

# ATTACHMENT 1: QUESTIONS TAKEN ON NOTICE AND FURTHER INFORMATION AGREED TO BE SUPPLIED AT THE HEARINGS

Hon Jill Hennessy MP

## AMBULANCE SERVICES PORTFOLIO

1. Please advise, for 2016-17 and 2017-18, the number of newly-recruited paramedics and existing paramedics who are women.

*(Page 5 of the Ambulance Services portfolio transcript)*

The Gender split for new paramedic recruits in 2016-17:

New Recruits	No.	%
Female	265	56.7%
Male	203	43.3%

The Gender split of permanent paramedic workforce for 2016-17 (excluding casuals, Ambulance Community Officers, and volunteers):

Paramedic Workforce	No.	%
Female	1,721	43.3%
Male	2,251	56.7%

Note: Additional new paramedic recruitment targets as part of the Government's \$500 million investment into Ambulance Victoria for 2017-18 is 170. Ambulance Victoria expects that the split by gender of new recruits will be a 50/50 ratio.

2. With regard to the dispatch grid and changes made to the grid, including changing codes for various types of incidents:

- a. What types of incidents once classified as code 1 are now a code 2 (from 1 July 2016)?

There are a range of event types that were previously classified as Code 1 which are now classified as Code 2. These include event types such as minor burns and animal bites; minor traffic accident injuries; and some (not all) headaches. The changes were approved by Ambulance Victoria's Medical Advisory Committee and the Ambulance Performance and Policy Consultative Committee Independent Clinical Panel, based on a detailed review of prior cases and a combination of research, audit and clinical expertise.

- b. How many incidents that occurred between 1 July 2016 and March 2017, which would have been previously classified as code 1, have now been classified as code 2 on the grid that is currently in use?

Ambulance Victoria is currently finalising a comprehensive evaluation of the grid changes which will provide greater context to classification changes.

- c. **AV and ESTA are able to recode the emergency after speaking to a patient via RefCom, the triage service. Between 1 July 2016 and March 2017, how often were emergencies recoded by RefCom and from which code to which code?**

Cases routinely transferred to RefCom are from a cohort of event types chosen to be suitable for secondary triage, with the purpose of RefCom being to determine the most appropriate dispatch code and response. As such, those cases are not initially assigned a dispatch code. The RefCom process is not to change dispatch codes, but to assign the most appropriate code based on the information gathered during the triage process.

- d. **What was the total cost for determining, planning and implementing the changes to the dispatch grid, including any external advice?**

*(Pages 7-8 of the Ambulance Services portfolio transcript)*

To determine the requirements, and plan the necessary changes, a number of Ambulance Victoria employees were allocated to this project as a priority, with the costs absorbed as part of salary and wages expenditure.

- 3. What criteria and methodology does the Department use to determine where ambulance resources are best deployed?**

*(Page 9 of the Ambulance Services portfolio transcript)*

Ambulance Victoria retains the responsibility for determining the sites and locations from which ambulance resources are deployed. To make those determinations, Ambulance Victoria utilises a number of modelling tools and techniques to ensure services are able to operate in the most efficient and effective manner. Service demand, population growth and demographics, geography and topography, location of other existing services, and broader health system requirements are all factors which influence the placement of new services.

- 4. Regarding the mental health of its paramedics:**

- a. **Does the Government have a way of measuring the mental health of paramedics?**

The Government and Ambulance Victoria have been working to improve the health, safety and wellbeing of paramedics. Funding has been provided to improve access to additional peer support and chaplains, as well as providing training specific to reducing occupational violence and improving the mental health and wellbeing of the paramedic workforce. This includes paramedics trialing the use of high tech body cameras as part of the Government's Health Service Violence Prevention Fund. Ambulance Victoria has also recently implemented the service's first Mental Health and Wellbeing Strategy to provide a whole of organisation approach to address mental health issues.

- b. **Does the Government have a desired benchmark for the mental health of paramedics?**

The Department of Health and Human Services is working with Ambulance Victoria to investigate a variety of tools and indicators which may be suitable for monitoring and reporting the health, safety and wellbeing of our paramedics.

- 5. Regarding the paramedic work value case:**

- a. **What was the total cost of the work value case in 2016-17 and 2017-18?**

The 2016-17 Expected Outcome includes \$41.6 million retrospective amount for 2015-16 relating to the paramedic work value case determined by the Fair Work Commission along with \$79 million for 2016-17, including the flow on of \$41.6 million from 2015-16 to 2016-17.

The 2017-18 Budget includes \$95.7 million relating to the paramedic work value case determined by the Fair Work Commission, including the flow on of \$79 million from 2016-17.

- b. The 2016-17 expected outcome expenditure for the emergency and non-emergency ambulance outputs combined is \$177.3 million higher than the target.<sup>1</sup> How much of the increase in the cost of ambulance services is attributable to the cost of the paramedic work value case?**

The 2016-17 Expected Outcome includes \$41.6 million retrospective amount for 2015-16 relating to the paramedics work value case determined by the Fair Work Commission along with \$79 million for 2016-17 (including the flow on of \$41.6 million from 2015-16 to 2016-17).

- c. What other costs make up that \$177.3 million increase?**

The balance of the \$177.3 million movement in the 2016-17 Expected Outcome primarily relates to increased funding for improving ambulance response times (published in the 2016-2017 Budget Update), partially offset by \$9.5 million reduction in allocated output overheads.

***(Pages 10-11 of the Ambulance Services portfolio transcript)***

- 6. Are there targets for paramedics feeling safe and the safety measures that are being invested in?**  
***(Page 12 of the Ambulance Services portfolio transcript)***

The Government and Ambulance Victoria have been working to improve the health, safety and wellbeing of paramedics. Funding has been provided to improve access to additional peer support and chaplains, as well as providing training specific to reducing occupational violence and improving the mental health and wellbeing of the paramedic workforce. This includes paramedics trialing the use of high tech body cameras as part of the Government's Health Service Violence Prevention Fund. Ambulance Victoria has also recently implemented the service's first Health and Safety Strategy to build a 'safety first' culture where everyone has the knowledge and skills to do their jobs safely.

The Department of Health and Human Services is working with Ambulance Victoria to investigate a variety of tools and indicators which may be suitable for monitoring and reporting the health, safety and wellbeing of our paramedics.

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<sup>1</sup> Department of Treasury and Finance, Budget Paper No. 3: 2017–18 Service Delivery (2017), p.241 Hennessy 2017–18 BEH QoNs/docx