



AmbulanceVictoria

Submission to the Legislative Council Legal and Social Issues Committee Inquiry into Ambulance Victoria



Contents

Inquiry into Ambulance Victoria	3
Introduction	5
About Ambulance Victoria	5
Our service delivery	6
Terms of Reference 1	10
a) Call taking and dispatch	13
b) Ramping	20
c) Working conditions	26
d) Workloads of paramedics	30
Terms of Reference 2	34
Terms of Reference 3	37
Terms of Reference 4	41
Terms of Reference 5	48
Conclusion	53
Acronyms	54
References	56
Appendix 1: Triple Zero Victoria	57

Inquiry into Ambulance Victoria

On 14 August 2024, the Legislative Council agreed to the motion that the Legal and Social Issues Committee inquire into, consider and report, no later than 31 August 2025, on the core issues impacting the management and functions of Ambulance Victoria, including but not limited to:

1. issues involving call taking, dispatch (a), ambulance ramping (b), working conditions (c) and workloads of paramedics (d);
2. procurement practices, including contract management and oversight, and their adequacy in ensuring transparency, fairness, and value for public funds and identification of any systemic patterns of mismanagement or lack of oversight;
3. allegations of fraud and embezzlement and the adequacy of financial controls and oversight to prevent misconduct;
4. governance and accountability;
5. the workplace culture within Ambulance Victoria, with a focus on occupational health and safety impacts, including to the morale and wellbeing of paramedics and employees; and
6. any other related matters the committee considers relevant.

Ambulance Victoria (AV) recognises the importance of this inquiry to ensuring the community has confidence in how the organisation is run and the quality and reliability of its services. AV therefore welcomes the opportunity to provide advice to the Committee on each of the Terms of Reference.

In summary, our response to each Terms of Reference is:

1. Increased demand continues to place the whole health system under pressure, including the range of services delivered by AV and the workload of paramedics (and the broader workforce). AV is working with our health care partners such as Triple Zero Victoria and hospitals to effectively address issues with call taking, dispatch and ramping. Through the new AV Enterprise Agreement and various organisational initiatives AV is actively working to improve the working conditions and workloads of paramedics. While these internal and external efforts will need to be ongoing for the foreseeable future, AV is confident that positive changes are emerging and will be sustainable.
2. AV contributes to, or directly undertakes, a large number of procurements for an array of goods and services. This consequently requires high level contract management and commercial skills. While AV has comprehensive and documented policies, processes and frameworks to guide these activities and to promote good practice in line with required regulations, AV continues to work through opportunities to improve procurement management and ensure transparency, fairness and value for money.

3. AV has a clear focus on preventing, detecting and acting on financial misconduct. Our Professional Standards and Behaviours Department is effective in raising awareness of, and provides a mechanism for, reporting misconduct and fraudulent behaviour. AV has strong risk management, regulatory, legislative and a program of internal audit compliance to ensure appropriate controls are in place to prevent and reduce misconduct.
4. Like most public agencies, AV is subject to wide-ranging governance and accountability, of both its functioning as an organisation and the quality and outcomes of its clinical services. AV considers this level of scrutiny and transparency is vital to maintaining stakeholder confidence and driving continued improvement of its services. AV continues to strengthen its governance and accountability frameworks to support its operational and corporate functions.
5. The safety and wellbeing of our people is the number one priority of the leadership and Board of AV. We recognise that the work our people do can be stressful, and that their physical, emotional, and psychological wellbeing matters. All AV employees have a right to be safe at work, ensure that they are treated fairly and be part of an inclusive culture. The leadership and Board of AV have publicly committed to a long-term program of reform supporting the strong and positive aspects of the AV culture.

While considerable work has been undertaken, AV realises that sustained change will require ongoing commitment and an openness to feedback from its workforce, stakeholders and community.

Introduction

About Ambulance Victoria

Ambulance services in Victoria have a long history dating back to 1883 with the first motor vehicle ambulance beginning operation in 1910. However, Ambulance Victoria (AV) as we know it now was established on 1 July 2008 from the merger of the Metropolitan Ambulance Service, Rural Ambulance Victoria and the Alexandra and District Ambulance Service. As a statutory authority, AV provides 24 hour per day, 7 days per week out-of-hospital, mobile and emergency health care to more than 6.9 million people across an area of more than 227,000 square kilometres, from around 260 locations across metropolitan, regional and rural areas.

AV operates under the Ambulance Services Act 1986 (Vic). AV's purpose is to bring world-leading, patient-focused, out of hospital, mobile and emergency health care to the Victorian community and its objectives as defined under section 15 of the Act are:

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

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

AV's total revenue (including government grants and membership revenue) has increased from \$729 million in 2014-2015 to \$1.48bn in 2023-2024.

Over the past 10 years there has been significant investment by the government to expand and improve service delivery including through:

- Upskilling the clinical workforce through programs such as paramedic practitioner and increase in number of MICA trainees.
- The introduction of the first mobile stroke service with further expansion of this service as well as continued use and support for Victorian stroke telemedicine service.

- Growth in secondary triage and alternate care pathways coupled with increased practitioner capacity in triage services.
- Increased the number of fleet and major upgrades to our fleet including the introduction of GPS tracking systems and digital radio upgrades.
- Continue to invest in equipment upgrades including the use of automatic stretcher loaders to reduce injuries to paramedics and technological advancements in medical equipment (e.g. Zoll defibrillators capable of transmitting critical clinical information to hospitals prior to arrival)
- Major renewal of our fixed wing aircraft fleet to become the most innovative in the country including introducing a pilot fatigue management system installed in aircraft to detect pilot fatigue in real time.
- Powered stretcher loading devices developed and installed into fixed wing and rotary wing aircraft to ensure more rapid and safer loading between road and aircraft while reducing the need for pain relief for patients.
- New developments and upgrades to Ambulance branches in areas of need.
- Increases to the workforce numbers both number of on-road as well clinical support staff in communication centres and support services (such as wellbeing and peer support) for our on-road paramedics.
- The introduction of a Medium Acuity Transport Service (MATS) which has dedicated staff focussed on providing care to priority 2 and priority 3 cases freeing up resources for the most urgent and time critical patients.
- Converted a number of rural single office locations to dual crewing to provide additional support to remote/rural locations.

AV's business operations and workforce has grown substantially over the past 10 years. With growth comes the requirement to provide ongoing support to our on-road workforce including critical system upgrades and to continually renew and upgrade our growing fleet, equipment and infrastructure.

Our service delivery

Ambulance Victoria (AV) is a trusted organisation in Victoria's healthcare system. We are incredibly proud of the work of our people and the care we provide our patients. We pride ourselves on providing patients the right care, at the right place, at the right time. We are committed to improving the experience of our people and our patients and over 2023-2024 we met or exceeded all our patient quality and care measures, leading to better outcomes in the survival and quality of life for heart attack, stroke and trauma patients. Fostering this commitment to best care, we have refreshed our Best Care Framework which defines what best care means to AV and the community, how it is delivered, and how our people contribute to achieving our shared mission.

¹CAA Patient Experience Survey 2024

²CAA Ambulance Services Benchmarking Report 2025

We are also a key connector within the health and emergency service systems including with community, primary health and social services, hospitals and health and aged care providers, and emergency services. We work alongside our health service partners to deliver mental health reform, the Victorian Stroke Telemedicine service and alternate pathways to care such as the Video Assisted Triage (VAT).

Our frontline paramedics, doctors, nurses and first responders are there for people often when they are at the most vulnerable, frightened and/or in pain. In 2023-2024 we had more than 5,000 (4,874 FTE)¹ on-road paramedics and 80 (28.5 FTE) doctors and nurses, as well as approximately 1,200 first responders delivering the very best lifesaving care. First responders include Ambulance Community Officers (ACOs) and Community Emergency Response Teams (CERTs). In total we have more than 7,000 employees and we are supported by more than 350 auxiliary volunteers. AV has the highest number of paramedics, volunteers and first responders of any State or Territory in Australia².

We understand the frustration and impact on the community of delays in receiving emergency care due to whole of health system capacity constraints and this is why we have been working with our health service partners to implement the new *Standards for Safe and Timely Ambulance and Emergency Care*. This work will improve whole-of-hospital flow so that patients arriving via ambulance will be transferred to the care of a hospital and that ambulances will clear hospital in a timely manner.

Additionally, we continue to work with our health service partners on improving timely access to care through our Timely Emergency Care Collaborative (TECC), including increased awareness and utilisation of the Victorian Virtual Emergency Department (VVED). We have progressed the support and adoption of alternate care pathways, including when it is safe to leave patients at home, and have trialled the use of video technology to support secondary triage. We have actively built partnerships including working with Triple Zero Victoria (TZV) to strengthen engagement, introducing formal programs with the Health Foundation and aged care, and working with the Country Fire Authority (CFA) to implement the Fire Medical Response program.

Adult Retrieval Victoria (ARV) sits within AV and provides statewide critical care advice and coordinates transfer of critically unwell patients across the state and interstate. ARV plays a central role in the state trauma system, supporting the retrieval coordination of major trauma patients and providing clinical expertise. Many ARV retrievals are performed by highly qualified and experienced MICA paramedics, MICA flight paramedics and flight paramedics.

The work our paramedics, doctors, nurses, volunteers and support staff do every day in helping people in their greatest need is outstanding. It is through them that we continue to lead the way in patient care including one of the best cardiac arrest survival rates in the world. AV is well known for our world-class research that supports improved clinical standards and practice, employee benefits including extensive health and wellbeing support, graduate Advanced Life Support and Intensive Care training programs.

Despite continuing demand on the healthcare system, 97 per cent of patients surveyed were either “very satisfied” or “satisfied” with the service provided by AV paramedics and first

responders³. The Council of Ambulance Authorities (CAA) annual patient experience survey found that “the quality of care provided by ambulance paramedics was consistently rated highly across all Australian states and territories, with 97 per cent of respondents in Victoria describing care as either “very good” or “good”. The following feedback is illustrative of this sentiment:

“I am writing to express my deepest gratitude for the exceptional care and compassion the 3 paramedics and the VVED doctor provided to my elderly mother last night. Their prompt response and professional demeanour were truly reassuring during a very stressful time. Their kindness and understanding towards my mother’s needs did not go unnoticed. She felt comforted and well-cared for, which means the world to us. Additionally, your support and patience in addressing my concerns about her health and the available care services were immensely helpful. Thank you once again for your dedication and the outstanding service you provide. We are incredibly grateful for your help and the peace of mind you have given us.

—Quote from Patient’s Family

AV has also developed an Australian first Cardiac Arrest Improvement Strategy, to drive improvements in the care of out of hospital cardiac arrest patients. The strategy reflects international best practices, local expertise, and over two decades of insights from the Victorian Ambulance Cardiac Arrest Registry. The Strategy identifies 38 programs and aims to achieve a 30 per cent improvement in out of hospital cardiac arrest survival by 2028, potentially saving over 70 lives annually. In addition, our GoodSAM program is in its seventh year of operation and continues to provide rapid assistance to cardiac patients in the critical minutes before emergency services arrive.

AV’s Centre for Research and Evaluation is an international leader in pre-hospital emergency care, health services and resuscitation research. In 2023-24, AV managed 105 active research projects and employees led or contributed to the publication of 76 peer-reviewed manuscripts, many in top-ranking journals in fields of emergency medicine, cardiology, and pre-hospital emergency care. Our internationally recognised research programs attracted almost 2,000 citations across peer-reviewed literature in 2023-24, including 38 citations in policy and scientific statements or treatment guidelines. Our research is highly collaborative, involving partnerships with universities, hospitals, and research institutions. In 2023-24, we proudly signed 13 new research agreements with partners, helping us achieve our strategic goal of being a strong, connected, and collaborative research centre.

We have worked with the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) to fully understand the cultural challenges and opportunities for the organisation. We have listened and we are working to provide a better workplace for all our employees. AV has delivered the roll out of leadership training to over 500 leaders and emerging leaders, anti-bullying and harassment training to operational and corporate employees, and developed AV’s first consolidated Diversity and Inclusion Action Plan.

³CAA Patient Experience Survey 2024

AV has made significant progress towards gender equality and recognises that this is an ongoing journey of continual improvement. Since women first took up operational roles in 1987, we have made measurable progress. Women now account for 54 per cent of our workforce and 40 per cent of our leadership roles⁴.

In 2024 the Emergency Services Foundation (ESF) introduced a Diversity and Inclusion Award Program dedicated to recognising and celebrating leading practice in promoting inclusion and gender diversity amongst ESF's 15 member agencies. In 2024, AV was awarded the Emergency Services Foundation (ESF) Gender Inclusivity Initiative award for improving AV's response to LGBTIQ+ community members.

The Professional Standards and Behaviours Department (PSBD) has continued to uplift its processes and channels to ensure an optimal operating model to support our people. PSBD manages and responds to alleged unlawful and harmful workplace behaviours and through a preventative framework supports positive and respectful workplace practices and actively addresses integrity risks.

AV has also finalised a new Enterprise Agreement for operational employees which will deliver improved working conditions, in addition to increased pay and entitlements. Increased protections at end of shift to reduce the occurrence and duration of incidental overtime are being implemented. Other initiatives also underway to improve conditions for our people include changes to rosters to roll out shorter night shifts and flexible work agreements. AV will continue to prioritise the maintenance and support of our workforce and we thank them for their dedication to serving the Victorian Community.

The remainder of this submission responds to each of the Terms of Reference of the Inquiry.

⁴AV Gender Equality Action Plan 2022-2025

Terms of Reference 1

Issues involving call taking, dispatch, ramping, working conditions & workloads of paramedics

Increased demand continues to place the whole health system under pressure, including the range of services delivered by AV and the workload of paramedics (and the broader workforce). AV is working with our health care partners such as Triple Zero Victoria and hospitals to effectively address issues with call taking, dispatch and ramping. Through the new AV Enterprise Agreement and various organisational initiatives AV is actively working to improve the working conditions and workloads of paramedics. While these internal and external efforts will need to be ongoing for the foreseeable future, AV is confident that positive changes are emerging and will be sustainable.

System overview

The Department of Health (DH), AV and health services share responsibility for delivering timely and equitable emergency healthcare services throughout the state. DH is responsible for setting standards and providing funding and oversight of whole of health system performance monitoring. AV's core service is to provide emergency pre-hospital medical response however we also provide a number of other services including non-emergency patient transport, adult retrieval, emergency management and air ambulance⁵. AV works with many health services such as aged care, primary care, community health, and hospitals to ensure patients receive the best care. AV's key interface with the health service system is with the Emergency Departments (EDs) in hospitals across Victoria. EDs provide 24-hour emergency care to patients who need urgent medical attention for severe injuries or illness.

Demand for emergency health care

Victoria has seen a 17.1 per cent increase in demand for emergency services (35.1 per cent increase in Code 1) over the past five years. Paramedics respond to approximately 1,088 critical Code 1 emergencies every day. The increase in demand for emergency health care is primarily driven by population growth and an ageing population, as well as an increase in patients presenting with more complex clinical conditions, including heart and respiratory issues, mental health issues, alcohol and other drug concerns, and lack of timely access to affordable out-of-hospital care.

The Productivity Commission's *Report on Government Services (RoGS) 2025* indicates that the demand for ambulances has increased across Australia, except for Tasmania – refer table 1 below. In Victoria, there was 1,494,486 responses where an ambulance was sent to an incident in 2023/24 – which is a 3.2 per cent increase from 2022/23.

⁵Refer TOR 4 for AV's responsibilities under the Ambulance Act.

Table 1: Number of Ambulance responses by State and Territory

Ambulance Response	NSW	VIC	QLD	WA (a)	SA	TAS (b)	ACT	NT
2023-2024	1,511,643	1,494,486	1,511,058	564,743	474,799	126,057	65,845	75,729
2022-2023	1,382,550	1,447,929	1,447,231	520,210	449,055	126,579	65,715	74,177
2021-2022	1,295,481	1,418,847	1,419,592	511,443	450,487	122,615	64,969	67,563
2020-2021	1,265,142	1,359,757	1,403,122	479,131	458,511	111,326	65,482	61,821
2019-2020	1,217,659	1,283,357	1,346,365	449,959	426,238	101,196	61,535	58,506
2018-2019	1,224,060	1,237,241	1,305,172	438,817	425,447	97,628	57,975	55,272
2017-2018	1,158,614	1,151,073	1,235,793	397,623	403,641	97,131	54,979	60,848
2016-2017	1,122,101	1,092,327	1,185,900	376,135	398,342	92,364	51,894	52,724
2015-2016	1,115,635	1,089,556	1,132,703	350,102	385,016	90,177	49,734	49,255

(a) WA: Caution should be used with data prior to 2017-18 as the counting rule for the breakdown of patients was updated from 2017-18 onwards. Due to counting rule improvements, data cannot be compared prior to 2023-24.

(b) TAS: Data from 2022-23 onwards has been subject to refinements in the data extraction methodology. Caution should be used when comparing data over time as 2019-20, 2018-19 and 2016-17 data for patients transported across a vessel less than the actual number of patients due to industry action which involved a ban on the competition of electric patient care vessels.

The increase in chronic conditions and mental illness as well as lifestyle factors such as increased obesity and drug use combined with the difficulty accessing affordable out-of-hospital primary care is placing unprecedented demand on Victorian ambulance services and hospital emergency departments.

