V E R I F I E D V E R S I O N

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into Budget Estimates 2017–18

Melbourne — 17 May 2017

Members

Mr Danny Pearson — Chair
Mr David Morris — Deputy Chair
Mr Steve Dimopoulos
Mr Danny O'Brien
Ms Fiona Patten
Ms Sue Pennicuik
Ms Harriet Shing
Mr Tim Smith
Ms Vicki Ward

Witnesses

Ms Jill Hennessy, Minister for Ambulance Services,

Ms Kym Peake, Secretary,

Mr Greg Stenton, Chief Finance Officer, and

Mr Terry Symonds, Deputy Secretary, Health Service Policy and Commissioning, Department of Health and Human Services; and

Associate Professor Tony Walker, Chief Executive Officer, Ambulance Victoria.

The CHAIR — I declare open the public hearings for the Public Accounts and Estimates Committee inquiry into the 2017–18 Budget Estimates. All mobile telephones should now be turned to silent.

I would like to welcome the Minister for Ambulance Services, the Honourable Jill Hennessy, MP; Ms Kym Peake, Secretary, Department of Health and Human Services; Mr Greg Stenton, Chief Financial Officer; and Mr Terry Symonds, Deputy Secretary, Health Service Policy and Commissioning; and Associate Professor Tony Walker, Chief Executive Officer, Ambulance Victoria.

All evidence is taken by the committee under the provisions of the Parliamentary Committees Act, attracts parliamentary privilege and is protected from judicial review. Comments made outside the hearing, including on social media, are not afforded such privilege.

Witnesses will not be sworn but are requested to answer all questions succinctly, accurately and truthfully. Witnesses found to be giving false or misleading evidence may be in contempt of Parliament and subject to penalty.

All evidence given today is being recorded by Hansard, and you will be provided with proof versions of the transcript for verification as soon as available. Verified transcripts, presentations and hand-outs will be placed on the committee's website as soon as possible.

All written communication to witnesses must be provided via officers of the PAEC secretariat. Members of the public gallery cannot participate in the committee's proceedings in any way and cannot photograph, audio record or videorecord any part of these proceedings.

Members of the media must remain focused only on the persons speaking. Any filming and recording must cease immediately at the completion of the hearing.

I invite the witness to make a very brief opening statement of no more than 5 minutes. This will be followed by questions from the committee.

Ms HENNESSY — Thank you very much, Chair, and if I could also welcome Associate Professor Tony Walker to the line-up since we last met. If I could go through the slides, Chair, and I am conscious that I have got 5 minutes.

Visual presentation

Ms HENNESSY — So we will get right into it. Slide two there demonstrates the 17–18 funding, and I am very proud that represents a 27.89 per cent increase on the funding provided in 16–17, and that in itself was a 9.1 per cent funding increase on 15–16. We have made record investments to get more paramedics and ambulances on the road. We have been upgrading and building new stations, delivering vital equipment and working with Ambulance Victoria and paramedics to implement a series of step-change reforms through Victoria's ambulance action plan. This new investment of $26.5 million in the 17–18 budget is in addition to the record investment of $500 million that was made late 2016, funding which has started to roll out and funding that is absolutely making an impact in terms of performance at Ambulance Victoria.

Slide three, please. With these investments I am really pleased to advise that code 1 15-minute response times have risen above 80 per cent for the first time since the days that Labor was previously in government. Importantly clinical outcomes are trending in the right direction, Chair, hitting a record performance in some areas, and that is important because ultimately our investments and reforms are about saving people's lives, and so the clinical outcomes count. Fundamentally our priority for our ambulance services is to get to those life-threatening emergencies much faster. We are also continuing to invest in our emergency departments to ensure that we are able to do efficient patient transfer as quickly as possible, ensuring that people are able to get treatment much sooner, and the good news is that we are indeed getting to patients faster. They are spending less time outside EDs, and we are getting them access to our hospitals much faster.

