Annual Report 2025-26

Ambulance Victoria®





Contents

Board Chair and CEO report	4
Our strategy in action	8
Declarations and attestations	11
A year in numbers	12
Our people	14
Improving clinical care	20
Our research	28
Delivering better outcomes	36
Technology enabling care	42
Community partnership and impact	46
Donations summary	54
Workforce data	56
Health, safety and wellbeing	58
Occupational violence	60
Environmental report	61
Social procurement	69
Governance	70
Board Director profiles	74
Executive Group	79
Statement of Priorities	81
Relevant Ministers	89
Statistical summary	90
Statutory compliance	94
Consultancies	98
Government advertising campaign	99
ICT expenditure	99
Asset management accountability framework	100
Financial summary	101
Disclosure index	102
Financial report	104

Acknowledgement of Country

Ambulance Victoria (AV) acknowledges the Traditional Owners of the lands in Victoria. We pay our respects to Aboriginal and Torres Strait Islander cultures and to Elders past and present and recognise Aboriginal self-determination is a human right. We commit to working with our Aboriginal communities to improve our care and services in the spirit of partnership.

Board Chair and CEO report

Every day, AV's people make a profound difference to the lives of Victorians. Throughout 2025–26, we continued to provide world-class out-of-hospital, mobile and emergency healthcare to more than six million people across more than 227,000 square kilometres.



Andrew Crisp AM APM
Board Chair



Jordan Emery ASM
Chief Executive Officer

We responded to 1,020,382 incidents by road and air and managed 320,646 calls through our Triage Services. Behind every one of these numbers is a person, a family and a community relying on us during some of life's most challenging moments.

As Board Chair and Chief Executive Officer, we are incredibly proud of what our people have achieved throughout a significant year for AV. Our paramedics, First Responders, clinicians, volunteers and corporate teams continued to deliver exceptional care in an environment of sustained demand and increasing complexity, while undertaking important work to strengthen our organisation and position our service for the future.

Throughout the year, we continued to deliver on our *Strategic Plan 2023–28*, investing in our people and technology, strengthening our partnerships across the health system, expanding pathways connecting patients with appropriate care and continuing to achieve clinical outcomes that rank among the best in the world.

This year also marked the conclusion of the Parliamentary Inquiry into AV and the Victorian Government's response to its recommendations. The Inquiry provided an important opportunity to hear from our people, patients and stakeholders and consider where we can continue to improve. We have approached its findings with a commitment to transparency, learning and continuous improvement, with work underway to ensure the lessons from this period contribute to a stronger AV for the long term.

Healthcare continues to evolve rapidly, and ambulance services today provide far more than emergency response and transport. Increasingly, we are helping patients navigate the health system and connecting them with the care that best meets their needs.

We continued working closely with hospitals, health services and other partners to improve the entire patient journey. Improvements in hospital transfer times helped return ambulances to the community sooner, while 21.5 per cent of patients who sought AV's assistance were managed through our Triage Services team, ensuring we were able to connect those individuals to other health services, without an unnecessary emergency department presentation.

This reflects an important shift in how we deliver ambulance care: ensuring emergency ambulances are available for patients who need them most, while helping more Victorians receive the right care, in the right place, at the right time.

We remained focused throughout the year on improving operational performance and ambulance availability for the community. While statewide Code 1 performance remained below target, average response times improved, alongside important gains at the ambulance and hospital interface, with reductions in hospital clearing times helping our teams return to the community sooner. We also continued working with Triple Zero Victoria (TZV) to improve call taking and dispatch, including through the trial of Active Queue Management (AQM) and other initiatives designed to ensure our response best matches the needs of our patients.



The demand for our service continues to grow.

In 2025-26 we responded to

1,020,382
incidents

across Victoria by road and in the air, while our Triage Services team managed

320,646
phone calls.

While the way we deliver care continues to evolve, clinical excellence remains at the heart of AV. The latest Victorian Ambulance Cardiac Arrest Registry Annual Report (VACAR) confirmed Victoria has the highest cardiac arrest survival rate in Australia and the second-highest internationally comparable survival rate in the world.

These outcomes are made possible through the combined efforts of our world class research team, highly skilled clinicians, bystanders, GoodSAM volunteers and emergency service partners. More than 29,000 Victorians participated in Call, Push, Shock training during the year and our network of more than 18,600 GoodSAM volunteers continued to play a critical role in saving lives. A record 152 patients received a lifesaving shock from a public automated external defibrillator (AED) before paramedics arrived, contributing to a 63 per cent survival following bystander defibrillation.

We also continued to strengthen the technology that supports our people and our operations. This year marked the completion of our Digital Radio Upgrade Program (DRUP2), transitioning our regional operations from the analogue radio network to a secure digital network and creating seamless radio connectivity across Victoria. This significant investment strengthens communication, coverage and safety for our people, while improving our ability to coordinate and respond across the state.

We are also making care more accessible and responsive to the diverse communities we serve. New initiatives included Paediatric Distraction Kits

and patient information translated into 16 languages, while our Innovate Reconciliation Action Plan (RAP) strengthened our commitment to reconciliation and to delivering culturally safe care for Aboriginal and Torres Strait Islander peoples and communities.

Supporting our people remains central to everything we do. Throughout the year, we continued implementing our *People Plan 2025–28*, recognising that exceptional patient care begins with a workplace where people feel safe, respected and supported.

The establishment of our inaugural Employee Advisory Committee (EAC) marked an important milestone in strengthening employee voice, alongside continued investment in leadership, capability, wellbeing and workplace safety.

This year also saw the continued implementation of the operational *Ambulance Victoria Enterprise Agreement 2024* (AVEA 2024) and the successful approval of the *Ambulance Victoria Management and Administrative Staff Enterprise Agreement 2025* (AVMA 2025). Together, these agreements provide a stronger foundation for our workforce and support the changing needs of our people and our service.

The safety of our people remained a key priority throughout the year, with occupational violence continuing to present a significant risk to our frontline workforce. We worked closely with union partners and our people to strengthen our approach to prevention and response, identifying priority areas for action across reporting, post incident support, information sharing, operational safety, training and technology.

This work reflects our commitment to ensuring our people are supported to work as safely as possible in the dynamic and unpredictable environments in which they provide care. We know there is more work to do in this space and we will continue to pursue opportunities to keep our people safe as they care for others.

We remained focused on the responsible stewardship of the resources entrusted to us by the Victorian community, while continuing to invest in our people, technology, infrastructure and patient care. Our financial performance this year provides a strong foundation as we continue working to ensure AV is sustainable and able to meet the evolving needs of the Victorian community.

Looking ahead, we know demand will remain high, our patients and their needs will continue to change and the health system in which we operate will continue to experience significant pressure.

Meeting these challenges will require us to continue evolving – strengthening our emergency response while expanding the ways we connect people with appropriate care, investing in our clinical capability, technology, and working even more closely with our partners and communities.

Finally, and most importantly, we thank every member of the AV team. Whether responding on the road or in the air, answering Triple Zero (000) calls, supporting patients through Triage Services, volunteering in communities across Victoria or enabling our frontline services behind the scenes in critical corporate support roles, your professionalism, resilience and compassion make an extraordinary difference every day.

We are proud of what we have achieved together in 2025–26 and look to the future with confidence as we continue building a stronger, more connected and sustainable ambulance service for the Victorian community.



Jordan Emery ASM
Chief Executive Officer



Andrew Crisp AM APM
Board Chair

During the preparation of this report, AV was deeply saddened by the passing of former Chief Executive Officer Professor Tony Walker ASM. Tony's leadership, vision and commitment to paramedicine left an enduring legacy at AV and across the profession. We acknowledge his significant contribution to our organisation and the Victorian community and extend our sincere condolences to his family, friends and colleagues.



Our values

Care

We care in ways that nurture trust and collaboration

I empathise with our people, patients and community
I consider how others are impacted by my actions
I acknowledge good work when I see it

Accountability

We are accountable in our roles and to each other

I perform my role responsibly, fairly and transparently
I follow through on the commitments I make and the expectations of me
I take responsibility for creating a safe environment in which to speak up

Respect

We are respectful and consciously inclusive

I communicate and act respectfully all the time
I recognise others' contributions, unique perspectives and experiences
I behave with integrity and contribute to a safe workplace

Excellence

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

I seek opportunities to continuously develop and grow
I promote a curious learning environment by teaching, coaching and guiding others
I collaborate to empower the people around me to deliver quality and be their best

Our strategy in action

Strategic Plan

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. We are in year three of this comprehensive strategy, structured around four pillars – People, Patients, Impact, and Connection.

In the third year of this plan, we have delivered outcomes in all four of the strategic pillars.

Belief and purpose

Our belief

We believe that everyone has the right to access quality and effective patient-centred healthcare so that they can live their best lives.

Our purpose

To bring world-leading, patient-focused, out-of-hospital, mobile, and emergency health care to the Victorian community.

Strategic Pillars

People

In our People Pillar, we aim to ensure that our people are engaged, highly trained, equipped and connected, and for our leaders to ensure our people feel valued, safe, healthy and included.

AV strengthened employee engagement, wellbeing, inclusion and workforce capability throughout the year. Key achievements included the successful negotiation of the AVMA 2025, which introduced enhanced wellbeing provisions for employees.

Significant progress was also made in delivering the People Plan through the workforce flexibility program, including the development of a Flexibility Strategy, extensive stakeholder engagement, and the establishment of governance processes. Together, these initiatives have created a strong foundation for achieving long-term workforce flexibility outcomes.

Further achievements included enhancements to the Mobile Intensive Care Ambulance (MICA) Intern Program and the introduction of targeted training modules to equip leaders with the skills and confidence to prevent, identify and respond effectively to workplace concerns and complaints.

AV strengthened its commitment to diversity, inclusion and workforce wellbeing through the development of the *Gender Equality Action Plan 2026-28*, the next iteration of its *Diversity & Inclusion Action Plan* and *Disability Action Plan 2026-28*.

Employee wellbeing and psychological safety were also further strengthened through the implementation of five Psychosocial Safety Prevention Plans and the Board's approval of an Integrity Framework, the development of an Integrity Framework, and the launch of the *Mental Wellbeing Action Plan 2025-28*.

AV also introduced practical workforce measures, including End of Shift Management protections and a statewide Team Swap Initiative, supporting improved work-life balance, fairness and employee wellbeing.

In 2026–27, AV will build on these achievements and continue to progress initiatives that support a more engaged, connected, capable, safe and inclusive workforce.

Patients

The Patients Pillar aims to provide patients across Victoria with world leading mobile and emergency care that is timely, culturally sensitive and connected, with optimal clinical outcomes and patient experience.

To improve the services AV provides to our patients and the community we have expanded the GoodSAM cardiac arrest response program by increasing the number of people alerted to respond to a cardiac arrest from three to six to help improve survival outcomes.

We also enhanced the Clinical Response Model (CRM) through improvements to ProQA, the clinical decision support system used by TZV call takers, and dispatch grids, supporting more timely and appropriate care.

We also strengthened our safe, effective, person-centred and connected model of care through enhancements to the Victorian Stroke Telemedicine (VST) service, which now operates on a 24-hour roster, expanded inpatient support across multiple sites, and contributed to statewide initiatives to improve stroke care timeliness and outcomes.

Further progress was made in delivering culturally safe and inclusive care through the implementation of mandatory Aboriginal and Torres Strait Islander patient identification fields in our digital patient care records, delivery of the inaugural *Ambulance Victoria Aboriginal Health Forum* and launch of cultural recognition training for all staff.

In addition, AV advanced key strategic work to shape future service delivery to better meet patient needs, including progressing roster reform initiatives, identification of service requirements for future rotary wing capability, and continued embedding and expansion of the Paramedic Practitioner model.

Impact

The Impact Pillar aims to evolve our structure, processes, systems and assets to deliver more impact through consistent organisational performance.

AV delivered a number of significant digital and business transformation outcomes during the year, strengthening workforce management, operational capability, digital systems and organisational efficiency.

AV completed implementation of a new workforce management rostering system for operational staff, enhancing workforce planning and resource management.

AV advanced the Mobile Data Network solution as part of a multi-year program of works to improve service delivery and enhance patient and paramedic safety in regional Victoria, and completed AV's DRUP2 to provide a modern, secure and resilient digital communications network.

AV continued to enhance digital models of care by expanding the Video Assisted Triage (VAT) capability to mental health nurses, undertaking a Victorian Virtual Emergency Department (VVED)* Emergency Physician trial within Triage Services and progressing workforce capability and awareness of virtual care pathways to strengthen clinical decision-making, thereby improving patient care.

Further progress included completion of Phase 2 of the VACIS Modernisation Project, the core digital platform and electronic patient care record system used by AV paramedics, and delivering shared multi-user iPads to AV's first responder workforce.

AV also made substantial progress toward implementing an enterprise-wide credentialing system to support end-to-end management of credentialing and Authority to Practice processes, with final transition activities underway.

Other business improvements included automating employee expenses, eliminating petty cash and manual claims and improving administrative efficiency across the organisation.

Sustainability initiatives such as the expansion of hybrid vehicles, increased on-site solar generation and the revitalisation of the Sustainability Champions Network supported AV's commitment to environmentally sustainable operations.

* Victorian Virtual Emergency Department has since changed its name to Virtual Emergency Department.

Connection

The Connection Pillar aims to ensure we are seamlessly connected to each other, our patients, our partners and to the healthcare system; enabled through deeper engagement, research and advocacy, innovation and co-design, digital enablement and data sharing.

This year we successfully completed year one of the AV Innovate RAP and is continuing to strengthen relationships with Aboriginal and Torres Strait Islander stakeholders and improve cultural safety for our patients and our people.

AV also strengthened connections with communities across Victoria through highly successful community engagement initiatives, including Heart Safe Communities, Call Push Shock, Shocktober's cardiopulmonary resuscitation (CPR) education and promotion of the GoodSAM program and publicly accessible defibrillators, helping to improve community awareness and readiness to respond to cardiac emergencies.

Collaboration across the health system was further enhanced through participation in Safer Care Victoria's Adult Sepsis Collaborative, and the development of a neuro-inclusion toolkit in partnership with Amaze Australia.

AV is actively engaging and collaborating with hospitals from across Victoria, Department of Health and other stakeholders to improve processes and services throughout the health care system and to implement the Standards for Safe and Timely Ambulance and Emergency Care.

Strategic enablers

Innovation

Expanding and integrating innovation into all practices across the organisation.

Digital

Embracing digital technologies to improve patient care, operational efficiency, communication, collaboration, and innovation.

Research

Conducting research to improve patient care, inform evidence-based decisions, and develop new services and solutions.

Sustainability

Reducing environmental impact, developing sustainable business models, and future-proofing operations.

Declarations and attestations

Responsible Body Declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Ambulance Victoria for the year ended 30 June 2026.

Andrew Crisp AM APM

Board Chair, Ambulance Victoria
5 October 2026

Financial Management Compliance Attestation Statement

I Andrew Crisp, on behalf of the Board, certify that Ambulance Victoria has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and instructions.

Jordan Emery

Chief Executive Officer, Ambulance Victoria
5 October 2026

Data Integrity Declaration

I, Jordan Emery, certify that Ambulance Victoria has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Ambulance Victoria has critically reviewed these controls and processes during the year.

Jordan Emery

Chief Executive Officer, Ambulance Victoria
5 October 2026

Conflict of Interest

I, Jordan Emery, certify that Ambulance Victoria has put in place appropriate internal controls and processes to ensure that it has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Ambulance Victoria and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.

Jordan Emery

Chief Executive Officer, Ambulance Victoria
5 October 2026

Integrity, Fraud and Corruption Declaration

I, Jordan Emery, certify that Ambulance Victoria has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at Ambulance Victoria during the year.

Jordan Emery

Chief Executive Officer, Ambulance Victoria
5 October 2026

A year in numbers

Performance

405,196*
time-critical Code 1 cases

15 mins 34 secs
State-wide average response time to Code 1 cases

99%
of patients reported good or very good experiences

50,694
patients were referred to VVED by AV clinicians

5,699
VST consultations – a record year for VST with a 10.5 per cent increase on the previous year's activity

*Refers to the total Code 1 statewide emergency road incidents. This figure includes both attended and not attended. Reasons for non-attendance to Code 1 cases includes duplicate calls, unable to locate, cancellations by the caller or other emergency service, and referrals to alternate pathways.

People

244
new paramedics welcomed to AV

158
new First Responders

98.29%
customer satisfaction

Research impact

107
active research projects

2,795
citations in peer-reviewed literature

77
peer-reviewed publications

94
citations in policy or scientific statements

28
new research agreements

17
conference presentations

Emergency Management Unit events

- **Complex Trauma – bike injury in Enfield** (Aug 2025)
- **Missing person in Eildon** (Aug 2025)
- **Police incident in Porepunkah** (Aug 2025)
- **Bus rollover in Stonehaven** (Aug 2025)
- **Industrial fire in South Yarra** (Sept 2025)
- **Wilderness response in Omeo** (Nov 2025)
- **Hazardous Materials incident in Derrimut** (Dec 2025)
- **Wilderness response in Sealers Cove** (Dec 2025)
- **Traffic incident in Katamatite** (Dec 2025)
- **Concurrent weather events (Extreme Fire Danger Rating, severe heatwave, bushfire) statewide** (Dec 2025)
- **Severe weather (Heatwave and Extreme Fire Danger Rating) statewide** (Jan 2026)
- **Severe weather (Heatwave and Extreme Fire Danger Rating) statewide** (Jan 2026)
- **Flash flood on Great Ocean Road in Skenes Creek** (Jan 2026)
- **Bushfires in Gippsland** (Jan 2026)
- **Bushfires in Hume** (Jan 2026)
- **Severe weather (Heatwave and Extreme Fire Danger Rating) statewide** (Jan 2026)
- **Dangerous Goods Festival Surge and Demand in Melbourne** (Jan 2026)
- **Bushfires in the Otways** (Jan 2026)
- **Extreme Fire Danger statewide** (Feb 2026)
- **Extreme Fire Danger statewide** (Feb 2026)
- **Extreme Fire Danger statewide** (Feb 2026)
- **Nursing home evacuation in Elsternwick** (Feb 2026)
- **Commercial fire in Sunshine** (Mar 2026)
- **Complex Medical – sporting injury in Dingo Hill** (Apr 2026)
- **Industrial fire in Corio** (Apr 2026)
- **Traffic incident in Gellibrand Lower** (May 2026)
- **Hazardous Materials incident in Laverton** (May 2026)
- **Complex Medical – Interhospital transfer in Melbourne** (May 2026)
- **Industrial fire in Campbellfield** (June 2026)

Membership Subscription Scheme

2.76m
people covered

1.36m
membership policies

387,000
direct interactions with the contact centre

74,000
new memberships

$109m
direct revenue provided

176,000
member transports

336,000
phone calls

9,000
online chats

42,000
emails and letters



Our people

This year, we continued to invest in the people who make AV what it is. Guided by workforce feedback, we introduced new initiatives to strengthen leadership, improve engagement, increase flexibility and foster a more connected, inclusive and supportive workplace.

By creating new opportunities for employees to contribute to organisational change, we have continued to improve the everyday experience of working at AV while building a culture that values collaboration, inclusion and continuous improvement. We know that creating a consistently positive employee experience and a workplace where everyone feels safe, respected and supported is a long-term journey. While we are proud of the progress made this year, we recognise there is still more work to do. We remain committed to building on these foundations and continuing to make meaningful improvements that help our people thrive, now and into the future.

Supporting our management and administrative workforce

The successful finalisation of the AVMA 2025 marked an important milestone for our management and administrative workforce.

Developed through a collaborative bargaining process with the Ambulance Managers and Professionals Association (AMPA), Victorian Ambulance Union (VAU) and United Workers Union (UWU), the four-year agreement provides a contemporary employment framework that supports our people while strengthening our ability to attract and retain a highly skilled workforce.

While our paramedics are the most visible part of our organisation, every ambulance response relies on the expertise of the people working behind the scenes. From supporting our frontline workforce through payroll, recruitment and rostering, to maintaining critical technology, managing finances, coordinating logistics, developing clinical systems and providing strategic leadership, our management and administrative employees play an essential role in helping deliver timely, safe and patient-centred care to the Victorian community.

The agreement delivers salary increases, enhanced leave provisions, updated classifications, greater workplace flexibility and improved career development opportunities. Together, these changes recognise the vital contribution of our management and administrative employees and support a modern, sustainable workplace that enables them to continue delivering critical services across the organisation.

While negotiations were protracted, all parties remained committed to working constructively towards an agreement. The AVMA 2025 was strongly endorsed by employees, with 98.5 per cent of participating staff voting in favour following a high level of participation in the employee ballot.

The agreement provides a strong foundation for the future, supporting workforce capability while helping attract and retain the talented people our organisation relies on.

> “Creating a workplace where everyone feels safe, respected, and supported is a long-term journey– not a single destination.”
>
> **Sarah Crema**
> **AV Workplace & Employee Relations**

Standing together against occupational violence

The safety of our people remained a key organisational priority throughout the year. Occupational violence (OV) continues to have a significant impact on our frontline workforce, with reported incidents increasing and several serious events attracting public attention.

In May, we worked with the VAU to identify opportunities to strengthen our approach to preventing OV. We identified 10 priority focus areas to guide future action, including improvements to reporting and post-incident support, information sharing with emergency service partners, operational safety processes, face-to-face training and safety technology.

This work provides a clear foundation for continued collaboration with the VAU, our workforce and partner agencies as we continue working to reduce OV and improve the safety of our people.



Supporting greater workforce flexibility through Direct Team Swap

Giving our people greater flexibility over where they work is an important part of creating a workplace where employees can build long term careers while continuing to deliver high-quality care to Victorian communities.

During 2025-26, AV introduced the Direct Team Swap initiative, creating a new statewide opportunity for eligible paramedics to permanently swap teams with colleagues in suitable locations across Victoria. Developed in response to workforce feedback, the initiative provides a more transparent, equitable and consistent approach to team movement while supporting employees to work closer to home and better balance their personal and professional commitments.

Workforce interest in the initiative has been significant, with more than 700 expressions of interest received during the six-week application period, representing almost 20 per cent of eligible Regional Operations employees. This strong level of participation highlights the importance of providing greater flexibility and mobility opportunities across the organisation.

Following the closure of the expression of interest period, the initiative has progressed to the matching phase, with proposed matches being reviewed through established governance processes, to ensure operational requirements are maintained alongside employee preferences. The matching process will continue throughout 2026, with successful swaps announced later in the year.

Beyond creating new opportunities for individual employees, the initiative is also providing valuable insights into workforce movement preferences across Victoria, helping inform future workforce planning and mobility initiatives.



Strengthening our commitment to reconciliation

In July 2025, we released our second RAP, the *Innovate RAP 2025-2027*, reaffirming our commitment to advancing reconciliation through meaningful action.

Building on the strong foundations established through our Reflect RAP, the Innovate RAP sets out our priorities for the next two years, focusing on strengthening relationships with Aboriginal and Torres Strait Islander peoples and communities, increasing cultural understanding across the organisation, and embedding culturally safe and inclusive practices into the care we provide.

As Victoria's provider of pre-hospital emergency care, we recognise the unique role we play in improving health outcomes for Aboriginal and Torres Strait Islander peoples. Through our services, partnerships and presence in communities across the state, we will continue to listen, learn and work alongside Aboriginal and Torres Strait Islander communities and organisations to champion equity, empowerment and understanding.

Developed in collaboration with Aboriginal and Torres Strait Islander employees, communities and partner organisations, our Innovate RAP reflects the shared knowledge, and expertise of those who have helped shape our reconciliation journey. We will continue to turn our commitment into action, building stronger relationships with Aboriginal and Torres Strait Islander communities and ensuring culturally safe care is embedded in everything we do.

Building on the work of our RAP, we held the inaugural *Ambulance Victoria Aboriginal Health Forum* during National Reconciliation Week, bringing together Aboriginal and Torres Strait Islander clinicians, community leaders, researchers and our workforce to strengthen understanding of culturally responsive pre-hospital care.

Through storytelling, expert insight and open dialogue, the discussion explored practical ways to strengthen cultural competence and support more responsive, person-centred care.

The forum attracted almost 100 attendees, including representatives from 11 external organisations spanning the ambulance, health, academic and Aboriginal community sectors and established an important foundation for ongoing collaboration, knowledge sharing and learning to support better outcomes for Aboriginal and Torres Strait Islander peoples.

CASE STUDY

People Plan guides the future of our workforce

Our people are at the heart of everything we do. Every day they provide life-saving care, support patients and each other, and help deliver one of Victoria's most trusted emergency services. Supporting them to thrive is essential to delivering the best care for our community.

This year, we launched the *Ambulance Victoria People Plan 2025-2028*, our first dedicated roadmap for improving the experience of employees and volunteers. Informed by extensive workforce feedback, the plan sets out practical actions to strengthen engagement, wellbeing, leadership, capability and inclusion, ensuring our people are supported to build rewarding and sustainable careers.

The People Plan aligns with the People pillar of the *Ambulance Victoria Strategic Plan 2023-2028* and establishes four key focus areas:

- Creating a diverse and engaged workforce.
- Supporting physical and psychological safety.
- Building capability and continuous learning.
- Developing effective leadership.

Implementation commenced during the year through a range of initiatives designed to improve the experiences of our people, including modernising employment arrangements, increasing workforce flexibility and strengthening leadership capability. Progress will continue to be measured and reported annually, ensuring the plan remains responsive to workforce feedback and emerging priorities.

The People Plan provides a clear roadmap for future action and will continue to guide how we invest in our workforce, ensuring our people remain supported to deliver exceptional care to Victorian communities.

People Plan initiatives include:

- → **Direct Team Swap initiative**
- → **Mental Wellbeing Action Plan 2026-28**
- → **Paramedic Practitioner workforce development**
- → **AVMA strengthening career pathways**
- → **OV focus areas**

Celebrating the people behind the uniform

This year we launched *The Pulse*, a new quarterly staff magazine designed to strengthen connection, celebrate our people and share stories from across the organisation.

The Pulse provides a platform for employees from every part of AV to share their experiences, achievements and the diverse pathways that have shaped their careers. Featuring stories from paramedics and First Responders, volunteers, specialist clinicians and corporate employees, the magazine recognises the people behind the uniform and the many roles that contribute to delivering care to the Victorian community.

Since its launch, *The Pulse* has shared more than 70 stories, highlighting the dedication, professionalism and values demonstrated by our people every day. By celebrating individual and team achievements, the magazine is helping foster a greater sense of connection, pride and belonging across our workforce while strengthening understanding of the breadth of work undertaken across AV.



Employee Advisory Committee – Listening to our people

Creating a workplace where people feel heard is essential to building an engaged, inclusive and high performing organisation.

This year, we established our inaugural EAC to strengthen workforce consultation and ensure employee and volunteer perspectives are embedded in organisational decision making, planning and service delivery.

The response from our organisation demonstrated strong support for the initiative, with more than 50 employees applying to join the EAC. Bringing together representatives from across the organisation and the state, the EAC provides a structured forum for employees and volunteers to share ideas, identify opportunities for improvement and provide feedback on initiatives that affect our workforce.

Meeting regularly throughout the year, members also play an important role in strengthening communication across the organisation by seeking feedback from colleagues, providing advice on emerging issues and workforce impacts, and sharing key outcomes. The EAC also helps identify opportunities for innovation and continuous improvement, ensuring decisions are informed by the lived experiences and expertise of our people.

The EAC is helping ensure the voices of our people are reflected in the decisions that shape our organisation, creating stronger partnerships between employees and leadership.

Supporting the mental health and wellbeing of our people

Supporting the psychological health and wellbeing of our people remains a key priority for AV. This year, we launched the fourth iteration of our *Mental Health and Wellbeing Action Plan*, providing the strategic framework that will guide our approach to staff psychological health and wellbeing from 2026-2028.

Built around four key pillars of Prevention and Education, Early Intervention, Building on Strengths and Partnering for Success, the plan sets out seven key deliverables designed to strengthen support across the organisation. Significant progress was made during the year, including expanding access to wellbeing services in rural areas, strengthening peer support capabilities, enhancing mental health literacy initiatives and investing in prevention and early intervention programs.

This work included expanding the Victorian Ambulance Counselling Unit's rural and telehealth services, uplifting training for 75 Peer Support volunteers in psychological first aid, strengthening suicide prevention and intervention programs and progressing innovative research partnerships with Monash University focused on post-traumatic stress and burnout in First Responders.

By focusing on prevention, early intervention and support, we are helping our people stay mentally healthy throughout their careers and ensuring they have access to the support they need when it matters most.

Mental Health and Wellbeing highlights

Mental Health and Wellbeing Action Plan 2026-2028 launched

- 75 Peer Support volunteers completed psychological first aid training
- Expanded access to Victorian Ambulance Counselling Unit rural and telehealth services
- Two research partnerships established with Monash University
- Enhanced suicide prevention, intervention and resilience programs introduced

Advancing evidence based psychological support

During the year, AV partnered with Monash University on two significant research initiatives focused on improving psychological wellbeing outcomes for healthcare workers and First Responders.

