

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into the 2025-26 Budget Estimates

Melbourne – Tuesday 10 June 2025

MEMBERS

Sarah Connolly – Chair

Nicholas McGowan – Deputy Chair

Jade Benham

Michael Galea

Mathew Hilakari

Lauren Kathage

Aiv Puglielli

Meng Heang Tak

Richard Welch

WITNESSES

Mary-Anne Thomas MP, Minister for Ambulance Services;

Jenny Atta, Secretary, Department of Health, and

Naomi Bromley, Acting Deputy Secretary, Hospitals and Health Services, Department of Health; and

Andrew Crisp, Interim Chief Executive Officer,

Anthony Carlyon, Executive Director, Specialist Operations and Coordination, and

Danielle North, Executive Director, Regional Operations, Ambulance Victoria.

The CHAIR: I declare open this hearing of the Public Accounts and Estimates Committee.

I ask that mobile telephones please be turned to silent.

On behalf of the Parliament, the committee is conducting this Inquiry into the 2025–26 Budget Estimates. The committee's aim is to scrutinise public administration and finance to improve outcomes for the Victorian community.

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

All evidence given today is being recorded by Hansard and is broadcast live on the Parliament's website. The broadcast includes automated captioning. Members and witnesses should be aware that all microphones are live during hearings and that anything said may be picked up and captioned, even if you say it very quietly.

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

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

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

Visual presentation.

Mary-Anne THOMAS: Thank you very much, Chair, and once again, thank you to the committee members. I begin, of course, by acknowledging that we are on the lands of the Wurundjeri people of the Kulin nation, and I wish to pay my respects to elders, past and present, and acknowledge any Aboriginal and Torres Strait Islander people who are joining us.

Thank you so much for the opportunity to outline the Allan Labor government's commitment to improving ambulance and emergency care for Victorians. This budget provides further investments to help Victorians access the care they need when they need it. In this budget, we are supporting our ambulance service to deliver timely care to communities in rural and regional Victoria. An \$84 million package over two years will continue 15 dual-paramedic ambulance crews, four peak period units and four 24-hour ambulance services in rural and regional Victoria. A further \$58 million over two years will help to better manage ambulance ramping by improving patient flow through hospitals with major emergency departments. This investment will help EDs see patients sooner and help ambulance services provide a timely response to those who need them most. And as we have previously heard, \$436.7 million is provided to expand the Victorian Virtual Emergency Department. The virtual emergency department not only helps those calling the service, it also helps improve access to our physical EDs and ambulance services by avoiding unnecessary ambulance dispatches and trips to hospitals. This year's budget, as we know, provides ongoing funding to the virtual emergency department. In the past year, the virtual emergency department has helped around 86 per cent of patients avoid an unnecessary trip to the hospital, delivering urgent care in the comfort of their own home while taking pressure off frontline

healthcare workers. The service is also helping alleviate pressure on paramedics, with around 79 per cent of patients referred by a paramedic receiving the care that they need at home.

Next slide, please. While we can expect that demand for ambulance services will increase as the population ages and grows, it is important to put that growth into perspective. Victoria is fortunate to have more registered paramedics than any other Australian jurisdiction. This year AV is also undertaking its largest ever increase in MICA paramedics, with another 54 MICA on the road by the end of 2025. Victorian paramedics are responding to more than a thousand code 1 lights-and-sirens cases every day. This is a 23 per cent increase from over five years ago, when the number of cases was 860 a day. In quarter 3 this year, 65.6 per cent of code 1 cases were responded to within 15 minutes, and the most recent report on government services tells us that while we have room to improve, our ambulance response times in Victoria are better than comparable jurisdictions, including Queensland and New South Wales. While Ambulance Victoria is performing well on patient outcomes at equal to or better than its peers in pain management and cardiac arrest survival, indeed for cardiac arrest survival we are in the top three in the world.