Despite the increase in demand on Victorian ambulance services and hospital EDs, AV remains highly committed to the delivery of high-quality care and closely monitors this via the publicly available Clinical Quality Performance indicators in our Statement of Priorities, which consistently receiving good satisfaction results – details as follows:

Table 2: Statement of Priorities Performance Indicators

SOP — High Quality and Safe Care	Target	2023-24	2022-23	2021-22	2020-21	2019-20
Pain Management						
Percentage of patients experiencing severe cardiac or traumatic pain whose level of pain was reduced significantly.	90%	92.1%	92.3%	92.6%	92.5%	91.8%
Transport performance						
Percentage of acute adult stroke patients transported to definitive care within 60 minutes.	90%	98.6%	98.1%	98.3%	98.5%	97.9%
Percentage of major trauma patients that meet destination compliance.	85%	95.5%	93.1%	94.8%	92.6%	95.4%

SOP — High Quality and Safe Care	Target	2023-24	2022-23	2021-22	2020-21	2019-20
Cardiac survival						
Percentage of adult cardiac arrest patients surviving to hospital. Percentage of adult cardiac arrest patients surviving to hospital discharge.	50%	56.7%	55.5%	54.7%	52.5%	54.6%
Percentage of adult cardiac arrest patients surviving to hospital discharge	25%	33.1%	31.7%	28.3%	30.3%	33.9%
Infection prevention and control						
Percentage of healthcare workers immunised for influenza	Between 84-94%	94%	90.8%	54.4%	93.8%	86.9%
Patient experience						
Percentage of respondents who rated care and treatment received from paramedics as good or very good.	95%	97.4%	97.8%	97.7%	98.1%	98%
Percentage of respondents who rated care, treatment, advice and/or transport received from the ambulance service as good or very good.	95%	94.4%	95.5%	96.1%	97.1%	97%

(a) Call taking and dispatch

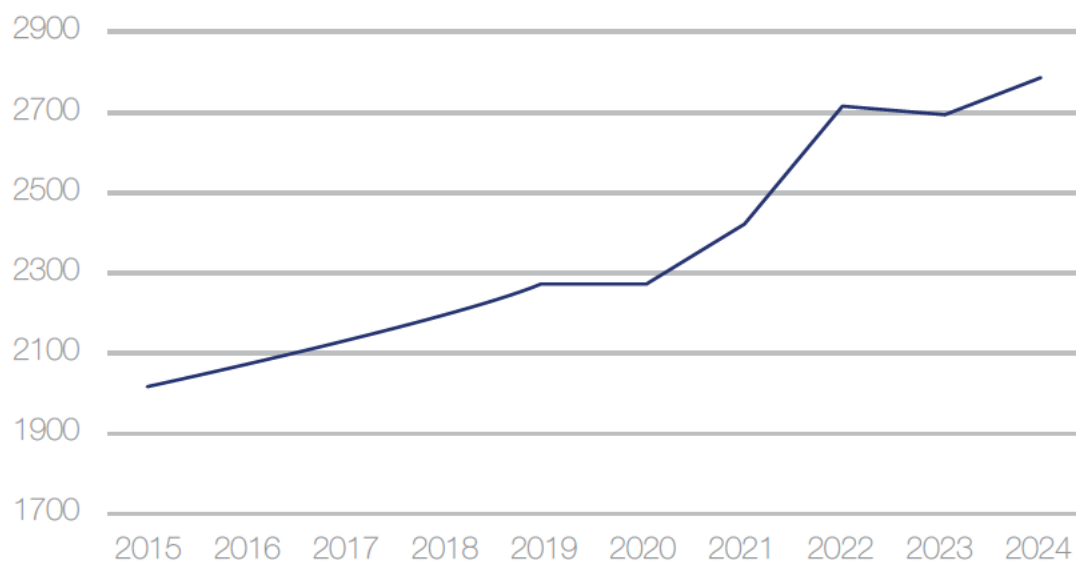
Ambulance call taking and dispatch is a complex process conducted in collaboration between AV and TZV.

TZV is responsible for call taking and dispatch for police, fire, ambulance, and the Victorian State Emergency Service (VICSES). It sits within the Emergency Services portfolio supported by the Department of Justice and Community Safety, reporting to the Minister for Emergency Services. Under the Triple Zero Victoria Act 2023 (Vic) (TZV Act), TZV is required to meet performance standards set by the Emergency Management Commissioner for call-taking and dispatch services. Refer Appendix 1 for further information on TZV.

Call taking and dispatch system

Every call to 000 in Australia is first answered by Telstra who then transfers the call to the relevant emergency service in the correct state or territory. In Victoria, the call is transferred to TZV. Every emergency is processed by TZV in the Computer Aided Dispatch (CAD) system to enable efficient processing of all 000 calls and dispatch of an emergency response to the community. Calls to 000 have increased over the past 10 years with around 2,800 calls to 000 for ambulances in Victoria every day (2024).

Figure 1 — AV Emergency Calls Answered (per day)



Source: ESTA/TZV Annual Reports

TZV call-takers and dispatchers receive specialist training to ensure they can identify the location of an emergency, obtain the necessary information, process calls using a structured call taking system, record information within the CAD system, process event updates and follow the standard operating procedures applicable to the emergency service they support.

TZV uses the Advanced Medical Priority Dispatch System (AMPDS) to process calls for emergency ambulance assistance. The AMPDS is contained within emergency dispatch software known as ProQA which integrates directly with the CAD system. AMPDS is a commercial product produced by the International Academies of Emergency Dispatch (IAED). It is used by approximately 4,000 ambulance services around the world. All ambulance services in Australia and New Zealand (except ACT) use AMPDS to process requests for emergency assistance.

AMPDS is a triaging tool, not a diagnostic system. It is designed to identify injuries or signs and symptoms that are potentially life-threatening and prioritise those events for response. AMPDS enables call-takers to undertake a structured and systematic approach to the assessment of emergency calls using a formal question and answer methodology. Pre-hospital telephone triage tools are sensitive in identifying time-critical conditions, but specificity is often poor. As a result, 'over-triage', whereby an incident is categorised as higher risk than may be clinically required, is a common problem which is not unique to Victoria, or AMPDS.

Once calls are processed using AMPDS, TZV staff dispatch resources in accordance with the event priority allocated to each event type by AV, and AV's dispatch principles. An event type describes the chief complaint (a broad category used to describe the patient's condition or primary presenting problem) and highest priority symptom reported by the caller. The process of determining the priority and dispatch determinant for each event is rigorous and structured.

The IAED undertakes an evidence-based, peer reviewed approach to updating and reviewing the AMPDS, with agencies able to submit proposals for change to be considered by the IAED. AV and TZV cannot independently make changes to the questions or answer options within the system or make changes to the event types available for selection. To be able to use the AMPDS and ProQA systems, the agency must be licensed and agree to the terms and conditions associated with the use of the product. All call-takers must successfully complete the training program developed and administered by IAED to become certified in the use of the system. This training forms part of the initial training requirement for TZV ambulance call-takers.

AV and TZV work together to implement upgrades to AMPDS. New versions typically introduce additional event types, which provide a more accurate description of each incident, enabling AV to further refine the allocation of response priorities.

Response times

Call taking, dispatch and response times are challenges faced by all ambulance services nationally and internationally. The global pandemic had an unprecedented impact on ambulance services, and demand continues to increase. Despite this demand, ambulance response times are improving. The Productivity Commission's Report on Government Services 2025 states that ambulance response times across Australia improved for most jurisdictions compared to the previous year. In metropolitan Melbourne, 90th percentile Code 1 response times improved by 2.1 minutes from the previous year. Statewide 90th percentile Code 1 response times improved by 1.9 minutes.

"My youngest son started to experience a tightening of his chest. He had inhaled some sea water in the surf and it had triggered his asthma... His condition deteriorated very fast...within minutes there was an ambulance on site. At this stage he was not able to breathe he had literally stopped. The First responders...acted lightening fast to administer everything in their arsenal to open up his airways. They were able to make some progress. Without these two angels my son would have died on the spot. The Mica Paramedics...[then] worked... to keep him alive for what seemed like 1 hour if not more, working his chest in and out and prepping for a ventilator. They once again saved my son from dying.

The team...were amazing...terrific in prepping [my son] for the flight. The Pilot was incredible also, he kept us informed throughout the flight right up until he was in the hospital ward. This was next level service. I truly hope you all get to read this message of thanks, love and gratitude. You all worked so damn hard to save my son's life, the greatest gift any father could receive on their birthday."

—Quote from patient's father

AV Clinical Response Model

While TZV is responsible for call taking and dispatch, AV oversees other elements that combine to determine the most appropriate clinical response. The Clinical Response Model (CRM) is the term used to describe all the elements that combine to determine AV's response:

- The emergency and non-emergency dispatch grid (which determines the right level of response and assigns a priority code for each call),
- Structured call taking processes and systems,
- Operational instructions and clinical guidelines for primary triage, and
- The configuration of the AMPDS.

The CRM aims to prioritise events to ensure patients with a potentially life-threatening problem receive the fastest ambulance response, and other patients can be safely and appropriately managed, including through referral to the most appropriate form of care.

AV continuously improves the CRM to ensure AV's response is most appropriately aligned with patient acuity and resource availability. The CRM ensures state-wide emergency and non-emergency ambulance response, including telehealth services are effectively and efficiently meeting the needs of patients, their families, and the community.

AV has successfully implemented a range of changes to the CRM in recent years. The changes range from substantial and detailed changes to the dispatch grid, evidenced through research and analytics, through to specific targeted changes to operational processes and guidelines arising from individual case review or clinical continuous improvement activities. CRM changes are based on benchmarking against ambulance services with a similar service

delivery model and population size and urban/rural mix (most notably New Zealand and Scotland) and undergo extensive clinical governance.

AV uses the clinical information collected by paramedics through the Victorian Ambulance Clinical Information System (VACIS) to identify the clinical acuity of patients within each event type, with the aim of determining the priority and the type of response that will best meet the needs of the entire patient group.

AV undertakes regular cyclic reviews of our dispatch grid in addition to any changes we are required to make to support upgrades to the AMPDS version.

AV communications centre employees

To provide support to TZV's call-taking and dispatch functions, AV employees within the TZV State Emergency Communications Centres (SECCs) provide clinical, logistical and resource management oversight and direction 24/7.

TZV operates SECC's located in Ballarat (BALSECC), Burwood East (THOSECC) and Williams Landing (WILSECC). Ambulance call-taking is provided from all three centres, with the dispatch function for cases within metropolitan Melbourne provided from THOSECC, and cases across the remainder of the state dispatched from BALSECC.

AV employees operate from both BALSECC and THOSECC to support TZV's operations and coordinate AV's response.

- Duty Managers are senior paramedics, with responsibility for the real time management of AV's fleet. Key functions of AV Duty Managers include oversight of ambulance deployment, management of crew welfare, management of the AV-ED interface, and operational incident management and escalation processes.
- Communications Support Paramedics work closely with TZV dispatchers to identify and facilitate the optimal response to each event. Communications Support Paramedics provide direction to TZV dispatchers on to the deployment of AV's resources to individual incidents and liaise with responding paramedics to manage issues impacting response.
- Communications Clinicians are senior and experienced Mobile Intensive Care (MICA) paramedics, who provide clinical oversight to the call-taking and dispatch process. Clinicians support TZV call-takers with complex calls, and can upgrade and downgrade event response, where the patient's clinical condition indicates this is appropriate. They may also provide clinical support to paramedics in-field.

Patient pathways to care

Figure 2 below explains the patient pathways to care from the 000 call to when they receive care.

Patient Pathways to Care

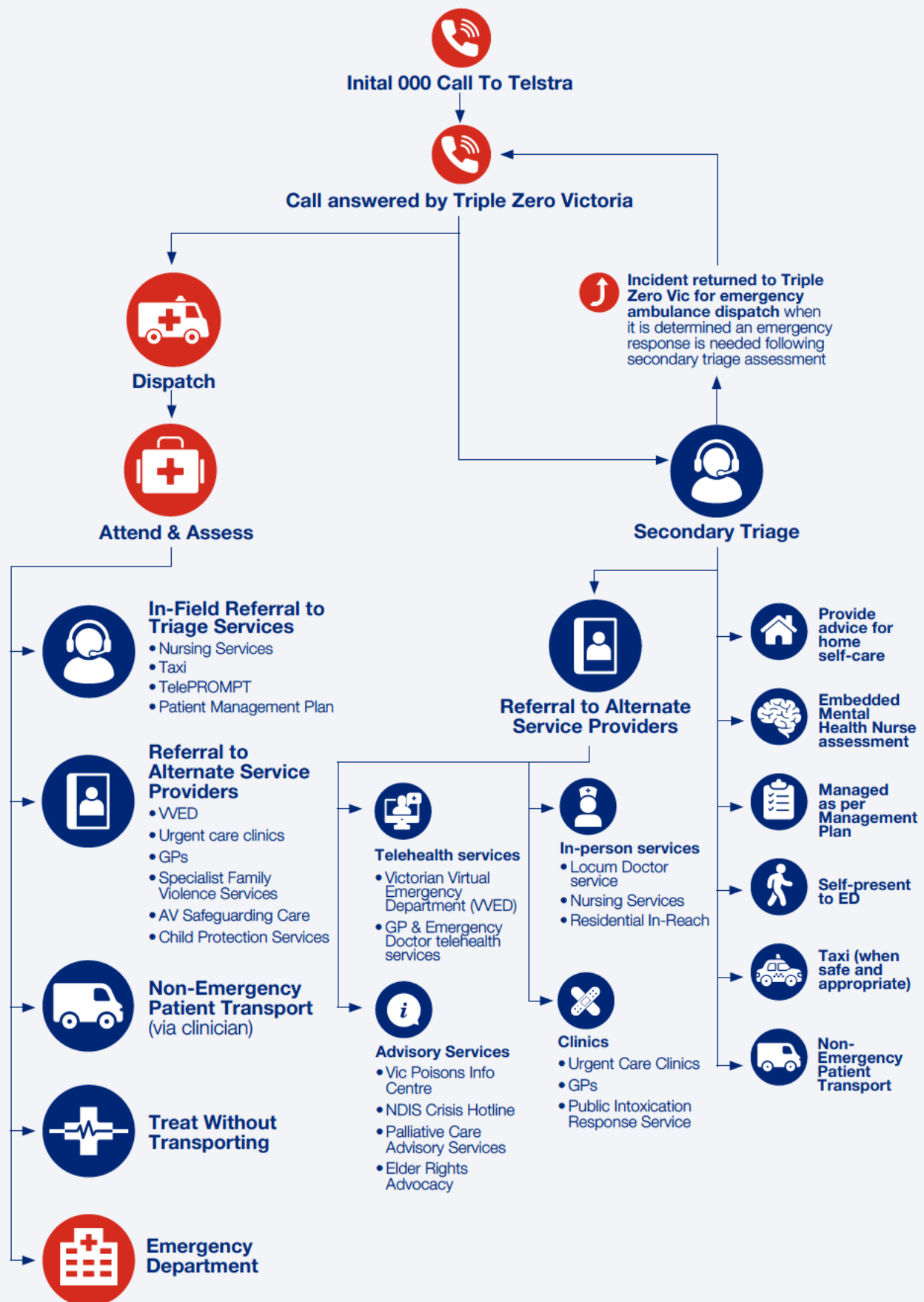


Figure 2 — Patient Pathway to Care

The patient (or bystander) calls 000. A request for ambulance directs the call to a non-clinical call taker in TZV. The TZV call taker conducts primary triage of the call using AMPDS.

Where the caller's condition is triaged as potentially high acuity the case is referred for an ambulance dispatch.

Where the caller's condition is triaged as medium or low acuity the caller is transferred to AV Secondary Triage for further assessment.

Triage Practitioners undertake a comprehensive secondary triage assessment of the patient using the Adastra/Odyssey triage tool, the Secondary Triage CPG and clinical judgement.

Depending on the outcome of the secondary triage assessment the call could result in:

- Emergency ambulance response
- Non-emergency patient transport
- Referral to an alternate clinical service provider or pathway or self-care advice.

AV secondary triage

AV's secondary triage team consists of registered nurses and paramedics with a minimum of four years post-qualification experience. These experienced and compassionate paramedics and nurses use their clinical expertise to determine the urgency of medical cases over the phone and direct resources accordingly. Appropriate care is delivered to each patient, efficiently allocating resources to those in need.

Secondary Triage has a range of alternate services available including telehealth options such as Victorian Virtual Emergency Department (VVED) and GP telehealth, locum doctor and nursing services, Urgent Care Clinics/Centres, GPs, mental health nurse assessment and self-care advice or provision of taxi transport⁶ to ED where safe to do so.

AV's secondary triage team receive approximately 40% of all ambulance events created by TZV. Half of all cases managed by secondary triage (about one in five ambulance cases) do not need an emergency ambulance response. Through this efficient allocation of resources according to patient need, AV's secondary triage is now the largest service of its type within any ambulance service in the world. In 2024, 453 people per day who did not need an emergency ambulance were instead connected to more appropriate care.

Video Assisted Triage

In an Australasian first, in 2023-24, our Secondary Triage team trialled and introduced Video Assisted Triage (VAT) technology to enhance our assessment of patients. VAT enables AV's Triage Practitioners to – for the first time – see as well as hear the patient and provide a more accurate assessment of their condition, improving the patient's experience and safety. It is a leading example of innovative, patient-centred Best Care practice.

⁶Taxi services may be used for patients who require presentation at an ED or UCC that is unplanned, and it is safe and appropriate for them to self-present. This service is used during escalations and when it is deemed that clinical transport is not required but it would be safer for the patient to self-present than stay at home. They are not used for medical emergencies.

From January to December 2024, approximately 37 cases per day were managed by VAT with 23 of these cases avoiding emergency ambulance dispatch. In terms of secondary triage 847 cases per day were managed from January 2024 to December 2024. Of these 453 cases (or 53.5 per cent) avoided emergency ambulance dispatch. This is the equivalent of 18.5 per cent of all 000 cases avoiding an emergency dispatch. Secondary Triage and VAT are statewide services and have been particularly effective in rural and regional areas where there are increased barriers to accessing emergency healthcare. For example, in the Hume region approximately 18.7 per cent of all 000 cases are managed through Secondary Triage services.

Reform of call taking and dispatch

TZV was established following the 2022 Emergency Services Telecommunications Authority (ESTA) Capability and Service Review (Ashton Review), led by Mr Graham Ashton AM APM. Upon its establishment, TZV replaced the Emergency Services Telecommunications Authority (ESTA), which had existed since 1 July 2005.

AV contributed to the Ashton Review, and the concurrent review into Victoria's Emergency ambulance call answer performance conducted by the Inspector General for Emergency Management (IGEM) (the IGEM review).

Enhanced governance arrangements, including through the establishment of the TZV Operational Committee, strengthens the level of engagement between TZV and key stakeholders. AV expects TZV's development of a Next Generation CAD system will support AV's workforce and operations through increased system reliability, enhanced functionality, improved data sharing and connectivity, and enable further improvements to the CTD function.

(b) Ramping

According to the Australian Institute of Health and Welfare (AIHW) there were nine million presentations to Australian public hospital EDs in 2023-24 (an increase of 2.5 per cent on the previous year), with approximately 27 per cent of patients arriving at the ED via ambulance⁷. Additionally, presentations to hospital via ambulance have also been increasing year on year nationally. In Victoria the number of emergency patient transports to EDs annually by AV has risen by 3.4 per cent over the past five years.

There were 1,085,076 ambulance road responses in 2023-24 (up 31,795 incidents from 2022-23). These include:

- 407,347 time-critical Code 1 cases (up 6,464 cases from 2022-23)
- 236,203 Code 2 cases
- 81,072 Code 3 cases
- 360,454 non-emergency cases.

In addition, there were 7,742 air ambulance incidents.

Table 3 shows the increase in response by category over time.

