient safety and experience

This year, we celebrated the **Victorian Stroke Telemedicine milestone of 20,000 consultations**, 15 years of Adult Retrieval Victoria and announced our partnership with the Country Fire Authority to deliver Fire Medical Response within rural communities.

Confidence in our Care – Patient Experience

Positive patient experience is a key indicator of quality in health care. As well as intrinsic benefit, positive patient experience is associated with improved long-term clinical outcomes, patient safety, and health sector efficiencies. By measuring and understanding patient experience, we can identify system concerns and drive quality improvements.

AV uses data from the Victorian Healthcare Experience Survey (VHES), and the annual Council of Ambulance Authorities (CAA) survey to inform our understanding of how our patients feel about their ambulance healthcare journey. These surveys, combined with patients' complaints and commendations, provide valuable insight into where to focus our quality improvement initiatives.

During winter (July-August 2022) and summer (February-March 2023), the VHES canvassed 82,830 AV patients through the ambulance emergency survey, covering emergency transported patients, emergency non-transported patients, non-emergency Triple Zero (000) referral, and referral patients not receiving emergency or non-emergency ambulance dispatch.

A total of 14,685 people responded, an 18 per cent response rate. Results confirm high levels of satisfaction with overall experience with the ambulance service, and key aspects of care including call taking, and care and treatment from paramedics (95 to 97 per cent reported good or very good service).

Results from the CAA survey (limited to Code 1 and 2 transports) over the past year similarly show that 98 per cent of patients reported their care was good or very good, an increase from 96.7 per cent in 2022.

14,685
people responded,
an 18% response rate



63.9% were satisfied with the length of time it took for an ambulance to arrive



98% of patients reported their care was good or very good

Despite known concerns with response delays due to ongoing health system pressures, 63.9 per cent of respondents were satisfied with the length of time it took for an ambulance to arrive – an increase of four per cent over the past year.

AV's Patient Experience team continually acts to make improvements informed by surveys and patient experience feedback. AV receives a significant volume of compliments, commending the caring attitude of paramedics. Nonetheless, some complaints also indicate opportunities for improved patient communication.

Improvement initiatives over the past year included:

- ✓ Statutory Duty of Candour legislation implemented in 2022. We proactively seek feedback about the candour process and learn from other health services locally and internationally to ensure our response to serious adverse patient safety events reflects best practice.
- ✓ Our Community and Consumer Engagement Plan has a strong focus on improving our feedback mechanisms to embrace co-design on new services and evolve our governance structures that provide oversight of quality improvement initiatives.



20,000
patients

Consultation milestone

In 2022-2023, VST reached the incredible milestone of 20,000 patients having received life-saving stroke care over the past decade. Every minute matters when suffering a stroke, which is why VST is so crucial.

'Thanks to stroke telemedicine, patients receive clot-busting drugs on average 40 minutes earlier and often within an hour of arriving at hospital.'

Professor Chris Bladin,
Director of Stroke Services

Victorian Stroke Telemedicine

The world-class Victorian Stroke Telemedicine (VST) service virtually connects patients with acute stroke with expert doctors who provide diagnosis and treatment. This gives patients the right care at the right time, regardless of their location.

VST connects clinicians at 20 participating sites throughout Victoria and Tasmania with a network of stroke specialists and neurologists. This includes the expansion of the service to the Wodonga campus of Albury Wodonga Health in 2022-2023. These specialists assist doctors to treat stroke patients locally and arrange transfers to tertiary centres for potentially life-saving surgery.

In 2022-2023 there were:

4,152 consultations

335 cases recommended for thrombolysis with tissue plasminogen activator (TPA)

232 cases recommended for endovascular clot retrieval (ECR).

In 2022-2023, VST partnered with Dutch-Australian company Nicolab to deliver software to better analyse CT brain scans and use artificial intelligence to detect the presence of blood clots blocking brain arteries, or bleeding to the brain. This greatly enhances the ability of VST clinicians to treat stroke patients more quickly and accurately.

VST now delivers out-patient and in-patient care, as well as rehabilitation support in many regional hospitals. It's recognised that there are many components to the stroke patient journey that benefit from VST clinician expertise.

VST patient experience

Marina Dunn was enjoying a holiday in Tasmania when she experienced stroke symptoms on Good Friday, which prompted her partner to take her to Launceston General Hospital. She was immediately admitted to emergency where she underwent a VST consultation. Ms Dunn was amazed at the speed of her consultation and treatment, and she was moved to a general ward by the same afternoon.

'I couldn't have had better care.'

Marina Dunn, patient

Mobile Stroke Unit

In late 2022, the Mobile Stroke Unit (MSU), an ambulance with specialist stroke capability, celebrated five years of treating patients and changing lives. In its first five years, the joint venture with the Royal Melbourne Hospital, University of Melbourne and AV, treated 2,735 patients, with 55 per cent of patients being diagnosed with a stroke or mini stroke.

A second MSU is being built, with preparation for its operations underway including resourcing and training. This second MSU will provide greater coverage across metropolitan Melbourne to respond to stroke cases.

Impacts to global supply chains delayed delivery of vehicle components for the new MSU, which is expected to be operating by mid-2024.

Resourcing Investment and Improvements

In 2022-2023, AV further built its capability to meet growing demand and achieve best patient outcomes.

Our first responder teams continued to grow with more than 200 new volunteers and staff across our Ambulance Community Officer (ACO) and Community Emergency Response Team (CERT) locations. Recruitment for these positions is growing in popularity with a significant spike post COVID, highlighting the community spirit and passion across Victoria to assist in times of need.

Our Community & Co-responder Program team had a busy 2022-2023, with face-to-face training programs for emergency medical response (EMR) with Fire Rescue Victoria, remote area nurses (RAN) and public access defibrillation (PAD) back into full swing.

This year included announcements of partnerships with the Country Fire Authority (CFA) and Aviation Rescue Fire Fighting Service. Our co-responder partnerships have added, and will continue to add, cutting edge first aid and out-of-hospital cardiac arrest training for the benefit of the community.

The Fire Medical Response (FMR) program will see advanced first aid skills and assessments taught to **CFA volunteer firefighters in regional Victoria**. Funded by the Victorian Government, **50 CFA brigades** will come on board over two years to deliver basic life support and help paramedics provide best care for regional and remote Victorian communities.

The development of AV's Safe Non-Transport (SNT) Improvement Plan identified opportunities to deliver better health care to patients attended to by paramedics but who do not require transport to a hospital emergency department. Through a coordinated, strategic approach, we shaped new and enhanced initiatives to improve the safety and quality of care. Initiatives include the improvement of existing tools and supports aimed at better informing and connecting clinicians and patients throughout the care continuum.



200  **new first responders**

50 **CFA brigades will come on board** over two years to deliver basic life support

We delivered on **\$190 mil** Victorian Government investment

Implementation of the SNT Improvement Plan is expected to deliver the following benefits to the Victorian community and AV workforce:

- ✓ **Improved patient experience and outcomes** by better connecting patients to the most appropriate care pathway for their needs and through the provision of written care advice and referral information.
- ✓ **Increased support and role satisfaction** for our paramedics by providing appropriate decision support tools and resources in the patient's journey.
- ✓ **Improved ambulance resource availability** for our most critically ill patients through a reduction in avoidable transports.

The innovative Medium Acuity Transport Service (MATS) provides additional operational resources to respond to and transport low-to-medium-acuity cases (Codes 2 and 3) and attend Priority 0 events if they are the closest vehicle. AV continued to operate 22 MATS locations across Victoria in 2022-2023. MATS has provided services to more than 40,000 Victorians since its launch in 2021. The program is funded beyond June 2023 to continue to free up ambulances to respond to time-critical emergencies.

This year we delivered on a \$109 million Victorian Government investment to introduce dual paramedic crews in 15 rural ambulance locations, a Peak Period Unit (PPU) in the metro region and seven PPUs in rural areas by June 2023. In 2022-2023, the final eight single officer locations were converted to dual officer branches at Yarram, Paynesville, Rupanyup, Murchison, Foster, Euroa, Charlton and Beaufort.

Roosting two paramedics 24 hours a day to respond to emergency calls at these locations aims to better support our paramedics, improve response times and provide residents better access to paramedics and their life-saving skills. The expanded paramedic teams continue to be supported by our highly skilled ACOs, who remain a critical part of our response.

The final three PPUs were delivered this financial year in Geelong, Armstrong Creek and Ararat (MICA). PPUs are emergency ambulances that operate at the busiest times of day to increase access to emergency care for communities when they need it most.

With funding from the Victorian Government, the Victorian Health Building Authority delivered five new ambulance branches in 2022-2023, providing better working conditions for paramedics and improving access to life-saving emergency care. The new branches – at Lilydale, Melton West, Moe, Taylors Lakes and Warragul West – all feature a four or five bay garage, training facilities, rest and recline areas, fully fitted kitchen, improved security and car parking. New Ambulance Community Officer branches also opened in 2022-2023 at Clunes, Rawson and Rushworth.

Emergency Management Operational Communications

The Emergency Management Operational Communications (EMOC) program was developed to improve state-wide operational communications and address changing requirements in technology, community expectations and increased demand for emergency services.

Funded by Emergency Management Victoria (EMV), the EMOC program aims to:

- deliver a more resilient, robust, fit-for-purpose and affordable system to enable rapid response to incidents,
- improve connectivity and interoperability for responders,
- improve communication for responders, support services and the community to improve decision making, and
- promote a safer working environment for operational staff.

In 2022-2023:

- **The Digital Radio Upgrade Program** was established to transition AV to Victoria's Regional Mobile Radio (RMR) network and replace the existing regional radio fleet that operates on the analogue StateNet Mobile Radio (SMR) network. The program successfully performed a pilot to confirm that the selected radio equipment met AV's operational needs. The selection was approved at the end of May 2023 and will be included in a request for proposal prepared by EMV to Motorola later in 2023.
- **The Metropolitan Data Network Extension (MDN) Services** project provided new upgraded equipment, infrastructure and functionality. About 87 per cent (397) of AV's metropolitan vehicles have been upgraded with new Mobile Data Terminals (MDTs) and MC90 Wi-Fi. Major benefits for our crews are

continued →

the introduction of 'over the air' updates which enable MDT maps to be seamlessly updated, and enhanced navigation capability through real-time traffic congestion and road closure information.

- **Initiation activities, including design and planning phases**, commenced on the mobile data network project to provide coverage to AV's regional ambulance fleet, in line with the metropolitan ambulance fleet.

Upgrade of ProQA

In May 2023, ProQA call-taking and dispatch software was successfully upgraded in line with AV's commitment to improving patient safety and enhancing the allocation of emergency resources. This project was a remarkable partnership between AV and ESTA, demonstrating a shared commitment to enhancing emergency response services.

ProQA is a globally recognised structured calltaking system used by 3,000 ambulance services worldwide. The upgrade involved refining AV's Clinical Response Model event types, introducing new event types, splitting existing ones for better specificity, and decommissioning outdated event types. Extensive consultation, data analysis and clinical guidance informed these changes.

The project was delivered with careful consideration of the impact on downstream systems and thorough testing of affected applications.



ProQA is a globally recognised structured call-taking system used by

3,000

Ambulance services worldwide

Mental Health Reform

AV is a partner agency in the delivery of the Royal Commission into Victoria's Mental Health System's Recommendation 10, which has the overarching objective of achieving a health-led response for people experiencing mental health crises. The changes will improve care for patients experiencing a mental health crisis through the provision of a health-led response and support staff in field.

AV is supporting this through implementation of the *Mental Health and Wellbeing Act 2022* (which commences 1 September 2023) and service model reform.

Progress in 2022-2023 included:

- The establishment of a dedicated program team, including clinical and operational resources.
- Data analysis to inform demand modelling and resourcing.
- Contribution to service model development facilitated by Department of Health.
- Planning for IT system changes.
- Development of a training package to familiarise operational staff with the new *Mental Health and Wellbeing Act 2022*.

AV engaged consumers and carers with lived and living experience of the mental health system to inform our key initiatives. We continue to work in partnership with key stakeholders including the Department of Health, Department of Premier and Cabinet, Department of Justice and Community Safety, Victoria Police and ESTA to deliver these initiatives.

Adult Retrieval Victoria

Adult Retrieval Victoria (ARV) provides clinical coordination, retrieval and critical care services across Victoria. In late 2022, ARV celebrated 15 years of growth and development with an education evening involving past and present staff. In 2022-2023, ARV was an integral part of the launch of the new Victorian Extracorporeal Membrane Oxygenation (ECMO) Service (VECMOS), a state-wide collaboration of hospitals and ambulance services providing ECMO for critically ill people. It handles state-wide communications and operational logistics for the service, with the implementation of the SCOUT Clinical Information System.

Membership Subscription Scheme

Operating since 1935, our Membership Subscription Scheme (MSS) provides Victorians with protection against the cost of using ambulance services, including emergency and clinically necessary non-emergency transports.

With **2.8 million members**, **1.4 million membership policies** and about **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. The AV website and Service Victoria also provide optional channels for our members to join, renew, make payments or update contact details.

In 2022-2023, the MSS attracted 88,000 new memberships resulting in a total net growth of 8,645 memberships more than the previous year. Memberships generated more than **\$100 million in direct revenue**. During the year over **188,000 member transports** were provided free of charge at a value of over \$294 million.

SNAPSHOT

2.82 mil
people covered



1.38 mil
membership policies

\$100 mil
direct revenue provided

88,000
new memberships



53%
Family members



47%
Single members

Usage



Members had more than

188,000

Ambulance transport invoices covered by their membership

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.



340,000
Phone calls



15,000
Online chats



48,000
Emails and letters

Customer Satisfaction

97%
satisfied or very satisfied

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

'I would never be caught without being a member. Even before any of my kids had any medical issues, I just would feel naked without the membership. Then it turns out when my son was eight, he became a type one diabetic and so all the more reason to just know the ambulance will always be there in case.'

AV Member

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 education, to meet the needs of diverse communities across the state.



12 new Heart Safe Communities

were established across the state,
joining another 20 communities



Community and Consumer Engagement

The **AV Community and Consumer Engagement Plan 2020-2022** was delivered at the end of 2022.

The Plan provided a roadmap for our engagement activities and recognised that shared leadership and action by our organisation and the community is needed to deliver Best Care.

We delivered annual campaigns to support the community to respond to health emergencies, including **Play Your Part, Be Summer Smart** to keep Victorians safe from common summertime ailments and injuries.

We developed relationships with external agencies (Victorian Ombudsman, Health Complaints Commissioner and Safer Care Victoria) to continuously review and improve feedback handling. We also delivered community engagement material and emergency health information in accessible languages and formats.

Our key focus since December 2022 has been the new **AV Community and Consumer Engagement Plan 2023-2028**. It has been developed through a process of co-design with our partners, communities and people to ensure we understand the needs and expectations of our stakeholders and are aligned to deliver on the new AV Strategic Plan: 2023-2028 Transforming for Better.

Through this collaborative approach, areas for improvement were identified, strategies to enhance the quality of services were developed and the voices of Victorians were heard and reflected in the Plan.

The new Plan, due to be released in the second half of 2023, demonstrates our commitment to engaging with our communities and consumers. It outlines the strategic goals and outcomes that we seek to achieve through community and consumer engagement activities through to 2028.

Heart Safe Communities

The Heart Safe Community initiative improves survival rates for out-of-hospital cardiac arrest (OHCA) by teaching community members how to perform CPR (cardiopulmonary resuscitation) and effectively use an AED (automated external defibrillator).



In July 2022, 12 new Heart Safe Communities were established across the state, joining another 20 communities which graduated in recent years. New communities include:

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

The Call Push Shock program, delivered to Heart Safe community members, focuses on equipping people with the willingness and capability to recognise a cardiac arrest and take action in three simple steps:

1. Call Triple Zero (000)
2. Push on the chest to start CPR immediately, and
3. Shock using an AED, if available.

The program also promotes AED registrations and GoodSAM responder signups. We provide each Heart Safe Community with an AED to be placed within their town.

Through **47 Call, Push, Shock sessions** in these new locations in 2022-2023 we reached **11 per cent of community members**, resulting in **21 public access defibrillator registrations** and **21 GoodSAM responder signups**.

GoodSAM (Smartphone Activated Medic)

When someone is in cardiac arrest, every minute without CPR reduces their chance of survival by up to 10 per cent.

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

Any adult in the community who knows CPR can now sign up to GoodSAM and help patients in those first critical minutes of cardiac arrest while paramedics are on the way.

The results of quick interventions provided by GoodSAM responders are being felt right across Victoria. In 2022-2023, GoodSAM responders attended 553 eligible cases state-wide and contributed to saving more than 40 lives.

CPR in Schools pilot

The Call Push Shock CPR and AED awareness program is an Australian-first pilot in Victorian schools. It aims to teach Year 7 students the skills to save lives and improve cardiac arrest survival rates. The program is delivered by Victorian teachers and aligns with curriculum learning areas.

The pilot program, which started in February 2023, is the innovation of Greg Page of The Wiggles, who experienced his own cardiac arrest in 2020. We have partnered with Heart of the Nation, the Heart Foundation, Australian Resuscitation Council, the Council of Ambulance Authorities, the Department of Education and Training, and Monash University, which will evaluate the program upon its completion.

The pilot program of 4,000 Year 7 students is scheduled to conclude at the end of Term 3 in September 2023. This initiative is a significant step towards equipping young students with life-saving skills and creating a future generation that is prepared to respond to cardiac arrest situations.

Shocktober

Our Shocktober campaign highlights the importance of knowing Call, Push, Shock and encourages the Victorian community to sign up to GoodSAM.

Throughout October 2022:

428 community members added to our GoodSAM program

440,000+ Social media reach



6,000 Victorians learned CPR from paramedics

235 Shocktober sessions were delivered across 83 per cent of Victorian local government areas

Community Advisory Committee

Our Community Advisory Committee (CAC) provides advice and direction to the AV Board of Directors. CAC members are community advocates whose experience and contributions are highly valued by the Board and the organisation. They ensure the voice of the Victorian community is heard and understood, and that we partner with consumers to integrate across our work and services.

CAC members advise the Board on issues directly impacting the community, to ensure all Victorians have equitable access to safe, effective, and timely pre-hospital emergency care – regardless of where they live or who they are. They also provide guidance on community needs and impacts when AV changes policies or services, and how we can improve our community planning and engagement.

Through 2022-2023 the CAC participated in various service design workshops and provided advice on the following services and policy:

- AV's Strategic Plan: 2023-2028 Transforming for Better
- Community and Consumer Engagement Plan 2023-2028
- Mental Health Royal Commission Reform Program
- Improvements for Safe Non-Transport workshop
- Multicultural Employment Program Evaluation.

A great place to work and volunteer



AV is committed to creating a safe, fair and inclusive workplace for all people. While there is much work to do, we also need to acknowledge our progress in 2022-2023 to embed an ethical, just and respectful culture.



Your AV

Our people are at the heart of the service AV provides and it is vital everyone at AV feels connected, valued, safe, and included in a skilled team that is thriving and always developing. Everyone has the right to be and feel safe at work, to feel like they belong because they are valued, heard and respected.

The **Independent Review into Workplace Equality in Ambulance Victoria**, conducted by VEOHRC in 2021-2022, was a watershed moment for AV. It showed we have not always been effective in preventing workplace harm or in creating a positive workplace culture. That is why in *Safe, fair, inclusive: Your AV roadmap 2022-2027* (Your AV roadmap) – AV's official response to the Commission's final report – we committed to providing a safe, fair and inclusive organisation.

We know this type of change requires strong foundations to be effective and we are accountable for delivering and continually improving.

In 2022-2023, we established the Equality and Workplace Reform Division to realise this vision and deliver on a key recommendation of VEOHRC Independent Review into Workplace Equality in Ambulance Victoria. The new division has worked to shape our vision for, and theory of the change needed, and has developed a program of work to implement the recommended reforms and put in place oversight and evaluation mechanisms.

AV has implemented to a full, significant, or moderate extent two thirds of the recommendations from the independent review.



Our people are at the heart of the service AV provides and it is vital everyone at AV feels connected, valued, safe, and included in a skilled team that is thriving and always developing.

Key progress includes:

- ✓ **Co-designing our new organisational values with the AV workforce**, so we can reset behavioural expectations going forward.
- ✓ **Creating a fair, human-centred complaints model** by setting-up a new Professional Standards and Behaviours Department.
- ✓ **Supporting our people to have the confidence to speak up safely** by putting an independent anonymous reporting pathway in place.
- ✓ **Examining opportunities to improve the physical and psychological safety** of our people in isolated environments by auditing 70 representative work sites.
- ✓ **The Department of Justice and Community Safety** has been engaged to begin designing an independent restorative engagement scheme with our workforce and unions so our people can share any past experiences of harm with a senior representative of AV, supporting individual healing and organisational learning.
- ✓ **Promoting greater management stability and job security** by reducing the proportion of entrenched acting roles.
- ✓ **The Leading Together training pilot** was well received by frontline leaders, equipping them with best practice skills to support and lead their teams.

Diversity and Inclusion

As part of the work to create a safe, fair and inclusive workplace, it is important to recognise and celebrate the diversity, both of our people and of the communities we serve. Acknowledging this diversity allows us to be a more inclusive organisation, learn from different perspectives and effectively deliver emergency health care services.

Learning from the experts

AV has worked closely with expert organisations to support our work in diversity and inclusion. We have established relationships with the Diversity Council of Australia, Pride in Diversity and the Australian Network on Disability to help us to establish immediate priorities, identify future opportunities and to guide our work for our people and the communities we serve.

LGBTIQ+ Communities

AV proudly supported LGBTIQ+ communities and events across Victoria in 2022-2023. AV had a stall at the annual Midsumma Carnival and an enthusiastic contingent marching at the Midsumma Pride March, supported by AV's Pipes and Drums Band.

AV introduced pronouns on name badges in 2022-2023, an important step towards creating a safe workplace for LGBTIQ+ people. The sharing of pronouns at work helps to foster inclusion by signalling respect and safety for people of all genders and shows support for inclusion to our patients and the wider community.

AV welcomed Victoria's Commissioner for LGBTIQ+ Communities Dr Todd Fernando for an all staff and volunteer forum during IDAHOBIT Day celebrations to discuss the importance of safety for the LGBTIQ+ community as employees, volunteers and ambulance service users.

Working towards Gender Equality

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

Our Gender Equality Action Plan, developed in conjunction with a cross-functional work group and informed by recommendations from the Independent Review into Workplace Equality undertaken by the Victorian Equal Opportunity and Human Rights Commission, will continue to inform our way forward through to 2025.

This year we established Gender Equality at AV, with the working group due to hold its inaugural meeting in July 2023.



Reconciliation Action Plan

We continue to progress the building of strong and meaningful partnerships with Aboriginal and Torres Strait Islander peoples, communities, and organisations to guide us on our journey towards reconciliation. Their wisdom and knowledge will ensure we can improve their experiences with AV and learn from 60,000 years of connection to land, sea and culture.

AV's Reflect Reconciliation Action Plan 2023-2024 (RAP) is the culmination of many years' work and significant contributions of time, knowledge and experience by our people and our communities. Our RAP received final endorsement from Reconciliation Australia and was launched on 29 June 2023.

Our RAP artwork (above) was designed by Aboriginal artist Dixon Patten to meaningfully reflect AV's reconciliation journey.

It represents AV's special place in our society as first responders and being responsible for our wellbeing and safety and providing life-saving interventions and medical care.



To deliver on our RAP we have implemented a number of actions to help build culture awareness and appreciation to elevate the voices of Aboriginal and Torres Strait Islander peoples. This includes the formation of a governance group to oversee the implementation of the RAP.

This governance group includes Aboriginal and Torres Strait Islander people from within and external to AV.

We're excited to have become a member of Supply Nation. Supply Nation provides access to Australia's largest database of verified Indigenous businesses to support AV's social procurement targets and, more importantly, ensure we're supporting indigenous businesses and communities.

This year, we celebrated National Reconciliation Week across the organisation and have worked to encourage all AV people to include an Acknowledgement of Country when appropriate in their meetings and events.



We continue to progress the building of strong and meaningful partnerships with Aboriginal and Torres Strait Islander peoples, communities, and organisations to guide us on our journey towards reconciliation.



Health and safety

Health and Safety Action Plan

The third iteration of AV's *Health and Safety Action Plan 2023-2026* was developed after extensive consultation and collaboration across the organisation and in conjunction with external partners. Established priority and focus areas ensure we place our people at the centre of our health and safety ecosystem, and they are equipped with what they need to be healthy and safe at work and provide Best Care to our patients. With the goal of a healthy and productive workplace over the next three years, the Plan continues to expand and embed on the previous learnings, and strives to create an engaged and empowered workforce where health and safety is clearly visible and valued.

Mental Health and Wellbeing Action Plan 2022-2025

Following an extensive consultation process, in September 2022 AV launched its *Mental Health and Wellbeing Action Plan 2022-2025* (MHWAP), our strategy for achieving a workforce supported to protect wellbeing.

The MHWAP is an evidence-based plan built of four key pillars:

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

The first year of the MHWAP has seen work undertaken to establish AV's Mental Health Continuum, a tool to provide consistency in language and enable our people to consider their own mental health and wellbeing. This includes improvements to the support provisions for the Graduate Ambulance Paramedics program and targeted wellbeing plans that are delivered in an integrated way across key areas of the business. A program of work to simplify access to support for AV employees and their families has also been completed and evaluated.

Two key projects which reflect our commitment to research and evidence-based initiatives are scheduled to be delivered in the second year of the MHWAP.

The relaunch of our Skills for Life Adjustment and Resilience Program (SoLAR) is a pilot program with Phoenix Australia designed to provide psychological skills-based intervention. The program supports AV employees and first responders who may be experiencing mild, moderate or severe stress and distress, and the pilot will run until November 2023. This will be evaluated in the second year of the MHWAP to determine efficacy and suitability of the program for AV employees ongoing.

In addition to the SoLAR program, preliminary work has commenced to deliver the Suicide Intervention Response and Engagement Network – a two-year initiative building an evidence-based suicide intervention and prevention program to embed mental health and wellbeing training, including psychological first aid, for all leaders across the organisation.

Mental Health and Wellbeing Programs

We are committed to the prevention and early intervention of mental health and wellbeing concerns and continue to provide support for our people and their immediate family members, with services available 24 hours a day. This includes our Peer Support and Pastoral Care programs, and access to counselling through our internal Psychology team, our Victorian Ambulance Clinicians Unit (VACU) network and a 24-hour crisis counselling line.

The VACU network is comprised of more than **120 qualified clinicians providing both face-to-face and telehealth support state-wide for AV employees**, first responders and their families. The provision of telehealth has enabled greater access to support, particularly across remote and rural areas of the state.

A key aspect of early intervention and prevention is our **Peer Support Dog program** in which peer dogs and their trained peer handlers work to reduce stigma around mental health and wellbeing and support employees in having conversations for support. This much-loved program now comprises 15 dogs state-wide.

120 qualified clinicians providing both face-to-face and telehealth support state-wide for AV employees

As part of the broader Peer Support team, we **recruited an additional 43 peer volunteers** to provide compassionate care across the state with each undertaking the Foundational Learning Program to support their development. This increases the number of peer volunteers across the state to more than 220 employees and first responders, ensuring a sustainable and scalable model of care.

We continued our partnership with the Black Dog Institute to deliver Mindarma, an evidence-based online program that teaches practical skills to enhance resilience and help protect mental health. It formed a key component of Graduate Ambulance Paramedic training modules.