We know that there is still more work to do to drive change across the system. That is why we are listening to the workforce about what works and bringing these innovations to life across the system. We are growing care options like the virtual emergency department, while Ambulance Victoria's secondary triage is the envy of other ambulance jurisdictions. It first commenced in 2003 and is staffed by paramedics and nurses. In 2023–24 the secondary triage connected 17.7 per cent of 000 callers to more appropriate care. This prevented 156,149 unnecessary ambulance dispatches. We are also introducing Australia's first paramedic practitioner roles so that more Victorians, especially those in regional and rural Victoria, can get the care that they need close to home. The first two cohorts of paramedics are currently progressing through Monash University's nation-leading paramedic practitioner masters degree. The timely emergency care program continues to bring the sector together to drive improvements in the health system – from arrival at ED to discharge home from hospital – and the standards for safe and timely ambulance and emergency care are being rolled out through 2025 so that patients can more quickly access the care that they need.

Next slide, please. Since their introduction in February of this year, the standards have been making a positive impact on the system. Between January and March 2025 the median patient transfer time improved – down 1 minute on both the previous quarter and the same time last year, while the Austin, Frankston, Monash Medical Centre, Maroondah Hospital and Royal Melbourne recorded a more than 10 per cent improvement on their transfer times. This quarter, 16 out of 41 hospitals improved their transfer performance compared to last year, and it is particularly pleasing to see these improvements strengthen into the early months of quarter 4.

The CHAIR: Thank you very much, Minister. We are going to go to Mr Welch.

Richard WELCH: Thank you, Chair. Thank you, Minister. Minister, I start at 'Department Performance Statement', page 69. It is about ambulance response times. They continue to be at a record low level, with just 66.3 per cent of statewide emergency code 1 incidents reported within 15 minutes in 2023–24, with an expected lower outcome of only 65.2 for 2024–25, and this is against a target of 85 per cent. This has been an area of massive community concern – I am sure you are aware of that – on the response times. Can I just firstly ask: why is it going backwards?

Mary-Anne THOMAS: Thank you very much for the question. As I have outlined in my introductory remarks, there are a couple of reasons for that and things that we are grappling with here in Victoria. But I need to say at the outset that what we are facing here in Victoria is not unique to us. In fact still the number of code 1 call-outs that are being experienced here in Victoria are, similarly, being repeated in New South Wales, Queensland –

Richard WELCH: So, Minister –

Mary-Anne THOMAS: Sorry, Mr Welch, just let me answer the question – and other jurisdictions. But the important and different thing here in Victoria is we have got a plan to fix it, and so –

Richard WELCH: You are not, because it is going to be worse.

Mary-Anne THOMAS: No, no.

Richard WELCH: It is going backwards – interesting plan.

Mary-Anne THOMAS: No. Well, let me explain. As I outlined – if you were listening – the demand has been 35 per cent higher than pre-pandemic levels.

Richard WELCH: So you should adjust for that.

Mary-Anne THOMAS: So this has been an extraordinary increase in the number of people that are calling 000.

Richard WELCH: Minister, in one breath you are saying that you are conscious of that.

Mary-Anne THOMAS: Yes.

Richard WELCH: And yet you are not addressing it.

Mary-Anne THOMAS: So I am also saying –

Richard WELCH: How important is the 15-minute benchmark to you?

Mary-Anne THOMAS: It is very important, and code 1 cases are persistently high. Now, one of the things that we need to consider –

Richard WELCH: Are you considering lifting or amending that benchmark?

Mary-Anne THOMAS: Can I just –

Richard WELCH: No, no. That is not the question I am asking. I am now asking this question: are you considering amending that 15-minute benchmark?

Mary-Anne THOMAS: We are doing everything within our power – and I want to thank our hardworking paramedics for all that they do – to continue to improve response times. But I need to make this point. It is not just –

Richard WELCH: But what about the benchmark in particular?

Mary-Anne THOMAS: No, no, hang on.

Richard WELCH: No. My question was on the benchmark, Minister.

Mary-Anne THOMAS: It is not just our ambulance services; it is about how the whole system works together –

Richard WELCH: Minister, my question was regarding the benchmark.

Mary-Anne THOMAS: and indeed we are making a number of significant investments –

The CHAIR: Excuse me, Minister and Mr Welch. I am trying to listen to the minister's response. The minister is trying to give evidence before our committee. Ask a question and afford her the opportunity to respond.

