

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into the 2026–27 Budget Estimates

Melbourne – Thursday 21 May 2026

MEMBERS

Sarah Connolly – Chair

John Pesutto – Deputy Chair

Jade Benham

Michael Galea

Mathew Hilakari

Lauren Kathage

Aiv Puglielli

Richard Riordan

Meng Heang Tak

WITNESSES

Harriet Shing MLC, Minister for Ambulance Services;

Jenny Atta, Secretary, and

Naomi Bromley, Deputy Secretary, Health System Reform and Partnerships, Department of Health; and

Jordan Emery, Chief Executive Officer,

Tegwyn McManamny, Executive Director, Quality and Clinical Innovation, and

Jessica Lambous, Executive Director, Enterprise Services, Ambulance Victoria..

The CHAIR: I declare open this hearing of the Public Accounts and Estimates Committee and ask that mobile telephones please be turned silent.

On behalf of the Parliament, the committee is conducting this Inquiry into the 2026–27 Budget Estimates. The committee's aim is to scrutinise public administration and finance to improve outcomes for the Victorian community.

I advise that all evidence taken by the committee is protected by parliamentary privilege. However, comments repeated outside of this hearing may not be protected by this privilege.

As Chair, I expect that committee members will be respectful towards our witnesses, the Victorian community joining the hearing via the live stream and other committee members.

Witnesses will be provided with a proof version of the transcript to check and verified transcripts, presentations and handouts will be placed on the committee's website.

I welcome the Minister for Ambulance Services the Honourable Harriet Shing as well as officials from the Department of Health and Ambulance Victoria. Minister, I invite you to make an opening statement or presentation of no more than 5 minutes, after which time committee members will ask you some questions. Your time starts now.

Harriet SHING: Thank you very much, Chair, and thank you to members of the committee for this opportunity to talk to ambulance services across Victoria as they relate to the budget.

I would like to begin by acknowledging that we are on Wurundjeri country, and I pay my respects to elders past and present. I would also like to acknowledge any and all Aboriginal or Torres Strait Islander leaders or emerging leaders who are here today or who are part of the work in delivering the best ambulance services and response in the world.

Visual presentation.

Harriet SHING: The slides, if we can take people to them, demonstrate that across 2025–26 our ambulance services continued to improve and to lead the nation in the critical care that Victorians rely upon. As I said, it is a world-class workforce. System-wide reform has lifted ambulance performance to its highest level in over four years, with consistent year-on-year improvements since the standards for safe and timely ambulance and emergency care were launched in February last year. Code one – that is, those time-critical responses – remain some of the best when measured against comparable jurisdictions despite record demand. We continue to outperform New South Wales and Queensland on three of the four response time indicators, and we lead the nation in cardiac arrest survival rates. This is not happening by accident. It is happening because of a coordinated approach to the way in which we manage incoming calls, provide support, triage assistance and response.

I am also clear-eyed about the fact that there is always more work to do, and I am glad to be joined today by representatives of Ambulance Victoria who are part of leading that change. We are paving the way in best practice emergency care with those standards that set out clear actions for Ambulance Victoria and our public hospitals to improve the progression of care and reduce ramping. As I indicated in a previous session, this also

includes offload cubicles, the way in which secondary triage occurs and better deployment of technology alongside virtual options such as the VVED. We have invested \$437 million in expanding the VVED, which has diverted non-critical cases from emergency response, freeing up ambulances and emergency departments for the most urgent cases.

Next slide please. We are improving service availability, and this also means making sure that we are backing our crews. A 50 per cent increase in the workforce since we were elected is part of making sure we have additional paramedics to meet that need, as well as supporting them through greater scalability across the system; \$46 million to strengthen the workforce with targeted growth in specialist roles such as the MICA work to support complex and high acuity emergencies; and this sits alongside an additional \$84 million to add new regional ambulance crews, peak period capacity and additional 24-hour services, improving statewide access to emergency care.