Slide four — I have previously mentioned our $500 million package, which is firmly focused on continuing the trend of improved code 1 ambulance response times. As you can see we are investing heavily in the rollout of that fund across the state with improved ambulance capital. We are also establishing six new super response centres that will be supported by more than 200 paramedics to meet the growing demand in Melbourne suburbs in the west, outer north-west, north, north-east, outer east and south-east, and we are deploying new paramedics

in 22 other branches across the state. We are building or upgrading 16 branches across the state assessed as the highest priority, and on top of the 20 upgrade projects that we already have underway that were funded in the 2015 and 2016 budget, we are deploying new paramedics in 22 other branches across the state. We are purchasing new ambulance vehicles and equipment. We are creating 12 new services in rural and remote towns with a local paramedic and a vehicle. It is a huge investment to improve ambulance responses to local communities right across the state.

While I have outlined the capital investment that is supporting our paramedics to further improve response times, there is also a huge recruitment process underway at Ambulance Victoria. We are not only hiring more paramedics; we are investing in their training, supporting them and retraining them, and of course these are people that are clinically incredibly experienced. We know the work that paramedics do takes a toll on their health and wellbeing — so their physical and mental health. The exposure to unacceptable levels of violence that they confront on the job is something that we are incredibly focused on, and I am happy to talk more about these issues in the course of this hearing. I am guessing I am almost out of my 5 minutes, Chair.

The CHAIR — I am happy to have you eat into government time, Minister, if you would like to talk further.

Ms HENNESSY — I am happy to go straight to questions, Chair.

The CHAIR — Thank you, Minister. The budget paper reference is budget paper 3, page 228, and it relates to the output summary for ambulance services. Minister, there has been a previous commitment that the government would look at employing 450 additional paramedics. Minister, can you advise the committee how many paramedics have been employed to date?

Ms HENNESSY — I am delighted to advise you, Chair, that 372 paramedics have been recruited so far in 2017. One hundred and eighty paramedics have been recruited as a result of the $500 million investment in ambulance services, and the other 192 I would attribute to, kind of, business-as-usual recruitment. We are also very delighted that in that quarter where we have been making those very important recruitments we have reached 80 per cent of code 1 cases in 15 minutes. Part of that has been achieved through reform, part of that is achieved through the employment of additional paramedics.

The CHAIR — Obviously this is the recurrent side of the portfolio but there has obviously been a significant capital investment. Whereabouts are the paramedics operating from? Are they evenly distributed across the state or are they focusing on particular areas, Minister?

Ms HENNESSY — I might invite Mr Walker to make a contribution, but one of the issues that we are having to manage through such extraordinary recruitment of paramedics and trying to build the capital for them to have access to those branches is that whilst those branches are built we are sometimes co-locating them at other branches. An example of that is that I was recently down at the Bellarine branch in Drysdale. We are building a new branch at Swan Bay, but it is not built yet, and so there are some paramedics based out of the Drysdale branch. They will be moving to co-locate with the CFA branch in the meantime. I am not quite sure if Mr Walker would like to talk about where else we have allocated the additional paramedics that we have recruited to date.

Assoc. Prof. WALKER — Thank you, Minister and Chair. The new paramedics that are being introduced at the moment are very much focused on improving response times, in particularly outer metropolitan Melbourne. In a number of rural locations we are implementing a number of new branches and super response centres, which are designed to provide for a flexible deployment of paramedics to better meet demand in those locations, which can be variable.

The CHAIR — So how do these super response centres operate, function and work compared to the standard infrastructure that currently exists?

Assoc. Prof. WALKER — A traditional branch would be, for example, a 24-hour branch with maybe an extra peak period unit on it. The super resource or response centres are designed so we can tell the type of workload by time of day and day of week, so it allows us to provide flexible arrangements. So we might have additional crews on a Thursday, because our workload tells us that between 10 and 2 on a Thursday in that particular community there is an increased demand for services. We have got a baseline of resources across the state. These super response centres allow us to provide a much more flexible response, and it is also particularly

helping our workforce that is looking for more flexibility as we move towards a demographic that is equally male and female.

The CHAIR — Before I hand over to Ms Shing, I just want to compliment you both in terms of the air ambulance service that operates out of the electorate of Essendon as well as the Moonee Ponds facility. You guys do a fantastic job in protecting our communities and keeping us safe, so thank you.

Ms SHING — Thank you, everyone, for your evidence today and for the presentation, which is very positive progress on not only the investment in additional people but additional resources and capital equipment.