Respiratory Protection Program

The AV Respiratory Protection Program (AVRPP) continued to be a vital part of AV operations by helping protect employees from respiratory illnesses and harmful airborne particles. Since its implementation in 2021 more than 15,000 mask fit tests have been conducted. The AVRPP currently has a fit test pass rate of 100 per cent with all operational employees having a respirator that gives them an adequate seal. This is achieved by having a wide range of different respirator sizes and styles, including custom-made respirators. The program continues to re-test all operational employees and volunteers throughout the state.

Early intervention pilot

AV's early intervention pilot targeting workplace physical injuries commenced in July 2022 covering employees in the Gippsland region. The program provides early and appropriate medical intervention for work-related physical injuries through a network of experienced

general practitioners (GPs) and physiotherapists. It aims to reassure injured employees and their managers or supervisors about their recovery pathways, facilitates early medical follow-ups where necessary, and reduces unnecessary medical intervention and treatment. The program is funded by AV and provides up to four GP and physiotherapy sessions for each workplace incident. Due to its successful uptake, the pilot was expanded to the Grampians and Barwon South West regions.

Recruitment

In 2022-2023, AV's selection team increased from three to 15 permanent employees to deliver and build on recruitment and selection activities. We attracted highly skilled and experienced recruitment professionals from industries such as government, higher education, not-for-profit, healthcare and the private and corporate sector.

The benefits of best practice and contemporary recruitment across AV has already been evidenced with the team delivering high volume recruitment, and attracting and retaining high quality talent, both internally and externally.



Enterprise Agreements

With a focus on the strategic importance of enterprise agreements to our people and our purpose, AV established an enterprise agreement team in November 2022 to coordinate the bargaining process for all enterprise agreements at AV.

From February 2023, AV has been working with our people to negotiate the *Ambulance Victoria Enterprise Agreement 2024 (AVEA 2024)* and continue building an organisation in which our employees thrive to support the delivery of best care for the Victorian community. We want to deliver a new enterprise agreement that addresses our people's evolving needs and helps meet the increasingly complex and demanding health care and service delivery environment.

Project Synergy

Our people systems have not kept pace with the significant growth of our organisation in recent years. Project Synergy (formerly known as Human Resource Management Design) will improve the experiences of our people by removing clunky, outdated systems and processes and implementing systems that are more efficient. The program of work will define a target-state operating model in response to these needs and enable high performance.

Progress since Project Synergy started in November 2022 includes:

- ✓ A request for tender for a target-state operating model professional services contract signed with Deloitte and onboarding activities completed in May 2023.
- ✓ Progress on recruitment of key project team roles.
- ✓ Development of a communication and engagement strategy.

Workforce Planning

In 2022-2023, AV extended the notice period for Graduate Ambulance Paramedics to transition to their permanent teams. This change let employees concentrate on their training without the stress of planning a possible relocation and provided greater time for employees to relocate, if needed.

To ensure robust and accountable asset management at AV, we developed four tailored workforce plans for teams that manage our assets. These plans ensure that our employees have the skills and resources they need to succeed and improve asset management at AV.

Improving emergency planning and management at AV is important to ensuring the safety of the Victorian community. In 2022-2023, workforce planning collaborated with clinical operations to introduce two new emergency management planning coordinators to the metropolitan region, providing greater coverage and localised support.

People Based Rostering

AV commissioned the People Based Rostering (PBR) Project to provide a people-centric approach to rostering by reducing the effects of fatigue, improving work-life balance, and aligning to operational demand. The PBR project has had an initial focus on metropolitan Melbourne, given the prevalence of 10/14 rosters (10-hour day shifts and 14-hour night shifts) with comparably increased levels of utilisation. The project scope includes consideration of Mobile Intensive Care Ambulance (MICA) and rural workforces.

The significant challenge for the project was proposing a roster design that considered three guiding principles: operational coverage, workforce acceptability and safety for people and patients (reduced fatigue). A roster concept model was only considered an acceptable solution if it achieved all three principles. This issue was compounded by the complexities of the existing roster pattern that has been deeply embedded into a paramedic's working life for more than 50 years and from which the current industrial entitlements are founded on.

In consideration of the above, an approach to rostering has been adopted to enable the removal of 10/14 rosters and begin the introduction of rostering equity among operational teams, noting roster reform is a significant transformational change for AV.

Following extensive engagement with key stakeholders, the executive team and consultation with the operational workforce, implementation of a revised roster model for all metropolitan ALS and MICA paramedics will commence in 2023-2024. It will begin by the removal of the fatiguing 10/14 roster from AV. Concept and design will also start for AV's rural cohort.

Ambulance Auxiliaries

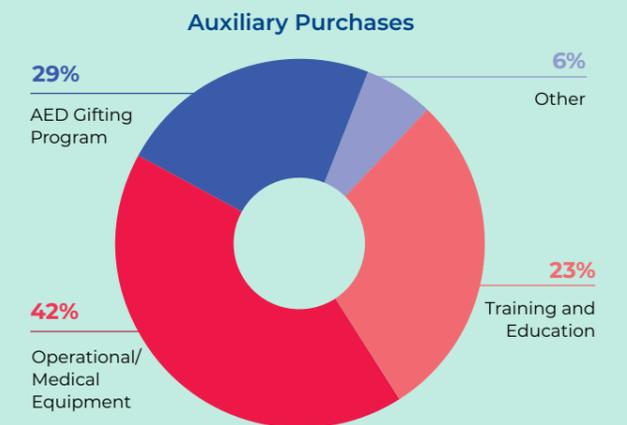
Ambulance auxiliaries play an integral role, contributing to improved patient outcomes and promoting a healthier Victoria through their strong sense of community and passion for their local areas.

We are fortunate to have more than 350 auxiliary volunteers, including community members, ACOs and paramedics. Through their efforts, they have built strong relationships with local businesses and organisations, resulting in substantial contributions towards operational and medical equipment, branch improvements, and training and education initiatives. Their impact in communities cannot be overstated.

In 2022-2023, our auxiliaries made remarkable achievements across the state. Notable highlights include the successful establishment of the Maryborough Aeromedical Transfer Station, made possible through community funds and in-kind services donated by local organisations. Gippsland wool growers have demonstrated unwavering support, raising more than \$100,000 in the past eight years for our Helimed 1 Air Ambulance Auxiliary. Additionally, various community events such as the Charlton and District bowls day, open garden days at Norwood Estate and Alva Brae farm, and Maffra Street Stall fundraisers have made substantial contributions towards local communities.

All funds raised through our community events and opportunity shops have a marked impact on the services we provide in their respective communities. These accomplishments are only made possible by the dedication and support of our AV Auxiliary volunteers.

In 2022-2023 AV Auxiliary volunteers raised approximately \$146,171.



Figures based on 2022-2023 data
Utilisation of Auxiliary funds over the last financial year.

What our volunteers say

'I decided to join the auxiliary as I wanted to give something back to our community. We can see the results of our efforts, with our paramedics obtaining items which improve patient health outcomes and benefit the overall community. Being part of an auxiliary is a circle of life, of what you give is what you get, and along the way you meet like-minded people who become friends.'

Avis Salisbury, President, Lakes Entrance Ambulance Auxiliary.

'Volunteering since I was 16, I have come to appreciate the invaluable role of auxiliaries in purchasing equipment to reduce response times and improve patient care. Being a devoted auxiliary member, I actively participate in all fundraising and community engagements to improve rural healthcare, preserving my sense of value.'

Harry Brindley ASM, Treasurer, Charlton and District Ambulance Auxiliary.

A high performing organisation



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

We continue to work closely with stakeholders across the entire health system to ensure our patients receive the most appropriate response for their needs and improve ambulance availability across the state for emergencies.

Performance

Ambulance services across Australia – and the world – have been significantly impacted by the global COVID-19 pandemic. Before the pandemic, AV recorded its best response performance of 83.9 per cent of Code 1 cases responded to within 15 minutes in 2018-2019.

We've since responded to unprecedented demand. October to December 2022 was the busiest quarter in AV's history – with more than 100,000 cases for the first time. After some relief at the start of 2023, demand increased sharply again with April to June 2023 our third busiest quarter on record.

In 2022-2023, we **responded to 400,883 time-critical Code 1 cases** – a substantial increase of 23,497 lights and sirens cases (6.2 per cent) than the same time a year earlier. This demand had an impact on performance, with 62.8 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 15 minutes and 57 seconds compared with 15 minutes and 2 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 74.4 per cent of cases.**

In 2022-2023, we responded to

400,883
Time-critical Code 1 cases



The state-wide average response time to Code 1 cases was

15 mins & 57 secs



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.

We partnered with the Department of Health, the Institute for Healthcare Improvement and 14 health services across Victoria in the Timely Emergency Care Collaborative project. The aim of the project is to improve emergency care response by addressing system-wide patient flow to ensure patients receive the right care at the right time.

The Productivity Commission's Report on Government Services 2023 showed the global pandemic continues to have an unprecedented impact on ambulance services across all states and territories. Despite this demand, AV leads the way in patient care, safety and outcomes. We are proud to have the best pain management in the nation and the best cardiac arrest survival rates.



'We are proud to strengthen our long-standing partnership with Victoria University to remain a leader in paramedic education, with the very best and modern facilities to match.'

Chief Executive, Jane Miller

The first students are expected to begin in 2024, with **25 practitioners fully trained by 2026**

Strategic Plan

On the recommendation of the Board and with the support of the Department of Health, the Minister for Ambulance Services endorsed an extension of the Strategic Plan (2017-2022) through until 30 June 2023. This was due to the pending outcomes of the VEOHRC Independent Review into Workplace Equality in Ambulance Victoria and the significant workload demands of COVID-19.

Importantly, it provided time to consider recent learnings and better understand wider community and health system needs to inform a new strategic plan. AV's new Strategic Plan: 2023-2028 Transforming for Better has been developed in consultation with our Board, our people and our stakeholders.

Our new Strategic Plan will unite our people to a common strategic goal and guide us so that, by 2028, we will consistently bring world leading healthcare and emergency outcomes to our community across Victoria. The new Strategic Plan is scheduled for release in late 2023.

Victoria University Operational Capability Hub

AV has long sought to establish capability hubs for training and education for both operational and corporate staff. This follows a review of AV's state-wide training program facility hire and potential future training facility needs.

The Victoria University Operational Capability Hub at Sunshine will allow paramedics at all levels to develop their skills in a dedicated training centre seven days a week. It contains state-of-the-art virtual reality technology as a training and simulation tool, along with purpose-built spaces designed specifically for paramedics.

The Minister for Ambulance Services, The Hon. Gabrielle Williams, AV Chief Executive Jane Miller and Victoria University Vice-Chancellor Adam Shoemaker joined Victoria University paramedic students and graduates at the opening of the Hub on 27 June 2023.

The joint venture between AV and Victoria University creates a strong partnership to deliver best practice training for paramedics in Victoria.

Centre of Excellence in Paramedicine

In what will be an Australian first, the future Centre of Excellence in Paramedicine at Victoria University's Sunshine Campus Centre will bring all vocational and undergraduate paramedic training offered by Victoria University into a purpose-built facility. The Victoria University proposal focuses on four key areas for co-operation/collaboration with AV:

- ✓ Co-designed research and collaboration on research initiatives.
- ✓ Shared resources and facilities.
- ✓ Co-designed teaching and training.
- ✓ Advanced workforce training.

The Centre is expected to be a mutually beneficial and transformational collaboration between Victoria University and AV. As a key partner and beneficiary, we are excited by its potential and grateful to be engaged in its planning.

Paramedic Practitioners

The Victorian Government has committed \$20 million to establish the role of Paramedic Practitioner. Our paramedics regularly transfer patients with serious, but not life-threatening conditions to hospitals. With advanced clinical

training, the new paramedic practitioner role will be able to assess, diagnose and treat patients in the field, make clinical decisions and take pressure off our busy ED's.

Paramedic practitioners can provide urgent care to patients who need it and eliminate the need for a trip to the hospital for many patients.

AV is heavily involved in development of a Paramedic Practitioner's Master's Degree with Monash University. **The first students are expected to begin in 2024, with 25 practitioners fully trained by 2026.** The new course will prepare paramedics for this innovative role with a focus on advanced assessment techniques, diagnostics, clinical decision making, treatment planning, and legal and ethical considerations.

Digital Strategy

Our Digital and Technology Services has developed a digital strategy and road map to replace obsolete solutions and modernise core systems, including clinical and corporate areas. We're working to create a contemporary workplace for operational employees with individual issued devices and the modernising of clinical care records. Planning for the next generation Patient Care Record system that will be fully integrated with the health system is underway.

Cardiac Arrest

The number of out-of-hospital cardiac arrests (OHCA) attended by AV steadily increases every year. In 2022-2023, AV attended **7,833 OHCA's**, up from 7,364 in 2021-2022. The Victorian Ambulance Cardiac Arrest Registry (VACAR) is an AV-led initiative that was established more than two decades ago to routinely monitor the quality of care provided to OHCA patients and to inform strategies that improve patient outcomes. This includes monitoring the impact of community interventions, such as the use of bystander cardiopulmonary resuscitation and public access defibrillation.

Research shows that rapid access to CPR and defibrillation leads to improved survival and better quality of life outcomes for survivors. Although the proportion of bystander witnessed OHCA receiving bystander CPR was similar to the previous year (79 per cent), the proportion of initially shockable OHCA receiving their first defibrillation from a public access defibrillation increased from 16 per cent in 2021-22 to 19 per cent in 2022-2023.

Survival to hospital for adult patients presenting in a shockable rhythm increased from 55 per cent in 2021-22 to 56 per cent in 2022-2023. Survival to hospital discharge also improved from 29 per cent to 31 per cent over the same period. Compared to patients first defibrillated by AV paramedics, patients defibrillated by a bystander using a public access defibrillator had significantly higher rates of survival to hospital (68 per cent compared with 54 per cent) and survival to hospital discharge (53 per cent compared with 27 per cent).

The VACAR 2021-2022 Annual Report contains more comprehensive data on OHCA care and can be downloaded from the AV website. The 2023 VACAR Annual Report will be released in early 2024. Figures reported in the previous year's report may vary due to factors such as constant quality control of data and changes in outcome status based on hospital data/patient follow-ups.

Operational Communications



The team created

42 new Patient Management Plans

reviewed **60 plans**, and worked with nearly **80 patients**.

Triage Services

AV celebrated 20 years of Secondary Triage in 2023. The service has expanded considerably in that time by developing more sector partnerships, providing more pathways of care and more alternate care options to our communities when an emergency response is not required.

The team now includes more than **250 paramedics, nurses, mental health clinicians, specialists and support staff**.

This year saw the restructure of the service to enhance our clinical governance and provide additional clinical capability and focus to further strengthen and expand our provision of Best Care to our patients.

The new structure demonstrates:

- Responding to continued growth in demand for emergency and after-hours care, through alternate services that are safe and appropriate.
- Recognising and investing in care options that better connect people with the care they need, achieving a dedicated focus on tailoring care for frequent and complex callers, who are most vulnerable to poor health outcomes.
- Enhancing capacity for continuous improvement of operational systems and clinical standards to achieve Best Care.

A highlight of the Triage Services restructure is the expansion of the patient management team to better recognise, support and respond to frequent callers and callers with complex needs. Through the earlier identification of frequent callers, we can more readily assess complex needs, integrate patient services, and provide guidance for our people to maintain safety and best meet the needs of our patients.

The team created **42 new Patient Management Plans this year, actively reviewed 60 plans, and worked with nearly 80 patients** to ensure they have tailored support and care coordination. This work supports our people to provide the best patient-centred response. From November

2022 to May 2023, Patient Management Plans redirected **1,075 potential emergency** dispatches to individually appropriate services. This represents approximately **50 per cent of Triple Zero (000)** calls for people with a Patient Management Plan. Consequently, these plans support the delivery of safe and connected care for the Victorian community.

Communications Centres

Our Communications Centres at Ballarat and Burwood continue to support the identification of optimal responses for our patients and communities. The centres monitor the welfare and provide support for our in-field teams and provide clinical advice to ensure delivery of Best Care.

Key achievements:

- ✓ Renewed focus and work undertaken in our Resource Hub to identify and implement improvements to the AV-hospital interface to support work across the sector.
- ✓ Our clinic transport services helped thousands of people make it to their hospital appointments safely and on time.
- ✓ Our communication centres supported major incident response throughout the year and the implementation of escalation plans to manage and respond to demand.
- ✓ The teams supported increased ambulance fleet availability by providing additional patient transport options through successful partnerships with transport providers across the sector.



7,833

Cardiac arrests attended to



COVID-19

COVID-19 Incident Management Team

Since the beginning of the COVID-19 pandemic, our paramedics and first responders have risen to unprecedented challenges of working in a complex and dynamic environment.

In 2022-2023, the COVID-19 Incident Management Team continued to provide oversight of whole-of-organisation activity in preparation and response to unprecedented increases on demands for our services across the state. The Incident Management Team, based in the Department of Health and co-located with AV's Emergency Management Unit, provided steadfast leadership and guidance on all aspects of our response to the pandemic including safety, operations, planning, logistics, finance and administration, as well as public and workforce communication and stakeholder engagement.

With the organisational focus on returning to business as usual wherever possible, the Incident Management Team ceased operations on 30 June 2023 by successfully concluding the functions undertaken or transitioning them back to AV's standard owners.

Surge Workforce

The unprecedented demand imposed by the pandemic required an innovative and sustainable response. One approach was the use of a surge workforce to support our existing paramedics and first responders to meet the demands of the community. This was achieved through significant collaboration between AV and a number of our partner agencies, resulting in more than **1,200 people providing frontline support to our paramedics** in the field and at hospitals.

While patient care remained the responsibility of paramedics, our surge responders, who were credentialed to the standard of our ACO responders, ensured our ability to respond was enhanced to meet the needs of the community during times of peak demand. Our surge workforce was further bolstered by more than **500 ACOs and CERT responders, resulting in a total surge workforce of more than 1,700.**

From July 2022 to June 2023, surge responders filled **10,913 operational shifts including on-road, AV Offload (AVOL) and inform CAD (non-emergency dispatch) functions**, which has contributed to the maintenance of our operational response capacity.

Aligning with transitions in the broader health system, we significantly scaled back use of our surge workforce in January 2023, with the final surge responders finishing in June 2023. The collaboration between all agencies in providing this level of sustained and effective surge workforce proved vital during the peaks of the COVID pandemic. Should similar events occur in the future, AV will be well prepared to escalate and respond to the demand presented, ensuring Best Care is provided to every Victorian, every time.

Absentee Call Taker Program

Since April 2020, a dedicated team of COVID-19 Quarantine Victoria (CQV) re-deployed staff, external agency staff and AV employees have delivered a program to support the taking and management of sick and personal leave calls from AV employees. **This team has managed 200-350 calls per day**, supporting and triaging staff who are unable to attend work, as well as ensuring that the AV Rosters team is provided with timely and accurate information to be fill shift vacancies and ensure resource availability to respond to the community.

In triaging these calls, the Absentee Call Taker team is able to assess and refer our people to any additional support they require in a timely manner. This can include our medical service provider InjuryNet, for further triage and advice for Covid-related symptoms, or our Welfare Support Teams, if appropriate.



Our surge workforce was bolstered by more than **500 ACOs and CERT responders**, resulting in a total surge workforce of

1,700+

The Absentee Call Taker program will remain active and be transitioned into our business-as-usual operations in the second half of 2023.

Patient offload teams

AVOL teams were successfully deployed to 14 hospital EDs across Victoria. Appropriate cohorts of patients were rapidly offloaded into dedicated areas at these hospitals, which allowed paramedics to return to service the community. These dedicated offload areas were staffed by a paramedic supervisor, agency registered nurses and AV surge staff.

In consultation with the Department of Health and health services, the AV-led AVOL program concluded on 26 June 2023, transitioning to a model of care to be led and delivered as required and determined by the individual health services. AV continues to support all health services today, where required, through the return to the ad-hoc provision of AVOL and Hospital Ambulance Liaison Officers (HALO) during periods of peak hospital demand and AV resource delays.

From 1 July 2022 to 26 June 2023, **AVOL teams managed more than 5,000 patients**, contributing significantly to the provision of timely and Best Care to all Victorians.

Emergency Management

This year, the Emergency Management Unit (EMU) re-launched its state-wide training program, providing health commander courses and Emergo Train System exercises in every region over summer.

In addition to COVID-19, we responded to a wide range of emergencies this year, including a major response to the October 2022 floods. **We deployed personnel and health commanders across the north and west of the state and in suburban Maribyrnong, deploying all mass casualty and command specialist equipment.** Field Primary Care Clinics were deployed and operated in Bendigo and Shepparton, and a third were sent to standby at Echuca. **Mass casualty emergency support vehicles, containers and health commander vehicles were sent to Bendigo, Horsham, Shepparton and Echuca.** We also supported the relocation of a number of aged care facilities.

We deployed specialist staff to a number of control centres including our own Ambulance Emergency Operations Centre. Through these arrangements, a special process was put in place between AV, ESTA, Victoria Police and the State Emergency Service (SES) to coordinate the access, rescue and ambulance care for those isolated by flood water.

AV also responded to several large traffic accidents with multiple casualties at **Pentland Hills in September 2022, the Melbourne CBD in October 2022, the Monash Freeway in April 2023 and Eynesbury in May 2023.** Each were challenging situations with more than 20 patients requiring paramedic care and most requiring transport.

AV continued to provide support at major public events across Victoria, including the **Melbourne New Year's Eve celebrations, Australian Open Tennis, Avalon Airshow, Spring Racing Carnival, Formula One Grand Prix, Motorcycle Grand Prix, Superbike World Championships, ANZAC Day Melbourne March,** high volume crowds at the MCG and a large number of music festivals. We also provided crews in support of the Variety Club fundraising challenges that travel across Australia.

Emergency Response Plan

AV's key arrangements describing our response to major incidents, the AV Emergency Response Plan was reviewed and updated in consultation with all AV divisions and key departments. Part one of the new Plan replaced the previous 2017 version in December 2022. Part two of the Plan is also under final review and will be published early in 2023-2024.

An online learning package based on the new Emergency Response Plan was also incorporated into the AV 2023 paramedic continuous education program.

A separate online learning module on mass casualty management was also developed for the Emergency Management Victoria 2023 Winter Pre-season Briefing based on the new Plan.

First Emergency Response Plan Playbook

The AV Emergency Management Framework introduced the concept of short 'playbooks' to support the AV Emergency Response Plan where external intelligence may trigger an escalation. The first playbook to be released was the AV Emergency Response Plan Bushfire Playbook in late 2022. This playbook provides practical guidance in escalating the AV Emergency Response Plan based on the new Australian Fire Danger Rating System.

Major response Oct 2022 floods

Mass casualty emergency support vehicles, containers and health commander vehicles were sent to **Maribyrnong, Bendigo, Horsham, Shepparton and Echuca.**

Supporting major events

NYE celebration • Australian Open Tennis • Avalon Airshow • Spring Racing Carnival • Formula One Grand Prix • Motorcycle Grand Prix • Superbike World Championships • ANZAC Day Melbourne March
+ more

Responded to large traffic accidents with 20+ casualties requiring paramedic care and most requiring transport.

Pentland Hills • CBD • Monash Freeway • Eynesbury



Ambulance Service Medals 2023

Four AV paramedics, an ACO and a CERT volunteer were recognised for their outstanding service and contributions in the 2023 Honours List.

★ Brett Drummond ASM

Beginning his career as a paramedic at AV in 2003, Brett has served in various frontline roles, including clinical instructor, team manager, and group manager; he currently holds a management position in the Emergency Management Unit.

As a leader in emergency management, Brett has made an outstanding contribution to several disaster response events in Victoria. Of particular note, is Brett's significant contribution in implementing landmark changes in AV's review of the Thunderstorm Asthma event of 2016.

★ Joanne Wilton ASM

Through strong community engagement, Joanne Wilton has improved public training and response to potentially life-threatening cardiac events through her passion and determination in the Mornington Peninsula area.

This work played a significant role in securing the donation of over 24 additional AEDs for the area, which led the local Shire to partner with AV to ensure more AEDs are located in local businesses.

Throughout Jo's 22-year career at AV, supporting and encouraging her community to learn life-saving skills has no doubt resulted in saving countless lives and improved the resilience and capability of the community.

★ Lewis Gerald McDonald ASM

Lewis McDonald commenced service with AV in 2000 as an Ambulance Community Officer (ACO). He continues this role in the small rural community of the Mitta Valley as the longest-serving current member of the Mitta Mitta ACO Team. He has also played a pivotal role in training team members who have just started their careers at AV and supports and encourages colleagues to reach their full potential.

Passionate about men's health, particularly the mental health challenges of returned servicemen living with post traumatic stress disorder and local farmers, he has been instrumental in ensuring services are accessible to those in need.

★ Dr Benjamin Meadley ASM

Dr Benjamin Meadley commenced his career as an ACO in Anglesea in 1998 before taking up a paramedic position with Ambulance Service New South Wales in Sydney in 1999. He returned to work as a paramedic with AV in 2003.

As a qualified MICA paramedic Ben has worked extensively across Melbourne before joining Air Ambulance Victoria as a MICA Flight Paramedic in 2009. He currently holds the position of MICA Improvement Lead.

Throughout his career, Ben has maintained a keen focus on the education and wellbeing of paramedics, which led him to undertake his PhD, investigating the cardiometabolic and physiological health of Australian paramedics. He has been a driving force of innovation in the education of paramedics, with a long history of academic association through Monash University, where he helped re-design the Postgraduate Intensive Care Program.

★ Julie Faye Miller ASM

During her 15-year career at AV, Julie Miller has served as a valued volunteer CERT member, starting her journey in 2006 in Bethanga. She now holds the position of CERT Leader Bethanga/Berringa.

As a founding member of CERT in Bethanga/Berringa, she has been instrumental in ensuring the local, widely dispersed rural community has 24-hour access to vital emergency care. She not only undertakes the critical hands-on operational role of a CERT but also provides an important link that maintains the team's cohesion, wellbeing, and support to ensure that they can provide timely responses to medical emergencies in the local community through early life-saving intervention and care of patients.

★ Carmel Louise Rogers ASM

Carmel Rogers commenced service with AV in 2001 as an Advanced Life Support Paramedic. Her career advanced quickly, and within five years she was working as a Senior Team Manager. She has also undertaken numerous interim roles in emergency management and currently works in operational service as a Senior Team Manager on the Mornington Peninsula.

She has made a significant contribution to the area of community engagement. Leading community engagement CPR training (Call-Push-Shock) sessions for over 600 members of the public, together with attending community events to encourage community members to join the GoodSAM initiative, Carmel and her team have forged strong relationships with community leaders, stakeholders, and the broader community leading to a donation of over 24 additional AEDs for the district.

During her 21-year career at AV, there is no doubt that Carmel's efforts, with her team's support, will save countless lives and improve the resilience and capability of the community.

Citizen of the Year

★ **Hume paramedic Brian Moffatt** was awarded Mitchell Shire Citizen of the Year. Brian was nominated on the back of a successful GoodSAM response to one of his neighbours and his leadership to get more accessible AED's in his local rural community.

Victorian Multicultural Awards for Excellence – Emergency Services

The awards recognise people and organisations who have fostered cross-cultural understanding and supported people with migrant, refugee and asylum seeker backgrounds to participate fully in all aspects of Victorian life.

★ Paramedic Community Support Coordinator **Norieul Kinross** was recognised in 2022 for developing innovative practices across AV and the Strathbogie region that promote and support cultural diversity and inclusion. This included work to ensure that multicultural Victorians are connected to culturally appropriate ambulance services at all times, including translated resources and culturally safe support.