Table 3: Total statewide emergency road and air incidents

	2023-24	2022-23	2021-22	2020-21	2019-20	2018-19
Emergency Road Incidents						
All Regions						
Code 1	407,347	400,883	377,386	323,566	310,090	301,336
Code 2	236,203	213,821	217,114	240,836	236,933	230,891
Code 3	81,072	74,656	88,008	96,090	86,937	86,488
Total Statewide Emergency Road Incidents	724,622	689,360	682,508	660,492	633,960	618,715
Total Air Incidents						
	7,742	7,889	7,758	7,707	6,807	7,483

Source: 2023-24 Annual Report

Patient transfer times from ambulance to hospital

The time taken for patients to be transferred from an ambulance stretcher to a hospital ED, the patient transfer time, is a key indicator of hospital performance. It starts when an ambulance arrives at the hospital and ends when care of the patient is transferred to the ED and clinical handover has been finalised.

When a hospital is at capacity, this transfer is unable to be performed in a timely manner and ramping occurs when patient flow through a hospital is impeded. Ramping is therefore reflective of whole of health system pressures. For a patient to be admitted from ED to a

⁷AIHW Australia's Health Performance 2024

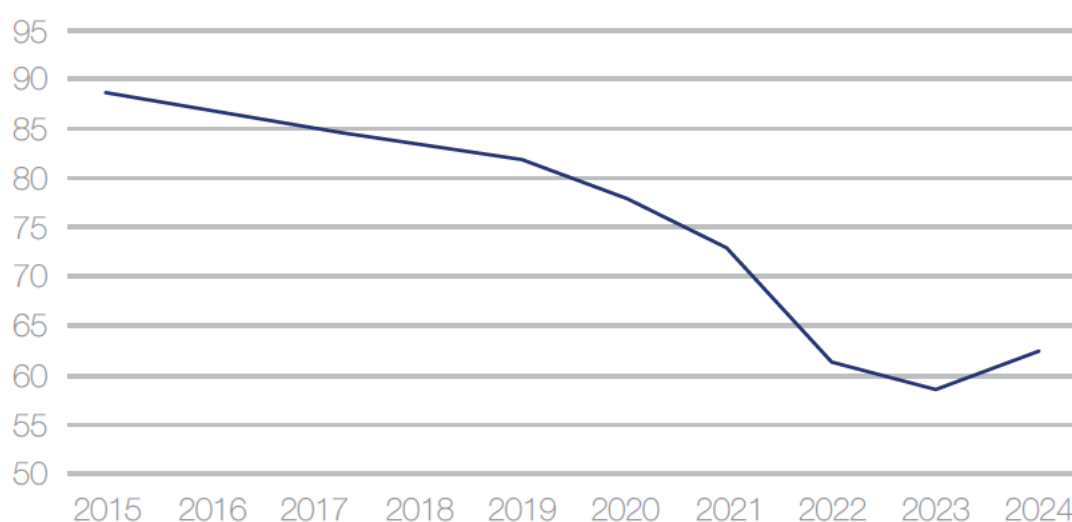
hospital ward, a bed must first be available. If all beds are occupied with patients who require ongoing care, then a patient is unable to leave ED. If this continues it can result in a backlog of patients in ED waiting for a bed to become available which means ED has no space to accept new patients that present in ED.

When hospitals are operating at capacity, patients receive monitoring and treatment from paramedics in either the ambulance or hospital corridor until a bed and ED staff become available to accept responsibility for the patient. AV recognises that lengthy transfer times can be distressing for patients and frustrating for our paramedics. However, we wish to reassure the community that while AV is working with health services across the system to reduce delays, our paramedics will continue to actively care for all patients until they are formally handed into the care of emergency physicians and nurses.

Under the State Government Statement of Priorities (SOP), AV has a continuous improvement performance target (4 per cent improvement quarterly on 2023-24 performance) for the proportion of ambulance transfers within 40 minutes. The Department of Health Annual Report 2023-24 shows 64.9 per cent of ambulance patients were transferred to hospital within 40 minutes. The report notes the result was below target due to EDs continuing to face sustained pressure as a result of changes in patient complexity and seasonal pressures related to an increase in respiratory cases.

Figure 3 shows a downwards trend in performance over the past 10 years due to these system wide capacity constraints. AV has been implementing and will continue to implement statewide improvement initiatives to improve performance.

Figure 3 — Percentage of patients transferred from ambulance to ED within 40 minutes (SOP)

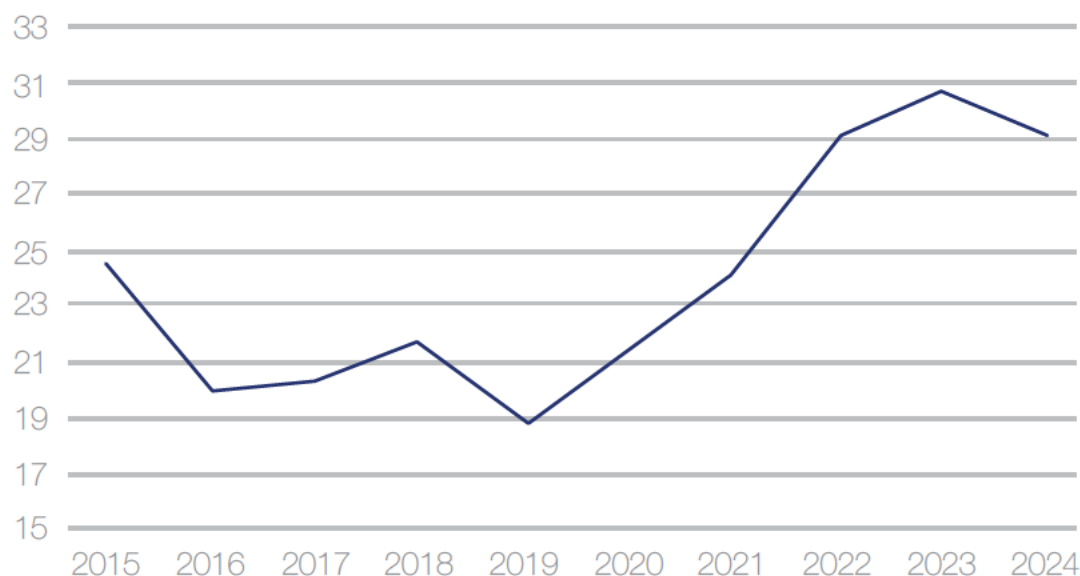


Source: SOP and Annual Reports

Statewide improvement initiatives

We continue to work with hospitals to improve transfer times and clearance times to relieve pressure in the system and ensure ambulances are available to respond to emergencies and deliver the best and safest care when and where it's needed through a number of statewide improvement initiatives

Figure 4 — Average hospital clearing time (mins)



Source: SOP and Annual Reports

Fit to Sit policy

AV and hospitals are working on a number of initiatives to improve capacity and transfer times. The Government's Fit to Sit Policy allows a triage nurse or senior doctor may determine that a patient is fit to sit in the ED waiting room rather than requiring offload into an ED cubicle treatment space. This allows ambulance paramedics to escort a patient to the ED waiting room and then return to the road rather than being ramped with the patient. The fit to sit policy frees up valuable paramedic resources from ramping.⁸

Standards for Safe and Timely Ambulance and Emergency Care

On 11 February 2025 the Government introduced new standards for Victoria's health system including AV, to deliver faster patient care, support staff in EDs and get paramedics back on the road sooner. The new **Standards for Safe and Timely Ambulance and Emergency Care for Victorians** (the Standards) seek to improve whole of hospital flow so that patients arriving via ambulance can be consistently transferred to the care of hospital in a timely manner and similarly, that ambulances meet their agreed standards and clear hospitals as soon as they can. Information on the Standards can be found at www.health.vic.gov.au/patient-care/standards-for-safe-and-timely-ambulance-and-emergency-care-for-victorians.

⁸Note that the fit to sit policy is currently being reviewed and will be replaced by the safe to wait policy that will set out minimum expectations to ensure policies are reflective of service needs and ensure industrial obligations are met.

AV is supportive of the revised Standards noting that they are a driver for change across the healthcare network and will help to address key system issues, such as ramping.

Five of the 10 Standards relate to AV. These include metrics around 20-minute clearing time targets for paramedic crews, patient transfers of care taking no longer than two hours, a standardised approach to referring patients to the VVED, and proactive at hospital management and escalation.

AV's accountabilities under Standard 2: Alternative Care settings is to always prioritise alternative pathways, where clinically safe, to connect patients to the right care and reduce avoidable EDs demand. AV offers alternative services where paramedics can refer patients to specialist healthcare providers instead of hospitals. These services ensure that patients receive the most appropriate care in the most suitable setting, ensuring efficiency and reducing unnecessary hospital visits.

Timely Emergency Care Collaborative

Building on the success of the 2023-24 **Timely Emergency Care Collaborative (TECC)**, which demonstrated that improvement expertise and targeted investment can ease pressure on emergency departments and improve patient flow, AV has now commenced TEC2.

TEC2 is a collaboration between AV, DH and the Institute of Healthcare Improvement (IHI) which aims to identify, test, and scale changes to improve access to timely emergency care and enhance experiences for both patients and employees. The program also focuses on embedding a sustainable improvement framework within AV, providing mechanisms to regularly review and scale impactful solutions for performance, quality, and safety issues. This includes building improvement capability across all levels, from point-of-care to the Board. AV has completed program design and planning, stakeholder engagement and developed an improvement strategy. We are now identifying priorities and selecting efforts for improvement in consultation with the workforce and key stakeholders.

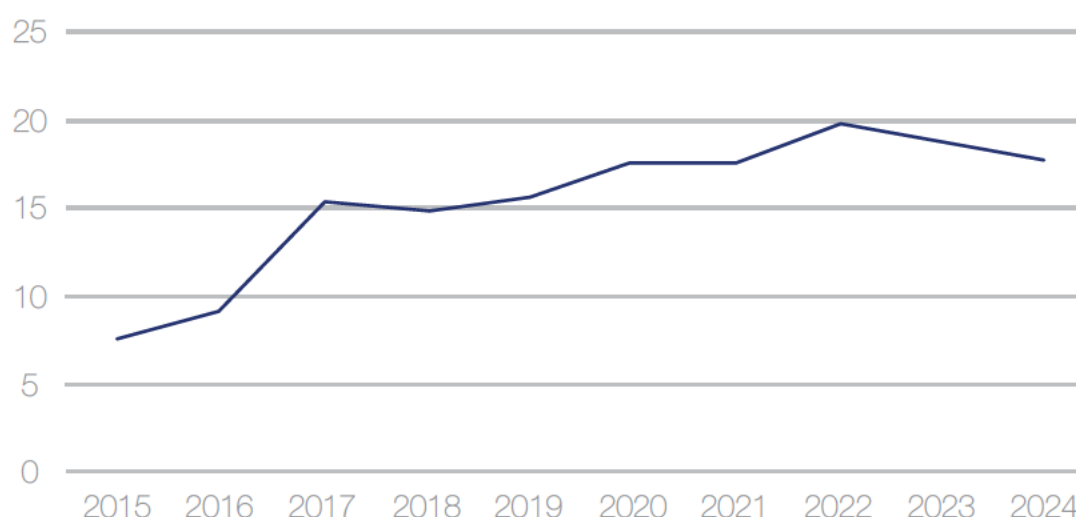
Alternate Services and Care Pathways

AV offers a range of alternate services and care pathways to ensure that each patient receives the best possible care, including:

- **Victorian Virtual Emergency Department:** The VVED is a free statewide public health service providing medical advice via a virtual connection to emergency doctors and nurses. It is available to the public anywhere in Victoria 24/7 for non-life-threatening emergencies with no referral required. Patients can also be connected to the service via AV, their GP or other health professions. VVED also allows paramedics to connect with highly skilled emergency doctors and nurses for advice in the field and to assist with triage.
- **TelePROMPT:** The Telehealth Prehospital Response of Mental health and Paramedic Team, known as TelePROMPT, provides improved access to care for mental health patients who call TZV. Paramedics with a patient can call TelePROMPT and rapidly connect with a mental health clinician who assesses the situation via telehealth technology. Together, they can decide on the best care option – be it self-care, referral to alternative care or hospital treatment – thereby assisting in reducing hospital transports for patients suffering a mental health episode.

- **Urgent Care Clinics/Centres:** Urgent Care Clinics/Centres (UCCs) provide free GP-led care to people who need medical care quickly but not an emergency response. For example, this includes cuts, burns, fractures, sprains, infections and fevers. UCCs are available to the general public or can be used by paramedics for referring or transporting patients to the centre/clinics. There are 29 Urgent Care Clinics throughout metropolitan and rural Victoria and 70 rural Urgent Care Centres.
- **Nursing services:** Contracted nursing services provide acute home-based nursing care and intervention for patients where there is no requirement for an ED presentation. Paramedics with a patient can contact AV Triage Services to organise a referral to AV's contracted nursing service for patients who can be appropriately managed by a registered nurse within the community.

Figure 5 — Percentage of AV 000 cases transferred to Alternate Service Provider



Source: SOP and Annual Reports

Figure 5 shows the steady increase in referrals to alternate care pathways from around 7 per cent in 2015 to more than 17 per cent now. These alternate care pathways not only enhance patient satisfaction but also optimise healthcare resources, ensuring that hospital care is reserved for those who need it most. Through this system, patients can access specialised treatments tailored to their specific health needs directly in their community or at home.

Despite current challenges, our paramedics continue to deliver safe and high-quality patient outcomes, including the third best cardiac arrest survival rates in the world. AV is continually reviewing operations and programs to improve performance and provide a positive experience for patients seeking emergency care.

"Your response was nothing short of outstanding. Your professionalism, compassion, and willingness to go above and beyond were deeply appreciated by both the palliative care services and family. Negotiating the intricate dynamics of the patient's palliative presentation and family circumstances demonstrated not only your paramedic expertise but also your remarkable empathy.

Your compassionate approach undoubtedly would have made a significant difference during one of the most distressing moments in the lives of the patient and their family."

—Quote from Palliative Care Service Provider

(c) Working conditions

AV comprises over 7,000 employees in a wide number of operational, operational support, administrative and management roles. Working in many and varied environments and locations across Victoria, all AV employees contribute to our central purpose to provide world-leading, patient-focused, out of hospital, mobile and emergency health care to the Victorian community.

AV's Enterprise Agreements

In September 2024, AV resolved an 18-month period of enterprise bargaining with a new AV Enterprise Agreement 2024 (AVEA 2024) covering the majority of our frontline operational employees.

In addition to increased rates of pay and entitlements, the AVEA 2024 will deliver employees, covered by the agreement, improvements in working conditions, such as:

- increased protections at end of shift to reduce the occurrence and duration of incidental overtime;
- protected hour and meal breaks for on-call crews, typically working in remote locations;
- relief from intensive screen duties; and
- improved access to short-term leave for operational employees.

The new enterprise agreement was supported by an overwhelming majority of employees with 78.9 per cent of eligible employees voting of which 97.3 per cent voted in support of the proposed agreement. On 14 February 2025, the Fair Work Commission approved the AVEA 2024, and it came into effect on 21 February 2025. Changes negotiated through the enterprise agreement will be implemented as agreed and provide a better experience at work for our paramedics with key entitlements such as salary increases and backpay entitlements already rolled out to the workforce.

In April 2025, AV will commence bargaining with union partners and employee representatives for the AV (Management and Administrative Staff) Enterprise Agreement 2025. This agreement will cover the majority of corporate and administrative employees, operational employees in middle and senior management positions, as well as specialist and advisor positions. Through this bargaining process, AV seeks to make their experience at work safer, fairer and more inclusive.

Flexibility and Roster Reform

In 2023-24, AV undertook the biggest rostering reform program in 50 years by progressing implementation of People Based Rostering (PBR), aimed at removing the double 14-hour night shift. The project adopted a person-centred approach to rostering aimed at reducing fatigue and improving work-life balance for our people while aligning with operational demand. People Based Rostering has been implemented in several metropolitan Melbourne areas and has already been shown to maximise ambulance availability for periods of peak demand. This program has now been incorporated into a broader roster reform program.

AV has committed, as part of its 2024-25 Annual Plan, to develop a coordinated program (with consideration to People Based Rostering and enterprise agreement changes) to develop a more sustainable rostering model including a strategy to embed flexible working practices across AV's operational workforce by June 2025. This program will ensure that rosters not only support operational efficiency and service delivery but also flexibility for employees, enabling better work-life balance, fatigue management, and retention.

This reform program will take a holistic approach to rostering and workforce flexibility by reviewing current rostering model design and processes that support work-life balance, including the application process for Flexible Work Agreements (FWAs), end-of-shift changes negotiated under the AVEA 2024, and existing fatigue and overtime policies. It will also cover specific areas such as supervision models, fatigue reduction, on-call locations and overnight coverage. AV has recently introduced a short night shift initiative, targeting increased resourcing overnight by introducing an additional 144 night-shift opportunities (8-hour shifts) for FWA employees, per week statewide while further supporting employee flexibility. Consideration of flexibility in the workforce is balanced with AV's responsibility to meet operational requirements to ensure Victorians experiencing an emergency health crisis have access to an ambulance.

In support of this program, a complete state-wide face-to-face engagement has been undertaken to seek employee' views on key themes to inform development of the roadmap. Updated communication on FWA processes has been distributed to all operational employees and leaders to support effective FWA management and resource allocation.

Underpinning the rosters reform is implementation of a new rostering solution, including associated changes to business processes, to replace the current software that is end of life. This system update will mitigate the risk associated with outdated technology and enable the replacement of manual processes for rostering.

In summary, while there have been positive steps to progress rostering improvements to ensure AV meets its service delivery responsibilities, legislative responsibilities and the work life balance of its workforce, there is more to be done. AV has a clear plan in place to lead the transformation that will deliver this.

Flexibility and MICA Intern Program

Paramedics who sought flexibility in completing the MICA paramedic program previously had to undertake a bespoke program that required full-time participation and face-to-face delivery in a condensed format. Now, Monash University offers the Graduate Diploma in Specialist Paramedic Practice with more study mode options including an online mode for participants who are working full time. Additionally, the AV on road trainee program offers flexibility by aligning supervision requirements with minimum hours, allowing trainees to progress at their own pace. Other initiatives include the introduction of:

- The MICA Variation to Training, allowing interns to communicate any variations that may impact subsequent training, assessment, and progression timelines.
- The MICA Intern Self Declaration replacing the need for endorsement for assessment. It

allows interns to self-assess their readiness for assessment or request an extension to gain more experience.

- MICA targeted dispatch expanded trial – preserving MICA workforce for critical cases only ('reserve' for skill set).

Health, safety and wellbeing

Incident reporting

In 2023-24, employees lodged 4,956 hazard/incidents reports, up from 3,728 in 2022-23. The most common hazard/incident reports involved occupational violence, manual handling and fatigue. While reporting of incidents has increased, the percentage of occupational violence incidents resulting in injury or illness fell from 9.9 per cent in 2022-23 to 6.2 per cent in 2023-24.