I would like to pick up on a number of comments that have been made by you, Mr Walker, particularly given that we have now just today had an additional seven paramedics hit the road in Sale. That in fact is evidence of further resourcing beyond just the ambulance station upgrades, and I am pleased to see that a significant number of them are in Gippsland. How does that contribute to better response times for areas when we partner with MICA teams, change shift team arrangements and get night teams on, from an operational perspective? And how does that actually benefit the paramedics who are doing the job on the one hand as far as managing a very stressful occupation and the people who rely upon them to respond in an ever more timely fashion?

Assoc. Prof. WALKER — Thank you, Ms Shing. I think is fair to say that over the last couple of years we have been very much focused on looking at not just our statewide response performance but also local government area performance. There are local government areas that we have been challenged with response times in; we know that. The new resources going into a number of those locations mean that we are more able to respond more quickly to the sicker patients. We have also increased the number of non-emergency resources into those areas as well, which means that we are able to deal with the lower acuity workload and not have that being placed into the paramedic workforce.

It also means that from a paramedic point of view they are more likely to get off on time. It addresses the fatigue issues, gives them downtime, and it means that they are more available to respond to those cases in the community.

Ms SHING — One of the challenges that we have had previously is that our paramedics are so well trained and so well regarded that there have been several attempts to poach them to other parts of the world, to work, for example, in the United Kingdom. How will these additional measures around flexibility and around more options and opportunities for training and support assist with retention as we build upon the additional numbers and the business as usual work to resource the entire workforce?

Assoc. Prof. WALKER — I think it is fair to say that the paramedics of Victoria, and I am biased, are the most highly trained in Australia, and I think some of the most highly trained in the world. From the point of view of attraction, we have a strong interest in employment from graduate paramedics coming out of universities across Australia. We also have strong interest from paramedics from other ambulance services and, importantly, paramedics who had left the organisation who are now seeking to come back and work more flexibly, particularly women who have gone to have children and previously had thought their career probably was not going to work for them as paramedics. They are now coming back and working more flexibly with us as well.

With the level of interventions that we provide, the high level of clinical care we provide, the high level of training, it is an attractive location for paramedics, not only in Victoria coming out of universities but from around Australia, and a number of the paramedics that had gone over to London I am pleased to say have seen the light and are coming back to work in Victoria.

Ms SHING — We have managed to poach them back. Has this had an effect on morale in relation to not just the workload, not just the occupational stress that is an inherent part of this profession, but also in relation to certainty on resourcing?

Assoc. Prof. WALKER — I think it is fair to say from our perspective that the investment and the growth and change in clinical practice we have seen of late has led to the workforce being much more engaged. That is leading to greater discretionary effort from the point of view of how quickly they attend cases and deal with cases and it is also leading to a much greater level of the vibe in the place. Measuring this is a difficult thing to

do. Through engagement surveys and other things we are trying to do that, but there is a strong level of cultural growth in the organisation, and I have no doubts that the increased resourcing and the recognition around clinical skills and other areas have contributed to that.

Ms SHING — Minister, you looked like you wanted to say something.

Ms HENNESSY — Just in respect of your previous question. It is very interesting to see the new graduates — 60 per cent female in one of the most recent graduate intakes. It is important. Because we invest so much in training our paramedics, we want to keep them over the other demands on their lives. Whether that be having children, caring for elderly parents, it is absolutely critical that we move — and this is sometimes challenging in an emergency services context — and actually develop modern workplace practices around part-time work capability, ensuring that you have got the resources in place in order to support people that have, for example, child care needs. Ultimately we are modernising many of those industrial arrangements and ensuring that the resources are there so people can work very flexibly.

Ms SHING — And in relation to providing that service and that assistance, how do we make sure that people continue to get support for their wellbeing in what can often be a very violent profession, depending on the sorts of patients and the sorts of care that you are providing?

Ms HENNESSY — It is one of the great challenges of being a paramedic, the exposure to occupational violence and aggression. That is not just around people that are drug and alcohol affected or with mental health issues — for example, we are training all of our paramedics around identifying the signs of family violence. So we have put great emphasis on — and we could perhaps talk about this some more, and I will invite Tony to make a contribution — the sorts of training for our paramedics. We have recently been running a training program that uses virtual reality in a team context for our paramedics to understand where and how they might enter a place where they might be exposed to occupational violence.

We have improved our ability to get information from Victoria Police if we are going to a known address that might be an indicator of violence as well. We are investing through the ice action task force greater training for all of our frontline services, and I see my time is running out, Chair.