AV's psychology team commenced a world first randomised controlled trial investigating early interventions for post-traumatic stress in First Responders following exposure to traumatic events. Supported by the Victorian Government, the study will provide important evidence to inform future approaches to early psychological intervention, with findings expected next year.

AV also partnered with Monash University to evaluate the Compassion Training for Healthcare Workers program following previous psychosocial survey findings identifying burnout risks across the workforce. The trial involved 381 operational employees and demonstrated improvements across a range of wellbeing measures, including reductions in stress, anxiety, depression and burnout, while increasing resilience and personal accomplishment. The positive results have secured external funding to expand the program across AV.

Parliamentary Inquiry

In May 2026, the Victorian Government tabled its response to the Victorian Parliament's Legal and Social Issues Committee Inquiry into AV. The government considered all 21 recommendations made by the Committee, supporting 13 in full, seven in principle and leaving one recommendation under review.

The recommendations focus on strengthening organisational culture, leadership, employee wellbeing and accountability. We welcome the Government's response and remain committed to implementing actions that support a safe, respectful and high-performing workplace.

This work builds on significant initiatives already underway across the organisation, including delivery of the AV People Plan, improvements to Call Taking and Dispatch, and the establishment of the EAC to strengthen employee engagement and provide direct input into organisational decision making.

We acknowledge and thank all employees and stakeholders who contributed to the Inquiry and remain committed to listening, learning and driving continuous improvement to ensure employees feel safe, supported and empowered to deliver exceptional care to the Victorian community.



Improving clinical care

Exceptional patient care depends on continually evolving the way we deliver clinical care. Throughout the year, we strengthened clinical practice through research, innovation, education and continuous improvement, ensuring our paramedics continue to deliver world-class care to Victorian communities.

From maintaining Victoria's position as a global leader in cardiac arrest survival to expanding advanced models of care, strengthening clinical education and investing in the next generation of paramedics, these initiatives reflect our dedication to continuous clinical improvement and better patient outcomes.

Leading the nation in cardiac arrest survival

Victoria continues to lead the nation in out-of-hospital cardiac arrest (OHCA) survival, with survival among the internationally recognised Utstein comparator group increasing to 44.4 per cent – the highest in Australia and second only to Denmark globally, as reported in the latest VACAR Annual Report.

This year saw a significant improvement in survival for patients who received a shock from a public AED before paramedics arrived. Among this group, survival increased from 47 per cent to a massive 63 per cent, meaning almost two in every three patients survived when early defibrillation was provided by the community.

By comparison, only seven per cent of patients survived where no bystander CPR or AED was provided, highlighting the life-saving impact of early community intervention.

Across all OHCAs attended by AV, paramedics responded to 7,550, with 477 patients surviving to hospital discharge. More than 29,000 Victorians completed Call Push Shock training, while our Heart Safe Communities initiative continued to expand in partnership with the Heart Foundation, increasing access to life-saving education and publicly accessible AEDs across the state.

Victoria now has more than 10,000 registered AEDs, including 8,243 publicly accessible devices, while more than 18,600 GoodSAM responders attended 932 cardiac arrest patients. With the continued expansion of the Fire Medical Response (FMR) program, these initiatives are strengthening every link in the chain of survival and improving outcomes for Victorians experiencing cardiac arrest.

These achievements reflect the impact of sustained investment in community education, research and evidence-based clinical care. The VACAR continues to provide world-leading insights that shape clinical practice, ensuring we remain at the forefront of improving cardiac arrest survival both in Victoria and internationally.

Expanding Fire Medical Response across Victoria

Every minute counts in a cardiac arrest. Early CPR and defibrillation can more than double a person's chance of survival, making rapid access to emergency care critical.

This year, we achieved the milestone of completing training for all 50 Country Fire Authority (CFA) brigades selected to join the FMR program. From June 2026, all 50 brigades became operational, strengthening access to life-saving emergency care in priority rural and regional communities across Victoria.

The FMR program sees trained CFA volunteers dispatched at the same time as an ambulance to the state's most critical medical emergencies, including cardiac arrest and other life-threatening incidents. Where volunteers can arrive before paramedics, they are equipped to begin CPR, use a defibrillator and provide immediate care until an ambulance arrives.

The program is an important partnership between AV and the CFA, bringing together the strengths of both organisations to improve access to emergency care and help deliver more equitable health outcomes for regional Victorians. By bringing trained volunteers to patients sooner, the program is expanding access to life-saving care in rural communities and giving more Victorians the best possible chance of surviving a cardiac arrest.

10,819 Registered AEDs

8,243 Publicly accessible devices

18,600 GoodSAM reponders attended 932 cardic arrest patients



50
CFA brigades trained

50 **priority volunteer locations now operational**

17
life threatening emergency types responded to

749 **FMR responders trained**

749,229
patients assisted

Continuing to advance pre-hospital ECMO care

This year we reached a significant milestone in our pioneering pre-hospital Extracorporeal Membrane Oxygenation (ECMO) program, with the 50th patient receiving this life-saving treatment in the community.

ECMO is an advanced heart-lung bypass system, traditionally only available in hospital operating theatres and intensive care units. Through our partnership with The Alfred, specially trained paramedics and intensive care specialists can now bring this highly specialised treatment directly to patients experiencing an OHCA, initiating ECMO at the patient's side in loungerooms, at bus stops and in workplaces before transporting patients to hospital for further care.

This program pushes the boundaries of pre-hospital emergency care, giving eligible patients earlier access to advanced cardiac support while contributing to growing evidence around the benefits of pre-hospital ECMO. It also reflects the strength of our long-standing partnership with The Alfred and our shared commitment to innovation and research.

As one of only a handful of pre-hospital ECMO programs operating worldwide, the program is redefining what is possible in out-of-hospital emergency medicine and positioning Victoria at the forefront of advanced cardiac arrest care.

"What followed was extraordinary. Because of the circumstances of Peter's cardiac arrest, a cardiac bypass team from AV and The Alfred came to our house and placed him on ECMO in our lounge room before transporting him to hospital.

They even picked up where the blockage was in Peter's heart, so when they arrived at hospital, they had the Cath Lab ready and waiting for him.

It was incredible to witness the level of pre-hospital emergency care now possible."

Katie White, wife of cardiac arrest survivor and ECMO patient Peter Eyers



CASE STUDY

Paediatric Distraction Kits

Making emergency care more comfortable for children

Medical emergencies can be frightening for children and distraction therapy is an effective, evidence-based way to reduce fear and anxiety while supporting better engagement during treatment.

To help improve the experience of our youngest patients, we commenced the rollout of new Paediatric Distraction Kits across our emergency road ambulance fleet. The kits provide paramedics with a consistent set of age-appropriate tools designed to reduce fear, anxiety and distress during assessment, treatment and transport.

Each kit includes a range of simple distraction tools, including bubbles, puzzles, stickers, sensory toys, magnetic drawing boards and access to a distraction app. Paramedics can tailor the tools to a child's age, developmental stage and emotional needs, helping build trust, improve communication and support children and their families through what is often a stressful experience. The kits can also assist children with neurodivergence or additional sensory needs by providing flexible, child centred options that support individual preferences.

The pilot program demonstrated promising results, with paramedics reporting calmer patients, improved engagement with children and positive feedback from families. Working in partnership with Monash University, we will continue evaluating the program to better understand its impact on patient outcomes, paramedic confidence and service delivery.

These findings will help shape future improvements while ensuring children and their families receive more compassionate, child-centred care during some of their most stressful moments.

The Paediatric Distraction Kit program has been funded for a further three years thanks to the Opalgate Foundation in memory of Lok Hee Tiong.



"My son, is five years old and autistic with significant sensory and communication differences. Medical situations can be extremely overwhelming and frightening for him, particularly when there are unfamiliar people, bright lights, noise, urgency and physical intervention involved.

Your toolkit has now been used with him twice. Having sensory-aware supports available made a genuinely meaningful difference to his ability to remain calmer, feel safer and tolerate the situation."

Hayley Bates, parent

Paediatric Distraction Kit benefits and numbers

Calmer patients

Improved paramedic and child engagement

Positive feedback from families

1,100 **kits distributed**
to all regions (initial rollout)

Every emergency road ambulance equipped

Approximately
44,000
children cared for each year

Keeping clinical practice current

Our Clinical Practice Guidelines (CPGs) underpin the care our paramedics deliver every day. This year, we updated a broad range of guidelines to ensure patients continue to receive safe and contemporary care.

Key changes included a comprehensive review of airway and respiratory management, enhancements to seizure care, new community-based care pathways developed in partnership with the VVED expanded clinical scope for First Responders and updated guidance supporting Adult Retrieval Victoria (ARV) clinicians and emerging public health priorities.

Work is already underway on future guideline developments across cardiac, abdominal and paediatric care.

CPG highlights

- Comprehensive review of airway and respiratory management.
- New community-based care pathways developed with VVED.
- Enhanced seizure management guidelines for frontline clinicians.
- Expanded clinical scope for First Responders.
- New guidance supporting emerging public health priorities, including measles management.
- Continued development of ARV clinical guidance.
- Future guideline development underway across cardiac, abdominal and paediatric care.



Strengthening clinical learning

Clinical Conversations surpassed 50,000 downloads across 80 countries this year, continuing to grow as a trusted professional development resource for paramedics and clinicians.

Produced by the Office of the Medical Director and hosted by Associate Professor David Anderson and James Oswald, the podcast delivers timely clinical updates, patient safety learnings and expert insights in a format designed around the realities of shift work. Episodes combine CPG updates with in-depth discussions exploring complex clinical topics from across emergency healthcare.

The podcast's continued growth reflects its value both within AV and across the international paramedicine community. By translating complex clinical evidence into practical learning, Clinical Conversations is helping paramedics build confidence, refine clinical judgement and continually improve the care they provide.

> Fantastic, so fit for purpose. Thank you."
>
> **Jacinta Read, Advanced Life Support (ALS) paramedic**

Investing in the educators who shape our future

Exceptional clinical care begins with exceptional education. This year, we partnered with Victoria University to create a Recognition of Prior Learning pathway that recognises the expertise already developed by our Clinical Instructors.

Eligible Clinical Instructors who hold an AV Clinical Instructor qualification can now receive credit for two of the four units required to complete Victoria University's Graduate Certificate in Education, creating a streamlined pathway to a nationally recognised postgraduate teaching qualification.

The partnership recognises the advanced teaching capability within our workforce while creating new opportunities for professional development. By recognising the expertise of our Clinical Instructors, we are investing in the people who shape the next generation of paramedics and strengthening the quality of education delivered across our organisation.

Graduate Certificate in Education

- 200 expressions of interest received
- 65 staff have completed the qualification
- 70 staff are currently enrolled

Building the future Paramedic Practitioner workforce

The Paramedic Practitioner Program continued to progress this year, supporting the development of an advanced practice workforce that will improve access to healthcare in rural and regional Victoria.

Developed in partnership with the Victorian Government, Safer Care Victoria and Monash University, the program is preparing experienced paramedics to deliver expanded clinical care in community settings, helping patients receive the right care, at the right time and in the right place while reducing avoidable hospital presentations.

This year, we established the clinical foundations that will underpin the role, developing a suite of CPGs, Clinical Work Instructions (CWIs) and medication formulary changes to support safe and standardised care.

The second cohort of Paramedic Practitioner candidates commenced postgraduate studies at Monash University during the year, while the inaugural cohort continued progressing towards completion of both their master's qualification and structured clinical development program. The first cohort is expected to complete the program in late 2026, marking an important milestone in establishing this new model of care.

As the program continues to mature, it will expand the role paramedics play in community healthcare, improving access to advanced care closer to home, particularly in rural and regional Victoria.

Building the foundations for advanced community care

14 Expanded medication indications and administration routes identified

28 CPGs developed

22 CWIs developed

34 New medications identified for the Paramedic Practitioner formulary

Cohort one expected to complete in late 2026

CASE STUDY

Developing community-based wound care

As part of the Paramedic Practitioner Program, we continued developing a comprehensive community-based wound management framework to support future Paramedic Practitioners in safely assessing and treating suitable low-risk wounds outside hospital settings.

Developed with wound care specialists and informed by contemporary best practice, the framework includes CPGs and CWIs covering wound assessment, dressing selection, laceration management, skin tears and chronic wound care, supported by clear escalation pathways for patients requiring specialist treatment.

Once implemented, the framework will help expand access to timely wound care, particularly in rural and regional communities, while supporting more integrated models of community healthcare.

Virtual Hospital Pilot

Working together across the health system is essential to improving patient flow and ensuring ambulances remain available for the community.

This year, we partnered with The Royal Melbourne Hospital (RMH) and Austin Health to trial new approaches to coordination between AV and hospitals across Melbourne's north-west. A dedicated AV liaison role within The RMH's Digital Coordination Centre enabled real-time information sharing between our Communications Centre and seven participating hospitals.

The pilot explored how greater visibility of hospital capacity and ambulance demand could improve operational decision making, reduce congestion and better coordinate ambulance arrivals. Several elements of the pilot have already been adopted into business as usual, demonstrating the value of closer collaboration across the health system.

The evaluation will help inform future models of care that strengthen collaboration across the health system and improve the way patients move between ambulance and hospital services.

7 participating hospitals

33 capacity sharing huddles held

12hrs total saving in hospital redistribution time equating to

1hr/day extra that participating hospitals could accept ambulances

Capacity sharing huddles held such significant value for participating organisations that they have been continued beyond the Pilot and incorporated into normal daily operations





Our research

This year our Centre for Research and Evaluation supported 107 active research projects and contributed to 77 peer-reviewed publications. Our work attracted more than 2,700 citations, including 94 in policy documents and clinical guidelines, demonstrating its influence on healthcare practice nationally and internationally. Through 28 new research partnerships, we continued to strengthen collaboration with universities, hospitals and research organisations to translate research into better outcomes for patients.

Power outages magnify health risks during extreme heat

New research involving AV and Monash University has shown that power outages can substantially worsen the health impacts of extreme heat, leading to a surge in ambulance demand. Published in *Environmental Research*, the study examined more than two million ambulance attendances across 79 Victorian communities between 2012 and 2016 and found that while power outages had little effect during periods of extreme cold, the risk of ambulance attendance nearly doubled during heat events when electricity was lost.

Researchers estimated that power outages contributed to more than 1,100 excess ambulance attendances, with the greatest impacts experienced by older adults, women, and people presenting with abnormal symptoms. Adults aged 65 years and over experienced almost three times the risk of heat-related ambulance attendance during outages compared with periods where power remained available. The findings highlight the importance of reliable electricity supplies and targeted emergency planning to protect vulnerable communities during extreme heat.

Adults aged 65 years+ experienced almost **three times** the risk of heat-related ambulance attendance during outages



Most children with chest pain attended by ambulance have non-serious conditions

A study led by AV has found that while chest pain in children frequently results in an emergency ambulance response and hospital transport, serious underlying conditions are uncommon. Published in *JAMA Network Open*, the research examined 4,277 cases of non-traumatic chest pain among children attended by ambulance in Victoria between 2015 and 2019.

The study found there were approximately 60 ambulance attendances per 100,000 children each year, with higher rates among adolescents, females, and children from socioeconomically disadvantaged areas. Nearly 80 per cent of patients received a time-critical ambulance response and more than three-quarters were transported to hospital. Despite this, most children were diagnosed with non-specific chest pain or respiratory conditions, with serious outcomes, including death, cardiac arrest, resuscitation, or intensive care admission, occurring in just 1.6 per cent of patients within 72 hours.

Importantly, children with abnormal vital signs, such as low oxygen levels, low blood pressure, rapid heart rate, or reduced consciousness, were significantly more likely to experience serious outcomes. The findings suggest there may be opportunities to improve ambulance triage and clinical risk assessment, enabling children receive the right level of care while reducing unnecessary emergency responses and hospital transport.

Telemedicine in mobile stroke units: Evidence to inform scalable stroke care

A landmark trial involving AV's Mobile Stroke Unit has found that neurologists can safely assess stroke patients remotely, while making more efficient use of specialist workforce resources.

Published in the *NEJM Evidence*, the randomised trial compared telemedicine-based stroke assessment with the traditional model of having a neurologist onboard the specialist ambulance, enrolling 275 patients with suspected acute stroke.

More than three-quarters of patient comparisons favoured the telemedicine model, with safety outcomes comparable to onboard assessment with no increase in adverse events. While treatment decisions took slightly longer using telemedicine, neurologists spent 100 per cent of their working time providing direct patient care, compared with only one-third when travelling onboard the Mobile Stroke Unit. The findings provide strong evidence that telemedicine can support safe, effective, and scalable stroke care, expanding access to rapid specialist assessment for more communities.

Minute-by-minute monitoring reveals critical risks after cardiac arrest

A study led by University of Tasmania and AV researchers has provided new insights into the crucial first hour after successful resuscitation from cardiac arrest. Published in *Resuscitation Plus*, the research analysed minute-by-minute physiological data from 3,694 patients who regained a pulse following an OHCA. The study found that low blood pressure and low oxygen levels during the early post-resuscitation period were strongly associated with lower survival to hospital discharge, with progressively poorer outcomes as the measures declined.

These important physiological changes are often missed when clinicians rely on a single set of observations recorded at hospital handover. With patients spending a median of nearly one hour in pre-hospital care after return of spontaneous circulation, the findings highlight the importance of continuous monitoring and active management during this highly dynamic phase of cardiac arrest care.



Video triage improves patient assessment and reduces ambulance demand

An AV study has shown that incorporating video technology into Triage Services can improve clinical decision making while reducing demand on emergency ambulance services. Published in the *Journal of Telemedicine and Telecare*, the study evaluated video assisted assessments for low and medium acuity Triple Zero (000) callers, comparing them with the traditional telephone-only assessments. The research found that patients assessed using video were less likely to receive an emergency ambulance and more likely to be referred to alternate care pathways that better matched their clinical needs.

Video assisted triage also improved assessment accuracy, with patients referred to non-ambulance services half as likely to re-contact with emergency services within 24 hours, indicating more appropriate referral decisions. While video consultations took slightly longer than telephone only assessments, there was no delay in dispatching ambulances to patients requiring urgent care. The findings suggest that video assisted triage can improve patient assessment while preserving emergency ambulance availability and supporting more efficient use of healthcare resources.

Landmark trial advances understanding of cardiac arrest defibrillation

A world-first AV-led clinical trial has provided important new insights into optimising defibrillation during cardiac arrest. Published in *Resuscitation*, the AUGMENT-VA trial evaluated a novel technique known as manual pressure augmentation, where paramedics apply firm pressure over defibrillation pads during shock delivery. The trial enrolled 560 adults with OHCA with shockable heart rhythms across Victoria.

Researchers found the technique significantly improved the delivery of electrical current to the heart. While the technique improved the electrical performance of defibrillation, survival, neurological recovery and quality of life were comparable to standard defibrillation. Importantly, the study demonstrated the technique could be performed safely by paramedics in the pre-hospital setting, with no serious injuries reported. The findings provide valuable evidence to guide future innovations in cardiac arrest care and support ongoing research into improving outcomes for patients with shock-resistant cardiac arrest.

Research funding

Research funding is essential to our ability to improve patient outcomes, test new models of care, and generate evidence that informs clinical practice, policy, and health system improvement. Competitive funding from organisations such as the National Health and Medical Research Council (NHMRC), Medical Research Future Fund (MRFF), and National Heart Foundation (NHF) enables our researchers to undertake large-scale clinical trials, establish major research programs, and maintain world-leading registries and research infrastructure.

In 2025–26, we secured several new nationally competitive grants as lead investigators, reflecting the quality, relevance, and impact of our research program. These investments support research across a broad range of priority areas, including cardiac arrest, stroke, emergency care, health service innovation, and community health. This funding also enables us to partner with leading national and international research organisations.

1. **NHMRC Partnership Grant**
   for 'Transforming the Delivery of Acute Cardiac Care: Getting the right patient the right care at the right time and place'.

   Funding: $2,664,792.

2. **National Blood Authority Grant**
   for 'A pilot randomised controlled trial of pre-hospital whole blood versus standard care for resuscitation of critical bleeding after trauma'.

   Funding: $49,978.

3. **MRFF Targeted Translation Research Accelerator**
   for 'Technology-enabled, patient-centred models of care for managing low-risk cardiac emergencies at home'.

   Funding $2,499,503.

4. **NHMRC Targeted Calls for Research Grant**
   for 'REFRESH: Resilience enhancement for workers' fatigue, recovery and safety in the heat'.

   Funding: $995,394.





↑ The Centre for Research team receiving their award for the STAY trial

→ Professor Ziad Nehme, Director of the Centre for Research and Evaluation, received the 2025 Commonwealth Health Minister's Award (first paramedic in history receive it!)

Research recognised on the national and international stage

The Centre for Research and Evaluation received multiple awards during the year, recognising its excellence in research, innovation and contribution to advancing pre-hospital emergency care.

Associate Professor Ziad Nehme

Director of the Centre for Research and Evaluation

Received the 2025 Commonwealth Health Minister's Award for Excellence in Health and Medical Research, becoming the first paramedic to receive the honour in its 25-year history. The award recognises his internationally renowned contributions to cardiac arrest and resuscitation research.

The Centre for Research

Also received the 2025 Council of Ambulance Authorities Excellence in Clinical Practice Award for the Safe Treatment of Atrial fibrillation in the communitY (STAY) trial, which demonstrated a new model of care enabling suitable low-risk patients to receive specialist care without attending an emergency department.

Dr Daniel Okyere

Our Clinical Trials Lead

Received a Best Free Paper Award at the 2026 New Zealand Resuscitation Council Conference for research exploring the long-term impacts of fatigue, anxiety and depression following cardiac arrest.

A collaborative study involving AV also received the 2025 Palliative Medicine Paper of the Year Award for research supporting improved community-based palliative care.

These achievements reflect the growing influence of our research program and its contribution to improving clinical practice, informing healthcare policy and advancing emergency care both in Australia and internationally.

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Delivering better outcomes

Delivering the right care, at the right time, remains at the heart of everything we do. Throughout the year, we continued to strengthen the way we assess, prioritise and respond to patients by embracing innovation, expanding specialist clinical support and working more closely with health service and emergency management partners across Victoria.

From enhancing emergency call assessment and introducing new clinical decision making pathways, to expanding access to specialist stroke care and strengthening our response to major emergencies, these initiatives are improving patient outcomes while ensuring our resources are available for those who need them most. Together, these initiatives are helping patients receive the right care, at the right time, while ensuring emergency ambulance resources remain available for those who need them most.

Improving how we deliver care

Delivering better patient outcomes depends on more than the care provided by our paramedics. It requires a coordinated health system that enables patients to receive timely treatment while ensuring ambulances remain available for the community.

Throughout the year, we worked closely with TZV, hospitals and health service partners to strengthen the way patients move through the emergency healthcare system. Initiatives to improve patient flow, streamline hospital handover processes, expand alternative models of care and enhance collaboration across the ambulance-hospital interface helped ensure patients received care in the most appropriate setting while reducing delays across the patient journey.

These initiatives contributed to improvements across several key performance measures during the year. Including improving our Statewide Code 1 response performance time and reducing average hospital clearing times. Across this year 21.5 per cent of patients were safely connected to more appropriate models of care through alternate care pathways. These improvements helped return ambulances to the community sooner while preserving emergency resources for the sickest patients.

By strengthening partnerships, investing in new ways of working and continually improving how patients access and move through emergency healthcare, we are delivering more responsive, sustainable and patient centred care for Victorian communities.

Specialist emergency care at the point of triage

This year, we trialled a new model of care by embedding an emergency physician within our Triage Services, giving paramedics direct access to senior specialist support for complex presentations and expedited decision making for appropriate patient care pathways.

Delivered in partnership with Northern Health and the VVED, the trial established an escalation pathway that enabled triage practitioners and on-road paramedics to rapidly access specialist emergency medical advice. This supported timelier clinical decision-making and helped identify the most appropriate care pathway for each patient.

The trial delivered strong results for patients managed through the pathway, improving patient flow while reducing demand on emergency ambulances and hospital emergency departments. Patients assessed by the embedded emergency physician had significantly lower Triple Zero (000) recontact rates than those referred through standard pathways, indicating more appropriate care decisions and improved patient outcomes.

The model also delivered operational benefits for our frontline crews accessing the pathway. For patients who ultimately required transport to hospital, median scene times were reduced by 23 minutes, while overall ambulance case times fell by more than one hour. No patient safety incidents were identified during the trial.

The success of the trial demonstrates the value of closer collaboration between ambulance services and virtual emergency care, supporting faster access to specialist expertise, better patient experiences and more efficient use of emergency healthcare resources.

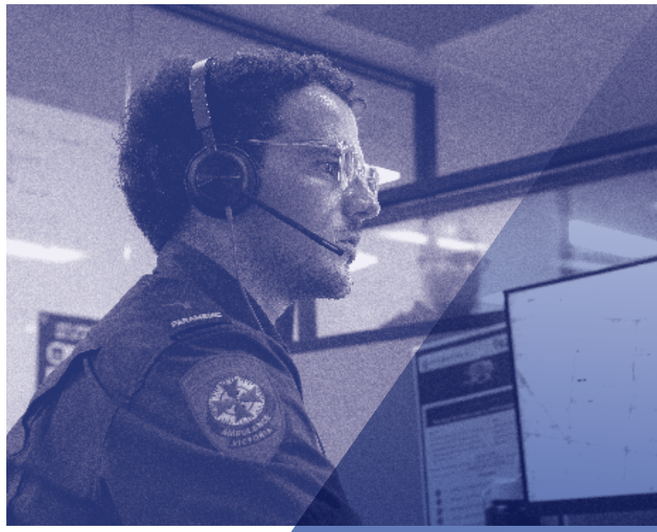
Embedded emergency physician trial

809 complex cases reviewed by an embedded emergency physician

3.7% Triple Zero (000) recontact rate with Emergency Physician involvement (compared with 12.4% without)

23 mins reduction in median ambulance scene time for transported patients managed through the pathway.

0 patient safety incidents identified during the trial





CASE STUDY

Smarter dispatch for better patient care

Every Triple Zero (000) call requires an important clinical decision. Responding with the right level of care at the right time not only improves patient outcomes, but it also helps ensure emergency ambulance resources remain available for people with the most urgent needs.

Throughout this year, AV has continued to strengthen its CRM through a series of initiatives designed to improve how emergency calls are assessed, prioritised and dispatched. Working closely with TZV, we introduced enhancements to call taking processes, updated dispatch pathways and refined clinical questioning to better identify patient needs and match them with the most appropriate response.

A key focus of this work was the AQM trial, which tested whether a small number of carefully selected emergency calls could safely undergo an additional criteria-based review before an ambulance was dispatched. The trial explored opportunities to redirect suitable patients to Triage Services, ensuring they received a more detailed clinical assessment while preserving emergency ambulance responses for patients with life threatening conditions.

Early results demonstrated the approach could be applied safely and consistently. During testing, 2,423 cases were reviewed, with 445 meeting the AQM criteria. Of these, 425 cases were safely downgraded and managed through the AQM pathway. Seventy patients ultimately avoided an emergency ambulance dispatch following assessment through Triage Services, with no significant adverse patient outcomes identified. The results demonstrate the potential of AQM to improve the specificity of emergency ambulance responses while ensuring patients continue to receive safe and appropriate care.

These improvements represent an important step towards a more responsive dispatch system. By continuously refining the way we assess patient need, we are helping ensure every patient receives the right care, at the right time, while strengthening the sustainability of Victoria's ambulance service.

> "Every improvement we make to the way we assess emergency calls helps ensure patients receive care that matches their clinical needs. By continuously refining our response model, we're improving patient care while ensuring emergency ambulances remain available for those who need them most."
>
> **Diana Zimmerman, Director Operational Triage Services**

Improving how we respond

2,423 cases reviewed through the AQM pathway

95% cases safely downgraded

118 cases managed by a Triage Practitioner

0 significant adverse patient outcomes identified

Coordinating critical care across Victoria

ARV provides statewide critical care clinical advice and coordinates the transfers of critically unwell patients from across the state. In addition to these core functions, ARV is a central part of the state trauma system, supporting the retrieval coordination of major trauma patients and providing clinical expertise.

In 2025-26, our multidisciplinary team of doctors, critical care nurses, patient transport officers and retrieval administrative support officers coordinated the care of 7,292 patients – our busiest year on record – including 56 patients on heart-lung bypass, or ECMO.

Our ongoing pivotal role in the pre-hospital intensive care unit (ICU) bypass initiative allows MICA paramedics to work with ARV to balance the load between ICUs and prevent secondary transfers due to lack of bed availability.

Our expert team of skilled and efficient retrieval administrative support officers field on average 23,131 calls per month connecting hospitals and our paramedic colleagues to expert clinical assistance from our Clinical Coordinator.