Most occupational violence incident reports are near misses (no injuries occurred), and AV encourages all employees to speak up and report incidents of violence, threats or abuse. Violence is not 'just part of the job'. We will not accept inappropriate, aggressive and violent behaviour towards paramedics and healthcare workers. AV will continue to promote a reporting culture to ensure we identify the risks for our employees and address them through proactive safety management.

"A massive shout out and thank you to [the AV] crew who attended to assist and take a patient to hospital from the medical centre. It was a very tricky ethical situation & as the attending doctor I am incredibly thankful for the professionalism and support that was given to me by both the amazing paramedics as we tried to advocate for the patient that was placed under duress by her relative. Their presence & concern for my welfare went above & beyond. I appreciate the relationship between the call for help when we need it in the tricky GP environment with such respectful & supportive colleagues."

—Quote from Primary Care Provider

Wellbeing and support services

AV offers all employees, volunteers and family members access to a range of wellbeing and support services. We have internal and external (contracted) psychologists and chaplaincy services offering 24/7 support as well as other programs such as:

- **SOLAR** — an evidence based early intervention online program aimed at reducing burnout, stress, depression, anxiety and post traumatic systems.
- **SIREN** — AV's suicide intervention and education learning program.
- **SMART 2.0** — a proactive program to assist AV employees in managing their psychological wellbeing and resilience. The program helps individuals monitor for stress burnout levels, screen for trauma, depression, anxiety and stress, explore coping skills and develop personalised self-care plans.

- **Family Safe Space** — designed to help educate and inform AV employees and family members about how best to support their loved ones while getting the support they need.

AV also runs a 24/7 Peer Support Program available to all employees. The program recognises that individuals experiencing emotional, work related, or personal distress may be assisted by the support of a peer. Peer Support is distinct from other forms of social support in that the source of support is a peer, a person who is similar in fundamental ways to the recipient of the support; their relationship is one of equality and, by virtue, offers relevant experience because they have had similar lived experiences. AV has over 200 Peer Volunteers including 47 Peer Responders trained to deliver the AV MANERS® model of psychological first aid and provide immediate support and referral options to colleagues who may need assistance following significant incidents or events that have impacted their wellbeing.

Further information on AV wellbeing and support policies and programs is provided in response to Terms of Reference 5.

(d) Workloads of paramedics

Paramedics work hard and are committed to keeping our community safe and well. AV acknowledges that the workload and the stressful situations our paramedics are placed in can impact their health and wellbeing. AVEA 2024 contains provisions to address workload issues facing our operational employees.

AVEA 2024

In addition to the changes previously mentioned in this submission, other clauses in the AVEA 2024 support paramedics in managing their workload and their health and wellbeing:

- Single day off entitlements allow employees the flexibility to access a single day off. Employees are also entitled to accrue single day off hours if they work Easter Sunday or a Friday before the AFL Grand Final.
- Timebank (time off in lieu for operational employees). The timebank clause sets out employees' entitlements to request timebank credit in lieu of overtime payment when:
 - working additional shifts; or
 - attending or facilitating eligible training.
- Timebank credit can be used in lieu of working a rostered shift.
- Career break – allows employees to apply for six-month career break to allow the employee to have a rest and recuperate away from the workplace.
- Full shift overtime – this clause allows for an employee who works full shift overtime to be paid double the aggregated base rate for all time worked.

There is also a specific clause in the AVEA 2024 regarding workload. It set out the principles underpinning AV's approach to workload management and the allocation of work and provides a framework for consultation and review of collective workload matters.

Fatigue management

AV is equally committed to delivering high quality, safe and patient centred care to all patients, and maintaining the health, safety and wellbeing of our paramedics. This includes minimising negative impacts on employee wellbeing, workplace safety and organisational performance risks associated with fatigue. AV has established a Fatigue Management Working Group which includes local workplace Health and Safety Representatives. The purpose of the Fatigue Management Working Group is to engage subject matter experts to proactively identify opportunities to continuously improve fatigue management in line with AV's health and safety objectives.

AV's Fatigue Management Procedure specifies the minimum standard for fatigue management explaining that it is a shared responsibility between the organisation and employees. AV is responsible for providing a safe system of work, which includes the development, implementation, and management of work schedules, and the establishment of a safe work environment and work practices. Individuals are responsible for personal fatigue

management and maintaining fitness for duty, by considering and managing their lifestyle and other factors (e.g. medical). AV provides a fatigue management guide to AV employees to assist them to identify and manage fatigue. Ongoing roster reform is strongly linked to improved fatigue management and therefore is a priority for AV.

Workforce planning

AV has a dedicated team which partners with senior leaders to plan for AV's future workforce requirements, ensuring that AV has the right talent in the right locations to drive sustainable success and improve workloads to enhance impact in communities across Victoria. Empowering leaders through data-driven insights and a robust framework for workforce planning, are key to building a sustainable workforce. AV utilises evidence-based models and digitally enabled solutions to provide future-focussed planning and management of opportunities aimed at improving the capacity and capability of our workforce.

AV proactively manages workforce supply and demand, workloads, and the delivery of Best Care to the Victorian community by:

- developing comprehensive workforce plans that promote efficiency and inter-team connectivity;
- ensuring effective management of establishment data to provide accurate insights into our organisational structure and budgeted resources; and
- collaborating across teams to identify future workforce needs and implement inclusive strategies that attract, develop, and retain talent.

Paramedics – capacity and capability

AV invested significantly in growing our paramedic workforce from 2019 throughout the Covid-19 period. This growth has slowed over the past two years with AV recruiting to attrition. Overall, there has been an increase in the number of paramedics from 3,854 in 2019 to 4,874 in 2024.⁹

Table 4: Number of paramedics (FTE)

	2023-24	2022-23	2021-22	2020-21	2019-20	2018-19
Paramedics (FTE)	4,874	5,028	4,781	4,342	4,174	3,854

The average case load per paramedic in metropolitan Melbourne has declined slightly over this period from 126 cases per paramedic in 2019 to 123.4 cases per paramedic in 2024.

There has been a significant investment to increase the number of MICA paramedics over the period from 2014-2015 to 2019-2020. Since that time the total number of MICA paramedics has declined due to natural attrition. As a result, the government has increased funding to AV for additional MICA over the past few years which has seen the number of MICA trainees increase from 35 in 2018-2019 to 83 in 2023-2024. This increases the career pathways and opportunities for current ALS paramedics. AV (and government) are continuing to invest in MICA paramedics with the total number to increase in the coming years.

⁹Productivity Commission Report on Government Services 2025

To further improve capacity and capability, AV has been working on the following initiatives over the past 12 months:

- **Progression of paramedic recruitment** with 21 graduate paramedics commencing in early January 2025, and a further 11 Qualified Ambulance Paramedics (QAP) commencing in February 2025, to support resource coverage in rural and remote areas. Since November 2024 AV has welcomed 96 new paramedics.
- **Additional MICA:** we are currently working to establish an additional 40 MICA paramedics in rural locations across Victoria. MICA paramedics possess a higher clinical skill set and can perform more advanced medical procedures that go beyond those of standard paramedics. Their training includes detailed knowledge of anatomy, physiology, pathophysiology and pharmacology, enabling them to make complex clinical decisions without needing medical consultation. These highly skilled professionals can, amongst other advanced skill sets manage advanced airway procedures, treat complex head injuries, administer intraosseous (into bone) drugs and fluids to paediatric patients, address life-threatening chest injuries, and provide advanced care for cardiac conditions. The first group of MICA paramedics will be ready by June 2025, with additional teams being established over the following two years. This initiative is critical for improving emergency care in rural areas.
- **MICA Bridging Program:** In February 2024, one of the largest cohorts of 30 new MICA paramedics graduated from the AV MICA Bridging Program with a further 24 due to commence the program later this year.
- **MICA Rural Resource Prioritisation** trial continues across Geelong, Ballarat, Bendigo and Morwell locations. A 12-week interim evaluation showed significant benefits for patients and employees, including improved patient care by preserving MICA for critically ill patients, better MICA shift coverage, reduced fatigue, and increased job satisfaction. AV is now exploring the opportunity to expand this initiative to a 24-hour model in these locations, rather than only overnight.
- **MICA Targeted Dispatch** trial has been expanded after previous trials in Melbourne and regional centres have shown significant benefits to patients and employees. MICA targeted dispatch maximises MICA availability for high acuity cases during periods of reduced MICA staffing. It aims to enhance the availability of MICA for our sickest patients ensuring the right resources are available to the right patients at the right time. Patient safety and clinical quality will be continuously monitored throughout the trial.
- **Establishing Paramedic Practitioners:** On 12 February 2024, the first-ever, free Paramedic Practitioner Master's Degree started at Monash University. This allows qualified paramedics to deliver a higher level of care to patients. Under the expanded role, paramedic practitioners will be able to assess, diagnose and treat many conditions locally without the need to transfer patients to hospital. They will be able to prescribe and supply scheduled medicines, in conjunction with the patient's GP, when and where required. Working alongside primary care providers they will be able to treat conditions that commonly see people visit a hospital – including urinary catheter care, wound care and closure, minor infections, dislocations and fractures. The first of the 25 paramedic practitioner graduates will be deployed to regional Victoria in 2026.

AV is an employer of choice for local university graduates, as well as interstate and international paramedics. The number of applicants significantly outnumbers the vacancies we have available. AV is well known for our world-class clinical standards, employee benefits including extensive health and wellbeing support, graduate Advanced Life Support and Intensive Care training programs and ground-breaking research.

Process improvements

AV has introduced a number of process improvements that also contribute to better managing and prioritising paramedic workload and will also assist to improve call taking and dispatch and ramping (covered under TOR 1a and 1b), including:

- **iPad roll out** to all paramedics commenced in February 2025. The introduction of the new iPads has been co-designed in consultation with paramedics and will help to enhance the working lives of our front-line responders by providing a faster, more mobile and reliable device with the significantly improved capability (including easy access to training, other AV applications and internal support). This is a critical enabler for improving clearing time performance. Clearing time refers to the elapsed time from the handover of an emergency patient at a hospital ED to completion of all tasks necessary to ensure the ambulance crew is available to respond to another incident.
- **Digital Radio Upgrade Program** involves the replacement of analogue radio network with the digital network which enables compatibility between the Metro (digital network) and effectively delivers a single secure radio network for Victoria. The digital radio upgrade program will provide improved paramedic safety in field, through accurate personnel identification and location tracking with improved duress functionality. To support the new network digital radios are currently being rolled out across all the rural regions in 2025.
- **Mobile Data Network (MDN) into Rural Program** expands access to MDN into rural state-wide communication to AV's operational workforce to provide automatic navigation to a case, as well as situational awareness through automatic CAD updates (e.g. information about safety and occupational violence risk, reducing human error by ensuring updates are sent every time). This will enable enhanced responder safety, optimisation of fleet assets, improved patient care and access to patient and case related data.

The implementation of the AVEA 2024 will significantly improve the workload and wellbeing of our operational employees. These changes, combined with innovative solutions to improve our clinical workforce through the establishment of paramedic practitioners and additional MICA paramedics, as well as improvements in technology will not only improve working conditions and provide career pathways but will also positively impact our performance.

"The XXX Crew on did an amazing job of backing their clinical judgment for a 17 year old presenting with stroke like symptoms. Their decision to trust their assessment and gut feeling to get him to the best place for definitive care has given him the best chance at recovery in what otherwise could have had very poor outcome. Amazing work & the community are lucky to have 2 people so willing to advocate for them!"

—Quote from ED Physician

Terms of Reference 2

Procurement practices, including contract management and oversight, and their adequacy in ensuring transparency, fairness, and value for public funds and identification of any systemic patterns of mismanagement or lack of oversight

AV contributes to, or directly undertakes, a large number of procurements for an array of goods and services. This consequently requires high level contract management and commercial skills. While AV has comprehensive and documented policies, processes and frameworks to guide these activities and to promote good practice in line with required regulations, AV continues to work through opportunities to improve procurement management and ensure transparency, fairness and value for money.

AV procurement and contract management activity

All health services, including AV, are striving for financial sustainability and increased efficiency while continuing to deliver the best care to our community. As an organisation we are committed to maintaining transparency, fairness, and efficiency in our procurement and contract management processes to ensure value for money.

AV is responsible for the procurement and contract management of critical assets, resources and services. AV procures approximately \$425 million in goods and services per year. Effective delivery of these contracts ensures that AV maintains the resources vital to delivering effective and efficient patient care. The resources required are diverse and vary in their size, complexity and requirements and include:

- leasing and operating buildings for ambulance branches;
- managing emergency communication contracts;
- contracting patient transport services e.g. Non-Emergency Patient Transport, fixed wing and rotary wing aircraft services, daily fleet;
- equipment and medical supplies; and
- ICT products and services.

Compliance and oversight

Given the magnitude and criticality of these procurements, AV ensures the transparency, fairness and value of these activities by complying with Victorian Government Purchasing Board (VGPB) and Victorian Health Building Authority (VHBA) regulations.

Victorian Government Purchasing Board (VGPB)

VGPB sets the policies that govern procurement of non-construction goods and services across all Victorian Government departments and some specified agencies. AV undertakes an annual compliance review with the VGPB published requirements checklist. The annual

attestation process alternates between an internal and external review each year. The 2024 annual assessment has only noted a minor non-material deficiency and concluded that AV had reasonable assurance for compliance to the VGPB requirements. All minor non-compliances are noted and actions taken by AV to address these findings.

The Victorian Auditor General's Office (VAGO)

VAGO conducts audits to ensure that public sector entities are transparent and accountable to the Victorian Parliament and the community. VAGO provides assurance to Parliament and the community about how effectively public sector agencies are providing services and using public money. VAGO undertakes an annual program of financial and performance audits of AV, with suitable action plans in place to address any gaps or areas for improvement.

Victorian Health Building Authority (VHBA)

VHBA is responsible for the planning and delivery of the Victorian Government's health infrastructure program, including ambulance branches. Accordingly, all major building works for AV are procured by and are the responsibility of the VHBA. AV works closely with VHBA to provide them with the relevant property replacement and upgrade requirements for ambulance branches and ensures they comply with the relevant regulations.

Minor construction works are undertaken by AV in accordance with the Ministerial Directions and Instruments for Public Construction.

Principles, Policies and Procedures

AV principles for procurement activities undertaken include:

- **Value for money:** A balanced judgement of a range of financial and non-financial factors, considering the total benefits and costs over the life of the goods, services or works procured. This includes environmental, social and economic factors, and any related risks.
- **Accountability:** Accountability for procurement is commensurate with appropriate levels of authority and responsibility.
- **Probity:** Integrity, ethical behaviour, fairness and transparency in the conduct of procurement processes.
- **Scalability:** Procurement governance and processes are appropriate and efficient, considering the capability of available resources and the complexity of the procurement undertaken.

State Purchasing Contracts (SPC): AV uses SPCs (also known as whole of government supply arrangements) where possible. SPCs are supply arrangements for Victorian Government common use goods and services, established when value for money can best be achieved through aggregating demand and leveraging market segments.

Procurement Strategy: The objectives of the Procurement Strategy are to:

- minimise risk of non-compliance with procurement processes and procedures;

- improve the capability of individuals involved in procurement;
- improve organisational capability;
- deliver value for money and operational efficiencies through strategic planning; and
- increase use of whole of government supply arrangements.

Contract Management Manual: AV maintains a Contract Management Manual which sets out mandatory requirements for contract management. Contract management ensures both AV and suppliers fully meet their respective obligations under the contract as effectively and efficiently as possible to deliver business and operational objectives.

Procurement and Contract Management System: AV maintains a Procurement and Contract Management System to support good procurement and contract management within AV by:

- allowing AV to store and organise procurement and contract information and records in an easily accessible, centralised repository;
- allowing the Procurement and Commercial Department and contract managers to sort and search records to quickly locate the document/s needed; and
- keeping track of, and providing reminders of, important dates such as contract expiration dates, option exercise dates and insurance, warranty and defects liability expiration dates.

Risk Management in Procurement: The risk of mismanagement in procurement is controlled through several practices including operational activities, governance reporting and audit approaches. Some specific examples include:

- Establishment of evaluation panels and senior level steering groups for decision making on large procurements (>\$250,000). All evaluators are mandated to have completed online probity training.
- Contract recommendations for high value agreements (> \$3m) include an activity checklist and comprehensive evaluation report.
- Oversight by the Procurement Governance Committee which is chaired by the Chief Procurement Officer and includes subject matter experts and senior leaders from across AV.
- Quarterly reporting to the Finance Committee of Board which includes the forward procurement plan and RAG (traffic light) status for visibility of potential issues.
- A published complaints process on the internet. To date, AV has not received a formal process complaint since this process was mandated in July 2022.

Terms of Reference 3

Allegations of fraud and embezzlement and the adequacy of financial controls and oversight to prevent misconduct

AV has a clear focus on preventing, detecting and acting on financial misconduct. Our Professional Standards and Behaviours Department is effective in raising awareness of, and provides a mechanism for, reporting misconduct and fraudulent behaviour. AV has strong risk management, regulatory, legislative and a program of internal audit compliance to ensure appropriate controls are in place to prevent and reduce misconduct.

AV has policies and procedures, fraud detection and prevention controls and a program of internal audits to help mitigate fraud and ensure the appropriate financial controls and oversight to prevent misconduct.

Integrity Framework

The Integrity Framework provides employees with the skills and resources required to make appropriate decisions and address risks to our operational and organisational integrity. AV's organisational values and behaviours are derived from and reflect the ethical underpinnings of the AV Code of Conduct and Victorian Public Sector's Code of Conduct. Employees must also adhere to AV-specific policies, frameworks and procedures including:

- Professional Conduct Policy
- Conflict of Interest Policy
- Conflict of Interest Procedure
- Board Conflict of Interest Policy
- Fraud Control Framework
- Gifts, Benefits and Hospitality Policy and
- Secondary Employment Procedure.

AV's Integrity Framework undergoes ongoing quality review, to validate that it reflects best practice and enhancements in education, prevention, detection and governance.

Legislative Compliance Framework

AV has a responsibility to comply with all legal and regulatory obligations, as expected by our people and community. The AV Legislative Compliance Obligations Framework outlines AV's approach to comply with all applicable laws, regulations, codes and government policies.

The Framework is an important aspect of an integrated approach to governance, risk and compliance. It specifically consists of the policies, processes, tools, structures and reporting that help identify, monitor and manage the compliance risks around meeting our statutory objectives. It therefore has important links to risk management and mitigations and internal controls.

Our legislative compliance management helps mitigate the following risks:

- a. Patient and employee health and safety requirements not being met
- b. inadequate internal control systems that may lead to fraud, corruption, and/or inefficiencies
- c. financial loss, and
- d. reputational damage to AV – especially through external investigations.