Life Saving Victoria Commendations

★ **Matt Wood, Maree Goodman, Simon Lynch, Nick Burgess, Emma Mincher-Jones, Paul Dodd, Glenice Winter, Shannon Cater, Molly Thompson, Tamara Wood, Riley Anderson and Richard Bruce** were recognised by Life Saving Victoria for the actions they took during the January 2021 Bushrangers Bay mass rescue.

AV Excellence Awards

The AV Excellence Awards recognise 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:

★ **Peta Owen**

Health, Safety and Wellbeing

★ **Andy Booth**

Social and Environmental Responsibility

★ **Mike Fuery**

Social and Environmental Responsibility

★ **Keidan Dawson**

First Responders and Volunteers

★ **Kaniva ACO Team: Andrea Williams-Bale, Julie Braisby, Katerina Charalambous, Leonie Shurdington, Mark Dixon, Michael Hodges, Monica Feder, Robyn Staehr, Stacey Wallis-Rabone, Stephen Austin and Bianca McGennissen**

First Responders and Volunteers

★ **Simpson CERT: Bree Jones, Carol Dehn, Cheryl Parsell, Paul Parsell, Russell White and Josh Ovens**

First Responders and Volunteers

★ **Katrina Sedgwick**

Best Care

★ **Matt McCrohan**

Leadership

★ **Sarah Whitechurch**

Community Engagement

★ **AV Critical Infrastructure Resilience and BECAPS Projects: Brendon Dunn, Jarrod Foote, Justyne Kristic, Katrina Summersett, Duncan Erwin, Catherine O'Shea, Chris Rhodes, Nicolas Gablonski, Paul Burton, Shaun Crocos, Susana Dean, Wendy Gordon and Daniel Anderson**

Performance and Innovation

★ **Norieul Kinross**

Inclusive Culture

★ **Matt McCrohan**

CE Star

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. In the 2022 Awards, AV won three awards including the 2022 CAA Star Award.

★ **Lauren Olney, Peta Reilly, Lisa Bourke, Paul Giagnacovo and Nicole Magnuson** and the Graduate Ambulance Paramedic Improvement Program won the **Excellence in Staff Development Award**

★ **Karen Smith, Emily Mahony, Nicole Magnuson, Sarah Hopkins, Emily Andrews, and Ziad Nehme** and the Real-time COVID-19 Data Linkage to Inform the Pandemic Response won the **Excellence in Technology Award and the 2022 CAA Star Award**.

CAA Women in Ambulance awards

The CAA Women in Ambulance Awards are designed to highlight successful and hardworking women in ambulance services across Australia, New Zealand and Papua New Guinea.

★ **Diana Zimmermann**

Acting Director Operational Triage Services

★ **Norieul Kinross**

Paramedic Community Support Coordinator

★ **Georgia Fogarty**

Communications Centre Duty Manager

★ **Danielle Saxton**

Acting Lead Community and Co-Responder Program

★ **Jacinta Rivett**

General Counsel

★ **Danielle North**

Director, Wellbeing and Support Services

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 2022-2023 (size of the workforce):

Staffing Numbers (FTE) – Annual Report Category	2022-23	2021-22
On road Clinical Staff ¹	5,055.4	4,983.9
Operation Support and Managerial Staff ²	622.0	598.9
Other managerial, professional and administrative staff ³	592.0	515.1
TOTAL	6,269.4	6,097.9

Mobile Intensive Care Ambulance paramedics (MICA)

This group of MICA employees forms part of AV's Full-Time Equivalent Staff 2022-2023:

MICA Staffing Numbers	2022-23	2021-22
MICA Full-Time Equivalent Staff	525.7	552.1
MICA Full-Time Equivalent Trainees	55.4	44.0
TOTAL	581.1	596.1

358 Newly recruited paramedics

The 2022-2023 approved operational recruitment target was **399 recruits** with 61 from the 2022-2023 recruitment program starting on 27 June 2022.

358 Paramedic staff were recruited by AV in 2022-2023.

338 recruits completed the 2022-2023 operational recruitment target. This included **231 Graduate Ambulance Paramedics**, **92 commencing as part of Medium Acuity Transport Graduate Bridging Program**, **seven commencing via AV's Pathway to Paramedicine Program**, **five joining the Inter Graduate Paramedic Program** and **three joining as qualified and MICA Paramedics**.

The **additional 20 recruits** that commenced before the end of 2022-2023 as part of Medium Acuity Transport Graduate Bridging and Pathway to Paramedicine Programs will form part of the 2023-2024 operational recruitment program.

243 Volunteers

In addition, AV engages 243 CERT volunteers who provided emergency response in 2022-2023.

989 Ambulance Community Officers

AV employs 989 casual 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.

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

Health, Safety and Wellbeing

Statistics

	2022-23	2021-22	2020-21	2019-20
Number of workplace fatalities	0	0	0	0
Lost Time Injury Frequency Rates (LTIFR) ¹	78.0	72.6	71.6	59.9
Average number of standard claims per 100 FTE (Full Time Equivalent) employees ¹	10.8	8.0	6.6	5.3
Average number of standard claims per 1,000,000 hours worked ¹	69.5	50.6	40.3	32.3
Average cost per WorkCover standard claim ^{1,2}	\$101,120	\$113,268	\$100,261	\$81,262
Number of hazards/incidents reports lodged ³	3,728	3,356	4,086	3,995
Percentage of WorkCover Standard claims with a Return to Work plan initiated	100%	100%	100%	100%
Percentage of employees immunised against influenza (inc. ACO's) ⁴	88.1%	54.4%	93.8%	86.9%
Number of health and safety representative positions filled ⁵	297	376	294	274
Number of employees immunised against COVID-19 Vax 1 ^{6,7}	n/a	99.7%	56.9%	n/a
Number of employees immunised against COVID-19 Vax 1 & 2 ^{6,7}	n/a	99.3%	34.4%	n/a

Notes:

1. An increased number of Standard WorkCover claims in 2022-2023 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 2022-2023 result is based on the cost of claims as received by AV's workers compensation claims agent as at the end of June 2023, divided by the total number of Standard WorkCover claims lodged in 2022 – 2023.
3. The number of hazards/incidents/injuries (HIIs) as logged in AV's Health, Safety and Claims System (HSCS).
4. The 2022-2023 result reflects the uptake of the 2022 Influenza Vaccination Program from 14 April to 14 August 2022. In 2021-2022 vaccination rates were low but so was the occurrence of flu in Victoria and across Australia due to the effectiveness of COVID infectious controls.
5. 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.
6. COVID vaccination rates are no longer calculated for 2022-2023.
7. The change in COVID vaccination rates for 2019 to 2022 are not discrete annual program rates and do not represent a comparison rate from one year compared to the next, rather they represent a point in time rate at the end of those financial years

Definitions:

- a. **Accepted WorkCover claims** – accepted WorkCover claims that were lodged in financial year.
- b. **Lost Time** – defined as greater than one day.

Occupational Violence

Statistics

	2022-23	2021-22	2020-21	2019-20	2018-19
WorkCover accepted claims with an occupational violence cause per 100 FTE	1.0	0.9	0.9	0.6	0.5
Number of accepted work cover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	6.0	5.0	5.3	3.7	2.2
Number of occupational violence HII's reported	653	564	631	696	653
Number of occupational violence HII's reported per 100 FTE	10.4	9.2	11.4	13.1	13.2
Percentage of occupational violence HII's resulting in employee injury, illness or condition	9.95%	9.40%	7.77%	4.74%	3.98%

Definitions:

- Occupational Violence** – any incident where an employee is abused, threatened or assaulted by a member of the public in circumstances arising out of, or in the course of their employment.
- HII's** – Occupational Health and Safety hazards/incidents/injuries (HII) reported in the health service incident reporting system (AV's Health and Safety Claims System (HSCS))

Occupational violence (OV) and aggression standard claims (per 100FTE) increased slightly from 0.9 in 2021-2022 to 1.0 in 2022-2023. Meanwhile, the number of WorkCover claims with a lost time injury (per mil hrs worked) also increased slightly from 5.3 in 2021-2022 to 6.0 in 2022-2023, indicating that while OV incidents increased over the past two financial years, such incidents are not significantly converting to WorkCover claims.

In 2022-2023 OV reporting increased following a historic low in 2021-2022 (564).

The ratio increase trend of OV injuries to HII reports is based on a very small data set. The majority of OV incident reports are near misses (no injuries occurred). Still the increase is noted with the following comments:

- paramedics erring towards patient care above their own safety
- a younger workforce with lowered field experience in tactics to maintain a safe distance from aggressive patients or bystanders, de-escalation techniques, identification of behaviours of concern and ability to implement effective control strategies up to and including removal from an unsafe scene
- fading of the positive cultural improvements realised from the 2016 OV preventative education program.

Alcohol and Other Drugs

The AV Alcohol and Other Drugs (AOD) testing program consists of the four distinct areas listed below, with a key performance indicator (KPI) set at 20 per cent of the AV workforce (N=7782), KPI (N=1556). The AOD program achieved a figure of 100 per cent (N=1559) for 2022-2023.

- Pre-employment testing for operational paramedic applicants (472)
- Random testing for the existing workforce via randomised AV locations (921)
- 'For cause/post incident' testing (15)
- Workgroup testing (156)

Pre-employment AOD testing is conducted as part of the medical selection process prior to being employed with AV. Six of the 472 candidates returned positive results for declared medications with the remainder returning negative results.

In workforce testing (random, for cause, post incident and workgroup) programs in 2022-2023, AV conducted the following testing numbers: random (N=921), for cause (N=8), post incident (MVA) (N=7) and workgroup (N=156), with results as follows:

- Four employees tested positive for illicit substances across the categories of random, for cause and workgroup. In post incident testing all employees tested returned negative results.

One employee was reported to the Australian Health Practitioner Regulation Agency (AHPRA) during the financial year in accordance with the relevant national standards.

All employees who test positive are given assistance through AV's supportive framework and AOD Specialist Welfare with referral to treatment facilities as required.

Research Report

AV's Centre for Research and Evaluation is an international leader in pre-hospital emergency care, health services and resuscitation research. Between July 2022 and June 2023, **115 active research projects** were registered in the AV research governance system and staff led or contributed to the publication of **79 peer-reviewed manuscripts**, many in high-impact and top-ranking journals in fields of emergency medicine, cardiology, and pre-hospital emergency care.

Our research programs are internationally recognised, with almost 1800 citations across the peer-reviewed literature, including 34 citations in policy and scientific statements or treatment guidelines. Our research is highly collaborative, involving partnerships with universities, hospitals, and research institutions. In 2022-2023, we proudly signed 10 new research agreements with partners, helping us achieve our strategic goal of being a strong, connected, and collaborative research centre.

Clinical trials

The overarching vision of the Centre is to strengthen the evidence-base that underpins pre-hospital treatments and systems to allow the best and most efficient care of our patients. Pre-hospital clinical trials are at the forefront of this vision and AV's paramedics are internationally recognised for their success in recruiting eligible patients into clinical trials. 2022-2023 was among our strongest ever for impactful and translational clinical trials that will have a lasting effect on health care.

Published in the prestigious Journal of American Medical Association, the EXACT trial (Reduction of oxygen after cardiac arrest) successfully enrolled over 425 patients who had been resuscitated from out-of-hospital cardiac arrest (OHCA) between 2018 and 2020. The EXACT trial was designed to examine whether titrating oxygen levels after resuscitation from OHCA can improve survival. The trial determined that titrating oxygen therapy during transport to hospital and in the Emergency Department did not significantly improve the survival rate compared with current practice. Until the EXACT trial was undertaken, there was some data that indicated that the current practice of

administering oxygen therapy to maintain high oxygen saturations was harmful to patients. The results of the EXACT trial will help shape international treatment recommendations and provide greater certainty of evidence for post-resuscitation treatments.

Similarly, the lignocaine Versus Opioids In myocarDial infarction (AVOID-2) trial, published in the European Heart Journal (Acute Cardiovascular Care), successfully enrolled over 300 heart attack patients between October 2020 and July 2021. The trial was designed to examine the safety and efficacy of two pain relievers for treating severe chest pain associated with a heart attack. The 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, with fewer patients experiencing side effects. The AVOID-2 results support the future planning of phase 3 trials to determine the optimal pain relief medication for patients suffering heart attacks.

Finally, the PATCH trial (Pre-hospital Antifibrinolytics for Traumatic Coagulopathy and Haemorrhage), published in the prestigious New England Journal of Medicine, was designed to examine whether pre-hospital administration of tranexamic acid compared with placebo improved six-month outcomes. The PATCH trial successfully enrolled 1310 patients with suspected bleeding after trauma between 2014 and 2021 and found no improvement in good functional outcome at six months following treatment with tranexamic acid. While the trial was conducted in multiple sites across Australia, New Zealand and Europe, AV paramedics led the largest number of recruitments into the clinical trial. These breakthroughs in emergency health care would therefore not be possible without the extraordinary support and contribution of our paramedics.

In addition to the completion of the EXACT, AVOID-2 and PATCH trials, the Centre continues to coordinate and enrol patients into six additional prospective trials, including PASS (Paramedic Antibiotics for Severe Sepsis), STAY (Safe Treatment of Atrial Fibrillation in the Community), FIRST (First Responder Shock Trial), CHEER-3 (Pre-hospital extracorporeal cardiopulmonary resuscitation), AUGMENT (Manual pressure augmentation for shockable arrhythmias) and the SCA (Stroke Capable Ambulance) study. Importantly, the Centre is also preparing to launch the PANDA



Our research programs are internationally recognised, with almost **1800 citations** across the peer-reviewed literature, including **34 citations** in policy and scientific statements or treatment guidelines.

trial, the definitive trial designed to examine the optimal pre-hospital medication to support blood pressure in critically ill patients with heart failure (a condition known as 'cardiogenic shock').

Registries

Our clinical quality registries remain the lifeblood of AV and underpin our commitment to provide Best Care to the community. The Victorian Ambulance Cardiac Arrest Registry (VACAR) has now captured over 130,000 OHCA attended by AV's paramedics and helps to drive the quality improvement feedback loop with senior leaders and clinicians. Similarly, the Victorian Ambulance STEMI Quality Improvement Initiative (VASQI), which focuses on paramedic diagnosis, treatment, and triage of patients with a heart attack, has recorded the treatment of almost 20,000 patients. Both registries support a large research agenda and key performance indicators at AV, as well as contributing to multiple research collaborations outside of AV, including the Unexplained Sudden Cardiac Death Registry, the Victorian State Trauma Registry, and the Victorian Cardiac Outcomes Registry.

Awards

2022-2023 was a highly awarded year for the Centre taking out a number of industry honours. The Centre's establishment of a real-time COVID-19 data linkage project was recognised with the Council of Ambulance Authorities' Excellence in Technology Award and was also recognised as the overall award winner, taking out the prestigious STAR Award – the leading industry award.

AV paramedic and Monash University Honours student, Charlotte Kennedy, was also awarded the Best Pre-hospital Paper at the Australian Resuscitation Council's 'Spark of Life' Conference in Brisbane, for a study examining the impact of the COVID-19 pandemic on OHCA witnessed by paramedics.

Finally, Dr Ziad Nehme, Director Centre for Research and Evaluation, was awarded the 'Best of the Best' overall prize winner at the European Resuscitation Council Congress in Belgium for research examining the impact of chest compression fraction on survival from OHCA. These awards are strong acknowledgment of the impact of AV's research.

2022-2023 Research Publications

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Environment and Sustainability

We started the year by giving back to nature. On National Tree Planting Day in July, with the support of local community groups and paramedics we planted approximately 1,200 plants at the West Wodonga Branch.

The event brought together volunteers from the Wodonga Urban Landcare Network, Gardens for Wildlife, children from a local daycare centre and secondary college along with employees from AV. The additional vegetation has now become a great home for local wildlife and has added diversity to the existing vegetation at the West Wodonga Branch.

With a focus on greenhouse gas emission reductions, and already having a Renewable Energy Power Purchase Agreement in place for our 14 large energy consuming sites, AV transitioned all smaller sites on the electricity State Purchasing Contract to 100 per cent GreenPower. **This transition achieved an 11 per cent reduction in electricity emissions**, paving the way to work with landlords to convert leased sites to GreenPower in the new financial year. The 18 per cent overall emissions reduction target has been elusive this year due to increased response requirements and lack of viable zero emission vehicles for the bulk of our fleet. AV's commitment to net zero 2045 remains, however our pathway requires review in light of increased demand, available technology and supply chain constraints for low emission vehicles in Australia.

The first step on our transition to zero emission vehicles, has been within the Department of Treasury and Finance's Zero Emission Vehicle Program. As part of this program, **AV received five electric vehicle charging stations**; two at the Wendouree regional office and three at Head Office in Doncaster to support the transition of corporate fleet vehicles to electric. Further work continues to understand and develop a plan for the longer-term transition of AV's broader fleet to zero emission vehicles.

The impacts of climate change have required increased awareness to ensure careful planning for AV.

Our Climate Adaptation Action Plan (CAAP) has seen us prioritise mitigation strategies that improve energy resilience and partnerships that share this burden. Our partnership with Upper Murray Energy Resilience and Reliability Project (UMERRP) has enabled experimentation with solar and battery systems in concert with microgrid technologies. **As part of the project a solar and battery system set up was installed at the AV branch in Corryong.** This system generates and stores electricity for use by the branch. In the event of a power outage the battery can continue to supply electricity to the AV branch, enabling it to continue operating and providing service to the local community, or when microgrid technology is enabled, excess power can be shared within the microgrid for use by the community.

In an effort to make waste segregation easier and reduce contamination of recycling streams **AV extended the successful pilot of colour coded Ecobins across all branches.** The three waste separation bins for paper, co-mingled waste and general waste complement the e-waste, printer cartridge and battery systems also in place. As many branches are covered by local council waste collections, where the facilities are available, some branches also segregate soft plastics and glass.

We planted **1,200+** trees in Wodonga

Electricity emissions **11%** reduction

Successful pilot in waste management of **colour coded Ecobins across all branches**

Environmental Awards



AV was proud to receive Gold level recognition in the Global Green and Healthy Hospitals Health Care Climate Challenge for the categories of Renewable Energy, Climate Resilience and Climate Leadership in 2022.

We were also recipients of Sustainable Procurement and Social Procurement awards from Procurement Australia for our efforts in developing systems to support and promoting sustainable and social procurement within AV.

Climate Resilience

Following the 2019-20 bushfires in the north-east of Victoria where power outages lasted for up to three weeks in many areas, the need for a more stable energy supply with greater resilience was highlighted.

As a result, the Upper Murray Energy Resilience and Reliability Project (UMERRP), in partnership with Indigo Power, was established to help address the reliability, vulnerability and variability of the Upper Murray electricity supply.

The UMERRP is the first step in a plan to improve electricity reliability and resilience across the whole of the Upper Murray region through the deployment of local energy generation and storage, and micro grid technologies. Microgrids are capable of operating independently of the larger state-wide distribution network and may include local electricity storage capacity.

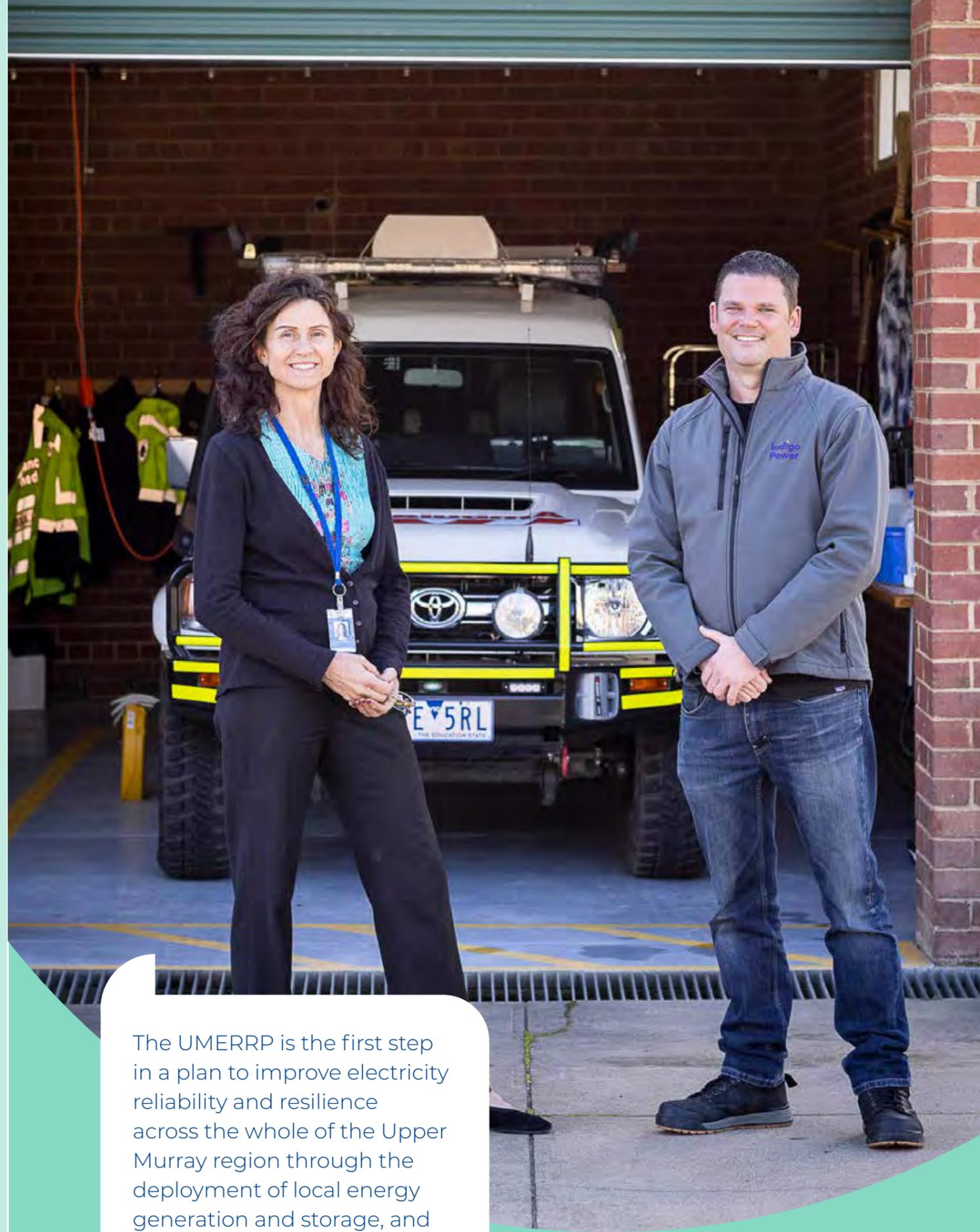
This independence provides some measure of resilience to events that may cause the failure in the state-wide distribution network (e.g. high winds, tree falls, electrical storms, bushfires) or events that may cause failure of the electricity generation assets (e.g. strikes, aging assets, adverse weather, excess demand).

AV's Corryong Branch was identified as a piece of critical infrastructure to the Corryong community, and as such AV was approached to be part of the project. As part of the project, a solar and battery system was installed at the AV branch in Corryong.

The solar and battery system not only improves resilience of AV services which is important as part of our Climate Adaption Plan, but also provides clean renewable energy to AV operations which supports our goal of achieving net zero carbon by 2045.



Battery System set up at the Corryong Branch



The UMERRP is the first step in a plan to improve electricity reliability and resilience across the whole of the Upper Murray region through the deployment of local energy generation and storage, and micro-grid technologies.

Environmental Report

Environmental commitment

AV is committed to reducing our impact on the environment. Our Social and Environmental Responsibility Action Plan outlines the steps we are taking to play our part in creating a better environment for us all, and our commitment to achieving net zero carbon by 2045 remains strong. Our commitment to environmental stewardship also encompasses diversion of waste from landfill and reducing our water consumption impact. Data relating to AV's environmental footprint is presented and discussed below.

A new approach has been taken to environmental reporting in 2022-2023 which is in line with updated Financial Reporting Disclosure requirements (FRD24) from the Victorian Government's Department of Treasury and Finance. Additional metrics have been included this year and Scope 2 emissions have been calculated following the Climate Active electricity accounting rules using a market-based emission factor approach.

Stationary Energy F1-F2



Stationary energy use has fluctuated since 2020-2021 with 2022-2023 resulting in the lowest consumption across the three years. Stationary Energy which consists of natural gas from a pipeline and liquid petroleum gas (LPG) contribute to less than 1 per cent of AV emissions.

The consumption of diesel in generators has not been included in 2022-2023 in accordance with FRD24 guidelines as the generators were only run for testing and maintenance, and therefore minor in their consumption.

2022-2023

the lowest consumption across the three years.

Electricity EL1-EL4



AV continued the push to reduce Scope 2 emissions from electricity consumption by converting all sites on the **State Purchasing Contract to 100 per cent GreenPower in 2022-2023**.

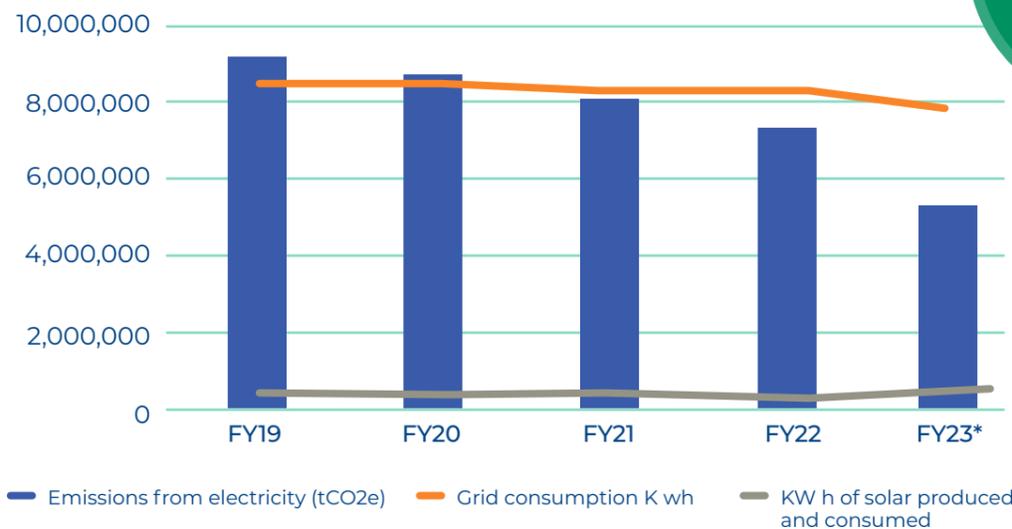
This means that only sites not owned by AV, such as leased office space or relievers quarters, remain on standard retail electricity contracts. **Electricity consumption from the grid decreased by approximately 5 per cent in 2022-2023.**

This was contributed to by improvements in energy efficiency as well as a review of the sites AV had operational control over.

From 2022-2023, small premises leased within buildings of grounds of (other) government entities have been removed from AV's building inventory. This reduction in grid electricity consumption as well as changes to reporting as a result of FRD24 contributed to an **11 per cent decrease in Scope 2 electricity** emissions compared to 2021-2022.

5% Decreased Electricity consumption

Grid electricity, emissions and solar production



*Scope 2 emission calculation transitioned to Market based factors.

Waste and recycling WR1-WR5



A major project was undertaken in 2022-2023 to greater understand waste generation at all AV sites. While AV receives waste collection data from our contracted waste management provider, many sites utilise municipal waste collection services which were previously unaccounted for in AV waste statistics.