211,576 calls received

7,292 cases*

1,221 medical retrievals**

56 ECMO cases

1,139 prehospital cases

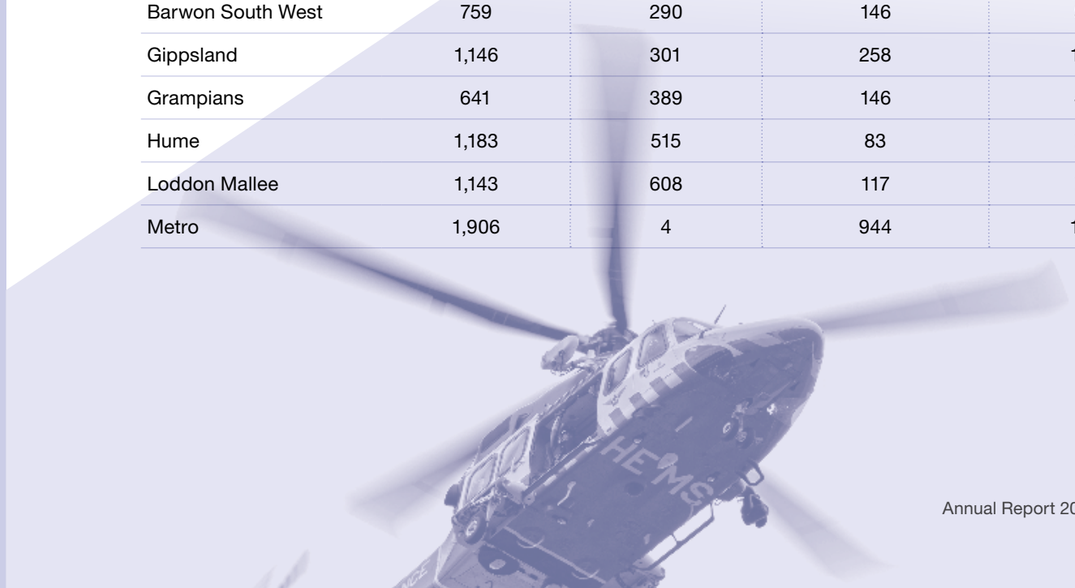
8 clinical authorisations

122 prehospital ICU bypass

* Cases refer to all referrals made to ARV.

**Retrievals refer to all patients transported under the care of ARV (any skill set). Medical retrievals are those retrievals performed by an ARV doctor (consultant or registrar).

	Total cases	Air retrievals	Road retrievals	Other
Barwon South West	759	290	146	5
Gippsland	1,146	301	258	11
Grampians	641	389	146	4
Hume	1,183	515	83	7
Loddon Mallee	1,143	608	117	7
Metro	1,906	4	944	14



Improving access to specialist stroke care

During 2025–26, the VST service provided specialist stroke care to more patients than ever before, delivering a record 5,699 consultations while continuing to expand access to expert stroke care across Victoria

VST delivered 5,699 specialist stroke consultations during the year, representing a 10.5 per cent increase on the previous year. Supported by a multidisciplinary workforce of 26 stroke specialists and 11 call takers, the service provides timely stroke care regardless of where patients present, helping ensure access to specialist expertise when every minute matters.

While VST is widely recognised for supporting acute stroke assessment and treatment decisions, the service has evolved into a comprehensive model of care spanning emergency, inpatient and outpatient services. During the year, the Victorian Telestroke Inpatient Service continued to expand, providing specialist stroke physician review for admitted patients and ensuring patients receive the most appropriate diagnosis and treatment. Importantly, almost 38 per cent of inpatient consultations resulted in a revised diagnosis, demonstrating the value of timely specialist assessment.

The service also reached an important milestone in August 2025 with the introduction of a dedicated overnight call taker, transitioning VST to a fully staffed 24-hour service for the first time. This enhanced capability provides uninterrupted access to specialist stroke expertise at any hour, strengthening support for clinicians managing increasingly complex and time critical stroke presentations across Victoria and Tasmania.

The continued evolution of VST is ensuring more patients can access specialist stroke expertise closer to home while strengthening stroke care across Victoria.

VST snapshot

5,699

consultations delivered, a record year for the service

↗ **10.5%**

increase in activity compared with 2024 to 2025

24-hour

specialist stroke support now available

487 inpatient stroke consultations completed

185 diagnoses revised following specialist review

316 patients recommended for thrombolysis treatment

256

patients identified for potential endovascular thrombectomy



Proactive planning strengthened our response to extreme bushfire risk

This year, we activated our first proactive Red Escalation (grass and bushfire), marking a significant shift in the way we prepare for extreme bushfire risk. As catastrophic conditions developed across Victoria in January 2026, we acted on intelligence and forecasting before operational pressures emerged, enabling us to prepare ahead of one of the state's highest-risk periods.

With catastrophic fire danger ratings forecast across multiple weather districts, an extended heatwave affecting much of the state and significant bushfires already burning, we strengthened coordination across the health and emergency management sectors. Resources were repositioned, higher-risk branches were temporarily relocated where required and Health Commanders and Liaison Officers were embedded alongside our emergency service partners. Acting early ensured our people, resources and response systems were ready before conditions reached their peak.

Throughout the response, the safety of our people remained at the centre of every decision. Real-time intelligence, comprehensive risk assessments and close coordination with emergency service partners helped crews continue delivering care while reducing unnecessary exposure to risk. Where conditions made it unsafe to dispatch an ambulance, patients remained connected to clinical assessment and support through alternative models of care until it was safe for crews to attend.

This response demonstrated the strength of our emergency management capability and a significant evolution in the way we prepare for major emergencies. By anticipating risk and acting before conditions deteriorated, we strengthened operational readiness, protected our workforce and maintained safe, timely care for Victorian communities when it was needed most.

We are committed to delivering inclusive service models that respond to the needs of our diverse communities, including Aboriginal and Torres Strait Islander peoples, and those living in regional and rural communities.

Responding before conditions peaked

Proactive Red Escalation

163 additional personnel mobilised across the response

40 Health Commanders and Liaison Officers embedded with emergency service partners

25 branches temporarily relocated to protect crews



Technology enabling care

Technology plays an increasingly important role in the way we deliver emergency care. Throughout the year, we continued to invest in digital innovation that helps our people make better decisions, stay connected and access the information they need wherever they are working across Victoria.

From modernising frontline communications and providing new digital tools for paramedics and First Responders, to harnessing data and analytics to improve operational decision making, these initiatives are strengthening the way we deliver care today while building the foundations for the ambulance service of the future.

Better technology for the front line

Reliable communications across Victoria

During the year, we completed the statewide rollout of the DRUP2, with Gippsland becoming the final rural region to transition to the new network. The upgrade provides more reliable and secure communications through improved statewide coverage, encrypted transmissions and enhanced dispatch capability. It also establishes the communications foundation for future digital services, ensuring crews remain connected wherever they respond across Victoria.

Expanding digital dispatch capability

Building on the completion of DRUP2, this year we commenced the rollout of the Mobile Data Network into Rural (MDNR) program, extending modern digital dispatch capability to rural and regional crews.

By providing crews with greater visibility of case details, safety alerts and operational information, MDNR improves situational awareness, reduces reliance on radio communications and supports more informed decision making in the field. As rollout continues, the platform will establish a consistent statewide digital dispatch capability across metropolitan and rural Victoria.

5,424
iPads deployed to paramedics and First Responders

100%
DRUP completed across rural Victoria

Real time
digital dispatch information introduced for rural crews through MDNR

Satellite enabled
communications capability expanded for approved remote response vehicle

Modern digital tools for paramedics and First Responders

We completed the statewide rollout of 5,424 iPads to paramedics and First Responders, delivering one of the organisation's largest digital workforce upgrades.

The rollout provides reliable mobile devices that support electronic patient care records, education and day-to-day operational activities. Shared iPads were also deployed to Ambulance Community Officers (ACOs), Community Emergency Response Teams (CERTs) and other First Responders, giving them access to the same digital workflows as paramedics.

These investments are ensuring our frontline workforce has faster access to information, better communication tools and modern technology that supports safe, efficient patient care.

One digital front door

Every day, AV's paramedics rely on multiple digital systems to access the information, tools and resources needed to care for patients. This year, we progressed the development and rollout of the AV Response and Clinical Hub (ARCH), bringing these critical applications together into a single, secure and mobile accessible platform for more than 7,000 operational employees.

ARCH provides paramedics and First Responders with faster, more intuitive access to the information and digital tools they need to support clinical decision making and day to day operations. By bringing multiple systems together into a single platform, ARCH simplifies navigation, improves the user experience and enhances access to key operational services.

This single digital entry point reduces time spent navigating multiple applications and gives our people faster access to the information they need to support patient care.

CASE STUDY

Smarter decisions through better data

Every ambulance response generates valuable operational data. This year, we developed the Situational Intelligence and Geospatial Monitoring Application (SIGMA), an innovative platform that brings together information previously spread across multiple systems into a single interactive view.

By combining dispatch activity, ambulance locations and patient information, SIGMA allows staff to reconstruct incidents and understand the operational context surrounding emergency responses. The platform supports clinical governance, patient safety reviews, legal investigations and operational improvement by providing a clearer picture of the factors influencing decisions.

Developed collaboratively by our Analytics Development and Communications Centre teams, SIGMA has been rapidly adopted across the organisation. Early evaluation indicates the platform has reduced the time required to reconstruct complex cases by up to 50 per cent, while improving the consistency and transparency of reviews.

By transforming complex operational data into meaningful insights, SIGMA is strengthening organisational learning, supporting better decision making and helping us continually improve the care we provide to Victorian communities.

Up to
50% reduction
in review preparation time

Built in
12 months

Used across
5 key business areas

Average
30–35
case reviews completed using SIGMA each week

> SIGMA allows us to see the complete operational picture behind an incident. By bringing together information that was previously spread across multiple systems, we can better understand the factors influencing decisions, identify opportunities for improvement and ultimately strengthen the care we provide to patients”.

Rachel Atkinson,
Senior Manager, Analytics Development



Using data to better manage fatigue

Protecting the health, safety and wellbeing of our workforce depends on understanding and proactively managing fatigue.

This year, we developed a specialised Fatigue Management Dashboard that transforms large volumes of operational data into meaningful, easy to understand intelligence, helping leaders identify emerging fatigue risks and respond proactively before they escalate.

The dashboard provides near real-time visibility of workload patterns and operational pressures across individuals and teams, enabling more informed workforce planning and risk management.

Developed through close collaboration across multiple business areas, the dashboard represents a significant step forward in the use of data and analytics to support employee wellbeing. By providing timely insights, it strengthens our ability to proactively manage fatigue, reduce risk and create a safer, more sustainable working environment for our people.



Community partnership and impact

Better health outcomes are achieved when we work together. This is why we will continue to build our capability to design, implement and measure the outcomes of community and consumer engagement across AV.

Highlights

Research on reducing unnecessary demand on Victoria's Triple Zero (000) service has highlighted the need to engage with parents and carers of young children through targeted communication.

The research found that while many parents feel confident in knowing about alternate care pathways, there is still a lower awareness of these options in practice. When unsure, parents often default to calling Triple Zero (000), even for non-urgent situations.

In response, AV continued to deliver targeted education and health information for parents and carers through its partnership with local government Maternal and Child Health Service teams, strengthening the parents and carers of young children program. Throughout the year, AV delivered 509 presentations to 6,962 people.

The presentation highlights

- When to call Triple Zero (000) and what to expect.
- Where to find reliable sources of information about children's health, such as Maternal and Child Health Services and The Royal Children's Hospital's Kids Health Info fact sheets.
- Alternate care pathways to manage non-urgent care at home, such as the VVED and Urgent Care Clinics.
- Common medical conditions in children and how to address them.

Community and Consumer Engagement Plan

The *Ambulance Victoria Community and Consumer Engagement Plan 2023–2028 (CCEP)* continues to guide our strategic approach to community engagement.

In the third year of delivering the CCEP, we have continued to strengthen our connection with the Victorian community and partners through health education initiatives led by paramedics and volunteers.

These initiatives reached more than 173,000 participants, focusing on enhancing public understanding of health emergencies, appropriate use of Triple Zero (000) and alternate care pathways within the health system when an emergency ambulance is not required.



Throughout 2025-26, AV delivered:

3,097

community engagement sessions reaching...

173,884* people

These included:

- **1,136 sessions to 153,284 participants**

  With the aim of building awareness of non-emergency healthcare options. These sessions empowered people to make informed decisions about accessing appropriate care, supporting the sustainability of emergency ambulance services.

- **123 community events with Aboriginal and Torres Strait Islander communities**

  Including National Reconciliation Week and NAIDOC Week. These engagements reaffirm AV's dedication to reconciliation and respectful partnerships.

- **10 LGBTQIA+ and Pride events across Victoria**

  These included prominent celebrations such as Midsumma Carnival, Daylesford ChillOut Festival, Gippsland Pride Initiative and Geelong Pride Festival.

- **208 events and presentations with multicultural communities**

  Reaching 10,619 people.

- **970 regional and rural community events and engagements**

  Reaching 42,972 people in some of the most remote areas of the state.

* Includes estimated numbers when actuals are not reported.

CASE STUDY

Breaking down language barriers

AV continues to strengthen its commitment to ensuring every Victorian can access clear, reliable and culturally appropriate health information. Victoria is one of the most culturally diverse societies in the world and among the fastest growing states in Australia, the need for resources that support health education and empower people to confidently navigate a complex healthcare system continues to grow. In alignment with AV's CCEP, we continue to expand our suite of translated health resources. This includes the recently released General Health Information Sheet which is now available in 16 community languages.

Developed in response to feedback from our paramedics and informed by community perspectives, the General Health Information Sheet provides practical information about:

- Recognising urgent symptoms
- Calling Triple Zero (000) and accessing alternate care pathways, including:
  - Urgent Care Clinics
  - VVED
  - Nurse-on-Call
  - General practitioners
  - Local pharmacists.

By helping people better understand the healthcare options available to them, the resource supports more informed decisions about their care.

The resource was designed to be simple for paramedics to access and share while with a patient by emailing the information sheet directly or provide a QR code for instant access on a mobile device, ensuring patients leave with trusted information they can refer to after their care. The resource has also been integrated into our Triage Services, enabling patients to receive the information via SMS following their assessment.

Since its launch, the General Health Information Sheet has demonstrated strong uptake and engagement:

- Viewed more than **11,000 times acros**s all language versions on our website.
- Shared with patients through **654 referrals** via the CPG app.
- Expanded to our Triage Services, extending the reach and accessibility of the resource.

As Victoria's multicultural communities continue to grow, meaningful engagement remains essential to delivering equitable and culturally safe care. By making key health information available in 16 of Victoria's most widely spoken languages, we are reducing barriers to care, supporting people to make informed decisions about their health and improving health literacy across the community.

This work also strengthens trust with the communities we serve and reflects our ongoing commitment to providing accessible, culturally responsive care.





CASE STUDY

Building a life-saving community

This year marked five years of Shocktober, our signature month-long community campaign aimed at empowering Victorians with the skills and confidence to act during an OHCA. The annual campaign, this year themed "Zap Zap, find an AED on the map", encouraged Victorians to locate their nearest publicly accessible AED before an emergency occurs and reinforced the life-saving steps of Call, Push, Shock.

Throughout the campaign, our paramedics and volunteers delivered:

- 315 Call Push Shock education sessions to 12,581 community members – a seven per cent increase on the previous year.

Since launching in 2020, Shocktober has reached more than:

- 52,500 Victorians through 1,612 Call Push Shock sessions, helping build community confidence in responding to cardiac arrest and increasing awareness of CPR, AED use and the GoodSAM program.

A key focus this year was expanding our reach into multicultural communities. We developed and distributed translated factsheets, frequently asked questions, and CPR and AED instructional videos in 16 languages, while delivering targeted community education sessions across Victoria. By working with multicultural organisations and community networks, we helped ensure life-saving information was accessible to more Victorians.

The campaign was supported by a range of community partnerships and activations, including:

- A statewide media launch featuring a workplace cardiac arrest survivor and the successful use of a public AED.
- Survivor stories showcased across metropolitan and regional Victoria, highlighting the importance of bystander intervention and excellence in paramedic care.
- A community CPR and AED demonstration at Flinders Street Station.
- The graduation of 12 Heart Safe Communities and the launch of a further 12 communities, bringing the program to 66 communities across Victoria.
- A national CPR and AED awareness segment on Sunrise led by our Chief Executive Officer.
- Partnered with organisations including WorkSafe, Metro Trains, AFLW clubs Geelong and Essendon, Aboriginal Housing Victoria and Victoria University to extend the campaign's reach.

Through five years of Shocktober, we have continued to strengthen Victoria's chain of survival by equipping more people with the confidence and skills to recognise cardiac arrest, commence CPR and use an AED before paramedics arrive.



CASE STUDY

Supporting rural communities through preventative health checks

Operational Community Engagement Liaison Coordinators (OCELCs) and Paramedic Community Support Coordinators (PCSCs) alongside our paramedics, play an important role in supporting healthier and more resilient communities across Victoria. They work in partnership with healthcare providers, community organisations, local government and emergency services to coordinate and deliver community education programs and strengthen local emergency response capability.

A key aspect of the OCELC and PCSC role is identifying and responding to local community needs, particularly in rural and remote communities, where access to healthcare services may be limited. Through the delivery of community health checks and targeted health promotion initiatives, these roles help bridge gaps in health awareness, improve access to services, and support better health outcomes for community members.

In the Loddon Mallee region, the Mildura PCSC this year partnered with Mallee Track Health and Community Services to deliver health checks and referral advice in Ouyen, Underbool and Murrayville. Using a locally developed assessment tool based on the Heart Foundation's heart health information, community members received practical health advice, information about local healthcare options and guidance on where to seek further care if required. The sessions also promoted key AV health messages, including stroke awareness, summer heat health and choosing the right care pathway for their needs.

The health checks initiative focused on:

- Supporting access to health information, local services and care pathways.
- Improving health literacy and awareness of preventative health measures.
- Encouraging proactive management of health and wellbeing.
- Strengthening connections between community members and local healthcare providers.

Health checks were delivered statewide through both standalone community sessions and broader engagement activities, including participation in Aboriginal community events in Bendigo and Echuca within the Loddon Mallee region. These activities support our commitment to improving health equity and positive health outcomes for Aboriginal and Torres Strait Islander peoples through culturally safe engagement, partnerships and access to trusted health information. By working closely with local health providers, paramedics were able to facilitate timely referrals and support community members to access appropriate care.

These activities were delivered as part of AV's approved community engagement programs, with regional oversight to ensure they were aligned to identified community needs, organisational priorities and local partnership arrangements.

Supporter newsletter – Strengthening connections with our supporters

The generosity of donors, fundraisers and volunteers helps enhance patient care and support initiatives that make a real difference for Victorian communities. During 2025-26, we strengthened these relationships by launching AV's first dedicated Supporter Newsletter, creating a new way to recognise our supporters and demonstrate the impact of their contributions.

The quarterly digital newsletter has been designed using fundraising best practice to keep supporters informed about the difference they are making. Rather than focusing on organisational news, each edition shares patient stories, research updates, supporter profiles and examples of initiatives made possible through community support.

The newsletter also introduced a more strategic approach to supporter engagement by embedding the internationally recognised Ask, Thank, Report, Repeat fundraising model into our communications. By regularly thanking supporters and reporting on the outcomes their generosity has helped achieve, we are strengthening relationships with our supporter community and encouraging ongoing involvement with AV.

The launch of the Supporter Newsletter establishes an important new communication channel that recognises our supporters as valued partners in improving patient care and provides a strong foundation for future community engagement and fundraising initiatives.



Auxiliary spotlight – Supporting local care through community generosity

For decades, AV's Ambulance Auxiliaries have played an important role in supporting local branches and strengthening the care we provide to Victorian communities. Through fundraising, volunteering and community advocacy, auxiliaries help fund equipment, education and resources that enhance patient care and support our people.

This year, the Ararat Ambulance Auxiliary demonstrated the impact of this longstanding partnership by funding a HoverMatt and HoverJack for the local branch. The specialised patient handling equipment enables crews to safely lift and move patients in their homes, improving patient comfort while reducing the risk of injury to both patients and paramedics.

For smaller rural branches, access to specialised equipment can make a significant difference. The new equipment has already been used to support patients across the Ararat region, helping crews provide timely care while improving workplace safety and reducing reliance on equipment from neighbouring services.

The contribution of the Ararat Ambulance Auxiliary reflects the dedication of auxiliaries across Victoria. Beyond supporting local branches with equipment, auxiliaries contribute to advanced training resources, community education and initiatives such as public access defibrillators, helping strengthen emergency care and improve health outcomes in the communities they proudly serve.

Through the generosity of volunteers and local supporters, our ambulance auxiliaries continue to make a lasting contribution to patient care, workforce safety and the resilience of local ambulance services across Victoria.

Donor spotlight – Supporting better care through community generosity

At the heart of our fundraising program are the long-term relationships we have built with supporters who share our commitment to improving patient care. One of those supporters is Jan Edwards, who has been supporting AV through the Edwards Foundation for more than a decade.

Jan has maintained a long-standing relationship AV, choosing to direct donations towards projects that will make a practical difference for patients and paramedics. In recent years, this has included funding AEDs to help improve access to life saving equipment in communities across Victoria.

For Jan, giving is about more than making a financial contribution.

“Rather than just donating money, we’ve always liked to build a relationship with the organisations we support. The team at AV has always taken the time to show us how our donations are making a difference, and that’s something I really value.”

Jan’s admiration for paramedics was reinforced through her own experience when an ambulance attended after she developed symptoms she feared could be a heart attack.

“They were absolutely wonderful. They reassured me I’d done the right thing by calling and reminded me that you can never ignore symptoms like that. I’ve always admired the work paramedics do, and supporting AV has remained important to me.”

Supporters like Jan play an important role in allowing us to invest in equipment, education, research and community initiatives that complement government funding. Through almost $90,000 in donations over more than a decade, Jan’s generosity helps strengthen patient care and supports paramedics to continue delivering the highest quality care to Victorian communities.

> “They were absolutely wonderful. They reassured me I’d done the right thing by calling and reminded me that you can never ignore symptoms like that. I’ve always admired the work paramedics do, and supporting AV has remained important to me.”
>
> **Jan Edwards, who has been supporting AV through the Edwards Foundation for more than a decade.**



CASE STUDY

Community support advancing pre-hospital diagnostics

Traditionally, many important blood tests could only be performed after a patient arrives at hospital. This meant paramedics often needed to make critical treatment decisions without access to diagnostic information that could guide patient care in the pre-hospital setting.

This year, community fundraising enabled AV to purchase state of the art portable blood chemistry analysers. The handheld devices provide laboratory quality results from just a few drops of blood in one to three minutes, allowing our paramedics to rapidly assess critical biomarkers including blood gases, electrolytes and lactate at the patient’s side.

The analysers are used to support patients experiencing a range of time critical conditions including severe trauma, respiratory failure and circulatory emergencies, providing valuable diagnostic information earlier in the patient’s care journey. This allows our people to make informed clinical decisions, supports timely treatment and gives receiving hospitals time to prepare for a patient’s arrival with a clearer understanding of their condition.

The investment replaces equipment that had supported Air Ambulance Victoria for more than 15 years and expands access to contemporary point of care diagnostic technology for MICA flight paramedics. Funded entirely through community donations, it demonstrates how the generosity of our supporters directly contributes to improved clinical capability and better care for Victorian patients.

- Community funded clinical innovation
- Laboratory quality results in one to three minutes
- Supporting time critical trauma patients
- Funded entirely through community donations

Donations summary

Auxiliary donations and bequests greater than or equal to $1,000

NAME OF DONOR	DONATION AMOUNT
Anonymous	$154,827.05
Estate of Noel Douglas Norton	$144,724.69
Opalgate Foundation in memory of Lok Hee Tiong	$100,000.00
Edwards Foundation	$20,000.00
Judith F Stembridge	$20,000.00
Peter & Maria Copulos Family	$20,000.00
This initiative is proudly supported by Moonee Valley City Council through its Community Grants Program	$19,366.23
Alma, Sylvia & Carmen Figuerola Trust	$13,651.62
Anonymous	$11,518.00
Anonymous	$10,000.00
Bachus Marsh Ladies Auxiliary	$8,846.00
Anonymous	$6,778.00
Estate of Rachel Magda Hornung	$6,760.63
The Dr David & Jennifer Komesaroff Trust	$6,666.00
Anonymous	$5,000.00
Jian Fang and Zheng Wang	$5,000.00
Eildon Community Opportunity Shop Inc.	$5,000.00
Anonymous	$4,700.00
Anonymous	$5,000.00
Anonymous	$3,500.00
Anonymous	$3,000.00
John Brian Little	$3,000.00
Anonymous	$3,000.00
CWA of Victoria – Sth Western Group	$2,150.00
Anonymous	$2,000.00
Anonymous	$2,000.00
Omeo Rodeo Association Inc	$2,000.00
Anonymous	$1,600.00
Rowville Primary School	$1,446.60
Anonymous	$1,200.00
Sanjula Thilakarathne – Rodex Cleaning	$1,200.00
Barbara Long	$1,000.00
Glen Cooke	$1,000.00
Anonymous	$1,000.00
Yarram Campdraft Club	$1,000.00
Anonymous	$1,000.00
Anonymous	$1,000.00
Estate of Robert Ronald Gifford	$1,000.00
Anonymous	$1,000.00
Joan Spiller	$1,000.00
The late Vincenzo Iannazzo and the late Emanuela Iannazzo	$1,000.00
Anonymous	$1,000.00
Anonymous	$1,000.00
Total	**$605,934.82**
General donations and bequests under $1,000	**$358,680.66**
Total general donations	**$964,615.48**

Auxiliary donations and bequests greater than or equal to $1,000

NAME OF DONOR	AUXILIARY	DONATION AMOUNT
Judith Gaye O'Connell	Maryborough Ambulance Auxiliary	$79,801.00
Keith Chenhall Trust	Traralgon Ambulance Auxiliary	$8,295.00
Anonymous	Gisborne Ambulance Auxiliary	$7,000.00
Lakes Entrance Volunteer Craft	Lakes Entrance Ambulance Auxiliary	$5,000.00
Ken Smith	Maryborough Ambulance Auxiliary	$,2000.00
Mallacoota Community Op Shop	Mallacoota Ambulance Auxiliary	$5,000.00
Community Financial Service Limited	Romsey-Lancefield Ambulance Auxiliary	$2,000.00
Lindenow Lions Club	Helimed 1 Air Ambulance Auxiliary	$,2000.00
Highland Society	Maryborough Ambulance Auxiliary	$1,345.00
JC Hepworth P/L	Donald Ambulance Auxiliary	$1,000.00
Country Women's Association Warragul	Baw Baw Ambulance Auxiliary	$1,000.00
Lakes Entrance Craft group	Lakes Entrance Ambulance Auxiliary	$1,000.00
Lioness Club of Lakes Entrance	Lakes Entrance Ambulance Auxiliary	$1,000.00
A+AH Sheridan	Bairnsdale Ambulance Auxiliary	$1,000.00
Total		**$113,441.00**
Auxiliary donations and bequests under $1,000		**$285,763.73**
Total auxiliary donations		**$399,204.73**

Workforce data

This workforce information is provided in accordance with the Minister for Finance's Reporting Direction 29: 'Workforce data disclosures in the report of operations – public service employees'.

Total employee numbers

Full-Time Equivalent (FTE) Employees 2025-26 (size of the workforce):

EMPLOYEE NUMBERS (FTE) – ANNUAL REPORT CATEGORY	2025-26	2024-25
On road Clinical Employees[1]	5,031.06	4,897.32
Operation Support and Managerial Staff[2]	745.58	685.14
Other Managerial, Professional and Administrative Employees[3]	622.60	613.31
TOTAL	6,399.24	6,195.77

1. On road Clinical Employees– includes but not limited to Paramedics, Team Managers, Patient Transport Officers, Retrieval Registrars, Clinic Transport Officers and Clinical Instructors.
2. Operation Support and Managerial Employees – includes but not limited to Senior Team, Area and Regional Managers, Rosters employees, Communications employees, Rehab Advisors, OHS Advisors, Logistics employees, Fleet employees, Duty Team Managers, Telecommunication employees and Clinical Practice employees.
3. Other Managerial, Professional include all other employees who do not fall into the above two categories.

Mobile Intensive Care Ambulance paramedics (MICA)

This group of MICA employees forms part of AV's Full-Time Equivalent Employees 2025-26:

MICA EMPLOYEE NUMBERS	2025-26	2024-25
MICA Full-Time Equivalent Employees	523.28	508.32
MICA Full-Time Equivalent Trainees	58.68	79.78
TOTAL	581.96	588.10

Ambulance Community Officers

AV employs 845 casual ACOs who also provide emergency response alongside our paramedics. These employees are represented in the above on-road clinical employee FTE numbers based on their hours worked converted to equivalent full-time positions.

Community Emergency Response Team volunteers

AV engages 157 CERT volunteers who provided emergency response in 2025-26.

Newly recruited paramedics and operational employees

In 2025-26, AV continued to strengthen its operational workforce through a targeted recruitment strategy. The approved recruitment target for the year was 294 FTE new operational employees, reflecting our commitment to meeting growing service demands and supporting community health across Victoria.

This intake included a diverse mix of entry pathways: 170 FTE Graduate Ambulance Paramedics began their careers with AV, while 100 recruits joined through the Medium Acuity Transport Graduate Bridging Program.