Enterprise Risk Profile

AV has a comprehensive Risk Management Framework and actively integrates risk management into activities and functions. Each Enterprise Risk is reviewed and reported against quarterly to the AV Board Audit and Risk Committee. A thorough review of each Enterprise Risk is undertaken annually where causes, impacts, controls (and their effectiveness), assessment and mitigations are undertaken.

Fraud Control Framework

The Fraud Control Framework incorporates mandatory notification requirements under Section 57A of the Independent Broad-based Anti-Corruption Commission Act 2011 (Vic). AV's Fraud Control Framework documents and communicates the obligations, responsibilities and processes required to ensure that sufficient controls and procedures are in place to prevent, detect and respond to fraudulent activities within AV. AV's Fraud Control Framework requires a fraud risk assessment be performed at least every two years in accordance with the Australian Standard 8001:2021 Fraud and Corruption Control.

Fraud Prevention

AV has implemented various controls in AV to reduce and prevent fraud, including training programs for employees, the implementation of a complaints system for reporting misconduct and conducting fraud, risk and corruption assessments every two years.

The training programs to promote integrity and fraud/corruption awareness for employees, include:

- Conflict of interest
- Fraud awareness
- Privacy, and
- Financial delegations.

Fraud detection and response

AV undertakes a range of fraud detection and response activities including:

- exception reporting on high-risk areas (e.g. accounts payable);

- independent internal audits of business processes likely to be vulnerable to fraud and corruption;
- external audit activities - as part of its financial audit process, VAGO considers the risk of fraud and error when assessing the control environment and its potential impact on AV's financial statements;
- maintenance of a fraud incident register - AV keeps records of and internally reports all actual and suspected fraud, corruption and other loss incidents in its Irregularities Register;
- Introduction of AV SpeakUp, an independent and externally managed report and complaint service where the complainant can choose to remain anonymous;
- reporting of any significant and systemic fraud and corruption incidents to the Minister for Ambulance Services, Department of Health and the Auditor-General;
- reporting and/or referring suspected corrupt conduct to the Independent Broad-based Anti-Corruption Commission (IBAC);
- maintaining a Gifts, Benefits and Hospitality Policy and register recording gifts, benefits and hospitality offers – whether accepted or not – to help maintain high levels of integrity, avoid conflicts of interest and highlight any potential attempts to influence employees.

Professional Standards and Behaviours Department (PSBD)

The PSBD was established in June 2023 to oversee AV's reporting and complaints system for matters relating to conduct and behaviour. A focus for the PSBD this year is on maturing its prevention function through raising awareness and delivering education about incivility and sexual harassment under the banner of 'Leading with Respect'.

Further work is underway to launch the refreshed Integrity Framework alongside a Leading with Integrity education program to elevate integrity and embed integrity aligned conduct in the workplace.

Further details of the roles and responsibilities of the PSBD are provided in response to Terms of Reference (5).

Audit and Compliance

In line with good governance, Ambulance Victoria's Board maintains oversight of financial and service performance through the establishment of finance, quality & safety and audit & risk committees. The Audit and Risk Committee assists the AV Board in fulfilling its responsibilities in the areas of compliance, internal control, financial reporting, assurance activities (including independent Audit) and contemporary risk management. AV maintains a strong program of annual internal audits to ensure continuous improvement and independent assurance regarding risk management, governance and internal controls. The 2024-25 Internal Audit Plan focuses on managing key risks and challenges, continuing to improve key organisational processes and to support AV in maintaining trust with the community and its stakeholders.

The Audit and Risk Committee regularly engages with AV's internal and external auditor (VAGO) ensuring that the Board and AV are well informed, with robust oversight on matters mandated by the terms of reference and good governance.

Development of the Internal Audit Plan considers:

- assurance activity coverage;
- emerging risks and trends;
- key risks and controls;
- past and deferred Internal Audit projects as well as proposed future projects outlined within the Internal Audit Plan;
- key data insights drawn from AV data sets;
- recent external reviews (e.g. findings by the VEOHRC, VAGO, the Department of Health).

The development of the Internal Audit Plan involves discussions with key stakeholders (such as the Executive, Board, and Audit and Risk Committee) to enable the sharing of key insights for consideration in determining future potential Internal Audit coverage and areas of focus.

A case study

In early 2023 an AV employee raised allegations of misconduct directly with the Chief Executive. Following a preliminary inquiry to determine whether reasonable grounds for suspicion existed to require a referral to IBAC, AV referred the matter to the IBAC and an internal investigation commenced once the matter was referred back to AV by IBAC on 29 June 2023. This investigation led to the suspension of six employees who were given the opportunity to respond to the allegations, consistent with routine practice, the principles of natural justice and disciplinary policies. Five of the six employees have returned to work following the investigation, with a referral made to Victoria Police in relation to the remaining employee who no longer works for AV. IBAC was advised of the investigation process, findings and outcome and relevant notifications were provided in accordance with Direction 3.5.3(a) of the 2018 Standing Directions under the Financial Management Act 1994 (Vic). Further work has been scoped and is ongoing in relation to the identification of potential broader risks to AV, which were revealed through the investigation.

In August 2023 there was an internal audit of Payroll Services, processes and activities that identified a need for AV to improve and strengthen its business processes and internal controls in respect of AV's payroll activities. AV is currently undertaking a large program of work to improve payroll governance mechanisms including the upskilling payroll employees, recruitment of a new position, Director, Payroll Services and exploring opportunities to maximise digital solutions to enhance payroll functions. AV is already seeing the benefit of these improvements with a decrease in payroll complaints, errors and backlog.

Terms of Reference 4

Governance and accountability

Like most public agencies, AV is subject to wide-ranging governance and accountability, of both its functioning as an organisation and the quality and outcomes of its clinical services. AV considers this level of scrutiny and transparency is vital to maintaining stakeholder confidence and driving continued improvement of its services. AV continues to strengthen its governance and accountability frameworks to support its operational and corporate functions.

Effective governance underpins AV's ability to fulfill its mission of providing quality, accessible emergency health care. It ensures accountability, transparency and strategic alignment across all levels of the organisation. From the Board of Directors to frontline operations, robust governance mechanisms drive sustainable performance, build public trust and deliver outcomes aligned with AV's Strategic Principles: People, Patients, Connection and Impact.

For governance to be effective across all levels it must be inclusive, engaging employees, patients, and community members; transparent, fostering open communication and accountability; consistent, applying governance principles uniformly across departments and services; and proactive, anticipate and address challenges before they escalate.

Organisational governance

AV is a statutory authority required by the Ambulance Services Act 1986 to provide state-wide emergency pre-hospital ambulance services to all Victorians. This includes to:

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

AV was established on 1 July 2008 following the merger of the Metropolitan Ambulance Service, Rural Ambulance Victoria and the Alexandra and District Ambulance Service. Ministerial accountability rests with the Hon. Mary-Anne Thomas MP, Minister for Ambulance Services.

Appointed by the Governor in Council on the recommendation of the Minister, the Board of Directors (the Board) is responsible for the provision of comprehensive, safe and efficient ambulance services to the people of Victoria. While organisational operations and management is vested in the Chief Executive Officer and the Executive team, the Board is accountable to the Victorian Government and Minister for the overall and ongoing performance of AV. The Board operates in accordance with the AV By-Laws (approved by the Department of Health Secretary), as well as other Board and government policies and frameworks. These support AV to meet its statutory obligations and, in doing so, comply with appropriate standards of governance, transparency, accountability and propriety. All Board and committee members are independent, non-executive Directors.

The Board Chair works with the Department of Health and the Minister to ensure the Board has the requisite skills, competency and diversity mix to provide strong and insightful stewardship of the organisation. This includes ensuring the Board has the attributes required not only for today's needs, but also for future years where the Board will need to respond to a more technologically, financially and socially complex environment and ensuring that AV is safe, fair and inclusive.

The Board maintains three statutory committees, two advisory committees, and a Remuneration and Nominations Committee to support its functions. All committees are governed by Board-approved Terms of References, which set out each forum's role, responsibilities, membership, quorum and voting structures. Please refer to [Ambulance-Victoria-Annual-Report-2023-2024.pdf](#) for further details on AV Governance.

Clinical governance

AV's clinical governance is articulated through AV's **Best Care Framework**. The Best Care Framework defines what best care means to AV and the community, how it is delivered, and how our people contribute to achieving our shared mission. The framework defines the organisational systems and frameworks that support our workforce to provide consistent high quality, safe, effective, person-centred and connected care for every patient, every time.

The Best Care Framework ensures that:

- We have the foundation of robust clinical governance systems to deliver the Best Care vision to the community and support the implementation of the Strategic Plan.
- Our people understand and can perform their roles and responsibilities for the safety and quality of care and services.
- We operate within our Best Care Framework to improve the quality and safety of care for patients and the community.
- We continually measure, monitor and improve our systems and processes.
- We have clarity of purpose of how we work together to deliver Best Care to patients and the community.

Community and Consumer Engagement Plan

AV's Community and Consumer Engagement Plan commits AV to developing and maintaining strong collaborative relationships with local communities. AV continues to partner with community and consumers in a meaningful way to inform service design and quality care that is safe, person and family centred and clinically effective. Refer to [AV Community Consumer Engagement Plan 2023-28.pdf](#)

Community Advisory Committee

AV's Community Advisory Committee (CAC) provides advice and direction to the Board to assist the Board in carrying out its community engagement and participation responsibilities and its statutory requirements. The purpose of the CAC is to ensure the voices of the Victorian community are heard, understood and integrated across the work and services of AV.

Delegations and Authorities Framework

Delegations and authorities are a critical component of AV's governance framework to ensure strong, effective and efficient governance and management of the organisation. AV's commitment to sound corporate governance and administrative practices represents a significant responsibility for those who hold delegations of authority.

The AV Delegations and Authorities Framework (the Framework) articulates standards, accountabilities and responsibilities in decision making. It reflects AV's organisational structure, provide a mechanism to assign authorities which originate from legislation, policy and procedures, facilitate efficiency and effectiveness and increase the accountability of AV employees for their performance.

The Framework promotes decision-making powers being placed as close as possible to the point of service delivery within AV, thus allowing decisions to be made more efficiently and effectively in response to stakeholder needs.

The Framework has been created to promote accountability, efficiency and effective decision making across AV in a manner that is consistent with the Ambulance Services Act 1986 (Vic) and the AV By-Laws constituted under section 36 of the Act.

The Delegations Framework and associated Instruments and policies were reviewed in 2024. Substantial changes were made to the Board and CEO Instrument of Delegations to empower senior leaders and ensure efficient business practices. From these changes AV now has a centralised Delegations Instrument that is consistently applied across the organisation. AV will continue to monitor the application of the Instrument of Delegation to ensure that it meets its stated objectives.

Accountability

The **Ambulance Victoria Strategic Plan 2023-2028: Transforming for better** outlines our roadmap for delivering world-leading, patient-focused, out of hospital, mobile, and emergency health care to the Victorian community. This comprehensive strategy is built on our belief that everyone has the right to access quality and effective patient-centred health

care, enabling them to live their best lives. It encompasses a clear purpose and is structured around four strategic pillars – People, Patients, Impact, and Connection – that define our goals and aspirations for the next five years. [Refer to Strategic Plan 2023-2028 - Ambulance Victoria](#)

The Strategic Plan is structured over three horizons: Stabilise, Enable and Reach. 2024-25 is the second year of the implementation of the Strategic Plan and has a continued focus from 2023-24 on stabilising our organisation, as well as investing in enabling our organisational transformation. During this period, AV will also work with the Department of Health and our key delivery partners to achieve the outcomes defined in the Minister's Statement of Priorities.

AV's **Annual Plan** guides the delivery of priority initiatives and the development of divisional and team workplans. The Annual Plan aligns with the priorities of the Strategic Plan with a focus on achieving the strategic outcomes aligned with our four strategic pillars. Progress in implementing the priorities in the Annual Plan is reported on quarterly to AV's Executive and Board.

All Victorian public healthcare services, including AV, agree to a **Statement of Priorities (SOP)** with the Minister for Health. The Statement of Priorities for AV is an annual accountability agreement between AV and the Minister for Ambulance Services. It details the key performance expectations, targets, and funding for the year, as well as government service priorities. [Refer to Performance monitoring framework | health.vic.gov.au](#). AV reports against the published performance targets quarterly.

In 2024-25, performance KPIs for all health services have been modified to:

- reset expectations of health services, focussing on core government priorities and incentivising excellence and continuous improvement in service delivery
- strengthen central support for performance improvement, while maintaining health service responsibility for resourcing and achieving this improvement
- clarify accountability for performance, by providing more transparent criteria for health services to operate with varying levels of autonomy, and clear consequences for health services and boards when expectations of performance are not met.

While 'high quality and safe care' performance targets are regularly met, AV is working to improve our performance against 'timely access to care' targets through addressing system-wide issues such as ramping and resourcing constraints (refer TOR 1).

Monitoring of patient outcomes

AV works closely with Safer Care Victoria (SCV) to ensure we are delivering safe care to our community. All health services, including AV, must report on serious cases of patient harm and death caused by adverse patient safety events to make sure they are reviewed and issues addressed, or changes made to help prevent further harm. All health services, including AV, are required to report sentinel events to SCV and, where appropriate, the Coroner.

All sentinel events are formally reviewed to establish the facts, determine likely causes or contributing factors, and provide recommendations for improvements. AV reports quarterly to the AV Quality and Safety Committee of Board on serious patient safety incidents and actions taken by AV to ensure we learn and get better. AV takes seriously our commitment to providing the best care for every patient.

While the overwhelming majority of patients receive excellent response and care, from time to time, things can and do go wrong. We endeavour to be open and transparent about those issues and review cases to establish the facts, determine likely causes and provide recommendations for improvement. We meet with families to discuss our response and, importantly, learn and improve to reduce the likelihood of things going wrong in the future.

Ambulance resources are allocated based on clinical need and information provided by the caller. Our priority is always responding to the sickest patients who need life-saving care first. For less urgent cases, we understand that waiting for an ambulance can be distressing for patients and those with them. To better serve our community and provide best care, AV has:

- Introduced video triage within our secondary triage.
- Improved processes to identify patients who benefit from alternative care pathways.
- Commenced implementing clinical response model changes for stroke and headache.
- Updated secondary triage clinical practice guidelines.
- Improved response performance through more efficient decision-making tools and allocation of AV resources.
- Commenced implementing people based rostering reforms.

Clinically meaningful, the reduction in pain is routinely monitored and reported by AV. The 2025 RoGS summarises the performance of ambulance service organisations and provides uniform pain relief outcomes across Australian jurisdictions. In 2023-24, 90.5 per cent of patients in Victoria with severe pain reported a clinically meaningful pain reduction. This is the highest proportion of clinically meaningful pain reduction for any ambulance service and is significantly higher than the national average (82.5 per cent).

Refer TOR1 for more information.

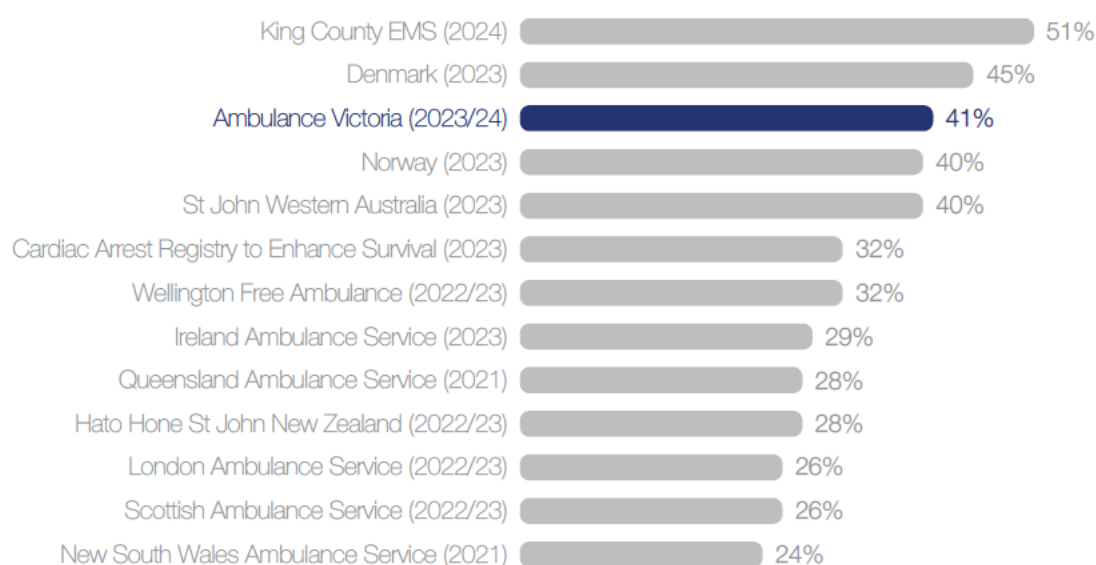
Out-of-hospital cardiac arrest

Cardiac arrest outcomes for 2023-24 have been summarised in the Victorian Ambulance Cardiac Arrest Registry (VACAR) annual report. Reports are made publicly accessible on the AV website following their launch (ambulance.vic.gov.au/research). Key results for 2023-24 are:

- AV attended 7,545 out-of-hospital cardiac arrest (OHCA) events, a 3.7 per cent decrease on 2022-23.
- Median statewide response performance reduced to 8.0 mins, compared to 8.3 mins in 2022-23. This is the fastest response times to OHCA since the COVID-19 pandemic.
- 22 per cent of patients who presented in a shockable rhythm received initial defibrillation from a bystander with a public AED. This is the highest result in more than 20 years.

- AV resuscitation quality metrics achieved their highest results since monitoring commenced in 2019. Hands-off chest delays have returned to pre-COVID levels. First pass intubation success by MICA paramedics observed its highest result (86 per cent).
- 12 per cent of all patients who received a resuscitation attempt by paramedics survived to hospital discharge, an increase from 10 per cent in 2022-23.
- In patients who presented with a shockable cardiac rhythm including ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT), 35 per cent of patients survived to hospital discharge, an increase on 31 per cent observed in 2022-23.
- 41 per cent of patients in the international (Utstein) comparator group survived to hospital discharge. This is our highest ever Utstein survival rate and significantly higher than 2022-23 (36 per cent) and higher than our pre-COVID-19 result in 2018-19 (40 per cent). The result is the highest reported in Australia and the third highest in the world (after King County and Denmark).