Additional information has provided more clarity on AV waste data, however resulted in an increase in reported waste by 70 per cent. **Of the 601,750 kilograms of waste generated, 263,694 kilograms (44 per cent) was able to be recycled.**

Waste reduction activities conducted during 2022-2023 include the donation of old uniforms, out of date consumables, AEDs and specialty equipment bags. The use of our asset donation register is a key tool in rehoming assets or consumables that are no longer of use to AV and reducing waste to landfill.

Total energy use E1-E4



Consistent with what was described above, electricity energy consumption has decreased while transport energy has increased. The greater transport energy usage results in an overall increase in energy consumption. Pleasingly, the renewable energy component of this increased energy consumption **went up 58 per cent** and associated 'carbon per case' was reduced by seven per cent overall.

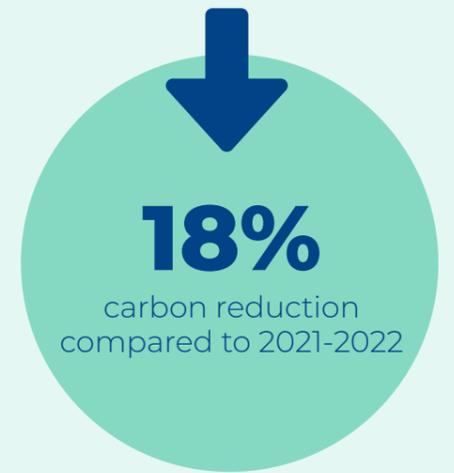
Water use W1-W2



Water use has remained relatively constant since 2020-2021. **A 3.6 per cent increase in consumption was observed compared to 2021-2022** which can be attributed to water leaks that were identified and repaired at six sites this year. The leaks were associated with piping and were picked up as part of the water billing review process.

Typically, the bulk of AV's water is consumed at corporate sites. Usage patterns at these sites are consistent with occupancy post COVID-19.

Environmental Report



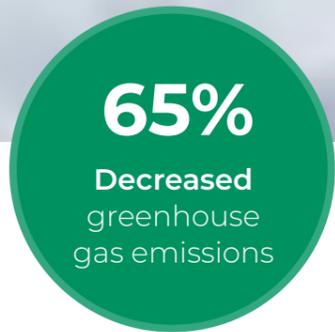
Governance, reporting and targets

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 2023-2024.

Environmental indicator	Target 2022-23	Results 2022-23
Reduction in greenhouse emissions	<p>18 per cent carbon reduction compared to 2021-2022</p> <p>Carbon per case <33kgCO₂e/case</p>	<p>Emission reduction of five per cent* An increase in Scope 1 emissions limited the overall reduction that was achieved by reduced Scope 2 emissions.</p> <p>35 kgCO₂e/case*. Although the target was not achieved, an improvement of two kg CO₂e per case was achieved compared to 2021-2022.</p>
Improved waste behaviours	<p>Rollout recycling trial to a further 40 branches, 255 sites in total.</p>	<p>Established consistency in waste management and improved waste segregation to achieve greatest diversion of waste from landfill.</p> <p>Rolled out recycling trial to a further 56 branches, increasing total sites to 311.</p>

* Following the methodology used in 2021-2022 for direct comparison.

Due to the challenges faced by AV of increased case growth post COVID-19 and with supply chain pressures impacting the transition of the vehicle fleet to lower emission vehicles, the plan for 2023-2024 is to re-establish a pathway to our commitment of net zero carbon by 2045. Having removed almost all emissions from building occupancy, road fleet is the next major focus for emission reduction.



Greenhouse Gas Emissions G1-G3



AV maintained a strong focus on emission reduction in 2022-2023, however Scope 1 emissions still increased by approximately five per cent this year. This has been influenced by the increase in both road and air transport fuels and the addition of medical anaesthetic gas (methoxyflurane, or the 'green whistle') to the AV greenhouse gas inventory for the first time in 2022-2023.

The ability to reduce Scope 1 emissions is limited without a low or zero emission alternative for on-road emergency ambulance. Hybrid vehicles continue to be introduced in the corporate and emergency support vehicle fleet (passenger vehicles). Unfortunately, the constrained supply chain in Australia has made accessing these vehicles difficult due to the extended lead times.

The transition of all AV sites on the electricity State Purchasing Contract to 100 per cent GreenPower from October 2022 was a significant achievement for AV in 2022-2023 to reduce Scope 2 emissions. GreenPower purchased in 2022-2023 to offset emissions associated with electricity increased by 92 per cent. Scope 2 emissions calculated under the Climate Active market-based approach reduced by approximately 11 per cent in 2022-2023 without the impact of GreenPower being applied. When using the same reporting approach for Scope 2 as was applied in 2021-2022, Scope 2 **greenhouse gas emissions were reduced by 65 per cent.**

A review of Scope 1 and 2 emissions indicates that when using the same approach for emission calculation as in 2021-2022, emissions have decreased by five per cent. Growth in demand on the ambulance service has seen approximately two per cent increase in case numbers in 2022-2023. This increase in case numbers and decreased emissions demonstrates that we have improved efficiency in delivering healthcare services by seven per cent overall (carbon per case).

With a revised approach to reporting and supply chain pressure on the fleet transition, a review of the pathway to net zero will take place in 2023-2024.

Transportation Energy T1-T4



Reducing fuel usage and the associated emissions from our fleet continues to be challenging due to the duty cycle and payload of our vehicles, together with the requirement for specific road vehicles and aircraft platforms. Vehicles are split into petrol and diesel categories followed by emergency (road ambulance) and non-emergency transport and non-executive fleet for energy and emission calculations. Diesel vehicles make up the **85 per cent of road-based emissions** which correlates with the greater proportion of diesel vehicles in our fleet. Emergency passenger transport vehicles make up the greatest proportion of our fleet, cover the greatest distances and are typically fuelled by diesel.

Efforts are underway to transition the AV fleet away from fossil fuels with five electric vehicle charging stations being installed at corporate locations. While we await delivery of electric vehicles, a test vehicle was made available for a week to AV employees. This is the electricity reported under T1, although AV does not have an electric vehicle currently in the fleet listed in T2.

AV employs a small fixed and rotating wing fleet to provide aeromedical services. A four per cent increase in aeromedical caseload, saw fixed wing fuel use reduce by one and a half per cent and rotary wing fuselage rise by 22 per cent. Emissions are also influenced by an improvement in the calculation method which is now able to use fuel weight instead of flying hours.

In total, greenhouse gas emissions from transport went up by five per cent. Transport emissions are the main contributor to AV's Scope 1 emissions.

Environmental Performance

ELECTRICITY USE	Jul-22 to Jun-23	Jul-21 to Jun-22	Jul-20 to Jun-21
EL1 Total electricity consumption segmented by source [MWh]			
Purchased	7,826.92	8,237.08	8,267.50
Self-generated	355.43	358.85	348.70
EL1 Total electricity consumption [MWh]	8,182.35	8,595.93	8,616.20
EL2 On site-electricity generated [MWh] segmented by:			
Consumption behind-the-meter			
Solar Electricity	355.43	358.85	348.70
Total Consumption behind-the-meter [MWh]	355.43	358.85	348.70
Exports			
Solar Electricity	126.23	139.83	132.88
Total Electricity exported [MWh]	126.23	139.83	132.88
EL2 Total On site-electricity generated [MWh]	481.66	498.68	481.58
EL3 On-site installed generation capacity [kW converted to MW] segmented by:			
Solar System	0.43	0.44	0.42
EL3 Total On-site installed generation capacity [MW]	0.43	0.44	0.42
EL4 Total electricity offsets segmented by offset type [MWh]			
LGCs voluntarily retired on the entity's behalf	0.00	0.00	0.00
GreenPower	5,377.62	2,683.97	2,568.06
Certified climate active carbon neutral electricity purchased	0.00	0.00	0.00
EL4 Total electricity offsets [MWh]	5,377.62	2,683.97	2,568.06

STATIONARY ENERGY	Jul-22 to Jun-23	Jul-21 to Jun-22	Jul-20 to Jun-21
F1 Total fuels used in buildings and machinery segmented by fuel type [MJ]			
Natural gas	1,900,688.90	2,603,321.45	2,307,925.35
LPG	57,298.20	34,468.60	65,742.90
Diesel	0.00	67,542.40	135,115.50
F1 Total fuels used in buildings [MJ]	1,957,987.10	2,705,332.45	2,508,783.75
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type [Tonnes CO2-e]			
Natural gas	97.94	134.15	118.93
LPG	3.47	2.09	3.98
Diesel	0.00	4.74	9.49
Greenhouse gas emissions from stationary fuel consumption [Tonnes CO2-e]	101.41	140.98	132.40

TRANSPORTATION ENERGY	Jul-22 to Jun-23	Jul-21 to Jun-22	Jul-20 to Jun-21
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type [MJ]			
Non-emergency transport (Health service operated) – Gasoline	4,165,225.00	4,486,308.00	4,820,486.30
Non-executive fleet – Gasoline	3,154,888.70	3,113,913.30	3,296,367.00
Road ambulance – Gasoline	25,508,617.10	22,999,168.00	22,757,288.70
Petrol	32,828,730.80	30,599,389.30	30,874,142.00
Non-emergency transport (Health service operated) – Diesel	7,183,656.80	7,060,781.50	7,372,592.20
Non-executive fleet – Diesel	3,198,477.50	3,356,644.50	3,083,757.80
Road ambulance – Diesel	167,803,989.10	164,430,592.30	158,747,136.00
Diesel	178,186,123.40	174,848,018.30	169,203,486.00
Air ambulance – fixed wing – Aviation Turbine Fuel	91,309,705.60	92,757,884.90	95,970,719.80
Air ambulance – rotary wing – Aviation Turbine Fuel	81,670,056.00	67,198,639.90	71,372,871.20
Aviation turbine fuel (ATF)	172,979,761.60	159,956,524.80	167,343,591.00
Electricity for Road Vehicles from Public or Private Chargers	58.40	–	–
Electricity	58.40	–	–
Total energy used in transportation (vehicle fleet) [MJ]	383,994,674.20	365,403,932.40	367,421,219.00
T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category			
Road vehicles	1679	–	–
Two and three- wheeled vehicles	4	–	–
Petrol	4	–	–
Passenger vehicles	653	–	–
Petrol	403	–	–
Diesel	178	–	–
Petrol hybrid	70	–	–
PHEV	2	–	–
Goods Vehicles	1022	–	–
Petrol	47	–	–
Diesel	975	–	–
Non-Road vehicles	14	–	–
Rotary Wing	5	–	–
Aviation fuel	5	–	–
Fixed Wing	2	–	–
Aviation fuel	2	–	–
Other non-road vehicles	7	–	–
Petrol	5	–	–
Diesel	2	–	–

TRANSPORTATION ENERGY (CONTINUED)	Jul-22 to Jun-23	Jul-21 to Jun-22	Jul-20 to Jun-21
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type [tonnes CO2-e]			
Non-emergency transport (Health service operated) – Gasoline	281.65	303.36	325.96
Non-executive fleet – Gasoline	213.33	210.56	222.90
Road ambulance – Gasoline	1,724.89	1,555.20	1,538.85
Petrol	2,219.88	2,069.13	2,087.71
Non-emergency transport (Health service operated) – Diesel	505.80	497.86	519.84
Non-executive fleet – Diesel	225.20	236.68	217.44
Road ambulance – Diesel	11,815.08	11,577.56	11,177.39
Diesel	12,546.09	12,312.09	11,914.66
Air ambulance – fixed wing – Aviation Turbine Fuel	6,410.85	6,512.53	6,738.10
Air ambulance – rotary wing – Aviation Turbine Fuel	5,734.05	4,718.02	5,011.09
Aviation turbine fuel (ATF)	12,144.91	11,230.55	11,749.19
Electricity for Road Vehicles from Public or Private Chargers	0.01	–	–
Electricity	0.01	–	–
Total Greenhouse gas emissions from transportation (vehicle fleet) [tonnes CO2-e]	26,910.88	25,611.77	25,751.57
T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)			
Total distance travelled by commercial air travel	181,221.79	–	–
T(opt1) Total vehicle travel associated with entity operations [1,000 km]			
Total vehicle travel associated with entity operations [1,000 km]	37,414.69	41,161.68	40,706.00
T(opt2) Greenhouse gas emissions from vehicle fleet [tonnes CO2-e per 1,000 km]			
Tonnes CO2-e per 1,000 km	0.72	0.62	0.63

TOTAL ENERGY	Jul-22 to Jun-23	Jul-21 to Jun-22	Jul-20 to Jun-21
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]			
Total energy usage from stationary fuels (F1) [MJ]	1,957,987.10	2,705,332.45	2,508,783.75
Total energy usage from transport (T1) [MJ]	383,994,674.20	365,403,932.40	367,421,219.00
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]	385,952,661.30	368,109,264.85	369,930,002.75
E2 Total energy usage from electricity [MJ]			
Total energy usage from electricity [MJ]	29,456,467.02	30,945,353.34	31,018,313.97

TOTAL ENERGY (CONTINUED)	Jul-22 to Jun-23	Jul-21 to Jun-22	Jul-20 to Jun-21
E3 Total energy usage segmented by renewable and non-renewable sources [MJ]			
Renewable	25,936,240.76	16,467,790.43	16,134,476.74
Non-renewable (E1 + E2 – E3 Renewable)	389,472,887.56	382,586,827.76	384,813,839.97
E4 Units of Stationary Energy used normalised			
Energy per unit of Cases [MJ/Cases]	2.38	3.35	3.23
Energy per unit of floor space [MJ/m2]	14.80	18.65	16.60

SUSTAINABLE BUILDINGS AND INFRASTRUCTURE	Jul-22 to Jun-23	Jul-21 to Jun-22	Jul-20 to Jun-21
B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings	A set of guidelines have been developed for the construction of Ambulance Branches, known as the Branch Design Guidelines. In 2021 sustainability options were identified and included as an addendum to the Branch Design Guidelines		
B2 Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule	No new leases were entered into.		
B3 NABERS Energy (National Australian Built Environment Rating system) ratings of newly completed/occupied Entity-owned office buildings and substantial tenancy fit-outs (itemised)	There were no newly completed/occupied entity owned office buildings or substantial tenancy fit outs.		
B4 Environmental performance ratings (e.g. NABERS, Green Star, or ISCAIS rating scheme) of newly completed Entity-owned non-office building or infrastructure projects or upgrades with a value over \$1 million	There were no newly completed Entity-owned non-office building or infrastructure projects or upgrades with a value over \$1 million		
B5 Environmental performance ratings achieved for Entity-owned assets portfolio segmented by rating scheme and building, facility, or infrastructure type, where these ratings have been conducted	No environmental performance ratings were conducted.		

WATER USE	Jul-22 to Jun-23	Jul-21 to Jun-22	Jul-20 to Jun-21
W1 Total units of metered water consumed by water source (kl)			
Potable water [kL]	30,627.03	29,774.02	30,224.49
Total units of water consumed [kl]	30,627.03	29,774.02	30,224.49
W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity			
Water per unit of Cases [kL/Cases]	0.04	0.04	0.04
Water per unit of floor space [kL/m2]	0.23	0.21	0.20

WASTE AND RECYCLING	Jul-22 to Jun-23	Jul-21 to Jun-22	Jul-20 to Jun-21
WR1 Total units of waste disposed of by waste stream and disposal method [kg]			
Landfill (total)			
General waste	263,117.75	137,984.00	104,964.28
Offsite treatment			
Clinical waste – incinerated	2,353.54	2,388.00	1,313.71
Clinical waste – treated	72,584.69	94,885.00	67,016.93
Recycling/recovery (disposal)			
Batteries	173.00	677.00	114.97
Cardboard	65,954.00	18,955.56	31,645.42
Commingled	124,248.96	45,477.00	30,949.89
E-waste	5,851.20	5,785.00	3,161.09
Fluorescent tubes	0.00	23.00	2.21
Grease traps	6.53	19.11	4.80
Metals	–	–	4.20
Organics (garden)	35,436.00		
Paper (confidential)	16,109.57	19,337.00	4,081.77
Paper (recycling)	15,822.72	28,191.00	146.96
Toner & print cartridges	92.12	185.32	129.00
Total units of waste disposed [kg]	601,750.07	353,906.99	243,535.21
WR1 Total units of waste disposed of by waste stream and disposal method [%]			
Landfill (total)			
General waste	43.73%	38.99%	43.10%
Offsite treatment			
Clinical waste – incinerated	0.39%	0.67%	0.54%
Clinical waste – treated	12.06%	26.81%	27.52%
Recycling/recovery (disposal)			
Batteries	0.03%	0.19%	0.05%
Cardboard	10.96%	5.36%	12.99%
Commingled	20.65%	12.85%	12.71%
E-waste	0.97%	1.63%	1.30%
Fluorescent tubes	0.00%	0.01%	0.00%
Grease traps	0.00%	0.01%	0.00%
Metals	–	–	0.00%
Organics (garden)	5.89%	–	–
Paper (confidential)	2.68%	5.46%	1.68%
Paper (recycling)	2.63%	7.97%	0.06%
Toner & print cartridges	0.02%	0.05%	0.05%

WASTE AND RECYCLING (CONTINUED)	Jul-22 to Jun-23	Jul-21 to Jun-22	Jul-20 to Jun-21
WR2 Percentage of office sites covered by dedicated collection services for each waste stream			
Printer cartridges	60%	–	–
Batteries	1%	–	–
E-waste	1%	–	–
Soft plastics	Program on hold	–	–
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method			
Landfill waste generated, normalised per FTE [kg]	41.96	22.63	19.75
Waste diverted from landfill (recycling), normalised per FTE [kg]	42.06	19.46	13.22
Total waste generated, normalised per FTE [kg]	95.97	58.04	45.83
WR4 Recycling rate [%]			
Weight of recyclable and organic materials [kg]	263,694.10	118,649.99	70,240.30
Weight of total waste [kg]	601,750.07	353,906.99	243,535.21
Recycling rate [%]	43.82%	33.53%	28.84%
WR5 Greenhouse gas emissions associated with waste disposal [tonnes CO2-e]			
Tonnes CO2-e	438.48	304.83	224.73

GREENHOUSE GAS EMISSIONS	Jul-22 to Jun-23	Jul-21 to Jun-22	Jul-20 to Jun-21
G1 Total scope one (direct) greenhouse gas emissions [tonnes CO2e]			
Carbon Dioxide	26,808.40	25,557.86	25,687.39
Methane	4.37	4.23	4.24
Nitrous Oxide	199.51	190.65	192.33
Total	27,012.28	25,752.74	25,883.96
GHG emissions from stationary fuel (F2) [tonnes CO2-e]	101.41	140.98	132.40
GHG emissions from vehicle fleet (T3) [tonnes CO2-e]	26,910.88	25,611.77	25,751.57
Medical/Refrigerant gases			
Methoxyflurane whistles	19.56	–	–
Total scope one (direct) greenhouse gas emissions [tonnes CO2e]	27,031.85	25,752.75	25,883.96
G2 Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]			
Electricity	5,376.72	6,015.11	6,447.76
Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e] Market based methodology	5,376.72	6,015.11	6,447.76
Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e] Location based methodology	6,658.29	7,007.83	7,529.40

Social Procurement

GREENHOUSE GAS EMISSIONS (CONTINUED)	Jul-22 to Jun-23	Jul-21 to Jun-22	Jul-20 to Jun-21
G3 Total scope three (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO2e)			
Commercial air travel	31.53	-	-
Waste emissions	438.48	304.83	224.73
Indirect emissions from Stationary Energy	701.50	667.95	753.93
Indirect emissions from Transport Energy	15,792.18	11,970.16	12,469.47
Any other Scope 3 emissions	77.57	71.15	82.85
Total scope three greenhouse gas emissions [tonnes CO2e]	17,041.28	13,014.09	13,530.98
G(Opt) Net greenhouse gas emissions (tonnes CO2e)			
Gross greenhouse gas emissions (G1 + G2 + G3) [tonnes CO2e]	49,449.84	44,781.94	45,862.71
Green Power Electricity	-5,135.62	-2,670.25	-2,755.53
Scope 2 emissions (location based) minus GreenPower [tonnes CO2e]	1,519.92	4,336.41	4,772.46
Any Offsets purchased	-5,135.62	-2,670.25	-2,755.53
Net greenhouse gas emissions (G1 + G2 + G3) [tonnes CO2e]	44,314.22	42,111.70	43,107.18
Net GHG emissions, comparison to baseline data and FY22 (G1 + G2 (location based) – GreenPower)*	28,552.44	30,089.16	30,656.42
Normalisation factors			
Cases	822,562	807,523	777,312
Emissions per case (kg CO2e G1 + G2) as per FY22 methodology	35	37	39
FTE	6,270	6,098	5,314

Notes:

- 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 2023
- Greenhouse emissions are reported for Scope 1 (direct emissions from owned or controlled sources), Scope 2 (indirect emissions from the generation of purchased electricity) and Scope 3 (emissions outside our operational control but within our supply chain). Emission factors for calculation of greenhouse impact are taken in most part from Department of Climate Change, Energy, the Environment and Water Efficiency (DCEEW), National Greenhouse Account (NGA) Factors, February 2023 <https://www.dceew.gov.au/climate-change/publications/national-greenhouse-accounts-factors-2022>. Where no factors are provided by DCEEW other sources are used, primarily DEFRA (UK) for air travel and Victorian EPA for paper and water.
- Scope 2 emissions have been calculated following the Climate Active electricity accounting rules using a market-based emission factor approach as well as using the location based emission factor for Victoria as set out in the NGA. Scope 2 emissions only use the Scope 2 factor unless otherwise indicated to include Scope 3 as well.
- Given the transition of methodology used for Scope 2 emissions, to help the reader compare data to previous annual reports, historical calculation approaches have been included. When this has occurred it is identified as using FY22 methodology.
- Gross greenhouse emissions figures incorporate all Scope 1, 2 and 3 emissions produced (not including any offsets).
- Net greenhouse emissions figures incorporate an offset for the purchase of accredited GreenPower.
- A review of operational control identified that (rooms) AV leased within buildings or grounds of (other) government entities were outside AV's operational control and have therefore been removed from AV's building inventory.
- For carbon per case, a case is an event that results in one or more responses by an ambulance service.
- Official Full Time Equivalent staff as at the end of the financial year.
- 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 2022 to May 2023.

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.

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 and Torres Strait Islander peoples.
- 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 and Torres Strait Islander businesses where possible.
- Supporting sustainable Victorian regions.
- Consideration of a project's environmentally sustainable outputs.
- Sustainable business practices adopted by suppliers.

AV continues to deliver a range of work in line with the Framework. These include:

- ✓ Continuing 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.

- ✓ Continuing our membership of Supply Nation, which aims to help shape the emerging and rapidly evolving Indigenous business sector, to assist with growing our Indigenous spend and understanding.
- ✓ The implementation of a Reconciliation Action Plan (RAP).
- ✓ Continued analysis of the AV procurement spend profile in conjunction with Social Traders and Supply Nation, to identify social procurement opportunities.
- ✓ Delivering social procurement training to management groups within AV.
- ✓ Supporting growth within AV to purchase social and sustainable products offered by our stationery provider (copy paper, bottled water, paper cups, etc).
- ✓ Attestation process/procedure 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.
- ✓ Social procurement spend analysis.

AV's Indigenous spend grew rapidly over the financial year. In fact, it grew tenfold from 2022, prompting praise from Supply Nation and complementing our RAP. AV continues to provide quarterly reporting to Supply Nation to allow opportunity analysis and includes our major procurement opportunities on the Supply Nation opportunity board, allowing easier access to tender opportunities for Indigenous suppliers. In addition to our spend with Supply Nation approved suppliers, **AV also spent a further \$16,000** with known Indigenous suppliers who are outside of the Supply Nation database.

In 2022-2023 our **Indigenous spend was \$382,000**, as compared with \$35,000 in 2021-2022.

	2023 Q1	2023 Q2	2023 Q3	2023 Q4	\$ TOTAL
Supply Nation Data	62,957	109,202	127,857	82,022	382,038

Over the reporting period, AV's Procurement department undertook significant steps to build on the embedded social requirements contained in our RFX suite of documents. Commencing with the request for tender (RFT) process, we engaged with the Department of Government Services for several of our major projects, working with them with the aim to obtain the best possible social outcome.

This partnership particularly targeted the Social Procurement Plan and the criteria and weighting setting for those projects harnessing both the department's and project team's relevant sector knowledge to establish an informed social criteria weighting. Social procurement commitments within contracts were also set for the first time in this period with those commitments entered into the Industry Capability Networks (ICN) reporting portal.

The data set from the responsible department for social procurement, the Department of Government Services, known as the 'wash tool' has been amended removing some key suppliers which have had an adverse effect on our spend data for the 2022-2023. While the companies are still not-for-profit providers, they are not on the Social Traders certified list. (Table One demonstrates the spend with these suppliers removed and compares what it would be if those suppliers were still included).

Table 1

Suppliers Excluded 2022-2023	Suppliers Included 2022-2023	Data 2022-2023
\$21,309,499	\$24,031,812	\$27,767,754
\$1,193,802	\$3,426,609	\$3,447,470

The overall 2022-2023 social procurement spend (Table 2) dropped slightly below during this reporting period, from \$27.7M to \$21.3M (\$24M adjusted figure), which apart from the above anomaly was heavily attributed to the downturn in business with one of our major health providers. The 'addressable spend' when we look at the adjusted like for like figure had a slight increase which was a pleasing outcome.

Table 2

Social Procurement	2022-23	2021-22	2020-21
Social procurement spend	\$21.3m	\$27.7m	\$18.4m
Social procurement 'addressable spend' ¹	\$1.1m	\$3.4m	\$654,000
Number of social suppliers ²	86	76	60

Table 3 (Like for like)

Social Procurement	FY 2023	FY 2022	FY 2021
Social Procurement – Addressable Spend ³	\$ 3.4M	\$ 3.4M	\$654,000

1. In 2021-2022 a significant value supplier did not progress their certification with Social Traders and although were included in 2022 are not in 2023. Cumulative year on year total. For comparison purposes 2022-2023 includes the Map for Impact suppliers from 2021-2022.
 2. Cumulative year on year total.
 3. For comparison purposes 2022-2023 includes the Map for Impact suppliers from 2021-2022.

CASE STUDY

Thread Group Australia



AV has entered into a contract for the supply of uniforms and associated services (Module 2) for staff from an Indigenous supplier, Thread Group Australia.

The relationship is in its infancy but offers exciting prospects and opportunities as Thread Group Australia continues to prove its ability to produce products to AV's requirements. Thread Group Australia has been able to supply one significant order to date and a second significant order has recently been placed.

Thread Group Australia is a boutique family-owned apparel and personal protective equipment (PPE) management company. In addition, Thread Group Australia is an ethically accredited (ECA), Indigenous owned and registered company, manufacturing high quality uniforms, workwear, and PPE.

Thread Group Australia was established in 2020 and is under female ownership and directorship. Since its establishment, Thread Group Australia has become a leader in the uniform, workwear, and PPE marketplace, leveraging on 30 years of technical expertise across design, pattern-making, prototype/sample making, bulk production, quality assurance, warehousing, marketing, and communications.



Thread Group Australia is contracted by AV as a provider for its uniform requirements in accordance with AV specifications. Thread Group Australia is committed to providing AV uniforms that fully meet the requirements of our on-road clinical staff and are suitable to the daily environmental conditions they encounter.

AV's contract with Thread Group Australia also provides further Indigenous providers with business opportunities such as Creative Spirit, which provides packaging for AV's uniform requirements.



Thread Group Australia is contracted by AV as a provider for its uniform requirements in accordance with AV specifications.