Ms SHING — That is all right. I just have one very brief question to add. If I could get the numbers of women who are engaged as paramedics, both within the new recruits and within the overall workforce over the last calendar and financial year, that would be great.

Ms HENNESSY — Terrific, happy to take that.

Mr T. SMITH — My question is to Mr Walker. I refer to the ambulance services budget, BP3, page 241, responsiveness to code 1 incidents. In the *Australian* on 1 December 2016 you revealed that, as part of the review into the thunderstorm asthma event, you are, quote

> … looking at … giving the community real-time information to enable them to make an informed decision about what they do —

including whether to make their own way to emergency departments.

Of the nine people who tragically died as a result of the thunderstorm asthma event, how many would have been told to make their own way to hospital under this new approach?

Ms SHING — Sorry, that is speculation — 'how many would have been told?'.

Ms WARD — How would you know?

Mr T. SMITH — The question stands as put.

Ms WARD — It is not answerable.

The CHAIR — Mr Smith, it is a hypothetical.

Mr T. SMITH — It is not, because there were two people who were publicly reported as dying whilst waiting for an ambulance on the night.

Ms WARD — It is because it is the individual circumstances of each person.

The CHAIR — Mr Smith, it is a hypothetical because these people tragically passed away last year. You are asking for Mr Walker to make some guesses, I suppose, based upon a hypothetical.

Mr T. SMITH — How many people on that night — —

The CHAIR — I am sorry, Mr Smith. I am just not quite sure if the witness can respond to your question. Mr Walker may wish to have an attempt, but I am just flagging with you I think it might be problematic, the question you are asking.

Mr T. SMITH — Have you looked at the issue? How many people made their own way to hospital that night?

Assoc. Prof. WALKER — The inspector-general for emergency management has undertaken a comprehensive review of the events of the night of the thunderstorm asthma. I need to say that from our perspective the loss of those nine lives was dreadful. It is something that we feel deeply, the loss and to their families.

From our perspective we have made a number of changes as a result of the reviews that were undertaken by both the inspector-general and our own reviews. We have put in place changes that, in circumstances where demand outstrips our ability to respond, we would alert people to the fact that we cannot give them a time when an ambulance might be arriving.

I cannot comment on those nine cases. They are subject to a coronial inquest. The coroner will obviously make his or her findings in due course on those.

Ms HENNESSY — Could I just add an additional comment to you. In terms of the inspector-general's report, there are a number of recommendations that also go to ESTA on this very point, and ESTA sits in the emergency services portfolio. Another point of interest, perhaps better canvassed in the previous health portfolio, there is in fact funding for real-time monitoring in our emergency departments in the new emergency management framework. So that would mean if across a number of our core emergency departments you saw a sudden spike of presentations, whether that was respiratory or cardiac, that would be another early trigger. So that is a recommendation that has been acquitted.

Mr T. SMITH — Thanks, Minister. Is real-time information on availability of ambulances available yet for the public? If not, how long will it take and how much will it cost to implement?

Ms HENNESSY — There was not a recommendation from the IGEM report.

Mr T. SMITH — That is to Mr Walker, Minister. Sorry, I should have said that from the outset.

Assoc. Prof. WALKER — From our perspective there, is no real-time monitoring available at the moment. If an event occurred as occurred on the night of the thunderstorm asthma, as I indicated earlier, we would be in a position to let people know that demand has outstripped available resourcing to allow them to make informed decisions about what they do next, but at this stage it was a recommendation coming out of the IGEM report that that monitoring be put in place. It is something we will be working on obviously with the department of health and the emergency services commissioner around that.

Mr T. SMITH — How much will that cost?

Assoc. Prof. WALKER — I do not have that available, sorry, sir.

Mr T. SMITH — Have there been any legal proceedings against Ambulance Victoria as a result of the thunderstorm asthma event?

Assoc. Prof. WALKER — No, there has not.

Mr T. SMITH — Just going back very quickly to the real-time information, when will that be online, do you think?

Assoc. Prof. WALKER — I am not in a position to answer that today, sir, sorry. From our perspective, it is something we are working through with the Department of Health and Human Services and the emergency services commissioner. I cannot give you any data around that today.