A further two paramedics commenced via the Rural Sponsored Degree Program, helping to bolster services in regional and rural communities. In addition, seven qualified paramedics transitioned from interstate ambulance services, bringing valuable experience to the team, and one internal staff moved from a casual to permanent role.

In addition to those commencing with Regional Operations, 14.5 FTE triage practitioners commenced in Specialist Operations and Coordination to support the delivery of paramedic services. This cohort comprised nine qualified paramedics and 5.5 FTE registered nurses, enhancing AV's capacity to deliver timely clinical advice and support to the Victorian community.

Recruitment efforts began in the final months of 2023-24, with 60 paramedics commencing in June 2025, contributing to the 2025-26 target. The remaining 234.5 FTE operational employees were onboarded throughout the year, successfully fulfilling the recruitment goal.

Looking ahead, 18 FTE paramedics commenced with AV in May and June 2025, forming part of the 2026-27 recruitment target, which stands at 251 FTE as of July 2026. This continued growth reflects our strategic focus on workforce sustainability and readiness to meet future challenges.



Health, safety and wellbeing

Occupational health and safety

Occupational health, safety and wellbeing remains central to AV's commitment to supporting a capable, healthy and sustainable workforce. Delivering emergency healthcare exposes employees to a range of physical and psychological hazards, requiring a continued focus on prevention, risk management and early support. Throughout 2025–26, AV strengthened its health and safety approach through targeted initiatives aimed at reducing harm, improving workforce participation and enhancing organisational capability.

A key area of focus during the year was the management of critical workforce risks, including manual handling, psychosocial hazards, OV, fatigue and driving safety. These risks continue to account for the majority of workforce injuries, absences and compensation costs. In response, AV progressed several significant initiatives, including implementation of a Manual Handling Capability Assurance Program, development of an enhanced Fatigue Risk Management System, and continued improvements in psychosocial risk and OV prevention. Together, these initiatives are helping to build safer systems of work and strengthen organisational resilience.

AV recognises that creating a safe workplace extends beyond preventing injuries. Through investment in leadership capability, workplace adjustments, wellbeing programs, recovery support and return-to-work initiatives, the organisation is working to create an environment where employees feel supported, included and able to perform at their best. By continuing to strengthen both physical and psychological safety, AV is building a workforce that is better equipped to meet the demands of emergency healthcare while delivering high-quality care to the Victorian community.

	2025-26	2024-25	2023-24
Number of workplace fatalities	0	0	1
Lost Time Injury Frequency Rate (LTIFR)[1]	92.2	102.0	96.4
Average number of Standard claims per 100 FTE (Full time Equivalent) employees[1]	10.2	10.6	10.4
Average number of Standard claims per 1,000,000 hours worked[1]	68.0	70.5	66.7
Average cost per WorkCover Standard claim[2]	$109,929	$92,097	$111,806
Number of reported hazards/incidents for the year per 100 FTE[3]	73.6	83.8	80.2
Percentage of WorkCover Standard claims with a RTW plan initiated[4]	96	95	86
Percentage of employees immunised against influenza (including ACOs)[5]	83.9	79.5	91.3
Number of Health and Safety Representatives (HSR) positions filled[6]	374	356	341

Notes:

1. The number of standard WorkCover claims in 2025-26 decreased thus lowering the LTIFR. The average number of standard claims per 1,000,000 hours worked is impacted by both the volume of standard claims received, and the fluctuating nature of productive hours worked.
2. Claims costs mature over time, and as such the data captured reflects the costs received as at the end of June 2026. Claims costs from previous financial years will have matured and consequently figures will differ from previous annual reports.
3. The number of hazards / incidents / injuries (HIIs) as logged in AV's Health Safety and Claims System per 100 FTE.
4. The percentage of Standard claims with return-to-work plans is calculated from a sample and excludes claims with less than 10 days' time loss. AV's result of 95 per cent reflects the significant increase in overall claims volume, and the resulting resourcing impact.
5. The percentage of employees immunised is reflective of the final percentage with the 2024-25 influenza season, August 2025.
6. HSRs have increased in number over the past three years and align with the growth in the paramedic workforce and the number of AV locations. Number includes Deputy HSRs.

Definitions:

Accepted WorkCover claims – accepted WorkCover claims that were lodged in 2025-26.

Lost Time – defined as greater than one day.

Standard Claim – a WorkCover claim that has exceeded the employer liability period of either 10 days lost time and/or medical expenses (cost indexed yearly).



Occupational violence

Everyone has the right to a safe workplace. OV continues to present a significant risk to the safety, health and wellbeing of AV's people and has the potential to impact service delivery and patient care.

Due to the nature of frontline healthcare, paramedics frequently work in dynamic and unpredictable environments, including private residences, public settings and other locations where risks cannot always be eliminated. AV remains committed to reducing OV through prevention, preparedness, response and recovery initiatives. This includes supporting employees to tactically withdraw from unsafe situations and seek assistance, including police attendance where required, before continuing patient care.

AV has developed a comprehensive implementation plan to strengthen its organisation-wide approach to OV management. The plan establishes a more coordinated operating model designed to enhance risk identification, improve the consistency of incident response and recovery processes, and strengthen the organisation's ability to learn from incidents and drive continuous improvement.

Key initiatives undertaken during the year included: OV prevention and management, supported by governance arrangements, annual work plans and statewide consultation mechanisms.

- Delivery of OV education and training programs, including dedicated face-to-face training for graduate paramedics.
- Ongoing provision of OV resources and support for employees working within communications centres.
- Continued delivery of mandatory OV learning modules to strengthen workforce capability in recognising, managing and reporting risks.
- Development of an organisation-wide implementation program to address findings from the independent OV review and strengthen prevention, response, recovery and assurance processes.

Occupational violence statistics 2025-26

WorkCover accepted claims with an occupational violence cause per 100 FTE	1.1
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	7.0
Number of Occupational Violence Hazard, Incidents or Injuries (HII's) reported.	1,144
Number of Occupational Violence HII's reported per 100 FTE	17.9
Percentage of Occupational Violence HII's resulting in injury, illness or condition	6.29 per cent

Environmental report

Environmental performance

AV is committed to reducing our impact on the environmental footprint.

AV's environmental reporting for 2025-26 is developed in line with Financial Reporting Disclosure requirements (FRD24) from the Victorian Government Department of Treasury and Finance.

Electricity EL1-EL4

Electricity consumption at AV sites has slightly increased compared to the prior reporting period. The continued expansion of AV's solar panels program has increased solar generation capacity from 0.48 MW to 0.89 MW, resulting in on-site renewable electricity generation almost doubling to 1,000 MWh. This has significantly increased the amount of electricity consumed from on-site solar generation, reducing reliance on grid supplied electricity during daylight operating hours. AV has continued to purchase GreenPower for our large sites, supporting our commitment to reduce Scope 2 emissions.

Stationary Energy F1-F2

Stationary energy use has continued to decrease year-on-year. During the reporting period, stationary fuel consumption decreased by 16.2%, driven primarily by reduced consumption of natural gas and LPG across AV's facilities. While diesel consumption increased marginally, reflecting operational requirements such as emergency backup power generation, the overall reduction in stationary fuel use demonstrates continued progress towards energy efficiency and reducing organisational emissions.

Transportation Energy T1-T4*

In 2025-26, AV reduced its transportation energy consumption by 8.9%, driven by reductions in petrol, diesel and aviation turbine fuel across AV's fleet and the addition of hybrid vehicles. AV is committed to exploring and pursuing opportunities to improve fleet efficiency and support the transition to lower emission transport where operationally feasible.

Total energy use E1-E4

AV continued to improve its energy efficiency during 2025-26, reducing overall fuel consumption while increasing the contribution of renewable electricity. Total non-renewable energy use declined by almost 9%, driven by lower transport and stationary fuel consumption, while investment in renewable electricity and expanded on-site solar generation strengthened AV's progress towards more sustainable operations.

Water use W1-W2

AV maintained efficient water use during 2025-26, with total water consumption decreasing by 1.7% compared with the previous year. Water use intensity remained stable on a per-case basis and improved slightly when measured against floor area, reflecting continued focus on efficient water management across AV's facilities.

Waste and recycling WR1-WR5**

AV continued to implement waste management initiatives across its operations during 2025-26. Although total waste generation increased in line with operational demand, recycling and resource recovery remained a significant component of AV's waste management approach, with more than 323 tonnes of recyclable and organic material diverted to from landfill. AV will continue to strengthen waste segregation practices and identify opportunities to improve recycling performance and reduce landfill disposal across its facilities.

Greenhouse Gas Emissions G1-G3

AV continued to reduce its greenhouse gas emissions during 2025-26, with Scope 1 and 2 emissions reducing by 7.9% compared to the prior reporting period. The reduction was primarily driven lower fuel consumption across the vehicle fleet, together with continued procurement of renewable electricity, which contributed to lower Scope 2 emissions. These results reflect AV's ongoing efforts to improve operational efficiency while reducing its environmental footprint and supporting Victoria's emission reductions objectives.

* AV is in the process of reviewing how we capture electric vehicle charging data. Because we only charge AV vehicles at AV sites, the electricity used for charging electric vehicles is encompassed in the Electricity Use section of the report.

** AV is in the process of completing an organisation-wide waste audit to improve the accuracy of waste data for future reports. While some data was estimated for this report, we feel confident that the figures we are reporting are reasonably accurate and reflect AV's waste management processes.

Electricity Use

	Apr 25 – Mar 26	Apr 24 – Mar 25	Apr 23 – Mar 24
EL1 TOTAL ELECTRICITY CONSUMPTION SEGMENTED BY SOURCE (MWH)			
Purchased	7,351.05	7,614.32	7,535.80
Self-generated	843.82	407.97	415.79
EL1 Total electricity consumption (MWh)	**8,194.87**	**8,022.30**	**7,951.59**
EL2 ON SITE-ELECTRICITY GENERATED (MWH) SEGMENTED BY:			
Consumption behind-the-meter Solar Electricity	843.82	407.97	415.79
Total Consumption behind-the-meter (MWh)	**843.82**	**407.97**	**415.79**
Exports			
Solar Electricity	159.85	115.50	99.90
Total Electricity exported (MWh)	**159.85**	**115.50**	**99.90**
EL2 Total On site-electricity generated (MWh)	**1,003.67**	**523.48**	**515.70**
EL3 ON-SITE INSTALLED GENERATION CAPACITY (KW CONVERTED TO MW) SEGMENTED BY:			
Solar System	0.89	0.48	0.45
EL3 Total On-site installed generation capacity (MW)	**0.89**	**0.48**	**0.45**
EL4 TOTAL ELECTRICITY OFFSETS SEGMENTED BY OFFSET TYPE (MWH)			
GreenPower	6,931.27	6,989.80	6,852.20
RPP (Renewable Power Percentage in the grid)	1,316.57	1,411.45	1,415.35
EL4 Total electricity offsets (MWh)	**7,351.05**	**7,614.32**	**7,535.80**

Stationary Energy

F1 TOTAL FUELS USED IN BUILDINGS AND MACHINERY SEGMENTED BY FUEL TYPE (MJ)			
Natural gas	1,024,222.30	1,249,214.55	1,359,638.63
LPG	33,319.80	39,210.40	57,053.70
Diesel	74,995.90	63,331.20	76,675.00
F1 Total fuels used in buildings (MJ)	**1,132,538.00**	**1,351,756.15**	**1,493,367.33**
F2 GREENHOUSE GAS EMISSIONS FROM STATIONARY FUEL CONSUMPTION SEGMENTED BY FUEL TYPE (CO2-E(T))			
Natural gas	**52.78**	**64.37**	**70.06**
LPG	**2.02**	**2.38**	**3.46**
Diesel	5.26	4.45	5.38
F2 Greenhouse gas emissions from stationary fuel consumption (CO2-e(t))	**60.06**	**71.19**	**78.90**

Transportation Energy

	Apr 25 – Mar 26	Apr 24 – Mar 25	Apr 23 – Mar 24
T1 TOTAL ENERGY USED IN TRANSPORTATION (VEHICLE FLEET) WITHIN THE ENTITY, SEGMENTED BY FUEL TYPE (MJ)			
Non-emergency transport (Health service operated) – Gasoline	527,907.60	1,566,333.10	3,382,595.70
Non-executive fleet – Gasoline	18,722,817.60	22,707,093.50	24,512,843.40
Road ambulance – Gasoline	4,468,032.00	4,672,550.90	5,274,258.90
Petrol (total)	**23,718,757.20**	**28,945,977.50**	**33,169,698.00**
Non-emergency transport (Health service operated) – Diesel	8,694,183.00	9,504,208.10	8,842,927.80
Non-executive fleet – Diesel	7,295,909.50	8,263,549.80	10,196,147.70
Road ambulance – Diesel	144,356,797.10	156,851,474.60	159,492,864.90
Diesel (total)	**160,346,889.60**	**174,619,232.50**	**178,531,940.40**
Air ambulance – fixed wing – Aviation Turbine Fuel	79,510,970.70	89,651,795.20	89,746,478.40
Air ambulance – fixed wing – Aviation Turbine	74,073,273.60	77,457,744.00	73,721,476.80
Aviation turbine fuel (ATF) (total)	**153,584,244.30**	**167,109,539.20**	**163,467,955.20**
Electricity for Road Vehicles from Public or Private Chargers	–	–	58.40
Electricity for Road Vehicles from Victorian Government Facilities	–	–	2,620.10
Electricity (Transport Energy) (total)	**–**	**–**	**2,678.50**
Total energy used in transportation (vehicle fleet) (MJ) (total)	**337,649,891.10**	**370,674,749.20**	**375,172,272.10**

T2 NUMBER AND PROPORTION OF VEHICLES IN THE ORGANISATIONAL BOUNDARY SEGMENTED BY ENGINE/FUEL TYPE AND VEHICLE CATEGORY			
Road vehicles	**1872**	**1870**	**1704**
Two and three- wheeled vehicles	**5**	**4**	**5**
Petrol	5	4	5
Passenger vehicles	**702**	**741**	**678**
Petrol	317	427	395
Diesel	93	129	148
Petrol hybrid	284	183	130
PHEV	2	2	1
NULL	**4**	**25**	**3**
EV	**2**	**2**	**1**
Goods Vehicles	**1131**	**1098**	**1021**
Petrol	1	24	36
Diesel	1130	1074	981
Hybrid	0	0	4
Total Vehicles by engine type (%)			
Petrol	17.74%	24.33%	25.59%
Diesel	65.87%	64.33%	66.26%
Hybrid	15.28%	9.89%	7.92%
Electric	0.11%	0.11%	0.06%
Null	1.01%	1.34%	0.18%

Transportation Energy (contd)	Apr 25 – Mar 26	Apr 24 – Mar 25	Apr 23 – Mar 24
T3 GREENHOUSE GAS EMISSIONS FROM TRANSPORTATION (VEHICLE FLEET) SEGMENTED BY FUEL TYPE (CO2-E(T))			
Non-emergency transport (Health service operated) – Gasoline	35.70	105.92	228.73
Non-executive fleet – Gasoline	1,266.04	1,535.45	1,657.56
Road ambulance – Gasoline	302.13	315.96	356.65
Petrol	**1,603.86**	**1,957.33**	**2,242.94**
Non-emergency transport (Health service operated) – Diesel	612.16	669.19	622.85
Non-executive fleet – Diesel	513.70	581.84	718.16
Road ambulance – Diesel	10,164.16	11,043.91	11,229.89
Diesel	**11,290.02**	**12,294.94**	**12,570.91**
Air ambulance – fixed wing – Aviation Turbine Fuel	5,582.47	6,294.45	6,301.10
Air ambulance – rotary wing – Aviation Turbine Fuel	5,200.68	5,438.31	5,175.98
Aviation turbine fuel (ATF)	**10,783.15**	**11,732.76**	**11,477.09**
Electricity for Road Vehicles from Public or Private Chargers	–	–	0.01
Electricity for Road Vehicles from Victorian Government Facilities	–	–	0.48
Electricity (Transport Energy)	**–**	**–**	**0.50**
Total Greenhouse gas emissions from transportation (vehicle fleet) (CO2-e(t))	**23,677.03**	**25,985.03**	**26,291.42**
T4 TOTAL DISTANCE TRAVELLED BY COMMERCIAL AIR TRAVEL (PASSENGER KM TRAVELLED FOR BUSINESS PURPOSES BY ENTITY STAFF ON COMMERCIAL OR CHARTER AIRCRAFT)			
Total distance travelled by commercial air travel	**113,939.00**	**19,304.00**	**85,820.86**
T(OPT1) TOTAL VEHICLE TRAVEL ASSOCIATED WITH ENTITY OPERATIONS (1,000 KM)			
Total vehicle travel associated with entity operations (1,000 km)	**42,260.06**	**42,922.94**	**43,578.10**
T(OPT2) GREENHOUSE GAS EMISSIONS FROM VEHICLE FLEET (T CO2-E PER 1,000 KM)			
t CO2-e per 1,000 km	**0.56**	**0.61**	**0.60**

Total Energy Use

E1 TOTAL ENERGY USAGE FROM FUELS, INCLUDING STATIONARY FUELS (F1) AND TRANSPORT FUELS (T1) (MJ)			
Total energy usage from stationary fuels (F1) (MJ)	1,132,538.00	1,351,756.15	1,493,367.33
Total energy usage from transport (T1) (MJ)	337,649,891.10	370,674,749.20	375,172,272.10
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**338,782,429.10**	**372,026,505.35**	**376,665,639.43**

Total Energy Use (contd)	Apr 25 – Mar 26	Apr 24 – Mar 25	Apr 23 – Mar 24
E2 TOTAL ENERGY USAGE FROM ELECTRICITY (MJ)			
Total energy usage from electricity (MJ)	**29,501,528.57**	**28,880,272.57**	**28,625,723.94**
E3 TOTAL ENERGY USAGE SEGMENTED BY RENEWABLE AND NON-RENEWABLE SOURCES (MJ)			
Renewable	29,501,529.78	28,880,270.83	28,625,725.82
Non-renewable (E1 + E2 – E3 Renewable)	338,782,427.90	372,026,507.09	376,663,017.45
E4 UNITS OF STATIONARY ENERGY USED NORMALISED: (F1+E2)/NORMALISER			
Energy per unit of Cases (MJ/Cases)	37.55	34.93	34.77
Energy per unit of floor space (MJ/m2)	198.25	195.22	195.26

Sustainable buildings and infrastructure

B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings	A set of guidelines has been developed for the construction of ambulance branches, known as the Branch Design Guidelines. In 2024, an Environmentally Sustainable Design Standard was completed to support the integration of sustainability principles into the built environment at AV. The ESD Standard includes social, economic, and environmental pillars to encourage staff and community wellbeing, financial sustainability, and environmentally conscious design.
B2 Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule	Higher-rated sustainable office buildings are preferred for lease when the option is available. For example, when sustainability is considered alongside requirements such as location.
B3 NABERS Energy (National Australian Built Environment Rating system) ratings of newly completed/occupied Entity-owned office buildings and substantial tenancy fit-outs (itemised)	There were no newly completed/occupied entity-owned office buildings or substantial tenancy fit-outs.
B4 Environmental performance ratings (eg. NABERS, Green Star, or ISCAIS rating scheme) of newly completed Entity-owned non-office building or infrastructure projects or upgrades with a value over $1 million	There were no newly complete entity-owned non-office building or infrastructure projects or upgrades with a value over $1 million.
B5 Environmental performance ratings achieved for Entity-owned assets portfolio segmented by rating scheme and building, facility, or infrastructure type, where these ratings have been conducted	No environmental performance ratings were conducted.

Water Use

W1 TOTAL UNITS OF METERED WATER CONSUMED BY WATER SOURCE (KL)			
Potable water (kL)	33,788.36	34,912.47	32,550.23
Total units of water consumed (kL)	**33,788.36**	**34,912.47**	**32,550.23**
W2 UNITS OF METERED WATER CONSUMED NORMALISED BY FTE, HEADCOUNT, FLOOR AREA, OR OTHER ENTITY OR SECTOR SPECIFIC QUANTITY			
Water per unit of Cases (kL/Cases)	0.04	0.04	0.04
Water per unit of floor space (kL/m2)	0.22	0.23	0.21

Waste and Recycling

	Apr 25 – Mar 26	Apr 24 – Mar 25	Apr 23 – Mar 24
WR1 TOTAL UNITS OF WASTE DISPOSED OF BY WASTE STREAM AND DISPOSAL METHOD (KG)			
Landfill (total)			
General waste – bins	361,044.11	346,739.55	177,376.28
General waste – skips	71,204.98	50,756.74	111,645.48
Offsite treatment			
Clinical waste – incinerated	1,392.21	1,684.90	1,580.08
Clinical waste – treated	62,415.66	53,166.49	103,212.71
Recycling/recovery (disposal)			
Batteries	2.61	1,470.00	541.17
Cardboard	34,273.25	29,470.78	58,038.20
Commingled	216,732.78	202,658.66	261,067.95
E-waste	930.56	647.19	7,503.53
Fluorescent tubes	0.00	0.00	68.75
Glass	5,272.96	0.00	0.00
Grease traps	27,531.43	47,864.00	4.15
Organic waste	34,981.86	43,679.57	35,119.02
Paper (confidential)	3,367.26	5,354.21	12,663.83
Paper (recycling)	0.00	0.00	25,630.77
Toner & print cartridges	0.00	0.00	118.57
Total units of waste disposed (kg)	**819,149.67**	**783,492.09**	**794,570.50**
WR1 TOTAL UNITS OF WASTE DISPOSED OF BY WASTE STREAM AND DISPOSAL METHOD (%)			
Landfill (total)			
General waste	52.77%	50.73%	36.37%
Offsite treatment			
Clinical waste – incinerated	0.17%	0.22%	0.20%
Clinical waste – treated	7.62%	6.79%	12.99%
Recycling/recovery (disposal)			
Batteries	0.00%	0.19%	0.07%
Cardboard	4.18%	3.76%	7.30%
Commingled	26.46%	25.87%	32.86%
E-waste	0.11%	0.08%	0.94%
Fluorescent tubes	0.00%	0.00%	0.01%
Glass	0.64%	0.00%	0.00%
Grease traps	3.36%	6.11%	0.00%
Organic waste	4.27%	5.57%	4.42%
Paper (confidential)	0.41%	0.68%	1.59%
Paper (recycling)	0.00%	0.00%	3.23%
Toner & print cartridges	0.00%	0.00%	0.01%

Waste and Recycling (contd)

	Apr 25 – Mar 26	Apr 24 – Mar 25	Apr 23 – Mar 24
WR2 PERCENTAGE OF OFFICE SITES COVERED BY DEDICATED COLLECTION SERVICES FOR EACH WASTE STREAM			
Printer cartridges	Not reported	Not reported	Not reported
Batteries	Not reported	Not reported	Not reported
E-waste	Not reported	Not reported	Not reported
Soft plastics	Not reported	Not reported	Not reported
WR3 TOTAL UNITS OF WASTE DISPOSED NORMALISED BY FTE, HEADCOUNT, FLOOR AREA, OR OTHER ENTITY OR SECTOR SPECIFIC QUANTITY, BY DISPOSAL METHOD			
Total waste to landfill per Cases ((kg general waste)/Cases)	0.53	0.46	0.33
Total waste to offsite treatment per Cases ((kg offsite treatment)/Cases)	0.08	0.06	0.12
Total waste recycled and reused per Cases ((kg recycled and reused)/Cases)	0.40	0.38	0.46
WR4 RECYCLING RATE (%)			
Weight of recyclable and organic materials (kg)	323,092.71	331,144.41	400,755.94
Weight of total waste (kg)	819,149.67	783,492.09	794,570.50
Recycling rate (%)	**39.44%**	**42.27%**	**50.44%**
WR5 GREENHOUSE GAS EMISSIONS ASSOCIATED WITH WASTE DISPOSAL (T CO2-E)			
t CO2-e	644.29	587.34	511.29

Greenhouse Gas Emissions

G1 TOTAL SCOPE 1 (DIRECT) GREENHOUSE GAS EMISSIONS (T CO2-E)			
Carbon Dioxide	23,556.25	25,858.67	26,171.07
Methane	3.73	4.13	4.24
Nitrous Oxide	177.12	193.42	194.52
Total	**23,737.10**	**26,056.22**	**26,369.82**
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (t CO2-e)	60.06	71.19	78.90
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (t CO2-e)	23,677.04	25,985.03	26,290.93
Medical/Refrigerant gases			
Methoxyflurane whistles	16.40	17.21	13.14
Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)	**23,753.50**	**26,073.43**	**26,382.96**
G2 TOTAL SCOPE 2 (INDIRECT ELECTRICITY) GREENHOUSE GAS EMISSIONS (T CO2-E)			
Electricity	4,887.27	5,016.05	5,015.16
Electricity for Road Vehicles from Public or Private Chargers	–	–	0.01
Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)	**4,887.27**	**5,016.05**	**5,015.17**

Greenhouse Gas Emissions (contd)	Apr 25 – Mar 26	Apr 24 – Mar 25	Apr 23 – Mar 24
G3 TOTAL SCOPE 3 (OTHER INDIRECT) GREENHOUSE GAS EMISSIONS ASSOCIATED WITH COMMERCIAL AIR TRAVEL AND WASTE DISPOSAL (T CO2-E)			
Commercial air travel	21.00	4.00	17.67
Waste emissions (WR5)	644.29	587.34	511.29
Indirect emissions from Stationary Energy	669.77	671.80	634.50
Indirect emissions from Transport Energy	13,965.11	15,251.55	14,977.09
Paper emissions	24.32	9.54	26.94
Water emissions	49.54	57.45	54.76
Any other Scope 3 emissions	0.00	0.00	0.00
Total Scope 3 greenhouse gas emissions (t CO2-e)	**15,374.02**	**16581.68**	**16,222.25**
G(OPT) NET GREENHOUSE GAS EMISSIONS (T CO2-E)			
Gross greenhouse gas emissions (G1 + G2 + G3) (t CO2-e)	**47,330.96**	**47,565.62**	**48,607.82**
Electricity for Road Vehicles from Public or Private Chargers – Green Power Electricity	–	-0.02	–
Green Power Electricity	-6,376.77	-6,412.10	-6,316.80
Purchased LGCs	0.00	0.00	0.00
Any Reduction Measures Offsets purchased (EL4-related)	**-6,376.77**	**-6,412.10**	**-6,316.81**
Any Offsets purchased	**-6,376.77**	**-6,412.10**	**-6,316.81**
Net greenhouse gas emissions (t CO2-e)	**37,638.02**	**41,259.07**	**41,303.58**
NORMALISATION FACTORS			
1000km (Corporate)	8,599.29	9,288.36	9,430.88
1000km (Non-emergency)	2,332.09	2,625.87	2,916.89
1000km (Road ambulance)	31,328.68	31,008.71	31,230.33
Aged Care OBD	–	–	–
Cases	815,780.00	865,556.00	866,145.00
Contractor	–	–	–
ED Departures	–	–	–
FTE	6,665.00	6,196.00	6,167.00
Flying hour (Fixed)	5,841.99	5,373.46	5,790.69
Flying hour (Rotary)	3,294.38	3,323.02	3,602.07
LOS	–	–	–
Non Departmental Victorian Public Sector (VPS) Staff	–	–	–
OBD	–	–	–
PPT	–	–	–
Separations	–	–	–
TotalAreaM2	154,524.58	154,858.60	154,251.36
patient transport (ambulance road)	721,568.00	736,094.00	717,883.00
patient transport (fixed air)	5,022.00	4,813.00	2,817.00
patient transport (non-emergency road)	87,047.00	120,339.00	143,510.00
patient transport (rotary air)	2,143.00	4,310.00	1,935.00

Social procurement

AV leverages its buying power to deliver social, economic and environmental outcomes benefiting the Victorian community, the economy and the environment – above and beyond the goods, services and construction works procured.

It is guided by the Victorian Government's Social Procurement Framework (SPF). The SPF applies to the procurement of all goods, services and construction undertaken by or on behalf of AV.

AV prioritises these social procurement objectives:

- Opportunities for Victorian First people
- Opportunities for Victorians with disability
- Women's equality and safety
- Opportunities for Victorian priority jobseekers
- Sustainable Victorian social enterprise and First people business sectors
- Sustainable Victorian regions
- Environmentally sustainable outputs
- Environmentally sustainable business practices.

Social procurement initiatives

During 2025–26, social value requirements were embedded across a range of procurement activities including updating internal procurement guidance, building organisational capability, strengthening relationships with social benefit suppliers and leveraging Supply Nation membership to connect with Victorian First people businesses and identify procurement opportunities.

Social benefit supplier engagement 2025–26

During 2025–26 AV engaged nine certified social enterprises with spend of $32.5 million and five First Peoples businesses with spend of $300,000.

Emergency procurement

There were no Emergency Procurements undertaken by AV in 2025-26.

Procurement complaints

AV received no procurement complaints in 2025-26.



Governance

AV Charter

AV aims to improve the health of the community by providing high quality pre-hospital emergency care and medical transport. We service a population of over six million people annually.

AV is a statutory authority required by the *Ambulance Services Act 1986* to provide statewide 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.