Donations Summary

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

Name of Donor	Donation Amount
Estate of Alan Thomas Patterson	\$53,314.18
Christopher King	\$40,000.00
Judith F Stembridge	\$20,000.00
Edward & Mary Neighbour	\$17,211.70
99 Bikes Pty Ltd	\$10,293.18
B J Davies	\$10,000.00
Edwards Foundation	\$10,000.00
The Estate of William Henry McDonald	\$10,000.00
Alma Sylvia & Carmen Figuerola Trust Fund	\$9,130.39
Anonymous	\$8,888.00
Equity Trustees Charitable Foundation Fitzgerald/Hasket Bequest	\$8,000.00
Ritchies Stores	\$7,760.06
Anonymous	\$7,422.00
The Filantropikos Syllogos Greek Club	\$6,000.00
Rowland & Judy Paterson	\$5,500.00
Gwen & Edna Jones Foundation	\$5,000.00
Omeo Rodeo Association Inc.	\$5,000.00
The Ray & Joyce Uebergang Foundation	\$5,000.00
Community Bank Trafalgar & District	\$5,000.00
Warrnambool & District Caledonian Society	\$3,858.96
Corryong Cup Hang Gliding Competition	\$3,342.20
Anonymous	\$3,000.00
Brian Little	\$3,000.00
Rotary Club of North Balwyn Inc.	\$2,578.00
Anonymous	\$2,000.00
Anonymous	\$2,000.00
Portland Bay Classic Vehicles	\$2,000.00
Spring Hills Football Club	\$2,000.00
Country Women's Association of Vic. South Western Group	\$1,867.00
Dandenong Ranges Community Finance Ltd	\$1,595.00

Name of Donor	Donation Amount
Askra Consulting Pty Ltd	\$1,500.00
Anonymous	\$1,500.00
Christel Ricke	\$1,350.00
Port Campbell & District C.E.R.T	\$1,235.00
Anonymous	\$1,200.00
Lalor Bowling Club	\$1,158.00
Mount Beauty Foodworks	\$1,063.13
Ann & Peter Robb	\$1,000.00
Anonymous	\$1,000.00
Anshul Ojha	\$1,000.00
Anonymous	\$1,000.00
Anonymous	\$1,000.00
Casterton & District Drag Racing Club Inc.	\$1,000.00
Anonymous	\$1,000.00
Estate of Mary Henderson	\$1,000.00
Anonymous	\$1,000.00
Joan Spiller & Philip Yetton	\$1,000.00
Anonymous	\$1,000.00
Schiavello Group Charitable Foundation	\$1,000.00
Total	\$291,766.80
General Donations and Bequests under \$1,000	\$ 90,121.84
Total General Donations and Bequests	\$381,888.64

Auxiliary Donations greater than or equal to \$1,000

Name	Auxiliary	Amount
Lions Club of Charlton Inc	Charlton	\$18,913.08
Gippsland Wool Growers	Helimed 1	\$15,499.96
BST Health	Beaufort	\$7,500.00
Korong Vale Bowling Club	Charlton	\$5,000.00
Lisa Newell	Woodend	\$5,000.00
Omeo Rodeo Association	Tambo Valley-Ensay	\$5,000.00
Community Rewards Ritchies	Paynesville	\$3,649.61
Jon Wieckowski	Gisborne	\$3,554.97
M A Gallagher	Helimed 1	\$3,392.00
Lakes Entrance Lions Club (Inc)	Lakes Entrance	\$2,400.00
Sale Greyhound Racing Club	Sale	\$2,200.20
Braeden Strahan	Gisborne	\$2,070.00
Lakes Entrance Volunteer Craft Group	Lakes Entrance	\$2,000.00
Kenneth Smith	Maryborough	\$2,000.00
Parkridge Social Club	Paynesville	\$1,700.00
Pauline Williams	Paynesville	\$1,700.00
Anonymous	Warracknabeal	\$1,500.00
Romsey & Lancefield Community Bendigo Bank	Romsey-Lancefield	\$1,500.00
Tylden-Woodend Op Shop (UCA)	Woodend	\$1,500.00
Bonny Laity	Paynesville	\$1,388.00
Bairnsdale Golf and Bowls Club	Paynesville	\$1,037.40
Fiona Lett	Helimed 1	\$1,000.00
Kym & Dean Morgan	Helimed 1	\$1,000.00
Lions Club of Gippsland Lakes Lionesses	Lakes Entrance	\$1,000.00
Maffra Anglican Church Op Shop	Maffra	\$1,000.00
Take Off Weight Naturally (TOWN) Club	Sale	\$1,000.00
VRI Bowling Club	Donald	\$1,000.00
Total		\$ 94,505.22
Auxiliary Donations and Bequests under \$1,000		\$ 51,665.87
Total Auxiliary Donations		\$146,171.09

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 a population of 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. Mary-Anne Thomas MP from 1 July 2022 to 5 December 2022, and the Hon. Gabrielle Williams MP from 6 December 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 and the Executive team, the Board is accountable to the Victorian Government and Minister for the overall and ongoing performance of AV.

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), technology and transformation, finance, accounting, law, commerce, diversity, leadership, 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, 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 and ensuring that AV is safe, fair and inclusive.

Board Committees

The Board maintains three statutory committees, three 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, including an independent member. 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.

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 which was further enhanced this year with the inclusion of a new independent committee member.

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 2022-2023, the committee continued its oversight of material risks including, but not limited to, the ICT, security, patient safety, privacy 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. The committee has also overseen AV's response to the introduction of Statutory Duty of Candour regulations.

Membership includes AV Directors (each with health service, legal 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.

People and Culture Committee

The People and Culture Committee advises 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 focus remains: workforce health, safety, workplace cultural programs, staff engagement, operational structure reviews, emerging technology practices relevant to manual handling, strategic workforce planning, and other initiatives that drive a safer, fairer, more inclusive work environment for our people.

In 2022-2023, the committee maintained a strong focus on the health, safety and wellbeing of AV's workforce and endorsed our new health, safety and wellbeing plans.

Equality and Workplace Reform Committee

The AV Board is committed to the realisation of AV as a safe, fair and inclusive workplace. To support that mission, and to support the implementation of the recommendations made by the VEOHRC Independent Review into Workplace Equality in Ambulance Victoria, the Board established the Equality and Workplace Reform Committee.

The Committee supports governance by providing regular and detailed oversight of the implementation of the recommendations of the Review. The Committee ensures that the organisation is taking appropriate and timely action to implement the recommendations.

As the work is fundamental to the best interests of AV's staff and patients, the Equality and Workplace Reform committee works collaboratively and in alignment with all other committees of the Board, particularly the People and Culture, and Quality and Safety Committees.

Membership of the committee is aligned to that of the People and Culture Committee in recognition of the focus on an improved work experience for our people.

Community Advisory Committee

The 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. In 2022-2023 we recruited new members to the Committee who are providing us with invaluable contributions that strengthen voice of the community in our service design processes and decision making.

In 2022-2023, the Committee was chaired by an AV Board Director who shared regularly reports to the Board on the work of the Committee. The CAC has become a valued source of patient, consumer, and community insights as to how we can better deliver our services.

Through engagement with our CAC, we have developed our new Community and Consumer Engagement Plan.

Board Director Profiles

BOARD CHAIR

Ken Lay AO APM

Ken Lay was appointed AV Board Chair in December 2015 and retired from his role with AV on 25 August 2022.

Shelly Park

Appointed 26 August 2022

Ms Park brings 25 years as an experienced Non-Executive Director and CEO and senior executive roles leading and governing complex organisations with circa billion-dollar budgets. Her extensive experience and knowledge of high-performing Boards in the area of healthcare, brings a broad strategic focus to her role as a non-executive director.

Ms Park brings strength in financial stewardship, is an experienced crisis leader and demonstrates passion for quality leadership, safety and risk governance. Her work is informed by deep experience in leading turnaround strategies and transformations in large and complex health/life science related organisations (including business process, automation, technology, digital and ICT security).

She has a strong passion for leadership, strong stakeholder engagement (including Government and regulatory bodies) and achievement of strategic outcomes in highly complex and regulated environments. Ms Park has a strong track record of delivering on strategic goals by applying her understanding of the voice of the patient, clinical and professional leadership, people leadership and embedding governance frameworks.

Ms Park chairs the Remuneration and Nominations Committee and attends other committees ex-officio.

BOARD MEMBERS

Wenda Donaldson

Appointed 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 Equality and Workplace Reform Committee and was a member of the Audit and Risk Committee in 2022.

Ian Forsyth

Appointed 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).

Ian is a member of Ambulance Victoria's Finance Committee, Audit and Risk Committee and Equality and Workplace Reform Committee. He was also the Chair of People and Culture Committee.

Dr Joanna Flynn AM

Appointed 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) and a member of the Forensicare Board of Directors.

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 Community Advisory Committee.

Colleen Furlanetto OAM

Appointed since July 2020 and concluded her term on 30 June 2023.

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.

Colleen is the Chair of the Community Advisory Committee and was a member of the People and Culture Committee.

BOARD MEMBERS

Dipak Sanghvi

Appointed in July 2022.

Mr Dipak Sanghvi is a pharmacist and is currently Chair of Member Benefits Australia Pty Ltd, Chair of Monash Health Board and a Board member of Director of Musculoskeletal Australia.

His previous positions include President of the Pharmacy Guild Victoria Branch 2006-2011, Chair of Gold Cross Products and Services, Chair of Return of Unwanted Medicines, Board member of Guild Insurance and Superannuation, and Meridian Lawyers, as well as several other board positions in the community and the pharmaceutical industry.

Mr Sanghvi is Chair of the Audit and Risk Committee and is a member of the Quality and Safety Committee and the Remuneration and Nominations Committee.

Peter Lewinsky

Appointed 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 27 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 2022-2023 Chair of Risk and Audit Committee, Environment Protection Authority and Chair Finance, Risk, Audit and Performance Committee at Victorian Civil Administrative Tribunal.

Peter stepped down as the Chair of Holmesglen Institute, but continues with TAL Superannuation Ltd, the Audit and Risk Committee (Department of Energy, Environment and Climate Action)), 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 continues as a member of the Audit and Risk Committee and is Chair of the Finance Committee.

Vijaya Vaidyanath

Appointed in July 2022.

Vijaya Vaidyanath is the inaugural CEO of Homes Melbourne – a special entity of City of Melbourne. Prior to this role, Vijaya was the CEO of City of Yarra from July 2012 – January 2022. Vijaya spent over a decade as CEO at Waitakere City Council a very large metro city in New Zealand and as the CEO of Rodney District Council in New Zealand. She has been a Board Member of Procurement Australia, Zoos Victoria, Parks Victoria, and Vision Super.

Vijaya's exemplary qualifications include a Senior Executive Fellow of the John F Kennedy School of Government, Harvard University, MBA from JMKatz Graduate School of Business in Pittsburgh USA, Master of Arts (Economics) and a Bachelor of Arts (Economics) from the University of Bangalore.

Vijaya draws inspiration from a variety of global thought and academic leaders as well as from her overseas mentors who have shaped her world view. It led to her interest in social justice and value-based leadership. She has been a leader from the very early stages of her career in sectors such as commercial and central banking, international finance for two decades and Local Government in the last two decades in New Zealand/Australia.

Vijaya is renowned for her innovation, integrity, inspiring leadership style and a unique ability to deliver results. She instils a strong sense of pride and passion in her staff who deliver exemplary outcomes for our communities. Her strong belief in building coalitions and harnessing community capacity has been her work philosophy.

Vijaya is a member of the Finance and Remuneration and Nominations Committees.

Amanda Watt BCom LLB (Hons) LLM GAICD MAPP

Appointed in July 2022.

Amanda's 30 years' experience advising in the public and private sectors across education, health, essential services and manufacturing has seen her work with clients on strategic and sustainable workplace solutions, reflecting a comprehensive understanding of risk management, particularly around employee relations and culture.

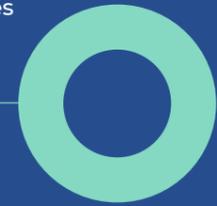
Amanda has extensive expertise in employment, industrial, and equal opportunity law. She has a deep appreciation of the human, societal and economic impact of systemic sexual harassment and discrimination in our workplaces. She was a contributor to the Champions of Change Coalition's report: Disrupting the System – preventing and responding to sexual harassment in the workplace and has supported the work of the Respect@Work Council on its best practice guidance for confidentiality agreements.

Amanda has been independently recognised by Best Lawyers in the areas of Employee Benefits, Labour and Employment, Government, and Education, and as a leading individual in Employment Law by the Legal 500 Asia Pacific.

Board Diversity

Aboriginal and Torres Strait Islander

NO
100%



Cultural and linguistically diverse background

NO 62.5% **YES** 37.5%



Identify as a person with a disability

NO 77.78% **YES** 22.22%



Gender

MEN 33.33% **WOMEN** 66.67%



Age

65+ 44.44% **45-54** 22.22% **55-64** 33.33%



Principle place of residence

METRO 88.89% **RURAL** 11.11%



Meetings

	Board		Finance Committee		Audit & Risk Committee		Quality & Safety Committee		People & Culture Committee		Community Advisory Committee		Rem & Nom Committee	
	Chair K Lay & S Park		Chair: P Lewinsky		Chair: D Sanghvi		Chair: Dr J Flynn AM		Chair: I Forsyth		Chair: C Furlanetto OAM		Chair: S Park	
	H	A	H	A	H	A	H	A	H	A	H	A	H	A
Board of Directors														
K Lay OAM (AV Chair)	1	1	Ex Officio	0	Ex Officio	0	Ex Officio	0	Ex Officio	0	Ex Officio	0	Ex Officio	0
S Park (AV Chair)	11	11	Ex Officio	5	Ex Officio	3	Ex Officio	1	Ex Officio	1	Ex Officio	3	2	2
C Furlanetto OAM	12	12							6	6	5	5		
W Donaldson	12	10			2	2			6	6				
Dr J Flynn AM	12	12					4	4			5	3		
I Forsyth	12	12	9	8	3	3			6	6				
P Lewinsky	12	11	9	8	5	5								
D Sanghvi	12	12			5	5	4	4					2	2
V Vaidyanath	12	12	9	8									2	2
A Watt	12	12					4	4	6	6				
Allison Smith (ARC Independent Member)					1	1								
Kathryn Brown (Finance Independent Member)			3	2										
J Shuttleworth#							4	2						
J Handley#							4	2						
Kane Treloar^											5	5		
Zeinab Mourad^											4	3		
David McCarthy^											5	5		
Laura Collister ^											4	4		
R Coverdale^^					4	4					5	5		
Baruch Goberman^											2	2		
Hilary Adams											1	1		
Hana Williamson^^							2	1			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

Jane Miller
Chief Executive (commenced 30 January 2023)

Shelley Dolan
Chief Executive Officer (Interim 9 November 2022 – 30 January 2023)

Nicola Reinders
Chief Executive Officer (Acting 29 October 2022-8 November 2022)

Professor Tony Walker ASM
Chief Executive Officer (5 September – 28 October 2022*)

*Longstanding Chief Executive Officer, Professor Tony Walker ASM, was on extended medical leave in 2022-2023 and resigned at the end of October 2022.

Felicity Topp
(Interim to 5 September 2022, seconded from Peninsula Health)

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

Chief Operations Officer

Elizabeth Murphy APM
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 (to 31 January 2023)

Anthony Carlyon
(Acting from 12 September 2022)
Responsible for the provision of quality state-wide emergency ambulance operations with Advanced Life Support (ALS) and Mobile Intensive Care (MICA) paramedics, Ambulance Community Officers (ACO) and Community Emergency Response Teams (CERT), and delivery of AV'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 People and Culture

Samira Richards
(Commenced 27 April 2023)
Alison Goss (Acting to 16 April 2023)

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

Nichola Holgate (to 26 May 2023)
Cindy Joffe (Acting from 27 May 2022)
Responsible for leadership of strategic internal and external communication; engaging our people, community and stakeholders with AV'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
Lindsay MacKay (Acting)
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 AV Referral Service.

Executive Director Operational Strategy and Integration

Cindy Joffe
(commenced 10 January 2023)

Mark Pitruzzello
(Acting 1 December 2022 - 31 December 2022)

Mark Rogers ASM
(to 30 November 2022)

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
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 Ambulance Victoria.

Medical Director

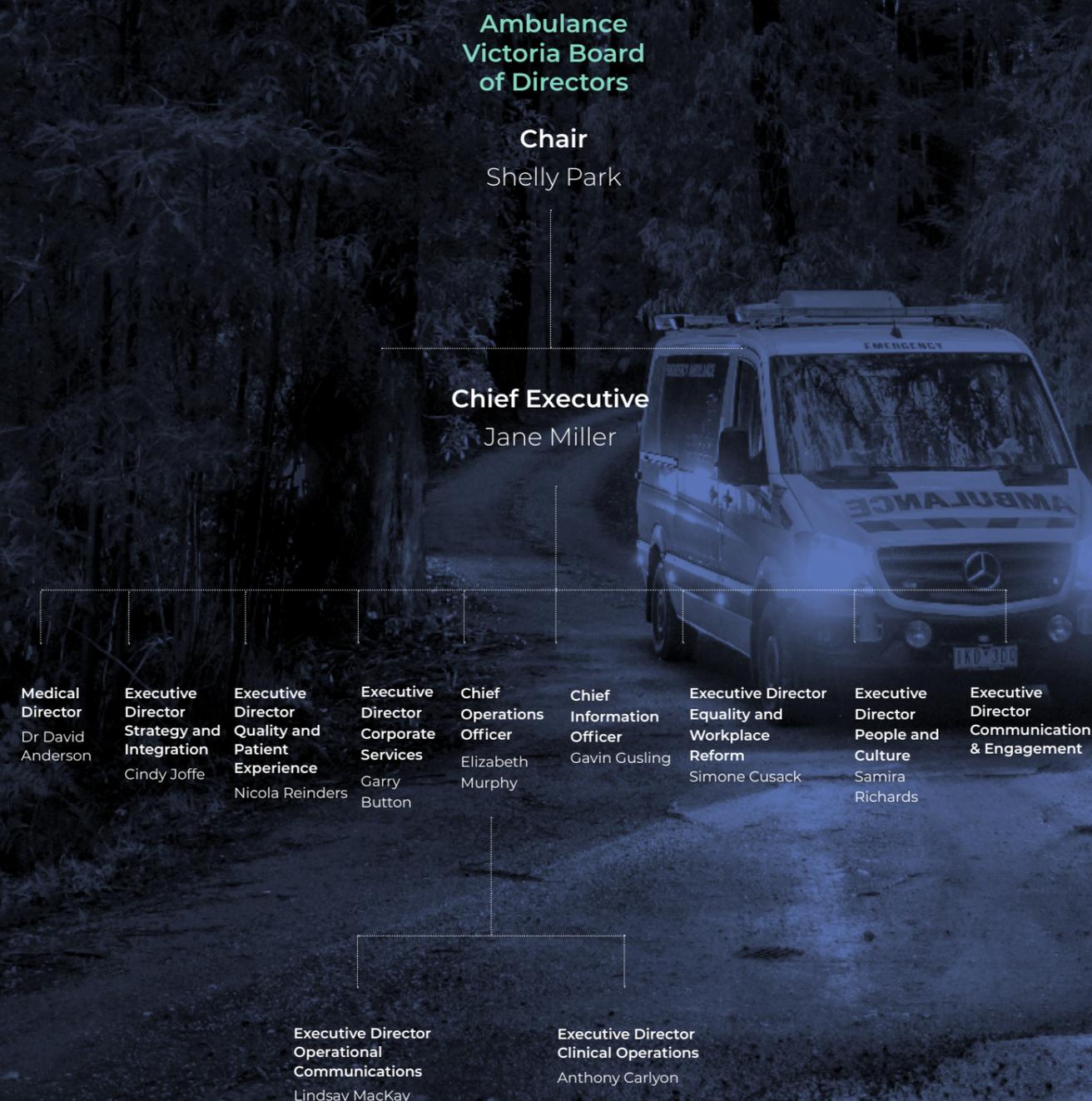
Dr David Anderson MStJ FICIM

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

Chief Information Officer

Gavin Gusling
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



Statement of Priorities

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

Part A Summary

Deliverable & commentary	Achievements
Maintain COVID-19 readiness	
Maintain a robust COVID-19 readiness and response, working with the department to ensure effective responses to changes in demand and community pandemic orders. This includes, but is not limited to, participation in the COVID-19 Streaming Model, the Health Service Winter Response framework.	<ul style="list-style-type: none"> AV has fully achieved a robust COVID-19 readiness and response, via the following: <ul style="list-style-type: none"> The COVID-19 Incident Management Team continued to operate through to 30 June 2023 providing ongoing oversight of whole-of-organisation activity in response to the pandemic including safety, operations, planning, logistics and workforce communication. A surge workforce was utilised to support our existing paramedics and first responders to meet the demands of the community with additional support by ACOs and CERT responders. AV operated an Absentee Call Taker team, to take calls from sick paramedics and, in triaging these calls, refer AV staff to any additional support they require. This program will remain active as a BAU function from FY24. AV Offload (AVOL) teams were deployed to 14 hospital EDs across Victoria supporting appropriate cohorts of patients to be rapidly offloaded into dedicated areas at these hospitals, which allowed paramedics to return to service the community. The AVOL program transitioned from AV to a health services led model with AV continuing to support where required during periods of peak hospital demand and AV resource delays.
Delivering more care in the home or virtually	
Support the provision of home-based or virtual care, where appropriate and preferred, by the patient, including via the Victorian Virtual Emergency Department.	<ul style="list-style-type: none"> VVED referral pathway for in-field operational paramedics and the Operational Triage Services was rolled out to all regions by October 2022. This was supported by ongoing clinician communication and education, reporting on experience and safety, activation of VVED on ambulance operational phones, and enabling transmission ECGs to the VED. The Safe Non-Transport (SNT) Improvement Plan has been developed with input from our people, patients and carers, and in consideration of best practice and related initiatives in place in other ambulance services.

Deliverable & commentary	Achievements
Improve quality and safety of care	
Continue to foster positive patient outcomes by delivering high quality and safe services, providing positive consumer and carer experiences, and embedding a culture of learning and improvement.	<ul style="list-style-type: none"> AV continued to investigate and deliver enhanced care pathways for different cohorts, with a focus on older people and palliative care. We implemented the Residential Aged Care Enhanced Response (RACER) pathway to better connect and coordinate Triple Zero (000) calls from Residential Aged Care Facilities to better meet the patient's needs. A model of care was designed to support proactive management of palliative care patients, and we identified priority areas to improve our response to people who experience falls. AV commenced operationalising the second Mobile Stroke Vehicle (MSU2) which will improve and expand patient care coverage primarily into the south-east of Melbourne metropolitan area. AV developed a Safe Non-Transport Improvement Plan which will allow AV to enhance the safety and experience of patients who do not need to be transported to hospital. AV progressed a range of clinical trials that aim to improve patient outcomes and experience in areas including cardiac arrest survival and sepsis. AV developed a Cardiac Arrest Improvement strategy and implementation plan to prioritise key areas to improve patient survival from out-of-hospital cardiac arrest.
Improvement initiatives	
Implement and evaluate improvement initiatives that support Victorians to access care that is responsive to their needs, improves the delivery of ambulance services and meets the emergency health care needs of Victorians.	<ul style="list-style-type: none"> AV delivered the final year of the Ambulance Performance Improvement Plan including: <ul style="list-style-type: none"> Recruiting and onboarding 43.5 FTE additional Referral Service Triage Practitioners Introducing a new Clinician Model to support our metropolitan and rural Communication Centres. A successful trial to assess the feasibility of devices to replace VACIS tablets Targeted service expansion has been completed with eight branches upgraded from single officer to dual officer crewing and three additional Peak Period Units rolled out. Evaluation of the Medium Acuity Transport Unit and advise on its continuation in FY24. Five clinical trials were commenced or progressed during FY23 to work to improve clinical outcomes for patients. These included the AUGMENT-VA and FIRST trials to improve cardiac arrest survival, PASS to improve sepsis survival, PANDA to improve management of patients with cardiogenic shock, and the Troponin trial for low-risk chest pain patients. AV developed a Cardiac Arrest Improvement Strategy to determine priority areas and initiatives to drive improvements in patient care and survival over the next five years.

Deliverable & commentary	Achievements
Support Victorians to enjoy good mental health and wellbeing	
Continue to work with the department and other partners on mental health reforms and initiatives, arising from the Royal Commission into Victoria's Mental Health System, including the development of health-led responses to mental health crises.	<ul style="list-style-type: none"> AV continued to work with the Department of Health, Victoria Police and the Emergency Services Telecommunications Authority to transition towards a health led response for patients experiencing a mental health episode.
Climate change commitments	
Contribute to enhancing health system resilience by improving the environmental sustainability, including identifying and implementing projects and/or processes that will contribute to committed emissions reduction targets through reducing or avoiding carbon emissions and/or implementing initiatives that will help the health system to adapt to the impacts of climate change.	<ul style="list-style-type: none"> AV undertook several activities to progress towards being a socially and environmentally responsible organisation including assessment of the social impact of a number of community engagement programs (GoodSAM, AEDs, Heart Safe Communities and Shocktober). An assessment was made of AV's current impacts in areas of energy, waste and water with recommendations used to develop activities for managing waste and decreasing environmental impact.
Asset maintenance and management	
Improve ambulance service and Department Asset Management Accountability Framework compliance by collaborating with Health Infrastructure to develop policy and processes to review the effectiveness of asset maintenance and its impact on service delivery.	<ul style="list-style-type: none"> AV has undertaken an Asset Management Accountability Framework (AMAF) maturity assessment for FY23 and is fully compliant against 40 of the mandatory requirements and partially compliant against seven requirements. None of the partially compliant requirements are considered to have a material impact on AV. This is a significant uplift of 17 per cent from the FY22 assessment. To address recommendations from FY22 AMAF assessment, AV has developed an Asset Management Communications Plan, completed Workforce Plans for all four asset portfolios, implemented an Asset Information Management System for ICT assets, and reviewed three major asset-related contracts to ensure alignment with the AMAF.

Deliverable & commentary	Achievements
Supporting Aboriginal Cultural Safety	
<ul style="list-style-type: none"> Strengthen Ambulance Victoria's commitment to Aboriginal Victorians by addressing the gap in health outcomes through the delivery of culturally safe and responsive health care. Implement strategies and processes to actively increase Aboriginal employment, identify Aboriginal people accessing health care, address variances in health care, and provide equitable access to a culturally safe healthcare environment. Establish and maintain collaborative partnerships with Aboriginal Community Controlled Health Organisations to deliver responsive health care. 	<ul style="list-style-type: none"> Reconciliation Australia endorsed AV's 'Reflect' Reconciliation Action Plan in FY23 and noted that AV had begun implementing this plan. A Reconciliation Working Group was reconvened. AV established a relationship with the Victorian Aboriginal Community Controlled Health Organisation in FY23 and will continue this relationship over coming years to support progress on shared priorities. Under AV's Social Procurement Framework, AV aims to make purchasing decisions that provide opportunities for Victorian Aboriginal people. AV's Indigenous spend grew rapidly over the financial year prompting praise from Supply Nation and complementing our RAP.
Working in partnership to provide a connected health system for Victorians	
Continue to work collaboratively with the Department of Health department, health service providers, and related stakeholders, to ensure Victorians can access a connected health system that is responsive to their needs.	<ul style="list-style-type: none"> AV worked with the Department of Health on Medical Emergency Response Time initiatives including People Based Rostering, Surge Workforce and AV Offload (AVOL). Both Surge and AVOL were transitioned to a health service led model of delivery at the end of FY23. AV continues to support effective offload through Ambulance Paramedic Offload Teams and additional operational management presence at hospitals as required.
Improve timely access to emergency departments	
Work with Safer Care Victoria to develop standards that reflect the need for health services and AV to work together to improve emergency care. Work will continue in parallel to the continued improvement initiatives and its interface with health service emergency departments.	<ul style="list-style-type: none"> AV has worked with the Department of Health to contribute to the Timely Emergency Care Collaborative. AV is focused on initiatives that will increase diversions and reduce total hospital time and has commenced a range of initiatives including increasing referrals to VVED and TelePROMPT, understanding barriers to referral to priority primary care centres, and reducing hospital clearing time and Ambulance Arrival Board compliance.