Next slide please. In this year's budget we are continuing to back our paramedics. And I have been very clear: emergency workers put themselves in harm's way every single day for Victorians, to provide life-saving and life-changing care, to restore people's dignity and to provide them with the best possible medical and expert response at their time of greatest need. They deserve to come home safely, and they deserve our respect. They also deserve safe systems of work. We are committed to further strengthening that work to deliver emergency worker harm laws, to remove loopholes, but then also to make sure that there is better information exchange between paramedics, health services and law enforcement.

Next slide, please. We are making investments in a range of initiatives to ensure that ambulance paramedics can get back on the road sooner, with \$50.7 million to services to make sure that those who need care most can access it when they do, so after somebody calls 000, making sure that the system works smarter and in a more integrated and informed way, and there is \$9.7 million to improve call-taking and dispatch accuracy. This then frees up capacity for critical emergencies and ensures that we are supporting the whole system that then in turn supports crews on the ground. There is \$28.6 million to connect low- and medium-acuity patients with those alternative care pathways, reserving ambulances for critically ill patients. We need to keep this work going. It has been a privilege and a pleasure to see this work in action at Burwood.

Next, slide please. There is \$10.4 million to continue a pilot to improve coordination of ambulance arrivals and \$2 million to assist staff who assist frequent 000 callers. Thank you for the opportunity to talk to our paramedic workforce and the investments that we have made today. I want to conclude by saying that they provide lifesaving care and they deserve our respect, recognition and ongoing support and investment.

The CHAIR: Thank you very much, Minister, well said. The first 13 minutes are going to Mr Riordan.

Richard RIORDAN: Okay, thanks, Chair. Hello again, Minister.

Harriet SHING: Hello, Mr Riordan.

Richard RIORDAN: At the outset we acknowledge very much, Mr Emery, the great contribution and how much our community appreciates what your workforce does at people's most vulnerable time. So put that very much on the record. But to that, there is no doubt there is a community perception that we have an issue with the availability of ambulances when and where we need them. And I know as MPs we will all be able to cite examples where people have felt it has not been as critical as it would be. And so to you, Mr Emery, I ask the question: could you outline for the committee what effect flexible working arrangements, unplanned sick leave and dropped shifts are having on your ability to keep ambulances on the road?

Jordan EMERY: Thank you so much, Mr Riordan, for your question, and thanks for your comments. It is undoubtedly the case that over the last 15 or 20 years the composition of our workforce has changed very significantly. And can I say very significantly in a positive way. It was not all that long ago that women were specifically precluded from working as paramedics in Ambulance Victoria, and now more than 50 per cent of our workforce are women. And of course that brings with it a wonderful richness in terms of how we provide care to the Victorian community and ensures that we are more representative of the community we are very privileged to care for. However, we also know that the caring responsibility is a burden disproportionately felt by women and the significant demographic change in our workforce means that we see more employees seeking access to flexible work arrangements, predominantly for childcare arrangements.

Richard RIORDAN: On that, Mr Emery, are you as an organisation and as the leader of the organisation actively monitoring the patterns that are causing shortfalls?

Jordan EMERY: Look, we certainly look at a range of factors that contribute to the shortfall. Flexible work arrangements are challenging, Mr Riordan, because as I said, they are predominantly related to child care. And as you would appreciate, given your constituency, child care, particularly longer hours day care facilities, are difficult for our members to access in some rural locations. Similarly, childcare centres do not operate overnight, and that creates a challenge for us in terms of our people being able to access those facilities.

Richard RIORDAN: But Mr Emery, lots of organisations are managing in this day and age the complexities of working families and their needs, right? That is a given in a modern world, of course, right? Your organisation has to deal with it.

Jordan EMERY: Yes.

Richard RIORDAN: Can you tell this committee how that is actually impacting and, essentially, do you need more resources in order to manage those ebbs and flows that you are experiencing in what is arguably one of the most critical workforces in the state?

Jordan EMERY: Very fair question, Mr Riordan. I think there are some unique complexities as it relates to ambulance, police and other emergency service organisations. Certainly we have embarked on significant work around a flexibility strategy and roster reform right across significant parts of the state. A huge challenge we have is that we have a four-day on, four-day off roster. That is the dominant roster across the state. It has been built into our industrial instrument for the better part of 40 or 50 years. If I can be so bold as to say it is a roster designed by men for men, and as a consequence of that –

Richard RIORDAN: But how much longer would your organisation say – basically you are talking about more women in your workforce, which is a great thing.