AV reports to the 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's qualifications, skills and experience are diverse and extensive, with expertise across government, technology and transformation, finance, accounting, law, commerce, diversity, leadership, governance, not-for-profit settings, community engagement, and culture. The Board also ensures it maintains regular engagement with representatives of other health services, government department officers, external specialists and other Board Chairs to ensure it remains connected to contemporary practices and initiatives in health, risk and governance.

The Board Chair works with 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.

Board Committees

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 committee's role, responsibilities, membership, quorum and voting structures. The Board appoints all committee members (reviewed annually) and ensures annual performance and effectiveness reviews are conducted and reported.

Committee activities continue to be periodically reviewed, to ensure they remain fit-for-purpose, aligned to legislation and government frameworks and best practice governance, and advance the Board's role and responsibilities under the *Ambulance Services Act 1986*.

Finance Committee (section 18 requirement)

The Finance Committee advises the Board on AV's financial and business plans, strategies and budgets to ensure the long-term financial viability of the organisation. The committee assists the Board in monitoring strategies that seek to maximise revenue, and the effective and efficient use of AV financial resources and assets.

Specific responsibilities include:

- Financial strategy.
- Financial reporting.
- Business and financial planning and performance.

The committee is assisted in its work by the extensive commercial, finance and accounting experience of its Directors, including an independent member. The committee continuously improves its insights into AV through regular presentations on key areas of the business which present both financial opportunity and challenge for the organisation.

Audit and Risk Committee (section 18 requirement)

The Audit and Risk Committee assists the Board in fulfilling its responsibilities in the areas of compliance, internal control, financial reporting, assurance activities and contemporary risk management. Specific responsibilities include:

- Financial risk and internal controls.
- Financial reporting and management.
- Internal and external audit.
- AV's compliance with laws, regulations, internal policies and industry standards.
- Enterprise risk management (sharing responsibility with the Quality and Safety Committee in overseeing clinical risks).

Throughout the year, the committee regularly engaged with AV's internal auditors (Ernst & Young) and external auditors (Victorian Auditor General's Office). This ensured the committee provided the Board and AV with robust and informed oversight of matters mandated by its Terms of Reference, the Department of Health, and the Department of Treasury and Finance.

The committee's work is supported by a strong cross-section of skills and experience.

The committee continues to update and refine AV's risk and risk appetite framework, as well as staying connected to internal and external emerging risks. In 2025-26, the committee continued its oversight of material risks including, but not limited to, the ICT, security, patient safety, privacy and organisational culture.

Quality and Safety Committee (section 18 requirement)

The Quality and Safety Committee is responsible to the Board for monitoring the performance of AV with regard to whether:

- Effective and accountable systems are in place to monitor and improve the quality, safety and effectiveness of services provided by AV.
- Any systemic problems identified with the quality, safety and effectiveness of ambulance services are addressed and the results reported in a timely manner.
- AV continuously strives to improve the quality of the services it provides and to foster innovation.

The committee actively monitors the performance of quality care and service provision against the five domains of the Safer Care Victoria Clinical Governance Framework and AV's own Best Care Framework.

Membership includes AV Directors (each with clinical governance, health service and legal and experience), paramedic observers and Community Advisory Committee representation.

The committee maintains an ongoing commitment to evolving its knowledge and consideration of new clinical governance practices and frameworks, comprehensive quality and safety reporting, and ways to effectively monitor and measure patient care, safety and experience. This is supported by the connection of its directors to emerging best practices across public health generally, as well as the advancements in data and clinical practices delivered by management.

Patient case examples remain a consistent part of this committee's work plan, to provide members with a direct connection to patient experiences, AV clinical practices and clinical governance performance.

People and Culture Committee

The People and Culture Committee advises the Board on material policies and strategies to improve the health, safety, wellbeing, development and performance of AV employees. The committee monitors the development and implementation of strategies to ensure the organisation fosters and promotes a positive culture that enables delivery of high-quality patient care, and a safe and supportive environment for all employees.

The committee's focus remains workforce health, safety, workplace cultural programs, employee engagement, emerging technology practices relevant to manual handling, strategic workforce planning, and other initiatives that drive a safer, fairer, more inclusive work environment for our people.

In 2025-26, the Committee continued its focus on building a respectful and safe workplace by overseeing the roll-out of the AV People Plan.

Community Advisory Committee

The Community Advisory Committee ensures the voices of Victorian communities are heard, understood and reflected in AV's work and services by advising the Board on issues that affect community access, safety and equity of care.

This year we recruited new members to the committee including appointment of Aboriginal and Torres Strait Islander representatives further strengthening the voice of the community in our service design processes and decision making. Independent community members come from diverse backgrounds across Victoria and are an important part of the successful contribution to service design planning and our patient care commitments.

This year, we welcomed Dipak Sanghvi as Chair of the Community Advisory Committee. An AV Board Member since 2022, Dipak is a Victorian pharmacist and pharmacy owner and currently serves as Chair of Member Benefits Australia Pty Ltd, Musculoskeletal Australia and Monash Health. He brings extensive board and governance experience across the community, healthcare and pharmaceutical sectors.

Key areas of contribution of our Community Advisory Committee included:

- Monitoring of the CCEP 2023-2028.
- Informing development of a Multicultural Communications Plan, emphasising the importance of working through trusted community and faith leaders, using plain English, selective translation, and audio visual formats rather than text heavy materials.
- Discussing patient safety in shared care environments, supporting a codesign approach to escalation, clinical monitoring and communication that integrates lived experience and paramedic judgement.
- Sharing lived and shared experience was a central focus of committee discussions, providing qualitative insight into how ambulance services and related systems are experienced by patients, families and communities.

The Community Advisory Committee has made a meaningful contribution by ensuring that community perspectives, lived experience and equity considerations are embedded across key areas of our work. Its advice has strengthened engagement approaches, informed policy and service development, and reinforced the importance of trust, communication and cultural safety in service delivery.



Board Director profiles

Board Chair



Andrew Crisp AM APM

Appointed July 2025

Andrew served a distinguished 40-year career with Victoria Police where he held a number of senior executive positions, finishing in the role of Deputy Commissioner Regional Operations. In 2018, Andrew was appointed as Victoria's Emergency Management Commissioner, a position he held for five years.

In these roles Andrew provided strong leadership and was a calm, familiar face for Victorians during some of the most significant emergencies the state has faced including the 2019-20 bushfires and the COVID-19 pandemic response.

In both his police and emergency services roles, Andrew is regarded as someone with sound judgement who builds effective teams that deliver positive outcomes for the Victorian community. It's important to Andrew that all voices are listened to, and that inclusion and diversity are front of mind when it comes to organisational culture and service delivery.

Andrew is well known as a champion for multicultural and faith communities and firmly believes he is a better person and leader through those relationships. Andrew joined the Board of AV in July 2024 however he took a leave of absence from his role as a director to undertake the role of Interim CEO at AV from the 21 August 2024 to 30 June 2025.

Andrew was appointed AV's Board Chair in July 2025.

Board Members

Dr Fergus Kerr

MBBS, FACEM, MPH, FRACMA, GAICD

Appointed July 2024

Fergus Kerr joined the RMH as Chief Medical Officer in 2022 and, in July 2026, commenced the role of Medical Director, Executive Projects.

He was appointed as an Emergency Physician and Toxicologist at Austin Health in 1997, later becoming Director of Emergency Medicine in 2007. In 2011, he expanded his leadership responsibilities as Medical Director of the Medical and Emergency Clinical Services Unit. He completed a Fellowship with the Royal Australasian College of Medical Administrators in 2014 and subsequently served as Executive Director of Medical Services at Peninsula Health.

Fergus returned to Austin Health in 2016 as Chief Medical Officer and in 2018 was appointed Group Director of Medical Services and Clinical Governance at Cabrini Health. He has a strong interest in toxicology, including specialist training at the University of Pittsburgh, and played a key role in establishing the Victorian Poisons Information Centre at Austin Health. He has also served as an examiner for the Australasian College for Emergency Medicine and practiced clinically until January 2018.

Denise Heinjus OAM

Appointed July 2023

Denise is an experienced leader in driving positive cultural and clinical change for the mutual benefit of an organisation, its people, and the community.

Denise is passionate about shaping 'just' workplace cultures, in which an organisation's people thrive as individuals and team members. Throughout her career, she has worked closely with employees and volunteers to create strategies, procedures and resources to minimise harm from OV and sexual harassment.

Denise values the importance of and fosters environments of shared leadership, teamwork and genuine community consultation and engagement. She is committed to closing the health gap for First Nations peoples and is encouraged to see the increasing numbers of health workers identifying as First Nations.

Denise was Executive Director of Nursing at the RMH for 16 years. Prior to her appointment at RMH, she held similar roles as Executive Director of Nursing and Midwifery at Monash Health, Illawarra Area Health Service and Northern Sydney Central Coast. Her roles have included managing nursing services, workforce and education, residential aged care, allied health services, Aboriginal health and emergency management.

Denise's nursing career spans 55 years. She became a registered nurse in 1972 before completing her midwifery training in 1973. She has also achieved a Graduate Certificate in Management and Masters of Health Science (Honours).

Throughout her career, Denise has held professional appointments at the University of Melbourne, Australian Catholic University, Deakin University and University of Wollongong.

Paula Morgan

Appointed July 2025

Paula is a proud Gunnai woman and a registered nurse with decades of health sector experience.

Paula's nursing career took her to the Northern Territory and Western Australian Aboriginal communities – an experience that is very close to her heart today.

Paula has spent the last 15 years at Lakes Entrance Aboriginal Health Association (LEAHA), initially working as a community nurse before moving to the role of Chief Executive Officer.

Amanda Watt BCom LLB (Hons) LLM GAICD MAPP

Appointed July 2022

Amanda's 30 years' experience advising the public and private sectors across education, health, essential services and manufacturing has seen her work with clients on strategic and sustainable workplace solutions, reflecting a comprehensive understanding of risk management, particularly around employee relations and culture.

Amanda has extensive expertise in employment, industrial, and equal opportunity law. She has a deep appreciation of the human, societal and economic impact of systemic sexual harassment and discrimination in our workplaces.

She was a contributor to the Champions of Change Coalition's report: Disrupting the System – preventing and responding to sexual harassment in the workplace and has supported the work of the Respect@Work Council on its best practice guidance for confidentiality agreements. on its best practice guidance for confidentiality agreements.

Amanda has been independently recognised by Best Lawyers in the areas of Employee Benefits, Labour and Employment, Government, and Education, and as a leading individual in Employment Law by the Legal 500 Asia Pacific.

Amanda is currently a Director at Power & Watt Meditation & Advisory, Chairs the Audit and Risk Committee and is a member of the People and Culture and Quality and Safety Committees.

Vijaya Vaidyanath

Board Member – July 2022 to December 2025

Vijaya Vaidyanath is the former CEO of Homes Melbourne – a special entity of City of Melbourne. Prior to this role, Vijaya was the CEO of City of Yarra in Melbourne from July 2012 – January 2022. Vijaya spent over a decade as CEO at Waitakere City Council and as the CEO of Rodney District Council in New Zealand. She is a Board Member at Procurement Australia, Parks Victoria, AV and Vision Super, and former Board Member at Zoos Victoria.

Vijaya's exemplary qualifications include a Senior Executive Fellow of the John F Kennedy School of Government, Harvard University, MBA from JMKatz Graduate School of Business in Pittsburgh USA, Master of Arts (Economics) and a Bachelor of Arts (Economics) from the University of Bangalore.

Board Members

Vijaya draws inspiration from a variety of global thought and academic leaders as well as from her overseas mentors who have shaped her world view and led to her interest in social justice and values-based leadership. She has been a leader from the very early stages of her career in sectors such as commercial and central banking, international finance, and local government in both New Zealand and Australia.

Vijaya is renowned for her innovation, integrity, inspiring leadership style and a unique ability to deliver results. She instils a strong sense of pride and passion in her staff who deliver exemplary outcomes for our communities. Her strong belief in building coalitions and harnessing community capacity has been her work philosophy.

Vijaya Vaidyanath concluded her tenure in December 2025 following four years of dedicated service. We sincerely thank Vijaya for her significant contribution to the organisation during her tenure.

Dipak Sanghvi

Appointed July 2022

Mr Dipak Sanghvi is a pharmacist and has owned pharmacies in Victoria. Dipak is currently the Chair of the Advisory Committee for Incite Health and has been the Board Chair of Member Benefits Australia Pty Ltd, Musculoskeletal Australia and Monash Health.

His other previous positions include President of the Pharmacy Guild Victoria Branch 2006-2011, Board Chair of Gold Cross Products and Services Pty Ltd, Board Chair of Return of Unwanted Medicines, Board member of Guild Insurance and Superannuation and Meridian Lawyers, as well as several other board positions both in the community and the pharmaceutical industry.

Wenda Donaldson

Appointed July 2020

Wenda is a public sector and not-for-profit senior executive, combining her non-Executive Board career with her role as a Chief Operating Officer at Key Assets Australia.

Wenda has held executive roles with Uniting Vic. Tas, Australian Red Cross, Australian Department of Education and the Australian Sports Commission.

Wenda has proven expertise in advocacy for policy reform and investment to enhance outcomes for those experiencing vulnerability or disadvantage. She has also been involved in the establishment of inter-governmental and multi sector partnership agreements to deliver on major public policy reforms.

Allison Smith

B.Acc, GAICD, CA (Australia and Scotland)

Appointed July 2024

With extensive experience in multiple industries, Allison is recognised as a leader in a number of disciplines, but specifically financial analysis and reporting. She has held senior finance, retail, merchandise, marketing, supply chain and IT roles in some of Australia's most influential organisations.

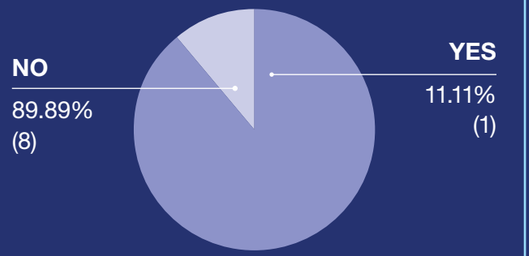
Allison has a passion for innovation and cultural enhancement in the public health and emergency services sectors.

She is also a Board Member of the Victorian Institute of Forensic Mental Health where she chairs the Finance and Capital Works Committee. She was previously the Deputy Chair of Peninsula Health where she was also Chair of the Finance, Resource and Capital works Committee and a member of the Audit and Risk Committee, People & Culture Committee and the Remuneration & Nominations Committee.

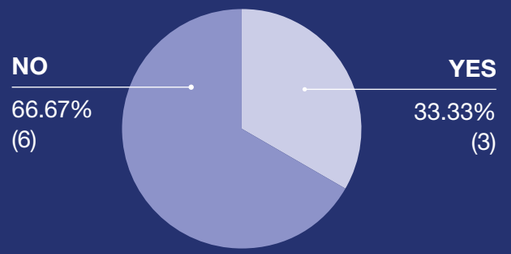
She is a member of the Australia & New Zealand Institute of Chartered Accountants and a Graduate of the Australian Institute of Company Directors.

Board diversity

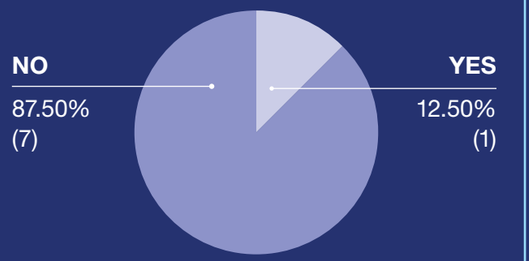
ABORIGINAL AND TORRES STRAIT ISLANDER



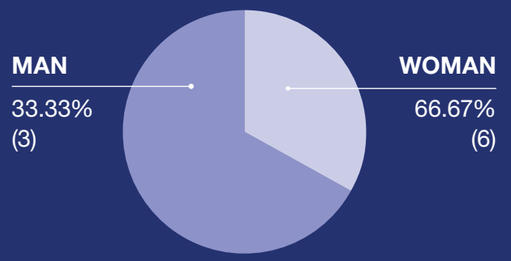
CULTURAL AND LINGUISTICALLY DIVERSE BACKGROUND



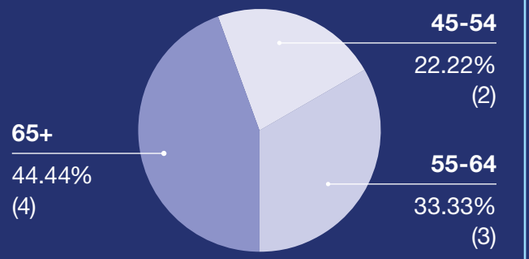
IDENTIFY AS A PERSON WITH A DISABILITY



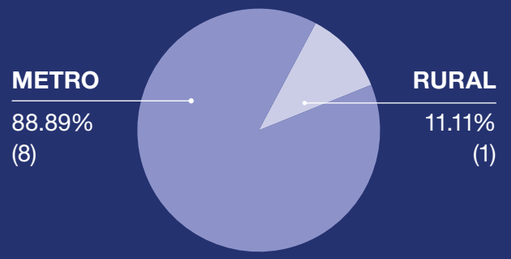
GENDER



AGE



PRINCIPAL PLACE OF RESIDENCE



Board and committee attendance (meetings)

	BOARD		FINANCE COMMITTEE		AUDIT & RISK COMMITTEE		QUALITY & SAFETY COMMITTEE		PEOPLE & CULTURE COMMITTEE		COMMUNITY ADVISORY COMMITTEE		REM & NOM COMMITTEE	
Chair	Andrew Crisp		Allison Smith		Amanda Watt		Fergus Kerr		Wenda Donaldson (Jul – Dec) Paula Morgan (Jan – Jun)		Vijaya Vaidyanath (Jul – Dec) Dipak Sanghvi (Jan – Jun)		Andrew Crisp	
Board of Directors	**H**	**A**	**H**	**A**	**H**	**A**	**H**	**A**	**H**	**A**	**H**	**A**	**H**	**A**
Andrew Crisp AM APM (AV Chair)	10	9	Ex officio	8	Ex officio	7	Ex officio	5	Ex officio	5	Ex officio	2	4	4
Wenda Donaldson	10	9			9	8			5	5				
Denise Heinjus OAM	10	9					5	5	5	4				
Fergus Kerr	10	8	10	9			5	5						
Paula Morgan	10	10					5	1	5	5				
Dipak Sanghvi AM	10	9					5	4			4	4	4	4
Allison Smith	10	9	10	10	9	8							2	2
Vijaya Vaidyanath	5	5	4	3							2	2	2	2
Amanda Watt	10	9			9	9			5	4				
Kathryn Brown *			10	9										
Kane Treloar *							5	4			4	4		
Daniel Cudini ^							5	5						
Tess Rodda ^							5	3						
Rod Maule *									5	5				
Deepa Gupta *											4	4		
Cara Hudson *											4	1		
Mumtaz Aktar *											4	4		
Laura Collister *											4	3		
Baruch Goberman *											4	4		
Tess Marotta *											4	3		
Ricki Spencer *											4	4		
Pauline Rogers *											4	4		

H = Meetings eligible to attend A = meetings attended * = Independent member ^ = Paramedic observer

Executive Group

Chief Executive Officer

Jordan Emery

As at 30 June 2026

Responsible to the Board of Directors for the overall management and performance of AV.

Executive Director Business Technology and Programs

(previously Chief Information Officer)

Gavin Gusling

30 June 2025 – 26 June 2026

Responsible for Business Technology and Programs strategy, supporting the delivery of systems and organisational programs, and enabling new initiatives, innovation and functionality through technology to deliver Best Care for every person every time.

Executive Director Enterprise Services

Jessica Lambous

Appointed 14 July 2025

Jesse Maddison

Acting 1 July 2025 – 13 July 2025

Responsible for financial strategy, financial and management accounting services, including compliance with accounting standards and taxation, billing and debt collection, commercial and procurement services, property services, legal and Freedom of Information (FOI), privacy, and the Membership Subscription Scheme. Enterprise Services is also responsible for asset management, operational logistics, sustainability and audit.

Executive Director People and Culture

Jesse Maddison

As at 30 June 2026

Responsible for providing leadership and direction for the people strategy, organisational development, workforce planning and recruitment, health and safety, wellbeing and support services, diversity and inclusion, industrial and employee relations. People and Culture advances AV's performance through people partnering to uplift people's capacity and capability, driving experience and safety outcomes, and enhancing workplace culture.

Executive Director Quality and Clinical Innovation

Associate Professor Tegwyn McManamny

As at 30 June 2026

Responsible for providing leadership and direction for clinical governance, research and evaluation, patient safety and quality systems; and supporting a culture of continuous improvement to ensure AV delivers safe, high quality patient care and experience, every time.

Executive Director Regional Operations

Michael Georgiou

Appointed 11 May 2026

Acting 1 November 2025 – 10 May 2026

Danielle North

1 July 2025 – 31 October 2025

Responsible for coordinating and optimising statewide emergency and non-emergency ambulance response, and the provision of high quality and patient centred care through regional and clinical operations.

Executive Director Communication and Engagement

(Previously Executive Director Strategy and Engagement)

Alison Errey

As at 30 June 2026

Responsible for overseeing a coordinated directorate supporting all aspects of internal and external engagement, community engagement and education, and community fundraising.

Executive Director Specialist Operations and Coordination

Hayley Turner

Appointed 9 June 2026

Diana Zimmermann

Acting 5 January 2026 – 8 June 2026

Matthew Shields

Acting 15 December 2025 – 4 January 2026

Executive group (cont)

Andrew Keenan

Acting 22 September 2025 – 14 December 2025

Diana Zimmermann

Acting 8 September 2025 – 21 September 2025

Andrew Keenan

Acting 2 August 2025 – 7 August 2025

Anthony Carlyon

1 July 2025 – 1 August 2025

Responsible for coordinating and optimising statewide emergency and non-emergency ambulance response and the provision of patient care through communications centres, triage services, emergency management and complex care.

Executive Medical Director

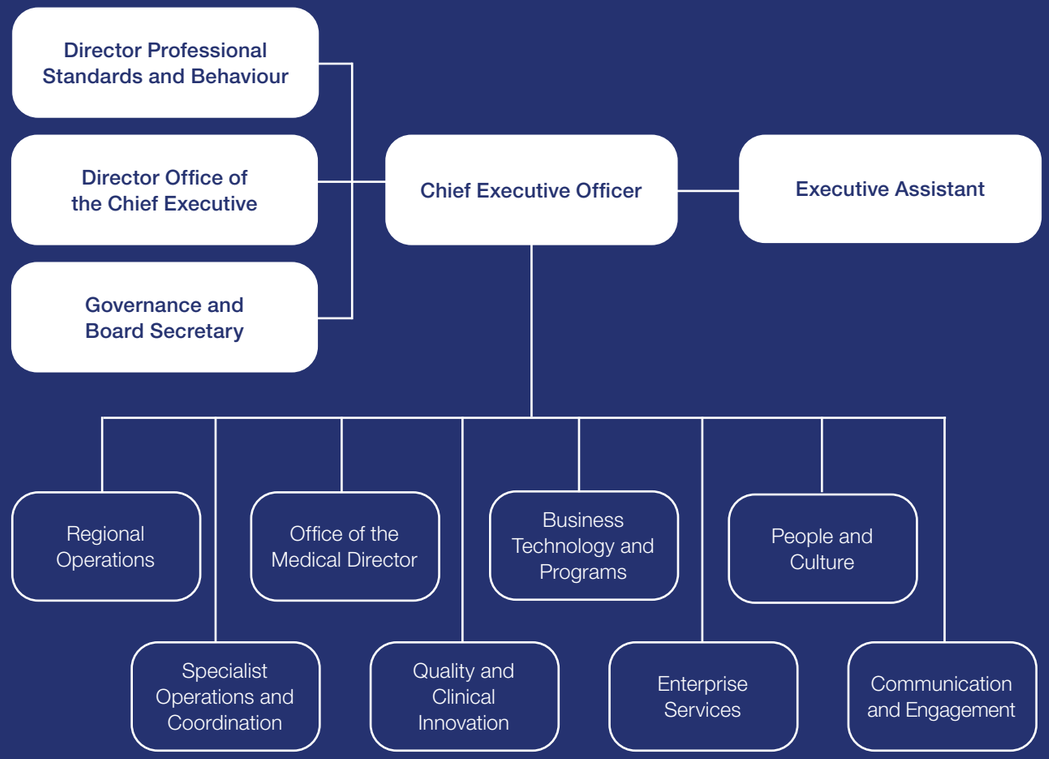
(previously Chief Medical Officer)

Associate Professor David Anderson ASM MStJ

As at 30 June 2026

Responsible for providing clinical leadership and specialist medical advice to the organisation. Manages the development, implementation, and evaluation of up-to-date, evidence based clinical practices and provides both on scene and remote clinical support and advice to paramedics.

Executive structure



Statement of Priorities

AV's Statement of Priorities is the key service delivery and accountability agreement between AV and the Victorian Government. This agreement facilitates delivery of, or progress towards, the government's commitments for the financial year.

Part A: Department of Health (DH) Strategic Plan

DH STRATEGIC PRIORITY 1: Innovate and improve access and care

We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.

GOALS

- Align with the Victorian Clinical Governance Framework to strengthen clinical governance systems, ensuring safe, high-quality care.
- Improve access to timely emergency care by implementing system-wide patient flow strategies that improve ambulance availability, connect patients to alternative services where safe and appropriate, and reduce ambulance response times.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	AV ACHIEVEMENTS
Demonstrate high quality care in which consumer engagement and input is actively sought, facilitated and used to drive system change to improve consumer experience and outcomes.	2.1 All patients receive best care, improved health outcomes and experience	AV is continuing to implement the CCEP. Key achievements include the establishment of a Consumer Advisor Directory, with consumer onboarding, training and implementation activities currently underway, and the development of the Patient Experience Survey, which is scheduled to be delivered in 2026-27.
Ensure that reporting, reviews and decision-making are underpinned by a safety culture and systems that are transparent, accurate and fair for staff and consumers.	2.1 All patients receive best care, improved health outcomes and experience	AV is continuing to strengthen its reporting and decision-making processes to ensure they are fair, safe and evidence-based. In 2025-26, improvement activities have included the establishment of a suite of clinical indicators to complement existing performance measures, which have traditionally focused on access metrics such as Code 1 response and clearing times.
Implement all relevant standards on time, as outlined in the Standards for Safe and Timely Ambulance and Emergency Care (STAEC) for Victorians and the accompanying Implementation Guide.	2.3 Our clinical response model and provision of care is constantly evolving and sets best practice standards	AV is continuing to progress implementation of the Standards for STAEC through a range of operational, digital and performance improvement initiatives (including enhancements to the electronic Patient Care Record, improved performance reporting and other targeted local initiatives), to strengthen performance monitoring and contribute to system-wide improvement, including reductions in clear times.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	AV ACHIEVEMENTS
Expand the use of safe virtual care, including Video Assisted Triage and the Victorian Virtual Emergency Department.	2.1 All patients receive best care, improved health outcomes and experience	AV continued to expand the use of safe virtual care through enhanced integration of VVED. Key achievements included: • Trialling VAT and VVED pathways during periods of service escalation to support timely access to appropriate care. • Expanding VAT capability through the integration of embedded Mental Health Nurses. • Implementing an embedded VVED Emergency Physician trial within Triage Services to strengthen clinical decision-making and support patient disposition. • Trialling the VVED to Royal Flying Doctor Service (RFDS) non-emergency patient transport (NEPT) referral pathway to enhance alternative care options and patient navigation. AV also progressed workforce capability and awareness of virtual care pathways through the development and delivery of a face-to-face Alternate Service Provider Education Day as part of the Graduate Bridging Program, supported by a targeted communications and engagement strategy. This included regular updates for in-field and triage staff, together with VVED education sessions for rural paramedics, graduate paramedics and MICA clinicians, helping to increase awareness, confidence and uptake of virtual care pathways across the workforce.

DH STRATEGIC PRIORITY 2: Prudent, sustainable and effective use of resources

We are innovative and resourceful in balancing improved patient care, operational performance, and system management to ensure a financially secure health system. We invest in a skilled and future-ready workforce, maintaining a modern, safe, and resilient healthcare system for all Victorians.

GOAL

→ Develop and implement initiatives to strengthen financial sustainability. By delivering sustainable, responsible budgets, we can ensure a well-managed, viable, and sustainable health system for the future.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	AV ACHIEVEMENTS
Utilise data analytics and performance metrics to identify areas of inefficiency and waste and make evidence-based decisions to improve financial sustainability and operational performance.	3.1 Our organisation is efficient enabling us to deliver more impact to our community	AV has continued to implement targeted initiatives to optimise resource utilisation, reduce costs, improve operational performance and support long-term financial sustainability. In 2025–26, this included more efficient ordering practices for medical consumables to reduce wastage and improve stock management; lower linen utilisation through improved management of hospital stock levels and the introduction of radio frequency tracking technology; and a review of fleet resources to optimise asset life, maximise utilisation and improve cost efficiency across the fleet.
Deliver strategies to improve the financial capability of the organisation including development and implementation of an agreed financial improvement plan.	3.1 Our organisation is efficient enabling us to deliver more impact to our community	AV developed and is embedding plans to strengthen financial capability and support the organisations financial sustainability objectives. Additional financial management measures were also implemented during the year to support achievement of the positive Statement of Priorities Operating Result.