Performance Priorities

Deliverable & commentary	Achievements
Improve workforce wellbeing	
<ul style="list-style-type: none"> Participate in the Occupational Violence and Aggression (OVA) training that will be implemented across the sector in 2022-23. Support the implementation of the Strengthening Hospital Responses to Family Violence (SHRFV) initiative deliverables including health service alignment to MARAM, the Family Violence Multi-Agency Risk Assessment and Management framework. Prioritise wellbeing of healthcare workers and implement local strategies to address key issues. 	<ul style="list-style-type: none"> AV assessed the OVA training that was implemented across the sector and identified that as a workplace, AV has different risks and controls to a hospital environment and may be negligent to overlay a training package specifically targeting ward clerks. AV has existing programs that seek to reduce the incidence, and/or build skills to manage Behaviours of Concern, supported by an OV Incident Review Group. AV completed an organisational assessment against the updated Victorian Child Safety Standards (VCSS), and identified key areas for further scoping or activities, and recommendations for FY24. AV delivered a range of initiatives in Year 1 of the Mental Health and Wellbeing Action Plan 2022-25. Specific achievements to prevent mental health incidents and support the wellbeing of our employees and volunteers included development of a suicide awareness and prevention program, embedding wellbeing education into the graduate induction program, development of a framework for integrated wellbeing programs, and development of resources to share with employees and their family members.
A Safe, Fair and Inclusive AV	
<ul style="list-style-type: none"> Progress implementation of the recommendations from the VEOHRC Independent Review into Workplace Equality in Ambulance Victoria to achieve a safe, fair, and inclusive ambulance service for all staff and volunteers and create a positive workplace culture. Develop Key Performance Indicators that align with the 'Outcomes Framework' and focus on workplace health, safety and wellbeing and the need to create a positive workplace culture. The new measures to be included in the 2023-24 'Statement of Priorities' Performance Priorities. 	<p>AV made meaningful progress towards realising our vision of a safe, fair and inclusive organisation by implementing 29 of the 43 recommendations to a moderate, significant or full extent.</p> <ul style="list-style-type: none"> Promoted a culture of safety by auditing the safety of our employees and volunteers in isolated work environments and drafting an organisational plan to prevent unlawful or harmful conduct before it occurs. Created a shared understanding of who we are at AV, what we stand for, and how we act, by co-designing new organisational values. Supported effective decision making and a continual learning culture, by developing a reflective practice framework and beginning a staged roll out, starting with AV's Board, which engaged in a series of reflective practice workshops. Strengthened oversight of workplace equality, including by establishing a dedicated Board sub-committee, staff representative group, steering committee and the Equality & Workplace Reform Division, among other initiatives. Supported the development of a safe, fair and inclusive workplace by reviewing our Accessibility Action Plan and promoting equality, diversity and inclusion of our people focus in the upcoming enterprise agreement bargaining process. Created a fair, transparent and person-centred report and complaints process, by launching our Professional Standards and Behaviours Department and establishing a Complaints Management System (with further refinements to that system to be implemented in FY24). Took steps to create an enabling environment so our people can confidently and safely speak up, including by launching an anonymous reporting and complaints pathway. <p>AV and the Department of Health agreed on an approach for including health, safety and wellbeing metrics in future SoPs and work has progressed to draft appropriate metrics.</p>

Statement of Priorities Part B

	2022-23 Target	2022-23 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	92%	90.8%
Quality and safety		
Percentage of respondents who rated care, treatment, advice and/or transport received from the ambulance service as good or very good ²	95%	95.5%
Percentage of patients experiencing severe cardiac or traumatic pain whose level of pain was reduced significantly ³	90%	92.3%
Percentage of adult stroke patients transported to definitive care within 60 minutes ⁴	90%	98.1%
Percentage of major trauma patients that meet destination compliance ⁵	85%	93.1%
Percentage of adult cardiac arrest patients surviving to hospital ⁶	50%	56.9%
Percentage of adult cardiac arrest patients surviving to hospital discharge ⁶	25%	32.1%
Percentage of respondents who rated care and treatment received from paramedics as good or very good	95%	97.8%
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%	47%
TIMELY ACCESS TO CARE		
Response times Statewide		
Percentage of emergency Code 1 incidents responded to within 15 minutes – statewide ⁸	85%	62.8%
Percentage of emergency Priority 0 incidents responded to within 13 minutes – statewide	85%	74.4%
Percentage of emergency Code 1 incidents responded to within 15 minutes in centres with a population greater than 7,500 ⁹	90%	66.5%
40-minute transfer		
Percentage of patients transferred from ambulance to ED within 40 minutes	90%	58.4%

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Statistical Summary

	2022-23 Target	2022-23 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%	18.7%
Clearing time		
Average ambulance hospital clearing time ⁰	20 mins	31 mins

Notes.

- Results reflect the 2022 Influenza Immunisation Program and includes all mandated staff with a valid 2022 vaccination as at 16 August 2022.
- Based on results of VHES survey conducted in 2022 (excludes missing/don't know/cant say from total responses).
- Includes patients of all ages with traumatic pain and patients aged 15 years or greater with cardiac pain who presented with GCS (Glasgow Coma Scale) of 9 or more, were not intubated, had an initial pain score of 8 or more and a pain reduction of 2 or more points. Provisional figures are provided.
- 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.
- 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.
- 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.
- 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."
- From 1 July 2014 Statewide response times are based on data sourced from the Computer Aided Dispatch system.
- Based on the Australian Bureau of Statistics Urban Centre boundaries (2016 census) and resident population data.
- Based on all emergency transports with recorded times. From 1 July 2019, minor data quality issues were resolved.

	2022-23	2021-22	2020-21 ²	2019-20	2018-19	2017-18 ¹
EMERGENCY ROAD INCIDENTS						
METROPOLITAN REGIONS						
Code 1	278,606	266,066	223,062	217,717	213,557	205,555
Code 2	139,877	143,904	163,020	163,968	160,169	160,926
Code 3	44,433	54,479	64,704	59,571	58,565	50,105
Total Metropolitan Emergency Road Incidents	462,916	464,449	450,786	441,256	432,291	416,586
RURAL REGIONS						
Code 1	122,277	111,320	100,504	92,373	87,779	81,776
Code 2	73,944	73,210	77,816	72,965	70,722	69,755
Code 3 ³	30,223	33,529	31,386	27,366	27,923	23,898
Total Rural Emergency Road Incidents	226,444	218,059	209,706	192,704	186,424	175,429
ALL REGIONS						
Code 1	400,883	377,386	323,566	310,090	301,336	287,331
Code 2	213,821	217,114	240,836	236,933	230,891	230,681
Code 3 ³	74,656	88,008	96,090	86,937	86,488	74,003
Total Statewide Emergency Road Incidents	689,360	682,508	660,492	633,960	618,715	592,015
NON-EMERGENCY ROAD INCIDENTS						
Total Metropolitan Non-Emergency Road Incidents ³	263,086	263,112	258,798	254,020	246,594	235,627
Total Rural Non-Emergency Road Incidents ³	100,835	97,282	96,748	85,710	74,865	61,441
Total Statewide Non-Emergency Road Incidents	363,921	360,394	355,546	339,730	321,459	297,068
Total Metropolitan Road Incidents³	726,002	727,561	709,584	695,276	678,885	652,213
Total Rural Road Incidents	327,279	315,341	306,454	278,414	261,289	236,870
ROAD INCIDENTS (ALL REGIONS)						
Emergency Code 1	400,883	377,386	323,566	310,090	301,336	287,331
Emergency Code 2	213,821	217,114	240,836	236,933	230,891	230,681
Emergency Code 3 ³	74,656	88,008	96,090	86,937	86,488	74,003
Non-Emergency ³	363,921	360,394	355,546	339,730	321,459	297,068
Total Road Incidents³	1,053,281	1,042,902	1,016,038	973,690	940,174	889,083

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	2022-23	2021-22	2020-21 ²	2019-20	2018-19	2017-18 ¹
AIR INCIDENTS (ALL REGIONS)						
Fixed Wing – Emergency	2,179	1,962	2,017	1,771	2,235	2,437
Fixed Wing – Non-Emergency ³	3,288	3,320	3,048	2,693	2,661	2,255
Total Fixed Wing Incidents³	5,467	5,282	5,065	4,464	4,896	4,692
HELICOPTERS						
Helicopter (HEMS 1 Essendon)	560	563	612	554	617	591
Helicopter (HEMS 2 Latrobe Valley)	437	461	501	449	505	499
Helicopter (HEMS 3 Bendigo)	530	516	551	463	532	521
Helicopter (HEMS 4 Warrnambool)	335	361	355	331	342	345
Helicopter (HEMS 5 Retrieval)	560	575	623	546	591	593
Total Helicopter Incidents (All Emergency)	2,422	2,476	2,642	2,343	2,587	2,549
Emergency Air Incidents	4,601	4,438	4,659	4,114	4,822	4,986
Non-Emergency Air Incidents ³	3,288	3,320	3,048	2,693	2,661	2,255
Total Air Incidents³	7,889	7,758	7,707	6,807	7,483	7,241
ADULT RETRIEVAL						
Cases handled	6,562	6,365	5,587	4,833	5,172	5,178
RETRIEVALS⁴						
Road retrievals – ARV Crew (Doctors and/or Critical Care Registered Nurse)	651	829	571	474	546	652
Road retrievals – paramedic only	575	456	477	424	364	368
Road retrievals – doctor & paramedic	195	218	218	183	195	228
Total road retrievals	1,421	1,503	1,266	1,081	1,105	1,248
Air retrievals – paramedic only	1,319	1,217	1,161	1,023	1,221	1,144
Air retrievals – doctor & paramedic	478	376	531	476	542	549
Total air retrievals	1,797	1,593	1,692	1,499	1,763	1,693
Total adult retrievals	3,218	3,096	2,958	2,580	2,868	2,941

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	2022-23	2021-22	2020-21 ²	2019-20	2018-19	2017-18 ¹
CODE 1 RESPONSE TIME						
Proportion of emergency (Code 1) incidents responded to in 15 minutes or less	62.8%	67.5%	77.2%	82.3%	84.0%	81.8%
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	66.5%	71.9%	82.5%	87.6%	89.3%	87.2%
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	18.7%	19.8%	17.6%	17.6%	15.5%	14.9%
PATIENTS TRANSPORTED⁶						
ROAD TRANSPORTS (METROPOLITAN REGIONS)						
Emergency Operations	327,130	336,014	349,714	342,400	330,564	306,127
Non-Emergency Operations Stretcher ³	142,171	146,139	141,464	137,461	129,745	134,466
Total Stretcher	469,301	482,153	491,178	479,861	460,309	440,593
Non-Emergency Clinic Transport Services ³	96,436	93,025	99,104	100,234	97,033	89,647
Total Metropolitan Regions	565,737	575,816	590,282	580,095	557,342	530,240
ROAD TRANSPORTS (RURAL REGIONS)						
Total Rural Regions	229,332	229,344	236,600	224,833	211,818	187,483
Total Patients Transported by Road	795,069	805,160	826,882	804,928	769,160	717,723
AIR TRANSPORTS (ALL REGIONS)						
Fixed Wing transports ³	5,062	4,835	4,699	4,333	4,806	4,665
HELICOPTERS						
Helicopter (HEMS 1 Essendon)	427	445	493	461	519	506
Helicopter (HEMS 2 Latrobe Valley)	369	365	405	370	416	428
Helicopter (HEMS 3 Bendigo)	442	431	452	389	446	424
Helicopter (HEMS 4 Warrnambool)	269	287	307	279	289	295
Helicopter (HEMS 5 Retrieval)	443	453	502	474	505	495
Total Helicopter Transports	1,950	1,981	2,159	1,973	2,175	2,148
Total Air Transports³	7,012	6,816	6,858	6,306	6,981	6,813
Total Patient Transports³	802,081	811,338	833,740	811,234	776,141	724,536

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	2022-23	2021-22	2020-21 ²	2019-20	2018-19	2017-18 ¹
ROAD PATIENTS TRANSPORTED (ALL REGIONS) – CHARGING CATEGORIES⁷						
COMPENSABLE TRANSPORTS						
Veterans' Affairs	10,975	12,605	14,199	16,400	18,837	19,980
Transport Accident Commission	13,523	12,804	13,055	14,701	16,285	14,789
WorkCover	3,096	3,207	3,778	3,697	4,087	3,652
Public Hospital Transfers ³	34,698	32,032	30,306	27,949	28,338	26,732
Private Hospital Transfers ³	2,561	2,541	2,389	2,226	2,069	2,229
Ordinary	69,775	67,363	62,315	62,790	61,161	56,782
Subscriber	161,571	165,995	164,165	155,817	144,811	132,189
Total Compensable Road Transports	296,199	296,547	290,207	283,580	275,588	256,353
Community Service Obligation Road Transports ⁵	490,271	500,833	528,933	513,545	485,262	453,081
Other ^{3,8}	8,596	7,780	7,742	7,803	8,310	8,289
Total Patients Transported by Road³	795,066	805,160	826,882	804,928	769,160	717,723

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 2021-2022 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 2016-17, Adult Retrieval Victoria introduced a new platform – ARV Ambulance. This has resulted in a change in how staff are crewed, therefore from 2017-18 there are retrievals without paramedic attendances.
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 2022/23 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 2022/23 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, 2022-2023

Local Government Area Name	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Interstate LGAs	48.1%	20:17	1,336
Alpine (S)	42.8%	22:52	766
Ararat (RC)	61.4%	17:12	795
Ballarat (C)	76.5%	13:28	8,820
Banyule (C)	68.4%	14:54	6,856
Bass Coast (S)	58.0%	16:48	3,064
Baw Baw (S)	61.2%	16:19	3,658
Bayside (C)	65.3%	15:59	3,940
Benalla (RC)	56.8%	18:13	1,190
Boroondara (C)	67.4%	15:13	6,227
Brimbank (C)	64.3%	15:25	12,416
Buloke (S)	31.4%	28:48	423
Campaspe (S)	55.3%	17:19	2,727
Cardinia (S)	48.8%	18:28	6,510
Casey (C)	61.2%	15:52	19,288
Central Goldfields (S)	50.3%	19:46	1,242
Colac-Otway (S)	55.6%	18:40	1,135
Corangamite (S)	40.8%	20:46	947
Darebin (C)	71.8%	14:26	9,266
East Gippsland (S)	50.6%	19:32	4,089
Frankston (C)	68.8%	14:33	9,890
Gannawarra (S)	37.8%	23:57	593
Glen Eira (C)	68.3%	15:17	6,105
Glenelg (S)	72.9%	14:12	1,316
Golden Plains (S)	26.4%	21:55	1,047
Greater Bendigo (C)	63.3%	16:04	9,181
Greater Dandenong (C)	70.7%	14:15	9,999
Greater Geelong (C)	70.2%	14:15	18,993
Greater Shepparton (C)	67.7%	15:26	5,581
Hepburn (S)	35.0%	21:31	1,016
Hindmarsh (S)	45.7%	24:00	442

Continued >

Local Government Area Name	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Hobsons Bay (C)	57.7%	16:20	5,403
Horsham (RC)	79.2%	12:48	1,402
Hume (C)	56.1%	16:48	18,166
Indigo (S)	24.5%	24:28	871
Kingston (C) (Vic.)	66.9%	15:03	8,165
Knox (C)	68.3%	14:46	7,950
Latrobe (C) (Vic.)	71.1%	13:41	7,628
Loddon (S)	27.8%	27:01	598
Macedon Ranges (S)	53.4%	16:56	2,762
Manningham (C)	63.0%	15:59	5,465
Mansfield (S)	41.1%	24:14	460
Maribyrnong (C)	65.0%	15:25	4,892
Maroondah (C)	69.0%	14:55	6,281
Melbourne (C)	73.7%	13:42	11,489
Melton (C)	51.1%	17:49	11,330
Mildura (RC)	74.1%	13:52	4,298
Mitchell (S)	52.3%	17:56	3,364
Moira (S)	48.0%	20:02	2,504
Monash (C)	65.4%	15:35	8,770
Moonee Valley (C)	63.1%	15:54	6,637
Moorabool (S)	45.3%	19:22	2,313
Moreland (C)	66.4%	15:16	10,511
Mornington Peninsula (S)	60.8%	15:47	10,771
Mount Alexander (S)	43.1%	20:47	1,093
Moyne (S)	33.6%	21:27	753
Murrindindi (S)	29.9%	25:14	1,029
Nillumbik (S)	45.1%	18:46	2,552
Northern Grampians (S)	58.0%	17:57	895
Port Phillip (C)	69.2%	14:42	5,672
Pyrenees (S)	30.2%	22:54	580
Queenscliffe (B)	55.2%	17:26	270
South Gippsland (S)	47.2%	18:35	1,958
Southern Grampians (S)	64.1%	16:01	943

Continued >

Local Government Area Name	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Stonnington (C)	68.6%	15:02	4,741
Strathbogie (S)	28.7%	24:32	929
Surf Coast (S)	57.2%	16:40	1,766
Swan Hill (RC)	65.9%	16:08	1,254
Towong (S)	30.8%	28:25	367
Unincorporated Vic	35.3%	30:41	116
Wangaratta (RC)	65.9%	15:51	2,267
Warrnambool (C)	82.8%	12:25	2,177
Wellington (S)	49.6%	19:51	3,225
West Wimmera (S)	32.9%	25:56	249
Whitehorse (C)	68.2%	15:00	7,380
Whittlesea (C)	59.6%	16:03	13,717
Wodonga (C)	72.3%	14:32	2,866
Wyndham (C)	63.1%	15:42	13,333
Yarra (C)	74.5%	13:40	5,148
Yarra Ranges (S)	50.4%	18:21	8,096
Yarriambiack (S)	29.9%	25:32	488
Total	62.8%	15:57	384,752

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, 2022-2023

Urban Centre Locality Name >7500	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Albury – Wodonga (Wodonga Part)	76.5%	13:56	2,583
Bacchus Marsh	50.7%	18:30	1,483
Bairnsdale	71.0%	14:28	1,380
Ballarat	78.2%	13:15	8,483
Benalla	65.9%	16:02	959
Bendigo	68.9%	14:54	7,974
Castlemaine	56.5%	18:33	682
Colac	70.3%	15:53	752
Drouin	69.7%	14:53	1,018

Continued >

Urban Centre Locality Name >7500	% Responses <= 15 Minutes	Average Response Times Minutes	Total Number of First Responses
Drysdale – Clifton Springs	65.6%	14:22	1,074
Echuca – Moama (Echuca Part)	77.9%	12:47	1,054
Geelong	74.4%	13:41	13,181
Gisborne	61.7%	14:43	637
Hamilton	82.7%	11:46	654
Healesville	59.7%	17:49	700
Horsham	86.5%	11:22	1,251
Kilmore	60.8%	15:44	612
Lara	62.8%	15:15	921
Leopold	75.6%	12:38	726
Maryborough (Vic.)	62.6%	17:15	887
Melbourne	65.0%	15:23	250,439
Melton	50.3%	18:05	6,020
Mildura – Buronga (Mildura Part)	85.4%	11:37	3,039
Moe – Newborough	74.8%	12:56	2,015
Morwell	83.6%	11:38	2,051
Ocean Grove – Barwon Heads	70.0%	13:42	1,045
Portarlington – St Leonards	39.6%	19:06	814
Portland (Vic.)	84.1%	11:45	787
Sale	77.8%	12:56	1,099
Shepparton – Mooroopna	75.1%	14:19	4,325
Sunbury	50.1%	17:56	2,623
Swan Hill	82.3%	11:43	753
Torquay – Jan Juc	64.3%	14:51	1,007
Traralgon	71.7%	13:34	2,378
Wallan	58.5%	16:08	1,047
Wangaratta	79.4%	13:18	1,779
Warragul	77.2%	12:59	1,313
Warrnambool	83.5%	12:19	2,109
Wonthaggi	79.6%	12:38	814
Yarrawonga – Mulwala (Yarrawonga Part)	67.8%	16:27	743
Grand Total	66.5%	15:08	333,211

Note

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

The Melbourne UCL was redefined by the Australian Bureau of Statistics in the 2016 census to include the area which was previously the Pakenham UCL. Ambulance Victoria has implemented 2016 census changes from 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 and standards. Cases handled by Adult Retrieval Victoria include the provision of adult critical care and major trauma advice, coordination of critical care bed access and retrieval of critical care patients state-wide.

Interstate LGAs

Incidents responded to by AV resources outside the Victorian LGA Boundaries.

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 and 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 Areas)

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.

Statutory Compliance

Freedom of Information

AV received **2,969 requests** under the *Freedom of Information Act 1982* for the 2022-2023 financial year.

Full access to documents was provided in **1,923 requests and exemptions under the Act were applied to 649 requests.**

Partial access was granted for 649 requests while zero requests were denied in full.

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

422 requests were received from members of the public, **225 from insurance firms** and **1751 from lawyers/solicitors**. The Freedom of Information (FOI) unit also received requests from psychologists, medical clinics, hospitals, local government, media outlets and Members of Parliament.

Most requests were for access to Patient Care Records by legal representatives, members of the public or surviving next of kin.

AV collected **\$62,731.90** in application fees under the Act.

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

In addition, the FOI team at AV processed **538 requests for the Coroners Court of Victoria, 152 for the Department of Families, Fairness and Housing/Child Protection and 332 for TAC applying the relevant Statute Law.** There were 14 requests with origin of request listed as 'other'.

Freedom of Information Requests	2022-23
Requests received during the year	2,969
Request transferred to another agency	4
Request transferred from another agency	0
Request withdrawn or not proceed with by the applicant	141
Access granted in full	1,923
Access granted in part (exemptions applied)	649
Access denied in full (exemptions applied)	0
Request where no relevant documents could be located	186
Request not deemed valid	38
Requests awaiting completion at the end of the financial year	28
TOTAL	2,969
Request not completed within the statutory period of 30 days	69
FOI Commissioner	
Reviews/Complaints accepted by FOI Commissioner	5
VCAT appeals lodged	0

The FOI Unit also processed **1,683 police requests** for Patient Care Records or Paramedic statements and finalised 164 subpoenas (production of documents for the Magistrates County and Supreme Courts of Victoria and for courts in interstate jurisdictions, and subpoenas for paramedics to attend court).

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 Disclosure 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 2022-2023 AV commenced six Local Jobs First Standard contracts totalling \$41.74 million. Four contracts were state-wide and two in metropolitan Melbourne.

The Local Jobs First commitment outcomes expected from these contracts are:

- **An average of 97.13 per cent of local content committed.**
- **A total of 131.56 jobs (annualised employee equivalent) committed**, including the creation of 103.75 new jobs and the retention of 27.81 jobs.
- **A total of 26.04 positions for apprentices, trainees and cadets committed**, including the creation of 21.91 new apprenticeships, traineeships and cadets, and the retention of 4.13 existing apprenticeships, traineeships and cadets.

During 2022-2023 AV completed two statewide contracts subject to the **Local Jobs First policy totalling \$30.09 million.**

The Major Project Skills Guarantee Policy applies to all construction projects **valued at \$20 million or more**. No projects during 2022-2023 were subject to policy.

Gender Equality Act

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. The Act defines activities that government organisations can implement to promote and improve gender equality in the workplace. Our Gender Equality Action Plan, developed in conjunction with a cross-functional work group and informed by recommendations from the Independent Review into Workplace Equality in Ambulance Victoria undertaken by VEOHRC, will continue to inform our way forward through to 2025. This year we established **Gender Equality at AV**, with the working group due to hold its inaugural meeting in July 2023.

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;

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.



- 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)

In 2022-2023, there were two consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2022-2023 in relation these consultancies was \$9,500 (excluding GST).

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

In 2022-2023, there were fourteen consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2022-2023 in relation to these consultancies was \$2,046,147 (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:

- Review ICT projects and accounting treatment
- Data strategy review

- Redesign of AV's Organisational Values
- Privacy information management analysis
- Develop basis of preparation for reporting of environmental data
- Review enterprise data warehouse baseline elements
- Establish the Professional Standards Behaviour department and design reporting and complaints management system
- Executive remuneration review.

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

- Develop Board and organisational reflective practice
- Independent review workplace equality
- Develop Ambulance Improvement Plan
- Aviation advisory services for rotary wing tender
- Design of Human Resource Management Program
- Develop Well Beyond Coach training program

Details of Individual Consultancies – Over One Year

Consultant Name	Purpose of Consultancy	Start date	End date	Total Approved Project Fee (excl GST) \$'000	Expenditure 2022-23 \$'000	Future Expenditure (excl GST) \$'000
BDO Services Pty Ltd	Review ICT Projects and Accounting Treatment	Nov-22	Feb-23	40	40	–
Deloitte Consulting Pty Ltd	Data Strategy Review	Nov-22	Dec-22	50	50	–
Deloitte Consulting Pty Ltd	Redesign of AV's Organisational Values	Dec-22	Jun-23	500	467	–
IIS Partners	Privacy Information Management Analysis	Mar-23	Jun-23	124	124	–
Ndevr Environmental Pty Ltd	Develop Basis of Preparation for Reporting of Environmental Data by Government Agencies	Dec-22	Apr-23	27	27	–

ICT Expenditure

Consultant Name	Purpose of Consultancy	Start date	End date	Total Approved Project Fee (excl GST) \$'000	Expenditure 2022-23 \$'000	Future Expenditure (excl GST) \$'000
Price Waterhouse Coopers	Review Enterprise Data Warehouse Baseline Elements	Jan-23	Feb-23	60	60	–
Price Waterhouse Coopers	Establish the Professional Standards Behaviour Department and Design Reporting & Complaints Management System	Sep-22	May-23	666	666	–
Mercer Consulting (Australia) Pty Ltd	Executive Remuneration Review	Aug-22	Aug-22	10	10	–

Details of Individual Consultancies – Over Two Years

Consultant Name	Purpose of Consultancy	Start date	End date	Total Approved Project Fee (excl GST) \$'000	Expenditure 2022-23 \$'000	Future Expenditure (excl GST) \$'000
Workwell Consulting Pty Ltd	Develop Board and Organisational Reflective Practice	Aug-22	Mar-24	200	155	45
Victorian Equal Opportunity & Human Rights Commission	Independent Review Workplace Equality	Nov-20	Jan-23	1,750	110	–
ORH (Operational Research in Health) Ltd	Develop Ambulance Improvement Plan	Feb-22	Aug-22	249	51	–
Heliport Design Group Pty Ltd	Aviation Advisory Services for Rotary Wing Tender	Jun-22	Jun-24	250	146	81
Deloitte Consulting Pty Ltd	Design of Human Resource Management Program	May-23	May-24	439	130	309
Emergency Services Foundation	Develop 'Well Beyond Coach' Training Program (Mental Health and Wellbeing Action Plan)	Jun-23	Aug-23	30	11	19

Details of Information and Communication Technology (ICT) expenditure

For the 2022-2023 reporting period, AV had a total ICT Expenditure of \$46.87m (excluding GST).