Richard WELCH: My question –

The CHAIR: What is your question, Mr Welch? Please repeat it.

Richard WELCH: Thank you, Chair. My question is: are you considering amending the 15-minute benchmark?

Mary-Anne THOMAS: We are doing everything that we can to drive down ambulance response times.

Richard WELCH: You will not rule that out?

Mary-Anne THOMAS: If you give me an opportunity –

Richard WELCH: You have had plenty of opportunities.

Mary-Anne THOMAS: If you give me an opportunity to focus on the work that we are doing, I will happily outline it to you.

Richard WELCH: Are you considering amending the 15-minute benchmark?

Mary-Anne THOMAS: Again, our response times here in Victoria are better than those of comparable jurisdictions, including Queensland and New South Wales.

Richard WELCH: How is that an answer?

Mary-Anne THOMAS: Well, I am trying to give you some context.

Richard WELCH: I do not need the context, I just need the answer.

Mary-Anne THOMAS: You seem to be determined to disrespect the hard work of our paramedics.

Richard WELCH: I am not disrespecting anyone.

Mary-Anne THOMAS: I am trying to –

Richard WELCH: You are the one who has overseen the chaos at the top of this organisation – no-one else.

Mary-Anne THOMAS: Well, hang on.

The CHAIR: Excuse me, Mr Welch, Minister. Mr Welch, I think you know –

Richard WELCH: How dare she impugn me.

The CHAIR: Mr Welch, I think you know that you are bordering on being outright rude and grandstanding before this committee.

Richard WELCH: She has just said I disrespected the paramedics. How rude is that?

The CHAIR: Mr Welch, I would caution you. Allow the minister to respond. I have said to you repeatedly during these hearings you can ask the minister and the witnesses questions. You may not like the response that they give you, but that does not mean they are not answering your question. The minister to continue her response.

Mary-Anne THOMAS: Thank you very much, Chair. Thank you for that assistance, because I am determined to outline to the committee the massive amount of work that is underway in order to drive down ambulance response times here in Victoria –

Richard WELCH: You are not, Minister, because they are going up. You cannot call black white and white black. They are going up.

The CHAIR: Excuse me.

Richard WELCH: How are you addressing them?

The CHAIR: Mr Welch, the minister is trying to answer your question.

Richard WELCH: I do not think she is.

The CHAIR: You keep talking over the top of her.

Richard WELCH: I do not think she is trying to answer the question.

The CHAIR: Excuse me. Minister to respond.

Mary-Anne THOMAS: Thank you. In February of this year, as I outlined in my opening address, we introduced the Standards for Safe and Timely Ambulance and Emergency Care for Victorians. One of the questions that I asked – well, when I am out and about meeting with paramedics on the ground, which I have the opportunity –

Richard WELCH: Thank you, Minister, you are going way off beam now. You are just using up my time.

Mary-Anne THOMAS: Well, I am not. I am trying to outline –

Richard WELCH: I feel you are.

Mary-Anne THOMAS: I am trying to outline the work that we are doing.

Richard WELCH: I have got a question for the Secretary. Chair, I would like to move on.

Mary-Anne THOMAS: You want to know about how we are driving down ambulance response times. I am attempting to outline that work to you, but you seem to have no interest in hearing about that work, and that is what I call disrespect.

Richard WELCH: I am not interested in obfuscation. Secretary, the figures on response times are going up, which indicates the community is not safe. On page 66 of the performance statement it says 100 per cent of category 1s are being treated on time but for all other categories it is only 71 per cent. Regarding that 71 per cent, how do you arrive at that figure and how is it audited?

Mary-Anne THOMAS: Okay, as you said, category 1 – you are referring now to patients arriving at emergency departments. Is that correct, Mr Welch?

Richard WELCH: I am.

Mary-Anne THOMAS: Okay. Thank you. Category 1 patients presenting to an emergency department are all seen immediately. Of course this ensures that –

Richard WELCH: I am asking about the 71 per cent who are not.

Mary-Anne THOMAS: the patients who are the sickest and most gravely injured are seen immediately.

Richard WELCH: The public want to know this, Minister.