DH STRATEGIC PRIORITY 3: A Stronger Workforce

We strive to foster an equitable, skilled and supported workforce that builds professional capabilities to meet current and future roles.

GOAL

→ Provide a safe, inclusive and well-supported working environment where people feel valued, connected and empowered.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	AV ACHIEVEMENTS
Implement processes to sustain workforce supply and fulfill obligations, including those under the *Gender Equality Act 2020* by improving employee experience in leadership, health and safety, flexibility, career development, and agility to ensure safe, high-quality care.	1.1 We are diverse. We are meaningfully engaged. We are valued.	AV progressed its commitment to workplace gender equality through strong compliance, planning and stakeholder engagement activities. AV successfully completed its biennial Workplace Gender Audit with compliance confirmed by the Commission for Gender Equality in the Public Sector and submitted reporting against the seven Gender Equality Indicators under the *Gender Equality Act 2020*. Insights from the audit and reporting process informed extensive consultation with employees, unions and key stakeholders to identify priority opportunities for improvement. These insights were used to develop AV's *Gender Equality Action Plan 2026–2028*, providing a clear roadmap to strengthen employee experience, leadership opportunities, workplace flexibility and career development, while supporting a safe, inclusive and high-performing workforce.
Implement actions under Ambulance Victoria's People Plan by the required dates.	1.2 We are safe, healthy and well and we care for everyone	In the first year of AV's *People Plan 2025–2028*, solid foundations have been established to support long-term workforce outcomes. Progress has been made across the majority of initiatives, with several key actions completed and significant milestones achieved in priority areas including wellbeing, learning and development, flexibility and inclusion. As a multi-year strategy, many outcomes will take time to fully materialise, however, early indications show improvement in employee engagement, workplace connection and learning opportunities. AV remains committed to delivering meaningful, lasting improvements for its workforce through the ongoing implementation of the People Plan.
Strengthen Ambulance Victoria's ongoing work to support staff safety and wellbeing including through the implementation of Ambulance Victoria's Enterprise Agreement 2024 by the required dates.	1.2 We are safe, healthy and well and we care for everyone	AV is continuing to introduce initiatives to support staff safety and wellbeing. In November 2025, AV completed implementation of End of Shift management and protections under the AVEA 2024. These provisions restrict paramedics from being dispatched to Code 2 and 3 cases in the last hour of their shifts whilst maintaining the ability to respond to time-critical emergencies, ensuring patient safety and operational performance. The changes were designed to reduce incidental overtime and support with fatigue management for frontline paramedics. AV worked closely with TZV to successfully implement this initiative.
Design, implement and evaluate contemporary models of care and practice, including future roles and building capability for multidisciplinary practice.	2.1 Best care, outcomes & experience	AV is continuing to support establishment of the new Paramedic Practitioner roles within rural Victoria, with the roles expected to be operational by December 2026. AV is also progressing strategic service planning activities to support future service delivery, operational decision-making and long-term investment planning.

DH STRATEGIC PRIORITY 4: Improving Aboriginal health and wellbeing

Strengthen cultural safety in Victoria's health service system by fostering strong connections to Aboriginal culture, creating a holistic, accessible, and empowering health system.

GOAL

→ Enhance Delivery and Access to Culturally Safe Services, fostering strong connections to culture. Address racism and provide Aboriginal people with culturally safe healthcare and referral pathways between mainstream and community-controlled health services.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	AV ACHIEVEMENTS
Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.	1.1 We are diverse. We are meaningfully engaged. We are valued.	The cultural safety training program is in the final stages of content development, with specialist expertise provided by an Aboriginal training provider. This training will be available to staff by 31 December 2026.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	AV ACHIEVEMENTS
Actively and regularly engage with Aboriginal community-controlled organisations or Aboriginal leaders in local catchments about the health and wellbeing needs of the Community.	4.3: Our communities are resilient and informed	AV is continuing to actively engage with Aboriginal community-controlled organisations. In 2025-26, AV has: • Established quarterly meetings between AV CEO, Victorian Aboriginal Community Controlled Organisations CEO, and Victorian Aboriginal Health Service CEO to discuss matters of high priority across Community and relevant to all services. • Maintained AV membership at the Aboriginal Health and Wellbeing Partnership Forum, with AV attendance at all four forums across the financial year (AV CEO attendance at two forums). • Developed plan to host Regional Aboriginal Health Forums between local Aboriginal Community Controlled Health Organisations to discuss health and wellbeing needs of Community in each AV region.

DH STRATEGIC PRIORITY 5: Moving from Competition to Collaboration

We are committed to transforming Victoria's health system by partnering with care providers and health services to share knowledge, information, and resources.

GOAL

- → Collaborate with other organisations and health services to enhance integration through coordinated planning, service design, and robust clinical governance. This partnership aims to ensure seamless, sustainable healthcare delivery pathways while fostering deep sector collaboration.
- → Partner with consumers and their families to improve the design and delivery of ambulance services.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	AV ACHIEVEMENTS
Continue to work with TZV to provide efficient and effective progression of joint priorities.	4.2 External partnerships are efficient and effective	AV and TZV continue to work together to support paramedics in delivering exceptional care to the Victorian community. Through ongoing collaboration, communication and shared governance, AV and TZV have progressed a range of strategic and operational initiatives, including joint projects and programs of work, system upgrades, operational pilot and trial programs, and joint forums. An example is the AQM Trial, that improves emergency response prioritisation through proactive oversight and structured reassessment of selected Priority 1 cases.

AV DELIVERABLES	ASSOCIATED STRATEGIC PLAN OUTCOME	AV ACHIEVEMENTS
Enhance process and systems, including decision making tools, performance monitoring and reporting, to increase safe utilisation of alternative care pathways.	2.1 All patients receive best care, improved health outcomes and experience	In 2025–26, AV implemented a range of improvements to support the safe utilisation of alternative care pathways. This included undertaking monthly audits of cases assessed by AV's mental health clinicians to ensure appropriate advice and processes and developing alternative care pathway reporting dashboards to strengthen oversight and monitoring. AV also developed an enhanced process for managing cases referred to an Alternative Service Provider (ASP) that are subsequently referred back to Triple Zero (000), supporting a streamlined response pathway and reducing unnecessary re-referral to the ASP through triage services.
Work with partners and stakeholders to support implementation of the Standards for Safe and Timely Ambulance and Emergency Care (STAEC) across all participating services.	4.2 Partnerships are effective and efficient	AV is continuing to actively engage and collaborate with hospitals from across Victoria, Department of Health and other stakeholders to improve processes and services throughout the health care system to implement the STAEC. Working in partnership with stakeholders and supported by participation in broader sector programs such as Timely Emergency Care 2 and the development of Timely Emergency Care Program 2026, AV has strengthened performance monitoring and contributed to system-wide improvement.
Work with the Department of Health and other stakeholders to progress implementation of Non-Emergency Patient Transport (NEPT) Reform.	2.1 All patients receive best care, improved health outcomes and experience	AV will work collaboratively with the Department of Health (DH) and HealthShare Victoria in preparation of Non-Emergency Patient Transport (NEPT) reform. This includes providing strategic advice and operational information to inform future reform design, including a comprehensive response to support the updated NEPT Regulations, which come into effect on 19 April 2026. AV has also established internal governance arrangements to support effective coordination, management and oversight of reform activities, while facilitating ongoing stakeholder engagement in support of the Government's commitment to NEPT reform.
Strengthen consumer engagement, education, and awareness activities to improve the quality and accessibility of Ambulance Victoria services.	4.3 Our communities are resilient and informed	AV is continuing to implement the CCEP, with several foundational elements now established. Key achievements include the establishment of a Consumer Advisor Directory, with consumer onboarding, training and implementation activities currently underway, and the development of the Patient Experience Survey, which is scheduled to be delivered in 2026-27. Work is also progressing to identify consumer engagement training requirements to support a consistent, organisations-wide approach to engagement and implementation.

Part B: Performance Priorities 2025-26

	2025-26 Target	2025–26 Actual
HIGH QUALITY & SAFE CARE		
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	88%
Patient experience		
Percentage of respondents who rated overall experience with the ambulance service as satisfied or very satisfied	95%	98%
Percentage of respondents who rated the level of care provided by paramedics as good or very good	95%	99%
Percentage of patients experiencing severe cardiac or traumatic pain whose level of pain was reduced significantly	90%	91.7%
Percentage of acute adult stroke patients transported to definitive care within 60 minutes	90%	97.8%
Percentage of major trauma patients that meet destination compliance (by 45 minutes)	85%	95.6%
Percentage of adult cardiac arrest patients surviving to hospital discharge	50%	60.8%
	25%	35%
STRONG GOVERNANCE, LEADERSHIP AND CULTURE		
People matter survey – percentage of staff with an overall positive response to safety culture questions	80%	63%[1]
TIMELY ACCESS TO CARE		
Percentage of patients transferred from ambulance to ED within 40 minutes	80% or 3% improvement from the same time last year[2]	71%
Percentage of triple zero cases where the caller receives advice or service from another health provider as an alternative to an emergency ambulance response – statewide	25% or 5% improvement from the same time last year[3]	21.5%
Average ambulance hospital clearing time	20 mins	27.3 mins
Percentage of emergency Code 1 incidents responded to within 15 minutes – statewide	85% or 4% improvement from the same time last year[4]	65.5%
Percentage of emergency Priority 0 incidents responded to within 13 minutes – statewide	85% or 3% improvement from the same time last year[5]	76.7%
Percentage of emergency Code 1 incidents (modified Secondary Triage call start time) responded to within 15 minutes (Ref01)	90% or 4% improvement from the same time last year[6]	68.8%

	2025-26 Target	2025–26 Actual
EFFECTIVE FINANCIAL MANAGEMENT		
Operating result ($M)	0.00	$10.73m
Adjusted current asset ratio	0.7% or 3% improvement from health service base target	0.26
Variance between forecast and actual operating result (OR) as a percentage of the forecast OR for the current financial year ending 30 June.	5% movement in forecast revenue and expenditure forecasts	Achieved

All data published in annual reports is accurate at the time of publishing. Data may change following audit and data verification, which may not be finalised at the time of publishing.

1. Composite of safety climate score, based on 5 safety climate items in the People Matter Survey.
VPS changed the wording of this question group in 2026, so results are not directly comparable with previous years.
2. Last year's result was 68% so 3% improvement would be 70%.
3. Last year's result was 19.5% so 5% improvement would be 20.5%
4. Last year's result was 65.3% so 4% improvement would be 67.9%
5. Last year's result was 77.5% so 3% improvement would be 79.8%
6. Last year's result was 69.2% so 4% improvement would be 72%
7. The health service base target was 0.25% so 3% improvement would be 0.26%

Relevant Ministers

Minister for Health

The Hon. Mary-Anne Thomas MP (1 July 2025 to 15 April 2026)

Minister for Ambulance Services

Hon Harriet Shing MP (15 April 2026 to 30 June 2026)

Statistical summary

Emergency Road Incidents[2]

	2025-26[1]	2024-25[1]	2023-24[1]	2022-23[1]	2021-22	2020-21
METROPOLITAN REGIONS						
Code 1	283,498	284,942	285,796	278,606	266,066	223,062
Code 2	155,626	153,603	156,155	139,877	143,904	163,020
Code 3	49,899	51,032	50,521	44,433	54,479	64,704
Total Metropolitan Emergency Road Incidents	**489,023**	**489,577**	**492,472**	**462,916**	**464,449**	**450,786**
RURAL REGIONS[3]						
Code 1	121,698	121,656	121,551	122,277	111,320	100,504
Code 2	77,356	76,864	80,048	73,944	73,210	77,816
Code 3	33,122	32,811	30,551	30,223	33,529	31,386
Total Rural Emergency Road Incidents	**232,176**	**231,331**	**232,150**	**226,444**	**218,059**	**209,706**
ALL REGIONS						
Code 1	405,196	406,598	407,347	400,883	377,386	323,566
Code 2	232,982	230,467	236,203	213,821	217,114	240,836
Code 3	83,021	83,843	81,072	74,656	88,008	96,090
Total Statewide Emergency Road Incidents	**721,199**	**720,908**	**724,622**	**689,360**	**682,508**	**660,492**

Non-Emergency Road Incidents

Total Metropolitan Non-Emergency Road Incidents	218,105	225,807	249,683	263,086	263,112	258,798
Total Rural Non-Emergency Road Incidents	73,901	79,498	110,771	100,835	97,282	96,748
Total Statewide Non-Emergency Road Incidents	**292,006**	**305,305**	**360,454**	**363,921**	**360,394**	**355,546**
Total Metropolitan Road Incidents	**707,128**	**715,384**	**742,155**	**726,002**	**727,561**	**709,584**
Total Rural Road Incidents	**306,077**	**310,829**	**342,921**	**327,279**	**315,341**	**306,454**

Road Incidents

	2025-26[1]	2024-25[1]	2023-24[1]	2022-23[1]	2021-22	2020-21
ALL REGIONS						
Emergency Code 1	405,196	406,598	407,347	400,883	377,386	323,566
Emergency Code 2	232,982	230,467	236,203	213,821	217,114	240,836
Emergency Code 3	83,021	83,843	81,072	74,656	88,008	96,090
Non-Emergency	**292,006**	**305,305**	360,454	363,921	360,394	355,546
Total Road Incidents	**1,013,205**	**1,026,213**	**1,085,076**	**1,053,281**	**1,042,902**	**1,016,038**

Air Incidents

ALL REGIONS						
Fixed Wing – Emergency	2,209	1,982	2,045	2,179	1,962	2,017
Fixed Wing – Non-Emergency	2,885	2,818	3,310	3,288	3,320	3,048
Total Fixed Wing Incidents	**5,094**	**4,800**	**5,355**	**5,467**	**5,282**	**5,065**
Helicopter Incidents (All Emergency)	2,083	2,216	2,387	2,422	2,476	2,642
Emergency Air Incidents	4,292	4,198	4,432	4,601	4,438	4,659
Non-Emergency Air Incidents	2,885	2,818	3,310	3,288	3,320	3,048
Total Air Incidents	**7,177**	**7,016**	**7,742**	**7,889**	**7,758**	**7,707**

Adult Retrieval

Cases handled	**7,292**	**7,131**	**7,110**	**6,562**	**6,365**	**5,587**
RETRIEVALS						
Road retrievals – ARV Crew (Doctors and/or Critical Care Registered Nurse)	504	520	540	651	829	571
Road retrievals – paramedic only	912	808	770	575	456	477
Road retrievals – doctor & paramedic	**166**	**237**	202	195	218	218
Total road retrievals	**1,582**	**1,565**	**1,512**	**1,421**	**1,503**	**1,266**
Air retrievals – paramedic only	1,273	1,175	1,349	1,319	1,217	1,161
Air retrievals – doctor & paramedic	536	512	471	478	376	531
Total air retrievals	**1,809**	**1,687**	**1,820**	**1,797**	**1,593**	**1,692**
Total adult retrievals	**3,391**	**3,252**	**3,332**	**3,218**	**3,096**	**2,958**

Code 1 Response Time

	2025-26[1]	2024-25[1]	2023-24[1]	2022-23[1]	2021-22	2020-21
Proportion of emergency (Code 1) incidents responded to in 15 minutes or less	65.5%	65.3%	66.3%	62.8%	67.5%	77.2%
Percentage of emergency (Code 1) incidents (modified Secondary Triage call start) responded to in 15 minutes or less[4]	68.8%	69.2%				
Proportion of emergency (Code 1) incidents, located in centres with a population greater than 7,500, and responded to in 15 minutes or less[5]	69.5%	69.2%	70.2%	66.5%	71.9%	82.5%

Secondary Triage

Percentage of 000 cases resulting in callers receiving health advice or service from another health provider as an alternative to emergency ambulance response[5]	21.5%	19.5%	17.7%	18.7%	19.8%	17.6%

Patients Transported[2]

ROAD TRANSPORTS (METROPOLITAN REGIONS)

Emergency Operations	321,750	321,294	330,771	327,431	336,652	349,714
Non-Emergency Operations Stretcher	129,713	125,604	131,966	140,764	146,139	141,464
Non-Emergency Clinic Transport Services	68,268	79,832	101,245	96,709	93,025	99,104
Total Metropolitan Regions	**519,731**	**526,730**	**563,982**	**564,904**	**575,816**	**590,282**

ROAD TRANSPORTS (RURAL REGIONS)[3]

Emergency Operations	166,987	165,539	171,351	168,889	167,167	168,930
Non-Emergency Operations Stretcher	57,655	55,606	58,529	60,273	62,177	67,670
Total Rural Regions[3]	**224,642**	**221,145**	**229,880**	**229,162**	**229,344**	**236,600**
Total Patients Transported by Road	**744,373**	**747,875**	**793,862**	**794,066**	**805,160**	**826,882**

AIR TRANSPORTS (ALL REGIONS)

Fixed Wing transports	4,123	4,108	4,445	5,062	4,835	4,699
Total Helicopter Transports	1,705	1,777	1,963	1,950	1,981	2,159
Total Air Transports	**5,828**	**5,885**	**6,408**	**7,012**	**6,816**	**6,858**
Total Patient Transports	**750,201**	**753,760**	**800,270**	**801,078**	**811,338**	**833,740**

Road Patients Transported (All Regions) – Charging Categories[6]

COMPENSABLE TRANSPORTS

	2025-26[1]	2024-25[1]	2023-24[1]	2022-23[1]	2021-22	2020-21
Veterans' Affairs	7,058	7,808	9,548	10,552	12,605	14,199
Transport Accident Commission	13,348	13,036	13,668	13,853	12,804	13,055
WorkCover	3,197	2,658	3,044	3,055	3,207	3,778
Public Hospital Transfers	35,710	34,555	35,892	35,767	32,032	30,306
Private Hospital Transfers	2,122	2,305	2,193	2,576	2,541	2,389
Ordinary	72,938	68,609	69,312	69,824	67,363	62,315
Subscriber	145,178	147,208	155,403	159,389	165,995	164,165
Total Compensable Road Transports	**279,551**	**276,179**	**289,060**	**295,016**	**296,547**	**290,207**
Community Service Obligation Road Transports	456,262	456,231	486,032	489,062	500,833	528,933
Other[7]	8,560	15,465	18,770	9,988	7,780	7,742
Total Patients Transported by Road	**744,373**	**747,875**	**793,862**	**794,066**	**805,160**	**826,882**

NOTES

1. Figures for 2024-25 have been updated where applicable to include data received after the completion of last year's report. Figures for 2025-26 are subject to change, and will be updated accordingly.
2. Prior to 2023-24, incidents and transports were categorised as metropolitan or rural based on the location of the resource used. This has been updated to location of the incident to more accurately reflect demand, and avoid double counting. The impact to reported figures is <0.5%, and data is comparable to previous years.
3. Rural regions includes cross-border responses into NSW and SA.
4. New Statement of Priroties measure added for FY 2025-26. The previous FY2024-25 is shown to provide a comparison.
5. Based on the Australian Bureau of Statistics Urban Centre boundaries and resident population data. No longer a Statement of Priorities measure in 2025-26, included for historic and continuity purposes.
6. The charge class assigned to patients transported is subject to change during the period when an account is being finalised, and significant movements between charge classes can occur after the end of the financial year.
7. The "other" category includes the road components of multi-legged road transports which have not been assigned a charge class. The "Other" category also includes road transports not yet assigned a charge class.



Statutory compliance

Freedom of Information Act 1982

AV received 3,417 requests under the *Freedom of Information Act 1982* (the Act) for the 2025-26 financial year.

Full access to documents was provided in 2,096 requests.

Exemptions under the Act were applied to 571 requests.

Partial access was granted for 571 requests whilst five requests were denied in full.

The most common reason for AV seeking to partially exempt documents was the protection of personal privacy in relation to request for information about persons other than the applicant.

Other exemptions applied under the Act included internal working documents, documents subject to Legal Professional Privilege and documents containing material obtained in confidence and documents relating to trade secrets.

The below table shows most applications were received from members of the public, insurance firms, psychologists, and lawyers/solicitors. The Freedom of Information Unit (FOI Unit) also received requests from media and Members of Parliament.

Non-statute FOI requests 2025-26

ORIGIN OF REQUEST	
Public	802
Dr/Hospital	606
Insurance	157
Media	3
Member of Parliament	6
Lawyer/Solicitor	1,754
Other	49
Psychologist	10
WorkCover	30
Total	**3,417**

In addition, the FOI Unit processed the below requests outside of the FOI ACT.

ORIGIN OF REQUEST	
Coroner	407
Child Protection/DFFH	366
TAC	447
Aged Care Commissioner	–
Advocate Guardian	2
Drug Court	1
Other	34
CFA	7
Medical Practitioners Board	–
Total	**1,264**

AV collected $70,724.40 in application fees under the Act. AV collected nil dollars in access charge fees to facilitate access to documents.

Statute FOI requests 2025-26

FOI REQUESTS 2025-26	
Requests received during the year	3,417
Request transferred to another agency	0
Request transferred from another agency	0
Request withdrawn or not proceed with by the applicant	169
Access granted in full	2,096
Access granted in part (exemptions applied)	571
Access denied in full (exemptions applied)	5
Request where no relevant documents could be located	200
Request not deemed valid	181
Requests awaiting completion at the end of the FY	195
Request not completed within the statutory period of 30 days	87

OFFICE OF THE VICTORIAN INFORMATION COMMISSIONER AND VCAT 2025-26	
Reviews/Complaints accepted by FOI Commissioner	9
VCAT appeal lodged	2

Victoria Police

The FOI Unit also processed requests from Victoria Police for Patient Care Records and Paramedic Statements. The FOI Unit also processed subpoenas and summons from Lawyers/Solicitors for documents, and from Victoria Police for paramedics to attend court.

VICTORIA POLICE REQUESTS	
PCR only	863
Statement only	359
PCR and statements	230
PCR, statements & details	7
Statements & details	30
PCR and details	28
Paramedic details	89
Total	**1,606**
Police requests not for PCRs, statements or details	104
Total	**1,710**

SUBPOENA/SUMMONS	
To attend court	52
To produce documents	151
Total	**203**

Building Act 1993

AV is compliant with Victoria's legislative framework for building activity. All building construction during the year was conducted in accordance with the requirements of the *Building Act 1993*, the *Building Regulations 2018* and the applicable provisions of the National Construction Code. These frameworks collectively govern the design, construction, and maintenance of new ambulance stations, refurbishment of existing facilities or when undertaking building fit outs.

Maintenance and annual reporting of Essential Safety Measures (ESM) form a critical component of AV's governance and compliance obligations. All ESM reporting and maintenance was completed in accordance with requirements of the *Building Regulations 2018*.

Public Interest Disclosures Act 2012

Under the *Public Interest Disclosures Act 2012*, complaints and allegations about improper conduct involving public health services in Victoria should be made directly to the Independent Broad-based Anti-Corruption Commission (IBAC). AV is required to encourage concerned individuals to make relevant public interest disclosures (within the meaning of the Act) directly to IBAC and to establish and publish public interest disclosures policy and procedures.

Statement on National Competition Policy

The State of Victoria is a party to the intergovernmental Competition Principles Agreement, which is a key document in Australia's National Competition Policy framework. The Victorian Government is committed to the ongoing implementation of the National Competition Policy in a considered and responsible manner. This means public interest considerations should be taken into account explicitly in any government decisions on the implementation of this policy. AV adheres to this and complies, to the extent applicable, with the National Competition Policy.

Carers Recognition Act 2012

AV acknowledges the essential contribution carers make to the wellbeing of individuals and the broader community. In alignment with statutory obligations and our organisational values, AV remains committed to ensuring that our services and workforce practices uphold the rights and needs of carers.

We continue to embed carer recognition across our operations and strengthen practices that support carers both as service users and employees, including by ensuring our policies support carers to balance work and their role as carers.

Workforce Inclusion Policy

AV remains committed to advancing workplace gender equality and fostering an inclusive workplace. During 2025–26, the organisation completed implementation of its Gender Equality Action Plan (GEAP) 2022–2025, delivering foundational initiatives aligned with the requirements of the *Gender Equality Act 2020* (Vic). Progress was assessed against the Act's seven workplace gender equality indicators, with improvements recorded in recruitment and promotion practices and in leave and flexible work arrangements.

Building on these achievements, AV has commenced implementation of its GEAP 2026–2030. Informed by the outcomes of the 2025 workplace gender audit, the plan sets out targeted actions across all seven indicators and will support the organisation's continued focus on achieving equitable and inclusive outcomes for its workforce.

Local Jobs First Act 2003

The *Local Jobs First Act 2003* applies to all projects valued at $3 million or more in metropolitan Melbourne or state-wide. The policy also applies to projects in regional Victoria valued at $1 million or more.

During 2025-26 AV did not commence any Local Jobs First Standard contracts.

Code of Conduct

AV employees are subject to the Code of Conduct for Victorian Public Sector Employees (Code). AV has policies and procedures that are consistent with the Code. These documents contain the expected workplace conduct and behaviours specific to AV. The AV Code of Conduct is built on our values, professional and ethical standards, and the additional obligations we are required to adhere to as a Victorian Government Agency. Our policies and procedures are reviewed on a regular basis to ensure compliance with our legal obligations.

Additional information available upon request

In compliance with the *Standing Directions 2018* under the *Financial Management Act 1994*, AV advises that the following information, where applicable, is available to the Minister for Ambulance Services, Members of Parliament, and the public on request (subject to the provisions of the *Freedom of Information Act 1982*):

- Declarations of pecuniary interests have been duly completed by all relevant officers.
- Details of shares held by senior officers as nominee or held beneficially.
- Details of publications produced by the entity about AV, and how these can be obtained.
- Details of changes in prices, fees, charges, rates and levies charged by AV.
- Details of any major external reviews carried out on AV.
- Details of major research and development activities undertaken by AV that are not otherwise covered either in the report of operations or in a document that contains the financial statements and report of operations.
- Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit.
- Details of major promotional, public relations and marketing activities undertaken by AV to develop community awareness of AV and its services.
- Details of assessments and measures undertaken to improve the occupational health and safety of employees.
- A general statement on industrial relations within AV and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the report of operations.
- A list of major committees sponsored by AV, the purposes of each committee and the extent to which those purposes have been achieved.
- Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement

The AV website at ambulance.vic.gov.au contains information about AV and is regularly updated with the latest statistics, publications, developments and media releases.

Requests for access to this information can be directed to AV's FOI Unit **www.ambulance.vic.gov.au/freedom-of-information**.

Consultancies

Details of consultancies (under $10,000)

In 2025-26, there were no consultancies where total fees to payable to consultants was less than $10,000.

Details of consultancies (valued at $10,000 or greater)

In 2025-26, there were three consultancies where the total fees payable to consultants was $10,000 or greater. The total expenditure incurred during 2025-26 in relation to these consultancies is $263,524 (excluding GST).

Details of individual consultancies – over $10,000

CONSULTANT NAME	DESCRIPTION	TOTAL PROJECT FEE	EXPENDITURE	FUTURE EXPENDITURE COMMITTED
Avipro	Aviation Advisory Services	$424,586	$50,749	$373,837
Mayfield Advisory Pty Ltd	Independent Financial support and advice	$75,680	$19,575	$0
Macutex Pty Ltd	Building Condition and Function Audit	$971,091	$193,200	$291,480

Government advertising campaign

Nil reports

ICT expenditure

For the 2025-26 reporting period, AV had a total ICT expenditure of $46.62m (excl. GST) with the details shown below ($m).

ALL OPERATIONAL ICT EXPENDITURE	ICT EXPENDITURE RELATED TO PROJECTS TO CREATE OR ENHANCE ICT CAPABILITIES	
Business As Usual (BAU) ICT expenditure (Total)	**Non Business As Usual (non BAU) ICT expenditure (Total = Operating expenditure and Capital Expenditure)**	
$44.04m	$2.57m	
	OPERATING EXPENDITURE	CAPITAL EXPENDITURE
	$2.57m	$0.00m

Asset management accountability framework

Asset Management Accountability Framework maturity self-assessment.

AV's self-assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF) is a non-prescriptive, devolved accountability model of asset management that requires compliance with 41 mandatory requirements.

AV's target maturity rating is 'competence', meaning systems and processes are fully in place, consistently applied and systematically meeting the AMAF requirements, including a continuous improvement process to expand system performance above AMAF minimum requirements.

Results

Leadership and Accountability (requirements 1-19)

AV has met its target maturity level for most of the requirements within this category. There were no material non-compliances reported in this category. There are initiatives and plans currently underway to improve our maturity rating in the asset level of service and performance reporting process.

Planning (requirements 20-23)

AV has met its target maturity level in this category.

Acquisition (requirements 24 and 25)

AV has met its target maturity level in this category.