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)	
\$41.29m	\$5.58m	
	Operating Expenditure	Capital Expenditure
	\$5.20m	\$0.38m

Financial Overview

Key financial results

	2022-23 \$m	2021-22 \$m	2020-21 \$m	2019-20 \$m	2018-19 \$m
Operating Result ⁱ	0.498	23.396	10.701	14.265	33.476
Net Result from Transactions ⁱⁱ	6.890	28.287	(10.660)	13.322	56.189
Net Result ⁱⁱⁱ	(37.243)	28.644	0.231	(18.209)	2.010
Comprehensive Result ^{iv}	(12.048)	46.664	15.000	(18.209)	10.153

i. Statement of Priorities financial result performance measure (also refer reconciliation below)

ii. Includes capital income and depreciation.

iii. Includes capital income, depreciation, movements in financial instruments, and other economic flows.

iv. Reflects the movement in Net Assets for the period.

Summary results

The global COVID-19 pandemic continued to have a material impact on the health sector, including AV. The State Government continued to provide funding to support expenditure incurred in AV's COVID-19 response, and through this financial support, AV was able to deliver a \$0.5 million Operating Result surplus for 2022-2023. While this is the key measure used to monitor health services' financial performance, it excludes bad and doubtful debts, of which AV incurred \$21.1m during the year and is included in Other Economic Flows and Net Result.

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

Overall service delivery expenditure increased in 2022-2023 driven by workload growth, continuation of COVID-19 activities and implementation of performance improvement programs. The increases included more ambulance services (both emergency and non-emergency including Medium Acuity Transport Services), recruitment of additional paramedics and increased supplies and consumables.

Comprehensive result

The significant growth in building construction costs during 2022-2023 triggered a management valuation resulting in a \$25.2 million increase to the fair value of AV buildings and Net Assets.

	2022-23 \$000	2021-22 \$000	2020-21 \$000	2019-20 \$000	2018-19 \$000
Summary of Financial Results					
Total Income from Transactions	1,614,373	1,481,874	1,288,269	1,188,563	1,140,919
Total Expenses from Transactions	(1,607,483)	(1,453,587)	(1,298,929)	(1,175,241)	(1,084,730)
Net Result from Transactions	6,890	28,287	(10,660)	13,322	56,189
Total Other Economic Flow	(44,133)	357	10,891	(31,531)	(54,180)
Net Result	(37,243)	28,644	231	(18,209)	2,010
Total Assets	1,039,732	1,065,675	1,051,955	1,009,164	739,909
Total Liabilities	702,954	716,849	749,793	721,527	430,223
Net Assets	336,778	348,826	302,162	287,637	309,686

	2022-23 \$000
Reconciliation between Net Result from Transactions & Statement of Priorities	
Operating Result	498
Capital and Specific Items	
Capital Purpose Income	132,250
Specific Income	-
COVID-19 State Supply Arrangements	
Assets and Supplies Received Free of Charge or for Nil Consideration	-
State Supply Items Consumed up to 30 June 2023	-
Assets Received Free of Charge	-
Assets Provided Free of Charge	-
Expenditure for Capital Purpose	(2,703)
Depreciation and Amortisation	(118,977)
Impairment of Non-Financial Assets	-
Finance Costs	(4,179)
Net Result from Transactions	6,890

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.

	2022-23	2021-22	2020-21	2019-20	2018-19
Financial Indicators					
Current Assets Ratio	0.34	0.39	0.40	0.36	0.52
Debtors Turnover (Days)	79	77	73	71	72
Creditors Payable Turnover (Days)	57	58	46	38	64
Bad & Doubtful Debt Provision/YTD Billings Ratio	0.12	0.13	0.10	0.08	0.07
Actual Cost Per Road Incident (\$)	\$1,180	\$1,065	\$1,059	\$1,006	\$969
Liability Ratio	0.68	0.67	0.71	0.71	0.58
Asset Turnover Ratio	1.52	1.41	1.25	1.36	1.60

Legislation	Requirement	Page
MINISTERIAL DIRECTIONS		
Report of Operations		
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	81-83
FRD 22	Purpose, functions, powers and duties	81-83
FRD 22	Nature and range of services provided	9-49
FRD 22	Activities, programs and achievements for the reporting period	9-49
FRD 22	Significant changes in key initiatives and expectations for the future	9-49
Management and structure		
FRD 22	Organisational structure	91
FRD 22	Workforce data/ employment and conduct principles	50, 109
FRD 22	Occupational Health and Safety	51-53
Financial information		
FRD 22	Summary of the financial results for the year	114-116
FRD 22	Significant changes in financial position during the year	114-116
FRD 22	Operational and budgetary objectives and performance against objectives	92-107
FRD 22	Subsequent events	152
FRD 22	Details of consultancies under \$10,000	111
FRD 22	Details of consultancies over \$10,000	111-112
FRD 22	Disclosure of ICT expenditure	113
Legislation		
FRD 22	Application and operation of <i>Freedom of Information Act 1982</i>	108
FRD 22	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	109
FRD 22	Application and operation of <i>Protected Disclosure 2012</i>	109
FRD 22	Statement on National Competition Policy	109
FRD 22	Application and operation of <i>Carers Recognition Act 2012</i>	109
FRD 22	Additional information available on request	110
FRD 24	Environmental data reporting	64-74
Other relevant reporting directives		
FRD 25	<i>Local Jobs First Act 2003</i> disclosures	109
SD 5.1.4	Financial Management Compliance attestation	119
SD 5.2.3	Declaration in Report of Operations	8
Attestations		
	Attestation on Data Integrity	8
	Attestation on managing Conflicts of Interest	8
	Attestation on Integrity, Fraud and Corruption	8
	Compliance with HealthShare Victoria (HSV) Purchasing Policies	152
Other reporting requirements		
	Reporting of outcomes from Statement of Priorities 2022-2023	92-107
	Occupational Violence reporting	52
	Statement on <i>Gender Equality Act 2020</i>	110



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 2023 and the financial position of Ambulance Victoria at 30 June 2023.

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 2 November 2023.

Shelly Park
Chair of the Board

Melbourne
2 November 2023

Jane Miller
Chief Executive Officer

Melbourne
2 November 2023

Garry Button FCPA
Chief Financial Officer

Melbourne
2 November 2023

Financial Report

for the year ended
30 June 2023

Independent Auditor's Report



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 2023
- 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 2023 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.

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
3 November 2023

Sahchu Chummar

as delegate for the Auditor-General of Victoria

Index for the Financial Statements

Financial Statements

Comprehensive Operating Statement.....	123
Balance Sheet.....	124
Statement Of Changes in Equity.....	125
Cash Flow Statement.....	126

Notes to the Financial Statements

1. Basis of Preparation.....	127
1.1 Basis of Preparation of the Financial Statements.....	127
1.2 Impact of COVID-19 Pandemic.....	127
1.3 Abbreviations and Terminology Used in the Financial Statements.....	127
1.4 Key Accounting Estimates and Judgements.....	128
1.5 Accounting Standards Issued But Not Yet Effective.....	128
1.6 Goods and Services Tax (GST).....	128
1.7 Reporting Entity.....	128
2. Funding Delivery of Our Services.....	129
2.1 Revenue and Income from Transactions.....	129
2.2 Fair Value of Assets and Services Received Free of Charge.....	130
3. The Cost of Delivering Services.....	131
3.1 Expenses from Transactions.....	131
3.2 Other Economic Flows.....	132
3.3 Provisions (Employee Benefits in the Balance Sheet).....	132
3.4 Superannuation.....	133
4. Key Assets to Support Service Delivery.....	134
4.1 Property, Plant and Equipment.....	134
4.2 Right of Use Assets.....	136
4.3 Revaluation Surplus.....	137
4.4 Intangible Assets.....	137

4.5 Depreciation and Amortisation.....	138
4.6 Impairment of Assets.....	138
5. Other Assets and Liabilities.....	139
5.1 Receivables.....	139
5.2 Contract Assets.....	140
5.3 Payables.....	140
5.4 Contract Liabilities.....	140
6. How We Financed Our Operations.....	141
6.1 Cash and Cash Equivalents.....	141
6.2 Borrowings.....	141
6.3 Commitments for Expenditure.....	143
7. Risks, Contingencies and Valuation Uncertainties.....	144
7.1 Financial Instruments.....	144
7.2 Financial Risk Management Objectives and Policies.....	145
7.3 Contingent Assets and Contingent Liabilities.....	147
7.4 Fair Value Determination.....	147
8. Other Disclosures.....	150
8.1 Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) From Operating Activities.....	150
8.2 Responsible Persons Disclosures.....	150
8.3 Executive Officer Disclosures.....	151
8.4 Related Parties.....	151
8.5 Remuneration of Auditors.....	152
8.6 Ex-Gratia Payments.....	152
8.7 Events After Balance Sheet Date.....	152
8.8 Equity.....	152
8.9 Economic Dependency.....	152

Comprehensive Operating Statement

For the Financial Year Ended 30 June 2023

	NOTE	2023 \$'000	2022 \$'000
Revenue and Income from Transactions			
Operating Activities	2.1	1,610,595	1,481,391
Non-Operating Activities	2.1	3,778	483
Total Revenue and Income from Transactions		1,614,373	1,481,874
Expenses from Transactions			
Employee Benefits	3.1	(1,125,446)	(996,655)
Contract Services	3.1	(175,151)	(165,822)
Supplies and Services	3.1	(128,707)	(118,156)
Finance Costs	3.1	(4,179)	(5,359)
Depreciation and Amortisation	4.5	(118,977)	(112,707)
Other Operating Expenses	3.1	(52,320)	(50,376)
Other Non-Operating Expenses	3.1	(2,703)	(4,512)
Total Expenses from Transactions		(1,607,483)	(1,453,587)
NET RESULT FROM TRANSACTIONS - NET OPERATING BALANCE		6,890	28,287
Other Economic Flows Included in Net Result			
Net Gain/(Loss) on Financial Instruments	3.2	(21,076)	(21,471)
Net Gain/(Loss) on Non-Financial Assets	3.2	(20,372)	184
Other Gain/(Loss) from Other Economic Flows	3.2	(2,685)	21,644
Total Other Economic Flows Included in Net Result		(44,133)	357
NET RESULT FOR THE YEAR		(37,243)	28,644
Other Comprehensive Income			
Items that will not be reclassified to Net Result			
Changes to Property, Plant and Equipment Revaluation Surplus	4.3	25,195	18,020
Total Other Comprehensive Income		25,195	18,020
COMPREHENSIVE RESULT FOR THE YEAR		(12,048)	46,664

Balance Sheet

As at 30 June 2023

	NOTE	2023 \$'000	2022 \$'000
CURRENT ASSETS			
Cash and Cash Equivalents	6.1	130,851	153,970
Receivables	5.1	28,339	25,637
Contract Assets	5.2	2,515	7,219
Inventories		6,653	6,810
Prepayments		17,382	7,219
TOTAL CURRENT ASSETS		185,740	200,855
NON-CURRENT ASSETS			
Receivables	5.1	158,207	137,486
Property, Plant and Equipment	4.1	516,576	465,943
Right of Use Assets	4.2	168,526	220,860
Intangible Assets	4.4	10,683	40,531
TOTAL NON-CURRENT ASSETS		853,992	864,820
TOTAL ASSETS		1,039,732	1,065,675
CURRENT LIABILITIES			
Payables	5.3	134,505	123,865
Contract Liabilities	5.4	56,571	59,360
Employee Benefits Provisions	3.3	296,733	269,901
Borrowings	6.2	60,503	61,832
Other Provisions		2,307	1,558
TOTAL CURRENT LIABILITIES		550,619	516,516
NON-CURRENT LIABILITIES			
Contract Liabilities	5.4	4,350	9,622
Employee Benefits Provisions	3.3	48,464	41,607
Borrowings	6.2	96,548	146,056
Other Provisions		2,973	3,048
TOTAL NON-CURRENT LIABILITIES		152,335	200,333
TOTAL LIABILITIES		702,954	716,849
NET ASSETS		336,778	348,826
EQUITY			
Property, Plant and Equipment Revaluation Surplus	4.3	113,991	88,796
Contributed Capital		187,644	187,644
Accumulated Surplus		35,143	72,386
TOTAL EQUITY		336,778	348,826
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 2023

	Property, Plant and Equipment Revaluation Surplus	Contributed Capital	Accumulated Surplus	Total Equity
Note	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2021	70,776	187,644	43,742	302,162
Net result for the year	-	-	-	-
Other Comprehensive income for the year	18,020	-	-	18,020
Balance at 30 June 2022	88,796	187,644	72,386	348,826
Net result for the year	-	-	(37,243)	(37,243)
Other Comprehensive income for the year	25,195	-	-	25,195
Balance at 30 June 2023	113,991	187,644	35,143	336,778

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

Cash Flow Statement

For the Financial Year Ended 30 June 2023

	NOTE	2023 \$'000	2022 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		1,139,367	1,037,740
Capital Grants from Government		97,740	108,472
Transport Fees Received		197,307	178,638
Membership Fees Received		93,047	85,678
Interest Received		3,746	483
Donations and Bequests Received		438	658
GST Received from ATO		46,698	40,056
Other Receipts		7,170	7,320
Total Receipts		1,585,513	1,459,045
Employee Benefits Paid		(1,085,493)	(964,822)
Payments for Supplies and Services		(418,545)	(363,544)
Finance Costs		(4,179)	(5,359)
Total Payments		(1,508,217)	(1,333,725)
Net Cash Flow From/(used in) Operating Activities	8.1	77,296	125,320
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Property, Plant and Equipment		(42,619)	(51,673)
Proceeds from Sale of Property, Plant and Equipment		5,873	4,972
Net Cash Flow From/(Used in) Investing Activities		(36,746)	(46,701)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of Borrowings		(63,669)	(62,770)
Net Cash Flow From/(Used in) Financing Activities		(63,669)	(62,770)
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS HELD		(23,118)	15,849
CASH AND CASH EQUIVALENTS AT BEGINNING OF FINANCIAL YEAR		153,970	138,121
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	6.1	130,851	153,970

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

Notes to the Financial Statements

For the Financial Year Ended 30 June 2023

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 ended 30 June 2023. 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 the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

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 2 November 2023.

NOTE 1.2: IMPACT OF COVID-19 PANDEMIC

The Pandemic (Public Safety) Order 2022 (No. 5) which commenced on 22 September 2022 ended on 12 October 2022 when it was allowed to lapse and was revoked. Long-term outcomes from COVID-19 infection are currently unknown and while the pandemic response continues, a transition plan towards recovery and reform in 2022-23 was implemented.

Where 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

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

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 relate to the following disclosures:

- . Note 2.1: Revenue and Income from Transactions
- . Note 3.3: Employee Benefits and Related On-costs
- . Note 4.1: Property, Plant and Equipment
- . Note 4.2: Right of Use Assets
- . Note 4.4: Intangible assets
- . Note 4.5: Depreciation and Amortisation
- . Note 4.6: Impairment of Assets
- . Note 5.1: Receivables
- . Note 5.2: Contract Assets
- . Note 5.3: Payables
- . Note 5.4: Contract Liabilities
- . Note 6.2(a): Lease Liabilities
- . Note 7.4: Fair Value Determination

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: <i>Insurance Contracts</i>	Reporting periods beginning on or after 1 January 2023	Adoption of this standard is not expected to have a material impact.
AASB 2020-1: <i>Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current</i>	Reporting periods beginning on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact.
AASB 2022-5: <i>Amendments to Australian Accounting Standards – Lease Liability in a Sale and Leaseback</i>	Reporting periods beginning on or after 1 January 2024.	Adoption of this standard is not expected to have a material impact.
AASB 2022-6: <i>Amendments to Australian Accounting Standards – Non-Current Liabilities with Covenants</i>	Reporting periods beginning on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact.
AASB 2022-8: <i>Amendments to Australian Accounting Standards – Insurance Contracts: Consequential Amendments</i>	Reporting periods beginning on or after January 2023.	Adoption of this standard is not expected to have a material impact.
AASB 2022-9: <i>Amendments to Australian Accounting Standards – Insurance Contracts in the Public Sector</i>	Reporting periods beginning on or after 1 January 2026.	Adoption of this standard is not expected to have a material impact.
AASB 2022-10: <i>Amendments to Australian Accounting standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities</i>	Reporting periods beginning on or after 1 January 2024.	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, assets and liabilities 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 is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables in the Balance Sheet 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 included in the cash flow statement on a gross basis, except for the GST components of cash flows arising from investing and/or financing activities, which are recoverable from, or payable to the ATO. These GST components are disclosed as 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.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

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 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 and income recognised to fund the delivery of our services increased during the financial year, which was partly attributable to the COVID-19 Coronavirus pandemic. Whilst the COVID-19 public health response during the year ended 30 June 2023 was scaled down, this was offset by other additional funding provided to:

- . Fund paramedic support hubs in hospitals to assist with patient offload
- . Support additional emergency and patient transport resources
- . Support financial sustainability to assist AV to meet its performance requirements
- . Ambulance Improvement Plan in response to increased growth in demand
- . Support workplace equality reforms

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	2023 \$'000	2022 \$'000
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NOTE 2.1: REVENUE AND INCOME FROM TRANSACTIONS

Operating Activities

Revenue from Contracts with Customers

Government Grants - Operating	2,071	931
Government Grants - Capital	313	599
Transport Fees	219,571	200,682
Membership Scheme	100,757	97,855
Other Services	5,964	5,643
Total Revenue from Contracts with Customers	328,675	305,710

Other Sources of Income

Government Grants - Operating	1,149,138	1,043,528
Government Grants - Capital	131,937	126,870
Assets and Services Received Free of Charge	551	4,361
Other Income from Operating Activities	294	922
Total Other Sources of Income	1,281,920	1,175,681
Total Revenue and Income from Operating Activities	1,610,595	1,481,391

Non-Operating Activities

Income from Other Sources

Interest	3,746	483
Other Revenue from Non-Operating Activities	32	-
Total Income from Non-Operating Activities	3,778	483

TOTAL REVENUE AND INCOME FROM TRANSACTIONS

	1,614,374	1,481,874
--	------------------	------------------

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	226,559	206,496
Over Time	102,117	99,214
Total Revenue from Contracts with Customers	328,675	305,710

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 a point in time or over time as and 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.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

NOTE 2: FUNDING DELIVERY OF OUR SERVICES (Continued)

Government Operating Grants (Continued)

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

- recognises the asset received in accordance with the recognition requirements of other applicable Accounting Standards (for example AASB 9, AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liabilities, financial instruments, provisions, revenue or contract liabilities from a contract with a customer), and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount in accordance with AASB 1058.

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

Government Grant	Performance Obligation
Pre-hospital Emergency Simulation Training	Upgrade and enhancement to Ambulance Victoria Virtual Paramedic simulation system Revenue is recognised over time, in line with achievement of project milestones and specified deliverables.
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.
Security Operations Centre (SOC)	The implementation and support for the Security Operations Centre managed service for Your Health service Revenue is recognised over time, in line with achievement of project milestones and specified 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 respond 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 income 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

	2023 \$'000	2022 \$'000
Donations and Bequests	528	785
Personal Protective Equipment	-	3,577
Communication Equipment	23	-
TOTAL FAIR VALUE OF ASSETS AND SERVICES RECEIVED FREE OF CHARGE	551	4,361

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 of Resources

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

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 DH 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.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

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, Specifically, additional costs were incurred to deliver the following:

- 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 and staff health management services
- 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

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
Rates used for LSL calculations	· an inflation rate of 4.350% (2022: 3.850%), reflecting the future wage and salary levels · durations of service and employee departures, which are used to determine the estimated value of long service leave that will be taken in the future, for employees who have not yet reached the vesting period. The estimated rates are between 47% and 100% · discounting at the rate of 4.063% (2022: 3.693%) as determined with 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

	2023 \$'000	2022 \$'000
Salaries and Wages	952,825	854,918
On Costs	87,903	80,018
Workcover	43,879	31,616
Long Service Leave	40,839	30,103
Total Employee Expenses	1,125,446	996,655
Supplies and Services	128,707	118,156
Total Supplies and Services	128,707	118,156
Transport Services	133,597	125,778
Dispatch Services	33,365	32,475
Other Contract Services	8,188	7,569
Total Contract Services	175,150	165,822
Professional Services	5,402	5,069
Maintenance	33,978	35,792
Occupancy	8,915	8,819
Expenses Related to Short Term & Low Value Leases	4,025	696
Total Other Operating Expenses	52,320	50,376
Finance Costs	4,179	5,359
Total Finance Costs	4,179	5,359
Depreciation and Amortisation	118,977	112,707
Total Depreciation and Amortisation	118,977	112,707
Capital Grants	-	4,512
Other Non-Operating Expenses	2,703	-
Total Other Non-Operating Expenses	2,703	4,512
TOTAL EXPENSES FROM TRANSACTIONS	1,607,482	1,453,587

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

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

NOTE 3.1: EXPENSES FROM TRANSACTIONS (Continued)

Supplies and Consumables

Supplies and consumable costs 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.

Other Operating Expenses (includes Contract Services and Other Operating Expenses)

Other Operating expenses generally represent the day-to-day running costs incurred in normal operations and includes Contract Services, Maintenance and Other Expenses are recognised as an expense in the reporting period in which they are incurred.

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

Finance Costs

Finance costs include:

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

Non-Operating Expenses

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

NOTE 3.2: OTHER ECONOMIC FLOWS

	2023 \$'000	2022 \$'000
Allowance for Impairment Losses of Contractual Receivables	(21,076)	(21,471)
Total Net Gain/(Loss) on Financial Instruments	(21,076)	(21,471)
Impairment of Property, Plant and Equipment (including Intangibles)	(20,836)	-
Net Gain/(Loss) on Disposal of Property, Plant and Equipment	995	678
Net Gain/(Loss) from Revaluation of Other Provisions	(531)	(494)
Total Net Gain/(Loss) on Non-Financial Assets	(20,372)	184
Net Gain/(Loss) arising from Revaluation of Long Service Liability	(2,685)	21,644
Total Other Net Gains/(Losses) from Economic Flows	(2,685)	21,644
Total Other Economic Flows	(44,133)	357

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.

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.

	2023 \$'000	2022 \$'000
Current Provisions		
Accrued Days Off		
Unconditional and expected to be wholly settled within 12 months ¹	24,369	24,527
	24,369	24,527
Annual Leave		
Unconditional and expected to be wholly settled within 12 months ¹	56,229	52,921
Unconditional and expected to be wholly settled after 12 months ²	1,883	2,195
	58,112	55,116
Long Service Leave		
Unconditional and expected to be wholly settled within 12 months ¹	14,545	12,484
Unconditional and expected to be wholly settled after 12 months ²	146,880	138,806
	161,425	151,290
Other		
Unconditional and expected to be wholly settled within 12 months ¹	1,478	1,583
	1,478	1,583
Provisions Related to Employee Benefit On-Costs		
Unconditional and expected to be wholly settled within 12 months ¹	20,109	14,613
Unconditional and expected to be wholly settled after 12 months ²	31,240	22,772
	51,349	37,385
Total Current Provisions	296,733	269,901
Non-Current Provisions²		
Conditional Long Service Leave	40,053	35,822
Provisions Related to Employee Benefit On-Costs	8,411	5,785
Total Non-Current Provisions	48,464	41,607
TOTAL PROVISIONS	345,197	311,508

¹ The amounts disclosed are nominal amounts.

² The amounts disclosed are discounted to present values.

3.3.1 Employee Benefits and Related On-costs

	2023	2022
Unconditional LSL Entitlements	195,324	175,723
Unconditional Annual Leave Entitlements	70,316	64,018
Unconditional Accrued Days Off	29,487	28,488
Other	1,607	1,672
Total Current Employee Benefits	296,733	269,901
Conditional LSL Entitlements	48,247	41,607
Other	216	-
Total Non-Current Employee Benefits	48,464	41,607
Total Employee Benefits and Related On-Costs	345,197	311,508

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

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

3.3.1 Employee Benefits and Related On-costs (continued)

Attributable to:

Employee Benefits	285,437	268,338
Provision for Related On-Costs	59,760	43,170
Total Employee Benefits and Related On-Costs	345,197	311,508

3.3.2 Movement in On-costs

Balance at Beginning of Year	43,171	42,520
Additional provisions recognised	10,737	3,660
Amounts incurred during the year	5,329	-
Unwinding of Discount and Effect of Changes in the Discount Rate	525	(3,009)
Balance at End of Year	59,762	43,171

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.

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.

Provision for On-Costs related to Employee Benefits

Provision for 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	
	2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
Defined Benefit Plans				
Emergency Services Superannuation Fund	76,373	68,344	(1,418)	159
Defined Contribution Plans				
Emergency Services Superannuation Fund	6,684	6,710	186	39
Other	6,038	4,727	40	39
Total	89,095	79,781	(1,192)	237

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

Defined Contribution Superannuation Plans

Defined contribution (i.e., accumulation) superannuation plan expenditure 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.

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

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

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: <ul style="list-style-type: none"> . If an asset's value has declined more than expected based on normal use . If a significant change in technological, market, economic or legal environment which adversely impacts the way AV uses an asset . If an asset is obsolete or damaged . If the asset has become idle or if there are plans to discontinue or dispose of the asset before the end of its useful life . If the performance of the asset is or will be worse than initially expected. Where an impairment trigger exists, AV applies significant judgement and estimate to determine the recoverable amount of the asset.

NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT

Note 4.1(a) Gross Carrying Amount and Accumulated Depreciation

	2023 \$'000	2022 \$'000
Land at Fair Value	99,471	99,459
Crown Land at Fair Value	22,459	22,456
Total Land	121,930	121,915
Buildings under Construction at Cost	32,775	19,554
Buildings at Fair Value	228,501	205,185
Less Accumulated Depreciation	(549)	(17,380)
Total Buildings	260,727	207,359
Leasehold Improvements under Construction at Cost	2,457	510
Leasehold Improvements at Fair Value	24,263	24,756
Less Accumulated Amortisation	(21,321)	(20,567)
Total Leasehold Improvements	5,399	4,699
TOTAL LAND AND BUILDINGS	388,056	333,973
Plant and Equipment under Construction at Cost	-	387
Plant and Equipment at Fair Value	136,320	129,687
Less Accumulated Depreciation	(100,796)	(87,258)
Total Plant and Equipment	35,524	42,816
Motor Vehicles under Construction at Cost	13,348	12,164
Motor Vehicles at Fair Value	172,228	163,568
Less Accumulated Depreciation	(92,581)	(86,578)
Total Motor Vehicles	92,996	89,154
TOTAL PLANT AND EQUIPMENT AND MOTOR VEHICLES	128,520	131,970
TOTAL PROPERTY, PLANT AND EQUIPMENT	516,576	465,943

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

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 \$'000	Buildings \$'000	Leasehold Improvements \$'000	Plant and Equipment \$'000	Motor Vehicles \$'000	Total \$'000
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 1 July 2022	121,915	207,359	4,699	42,816	89,154	465,943
Additions	15	34,644	3,184	6,716	27,224	71,783
Disposals	-	-	-	(63)	(2,744)	(2,807)
Revaluation Increments/ (Decrements)	-	25,195	-	-	-	25,195
Depreciation and Amortisation (Note 4.5)	-	(6,472)	(2,484)	(13,945)	(20,638)	(43,538)
Balance at 30 June 2023	121,930	260,727	5,399	35,524	92,996	516,576

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 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.

Subsequent Measurement

Items of property, plant and equipment 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 in Note 7.4.

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. As an independent valuation was not undertaken on 30 June 2023, a managerial assessment was performed at 30 June 2023, which indicated an overall:

- . decrease in fair value of land of 1.51% (\$2.2m)
- . increase in fair value of buildings of 12.67% (\$25.2m).