Mary-Anne THOMAS: When it comes to treating patients that are triaged at category 2, 3, 4 or 5, then we are obviously working to improve the time at which we get to treat those people.

Richard WELCH: How is that audited?

Mary-Anne THOMAS: Our health service systems have a range of ways in which they report performance to the department, and I am not –

Richard WELCH: That is a very vague answer. Maybe the Secretary or a department member can answer for you.

Mary-Anne THOMAS: Again, our health services report a lot of data –

Richard WELCH: How do you audit it?

Mary-Anne THOMAS: to the health department, and that data is made available through VAHI. But I might ask Deputy Secretary Bromley.

Naomi BROMLEY: Are you asking how the –

Richard WELCH: The 71 per cent that are not met: how do you validate those figures? How do you audit those figures? How are they reported?

Naomi BROMLEY: Sure. With all the data that is reported from the health services through to the department, every dataset will have a pretty significant audit process, validation process. It often takes several weeks, and that is completed by our e-health division, or VAHI, as it used to be called.

Richard WELCH: Would we be able to receive a copy of that, please?

Naomi BROMLEY: Of the validation protocols?

Richard WELCH: And the audit.

Naomi BROMLEY: I can definitely see what we have available. Some of it might be on the website, but we can see what we have available.

Mary-Anne THOMAS: A lot of this information is available online, Mr Welch, so I would suggest that you have a look there.

Richard WELCH: Secretary, what percentage of the MICA workforce is currently not working due to WorkCover claims or long service leave?

Jenny ATTA: I might defer to my colleague.

Mary-Anne THOMAS: The CEO of Ambulance Victoria is probably better placed to answer that.

Andrew CRISP: I am not sure I have actually got those figures available to me, but I might just ask Executive Director Danielle North if she has got those.

Danielle NORTH: The question was in relation to the number of MICA workforce?

Richard WELCH: Yes, on WorkCover or on long service leave.

Danielle NORTH: I would have to take that specific question on notice, but I can talk to the total number of MICA workforce if that is helpful.

Richard WELCH: Thank you. That is okay, I will take it on notice.

Danielle NORTH: Okay.

Richard WELCH: Do we currently have shortages with MICA?

Danielle NORTH: We currently have a team of 586 MICA statewide. 132 MICA interns are currently in various stages of their intern training, with 30 of those having commenced in March of this year and with an additional 24 to commence over the next 10 months.

Richard WELCH: Does that represent a shortage, is the question.

Danielle NORTH: MICA provide a particular level of care in addition to our ALS paramedics, so the system of care that individuals and our patients receive incorporates our MICA workforce –

Richard WELCH: I am not asking that, with all respect, Ms North. Do you have a shortage?

Mary-Anne THOMAS: Well, Mr Welch, we made a government commitment at the election that we would increase our MICA workforce by 40, and that is what we are doing.

Richard WELCH: Excellent, but do you have a shortage right now?

Mary-Anne THOMAS: Well, I think, as Ms North is trying to outline and explain to you –

Richard WELCH: I do not need a broader answer; I just need that simple question answered.

Mary-Anne THOMAS: We have more MICA interns in training than at any time before, and so we will see more MICA paramedics on the roads.

Richard WELCH: Excellent, that is very good news. But do we have a MICA shortage or not?

Mary-Anne THOMAS: No, because we are recruiting to the number that we need.

Richard WELCH: You do not, there is no shortage. Sorry, Minister, you are saying that there is no shortage? Then we can move on.

Mary-Anne THOMAS: I will just confirm with Ms North.

Danielle NORTH: Yes. We have –

Richard WELCH: Given the code 1 response times in large areas of Victoria, what is the government going to do to address the inequity of MICA coverage for rural and regional Victorians?

Mary-Anne THOMAS: Well, again, let me explain that not every code 1 requires a MICA response. That is something that you may not be aware of, Mr Welch, and I will hand over to one of our paramedic leaders to outline this in a little more detail for you. That is the first point. Then the decision about where MICA is stationed is determined by analysis of the data and the need within each region. But when you talk about MICA in this way, you do discount the skills and qualifications of our advanced life support paramedics, who are available on –

Richard WELCH: No, it has got nothing to do with them.