Mr T. SMITH — To you, Ms Peake: has the department done an assessment of the impact of Ambulance Victoria's changes to the grid on patient care during the thunderstorm asthma event?

Ms PEAKE — Certainly more broadly there is a review of the impact of the dispatch changes that is being undertaken by Professor Euan Wallace. That work is in progress and is due to be completed in coming months.

I might just add, Mr Smith, to the question you asked Mr Walker about emergency departments. I can add some content to that, if you would like.

Mr T. SMITH — Okay. Yes.

Ms PEAKE — In March this year we delivered a working prototype of a real-time ED presentations monitoring system that would, as the minister described, set off a trigger when ED demand exceeds usual levels. That is now being developed into a working model across the major EDs for use by both ourselves, the department, but also Emergency Management Victoria. We are aiming to have that in place as a working system by 30 June this year and then look at expanding that over time to monitor further broader health system presentations.

Mr MORRIS — Chair, I will address a question to Mr Walker as well. At BP 3, page 240, there are a number of references in the footnotes to the dispatch grid. You talked to us about the dispatch grid in February and indeed agreed to provide a copy of the dispatch grid to the committee. But we got some narrative; we did not get the grid. First of all, why did you not provide the grid?

Assoc. Prof. WALKER — Thank you, Mr Morris. At the time I talked about the fact that we had a dispatch grid. I said I would take it on notice. We have gone back and reviewed that grid. The grid is a highly technical document. It is designed to be uploaded into the computer at our dispatch system. It is not a general document that is normally available. It requires an understanding of the detail that sits behind it et cetera, so on that basis a decision was determined that the dispatch grid as it stands is not a standalone piece of work that can be easily made available.

Mr MORRIS — Notwithstanding that, we did not get the information we sought, but as I think you appreciated at the time — if not, I will certainly reinforce it now — the information that was being sought is what things are no longer code 1. What types of incidents have been moved to code 2? Are you able to provide that information to us?

Assoc. Prof. WALKER — That information at the moment is part of the evaluation work that is underway, so that would be available when the evaluation of that is completed.

Mr MORRIS — Could we have a list of what was taken out from 1 July 2016?

Ms HENNESSY — It is not so much what was taken out; it is about what is the clinical classification.

Assoc. Prof. WALKER — I can take that on notice, Mr Morris.

Mr MORRIS — If we can have that information. You indicated at PAEC in February that from July 2016 event types previously classified as code 1, some were downgraded to code 2. From July 16 to March 17 can you indicate to the community, on notice if required, how many incidents would previously have been code 1 and are now classified as code 2 on the grid that is currently in use?

Assoc. Prof. WALKER — That information will be available. I do not have it with me today.

Mr MORRIS — But you can make it available to us?

Assoc. Prof. WALKER — I can take it on notice.

Mr MORRIS — Thank you. AV and ESTA staff were able to recode the emergency after speaking to a patient via RefCom, the triage service. For the same period of time, so from July to March, how often were emergencies recoded by RefCom and from code 2? Can you provide that information to us on notice?

Assoc. Prof. WALKER — I cannot today, but I can that on notice.

Mr MORRIS — Thank you. And can I ask: what is the total cost for determining planning and implementing the changes to the dispatch grid, including any external advice?

Assoc. Prof. WALKER — Again I would have to take that on notice. I do not have that information available with me today.

Mr MORRIS — Just quickly, Minister, you referred to improving ambulance response times as being responsible to paramedics and reform, but you did not indicate what the improvement was relative to the reallocation of codes. Do you have that information?

Ms HENNESSY — You are drawing a false causation, Mr Morris. Dispatch grid reform, and it is probably incumbent upon me to remind the committee that this was a process that was started by Mr Davis in 2013, and you will see many of the estimates that you have been talking about here to — —

Mr MORRIS — And I am not arguing that. There is obviously a consequence of that, and I am seeking to understand the consequence.

Ms HENNESSY — Ultimately Mr Morris, and this is something that Mr Walker can talk about more fulsomely, the consequence of that reform is over 7000 people who previously were not getting a code 1 within the recommended 15-minute time frame are now getting a lights and sirens. It is about making sure that our ambulances are available.

Mr MORRIS — There are also many that are no longer code 1, and that is what I am trying to establish.