As the cumulative movement was greater than 10% but less than 40% for building since the last revaluation, a managerial revaluation adjustment was required as at 30 June 2023. However this was not required for land, 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.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

	2023 \$'000	2022 \$'000
NOTE 4.2: RIGHT OF USE ASSETS		
Note 4.2(a) Gross Carrying Amount and Accumulated Depreciation		
Right of Use Land at Cost	28,799	28,799
Less Accumulated Depreciation	(2,472)	(1,854)
Total Right of Use Land	26,327	26,945
Right of Use Buildings	64,415	63,954
Less Accumulated Depreciation	(35,260)	(27,488)
Total Right of Use Buildings	29,155	36,466
TOTAL RIGHT OF USE LAND AND BUILDINGS	55,482	63,411
Right of Use Plant & Equipment	48	48
Less Accumulated Depreciation	(30)	(18)
Total Right of Use Plant & Equipment	18	30
Right of Use Vehicles	12,175	6,349
Less Accumulated Depreciation	(2,276)	(944)
Total Right of Use Vehicles	9,899	5,405
Right of Use Aircraft	312,526	308,276
Less Accumulated Depreciation	(209,399)	(156,262)
Total Right of Use Aircraft	103,127	152,014
TOTAL RIGHT OF USE PROPERTY, PLANT AND EQUIPMENT	113,044	157,449
TOTAL RIGHT OF USE ASSETS	168,526	220,860

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 2021	27,563	34,306	42	2,413	203,880	268,203
Additions	-	12,677	-	3,653	-	16,330
Revaluation Increments/ (Decrements)	-	-	-	-	(504)	(504)
Depreciation and Amortisation (Note 4.5)	(618)	(10,516)	(12)	(661)	(51,362)	(63,169)
Balance at 1 July 2022	26,945	36,466	30	5,405	152,014	220,860
Additions	-	2,752	-	6,037	4,250	13,039
Disposals	-	-	-	(211)	-	(211)
Depreciation and Amortisation (Note 4.5)	(618)	(10,064)	(12)	(1,331)	(53,137)	(65,162)
Balance at 30 June 2023	26,327	29,155	18	9,900	103,127	168,526

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, Vehicles and Aircrafts	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.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

	NOTE	2023 \$'000	2022 \$'000
NOTE 4.3: REVALUATION SURPLUS			
Balance at the beginning of the reporting period		88,796	70,776
Revaluation Increment			
- Land	4.1(b)	-	18,020
- Buildings		25,195	-
Balance at the end of the reporting period		113,991	88,796
Represented by:			
- Land		74,768	74,768
- Buildings		39,223	14,028
		113,991	88,796
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		86,204	84,939
Less Accumulated Amortisation and Impairment Charges		(75,520)	(44,409)
TOTAL INTANGIBLE ASSETS		10,683	40,531
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 2021			37,907
Additions			9,369
Amortisation	4.5		(6,745)
Balance at 1 July 2022			40,531
Additions			1,264
Impairment Losses			(20,836)
Amortisation	4.5		(10,276)
Balance at 30 June 2023			10,683

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.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

	2023 \$'000	2022 \$'000
NOTE 4.5: DEPRECIATION AND AMORTISATION		
Depreciation		
Property, Plant and Equipment		
Buildings	6,472	5,901
Leasehold Improvements	2,484	3,175
Plant and Equipment	13,945	12,691
Motor Vehicles	20,638	21,026
Total Depreciation - Property, Plant and Equipment	43,538	42,793
Right of Use Assets		
Right of Use Buildings	10,064	10,516
Right of Use Land	618	618
Right of Use Plant and Equipment	12	12
Right of Use Motor Vehicles	1,331	661
Right of Use Aircraft	53,137	51,362
Total Depreciation - Right of Use Assets	65,162	63,169
Total Depreciation	108,701	105,962
Amortisation		
Intangible Assets	10,276	6,745
Total Amortisation	10,276	6,745
TOTAL DEPRECIATION AND AMORTISATION	118,977	112,707

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:

	2023	2022
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 recorded \$20.8m impairment losses for the year ended 30 June 2023 (2022: Nil).

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

NOTE 5: OTHER ASSETS AND LIABILITIES

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

Structure
5.1 Receivables
5.2 Contract Assets
5.3 Payables
5.4 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	NOTE	2023 \$'000	2022 \$'000
Current Receivables			
Contractual			
Sundry Debtors		4,973	2,290
Transport Debtors		45,653	40,871
Allowance for Impairment Losses	5.1(a)	<u>(26,393)</u>	<u>(25,274)</u>
		24,233	17,887
Statutory			
GST Receivable		4,106	7,750
Total Current Receivables		28,339	25,637
Non-Current Receivables			
Contractual			
Long Service Leave - Department of Health		158,207	137,486
Total Non Current Receivables		158,207	137,486
TOTAL RECEIVABLES		186,546	163,124

(i) Financial Assets Classified as Receivables (Note 7.1(a))

Total Receivables		186,546	163,124
Provision for Impairment		26,393	25,274
GST Receivable		(4,106)	(7,750)
Total Financial Assets	7.1(a)	208,834	180,647

Note 5.1(a) Movement in the Allowance for Impairment Losses of Contractual Receivables

Balance at Beginning of Year	25,274	18,796
Increase in Allowance	21,076	21,471
Amounts written off during the year	(20,132)	(15,194)
Reversal of allowance written off during the year as uncollectable	175	200
Balance at End of Year	26,393	25,274

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

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

NOTE 5.2: CONTRACT ASSETS

	2023 \$'000	2022 \$'000
Balance at Beginning of Year	7,219	4,934
Add: Additional Costs Incurred Recoverable from Customer	2,515	7,219
Less: Transfer to Trade Debtors or Cash at Bank	<u>(7,219)</u>	<u>(4,934)</u>
Total Contract Assets	<u>2,515</u>	<u>7,219</u>
Represented by:		
Current	<u>2,515</u>	<u>7,219</u>
	<u>2,515</u>	<u>7,219</u>

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 during the next financial year.

NOTE 5.3: PAYABLES

	NOTE		
Current			
Contractual			
Trade Creditors		49,270	23,687
Accrued Salaries and Wages		38,717	32,338
Accrued Expenses		46,256	49,719
Amounts Payable to Government Agencies		-	15,805
Deferred Capital Grant	5.3(a)	<u>-</u>	<u>2,317</u>
		<u>134,243</u>	<u>123,866</u>
Statutory			
PAYG Withholding		<u>262</u>	-
		<u>262</u>	-
Total Current Payables		<u>134,505</u>	<u>123,866</u>
TOTAL PAYABLES		<u>134,505</u>	<u>123,866</u>
(i) Financial Liabilities Classified as Payables (Note 7.1(a))			
Total Payables		<u>134,505</u>	<u>123,866</u>
Deferred Capital Grant		<u>-</u>	<u>(2,317)</u>
Total Financial Liabilities		<u>134,505</u>	<u>121,549</u>

How We Recognise Payables

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.

Maturity Analysis of Payables

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

NOTE 5.3(a) DEFERRED CAPITAL GRANT

Opening Balance	2,317	5,925
Grant Payments Received for Capital Works during the year	129,933	123,861
Capital Grant Income Recognised consistent with the Capital Works undertaken during the year	<u>(132,250)</u>	<u>(127,469)</u>
Closing Balance	<u>-</u>	<u>2,317</u>

How We Recognise Deferred Capital Grant Income

Grant consideration was received from the State Government to support the build of 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. AV recognised all of the remaining deferred capital grant income for capital works by 30 June 2023.

NOTE 5.4: CONTRACT LIABILITIES

Opening Balance	68,982	79,183
Payments received for performance obligations yet to be completed during the year	93,047	85,678
Grant consideration for sufficiently specific performance obligations received during the year	2,034	3,506
Revenue recognised in the reporting period for the completion of a performance obligation	<u>(100,757)</u>	<u>(97,855)</u>
Grant income for sufficiently specific performance obligations works recognised consistent with the performance obligations met during the year	<u>(2,384)</u>	<u>(1,530)</u>
TOTAL CONTRACT LIABILITIES	<u>60,921</u>	<u>68,982</u>
Represented by:		
Current Contract Liabilities	<u>56,571</u>	<u>59,360</u>
Non-Current Contract Liabilities	<u>4,350</u>	<u>9,622</u>
	<u>60,921</u>	<u>68,982</u>

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.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

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 and scaling down of the COVID-19 public health response during the year ended 30 June 2023.

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: <ul style="list-style-type: none"> 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. For leased land and buildings, AV estimates the incremental borrowing rate to be between 0.87% and 5.26% (2022: 0.87% and 3.66%) For leased plant, equipment, furniture, fittings, vehicles and aircraft, the implicit interest rate is between 1.10% and 2.39% (2022: 1.10% and 2.39%)
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: <ul style="list-style-type: none"> 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

	2023 \$'000	2022 \$'000
Cash at Bank - CBS	128,300	151,343
Cash at Bank	2,466	2,542
Cash on Hand	<u>85</u>	<u>84</u>
TOTAL CASH AND CASH EQUIVALENTS	<u>130,851</u>	<u>153,970</u>

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)	<u>60,503</u>	<u>61,832</u>
Total Current		<u>60,503</u>	<u>61,832</u>
Non Current			
Lease Liability ¹	6.2(a)	<u>96,548</u>	<u>146,056</u>
Total Non Current		<u>96,548</u>	<u>146,056</u>
TOTAL BORROWINGS	7.1(a)	<u>157,051</u>	<u>207,888</u>

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.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

NOTE 6.2: BORROWINGS (Continued)

NOTE 6.2(a) LEASE LIABILITIES	2023	2022
	\$'000	\$'000
AV's Lease Liabilities are summarised below:		
Total Undiscounted Lease Liabilities	163,036	217,174
Less Unexpired Finance Expenses	(5,985)	(9,286)
Net Lease Liabilities	157,051	207,888

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

	2023	2022
	\$'000	\$'000
Not Later than One Year	63,341	66,369
Later than One Year and Not Later than 5 Years	91,513	141,341
Later than 5 Years	8,182	9,463
Minimum Lease Payments	163,036	217,174
Less Unexpired Future Finance Charges	(5,985)	(9,286)
Present Value of Lease Liability	157,051	207,888
Represented by:		
Current Liabilities	60,503	61,832
Non Current Liabilities	96,548	146,056
Total	157,051	207,888

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 5.26%.

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 6 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 \$19.4m 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 \$4.4m.

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 the substance of 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.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

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

	2023	2022
	\$'000	\$'000
Capital Expenditure Commitments		
Not Later than One Year	14,325	11,880
Total	14,325	11,880
Operating Expenditure Commitments		
Not Later than One Year	41,123	32,505
Later than One Year and Not Later than 5 Years	18,832	42,030
Total	59,955	74,535
Non-Cancellable Short Term and Low Value Lease Commitments		
Not Later than One Year	962	791
Later than One Year and Not Later than 5 Years	35	54
Later than 5 Years	105	168
Total	1,102	1,013
Total Commitments for Expenditure (inclusive of GST)	75,382	87,427
Less GST Recoverable from the Australian Taxation Office	(6,853)	(7,948)
TOTAL COMMITMENTS FOR EXPENDITURE (EXCLUSIVE OF GST)	68,529	79,479

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.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

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	<p>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.</p> <p>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.</p> <p>AV uses a range of valuation techniques to estimate fair value, which include the following:</p> <ul style="list-style-type: none"> . 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. <p>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:</p> <ul style="list-style-type: none"> . 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 \$'000	Financial Liabilities at Amortised Cost \$'000	Total \$'000
2023				
Contractual Financial Assets				
Cash and Cash Equivalents	6.1	130,851	-	130,851
Receivables	5.1	208,834	-	208,834
Total Financial Assets⁽ⁱ⁾		339,685	-	339,685
Financial Liabilities				
Payables	5.3	-	134,505	134,505
Lease Liabilities	6.2	-	157,051	157,051
Total Financial Liabilities⁽ⁱ⁾		-	291,556	291,556
2022				
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	5.3	-	121,549	121,549
Lease Liabilities		-	207,888	207,888
Total Financial Liabilities⁽ⁱ⁾		-	329,437	329,437

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

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

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.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

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 2022-23.

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 2023							
Expected Loss Rate		0%	48%	25%	81%	58%	
Gross Carrying Amount of Contractual Receivables	5.1	2,975	19,749	9,099	16,291	2,512	50,627
Loss Allowance		-	9,395	2,302	13,241	1,454	26,393
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

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 2023, total cash of \$130.9m is the equivalent of 30 days cash availability, which is calculated Total Cash ÷ (Total Expenses from Transactions ÷ 365 Days).

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

	Note	Maturity Dates					
		Carrying Amount \$'000	Nominal Amount \$'000	Less than 1 month \$'000	1 to 3 months \$'000	3 months to 1 year \$'000	Greater than 1 year \$'000
2023							
Financial Liabilities							
Payables	5.3						
Trade Creditors		49,270	49,270	49,270	-	-	-
Accrued Salaries and Wages		38,717	38,717	38,717	-	-	-
Accrued Expenses		46,256	46,256	46,256	-	-	-
Borrowings	6.2						
Lease Liabilities		157,051	163,036	6,002	236	2,622	148,191
Total Financial Liabilities		291,294	297,280	140,246	236	2,622	148,191
2022							
Financial Liabilities							
Payables	5.3						
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

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

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 \$0.1m.

As at 30 June 2023, there has been no change in the probability of the outcomes in these matters.

There were no contingent assets as at 30 June 2023 (2022: 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		Carrying Amount \$'000	Fair Value Measurement at end of Reporting Period Using:		
			Level 1	Level 2	Level 3
Note 7.4(a) Fair Value Determination of Non-Financial Physical Assets					
2023					
		11,958	-	11,958	-
		109,972	-	-	109,972
		121,930	-	11,958	109,972
		4,317	-	4,317	-
		223,635	-	-	223,635
		227,952	-	4,317	223,635
		2,942	-	-	2,942
		2,942	-	-	2,942
		35,524	-	-	35,524
		35,524	-	-	35,524
		79,648	-	-	79,648
		79,648	-	-	79,648
		26,327	-	26,327	-
		29,155	-	-	29,155
		18	-	-	18
		9,899	-	-	9,899
		103,127	-	-	103,127
		168,526	-	26,327	142,199
		636,521	-	42,602	593,919

NOTE		Carrying Amount \$'000	Fair Value Measurement at End of the Financial Year Using:		
			Level 1	Level 2	Level 3
2022					
		11,958	-	11,958	-
		109,956	-	-	109,956
		121,914	-	11,958	109,956
		3,881	-	3,881	-
		183,925	-	-	183,925
		187,806	-	3,881	183,925
		4,188	-	-	4,188
		4,188	-	-	4,188
		42,428	-	-	42,428
		42,428	-	-	42,428
		76,989	-	-	76,989
		76,989	-	-	76,989
		26,945	-	26,945	-
		36,466	-	-	36,466
		30	-	-	30
		5,405	-	-	5,405
		152,016	-	-	152,016
		220,862	-	26,945	193,917
		654,188	-	42,784	611,404

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.

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 2023.

NOTE	Land \$'000	Buildings \$'000	Leasehold Improvements \$'000	Plant and Equipment \$'000	Motor Vehicles \$'000
Note 7.4(b) Reconciliation of Level 3 Fair Value					
	95,180	175,489	6,531	38,877	73,635
	(1,199)	14,181	832	16,243	24,380
	-	(5,746)	(3,175)	(12,691)	(21,026)
	15,975	-	-	-	-
	15,975	-	-	-	-
	109,956	183,924	4,188	42,428	76,989
	109,956	183,924	4,188	42,428	76,989
	16	22,074	1,238	7,041	23,296
	-	(6,972)	(2,484)	(13,945)	(20,638)
	-	24,609	-	-	-
	109,972	223,635	2,942	35,524	79,648

NOTE	Right of Use Buildings \$'000	Right of Use Plant & Equip \$'000	Right of Use Motor Vehicle \$'000	Right of Use Aircraft \$'000
Balance at 1 July 2021				
	34,304	42	2,414	203,882
	12,677	-	3,653	(504)
	(10,516)	(12)	(661)	(51,362)
	36,465	30	5,406	152,016
	36,465	30	5,406	152,016
	2,753	-	5,406	4,248
	(10,064)	(12)	(1,331)	(53,137)
	29,154	18	9,900	103,127

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 ¹
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

¹ CSO adjustment of 20% was applied to reduce the market approach value for AV specialised land.

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

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

	2023 \$'000	2022 \$'000
Net Result For The Year	(37,243)	28,644
Non Cash Movements		
Depreciation and Amortisation	118,977	112,707
Indirect Capital Contributions	(32,497)	(23,466)
Impairment of Property, Plant and Equipment (including Intangibles)	20,836	-
Personal Protective Equipment	-	(3,577)
Communication Equipment	(23)	-
Resources Received Free of Charge	23	3,577
Movements Included in Investing and Financing Activities		
(Gain)/Loss from Sale of Property, Plant and Equipment	(995)	(678)
Movements in Assets and Liabilities		
Change in Operating Assets and Liabilities		
(Decrease)/Increase in Provision for Make Good	675	516
(Decrease)/Increase in Allowance for Impairment of Contractual Receivables	1,119	6,478
(Increase)/Decrease in Receivables	(24,542)	(2,070)
(Increase)/Decrease in Contract Assets	4,704	(13,783)
(Increase)/Decrease in Inventories	157	373
(Increase)/Decrease in Prepayments	(10,164)	3,120
(Decrease)/Increase in Payables	28,761	13,775
(Decrease)/Increase in Employee Benefits	33,689	4,679
(Decrease)/Increase in Contract Liabilities	(8,060)	(10,202)
(Decrease)/Increase in Deferred Grant	(18,122)	5,228
NET CASH FLOW FROM/(USED IN) OPERATING ACTIVITIES	77,296	125,320

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.

A caretaker period was enacted during the year ended 30 June 2023 which spanned the time the Legislative Assembly expired, until the Victorian election results were clear or a new government was commissioned. The caretaker period for the 2022 Victorian election commenced at 6pm on Tuesday 1 November and new ministers were sworn in on the 5 December.

	Period
Responsible Minister	
The Honourable Mary-Anne Thomas MP, Minister for Ambulance Services, Minister for Health	1 July 2022 to 5 December 2022
The Honourable Gabrielle Williams MP, Minister for Ambulance Services	05 December 2022 to 30 June 2023
Governing Board	
Mr Ken Lay AO APM (Former Chair)	1 July 2022 to 25 August 2022
Ms Shelly Park (Chair)	24 August 2022 to 30 June 2023
Ms Wenda Donaldson	1 July 2022 to 30 June 2023
Dr Joanna Flynn AM	1 July 2022 to 30 June 2023
Mr Ian Forsyth	1 July 2022 to 30 June 2023
Mr Peter Lewinsky	1 July 2022 to 30 June 2023
Ms Colleen Furlanetto	1 July 2022 to 30 June 2023
Mr Dipak Sanghvi	1 July 2022 to 30 June 2023
Ms Amanda Watt	1 July 2022 to 30 June 2023
Mr Vijaya Vaidyanath	1 July 2022 to 30 June 2023

Accountable Officer

Jane Miller	30 January 2023 to 30 June 2023
Shelley Dolan (Interim)	9 November 2022 to 20 February 2023
Professor Tony Walker ASM (Former)	1 July 2022 to 28 October 2022
Nicola Reinders (Acting)	3 September 2022 - 8 November 2022
Felicity Topp (Interim)	1 July 2022 to 4 September 2022

Remuneration of Responsible Persons

The number of Responsible Persons are shown below in their relevant income bands:

	2023 No.	2022 No.
\$20,000 - \$29,999	1	-
\$30,000 - \$39,999	-	1
\$40,000 - \$49,999	7	8
\$50,000 - \$59,999	1	-
\$80,000 - \$89,999	1	-
\$90,000 - \$99,999	-	1
\$120,000 - \$129,999	-	1
\$130,000 - \$139,999	1	-
\$160,000 - \$169,999	2	-
\$540,000 - \$549,999	-	1
\$780,000 - \$789,999 ¹	1	-
Total Number	14	12
Total Remuneration (\$'000)	1,750	1,186

Amounts relating to Responsible Ministers are reported within the State's Annual Financial Report.

¹ Includes \$0.5m long service leave and \$0.1m other leave benefits paid

Ambulance Victoria
NOTES TO THE FINANCIAL STATEMENTS
For the Financial Year Ended 30 June 2023

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.

	2023 \$'000	2022 \$'000
Remuneration of Executive Officers		
(including Key Management Personnel disclosed in Note 8.4)		
Short Term Employee Benefits	6,982	7,490
Post-Employment Benefits	602	683
Other Long-Term Benefits	440	312
Termination Benefits	428	-
Total Remuneration	8,452	8,485
Total Number of Executives ¹	29	32
Total Annualised Employee Equivalent ²	23.9	30.5

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 (Former)
Anthony Carlyon	Executive Director Clinical Operations (Acting)
Lindsay Mackay	Executive Director Operational Communications (Acting)
Mark Rogers ASM	Executive Director Operational Strategy and Integration (Former)
Cindy Joffe	Executive Director Operational Strategy and Integration
Garry Button	Executive Director Corporate Services
Alison Goss	Executive Director People & Culture (Acting)
Samira Richards	Executive Director People & Culture
Nicola Reinders	Executive Director Quality & Patient Experience
Nichola Holgate	Executive Director Communication & Engagement (Former)
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.

	2023 \$'000	2022 \$'000
Compensation of KMPs		
Short Term Employee Benefits ³	5,353	3,990
Post-Employment Benefits	377	354
Other Long-Term Benefits	205	142
Termination Benefits	345	37
Total ³	6,279	4,523

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)

	2023 \$'000	2022 \$'000
Significant Transactions with Government-Related Entities		
During the year, AV had the following government-related entity transactions:		
Government Grants from DH	1,261,496	1,154,173
Government Grants from DJCS	9,528	7,108
Government Grants from TAC	11,141	9,968
Government Grants from ESTA	196	-
Government Grants from DFFS	150	-
CBS Interest Income from DTF ¹	3,746	483
Transport Revenue from Victorian public hospitals	57,585	43,839
Transport Revenue from TAC	28,599	25,505
Transport Revenue from WorkSafe	6,008	6,446
Insurance Premium paid to VMIA	1,541	1,388

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:

During the year, AV paid \$123,105 (2022: \$126,256) to Council of Ambulance Authorities, an organisation of which Mr Tony Walker, former Chief Executive Officer was the former Board Chair when the transactions occurred. Ms Jane Miller, the Chief Executive Officer is a current Board member of Council of Ambulance Authorities. The annual membership contribution and conference fees were paid under standard terms and conditions.

During the year, AV paid \$78,496 (2022: \$36,455) to Emergency Services Foundation, an organisation of which Mr Tony Walker and Mr Ian Forsyth, Director, are Board members. The annual membership contribution and training program fees were paid under standard terms and conditions.

During the year, AV paid \$2,638 to Member Benefits Australia Pty Ltd, a company of which Mr Dipak Sanghvi, Director, is Board Chair. The Emergency Memberlink program fee was paid under standard terms and conditions.

During the year, AV paid \$171 to St John of God Health Care, an organisation of which Ms Shelly Park, Board Chair, is a Board member. The hospital attendance fee was paid under standard terms and conditions.

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

	2023 \$'000	2022 \$'000
NOTE 8.5: REMUNERATION OF AUDITORS		
Victorian Auditor-General's Office		
Audit of financial statements	<u>190</u>	<u>185</u>
	<u>190</u>	<u>185</u>

NOTE 8.6: EX GRATIA PAYMENTS³

AV has made the following ex gratia payments:

Forgiveness or waiver of debt ⁴	<u>187</u>	<u>332</u>
	<u>187</u>	<u>332</u>

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

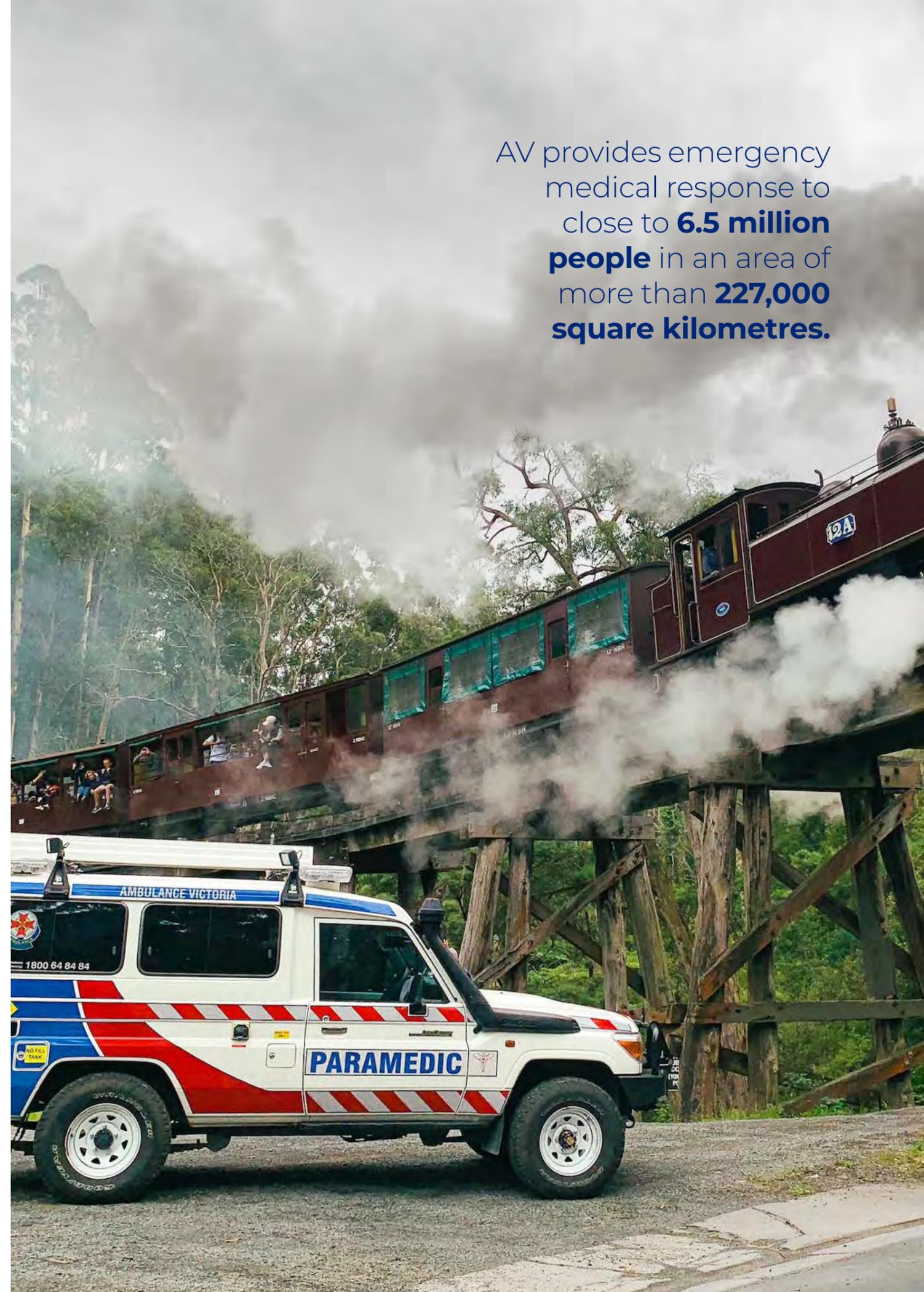
Contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of AV.

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 believes the DH will 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**.



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