Figure 6 — Utstein comparator group survival rates nationally and internationally



Patients with Acute Coronary Syndrome

The quality-of-care of patients experiencing ST-elevation myocardial infarction (STEMI) is routinely monitored by the Victorian Ambulance STEMI Quality Initiative. The registry routinely reports quarterly STEMI outcomes to a multi-disciplinary steering committee. The results of Quarter 3 2024 are summarised below but should be interpreted with caution due to the impacts of protected industrial action and the absence of electronic patient data:

- 67.6 per cent of patients with STEMI received a response time ≤ 15 minutes.

- 85.4 per cent of patients with STEMI received a 12-Lead ECG within 10 minutes of first medical contact.
- 73.1 per cent of patients with STEMI received thrombolysis within 45 minutes.
- 96.8 per cent of patients with STEMI transported by MICA received intravenous heparin.
- 99.1 per cent of patients with STEMI were transported to percutaneous capable facility.
- 85.7 per cent of patients with STEMI were transported with prehospital notification.

Terms of Reference 5

The workplace culture within Ambulance Victoria, with a focus on occupational health and safety impacts, including to the morale and wellbeing of paramedics and employees

The safety and wellbeing of our people is the number one priority of the leadership and Board of AV. We recognise that the work our people do can be stressful, and that their physical, emotional, and psychological wellbeing matters. All AV employees have a right to be safe at work, ensure that they are treated fairly and be part of an inclusive culture. The leadership and Board of AV have publicly committed to a long-term program of reform supporting the strong and positive aspects of the AV culture.

Victorian Equal Opportunity and Human Rights Commission (VEOHRC) review

AV is working toward our shared vision of a safe, fair and inclusive workplace. Following the independent review by the Victorian Equal Opportunity and Human Rights Commission (VEOHRC), AV has been implementing reforms to create a safer place for our people to work and volunteer, and a more progressive and capable workplace where our people can thrive.

AV has made foundation level reforms following the 2022 release of the VEOHRC report. We are now moving to better embed our culture program and build a preventative approach across the organisation so that everyone understands their role in building a positive culture and stop harm from occurring in the first place.

While we've made significant progress in some areas, a progress evaluation undertaken last year by VEOHRC highlighted the impact of those changes is not being seen or felt universally throughout the organisation. AV is committed to making meaningful change and will continue to implement reforms to improve the morale and wellbeing of our people.

Professional Standards and Behaviours Department (PSBD)

The PSBD commenced on 5 June 2023 and reports directly to the Chief Executive Officer. The PSBD was designed according to the following core principles for managing and preventing unlawful and harmful workplace behaviours: person-centred, fair and impartial, accessible, timely, flexible, transparent and accountable.

PSBD has a dual function to:

- Manage and respond to alleged unlawful and harmful workplace behaviours (workplace harm) - oversee AV's report and complaint system for matters relating to workplace conduct and behaviour, including via our newly established independent and external reporting pathway, AV SpeakUp – ensuring that our people can speak up safely, and perpetrators are held accountable for any inappropriate behaviour at work.
- Prevent workplace harm – to support a positive and respectful workplace and address integrity risks.

The PSBD has the following key responsibilities:

- Triage, manage and resolve complaints about allegedly unlawful and harmful workplace conduct, including supporting referral to external agencies, where appropriate.
- Investigate alleged misconduct, and where misconduct has been substantiated, provide recommendations to the business on outcomes and/or actions.
- Design and deliver evidence-based prevention activities through conducting events, and coaching, as well as the delivery of guidance material, education, and training; e.g. Civility Saves Lives Masterclass (raising awareness of incivility, prevalence and impact on our people and patients), Leading with Respect: In Conversation with Dr Anna Cody, Sex Discrimination Commissioner, launching AV's new Sexual Harassment Policy and publishing quarterly reports to the workforce about the prevalence of workplace behaviours at AV, and the performance of the PSBD department.
- Identify organisational and systemic drivers of workplace harm and integrity risks to inform improvement of system, policy and process to prevent unlawful and harmful workplace conduct.
- Design and deliver AV's Integrity Framework (further detail has been provided on this in response to TOR 3).

While the PSBD has successfully introduced change through improved policy and practice, work is actively underway to deliver an improved level of service both in terms of investigations and integration with organisation wide prevention programs.

Values and behaviours

Our new organisational values of Care, Accountability, Respect and Excellence, launched in mid-2024, require each AV employee to adopt the traits relating to each Value category setting the expectation organisation-wide of the acceptable way that we act at work. Our Values were co-designed with our people and are essential to us creating a safe, fair and inclusive AV. Our Values are:

Care — We care in ways that nurture trust and collaboration.

Accountability — We are accountable in our roles and to each other.

Respect — We are respectful and consciously inclusive.

Excellence — We strive to be our best for our people, patients and communities.

Our values form the acronym CARE which is at the heart of AV. Care has always been the foundation of what we do for our patients and applies to how we care for each other within AV.

Leadership stability

AV has been actively working to minimise the number of acting roles within AV (both

operational and non-operational positions), particularly within key leadership roles, to ensure stability, consistency and security for AV employees. AV has undertaken several actions, including permanent appointments for acting roles and enhanced people management policy and processes as outlined below. Creation of a centralised Workforce and Establishment Management Unit (WEMU) has also enabled improved management and visibility of short to mid-term acting/secondment opportunities as it is a key responsibility for this unit to manage.

Leadership capability and capacity

Since the VEOHRC report, AV has increased its focus on employee leadership development and leadership wellbeing. Leaders have a significant impact on workplace culture; shaping the overall workplace environment through role modelling desired behaviours. Their actions and decisions navigate organisational change.

Our AV Leadership Development Framework and AV Leadership Behaviours Framework provide a clear, consistent and contemporary approach to driving leadership development within the whole organisation to align and strengthen individual and collective leadership. Underpinned by the attributes of Leading Together: Compassion, Courage & Connection, our aim is to build and maintain our capability, capacity and a leadership culture that is true to our values and quality of care we provide to our people and patients. The Leading Together Program operationalises these frameworks. The Program was designed to improve people leadership behaviours and capability to drive mindset and behaviour change conducive to AV's inclusive leadership culture.

A preliminary evaluation of the Leading Together Program, conducted three months after completion of all program elements, confirmed the positive impact to increased leadership capacity with 98 per cent of participants agreeing that the program was relevant and would impact leadership. To continue to build change momentum, future plans will consider bespoke offerings for leaders at different career stages and levels. Further work will be undertaken to embed talent and succession mechanisms, providing a structured system of identifying and developing future leaders to take up vacancies, ensuring smooth leadership transitions and business continuity.

AV's Healthy Leaders, Healthy Teams workshop builds on the existing frameworks and proactive measures to manage wellbeing emphasising that by looking after ourselves as leaders we can more effectively look out for others. It equips leaders with the tools needed to comprehend the significance of meaningful conversations about wellbeing with their teams, encouraging leaders to draw on their experiences to help them manage their individual and team's wellbeing.

Health and safety

The work of paramedics can result in exposure to potential injury, and stressful and sometimes traumatic events. As discussed above in TOR 1 AV has implemented a Psychosocial Risk Framework and Repository which is a holistic approach to addressing specific psychosocial hazards/risks and we have excellent health and wellbeing support services. As previously mentioned, AV has also established a fatigue management working

group and developed new fatigue management guidelines for our employees.

Health and Safety Representatives (HSRs)

Health and Safety Representatives (HSRs) also play a crucial role within AV by promoting positive health and safety practices. This involves identifying potential hazards, bringing them to the attention of management, and actively participating in the risk management process by aiding in the development of controls and advocating for the health and safety concerns of colleagues. We have been working closely with HSRs to ensure there is open communication pathways when issues arise, thus leading to improved response and collaborative problem solving. All AV Health and Safety working groups (e.g. fatigue, occupational violence, psychosocial and manual handling) have HSR memberships and HSRs are supported to attend these meetings to ensure they have vital input in program improvements.

Return to work

AV is committed to ensuring our employees are healthy, fit and safe within the workplace. We aim to have all employees and operational volunteers fit for duty. When an employee is not fit for duty, we actively support them in the return-to-work process.

Safety Audits

In response to recommendations in the VEOHRC report AV engaged independent consultants in 2023 to conduct a comprehensive safety audit of several AV work sites. From this audit AV is making improvements to the physical and psychological safety across all AV locations, with a focus on preventative activities. While this is underway, there is a need for ongoing assessments and remediation.

Policies and frameworks

AV currently has several policies and frameworks (outlined below) focused on developing and supporting our people. We are committed to empowering and enabling our people to continue to deliver services and support that meets the Victorian communities' growing and changing demands.

AV is developing an overarching People Plan that consolidates all our current people related plans to ensure a clear outcome focussed plan for the attraction, retention, support, development and succession planning for our people.

Diversity and Inclusion Framework 2024-2028 — elevates and prioritises diversity and inclusion and provides AV with a strategic pathway to make meaningful change through actions and outcomes that are grounded in our commitment to intersectionality, lived experience and collaboration. Supporting this Framework is our 18-month Diversity and Inclusion Action Plan that details how we lay the foundations for achieving long term, sustainable cultural change.

AV has made significant progress towards gender equality, diversity and inclusion. For example, women account for 54 per cent of our workforce and 40 per cent of our leadership roles and AV received the Emergency Services Foundation Gender Inclusivity Initiative award for improving AV's response to LGBTIQ+ community members in 2024.

Reconciliation Action Plan (RAP) — determines AV's vision for reconciliation, explores our sphere of influence, and supports our organisation and our people to build strong, sustainable, and meaningful relationships with Aboriginal and Torres Strait Islander people, and increase awareness and appreciation of culture. We will implement our RAP with support, knowledge, expertise, and guidance from Aboriginal and Torres Strait Islander people from both inside and outside AV. Refer to [Reconciliation Action Plan - Ambulance Victoria](#).

Health and Safety Action Plan 2023-2026 — places our people at the centre of the organisation's health and safety system with clearly defined priorities and areas of focus for the next four years. Our goal is a workforce engaged and empowered to drive health and safety improvement, and a culture in which health and safety is clearly visible and valued. We will increase health and safety knowledge and provide dedicated support for AV's people, as well as a mature safety environment. The areas of focus for our plan are to ensure we have actively addressed the four critical safety risks for employees: fatigue, occupational violence, psychosocial risk and manual handling. To bring this all together, we will ensure that our health and safety management system is robust with accurate health and safety data driving our decision-making for safety mechanisms for AV.

Psychosocial Risk Framework — demonstrates AV's holistic approach to addressing specific psychosocial hazards. It includes hazards that paramedics encounter as they provide emergency care in the community, such as occupational violence, trauma and job pressures, and those identified by the VEOHRC that relate to bullying and harassment. Resourcing and implementing the Psychosocial Risk Framework enables AV to create a safe system of work and maintain risk control effectiveness to prevent/limit psychological harm to employees.

Reflective Practice Framework 2024 — supports the Board, Executive and senior leaders to enact positive change through engaging in challenging conversations and self-examination to have the courage to address all issues impacting the way we work and our experience at work in a way that aligns with our values.

Mental Health and Wellbeing Action Plan 2022 — sets out our commitment to how AV will look after employee mental health and wellbeing over the three-year period from 2022 to 2025. It's about working together to build a workforce supported to protect wellbeing – whether it's delivering patient care, performing important roles through our many corporate and support functions, as a valued first responder or as a family member supporting from the sidelines.

There have also been dedicated programs of work to improve flexible working, reduce fatigue and build on our work in roster reform for more sustainable and safer patterns of work (refer TOR 1). The safety and wellbeing of our people remains our number one priority. The work our people do is stressful, and we take their physical, emotional, and psychological wellbeing seriously. Paramedics and all healthcare workers have a right to expect they will be safe at work, and that they will go home safely at the end of each day.

Conclusion

AV appreciates the role and focus of this Committee in examining key aspects of our operation and service delivery. As has been widely publicised, the organisation has gone through a challenging time in recent years as a result of external factors (such as escalating demand and pressures on the health system) and our internal trials such as periods of instability through Protection Industrial Action and Executive leadership changes. It is a testament to our workforce that we have continued to provide quality emergency care to thousands of Victorians during this period.

It is AV's sincere hope that this submission provides reassurance to the Committee and to the community that as an organisation we understand, accept and continue to grapple with the areas in which we need to improve. Our intention in providing such a comprehensive submission is to outline the myriad of ways in which we are working with our healthcare partners to create more capacity, deliver even better patient outcomes and support a talented and dedicated workforce.

We know that this is a program of work that will be ongoing.

We also know that as a mature and reflective organisation, it is important that we are open to questions, feedback and suggestions. The leadership and Board of AV therefore look forward to receiving the findings and recommendations of the Committee.

Acronyms

Acronym	Definition
ACO	Ambulance Community Officers
AED	Automated External Defibrillator
AIHW	Australian Institute of Health and Welfare
ALS	Advanced Life Support
AMPDS	Advanced Medical Priority Dispatch System
ARV	Adult Retrieval Victoria
AV	Ambulance Victoria
AVEA	Ambulance Victoria Enterprise Agreement
BALSECC	Ballarat State Emergency Communications Centre
CAA	Council of Ambulance Authorities
CAC	Community Advisory Committee
CAD	Computer Aided Dispatch
CERT	Community Emergency Response Teams
CFA	Country Fire Authority
CRM	Clinical Response Model
CTD	Call-taking and Dispatch
DH	Department of Health
ED	Emergency Department
EMC	Emergency Management Commissioner
ESF	Emergency Services Foundation
ESTA	Emergency Services Telecommunications Authority
FTE	Full Time Equivalent
FWA	Flexible Work Agreements
HSR	Health and Safety Representatives
IAED	International Academies of Emergency Dispatch
IBAC	Independent Broad-based Anti-Corruption Commission
MDN	Mobile Data Network
MICA	Mobile Intensive Care Ambulance
NEPT	Non-Emergency Patient Transport
OHCA	Out of Hospital Cardiac Arrest
PBR	People Based Rostering
PSBD	Professional Standards and Behaviours Department
QAP	Qualified Ambulance Paramedic

RAP	Reconciliation Action Plan
RoGS	Report on Government Services
SCV	Safer Care Victoria
SECC	State Emergency Communications Centre
SOP	Statement of Priorities
SPC	State Purchasing Contracts
STEMI	ST-Elevation Myocardial Infarction
TECC	Timely Emergency Care Collaborative
THOSECC	Burwood East State Emergency Communications Centre
TZV	Triple Zero Victoria
UCC	Urgency Care Clinics/ Centres
VACAR	Victorian Ambulance Cardiac Arrest Registry
VACIS	Victorian Ambulance Clinical Information System
VAGO	Victorian Auditor General Office
VAT	Video Assisted Triage
VEOHRC	Victorian Equal Opportunity and Human Rights Commission
VGPB	Victorian Government Purchasing Board
VHBA	Victorian Health Building Authority
VVED	Victorian Virtual Emergency Department
WILSECC	Williams Landing State Emergency Communications Centre

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Ambulance Victoria *Community and Consumer Engagement Plan 2023-2028*

Ambulance Victoria Internal Frameworks, Policies and Procedures

Appendix 1: Triple Zero Victoria

About the National Emergency Call Service

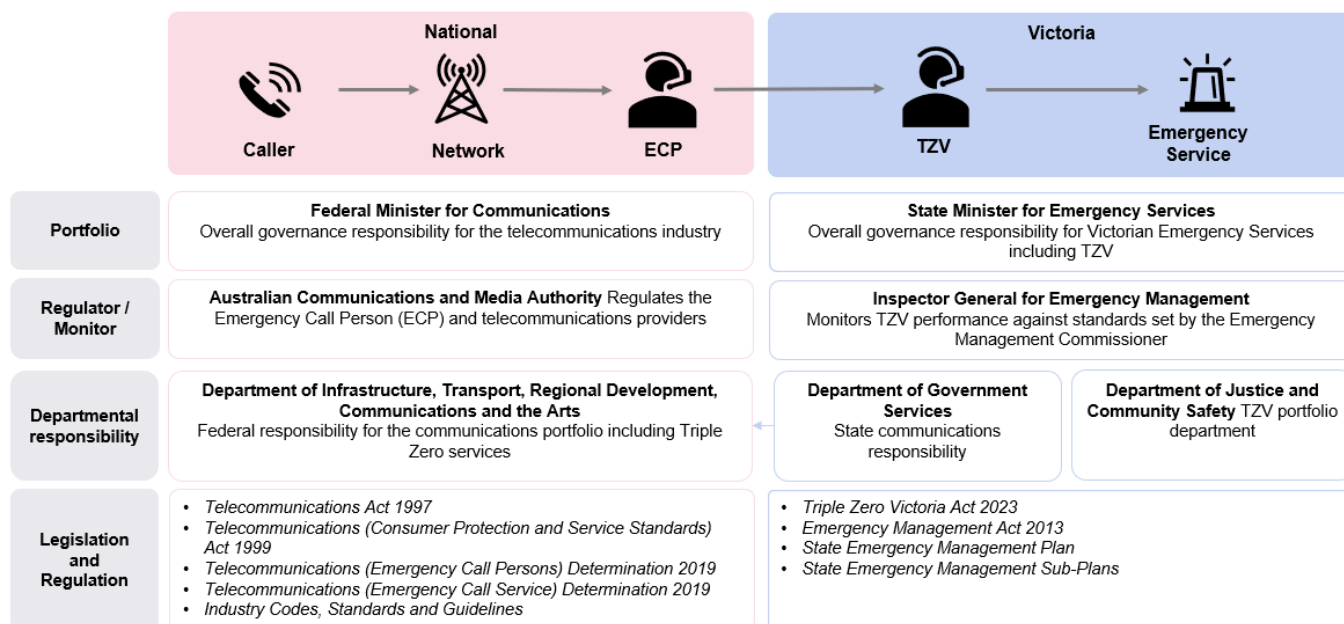
In Victoria, Triple Zero Victoria (TZV) operates emergency call-taking and dispatch services and is regulated in accordance with the *Triple Zero Victoria Act 2023 (Vic.) (TZV Act)*. The service extends from the national Emergency Call Service (ECS), which is overseen by the Commonwealth Government, intended to ensure all Australians have fair and equitable access to emergency services.

In Australia, triple zero (000) is the primary number for the national ECS. This is supplemented by two secondary numbers - 112, an international standard emergency number, and 106, the Text Emergency Relay Service, provided as part of the [National Relay Service \(NRS\)](#) for people with hearing or speech impairments. This is in accordance with the *Telecommunication Numbering Plan*, authorised by the *Telecommunications Act 1997 (Cwth)*.

The *Telecommunications (Emergency Call Persons) Determination 2019 (Cwth)* recognises Telstra as the national operator of the Emergency Call Service for 000 and 112. When a person calls the ECS from anywhere in Australia, they first speak to a Telstra 000 operator, known as the Emergency Call Person (ECP). The ECP confirms if the person is seeking police, fire, or ambulance services, and for which state or territory the service is required, then transfers the caller to the relevant Emergency Service Organisation (ESO). Each state or territory has their own arrangements in responding from this point.