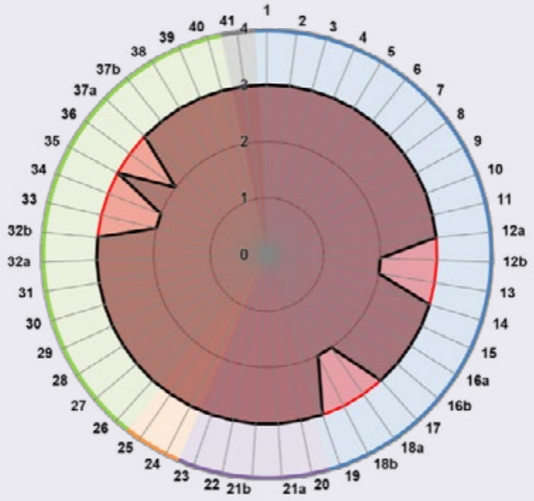
Operation (requirements 26-40)

AV has met its target maturity level for most requirements within this category and is working toward compliance in the area of information management. There were no material non-compliances reported in this category.

AV is developing a plan to aggregate and modernise the capture of asset information through the implementation of new asset information management systems with improved functionality for planning, monitoring and reporting of asset performance. This will also further mature the organisation's information management and record keeping practices.

Disposal (requirement 41)

AV has met its target maturity level in this category.



AMAF MATURITY LEVEL	Scale
Innocence	0
Awareness	1
Developing	2
Competence	3
Optimising	4

Financial summary

AV delivered a $10.7 million Operating Result surplus for 2025-26.

Whilst the operating result is the key measure used to monitor health services financial performance, it excludes bad and doubtful debts, of which AV incurred $26.7 million during the year and is included in Other Economic Flows and Net Result.

AV's net result was therefore a $16.3 million deficit in 2025-26.

SUMMARY OF FINANCIAL RESULTS	2025-26 $000	2024-25 $000	2023-24 $000	2022-23 $000	2021-22 $000
Operating Result*	**10,729**	54,895	(26,822)	498	23,396
Total Income from Transactions	**1,640,080**	1,638,311	1,482,636	1,614,373	1,481,874
Total Expenses from Transactions	**(1,642,973)**	(1,593,283)	(1,494,416)	(1,607,483)	(1,453,587)
Net Result from Transactions	**(2,893)**	45,028	(11,780)	6,890	28,287
Total Other Economic Flows	**(13,395)**	(17,566)	(14,940)	(44,133)	357
Net Result	**(16,288)**	27,462	(26,720)	(37,243)	28,644
Total Assets	**1,410,192**	1,386,607	1,399,989	1,039,734	1,065,675
Total Liabilities	**978,448**	938,576	960,655	702,954	716,849
Net Assets	**431,744**	448,031	439,333	336,780	348,826

* The Operating Result is the result for which AV is monitored in its Statement of Priorities.

RECONCILIATION BETWEEN NET RESULT FROM TRANSACTIONS AND OPERATING RESULT	2025-26 $000
Operating Result	**10,729**
Capital and Specific Items	
Capital Purpose Income	**128,873**
Other Non-Operating Expenses	**(495)**
Depreciation and Amortisation	**(119,506)**
Finance Costs	**(22,494)**
Net Result from Transactions	**(2,893)**

Disclosure index

The annual report of Ambulance Victoria is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the department's compliance with statutory disclosure requirements.

Legislation	Requirement	Page
REPORT OF OPERATIONS		
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	70, 89
FRD 22	Purpose, functions, powers, and duties	8-73
FRD 22	Nature and range of services provided	8-73
FRD 22	Activities, programs, and achievements for the reporting period	8-73
FRD 22	Significant changes in key initiatives and expectations for the future	8-73
Management and structure		
FRD 22	Organisational structure	80
FRD 22	Workforce data/employment and conduct principles	56
FRD 22	Workforce inclusion policy	94-97
FRD 22	Occupational Health and Safety	58-60
Financial and other information		
FRD 22	Summary of the financial results for the year	101
FRD 22	Significant changes in financial position during the year	101
FRD 22	Operational and budgetary objectives and performance against objectives	81-87, 90-93
FRD 22	Subsequent events	135
FRD 22	Details of consultancies under $10,000	98
FRD 22	Details of consultancies over $10,000	98
FRD 22	Disclosure of government advertising expenditure	99
FRD 22	Disclosure of ICT expenditure	99
FRD 22	Asset Management Accountability Framework	100
FRD 22	Disclosure of emergency procurement	Nil to report
FRD 22	Disclosure of social procurement activities under the Social Procurement Framework	69
FRD 22	Disclosure of procurement complaints	Nil to report
FRD 22	Disclosure of reviews and study expenses	Nil to report
FRD 22	Disclosure of grants and transfer payments	Nil to report
FRD 22	Application and operation of *Freedom of Information Act 1982*	94
FRD 22	Compliance with building and maintenance provisions of *Building Act 1993*	95
FRD 22	Application and operation of *Public Interest Disclosure Act 2012*	96
FRD 22	Statement on National Competition Policy	96
FRD 22	Application and operation of *Carers Recognition Act 2012*	96
FRD 22	Additional information available on request	97
FRD 24	Environmental data reporting	61
FRD 25	*Local Jobs First Act 2003* disclosures	96
Compliance attestation and declaration		
SD 5.1.4	Financial Management Compliance attestation	11
SD 5.2.3	Declaration in Report of Operations	11
	Attestation on Data Integrity	11
	Attestation on managing Conflicts of Interest	11
	Attestation on Integrity, Fraud, and Corruption	11
Other reporting requirements		
	Reporting of outcomes from Statement of Priorities 2025-26	81-89
	Occupational Violence reporting	60
FINANCIAL STATEMENTS		
Declaration		
SD 5.2.2	Declaration in financial statements	104
Other requirements under Standing Directions 5.2		
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	104
SD 5.2.1(a)	Compliance with Standing Directions	104
Other disclosures as required by FRDs in notes to the financial statements		
FRD 11	Disclosure of Ex gratia Expenses	135
FRD 103	Non-Financial Physical Assets	105
FRD 110	Cash Flow Statements	111
FRD 112	Defined Benefit Superannuation Obligations	117
FRD 114	Financial Instruments – general government entities and public non-financial corporations	127-128

Financial report

Board Chair's, Chief Executive Officer's and Chief Financial Officer's Declaration

The attached financial statements for Ambulance Victoria have been prepared in accordance with Direction 5.2 of the Standing Directions of the Minister for Finance under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2026 and the financial position of Ambulance Victoria at 30 June 2026.

At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on 5 October 2026.

Andrew Crisp
Chair of the Board

Melbourne
5 October 2026

Jordan Emery
Chief Executive Officer

Melbourne
5 October 2026

Jessica Lambous
Chief Financial Officer

Melbourne
5 October 2026

VAGO
Victorian Auditor-General's Office

Independent Auditor's Report

To the Board of Ambulance Victoria

Opinion

I have audited the financial report of Ambulance Victoria which comprises the:

- balance sheet as at 30 June 2026
- comprehensive operating statement for the year then ended
- statement of changes in equity for the year then ended
- cash flow statement for the year then ended
- notes to the financial statements, including material accounting policy information
- board chair's, chief executive officer's and chief financial officer's declaration.

In my opinion the financial report presents fairly, in all material respects, the financial position of Ambulance Victoria as at 30 June 2026 and its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and applicable Australian Accounting Standards.

Basis for Opinion

I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

My independence is established by the *Constitution Act 1975.* My staff and I are independent of Ambulance Victoria in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Board's responsibilities for the financial report

The Board of Ambulance Victoria is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Financial Management Act 1994*, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Board is responsible for assessing Ambulance Victoria's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

Level 31 / 35 Collins Street, Melbourne Vic 3000
T 03 8601 7000 enquiries@audit.vic.gov.au www.audit.vic.gov.au

Auditor's responsibilities for the audit of the financial report

As required by the *Audit Act 1994,* my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ambulance Victoria's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board
- conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on Ambulance Victoria's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause Ambulance Victoria to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



MELBOURNE
9 October 2026

Sanchu Chummar
as delegate for the Auditor-General of Victoria

Financial Statement Contents

FINANCIAL STATEMENTS		
Comprehensive Operating Statement		108
Balance Sheet		109
Statement Of Changes in Equity		110
Cash Flow Statement		111
NOTES TO THE FINANCIAL STATEMENTS		
1	**Basis of Preparation**	**112**
1.1	Basis of Preparation	112
1.2	Material Accounting Estimates and Judgements	112
1.3	Accounting Standards Issued but Not Yet Effective	112
1.4	Reporting Entity	112
1.5	Economic Dependency	113
1.6	Change in Accounting Policy	113
2	**Funding Delivery of Our Services**	**114**
2.1	Revenue and Income from Transactions	114
3	**The Cost of Delivering Services**	**116**
3.1	Expenses Incurred in the Delivery of Services	116
4	**Key Assets to Support Service Delivery**	**119**
4.1	Property, Plant and Equipment	119
4.2	Intangible Assets	120
4.3	Depreciation and Amortisation	121
4.4	Impairment of Assets	121
5	**Other Assets and Liabilities**	**122**
5.1	Receivables	122
5.2	Contract Assets	122
5.3	Payables	123
5.4	Contract Liabilities	123
6	**How We Financed Our Operations**	**124**
6.1	Borrowings	124
6.2	Cash and Cash Equivalents	126
6.3	Commitments for Expenditure	126
6.4	Non-Cash Financing and Investing Activities	126
7	**Risks, Contingencies and Valuation Uncertainties**	**127**
7.1	Financial Instruments	127
7.2	Financial Risk Management Objectives and Policies	128
7.3	Contingent Assets and Contingent Liabilities	130
7.4	Fair Value Determination	130
8	**Other Disclosures**	**133**
8.1	Reconciliation of Net Result to Net Cash Flows from Operating Activities	133
8.2	Responsible Persons Disclosures	133
8.3	Remuneration of Executives	134
8.4	Related Parties	134
8.5	Remuneration of Auditors	135
8.6	Ex-Gratia Payments	135
8.7	Events Occurring After Balance Sheet Date	135
8.8	Equity	135

Comprehensive Operating Statement

For the Financial Year Ended 30 June 2026

	NOTE	2026 $'000	2025 $'000
REVENUE AND INCOME FROM TRANSACTIONS			
Revenue from Contracts with Customers	2.1(a)	**369,515**	368,531
Government Grants	2.1(b)	**1,263,461**	1,262,033
Other income	2.1(c)	**7,104**	7,747
TOTAL REVENUE AND INCOME FROM TRANSACTIONS		**1,640,080**	1,638,311
EXPENSES FROM TRANSACTIONS			
Employee Expenses	3.1(a)	**(1,188,696)**	(1,155,077)
Supplies and Services	3.1(d)	**(218,613)**	(212,242)
Other Operating Expenses	3.1(e)	**(116,158)**	(112,358)
Depreciation and Amortisation	4.3	**(119,506)**	(113,607)
TOTAL EXPENSES FROM TRANSACTIONS		**(1,642,973)**	(1,593,283)
NET RESULT FROM TRANSACTIONS - NET OPERATING BALANCE		**(2,893)**	45,028
OTHER ECONOMIC FLOWS INCLUDED IN NET RESULT			
Net Gain/(Loss) on Financial Instruments		**(26,736)**	(26,732)
Net Gain/(Loss) on Sale of Non-Financial Assets		**44**	385
Other Gain/(Loss) from Other Economic Flows		**13,297**	8,781
TOTAL OTHER ECONOMIC FLOWS INCLUDED IN NET RESULT		**(13,395)**	(17,566)
NET RESULT		**(16,288)**	27,462
OTHER ECONOMIC FLOWS - OTHER COMPREHENSIVE INCOME			
Items that will not be reclassified to Net Result			
Changes in Property, Plant and Equipment Revaluation Surplus		-	(18,764)
Total Other Comprehensive Income		-	(18,764)
COMPREHENSIVE RESULT		**(16,288)**	8,698

This statement should be read in conjunction with the accompanying notes.

Balance Sheet

As at 30 June 2026

	NOTE	2026 $'000	2025 $'000
FINANCIAL ASSETS			
Cash and Cash Equivalents	6.2	**30,925**	29,612
Receivables	5.1	**272,821**	245,339
Contract Assets	5.2	**6,647**	547
TOTAL FINANCIAL ASSETS		**310,393**	275,497
NON-FINANCIAL ASSETS			
Prepayments		**13,188**	12,958
Inventories		**5,278**	6,075
Property, Plant and Equipment	4.1	**1,080,200**	1,090,099
Intangible Assets	4.2	**1,133**	1,978
TOTAL NON-FINANCIAL ASSETS		**1,099,799**	1,111,110
TOTAL ASSETS		**1,410,192**	1,386,607
LIABILITIES			
Payables	5.3	**87,179**	76,859
Contract Liabilities	5.4	**63,864**	60,780
Borrowings	6.1	**425,263**	420,511
Employee Benefits	3.1(b)	**396,938**	375,751
Other Provisions		**5,204**	4,675
TOTAL LIABILITIES		**978,448**	938,576
NET ASSETS		**431,744**	448,031
EQUITY			
Property, Plant and Equipment Revaluation Surplus		**224,502**	224,502
Contributed Capital		**187,644**	187,644
Accumulated Surplus/(Deficit)		**19,597**	35,885
TOTAL EQUITY		**431,744**	448,031

This statement should be read in conjunction with the accompanying notes.

Statement of Changes in Equity

For the Financial Year Ended 30 June 2026

	Property, Plant & Equipment Revaluation Surplus	Contributed Capital	Accumulated Surplus/ (Deficit)	Total Equity
	$'000	$'000	$'000	$'000
Balance at 1 July 2024	243,266	187,644	8,423	439,333
Net Result for the year	-	-	27,462	27,462
Other Comprehensive Income for the year	(18,764)	-	-	(18,764)
Balance at 30 June 2025	**224,502**	**187,644**	**35,885**	**448,031**
Net Result for the year	**-**	**-**	**(16,288)**	**(16,288)**
Balance at 30 June 2026	**224,502**	**187,644**	**19,597**	**431,744**

This statement should be read in conjunction with the accompanying notes.

Cash Flow Statement

For the Financial Year Ended 30 June 2026

	NOTE	2026 $'000	2025 $'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from Government		**1,241,705**	1,208,799
Transport and Membership Fees Received		**326,342**	311,346
Donations and Bequests Received		**1,202**	887
GST Received from ATO		**38,636**	40,407
Other Receipts		**11,858**	13,258
Total Receipts		**1,619,742**	1,574,696
Payments to Employees		**(1,079,955)**	(1,084,576)
Payments for Supplies and Services		**(420,675)**	(399,099)
Other Payments		**(22,494)**	(21,641)
Total Payments		**(1,523,123)**	(1,505,316)
NET CASH FLOWS FROM/(USED IN) OPERATING ACTIVITIES	8.1	**96,619**	69,380
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from Sale of Non-Financial Assets		**3,336**	4,253
Purchase of Non-Financial Assets		**(33,822)**	(38,764)
NET CASH FLOWS FROM/(USED IN) INVESTING ACTIVITIES		**(30,487)**	(34,511)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of Borrowings		**(64,820)**	(56,077)
NET CASH FLOWS FROM/(USED IN) FINANCING ACTIVITIES		**(64,820)**	(56,077)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS HELD		**1,313**	(21,208)
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR		**29,612**	50,820
CASH AND CASH EQUIVALENTS AT END OF YEAR	6.2	**30,925**	29,612

This statement should be read in conjunction with the accompanying notes.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2026

NOTE 1: ABOUT THIS REPORT

Structure
1.1 Basis of Preparation
1.2 Material Accounting Estimates and Judgements
1.3 Accounting Standards Issued But Not Yet Effective
1.4 Reporting Entity
1.5 Economic Dependency
1.6 Change in Accounting Policy

These financial statements represent the financial statements for Ambulance Victoria (AV) for the year ended 30 June 2026.

This section explains the basis of preparing the financial statements.

NOTE 1.1: BASIS OF PREPARATION

These general purpose financial statements have been prepared in accordance with the *Financial Management Act 1994* (FMA) and applicable Australian Accounting Standards (AASs), which include interpretations, issued by the Australian Accounting Standards Board (AASB).

Where appropriate, those AASs paragraphs applicable to not-for-profit entities have been applied. Accounting policies selected and applied in these financial statements ensure the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The accrual basis of accounting has been applied in preparing these financial statements, whereby assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

Consistent with the requirements of AASB 1004 *Contributions* , contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of Ambulance Victoria.

The financial statements have been prepared on a going concern basis (refer to Note 1.5 Economic Dependency).

The financial statements are presented in Australian dollars.

The amounts presented in the financial statements have been rounded to the nearest thousand dollars. Minor discrepancies in tables between totals and sum of components are due to rounding.

The annual financial statements were authorised for issue by the Board of AV on 5 October 2026.

NOTE 1.2: MATERIAL ACCOUNTING ESTIMATES AND JUDGEMENTS

Management makes estimates and judgements when preparing the financial statements.

These estimates and judgements are based on historical knowledge and the best available current information and assume any reasonable expectation of future events. Actual results may differ.

Revisions to estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision.

The material accounting judgements and estimates used, and any changes thereto, are identified at the beginning of each section where applicable and relate to the following disclosures:

. Note 2.1: Revenue and Income from Transactions
. Note 3.1: Expenses Incurred in the Delivery of Services
. Note 4.1: Property, Plant and Equipment
. Note 4.3: Depreciation and Amortisation
. Note 5.1: Receivables
. Note 5.2: Contract Assets
. Note 5.3: Payables
. Note 5.4: Contract Liabilities
. Note 6.1(a): Lease Liabilities
. Note 7.4: Fair Value Determination

NOTE 1.3: ACCOUNTING STANDARDS ISSUED BUT NOT YET EFFECTIVE
An assessment of accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to AV are not expected to have material impact on the financial statements.

. AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities*
. AASB 2022-9 *Amendments to Australian Accounting Standards – Insurance Contracts in the Public Sector*
. AASB 2024-2 *Amendments to Australian Accounting Standards – Classification and Measurement of Financial Instruments*
. AASB 18 *Presentation and Disclosure in Financial Statements*

There are no other accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to AV in future periods.

NOTE 1.4: REPORTING ENTITY
The financial statements include all controlled activities of AV, including AV auxiliaries.

AV's principal address is:
375 Manningham Road
Doncaster
Victoria 3108

A description of the nature of AV's operations and its principal activities is included in the report of operations, which does not form part of these financial statements.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2026

NOTE 1: ABOUT THIS REPORT (Continued)

NOTE 1.5: ECONOMIC DEPENDENCY

AV is a public entity governed and managed in accordance with the *Ambulance Services Act 1986* and its results form part of the Victorian General Government consolidated financial position. AV provides essential services and is predominantly dependent on the continued financial support of the State Government, particularly the Department of Health. The State of Victoria plans to continue AV's operations and on that basis, the financial statements have been prepared on a going concern basis.

NOTE 1.6: CHANGE IN ACCOUNTING POLICY

Right of Use Assets
AV has made a change in accounting policy to change the measurement basis from the revaluation model to the cost model for the subsequent measurement of right of use assets arising from market leases, in accordance with the updated requirements under FRD 104 *Leases* .

Previously, AV had measured all Right of use assets arising from market leases using the revaluation model under AASB 13. Following the change in accounting policy, AV will measure all right of use assets using the cost model. Right of use assets measured using the cost model are held at cost less accumulated depreciation and impairment and any adjustments for remeasurement of lease liability. Periodic revaluations are not required, however, the cost model requires annual impairment assessments in accordance with AASB 136.

Upon the adoption of the cost model, AV has applied a modified retrospective approach. The approach takes the right of use asset's carrying amounts recorded under the revaluation model as at 30 June 2025, as the right of use asset's opening balances on application of the cost model. Accordingly, the comparative information presented is not restated and is reported at the previously determined fair value.

Right of Use Assets arising from significantly below-market leases
AV is not required to make any adjustments to right of use assets arising from significantly below-market leases, including peppercorn leases, as AV already measures these right of use assets using the cost model in accordance with AASB 16 and FRD 104, and are thus not impacted as a result of this accounting policy change.

Impacts on Financial Statements
On transition to the cost model, there was no impact on AV's financial statements. No impairment was identified by AV for the right of use asset held as at 30 June 2026.

NOTE 2: FUNDING DELIVERY OF OUR SERVICES

AV's overall objective is to improve the health of Victorians by delivering innovative, high-quality ambulance services.
AV predominantly receives income (grants) for the provision of services. AV also receives income from the supply of services.

Structure
2.1 Revenue and Income from Transactions

Material judgements and estimates
This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Identifying performance obligations	AV applies material judgment when reviewing the terms and conditions of funding agreements and contracts to determine whether they contain sufficiently specific and enforceable performance obligations. If this criterion is met, the contract/funding agreement is treated as a contract with a customer, requiring AV to recognise revenue as or when AV transfers promised goods or services to beneficiaries. If this criterion is not met, funding is recognised immediately in the net result from operations.
Determining timing of revenue recognition	AV applies material judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation. A performance obligation is either satisfied at a point in time or over time.
Determining time of capital grant income recognition	AV applies material judgement to determine when its obligation to construct an asset is satisfied. Costs incurred is used to measure AV's progress as this is deemed to be the most accurate reflection of the stage of completion.

NOTE 2.1: REVENUE AND INCOME FROM TRANSACTIONS	NOTE	2026 $'000	2025 $'000
Revenue from Contracts with Customers	2.1(a)	**369,515**	368,531
Government Grants	2.1(b)	**1,263,461**	1,262,033
Other Income	2.1(c)	**7,104**	7,747
TOTAL REVENUE AND INCOME FROM TRANSACTIONS		**1,640,080**	1,638,311

NOTE 2.1(a): REVENUE FROM CONTRACTS WITH CUSTOMERS

Government Grants (State) - Operating	**4,620**	4,278
Government Grants (State) - Capital	**2,919**	3,444
Transport Fees	**246,110**	247,140
Membership Scheme	**109,346**	106,232
Other Services	**6,520**	7,438
Total Revenue from Contracts with Customers	**369,515**	368,531

AV disaggregates revenue by the timing of revenue recognition.

Goods and Services Transferred to Customers:		
At a Point in Time	**258,935**	261,090
Over Time	**110,580**	107,441
Total Revenue from Contracts with Customers	**369,515**	368,531

How We Recognise Revenue from Contracts with Customers

Government Grants
Revenue from government grants that are enforceable and contain sufficiently specific performance obligations are accounted for as revenue from contracts with customers under AASB 15.

The types of government grants recognised under AASB 15 *Revenue from Contracts with Customers* includes:

Government Grant	Performance Obligation
Rural Digital Upgrade	Transition AV's regional communications from StateNet Mobile Radio analogue to the Regional Mobile Radio digital network, replacing incompatible analogue terminals. Revenue is recognised over time, based on achievement of project milestones and specified deliverables.
Clinical Technology Refresh	Replace highest at-risk technology infrastructure, focusing on network devices. Revenue is recognised over time, based on achievement of project milestones and specific replacement deliverables.
Security Operations Centre	Implement and support the Security Operations Centre managed service for Your Health service. Revenue is recognised over time, based on achievement of project milestones and specified deliverables.
TelePROMPT	Provide telehealth pre-hospital mental health services statewide to improve patient outcomes. Revenue is recognised over time, as and when services are delivered.

Performance obligations align with the terms and conditions of the funding agreements.

Transport Fees
Transport fees are charges that can be levied on customers (usually the patients) for services they receive that aligns with the conditions of providing ambulance transport or attendance, and/or patient treatment, as set out in AV's Billing and Collections Policy. Transport Revenue is recognised at a point in time when the performance obligation, the provision of services i.e. the transport and/or treatment, is satisfied.

Membership Scheme
AV Membership provides ambulance service coverage to subscribers at no additional charge during the period of membership. Coverage is provided on a daily basis over the membership period. Membership revenue is recognised over time, as the performance obligation, the coverage, is provided to subscribers.

Other Services
Revenue from other services include items such as event attendance fees, training, secondments, non-property rental, clinical trials and research. Revenue is recognised at a point in time upon provision of the goods or service to the customer.

NOTE 2: FUNDING DELIVERY OF OUR SERVICES (Continued)

NOTE 2.1(b): GOVERNMENT GRANTS	NOTE	2026 $'000	2025 $'000
Operating Activities			
Government Grants (State) - Operating		**1,137,507**	1,139,945
Government Grants (State) - Capital		**125,954**	122,088
Total Government Grants		**1,263,461**	1,262,033

How We Recognise Government Grants

Government Operating Grants
AV recognises income of not-for-profit entities under AASB 1058 where it has been earned under arrangements that are either not enforceable or linked to sufficiently specific performance obligations.

Income from grants without any sufficiently specific performance obligations or that are not enforceable, is recognised when AV has an unconditional right to receive cash, which usually coincides with receipt of cash. On initial recognition of the asset, AV recognises any related contributions by owners, increases in liabilities, decreases in assets or revenue (related amounts) in accordance with other Australian Accounting Standards. Related amounts may take the form of:

- . contributions by owners, in accordance with AASB 1004 *Contributions*
- . revenue or contract liability arising from a contract with a customer, in accordance with AASB 15
- . a lease liability in accordance with AASB 16 *Leases*
- . a financial instrument, in accordance with AASB 9 *Financial Instruments*
- . a provision, in accordance with AASB 137 *Provisions, Contingent Liabilities and Contingent Assets.*

Capital Grants
Where AV receives a capital grant it recognises a liability, equal to the financial asset received less amounts recognised under other Australian Accounting Standards.

Income is recognised in accordance with AASB 1058 progressively as the asset is constructed which aligns with AV's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

Non-Cash Contributions from the Department of Health (DH)
DH makes some payments on behalf of AV as follows:

Supplier	Description
Victorian Managed Insurance Authority (VMIA)	DH purchases non-medical indemnity insurance for AV which is paid directly to the Victorian Managed Insurance Authority. To record this contribution, such payments are recognised as income with a matching expense in the net result from transactions.
Victorian Infrastructure Delivery Authority	DH made payments to the Victorian Infrastructure Delivery Authority to fund capital works projects during the year ended 30 June 2026, on behalf of AV.
Department of Health	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements with DH.

NOTE 2.1(c): OTHER INCOME

Operating Activities			
Assets and Services Received Free of Charge	2.1(d)	**1,799**	1,408
Other Income from Operating Activities		**1,562**	1,587
		3,361	2,995
Non-Operating Activities			
Interest Income		**3,680**	4,707
Other Revenue from Non-Operating Activities		**63**	45
Total Other Sources of Income from Non-Operating Activities		**3,743**	4,752
TOTAL OTHER SOURCES OF INCOME		**7,104**	7,747

Other Income from Operating Activities
Other income includes salary and non-salary recoveries and are recognised as income upon receipt.

Interest Income
Interest income is recognised on a time proportionate basis that considers the effective yield of the financial asset, which allocates interest over the relevant period.

NOTE 2.1(d): FAIR VALUE OF ASSETS AND SERVICES RECEIVED FREE OF CHARGE

Donations and Bequests	**1,364**	1,056
Plant and Equipment	**435**	352
TOTAL FAIR VALUE OF ASSETS AND SERVICES RECEIVED FREE OF CHARGE	**1,799**	1,408

How We Recognise the Fair Value of Assets and Services Received Free of Charge or For Nominal Consideration

Donations and Bequests
Donations and bequests are generally recognised as income upon receipt (which is when AV obtains control of the asset) as they do not contain sufficiently specific and enforceable performance obligations. Where sufficiently specific and enforceable performance obligations exist, revenue is recorded as and when the performance obligation is satisfied.

Contributions of Resources
AV may receive resources for nil or nominal consideration to further its objectives. The resources are recognised at their fair value when AV obtains control over the resources, irrespective of whether restrictions or conditions are imposed over the use of the contributions.

The exception to this policy is when an asset is received from another government agency or department as a consequence of a restructuring of administrative arrangements, in which case the asset will be recognised at its carrying value in the financial statements of AV as a capital contribution transfer.

NOTE 3: THE COST OF DELIVERING OUR SERVICES

This section provides an account of the expenses incurred by AV in delivering services. In Note 2, the funds that enable the provision of services were disclosed and in this note the costs associated with provision of services are disclosed.

Structure
3.1 Expenses Incurred in the Delivery of Services

Material judgements and estimates
This section contains the following material judgements and estimates:

Material Judgements and Estimates	Description
Classifying employee benefit liabilities	AV applies material judgment when classifying its employee benefit liabilities. Employee benefit liabilities are classified as a current liability if AV does not have an unconditional right to defer payment beyond 12 months. Annual leave, accrued days off and long service leave entitlements (for staff who have exceeded the minimum vesting period) fall into this category. Employee benefit liabilities are classified as a non-current liability if AV has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category.
Measuring employee benefit liabilities	AV applies material judgment when measuring its employee benefit liabilities. AV applies judgement to determine when it expects its employee entitlements to be paid. With reference to historical data, if AV does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments to employees Expected future payments incorporate: . an inflation rate of 4.150% (2025: 4.250%), reflecting the future wage and salary levels . durations of service and employee departures, which are used to determine the estimated value of long service leave that will be taken in the future, for employees who have not yet reached the vesting period. The estimated rates are between 49% and 100% . discounting at the rate of 4.736% (2025: 4.203%) as determined with reference to market yields on government bonds at the end of the reporting period. All other entitlements are measured at their nominal value.