Jordan EMERY: Agree.

Richard RIORDAN: That is not new, right? So how long does it take your organisation to adjust to that? Have you submitted to the minister, for example, clear requests for more support or more funding or more support for your workforce and you are not getting it? Is that what we are hearing?

Harriet SHING: A 50 per cent uplift in paramedics is a significant investment in those further staffing levels, Mr Riordan.

Richard RIORDAN: Yes. But on your own figures, Minister, you have not improved accessibility for Victorians to ambulances since the height of COVID. If COVID is the high-water mark of service levels, we have come down from that, surely, and no improvement.

Harriet SHING: Median response time has improved, Mr Riordan, so again we just need to be a bit clear about that.

Richard RIORDAN: Sorry, Minister, I am asking Mr Emery, who clearly has the day-to-day responsibility for this, and I think it is important for the committee to hear what he needs and what this budget sounds like it is not fulfilling.

Harriet SHING: A 50 per cent uplift in paramedic staffing is again directly intended to address that need.

Richard RIORDAN: If you have got the uplift and you are still not getting the benefit and the ambulances, we are still not getting it right, Minister.

Harriet SHING: Median response time is actually down, Mr Riordan. You have seen that from the Q3 figures that have just been released.

Richard RIORDAN: No, Minister, that is not the point. Mr Emery has made it clear he has significant staffing issues. My next question is: typically, what days of the week do you find that you have got the critical staffing shortages? If you are monitoring the pattern of it, what is it telling you?

Jordan EMERY: Thanks, Mr Riordan. Can I just add a little more context to your first question. Because I think it is an important one, and that is really about the profile of the work we are attending. When you talk about our response to code 1 cases, which is an important indicator – and as a career paramedic myself, ensuring that people receive ambulances in a timely manner is very important to me, particularly for those life-threatening emergencies – what we know is that about 10 per cent of our total workload at Ambulance Victoria is true time-dependent emergencies – that is, they are life-threatening emergency cases that require an emergency ambulance. A significant other portion of our work is work that could be better managed through our expert clinicians within our triage services program. Mr Riordan, that goes to the heart of the minister's investment in this year's budget, which is about ensuring that we have the funding to continue to grow our triage services.

Richard RIORDAN: Okay, so you are growing your triage services, but at the end of the day people want to see white vans on the road getting to their home when they are at their most vulnerable, right? We all agree on that.

Harriet SHING: They want to see care, Mr Riordan, in a way that meets their needs. And that is, again to the point that has been made –

Richard RIORDAN: When an 85-year-old husband collapses in the bathroom, his stressed-out, panicking wife wants to see an ambulance in a reasonable time.

Harriet SHING: And that is where cardiac arrest and stroke and anaphylaxis response times, those code 1 lights-and-sirens times, are actually coming down.

Richard RIORDAN: Well, yes, but you do not always know that at the time, Minister. You do not know how long it took Mrs Jones to get to the phone. You know, these are unknowns. We just know that that Mr Emery's people need to be available. What we have heard is that there are critical staff management issues in your organisation. I am wanting to know: what information have you given to the minister about it, and what improvements can we expect to see? Because, you know, a 12-second improvement in time from the heights of COVID is not exactly blitzing the place.

Jordan EMERY: I appreciate your concern, Mr Riordan, and I think that something that I am absolutely laser-focused on every day is how we can continue to make improvements in that. If I come back to that point about the true clinical profile of our work – and, might I add, none of that is to disparage the people who are afraid. We have people who call, who are legitimately afraid, and they need our help and care, and we should be there to support them. What we know, though, is that a very significant number of our patients are better able to be cared for by paramedics and nurses working in our triage services model, and that is why this investment is so important. What we also know, Mr Riordan, is that the \$2 million that will go to our complex patient management team will allow us to support some of the most vulnerable Victorians, people with very substantial drug and alcohol and social health problems.