Ms HENNESSY — It is about getting the right response to the right patient at the right time — —

Mr MORRIS — When you change the classification and reduce the number of categories that are going to get a code 1, obviously it is going to have an impact.

Ms HENNESSY — And going from 76 per cent, when people died because they were not providing the right resources to the right people. This is a clinically sound process, and we have absolutely got to keep focused on the importance of making sure that lights and sirens get to it.

Mr MORRIS — So how many? It was a simple question: how many?

Ms HENNESSY — It is a false causation that you are putting up. It is about a clinical system.

Mr MORRIS — It is about changing the rules to improve the figures — that is what it is about.

Ms HENNESSY — No, that is just incorrect.

Ms PENNICUIK — Minister, Mr Morris is eating into my very short amount of time.

Ms HENNESSY — I am sorry, Ms Pennicuik.

Ms PENNICUIK — If I could just turn to budget paper 3, page 78, where it says, 'Ambulance services — meeting demand for ambulance services', and it has got two figures there totalling about $26.5 million over the next two years and then no funding after that. Given the large amount of money in your presentation that is going to ambulance services — if you look at page 82, it does not give you much detail as to what that amount of money is — could you give some detail about what meeting demand for ambulance services in that allocation actually refers to, and in particular in respect to population growth and whether that is keeping up with population growth, surpassing population growth.

Ms HENNESSY — Perhaps what is not indicated in the budget papers crisply or as immediately apparent is that the significant investment in ambulance services was the $500 million that was announced late 2016. The

flow of that across the forward estimates occurred in the midyear budget update. The money to which you refer is additional growth funding for ambulance services this year, but the lion's share of additional investment in resources came in December last year with half a billion dollars that we put, and Ambulance Victoria's budget was then adjusted by virtue of the midyear budget update.

More generally on the issue of growth, growth is a significantly important issue. Rule of thumb when it comes to ambulance services, there is growth of around 5 per cent per year. That is why it is so critical that we are making sure that we are clinically focused in where and how we allocate ambulance resources. Ambulance services are not free. They are a fee-for-service or people take out an ambulance membership or are eligible under certain community service obligations. Of that 5 per cent, the most critical issue is that we move from an era where we had the worst response times on the mainland to now having one of the best response times. But most critically it is the clinical outcomes and those data measures that are critically important.

Ms PENNICUIK — Absolutely, but that would be relying upon the number of staff and, I would say, the number and location of ambulance base units, particularly in regional areas. So I am interested in — and we will probably have to take this on notice, because I think I am going to be cut off — how the department works that out on an ongoing basis as to where resources are best deployed and what criteria et cetera are used for that, what methodology.

Ms HENNESSY — Ultimately we contract with Ambulance Victoria. They are like other health services with a statement of priorities that sets out the performance benchmarks. In terms of the operational decisions about where resources are required to be allocated, I might invite Mr Walker to see if he can provide some greater insight to your question.

The CHAIR — Order! Ms Ward until 1.16 p.m.

Ms WARD — Minister, I just wanted to talk about workplace safety with our paramedics. If I can get you to go to budget paper 3, page 228, you have met a number of the paramedics in my community, who are terrific people doing a fantastic job, but I do know that there are occasions where their safety is compromised and where they do have concerns. Can you let us know what initiatives are being taken to address and reduce occupational violence amongst our paramedics?

Ms HENNESSY — Thank you very much, and again this was an issue to which very little attention had previously been paid. By its very nature, I suppose, there is an unpredictability about emergency services which makes it even more important to train your workforce around how to respond but also to have permission to not necessarily sacrifice their own personal safety and wellbeing, although the nature and the motivation and the personality types of many that join emergency services — and paramedics are no different — mean that they are sometimes too selfless, which is probably a way of putting it.

You will recall in 2015 there was an action plan developed, and that was done in conjunction and consultation with our paramedics. We brought forward the $60 million Response Time Rescue Fund. As part of that there was $2.73 million committed to support paramedic health and wellbeing. We have established, again as I said, new training modules around occupational violence. I have had the opportunity to see paramedics being trained with virtual reality. It is not just about individuals and how they respond but how they are operating in teams in respect of potentially violent or aggressive situations, so that is an example of some of the additional training that we have put in place.