Mary-Anne THOMAS: Well, it does. It has a lot to do with them actually, because –

Richard WELCH: No, I am asking about MICA staff specifically. You may want to broaden the answer to budget, but that is not what I have asked.

Mary-Anne THOMAS: Mr Welch, what you do not understand is that MICA complements our ALS paramedics.

Richard WELCH: No, what the Victorian people do not understand is why wait times are getting longer, not shorter, under your watch.

Mary-Anne THOMAS: Well, you are conflating a whole lot of things that do not actually go together in your question, so we do need to unpack it a little bit to make it understandable.

Jade BENHAM: Minister, before we run out of time, the RFDS, Royal Flying Doctor Service, is an integral part of Victoria's emergency and community health service, and there is no additional money in the budget this year to support the RFDS community transport program, which has saved lives. Community members talk about this all the time in regional areas. Minister or Secretary, what is the government going to do to ensure the ongoing viability of this critical aspect of healthcare delivery in rural and regional Victoria so they can access health care?

Mary-Anne THOMAS: Thank you very much for the question. I hold the RFDS in the highest regard, and I have had the opportunity to meet with them and see the service that they provide in your electorate, Ms Benham. Let me outline our relationship with RFDS here in Victoria. RFDS has contracts with Ambulance Victoria and with some regional health services to provide non-emergency patient transport services. Funding for its community patient transport services comes from primary health networks. The community patient transport service funding is from the PHNs, and the PHNs are Commonwealth, okay? And home and community care packages are similarly from the Commonwealth. Local councils, community groups and a range of community transport providers also provide alternative transport options at a local level, while statewide support is available through Red Cross patient transport. So the RFDS has a contract for non-emergency patient transport with Ambulance Victoria, but its community transport is with the Commonwealth.

Jade BENHAM: But you do not give them – they have only asked for \$2 million from the state, which is 2 hours of interest repayments in Victoria. So you have not offered them any additional support that is critical for accessing health care in rural Victoria?

Mary-Anne THOMAS: Thanks, Ms Benham, but as Victorians would expect, we do this through a proper tender process in order to deliver the services that we commission them to do, which includes non-emergency patient transport. I am not at liberty to talk about that too much at the moment because the process is underway.

The CHAIR: Thank you, Minister. We are going to Mr Hilakari.

Mathew HILAKARI: Thank you, Minister and officials, for attending this morning. Minister, I take you to page 49 of budget paper 3, and the line item that I am looking at is 'Improving emergency access and flow'. There is \$58.4 million dedicated to our ambulance services. What does this mean for getting paramedics back on the road after getting to hospitals?

Mary-Anne THOMAS: Thank you very much for that question, Mr Hilakari, because it will give me an opportunity to advise the committee of some of the work that our government is doing to address some of the issues that Mr Welch highlighted in his question but seemed to have no desire to actually listen to an answer on. We are investing – understanding that of course our health system is a system and while Ambulance Victoria provides emergency response on the road, it then delivers patients, in not all cases but in many cases, to our emergency departments. As we know, one of the issues that we have all been keen to tackle for a problem that is experienced not just here in Victoria but right around the nation and indeed around the world is how do we get our paramedics back on the road sooner? It is the interface between Ambulance Victoria and our hospitals that is really critical to driving down ambulance response times.

A lot of work has been done. As I was wanting to outline earlier but now I think I will have an opportunity to, in February of this year we launched the Standards for Safe and Timely Ambulance and Emergency Care for Victorians. As our paramedics know, I spend quite a bit of time on the road and visit, certainly as Mr Carlyon knows because he has gone with me to many of them over the years and indeed all of you. I get to visit many ambulance branches, and whenever I am there I always say, 'Tell me which hospitals are good and tell me who is not so good. Tell me what the difference is between those that are doing well and those that aren't.' Now, we took that work, and I said to the department, 'Can we find out what's going on in the hospitals where the transfer time is fast and effective and efficient, and can we make best practice standard practice?' That is what we have done here. This was rolled out in February of this year, so we are only just starting to see the impact, but I can tell you that it has been enormous from the get-go. And why this is the case is because the first standard is all about leadership. It accepts that leadership must come from both Ambulance Victoria and from our hospitals and that together these health services must work as one, and everyone takes on the responsibility for getting our paramedics back on the road doing their job, which is responding to the 000 call-outs. So the ambulance standards are really driving our hospitals to transfer patients more quickly.