Richard RIORDAN: Mr Emery, can I be really specific about a case example, because I am wanting to know how you are dealing with it. I had a –

Harriet SHING: Well, case examples – again, a caution. We cannot comment on individual matters where consent or privacy issues come up.

Richard RIORDAN: No, no. I am talking about the example of what Victorians are experiencing when we do not have enough paramedics available. In the middle of the afternoon a T-bone accident on one of our major highways in my electorate was – the people at the accident, with a woman trapped in the car, were unable to get an ambulance. They then, out of frustration, drove the patient to the nearest country hospital, who then, on triaging at the hospital after being driven in the car, was found to have been in quite a bad way and they had to get another ambulance to transfer her immediately to the Geelong hospital, where she stayed for a week. Now that, on all indications, is not a graze from a fender bender; it is a serious T-boning accident. That concerns me as an MP that that is what people in country Victoria have to go through, and anecdotally your workforce says they just do not have the people to fill the buses. How often can Victorians expect that level of staff shortage to affect their levels of care?

Harriet SHING: In Mildura, for example, we have got a very different scenario in terms of what the response times look like.

Richard RIORDAN: You know what, people in Polwarth do not care about Mildura's experience of health care. They do care about their own, and I am sure the Member for Mildura cares very much. But my question was: what are you as a government saying to people when your own staff are saying there is just not the workforce available?

Harriet SHING: Go back to my initial comments, Mr Riordan. It is important to be clear-eyed about the challenges that exist as they relate to population growth and to acuity of need, and to deploy options to divert people into the pathways for care and response that are right for them. This is then about taking the pressure –

Richard RIORDAN: Well, in this particular example, Minister, people on the side of the road had to put what could have been a critically injured person into their own car, drive them half an hour in one direction –

Harriet SHING: And that is where, again, I do not want to get into the detail of individual matters, again for patient confidentiality and privacy and for consent purposes. The hearing is not the right space –

Richard RIORDAN: But you cannot fob off triage as a solution when people need critical experience and ambulance services at their door, on the side of the road or in a public place. Triage is not the solution to everything, Minister.

Harriet SHING: Well, triage – and again, Mr Emery might wish to speak to this – has actually assisted in diverting a significant number of calls that would otherwise be allocated to code 1 lights-and-sirens responses into a pathway that ensures they can get the care that they need, which then takes pressure off the system and enables call-outs with lights and sirens –

Richard RIORDAN: My ultimate question remains the same: how often are we short of staff on a daily basis, a weekly basis? How often do we just not have enough staff to turn up to drive the ambulances and provide the service in ambulances? Mr Emery said he is tracking this stuff; I just want to know an answer so we can compare it again next year so we can see whether we are getting improved services.

Harriet SHING: Workforce capacity at Ambulance Victoria has increased by 53.6 per cent over the last decade; 79.8 full-time-equivalent MICA clinicians were in training in 2024–25.

Richard RIORDAN: Minister, the amount of people – as we know with Victoria Police, it does not matter how many you employ, it is how many you have turn up –

Harriet SHING: Well, we have got –

Richard RIORDAN: and in the case of the ambulance officers, you can tell me how many people you have got. I want to know on a daily basis are we fulfilling the rosters? Have we got enough people on the ground? Have we got the resources that our hardworking paramedics need to provide the services we need each day?

Harriet SHING: We have got the second largest operational ambulance workforce nationally after New South Wales, Mr Riordan. We have got a total of 6000 staff –

Richard RIORDAN: Minister, you love comparisons. We have the largest police force, allegedly, but 1500 of them are not available to work. So my question again to you is: with our ambulance resources, have we got the resources on a daily basis?

Harriet SHING: That is where recruitment comes in, Mr Riordan, because \$2 billion in funding means that we are in a position to recruit, including MICA paramedics, including targeted recruitment and dispatch arrangements that have improved access to MICA capability for those critically unwell patients that you have referred to.

Richard RIORDAN: Minister, can you tell us on a daily basis what your average turnout rate is or how many shifts or people are not able to fulfil their rosters?

The CHAIR: Thank you, Mr Riordan. We are going to go straight to Mr Galea.