Ambulance Victoria was also the recipient of some funding from our $20 million violence prevention fund. We are about to commence a pilot whereby a group of paramedics in the north-west region will have a camera on them, very similar to what has occurred with some members of Victoria Police. The debate around those sorts of initiatives is: to what extent is that a disincentive and to what extent is it a source of evidence in the event that our paramedics are subjected to occupational violence and safety? We have also got a whole host of other wellbeing programs. I am not quite sure how much time I have got. Tony, have you got any other contribution to make on the issue of occupational violence?

Assoc. Prof. WALKER — I will just add to what the minister said. The rollout is something we are taking very seriously as an organisation. We are pleased to see that already there has been a reduction in reported occupational violence incidents since the training started. It is not going away. It is a sad indictment on society that paramedics are exposed to occupational violence. Our goal is to try and prepare them as best as possible to

deal with the situation and to ideally predict those situations in the first instance and to ensure we are providing an appropriate whole-of-organisation — with VicPol — response to those cases where we need to. So it is something that is a high focus to us and an area where we are seeing some improvement, but it is something that I think is going to consistently be an issue and that our workforce is going to be facing into the future.

Mr DIMOPOULOS — Just a quick question to finish off in relation to mental health and paramedics: is there a benchmarking of where we are at and where we will be or where we hope to be? I am conscious that because of this government we now have an annual report to Parliament on mental health services, and a population group that is more susceptible is absolutely frontline emergency service staff and ambos. Do we have a bit of a benchmark of where we want to get to with mental health, whether it be because of ice or any other devastating thing they see in their work?

Ms HENNESSY — The clock is going to run against us, so perhaps we could pick this up the next time we are questioning. We know that we have got a really significant issue around post-traumatic stress disorder amidst our paramedics. Upon coming to office the work that we had done and requested the coroner to do — and this is not just for paramedics but also retired paramedics — found that the suicide rate of paramedics was three times the rate of other emergency services personnel — —

The CHAIR — Order! The Deputy Chair until 1.21 p.m.

Mr DIMOPOULOS — Just quickly I would appreciate a written response on that.

Mr MORRIS — First of all, just to Mr Walker to clarify and make sure that we are all agreed: the information I was looking for in relation to the code 1 changes — I was looking for the number of incidents, not the number of items. So it is incidents, not items, from July to March.

Assoc. Prof. WALKER — Right.

Mr MORRIS — If I can move to Ms Peake, BP3, page 241, the subject is the ambulance work value case. According to that budget paper page, the total cost for both ambulance emergency services and non-emergency services, a footnote there says:

> The 2016–17 expected outcome is higher than the 2016–17 target due to additional funding for the Ambulance Victoria enterprise agreement.

In May last year the committee was advised by the minister and Mr Wallace that the cost of the paramedic work value case in 15–16 was $54 million. Can you confirm that that was in fact the 15–16 cost and that that amount is reflected in the 16–17 total output cost?

Ms PEAKE — Thank you, Mr Morris. I think it is worth saying that that note could have been more fulsome. It is not only reflective of the work value outcome; it does reflect increase in service as well as the EBA. It is the case that — and I will get Mr Stenton to step you through this — the annualised cost of the work value case approved by the commission as the independent arbiter was in the order of 6 per cent per annum. So when you look at that, then, across the size of the workforce — I will just get Mr Stenton to step you through the maths.

Mr STENTON — Similar to the discussion around nurses, the agreement spans a number of periods. I think the advice provided to the committee last year was an estimate at the time. So as Kym has rightly pointed out, the average cost of the work value claim over the period of the agreement is around the 6 per cent, slightly over 6 per cent. The salary base that we use, again in the context of growth for ambulances — and the minister has mentioned there was a significant increase in the funding base which runs over a number of years of the forward estimates. Ambulance Victoria's annual report cites a salary base for the end of the 2016 financial year, so 30 June 2016, of about 660 million, including provisions for annual leave — —

Mr MORRIS — So what is the total cost of the work value case in this year, 16–17, and indeed for 17–18?

Mr STENTON — In the 16–17 year it is reflected in the budget estimates, but part of it relates to the prior year.

Mr MORRIS — I hope it is, but I am asking how much it is.

Ms HENNESSY — Can we take that on notice, Mr Morris? There are a number of inputs to the figure to which you refer in the budget papers.

Mr MORRIS — So for each year, the dollar amount for 16–17 and 17–18.