The national ECS relies on a range of stakeholders from government and industry. The system has legislative, regulatory, and contractual requirements at both Commonwealth and State level. These arrangements are intended to ensure Australians have equitable access to emergency services as far as is practically possible, at all times. The *Telecommunications (Emergency Call Service) Determination 2019*, enforced by the Australian Communications and Media Authority (ACMA), requires telecommunications carriers to ensure that emergency calls are successfully carried from each telecommunications provider to the ECP and to maintain the call through to the relevant state or territory's ESO. From this point, state legislation determines how calls are responded to and governed. Figure 1 provides a summary of the National and State based authorising environment for TZV within the telecommunications sector.

Figure 1 - Summary of telecommunications authorising environment for TZV



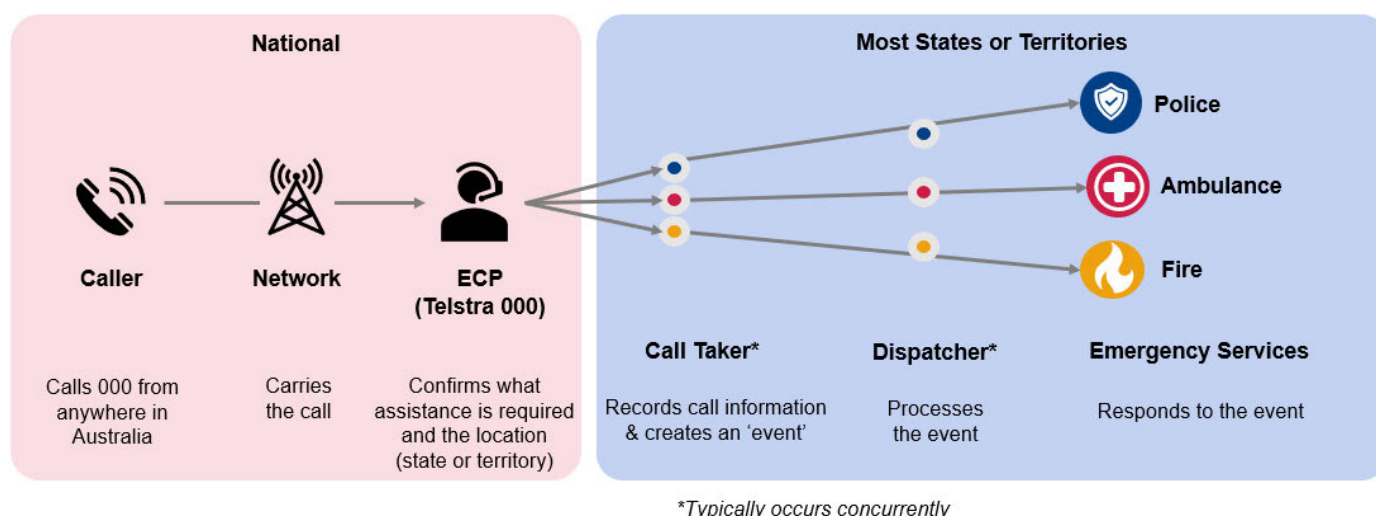
Call-taking and dispatch services in Victoria

About Triple Zero Victoria

TZV is a statutory authority within the Victorian Minister for Emergency Services' portfolio, providing the critical link between the Victorian community and the state's emergency services, through 24/7 call-taking and dispatch services for ambulance, police, fire and state emergency service. This service is delivered using a range of communications technologies, including a Computer Aided Dispatch (CAD) system and telephony system. In addition to call-taking and dispatch, TZV also provides critical operational communication services for Victoria's emergency services. This supports emergency personnel in the field and other incident management functions.

As part of the primary call-taking and dispatch function, TZV facilitates crucial information sharing, supporting operational response, planning and decision-making across Victoria. Victoria is the only Australian state or territory that has a centralised organisation responsible for emergency call-taking and dispatch. Emergency Communication Officers, or Call-Takers and Dispatchers, deliver this service. Figure 2 and Figure 3 outline the different arrangements.

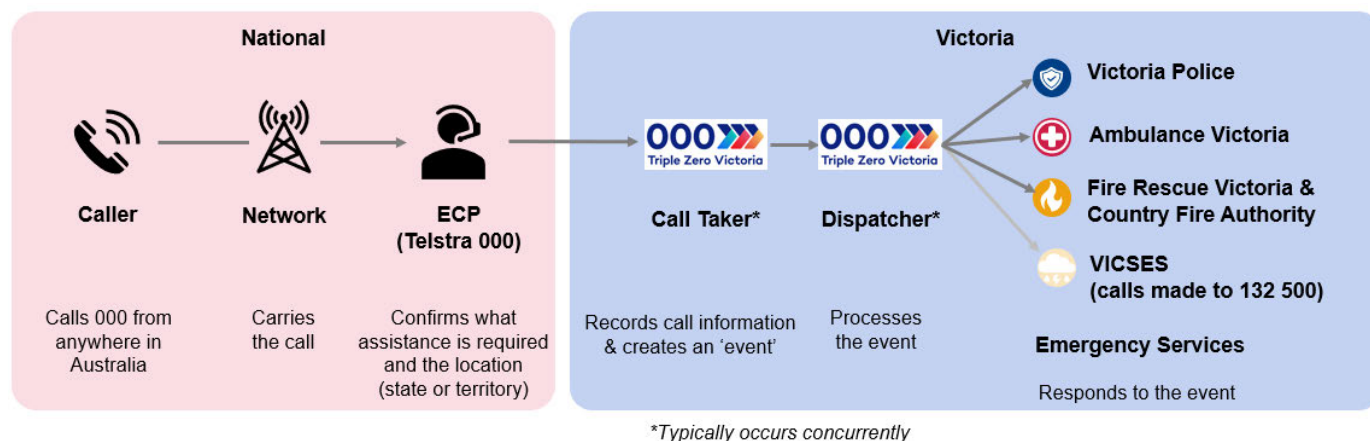
Figure 2 – Triple Zero call-taking and dispatch process in most other states and territories



In Victoria, TZV answer calls and dispatch for all services using a CAD System, as outlined in Figure 3. TZV also provides other secondary functions, such as facilitation of non-emergency patient transport.

The 2023-24 Financial Year was the busiest year on record for call-taking and dispatch in Victoria. TZV answered almost 2.9 million calls for assistance, a 7.1 per cent increase from 2022-23. This included almost one million emergency ambulance calls.

Figure 3 – Triple Zero call-taking and dispatch process in Victoria. TZV also deliver VICSES call-taking and dispatch.



TZV operates three State Emergency Communications Centres (SECC) in Victoria, at Williams Landing, Ballarat and Burwood East. Staff on the State Emergency Communications Centre operations floor includes TZV employees and a mix of rostered communications staff, who are employees of Victoria Police (VP), Ambulance Victoria (AV), Fire Rescue Victoria (FRV), Country Fire Authority (CFA) and Victoria State Emergency Service (SES) staff attend for critical weather events. These communications staff provide critical advice, and are responsible for various operational decisions, escalations, and advice outside the role of TZV employees. For example, a TZV ambulance dispatcher may refer an ambulance event to an AV communications staff member, such as an AV Duty Manager, AV Clinician or AV Communications Support Paramedic for review or direction.

TZV's legislated functions

TZV is embedded in Victorian emergency service arrangements primarily through the TZV Act. The unique, multi-agency model has broad governance to ensure community needs are met. The multi agency approach espoused by the TZV Act compliments the unified working together intent of the Emergency Management Act.

The TZV Act was introduced following the 2022 Emergency Services Telecommunications Authority (ESTA) Capability and Service Review (Ashton Review), independently led by Mr Graham Ashton AM APM. Upon its establishment, TZV replaced the Emergency Services Telecommunications Authority (ESTA), which had existed since 1 July 2005.

Section 10 of the TZV Act outlines TZV's legislated functions to:

- provide timely and effective call-taking and dispatch services, including managing times of peak demand and,
- provide timely and effective operational communications services to ESOs and related services organisations when the operational communications services are not provided within or by the organisation itself.

TZV plays a crucial role throughout the end-to-end process of incident management to ensure community members receive timely and effective assistance. Each emergency service line operates slightly differently to meet the requirements of the relevant ESO, relying on effective collaboration.

This submission outlines standard processes and responsibilities for the purposes of this Inquiry, noting that emergency services are dynamic and complex.

Call-taking

Victoria has a robust state-wide, consistent, and evidence-based call taking and dispatch system which responds to the information provided by callers and the nature of the medical emergency. TZV assists in the coordination of response to ambulance events by entering information provided by callers using a structured call-taking and answer process.

After confirming the caller's location and the reason they are seeking emergency assistance, the call-taker inputs call information into the CAD System. This process assigns calls with an event type, which indicates the circumstances of an incident and dictates the priority and response. The priority assigned to events is determined by AV or the relevant emergency service for other lines, including which ESO(s) are required to respond.

Ambulance calls may be upgraded or downgraded in priority by AV Clinicians. This can occur following a change in the caller's condition or after further information is received from the caller. TZV staff are not permitted to make these clinical decisions.

For critical event types, the TZV call-taker remains connected to the caller until response unit arrival, at times providing critical instructions, such as CPR or instructions on how to deliver a baby. They may also seek further information for the responding ESO(s) or other teams working to respond to the event.

Dispatch

Once the essential information is recorded by the call-taker, the event is presented to a TZV dispatcher's screen and the dispatcher uses the information gathered to allocate the emergency event to the most suitable response unit. The dispatch function includes the selection, allocation, and notification of appropriate ESO resources in accordance with, and using priorities set by the relevant ESO.

The TZV dispatcher supports emergency service personnel via radio, pager, telephone, and mobile device interactions throughout the life of the event. In addition, the dispatcher provides field support to ESOs such as navigation assistance, completing follow-up calls, dispatching additional resources at their request (i.e., Air Ambulance Victoria or Mobile Intensive Care Ambulances, support from another emergency service), deploying urgent support if an ESO staff member activates their personal duress alarm and arranging incident response such as vehicle towing.

These activities all occur in collaboration with ESOs and in accordance with pre-determined responses. Further details on the general AV process, including alignment of TZV processes with the AV Clinical Response Model, is outlined below.

Though the emergency call-taking and dispatch outlined in figure 3 appears as a simple end to end process, call-taking and dispatch processes for ambulance-related events are often non-linear and occur concurrently. The pathway may include referrals, call-backs and escalations. Events may also be generated from requests other than via triple zero calls. For example, police may attend an event where someone is injured or unwell and determine that ambulance services are also needed. TZV dispatchers coordinate these requests too.

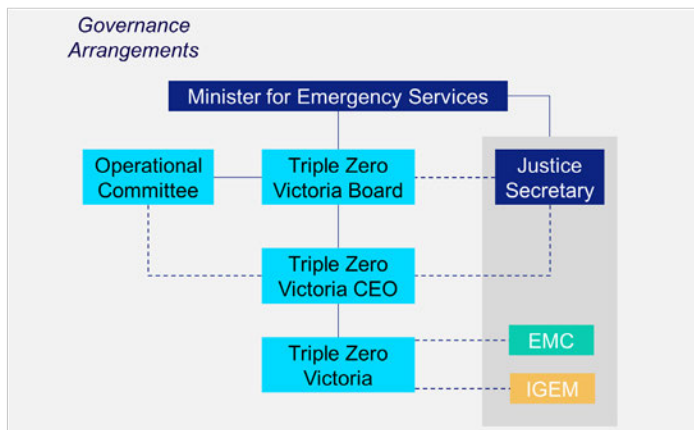
Separate to specific calls and individual events

In addition to call-taking and dispatch services, TZV has multiple secondary responsibilities. Many are related to information sharing post events (in accordance with legislation), including the provision of a range of data services to ESO partners, government and crime and health prevention bodies utilising information from TZV's core systems. This can include preparing for demand caused by extreme weather or major public events.

TZV Governance

TZV is governed by a range of stakeholders in accordance with the TZV Act. An overview is provided in Figure 4.

Figure 4 – TZV Governance overview



Minister for Emergency Services

TZV is subject to the general direction and control of the Minister for Emergency Services in Victoria and the Minister has the statutory power to issue directions in relation to the performance of powers and functions. Under the TZV Act, the Justice Secretary has legislated accountabilities, including directions powers limited to administrative operations such as strategic planning and policies, workforce management and financial management.

TZV Board

The TZV Board is responsible for all aspects of the business of TZV, including:

- building and maintaining relationships with ESOs, public health organisations and related services organisations and stakeholder to enable delivery of TZV services
- establishing and maintaining a sustainable organisational framework for TZV, to meet future service demand
- ensuring TZV implements the work program for the Strategic Action Plan
- managing any risks identified or reported to the Board which affect TZV's service delivery and ability to meet performance standards.

Operational Committee

The TZV Board is supported by the Operational Committee, with members from key government departments and ESO partners. The Operational Committee is established by the TZV Board under section 42 of the TZV Act. The Operational Committee, whose membership includes multiple agency Chiefs and Departmental executives, provides advice to the Board about matters relating to:

- engagement with the emergency services sector
- risk management and mitigation of risks identified by the committee that may impact performance of functions and the agreed service standards
- improvements to:
 - the performance of services that support ESOs to respond to community needs
 - any relevant policies and procedures of an ESO.

It must perform any other function conferred on it under the TZV Act.

TZV performance standards and monitoring

Under the TZV Act, the Emergency Management Commissioner (EMC) must set agreed performance standards to measure the performance of call-taking and dispatch services provided by TZV. Section 79 of the TZV Act requires this is to occur in consultation with TZV, each ESO, the Department of Treasury and Finance, the Department of Justice and Community Safety, the Department of Health and other relevant Departments. Section 80 of the TZV Act determines that the agreed performance standards are to be reviewed by the EMC at least every five years.

The current call-taking and dispatch standards were previously determined for ESTA in 2004 by the Inspector-General for Emergency Management (IGEM) in consultation with ESTA and other ESOs. The

Ashton Review recognised there was opportunity to enhance the existing performance standards, which *'should be reflective of the end-to-end process for call-taking and dispatch customers and considered in terms of overall outcomes and delivery of services to the community'*. Performance measurement against the current standards will continue until EMC agreed outcome-based performance standards are introduced.

TZV Performance – ambulance services

Despite 2023-24 being the busiest year on record for TZV, 97.2% of emergency ambulance calls were answered within five seconds, meeting the performance benchmark of 90%.

TZV also dispatched 80.4% of emergency ambulance Code 1 events within 150 seconds. This was below the performance benchmark of 90%, however, the Code 1 ambulance performance being below target can be attributed to a long-standing issue in the way performance measure is defined and calculated. This benchmark was last achieved in February 2010.

The Inspector General for Emergency Management (IGEM)

The IGEM is an independent statutory role. Section 62 of The *Emergency Management Act 2013 (Vic.)* states the objectives of the IGEM are to provide assurance to government and the community in respect of Victoria's emergency management arrangements and foster continuous improvement of emergency management in Victoria.

The IGEM is responsible for monitoring the performance of TZV in relation to the performance standards set by the EMC and reporting on their findings annually.

TZV call-taking and dispatch responsibilities for emergency ambulance calls

In 2023-24, emergency services were dispatched to almost 2.5 million events. Almost 400,000 were ambulance code one 'lights and sirens' events. The code and priority of each dispatch is pre-determined by an AV Clinical Response Model. The process for call-taking and dispatching for the emergency ambulance service line is outlined below. It is important to note that successful delivery of this service is reliant on a collaborative resourcing model.

There are often misconceptions with responsibilities in triple zero processes in Victoria. When a person first calls triple zero and requests an ambulance in Victoria, the Telstra ECP transfers the call to the Victorian ambulance service line, where a TZV call-taker will answer and process the call.

The TZV call-taker first confirms the location an ambulance is required and the reason the caller is seeking medical care (for themselves or someone else). This is confirmed first so a responding unit can still be dispatched if the caller unexpectedly disconnects or becomes unable to respond. Confirming specific, vital information first, such as location, also enables TZV dispatchers to begin responding to certain calls while the TZV call-taker may still be seeking more detailed information.

TZV Team

TZV employs 24/7 call-takers, dispatchers and Team Leaders to deliver ambulance call-taking services at the three State Emergency Communications Centres, noting emergency ambulance dispatch services are provided at Ballarat and Tally Ho only. TZV also employ other staff that support all service lines, such as State Duty Officers, that are conduits between internal and external stakeholders.

In 2023-2024, TZV also introduced a new Senior Manager Operations (SMO) Team, designed to strengthen connection and engagement between agencies and focuses on ambulance specific matters. The team includes a dedicated ambulance SMO, whose purpose is to partner with ambulance counterparts, be responsive to enquiries and requests, and to drive continuous improvements for TZV.

AV Clinically Qualified Team

Day to day oversight of ambulance resourcing, fleet availability and operational response is provided by 24/7 on site AV Communication staff at TZV, including AV Clinicians, AV Communications Support Paramedics and AV Duty Managers.

AV Clinicians have access to the CAD system and can upgrade or downgrade event priority or change the type of resources dispatched where the patient's clinical condition indicates this is appropriate. Clinicians also provide additional instruction or advice to call-takers when required and liaise with emergency departments for critically injured or sick patients. The AV Duty Manager is responsible for ambulance resource management, overall command and control of the ambulance fleet, and liaison with TZV.

AV Secondary Triage Team

AV employs an off-site, 24/7 Secondary Triage team of paramedics and registered nurses who investigate ambulance calls relating to pre-determined cohorts of lower acuity events to ascertain the most appropriate response or care pathway. Figure 6 and 7 provides a general overview of the ambulance service line processes for triple zero calls in Victoria. The AV Secondary Triage, often referred to as 'Referral Service' or 'Refcomm', is an internal service operated by AV and cannot be accessed directly by the community.

Through AV's CRM, lower acuity events are referred to AV's secondary triage team.

Arrangements with other ESOs for AV events

Some ESOs have pre-determined arrangements for life-threatening or potentially life threatening ambulance calls, where another ESO in the field may respond to an event in addition to AV. This is for specific, critical medical emergencies and is dependent on local arrangements which TZV incorporates into

processing. This response is pre-determined through joint initiatives or agreements by AV and other ESOs, enabling life-saving assistance to be administered as quickly as possible, particularly if an ambulance unit is at another event or has further distance to travel to the emergency event. Figure 5 provides an example of a life-threatening event where this arrangement is particularly valuable.