I have talked already in the previous hearing about some of the improvements that we have seen of more than 10 per cent in some cases in terms of transfer times. This is absolutely – I mean, this is the nut of it all, right? If we can off-load patients more quickly to our hospitals, then our paramedics can get back on the road. Because I can tell you this, here in Victoria, as I said in my introduction, we have got more qualified paramedics than any other jurisdiction in the nation. Indeed we have some of the best and most highly qualified paramedics in the world, I would suggest to you. So we have got the people power; it is about making changes to the system and the way in which patients flow through the system in order to get our paramedics back on the road.

Now, this might feel like a long stretch, but once you have been in the system you can totally understand that one of the standards is about discharge planning and making sure that discharge planning happens in an orderly way in all of our health services, so that we start the day with beds available so that the flow in the emergency department can move much more efficiently and quickly. That is why for ambulance services it is really important that we continue to invest funding into our emergency department so that we can get our paramedics back on the road much more quickly. That money is going to enable us to open additional peak bed capacity as required and increase the capacity of short-stay units.

One of the things that has happened in our health system and is supported by our government – in the last hearing we talked about the many changes that have happened in the previous five years or so. One of those significant changes has been the way in which emergency departments are organised. In days of old it was like everyone in one space all being sort of triaged together, whereas what we are doing now and what we are seeing is different cohorting of patients – for instance, mental health and AOD patients might be cohorted separately and paediatric patients cohorted separately – and better use of things like short-stay units. That is

where rather than the person actually being admitted to the hospital, they can receive the care that they need in a short-stay unit. Similarly, fast track is enabling people to flow quickly through the hospital. So the additional bed capacity, as I said, is about expanding, having that flex up and down to meet periods of peak demand and facilitating early discharges, while the increasing capacity of short-stay units means that we have got greater capacity in the ED for short-term observation assessment treatment of patients without them needing to be admitted to hospitals. The standards are really going to transform, I believe. I will tell you why I believe in them – because once again, like the blueprint, they were designed by and for paramedics and clinicians working together. That is, if I might say, a bit of a hallmark of our government and provides a very clear contrast between what a Labor government will deliver and what a Liberal–National government does, because we stand with our healthcare workers, we respect our healthcare workers, we listen to them, and when they have got great ideas we work to implement them.

Mathew HILAKARI: And respect does mean listening; I am so glad to hear that experience of Ambulance Victoria personnel. I am hoping you can go into some of those handover changes. What are those best practices and what is making an improvement? I did note in your presentation the substantial changes at a number of hospitals and emergency departments. What are some of these really practical things that Ambulance Victoria officers have been telling us about where that has worked well and those places that have not been working as well? What are they now uptaking to make sure that handover is really working?

Mary-Anne THOMAS: Absolutely, as you indicated, we have seen some key improvements. Indeed the Royal Melbourne, Austin, St Vincents and the Alfred now transfer close to 80 per cent of patients within 40 minutes. Forty minutes is our benchmark – if we can complete that transfer within 40 minutes, our paramedics then have 20 minutes to complete their paperwork and then hit the road. That is what we are aiming for; we are aiming to turn that around within an hour. The standards address each and every kind of intersection, if you like. As I said, leadership is a joint standard. We have four accountabilities to Ambulance Victoria and a further four to our hospitals. But one of the key differences that we have seen, for instance, at Royal Melbourne, is a 24/7 escalation pathway to senior operational leaders to prevent 2-hour breaches. What this means is that senior decision-makers are available and making decisions.