Ms HENNESSY — As I said, I am on the record about 54 being last year's cost. We are happy to come back and try and provide you with the advice that you request to the extent we can. But that is not the only input in the figure that you are — —

Mr MORRIS — I will address this to Ms Peake. The 16–17 expected outcome for the total output cost is 177.3 million higher than the target. So can I ask: how much of the increase in the cost of ambulance services is attributable to the cost of the paramedic work value case?

Ms PEAKE — And hence my reflection that there are multiple things in that 174. I am very happy to take on notice the estimate around the work value component.

Mr MORRIS — If we could have that and obviously if there are other matters, what else contributes to that 177.

Ms PEAKE — Yes. As I indicated, there is also the EBA per se, as well as increasing staff and increasing service built into that number.

Ms HENNESSY — There is some growth in that around service activity.

Mr MORRIS — That is why I am asking specifically.

Ms HENNESSY — As I said, we are very proud of our work value case, Mr Morris.

Mr MORRIS — That is why I am asking specifically for the impact — —

Ms HENNESSY — We are happy to come back to you on it. It is a significant reform.

Mr MORRIS — Specifically the cost of the work value case.

Ms PEAKE — I understand.

Mr MORRIS — Not meshed in with other things; specifically that cost.

Ms PATTEN — Thank you, Minister and team. Just looking at budget paper 3, page 241, and again going back to the response times for emergencies, particularly in the more built-up areas, I note that we are hoping to get 85 per cent for this one, but the note on those performance measures is that there is a growing demand for ambulance services. I note Turning Point statistics have found that they are seeing five heroin call-outs a day for ambulances. So my first question is: have you considered any other initiatives in this area?

Ms HENNESSY — Thank you very much for your question, Ms Patten, and whilst I am no Nostradamus, I predicted this might be an area of interest for you. So putting your policy interest, or your interest in policy change, in that space that I know you canvassed with the Premier when he appeared, ultimately the role of Ambulance Victoria is to respond to unwell people, and alcohol and drug-related call-outs are a part of that. That does not necessarily — I am not in a position, I suppose, to comment either positively or adversely on some of the policy reform areas that I know you are particularly interested in. But it is true to say that drugs are a significant part of that, and Turning Point do publish their data; they enable you to look at local government areas and drill down.

The only point that I cannot stop myself from making is that we should also not underestimate the impact of alcohol, and if you talk to paramedics or emergency department doctors, the very challenging issue of alcohol-related call-outs and illnesses is another really, really challenging and tricky area. I do not know if Associate Professor Walker has any other contribution specifically around either heroin or other drug issues. We publish the data. It is a significant issue. It takes up significant resources. But alcohol is probably our really significant issue.

Assoc. Prof. WALKER — Thank you, Minister. There is no question alcohol is a particular issue and one of the key drivers for occupational violence against our workforce. The other issue is illicit drug use around ice is a particular issue for us, and heroin is still an issue, not as big an issue as it was back when I was on the road back in the late 90s, but it is still an issue that is out there for us.

Ms PATTEN — And growing, yes.

Assoc. Prof. WALKER — So from our perspective, our focus is on appropriate clinical management of those cases — responding quickly and ensuring we have got the right clinical interventions to provide treatment.

Ms PATTEN — Just to move aside on that, and it is going back to some of the comments you have made earlier, certainly when I was researching this issue, particularly around North Richmond, there were a number of comments around needlestick injuries and what paramedics were doing around that. Going back to the budget, I see that we have got target measures for medical students feeling safe; we have got targets for satisfaction with paramedics. Are we going to have any targets for paramedics feeling safe or those safety measures that you are investing in?

Ms HENNESSY — The short answer is yes, via a statement of priorities between the government and Ambulance Victoria, and we publish those. Wellbeing generally across the health system is a matter of great priority for us, and I might invite Tony to see if he has — —

The CHAIR — We might take that on notice.

Ms PATTEN — Thank you.

The CHAIR — I would like to thank the witnesses for their attendance: the Minister for Ambulance Services, the Honourable Jill Hennessy, MP; Ms Peake; Mr Stenton; Mr Symonds; and Associate Professor Tony Walker. The committee will follow up on the eight questions taken on notice in writing. The response answering the questions in full should be provided in writing within 10 working days of the committee's request.

Witnesses withdrew.