Michael GALEA: Thank you, Chair. Good morning again, Minister, Secretary, officials. And good morning, Mr Emery, and your team. At the outset as well I do want to acknowledge the incredible work that your paramedics do on a day in, day out basis, including in my electorate, and acknowledge your team for that. It is on supporting our paramedics that, Minister, I wish to turn to you and ask in relation to the 'Department Performance Statement', page 69. There have been some awful recent media reports about some sickening assaults against paramedics. Obviously, any assault against any worker is unacceptable, but it is particularly sickening when it is against paramedics. Minister, what are you doing to address these rising rates of assaults?

Harriet SHING: Thank you for that question, Mr Galea. I went to this in my opening remarks, and I do not think that we can overstate what is happening here around cases of paramedic assaults – violence, intimidation, harassment against people who are providing life-saving care. There have been a number of cases in recent weeks and months that have attracted significant media attention. There was an incident against two paramedics in Mornington. There was an alleged attack of a MICA paramedic in the northern suburbs and an assault against a woman while she was treating a mental health patient. I do not want to prejudice the processes around any of those matters that are currently in train, so my comments here are very, very general in nature.

Violence against any worker is unacceptable. Whether you are selling someone a T-shirt or giving someone a heart transplant, you deserve to be able to go home safely and to have the respect and recognition that you deserve in the course of your job. This is where paramedics deserve that safety and deserve a range of investments and initiatives that provide that support, as well as a clear-eyed understanding of where the challenges arise. I have had the opportunity to talk directly with paramedics on the ground about their experiences and to note the challenges involved in dealing with patients, who often have very complex needs, and their families and the people around them as well.

Our laws need to be really strong in order to ensure that those paramedics that I have met with, the 6000 who are working across the board every single day, are getting home safely, but also that people in a secondary triage centre are treated with respect over the phone. People have the right not to be harassed when they are providing information, care or assistance, whether physically or remotely. Now, we have introduced a range of reforms, and there is further work to do through the Victorian Law Reform Commission around closing that loophole. Again, we have a range of other initiatives that are intended to direct a justice-based response through the courts to egregious breaches of the law. We also need to make sure that we are continuing to seek advice on a range of measures, how the law reform commission is assisting us to close these loopholes and what we can do to alleviate that pressure. So, as Mr Emery touched on, we have got \$50.7 million to support secondary triage. What that does is take pressure off the dispatch methods, where people can be given assistance in a range of different ways. This means that we can see people able to be given assistance through telehealth, through those virtual engagements, whether that is a video conference call, a phone call or, in the case of a couple of hundred people with those very, very complex presentations, a dedicated team within the secondary triage centre.

We have continued to deliver on improving those mechanisms and funding envelopes for improving hospital patient flow and reducing ramping across the state. That includes opening additional bed capacity to facilitate early discharges during periods of peak demand. It includes increasing the capacity of short-stay units for the short-term observation, assessment and treatment of patients in emergency departments, and it also includes supporting the standards for timely ambulance and emergency care. Since the introduction of the standards, ambulance transfers within 40 minutes reached 73 per cent statewide in Q3. That represents an almost 4 per cent year-on-year improvement, and that is the strongest performance since late 2020. The Victorian Virtual Emergency Department is also another really important part of delivering on efficiencies, reducing pressure and being able to accommodate demand to support the sickest patients and callers when and as they need it. Since the VVED came into operation we have seen over 500 000 patients, with about 85 per cent of those avoiding an unnecessary trip to hospital. The secondary triage process also includes diversion, where we see people not needing a lights-and-sirens response, because they are able to get care through other pathways.

We have got \$28.6 million over two years to support Ambulance Victoria's triage service. That then means that it can integrate with Triple Zero Vic, which is literally over the road from the secondary triage centre, and also within our frontline services and dispatch. We saw that in 2024–25, to make the point in percentile terms about the impact that this is having, the triage service redirected 19.5 per cent of callers to alternative care. That is, about one-fifth of callers received that redirection. That then means that about 20 per cent of callers were getting the care at the same time that we were taking pressure off other parts of the system. Over

35,000 patients were directed to alternative pathways, including the VVED. That gives Victorians the right level of care and also enables our really hardworking paramedics to get back on the road sooner. That goes directly to the points that were made earlier about workforce capacity, as Mr Riordan raised them.