If you think about it, it is a little bit like air traffic control, if you like. If you have got your very senior clinical leader saying, ‘This patient needs to go here. This patient needs to go there. This patient needs to go here now,’ making the decision, taking the responsibility, that helps move things through more quickly. St V’s has implemented an SMS-based escalation system, which provides executive leaders with real-time visibility into potential ambulance transfer delays, enabling productive engagement with their ED teams. When I was out only recently at Austin Health, which is where we launched the standards and where we have seen a massive improvement in transfer times, what I saw is it is all about keeping data visible to staff at all times so people can check and see, ‘Who is waiting? How long have they been here? All right, we need to action that right now.’

I talked about the standards. If I may, I will just take you through those in a little bit more detail. I have talked a little bit today – some might say in some length – about the virtual emergency department and about urgent care clinics. But let us be clear: these both provide alternative pathways for our ambulance paramedics, which means that they do not even need to transport to a hospital in the first place. Efficient ambulance distribution means that we are ensuring that Ambulance Victoria is looking at how we can make sure we have got the right ambulances in the right place at the right time. I have talked a little bit about cohorting of patients by the ED but also by our AV paramedics. For instance, not every crew needs to stay with every patient that is there. We can enable one paramedic to look after, say, up to four patients, depending on the acuity. We are looking to strengthen that as a standard in the way in which we deliver care. They are just some of the things that are accountabilities for Ambulance Victoria that are all about driving improvements to response times.

But let me come back to the secondary triage system. As I said, secondary triage is the envy of so many other ambulance services. What Victorians may not know is that when they call 000 for an ambulance they have a 40 per cent chance of actually talking to an AV staff member, a paramedic or a nurse. Indeed secondary triage is able to make sure that we are either transporting people to the appropriate care or finding them the right alternative care pathway. It plays a really important role in the system, because it is a system, and not everyone needs to be transported to a hospital. Mr Hilakari, it is also important to remember that our ambulance service is an emergency response service. It is there for people experiencing life-threatening illness or injury. I cannot be in front of this committee today without taking the opportunity to remind Victorians that 000 is there for

emergencies. Our government has invested in a whole range of other alternative care pathways so that our highly trained, highly skilled, best-in-the-world paramedics can do what they do best, which is save lives.

Mathew HILAKARI: Those numbers are extraordinary – 156,000-plus in your presentation, so that is maybe 400 people per day who are being transferred to a different service.

Mary-Anne THOMAS: Correct.

Mathew HILAKARI: That is an amazing effort. Minister, it is hard to describe these things in a vacuum of not comparing state by state. How do we compare to other states and the activities that their ambulance officers and paramedics undertake?

Mary-Anne THOMAS: Thank you for that. There are a couple of important points of difference between us and other states. I might say that after the recent enterprise bargaining agreement had been reached between Ambulance Victoria and their industrial partners we now have the highest paid paramedics here in Victoria. We are always happy to be leading the nation when it comes to rewarding and caring for those who care for us, and that is exactly what we have done through the EBA. But in terms of interstate comparisons there are a couple of things that I would say: firstly, we have better response times than the comparable jurisdictions, which are New South Wales and Queensland, as well as jurisdictions that are not so comparable, i.e. Tassie and South Australia. This only points to the fact that I have tried to outline to Mr Welch but which he was not interested in listening to, that ambulance services all around the country are experiencing a persistent increase in code 1 callouts – those are the most significant and life-threatening emergencies – and this is something that we are absolutely working on. That is why, again, I remind people to save 000 for emergencies so that our paramedics can get out to treat those people. We lead the nation on three out of four of these key health sector metrics, including, as I said, the fastest ambulance response times.

Mathew HILAKARI: Minister, I might take you to another line item: same page, page 49 of budget paper 3, ‘Assuring ambulance resourcing in regional Victoria’. There is \$84.2 million dedicated to that over two years. I am just hoping you could go into, in effect, what that will do.