Figure 5 – Example of a life-threatening event where other ESOs would also attend



Multi-agency events

Many triple zero events are complex and require multiple agencies to attend. TZV has established processes to coordinate and action accordingly. TZV's integration of emergency services communications is unique in Australia, and reflects the Victorian Government's vision for coordinated emergency management with aligned strategies, planning and investment across ESOs and unified information and communication systems. In conjunction with Emergency Management Victoria (EMV), ESOs, and government departments, TZV aims to ensure the system of emergency management in Victoria is sustainable, effective and community focused.

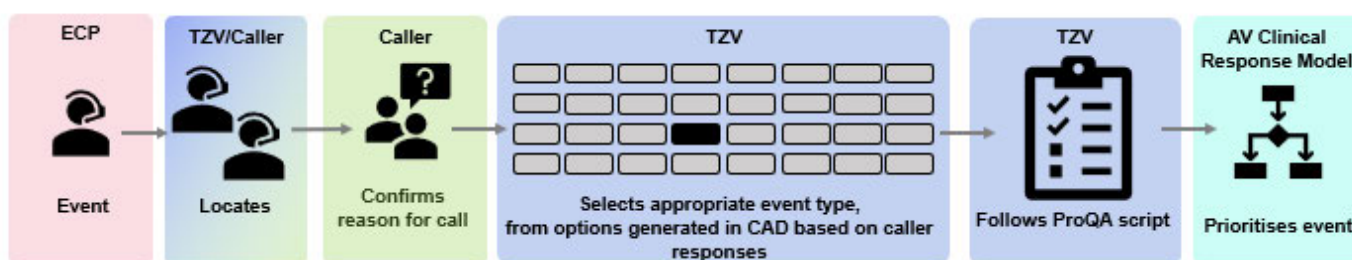
TZV has a key role in facilitating interoperability for multi-agency responses via centralising all emergency calls and dispatch in Victoria across the three State Emergency Communications Centres using one integrated technology platform. The collaborative nature of the centralised TZV model can assist with problem solving, preparedness and emergency planning.

Software used for Emergency Call-taking and Dispatch

Triple zero calls to the ambulance service line are processed through the CAD System using a structured call-taking triage tool known as ProQA. ProQA is used to standardise questioning of, response to, and instructions for, non-medically trained call-takers, which integrates with a Medical Priority Dispatch System, endorsed by AV for use by TZV.

Medical Priority Dispatch Systems were first introduced globally in 1979. It is one of the most common dispatch systems worldwide, moving over the years from physical triage cards to the semi-automated ProQA software. The ProQA software used in Victoria currently has 32 protocols, which are set out by the International Academies of Emergency Dispatch. Figure 6 outlines the general process TZV call-takers follow for ambulance calls, noting the AV Clinically Qualified Team are available on-site to assist.

Figure 6 – Overview of TZV ambulance call-taker process using ProQA



ProQA is also used by all ambulance services in Australia and New Zealand (except the ACT Ambulance Service), and in over 4,000 Emergency Communications Centres worldwide. This tool follows standardised questions, responses, and instructions to determine the recommended emergency response required for each ambulance triple zero call. The consistent use of this software saw benefits for Victoria during the COVID-19 pandemic, whereby NSW Ambulance was readily able to support Victoria call-taking.

AV Clinical Response Model (CRM)

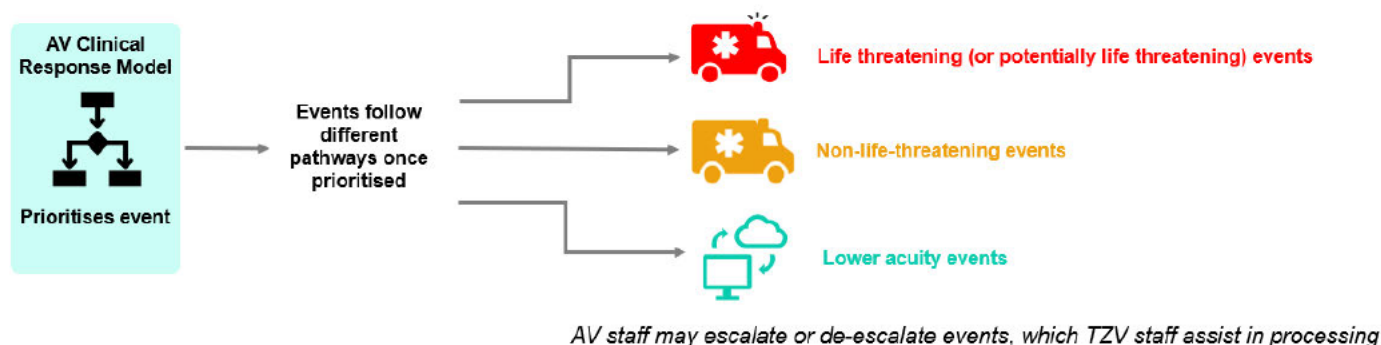
ProQA works by taking the answers from key questions using algorithms to generate an event type code. Each ambulance event type has a correlating response priority attached to it which is pre-determined by AV in accordance with the AV CRM. This includes the urgency and type of operational response required.

TZV staff are required to select the most appropriate event type based on the information provided by the caller. They do not determine the priority of an event and cannot change the event priority or response.

Once an event is created, most ambulance events are dispatched by the TZV Dispatcher directly to an AV unit to attend, such as a General-Purpose Ambulance or a Mobile Intensive Care Ambulance. As previously noted, events may also be referred by the TZV Dispatcher to AV communications staff, for review or direction. AV Communications staff are employed by AV and can alter an event priority or response requirements. TZV Dispatchers must comply with directions they receive from AV communications staff in relation to an event.

Some lower acuity events are referred to AV's Secondary Triage Team, who will assess and monitor. Further information on ambulance processes is provided in figure 7-10 and tables 1-3 below. It should be noted that some event circumstances may escalate or de-escalate during the call-taking and dispatch process.

Figure 7 – Overview process of event dispatch pathways, once a call has been prioritised



The process for each event path type is explained below, noting these processes often occur concurrently and events can escalate or de-escalate.

Figure 8 – Life threatening (or potentially life threatening) event

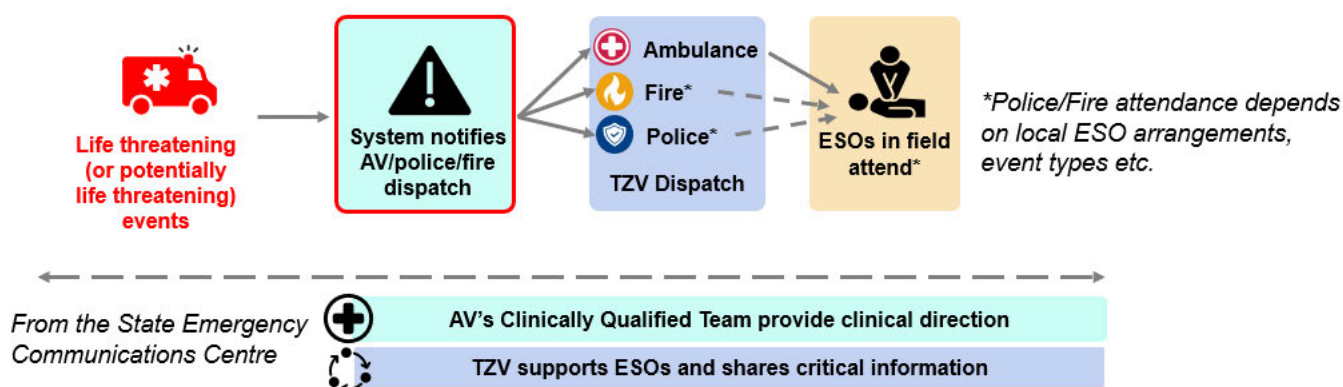





Table 1 – Life threatening or potentially life-threatening event types

Life threatening or potentially life-threatening events	
 Life threatening events	Life threatening or potentially life-threatening events Typically, medical events that require this type of response, such as cardiac arrests, can involve simultaneous dispatch of multiple agencies. These events have a pre-determined response, bypassing any secondary triage and moving straight to urgent response. These events are often referred to as Emergency Medical Response by other ESOs.
 System notifies AV / Police / Fire dispatch	System notifies AV / Police / Fire dispatch When TZV call-takers process these types of events, the CAD System, informed by AV's CRM, will send automated event notifications to TZV's other services lines, such as fire and police services, requesting other ESO units that are nearby also attend. This is intended to ensure life-saving care can be provided as quickly as possible, particularly when AV units are attending other events.
 Attend	Attend Typically, both fire and AV units attends these events. Some AV life-threatening events also notify police to attend.

ESOs in Field Attend	<p>Whoever is first on scene begins to administer care and provides a situational report back to TZV's dispatchers to inform other responding ESO's units. Dispatch arrangements are through pre-determined ESO responses, agreed to by AV and the relevant ESO.</p> <p>TZV Team Leaders, call-takers, dispatchers and the relevant AV communications staff, working 24/7 at the State Emergency Communications Centres, often collaborate and share call-taking and dispatch information on these events to prepare the units attending in field. This ensures the multiple ESO units responding are able to respond as quickly as possible.</p>
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Figure 9 – Non-life-threatening event types

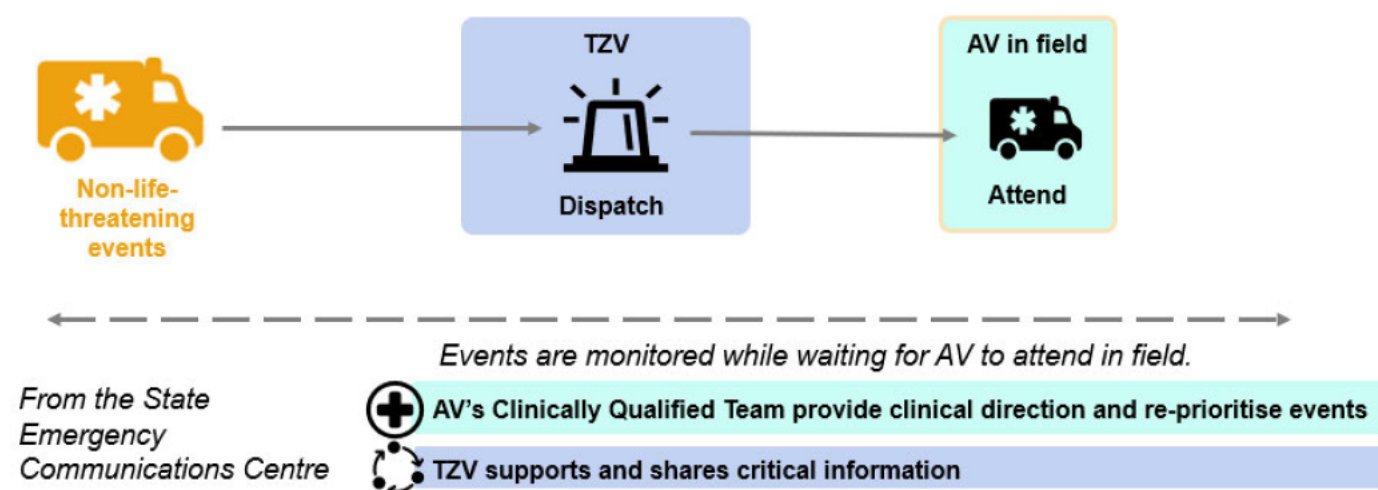


Table 2 – Supporting the process of non-life-threatening events

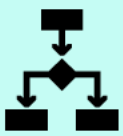

Non-life-threatening events	
 <p>AV Clinical Model Prioritises event</p>	<p>Prioritise</p> <p>Other ambulance events, once processed through the system by TZV, are prioritised by event code. The response and priority for ambulance dispatch is determined by AV's preferred response in accordance with the AV CRM.</p> <p>Frequently call-takers must stay on the phone with callers until the ambulance arrives on scene to monitor and readily provide lifesaving instructions if a situation escalates. This can occur in consultation with the on-site, AV clinically qualified team.</p>
 <p>Clinical Direction</p>	<p>AV Clinically Qualified Team (on-site with TZV) – Clinical Direction</p> <p>Ambulance events are continually monitored by TZV dispatchers and the AV clinically qualified team, working 24/7 at the State Emergency Communications Centres.</p> <p>The AV team (on-site) may provide direction to TZV staff, particularly when there is AV resource scarcity, multiple events with the same priorities or if a higher priority event requires diverting ambulances from other events in accordance with standard operating procedures and AV resource availability.</p> <p>Some events that are non-life threatening may escalate, triggering a 'lights and sirens' type response.</p>

Figure 10 – Lower acuity events, referred to AV Secondary Triage

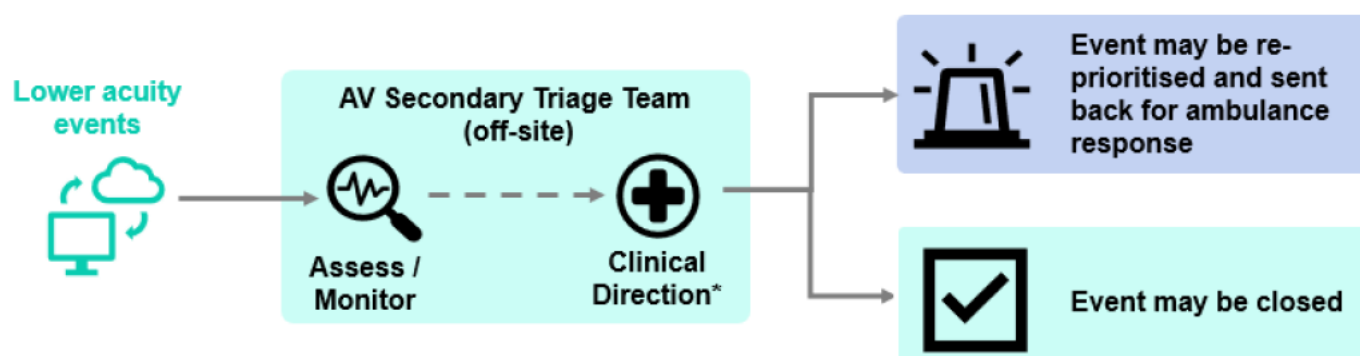





Table 3 – AV Secondary Triage Team Events

AV Secondary Triage Team events	
 <p>AV Secondary Triage events</p>	<p>AV Secondary Triage</p> <p>AV employs an off-site, 24/7 Secondary Triage team of paramedics and registered nurses who investigate ambulance calls relating to pre-determined cohorts of lower acuity events to ascertain the most appropriate response or care pathway.</p> <p>Many events are referred to this off-site team.</p>
 <p>Assess / Monitor</p>  <p>Clinical Direction</p>	<p>AV Secondary Triage Team – Assess/Monitor and Clinical Direction</p> <p>In addition to providing advice, AV's Secondary Triage Team also consider if the initial event priority determined by the CRM remains suitable after gathering further clinical information.</p> <p>Suitable events classified as priority 2 and 3 for secondary triage are transferred from TZV call-takers direct to the AV team. The AV Secondary Triage Team also have call-back processes for suitable events and to evaluate and monitor conditions. Through this process, some emergencies can escalate, so events are updated, re-prioritised and referred for ambulance dispatch.</p> <p>The AV team also provide clinical advice or recommend alternative services for callers, which result in some events being closed and an ambulance unit not being required to attend. Events may also be sent back to TZV for dispatch on review from this team, but can be monitored while waiting for an available ambulance.</p> <p>The AV Secondary Triage is an internal service operated by AV and cannot be accessed directly by the community.</p>

TZV staff undertake specialist training to deliver these roles. While figure 7 demonstrates how individual calls are typically processed, it is noted that the TZV and AV teams are often overseeing multiple events at once, relying on ongoing monitoring and direction from AV if and when priorities change.

Problem solving ability, speed and accuracy while operating these systems and recording information is imperative for delivering this service.

Benefits to the community of the current Victorian system

Multi-skilled operations staff

TZV is a registered training organisation (RTO 21660) and has a dedicated learning centre function that delivers comprehensive accredited learning courses. This training provides staff with the skills and knowledge required to perform their specialist duties. Training is extensive and includes classroom-based training, mentoring, assessments, and a supervised consolidation period.

Though working in unison, each emergency service line requires specific training tailored to its service needs. Some call-taking and dispatch employees are 'multi-skilled', meaning they are trained to provide call-taking and dispatch services for multiple service lines. The Ashton Review explored the benefits of having a multi-skilled call-taking and dispatch workforce to better manage increased demand and surge events.

TZV has focused on enhancing the current workforce model and flexibility of the workforce, encouraging more operational staff to express interest in multi-skilling. On 15 January 2025, the TZV Operations Enterprise Agreement (EA) took effect, following approval from the Fair Work Commission. The new EA includes new career advancement opportunities to improve and incentivise employee career progression through skill acquisition, which cements a commitment to further embed multi-skilling. This is intended to provide greater pathways for career advancement and recognition of qualifications and skills. The EA is also supplemented by a TZV multi-skill policy to enhance the workforce's ability to multi-skill across service lines, supporting the ability for the organisation to support demand and respond adequately to unplanned surge events or significant unplanned absences.

TZV systems enable an integrated approach to emergency response

TZV's systems are part of a larger network service provider environment including a range of national and state technology services. TZV's CAD technical ecosystem and its supporting databases and infrastructure form Victoria's primary data repository for emergency response. It integrates directly with telephony, radio, triage, pagers, and other systems to facilitate information exchange, including with ESOs, emergency sector and government systems. It contains large volumes of community and sensitive data for use in emergency situations. This data is critical for supporting emergency response and requires secure information management systems and practices.

TZV's CAD eco-system provides the mechanism for:

- TZV call-takers to capture call data, prioritise events, add event comments or change location details as events transpire
- TZV dispatchers to route and send events to ESO units in the field and update ESO in-vehicle or portable devices with event relevant information
- Information and intelligence data sharing to the ESOs, health services and State Control Centre to inform state-wide planning, control, and coordination of large-scale emergencies.

This collective system enables Victoria to capture data on emergency management trends, assist with emergency management planning.

Next Generation CAD System

The Victorian Government is funding the Next Generation CAD system. It is the most critical system build in the history of Victoria's emergency call-taking and dispatch services for police, fire, ambulance and SES services. It will be more reliable and secure with greater functionality and is designed to improve outcomes for the community and ESO partners.

Until the Next Generation CAD is ready, TZV continues to invest in maintaining and supporting our current CAD system. This uplift program includes cyber security considerations as well as work to improve the CAD's stability, reliability, availability and system integrations.

The centralised Victorian call-taking and dispatch model enables investment into system enhancements or new technology to benefit all agencies. The size of the TZV workforce enables the organisation to establish various redundancy options, monitor system availability, proactively prepare for surge events, and coordinate response to events that may affect multiple agencies. Significant security measures and investment is also made to CAD to ensure the system is robust and personal information about the Victorian community is secure.