Urgent care clinics, in partnership with the Commonwealth, are also another important part of this work. There is \$20.9 million in 2026–27 to deliver the right care at the right time as part of the state-funded urgent care clinics. Of course we have seen Commonwealth funding through the budget – billions of dollars to assist in what frontline response looks like. We will be supporting, as a result of that, nine clinics across extended hours for free urgent care treatment – that is with or without a Medicare card – and we will continue to deliver that work in consultation and careful discussion with health services and hospitals, with communities and with industry.

Michael GALEA: Thank you, Minister. There has been commentary about secret lists of known offenders. Are there plans to share any such lists with Ambulance Victoria?

Harriet SHING: Okay. I want to correct perhaps the terminology that you have used there. There are not any secret lists held by the Department of Health. There are not any secret lists held by the Department of Health – I just want to be really clear. Hospitals have the ability –

John PESUTTO: Are they held by anyone else?

The CHAIR: Excuse me.

John PESUTTO: Sorry.

Harriet SHING: Hospitals have the ability to flag concerning and complex behaviour on a patient's electronic medical record. That is not the same as a 'Not welcome' notice. Those flags actually support staff to develop tailored plans to meet the needs of patients and staff to ensure the safe delivery of care. 'Not welcome' notices are used in really rare cases where concerning and repeated behaviour occurs. Patients with life-threatening conditions will always receive care when and where they need it. I want to be very, very clear about that. We are actively working with health services and also with Ambulance Victoria to make sure we are strengthening that data sharing and consistency, but again, there is no secret list held by the Department of Health. Again, we have flags for patients with particular complexities or with risk attached to them, and we will continue to provide support to Ambulance Victoria to make sure that information can be exchanged. But this is not a static thing. When somebody has issues flagged against their behaviour at one point in time, that may not be the case the next day. It is important to note that this is not something which is part of a spreadsheet with a triple bottom line against the bottom of it. Patients with life-threatening conditions will always receive the care that they need when and where they need it.

Michael GALEA: Thank you, Minister. What initiatives are Ambulance Victoria deploying in order to ensure and improve the health and safety of the workforce?

Harriet SHING: That is a really important part of the work that Ambulance Victoria has been driving. This is the work that Mr Emery and Mr Crisp have been stewarding, and this includes targeting psychosocial risk to make sure we have got those prevention initiatives in place; rostering reforms to reduce fatigue, again, making sure that we are meeting people where they are in their capacity to do this high-pressure, high-stress work; improved education and training outcomes; strengthened leadership capability to support early intervention and sustained cultural change; and then also making sure that we have got a risk-based occupational violence framework, so that is an overarching structure to ensure that we can manage, prevent and respond to occupational violence. And there is an annual work program plan as well that is developed in consultation with frontline staff, and that sets out a range of priority actions, training and risk mitigation initiatives each year.

Ambulance Victoria and the union also met with me earlier. We have had a couple of meetings and many discussions, and you have also had conversations from within AV with the union to discuss an approach to addressing occupational violence. That is ongoing work, though. It builds on the occupational violence discussions and round tables that my predecessor and the Minister for Mental Health have had, and that is about prevention, de-escalation and also intervention. There is a lot of work to do, but it is also important to understand the magnitude of the problem, the challenges that exist, how they are impacting upon the workforce

and what can and needs to be done in order to address that and to recognise and reflect the opportunities that we have to support staff so that they stay and so that they have longevity in their careers as paramedics.

Michael GALEA: Thank you, Minister. In terms of those broader investments in the health system that provide that support and relief – that pressure for paramedics – how do these act as other protective factors for the health workforce?