Mary-Anne THOMAS: Yes. Once again, I have talked about how we are ensuring that Victorians access the emergency care that they need where and when they need it, and this includes of course in rural and regional Victoria. The budget includes \$84 million in funding for ambulance services to maintain additional paramedics and ambulance resources at locations right around the state, including four peak-period units in Moe, Bendigo, Warragul and Leongatha; upgrades to 24-hour operations in Cobram, Mansfield, Yarrawonga and Korumburra; and upgrades to dual paramedic crewing at 15 locations, including Camperdown, Rochester, Terang, Avoca, St Arnaud, Murchison, Rupanyup, Charlton, Beaufort, Yarram, Foster, Inglewood, Euroa, Beechworth and Paynesville. This has seen a significant uplift in the ambulance resources that are available to the people of rural and regional Victoria, and we will always back our rural communities in, making sure that they have got the paramedics they need. Again, that is where these other care pathways are really important, and I use this opportunity to encourage rural and regional Victorians to familiarise themselves with the virtual emergency department, because as we continue to grow and expand that service I really want to make sure that rural and regional Victorians are benefiting from it. At the moment the highest proportion of users, Ms Kathage, come from Whittlesea, yet it is not a local service; it is for all Victorians.

The CHAIR: Thank you, Minister. We are going to go to Mr Puglielli.

Aiv PUGLIELLI: Thank you. Just staying on exactly that same line item, have any upgrades been made to address mobile data and IT system issues for paramedics in regional and rural Victoria?

Mary-Anne THOMAS: We have worked to increase digital access right across the state, but I might hand over to Mr Crisp.

Andrew CRISP: I will start that off, and then I will go to Danielle as the Executive Director of Regional Operations. Thank you for the question. Technology is a very important and useful tool for our paramedics, both in terms of some of the issues or the matters that the minister has raised and in relation to enabling our paramedics to get back out on the road quicker. We had had fairly antiquated Toughbooks distributed to our paramedics; we are now going through a process of upgrading those to much more modern iPads, which are

much more user-friendly, to enable our paramedics at hospitals to complete the necessary paperwork they need to do so they can get back out on the road. We are well through the distribution of that particular technology.

The other piece in terms of digital is critical in relation to communications for our paramedics. We have been rolling out a digital radio network for our paramedics across the state. I must admit, when I came into the role I was somewhat surprised that that was not the case – that there was not the digital coverage for Ambulance Victoria. I am used to coming from a policing background and emergency services where those types of communications need to be kept basically secret, but that has not been the case for our paramedics – the fact that people can listen to calls being made to our paramedics and the conversations that then take place. A critical element for us has been in terms of rolling out a digital radio network for our paramedics. Danielle, I am assuming you want to add to that.

Danielle NORTH: Yes. Thank you. Certainly we are rolling out those radios as we speak. There are 700 vehicles that will be upgraded across regional Victoria in addition to 1800 portable radios that will be upgraded through that program. That work has commenced in Barwon south-west, and that has almost completed as it rolls across to the Grampians region, and the work is expected to be completed by June 2026. In addition to the confidentiality that Mr Crisp has outlined, it also improves our paramedic safety and it improves our duress functionality – so it improves the safety of our people out in the field, which is critically important. That work is well underway and will be delivered by June 2026 in addition to the iPads that have now been rolled out right across the state to more than 5000 frontline staff, and they are now rolling out to our first responders as well.

Aiv PUGLIELLI: Thank you. Can I ask: are there any plans to support access to mobile data terminals for rural paramedics?

Danielle NORTH: Yes, there are. The intent is, with the iPad functionality, that in future stages we will be able to use the iPad with intent to be able to use the mobile data terminal, which gives our paramedics better understanding and better information around the scene's safety and around any patient particular clinical needs. That is intended in future rollouts.

Aiv PUGLIELLI: Is there a timeline in terms of how far into the future we are talking?

Danielle NORTH: The rollout of the radios, as we speak, is for June 2026. I would have to confirm the timeframe for the second part of that.

Mary-Anne THOMAS: And Mr Puglielli, I can assure you that our government is absolutely committed to ensuring that our paramedics have the resources that they need to do their very important, life-saving work right across Victoria and in rural and regional Victoria. Of course digital capability does rely on us having an NBN network that works properly, so that is a federal government challenge. But we will make sure that we keep advocating on behalf of our paramedics so that they can use the best and latest technology to deliver life-saving care to all Victorians.

Aiv PUGLIELLI: Thank you.

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

The committee will take a short break before beginning its consideration of the portfolio for consumer affairs at 11:50 am. I declare this hearing adjourned.

Witnesses withdrew.