Harriet SHING: Occupational safety is incredibly important in any job. There are very rigorous standards that apply around safe systems of work. Occupational safety in an environment of primary care is really, really complex and involves a number of challenges around multiple factors. It might be the individual actions of a person involved in an interaction. Mental health and AOD rates can influence the vulnerability and exposure to risk, the sort of spaces that people are working in, as well as training and de-escalation skills and environmental pressures. We also want to make sure that as well as strengthening those legislative protections, we are addressing those environmental pressures, particularly in our EDs. This is where we have had recent reforms to improve and increase capacity in our emergency departments to manage what those peaks look like: call triaging and dispatch and what those improvements look like, improving the ways that hospitals receive patients, and this is where again the offload cubicles enable us to see that transfer capability improved and made more efficient; alternative pathways for non-life-threatening conditions as well as urgent care centres; and the VVED. I know I speak about this a lot. It is so essential that we do not diminish or underestimate the impact that those pathways have. Improvement science is a really important part of this work as well. How we can actually deliver that scalability might be through the tech work that I discussed in an earlier hearing, as it relates to Mildura, the standards that apply, and then also freeing up patient beds.

All of these things create an ecosystem. There is no one single answer to the pressures that exist across the system, and if anybody thinks that there is, then they are not asking the right questions. We want to make sure we are diverting demand from those really busy EDs but also ensuring that Victorians are getting the care that they need in any number of different ways. The way that people live, the ways that people move around and the ways that people work are not the same as they were when these systems were established. That is why it is important that they continue to evolve. It is also important that we continue to take the opportunities that technology presents to us to do more, to do better and to make sure that what we are building and doing is sustainable.

Michael GALEA: Thank you, Minister. Turning now to care and performance outcomes, which we have already talked about in this session, you highlighted a few initiatives in your presentation. Can you please talk to me directly about how those initiatives will lead to improved outcomes for getting paramedics back on the road sooner and what those steps look like?

Harriet SHING: Sure. The work that we are doing is ongoing. Delivery of improvement is continuous. There is no finish line when it comes to delivering on health reform, delivering on better outcomes. This is where the \$2 billion that we have invested since 2014 has enabled us, through additional ambulance funding, to be able to free up paramedics to deliver faster emergency care. Hundreds of thousands of Victorians every year will be supported through improved 000 call taking and dispatch. Ambulance Victoria's triage service is important to this, as well as virtual care services. The secondary triage team, again, is the envy of other jurisdictions. It is setting the pace for national reform in the way in which frontline response occurs. It is the most comprehensive secondary triage system of its kind in the world. Again, that is not happening by accident; it is because of dedicated investment and innovation but also the interoperability. Clinicians, paramedics, health services and community-based health are essential in the success of these measures. This will mean we have got prioritisation of care for the most time-critical cases – it might be a cardiac arrest, a stroke, anaphylaxis – reducing avoidable ambulance dispatch and emergency department presentations and then increasing the speed at which ambulance handover and hospital patient flow is executed.

A pilot improving the coordination between emergency departments and arrivals is also really a significant part of this investment, with more than \$10 million being allocated there. This is also about making sure we address two of those key drivers to performance, being logistical delays from ambulance clustering and then also capacity constraints due to admitted patient access block.

There is a lot of work to do, but also we know that the things that we are doing are working. This is about staying the course, continuing with that investment, making sure we are supporting our workforce, deploying

access to technology and systems improvement. Again, every time we invest in these improvements we are building a better system that is able to meet demand. That translates to seconds and to minutes and to the number of callouts and responses.

Michael GALEA: Thank you, Minister. The ‘Department Performance Statement’, page 69, outlines a number of performance measures, including a target which was not met for statewide emergency air transports. Minister, the actual expected outcome has fallen well short of the target. Can you explain why? Is this simply a demand matter?

Harriet SHING: This is actually a demand matter. Where we have a need for air transport, that is, again, something that arises because the need has been identified. A reduction in demand means a reduction in deployment. Mr Emery, do you want to add anything to that?

Jordan EMERY: Yes. Thank you, Minister. Mr Galea, I will just say in terms of statewide emergency air transports between FY 24–25 and 25–26 to date, we have still increased the number of transports we have done by air, so up in the order of about a hundred additional cases. But as the minister rightly pointed out, there are targets that are set about the anticipated demand, and it is entirely driven by the clinical profile of incidents across the state of Victoria.

Michael GALEA: Does that higher target then allow for the capacity, which can then spike, I am assuming, at random different moments?

Jordan EMERY: Yes. Those resources continue to be available. Part of the sophisticated helicopter emergency medical service and fixed wing platform that is delivered across the state ensures that we have readiness to service Victorians right across the state, including in some of the most regional and remote locations, and so across the state care is being delivered all the time through our helicopters and planes.

The CHAIR: Thank you.

Michael GALEA: Thanks, Mr Emery.

The CHAIR: We are going to go for the next 4 minutes to Mr Puglielli.

Aiv PUGLIELLI: Thank you, Chair. Good morning, officials. Thank you for the work that you do in the community. Looking at triaging – I am on budget paper 3, page 46 – for several years there have been criticisms made regarding issues with Triple Zero’s triaging system for ambulance dispatch, including through the recent Parliament Inquiry into Ambulance Victoria. I understand the government has acknowledged this and has committed to funding more accurate triaging and ambulance dispatch. You covered some of these initiatives earlier. Will this funding, though, specifically include incorporating greater clinical oversight of triaging, as per recommendations 14 and 15 of the Inquiry into Ambulance Victoria?

Harriet SHING: Thank you, Mr Puglielli, for that question. Triage is about making sure that in a system that is integrated we have opportunities for, again, diversion to other appropriate care pathways – we are talking about 20 per cent and, in addition to that, 35,000 people being assisted. This also means that we are providing opportunities for people to get that ongoing care. That might mean that they are assisted through a virtual environment within the clinical triage process, and if that is escalated to a code 1, for example, then that can be dispatched and deployed.

There is a lot of work to do in responding to the challenges that Ambulance Victoria has identified. Mr Emery has led the charge in a lot of that transformation. I want to acknowledge that we are in a time of significant reform when it comes to the way in which Ambulance Victoria is managed – the operational capacity and systems that work within the organisation but then also more broadly as part of secondary triage. We have continued to work to respond to the parliamentary inquiry. We released our response in relation to that inquiry, and we will continue to work alongside Ambulance Victoria, health services and the industry more broadly.

Aiv PUGLIELLI: Thank you. These two recommendations were supported in principle by government, so over the forward estimates, are we going to see these recommendations operationalised through funding from this budget?

Harriet SHING: In this budget we will continue within the envelope that has been provided to enact systems-based reform. Again, if that comes down to doing things differently, Mr Puglielli, then that is something that often comes at low or no cost. It is also then about broader efficiencies that can be identified to make better use of resources for better clinical and patient outcomes whilst also ensuring support for the workforce at the same time.

Aiv PUGLIELLI: Thank you. Is there anything additional our officials here today would like to add?

Jordan EMERY: Mr Puglielli, it is an important issue, as the minister has made very clear. The announcement as it relates to triage services and the \$50.7 million in this budget includes \$9.7 million over two years specifically for improving that process. We know that, albeit highly accurate in terms of the call-taking quality undertaken by our colleagues at Triple Zero Victoria, the additional investment from government will allow us to do more focused triaging and management of those patients, and we have embarked on that work already.

Aiv PUGLIELLI: Thank you. Further to that, though, will it see an increase in the number of clinical staff assigned to oversee that call-taking process?

Jordan EMERY: Yes.

Aiv PUGLIELLI: Great. Do you have a dataset of how many over the forwards we would expect to see?

Jordan EMERY: What I would say is we have embarked on some very significant reform work. It is five weeks in, Mr Puglielli. We anticipate we will be able to continue to scale that with this investment. We have commenced that work within existing resources. The \$9.7 million committed by the government in this budget will allow us to expand that. The exact ceiling will be dependent on the number of cases we can bring into that model, just reaffirming that it is part of an existing continuous improvement project, and we are learning as we make those revisions to ensure we are providing safe, quality care.

Aiv PUGLIELLI: Thank you.

The CHAIR: Thank you, Mr Puglielli. Minister and officials, thank you very much for appearing before the committee today. The committee will follow up on any questions taken on notice in writing, and responses are required within five working days of the committee's request.

The committee is going to take a short break before beginning its consideration of the portfolio for water at 11:50 am. I declare this hearing adjourned.

Witnesses withdrew.