NOTE 3.1: EXPENSES INCURRED IN THE DELIVERY OF SERVICES	NOTE	2026 $'000	2025 $'000
Employee Expenses	3.1(a)	**1,188,696**	1,155,077
Supplies and Services	3.1(d)	**218,613**	212,242
Other Operating Expenses	3.1(e)	**116,158**	112,358
TOTAL EXPENSES INCURRED IN THE DELIVERY OF SERVICES		**1,523,467**	1,479,677

NOTE 3.1(a): EMPLOYEE EXPENSES

	2026 $'000	2025 $'000
Salaries and Wages	**992,426**	964,108
On Costs	**115,109**	108,736
Agency Expenses	**6,634**	12,213
Workcover Premium	**74,527**	70,020
Total Employee Expenses	**1,188,696**	1,155,077

How We Recognise Employee Expenses
Employee expenses include salaries and wages, fringe benefits tax, leave entitlements, termination payments, WorkCover payments and agency expenses.

NOTE 3.1(b): EMPLOYEE BENEFITS IN THE BALANCE SHEET

	2026 $'000	2025 $'000
Current Employee Benefits and Related On-costs		
Accrued Days Off		
Unconditional and expected to be wholly settled within 12 months [i]	**19,048**	17,383
	19,048	17,383
Annual Leave		
Unconditional and expected to be wholly settled within 12 months [i]	**62,611**	59,511
Unconditional and expected to be wholly settled after 12 months [ii]	**2,448**	2,111
	65,059	61,622
Long Service Leave		
Unconditional and expected to be wholly settled within 12 months [i]	**20,752**	21,704
Unconditional and expected to be wholly settled after 12 months [ii]	**162,177**	151,610
	182,929	173,313
Other		
Unconditional and expected to be wholly settled within 12 months [i]	**6,465**	4,271
	6,465	4,271
Provisions Related to Employee Benefit On-Costs		
Unconditional and expected to be wholly settled within 12 months [i]	**24,911**	22,734
Unconditional and expected to be wholly settled after 12 months [ii]	**37,666**	33,972
	62,577	56,706
Total Current Employee Benefits and Related On-costs	**336,078**	313,297
Non-Current Employee Benefits and Related On-costs [ii]		
Conditional Long Service Leave	**49,528**	51,150
Provisions Related to Employee Benefit On-Costs	**11,332**	11,304
Total Non-Current Employee Benefits and Related On-costs	**60,860**	62,454
TOTAL EMPLOYEE BENEFITS AND RELATED ON-COSTS	**396,938**	375,751

[i] The amounts disclosed are nominal amounts.
[ii] The amounts disclosed are discounted to present values.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2026

NOTE 3.1(b): EMPLOYEE BENEFITS IN THE BALANCE SHEET (Continued)	2026 $'000	2025 $'000
Provision for Related On-Costs Movement Schedule		
Carrying Amount at Start of Year	**68,010**	59,385
Additional Provisions Recognised	**1,953**	2,692
Amounts Incurred During the Year	**6,435**	7,436
Net Gain/(Loss) Arising from Revaluation of Long Service Liability	**(2,490)**	(1,503)
Carrying Amount at End of Year	**73,908**	68,010

How We Recognise Employee Benefits

Employee Benefit Recognition
Employee benefits are accrued for employees in respect of accrued days off, annual leave and long service leave for services rendered to the reporting date.

No provision has been made for sick leave as all sick leave is non-vesting and it is not considered probable that the average sick leave taken in the future will be greater than the benefits accrued in the future. As sick leave is non-vesting, an expense is recognised in the Statement of Comprehensive Income as sick leave is taken.

Annual Leave and Accrued Days Off
Liabilities for annual leave and accrued days off are recognised in the provision for employee benefits as 'current liabilities' because AV does not have an unconditional right to defer settlements of these liabilities.

Depending on the expectation of the timing of settlement, liabilities for annual leave and accrued days off are measured at:
. Nominal value – if AV expects to wholly settle within 12 months or
. Present value – if AV does not expect to wholly settle within 12 months.

Long Service Leave
The liability for long service leave (LSL) is recognised in the provision for employee benefits.

Unconditional LSL is disclosed in the notes to the financial statements as a current liability even where AV does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months. An unconditional right arises after a qualifying period.

The components of this current LSL liability are measured at:
. Nominal value – if AV expects to wholly settle within 12 months or
. Present value – if AV does not expect to wholly settle within 12 months.

Conditional LSL is measured at present value and is disclosed as a non-current liability. Any gain or loss following the revaluation of the present value of the non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in estimations e.g. bond rate movements, inflation rate movements and changes in probability factors, which are then recognised as an other economic flow.

Termination Benefits
Termination benefits are payable when employment is terminated before the normal retirement date or when an employee accepts an offer of benefits in exchange for the termination of employment.

Provision for On-Costs related to Employee Benefits
Employment on-costs such as workers compensation and superannuation are not employee benefits. They are disclosed separately as a component of the provision for employee benefits when the employment to which they relate has occurred.

NOTE 3.1(c): SUPERANNUATION	Paid Contribution for the Year		Contribution Outstanding at Year End	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Defined Benefit Plans [i]				
Emergency Services Superannuation Fund	**98,164**	93,035	**282**	257
Defined Contribution Plans				
Emergency Services Superannuation Fund	**7,780**	7,534	**18**	26
Other	**8,636**	7,862	**230**	22
Total	**114,579**	108,430	**530**	305

[i] The basis for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans.

How We Recognise Superannuation
Employees of AV are entitled to receive superannuation benefits and AV contributes to both defined benefit and defined contribution plans.

Defined Benefit Superannuation Plan
A defined benefit plan provides benefits based on years of service and final average salary, and is operated by the Emergency Services Superannuation Fund (ESSS Defined Benefit Fund). The amount charged to the Comprehensive Operating Statement in respect of defined benefit superannuation plan represents the contributions made by AV to the superannuation plan in respect of the services of current AV staff during the reporting period. Superannuation contributions are made to the plan based on the relevant rules of the plan and are based upon actuarial advice.

AV does not recognise any unfunded liability in respect of the defined benefit plans because AV has no legal or constructive obligation to pay future benefits relating to its employees, its only obligation is to pay superannuation contributions as they fall due.

The Department of Treasury and Finance discloses the State's defined benefits liabilities in its disclosure for administered items. However, superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Comprehensive Operating Statement of AV.

Defined Contribution Superannuation Plans
Defined contribution (i.e., accumulation) superannuation plan expenditure is simply the employer contributions that are paid or payable in respect of employees who are members of these plans during the reporting period. Contributions to defined contribution superannuation plans are expensed when incurred.

NOTE 3.1: EXPENSES INCURRED IN THE DELIVERY OF SERVICES (Continued)	2026	2025
	$'000	$'000
NOTE 3.1(d): SUPPLIES AND SERVICES		
Contract Services	**171,944**	165,651
Medical Supplies	**24,605**	24,306
Fleet Consumables	**11,441**	11,182
Other Supplies and Consumables	**10,623**	11,103
Total Supplies and Services	**218,613**	212,242

NOTE 3.1(e): OTHER OPERATING EXPENSES

Finance Cost	**22,494**	21,641
Repairs and Maintenance	**20,001**	20,146
Other Administration Expenses	**69,479**	65,409
Expenditure for Capital Purposes	**3,259**	2,703
Expenses Related to Short Term and Low Value Leases	**430**	2,306
Other Expenses	**495**	153
Total Other Operating Expenses	**116,158**	112,358

How We Recognise Expenses From Transactions

Expense Recognition

Expenses are recognised as they are incurred and reported in the financial year to which they relate.

Supplies and Services

Supplies and service contract costs are recognised as an expense in the reporting period in which they are incurred. The carrying amounts of any inventories held for distribution are expensed when distributed.

Other Operating Expenses

Other Operating expenses generally represent the day-to-day running costs incurred in normal operations.

DH also makes certain payments on behalf of AV. These amounts have been brought to account in determining the operating result for the year, by recording them as revenue and recording a corresponding expense.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2026

NOTE 4: KEY ASSETS TO SUPPORT SERVICE DELIVERY

AV controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the key resources that have been entrusted to AV to be utilised for delivery of those services.

Structure

4.1 Property, Plant and Equipment
4.2 Intangible Assets
4.3 Depreciation and Amortisation
4.4 Impairment of Assets

Material Judgements and Estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Estimating useful life of property, plant and equipment	AV assigns an estimated useful life to each item of property, plant and equipment. This is used to calculate depreciation of the asset. AV reviews the useful life and depreciation rates of all assets at the end of each financial year and where necessary, records a change in accounting estimate.
Estimating useful life of right of use assets	The useful life of each right of use asset is typically the respective lease term, except where AV is reasonably certain to exercise a purchase option contained within the lease, in which case the useful life reverts to the estimated useful life of the underlying asset. AV applies material judgement to determine whether or not it is reasonably certain to exercise such purchase options.

NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT

	Gross Carrying Amount		Accumulated Depreciation		Net Carrying Amount	
	2026	2025	**2026**	2025	**2026**	2025
	$'000	$'000	**$'000**	$'000	**$'000**	$'000
Land at Fair Value - Crown	**47,051**	47,051	**-**	-	**47,051**	47,051
Land at Fair Value - Freehold	**89,331**	89,090	**-**	-	**89,331**	89,090
Land at Cost - Freehold	**28,799**	28,799	**(4,325)**	(3,708)	**24,473**	25,091
Buildings at Cost	**83,725**	-	**(49,956)**	-	**33,769**	-
Buildings at Fair Value	**404,504**	478,579	**(25,720)**	(62,252)	**378,783**	416,326
Plant, Equipment and Vehicles at Cost	**682,902**	-	**(316,403)**	-	**366,499**	-
Plant, Equipment and Vehicles at Fair Value	**326,203**	942,836	**(209,682)**	(461,918)	**116,520**	480,918
Works in Progress at Cost	**19,253**	26,727	**-**	-	**19,253**	26,727
Leasehold Improvements	**29,523**	29,009	**(25,002)**	(24,114)	**4,521**	4,896
TOTAL PROPERTY, PLANT AND EQUIPMENT	**1,711,290**	1,642,090	**(631,090)**	(551,991)	**1,080,200**	1,090,099

How We Recognise Property, Plant And Equipment

Items of property, plant and equipment are initially measured at cost and are subsequently measured at fair value less accumulated depreciation and impairment.

Where an asset is acquired for no or nominal cost, being far below the fair value of the asset, the deemed cost is its fair value at the date of acquisition. Assets transferred as part of an amalgamation/machinery of government change are transferred at their carrying amounts.

The cost of constructed non-financial physical assets includes the cost of all materials used in construction, direct labour on the project and an appropriate proportion of variable and fixed overheads.

Further information regarding fair value measurement is disclosed in Note 7.4.

NOTE 4.1(a): RECONCILIATIONS OF CARRYING AMOUNTS BY CLASS OF ASSET

	NOTE	Land	Buildings	Plant, equip & vehicles	Works in progress	Leasehold Improvements	Total
		$'000	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2024		180,608	389,528	511,996	45,328	4,831	1,132,291
Additions		4	22,017	25,772	42,397	366	90,556
Disposals		-	-	(4,940)	-	-	(4,940)
Assets Received Free of Charge		-	-	2	-	-	2
Revaluation Increments/(Decrements)[1]		(18,764)	-	-	-	-	(18,764)
Net transfers between classes		2	28,354	32,643	(60,998)	994	996
Depreciation	4.3	(618)	(23,573)	(84,556)	-	(1,296)	(110,042)
Balance at 30 June 2025	4.1	**161,232**	**416,326**	**480,918**	**26,727**	**4,896**	**1,090,099**
Additions		**240**	**16,156**	**67,199**	**29,035**	**384**	**113,014**
Disposals		**-**	**(87)**	**(4,463)**	**-**	**-**	**(4,550)**
Net Transfers between classes		**-**	**5,454**	**30,690**	**(36,509)**	**365**	**0**
Depreciation	4.3	**(618)**	**(25,298)**	**(91,324)**	**-**	**(1,123)**	**(118,363)**
Balance at 30 June 2026	4.1	**160,855**	**412,552**	**483,019**	**19,253**	**4,521**	**1,080,200**

[1] In 2024-25, AV reversed $18.8m revaluation of land held under peppercorn lease arrangement with DH and the associated revaluation reserve, as assets are required to be measured at cost under AASB 16.Aus25.1 and FRD 104 *Leases* .

Land and Buildings Carried at Valuation

Fair value assessments have been performed for all classes of assets in this purpose group and the decision was made that the movements were not material (less than or equal to 10%). As such, an independent revaluation was not required per FRD 103. In accordance with FRD 103, AV has elected to apply the practical expedient in FRD 103 Non-Financial Physical Assets and has therefore not applied the amendments to AASB 13 *Fair Value Measurement* . The amendments to AASB 13 will be applied at the earlier of the interim revaluation or next scheduled independent revaluation in 2029, in accordance with AV's revaluation cycle.

NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT (Continued)

NOTE 4.1(b): RIGHT OF USE ASSETS INCLUDED IN PROPERTY, PLANT AND EQUIPMENT

The following tables are right of use assets included in the Property, Plant and Equipment balance, presented by subsets of Land, Buildings and Plant, Equipment & Vehicles.

	Gross Carrying Amount		Accumulated Depreciation		Net Carrying Amount	
	2026	2025	**2026**	2025	**2026**	2025
	$'000	$'000	**$'000**	$'000	**$'000**	$'000
Land	**28,799**	28,799	**(4,325)**	(3,708)	**24,473**	25,091
Buildings	**83,725**	83,668	**(49,956)**	(49,311)	**33,769**	34,357
Plant, Equipment and Vehicles	**682,902**	630,315	**(316,403)**	(262,877)	**366,499**	367,438
TOTAL RIGHT OF USE ASSETS	**795,427**	742,782	**(370,685)**	(315,895)	**424,742**	426,887

	Land	Buildings	Plant, Equip & Vehicles	Total
	$'000	**$'000**	**$'000**	**$'000**
Balance at 1 July 2024	25,709	29,505	405,956	461,170
Additions	-	15,854	15,657	31,510
Disposals	-	-	(1,221)	(1,221)
Depreciation	(618)	(11,001)	(52,954)	(64,573)
Balance at 30 June 2025	**25,091**	**34,357**	**367,438**	**426,887**
Additions	**-**	**11,927**	**58,902**	**70,829**
Disposals	**-**	**-**	**(1,254)**	**(1,254)**
Depreciation	**(618)**	**(12,516)**	**(58,586)**	**(71,720)**
Balance at 30 June 2026	**24,473**	**33,769**	**366,499**	**424,742**

As a result of a change in *FRD 104 Leases* effective for reporting periods from 30 June 2026, right of use assets are measured at cost for reporting period 2026. The comparative information for reporting period 2025 is not restated and is reported at the previously determined fair value. For further information, refer to Note 7.4.

How We Recognise Right of Use Assets

Initial Recognition
Where AV enters a contract, which provides AV with the right to control the use of an identified asset for a period of time in exchange for payment, this contract is considered a lease.

Unless the lease is considered a short-term lease or a lease of a low-value asset (refer to Note 6.1 for further information) the contract gives rise to a right of use asset and corresponding lease liability, which is recognised at the lease commencement date.

The right of use asset is initially measured at cost and comprises the initial measurement of the corresponding lease liability, adjusted for:
. any lease payments made at or before the commencement date
. any initial direct costs incurred and
. an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located, less any lease incentive received.

Subsequent Measurement
Right of use assets are subsequently measured at cost less accumulated depreciation, impairment and any adjustments for remeasurement of the lease liability.

Further information regarding fair value measurement is disclosed in Note 7.4.

NOTE 4.2: INTANGIBLE ASSETS

	Gross Carrying Amount		Accumulated Amortisation		Net Carrying Amount	
	2026	2025	**2026**	2025	**2026**	2025
	$'000	$'000	**$'000**	$'000	**$'000**	$'000
Software	**28,791**	83,067	**(27,658)**	(81,089)	**1,133**	1,978
Total Intangible Assets	**28,791**	83,067	**(27,658)**	(81,089)	**1,133**	1,978

NOTE 4.2(a): RECONCILIATIONS OF THE CARRYING AMOUNTS OF EACH CLASS OF ASSET

	NOTE	Software	Total
		$'000	**$'000**
Balance at 1 July 2024		6,886	6,886
Additions		135	135
Disposals		(483)	(483)
Net transfers between classes		(996)	(996)
Amortisation	4.3	(3,565)	(3,565)
Balance at 30 June 2025	4.2	**1,978**	**1,978**
Additions		**298**	**298**
Amortisation	4.3	**(1,143)**	**(1,143)**
Balance at 30 June 2026	4.2	**1,133**	**1,133**

NOTE 4.2: INTANGIBLE ASSETS (Continued)

How We Recognise Intangible Assets
Intangible assets represent identifiable non-monetary assets without physical substance such as computer software, licences and development costs.

Initial Recognition
Purchased intangible assets are initially recognised at cost.

Subsequent Measurement
Intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses.

NOTE 4.3: DEPRECIATION AND AMORTISATION	**2026**	2025
	$'000	$'000
Depreciation		
Land (Right of Use)	**618**	618
Buildings	**25,298**	23,573
Plant, Equipment & Vehicles	**91,324**	84,556
Leasehold Improvements	**1,123**	1,296
Total Depreciation	**118,363**	110,042
Amortisation		
Software	**1,143**	3,565
Total Amortisation	**1,143**	3,565
TOTAL DEPRECIATION AND AMORTISATION	**119,506**	113,607

How We Recognise Depreciation
All buildings, plant and equipment and other non-financial physical assets (excluding owned land) that have finite useful lives are depreciated.
Depreciation is generally calculated on a straight-line basis, at a rate that allocates the asset value, less any estimated residual value over its estimated useful life.

Right of use assets (including leased land) are depreciated over the lease term or useful life of the underlying asset, whichever is shortest. Where a lease transfers ownership of the underlying asset or the cost of the right of use asset reflects that AV will exercise a purchase option, the specific right of use asset is depreciated over its useful life.

How We Recognise Amortisation
Amortisation is the systematic allocation of the depreciable amount of an intangible asset over its useful life.

Useful Lives of Non-Current Assets
The following table indicates the expected useful lives of non-current assets on which the depreciation and amortisation charges are based:

	2026	2025
Buildings	**10 to 50 years**	10 to 50 years
Leasehold Improvements	**1 to 50 years**	1 to 50 years
Plant, Equipment & Vehicles (including Leased Assets)	**1 to 50 years**	1 to 50 years
Intangible Assets	**2 to 5 years**	2 to 5 years

NOTE 4.4: IMPAIRMENT OF ASSETS

Impairment of Property, Plant and Equipment
The recoverable amount of primarily non-cash-generating assets of not-for-profit entities, which are typically specialised in nature and held for continuing use of their service capacity, is expected to be materially the same as fair value determined under AASB 13 *Fair Value Measurement* , with the consequence that AASB 136 does not apply to such assets that are regularly revalued.

Impairment of Intangible Assets
Intangible assets with finite useful lives are tested for impairment whenever an indication of impairment is identified.

AV did not record any impairment losses for the year ended 30 June 2026 (2025: Nil).

NOTE 5: OTHER ASSETS AND LIABILITIES

This section sets out those assets and liabilities that arose from AV's operations.

Structure
5.1 Receivables
5.2 Contract Assets
5.3 Payables
5.4 Contract liabilities

Material Judgements and Estimates
This section contains the following material judgements and estimates:

Material Judgements and Estimates	Description
Estimating the provision for expected credit losses	AV uses a simplified approach to account for the expected credit loss provision. A provision matrix is used, which considers historical experience, external indicators and forward-looking information to determine expected credit loss rates.
Measuring contract liabilities	AV applies material judgement to measure its progress towards satisfying a performance obligation as detailed in Note 2. Where a performance obligation is yet to be satisfied, AV assigns funds to the outstanding obligation and records this as a contract liability until the promised good or service is transferred to the customer.

NOTE 5.1: RECEIVABLES	**NOTE**	**2026**	2025
		$'000	$'000
Current Receivables			
Contractual			
Transport Receivables		**65,236**	64,242
Allowance for Impairment Losses	5.1(a)	**(34,149)**	(31,160)
Other Receivables		**13,909**	8,401
		44,996	41,483
Statutory			
GST Receivable		**2,549**	2,301
Total Current Receivables		**47,545**	43,784
Non-Current Receivables			
Contractual			
Long Service Leave - Department of Health		**225,277**	201,555
Total Non-Current Receivables		**225,277**	201,555
TOTAL RECEIVABLES		**272,821**	245,339
(i) Financial Assets classified as Receivables (Note 7.1)			
Total Receivables		**272,821**	245,339
Provision for Impairment		**34,149**	31,160
GST Receivable		**(2,549)**	(2,301)
Total Financial Assets classified as Receivables	7.1	**304,421**	274,198

How We Recognise Receivables
Receivables consist of:
. **Contractual receivables** include debtors that relate to the provision of services. These receivables are classified as financial instruments and are categorised as financial assets at amortised cost. They are initially recognised at fair value plus any directly attributable transaction costs. AV holds the contractual receivables with the objective to collect the contractual cash flows and therefore they are subsequently measured at amortised cost using the effective interest method, less any impairment.

. **Statutory receivables** include Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments for disclosure purposes. AV applies AASB 9 for initial measurement of the statutory receivables and as a result, statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Trade Receivables are carried at nominal amounts due for settlement within 30 days from the date of recognition.

NOTE 5.1(a) MOVEMENT IN THE ALLOWANCE FOR IMPAIRMENT LOSSES OF CONTRACTUAL RECEIVABLES

Balance at the Beginning of the Year	**31,160**	24,188
Increase in Allowance	**26,736**	26,734
Amounts Written off during the Year	**(23,965)**	(19,943)
Reversal of Allowance Written Off during the Year as Uncollectable	**217**	182
Balance at the end of the year	**34,149**	31,160

Impairment Losses of Contractual Receivables
Refer to Note 7.2(a) for AV's contractual impairment losses.

NOTE 5.2: CONTRACT ASSETS

Current			
Contract Assets		**6,647**	547
Total Current Contract Assets		**6,647**	547
TOTAL CONTRACT ASSETS	5.2(a)	**6,647**	547

NOTE 5.2(a) MOVEMENT IN CONTRACT ASSETS

Balance at Beginning of Year	**547**	5,243
Add: Additional Costs Incurred Recoverable from Customer	**6,647**	547
Less: Transfer to Trade Debtors or Cash at Bank	**(547)**	(5,243)
TOTAL CONTRACT ASSETS	**6,647**	547

How We Recognise Contract Assets
Contract assets relate to AV's right to consideration in exchange for services completed for customers, but not yet billed at the reporting date. The contract assets are transferred to receivables when the rights become unconditional, at this time an invoice is issued. Contract assets are expected to be recovered during the next financial year.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2026

NOTE 5.3: PAYABLES	**NOTE**	**2026**	2025
		$'000	$'000
Current			
Contractual			
Payables		**23,190**	25,185
Accrued Employee Costs		**10,673**	10,004
Accrued Expenses		**35,692**	32,034
Other		**7,966**	100
Total Contractual Payables		**77,522**	67,323
Statutory			
PAYG Withholding		**9,658**	9,536
Total Statutory Payables		**9,658**	9,536
Total Current Payables		**87,179**	76,859
TOTAL PAYABLES		**87,179**	76,859
(i) Financial Liabilities Classified as Payables (Note 7.1)			
Total Payables		**87,179**	76,859
PAYG Withholding		**(9,658)**	(9,536)
Total Financial Liabilities Classified as Payables	7.1	**77,522**	67,323

How We Recognise Payables
Payables consist of:
. **Contractual Payables** include payables that relate to the purchase of goods and services. These payables are classified as financial instruments and measured at amortised costs. Accounts payable and accrued salaries and wages represent liabilities for goods and services provided to AV prior to the end of the financial year that are unpaid.
. **Statutory Payables** include Goods and Services Tax (GST) payable, fringe benefits tax and PAYG, are recognised and measured similarly to contractual payables, but are not classified as financial instruments and are not included in the category of financial liabilities at amortised cost, because they do not arise from contracts.

The normal credit terms for payables are usually Net 30 days.

Maturity Analysis of Payables
Please refer to Note 7.2(b) for the maturity analysis of Payables.

NOTE 5.3(a) MOVEMENT IN DEFERRED CAPITAL GRANT INCOME

Opening Balance of Deferred Capital Grant Income	**-**	-
Grant consideration for capital works received during the year	**128,873**	125,532
Deferred capital grant income recognised as income due to completion of capital works	**(128,873)**	(125,532)
Closing Balance of Deferred Capital Grant Income	**-**	-

How We Recognise Deferred Capital Grant Income
Grant consideration was received from the State Government to support the purchase of equipment and the construction of ambulance branches and vehicles.

Capital grant income is recognised progressively as the asset is constructed, since this is the time when AV satisfies its obligations. The progressive percentage of costs is used to recognise income because this most closely reflects the percentage of completion of the capital works. Where appropriate, AV defers recognition of a portion of the grant consideration received as a liability for the outstanding obligations.

AV recognised all of the remaining deferred capital grant income for capital works by 30 June 2026.

NOTE 5.4: CONTRACT LIABILITIES

Opening Balance Of Contract Liabilities	**60,780**	63,153
Add: Payments received for performance obligations yet to be completed during the year	**110,942**	106,362
Add: Grant consideration for sufficiently specific performance obligations received during the year	**9,027**	5,219
Less: Revenue recognised in the reporting period for the completion of a performance obligation	**(109,346)**	(106,232)
Less: Grant revenue for sufficiently specific performance obligations works recognised consistent with the performance obligation	**(7,539)**	(7,722)
TOTAL CONTRACT LIABILITIES	**63,864**	60,780
Represented by		
Current Contract Liabilities	**62,565**	59,341
Non-Current Contract Liabilities	**1,299**	1,439
	63,864	60,780

How We Recognise Contract Liabilities
Contract liabilities include consideration received in advance from customers in respect of AV membership subscription, clinical trials, research and government initiatives. The balance of contract liabilities was higher than the previous reporting period due to lower grant income recognised for sufficiently specific performance obligations. Contract liabilities are derecognised and recorded as revenue when promised goods and services are transferred to the customer.
Refer to Note 2.1.

NOTE 6: HOW WE FINANCE OUR OPERATIONS

This section provides information on the sources of finance utilised by AV during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of AV.
This section also includes disclosures of balances that are financial instruments (such as borrowings and cash balances). Note: 7.1 provides additional, specific financial instrument disclosures.

Structure
6.1 Borrowings
6.2 Cash and Cash Equivalents
6.3 Commitments for Expenditure
6.4 Non-Cash Financing and Investing Activities

Material Judgements and Estimates
This section contains the following material judgements and estimates:

Material Judgements and Estimates	Description
Determining if a contract is or contains a lease	AV applies material judgement to determine if a contract is or contains a lease by considering if AV: . has the right to use an identified asset . has the right to obtain substantially all economic benefits from the use of the leased asset and . can decide how and for what purpose the asset is used throughout the lease.
Discount rate applied to future lease payments	AV discounts its lease payments using the interest rate implicit in the lease. If this rate cannot be readily determined, which is generally the case for AV's lease arrangements, AV uses its incremental borrowing rate, which is the amount AV would have to pay to borrow funds necessary to obtain an asset of similar value to the right of use asset in a similar economic environment with similar terms, security and conditions. For leased land and buildings, AV estimates the incremental borrowing rate to be between 0.93% and 6.52% (2025: 0.93% and 6.52%) For leased plant, equipment, furniture, fittings, vehicles and aircraft, the implicit interest rate is between 4.42% and 5.94% (2025: 2.9% and 5.94%)
Assessing the lease term	The lease term represents the non-cancellable period of a lease, combined with periods covered by an option to extend or terminate the lease if AV is reasonably certain to exercise such options. AV determines the likelihood of exercising such options on a lease-by-lease basis through consideration of various factors including: . If there are significant penalties to terminate (or not extend), AV is typically reasonably certain to extend (or not terminate) the lease. . If any leasehold improvements are expected to have a significant remaining value, AV is typically reasonably certain to extend (or not terminate) the lease. . AV considers historical lease durations and the costs and business disruption to replace such leased assets.

NOTE 6.1: BORROWINGS	NOTE	2026 $'000	2025 $'000
Current			
Lease Liability [1]	6.1(a)	**75,808**	63,553
Total Current Borrowings		**75,808**	63,553
Non-Current			
Lease Liability [1]	6.1(a)	**349,455**	356,958
Total Non-Current Borrowings		**349,455**	356,958
TOTAL BORROWINGS	7.1	**425,263**	420,511

[1] Secured by the assets leased.

How We Recognise Borrowings
Borrowings refer to interest bearing liabilities raised through lease liabilities.

Borrowings are classified as financial instruments. Interest bearing liabilities are classified at amortised cost and recognised at the fair value of the consideration received less directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method.

Maturity Analysis of Borrowings
Please refer to Note 7.2(b) for the maturity analysis of borrowings.

Interest Expense		
Interest on Lease Liabilities	**22,494**	21,641
Total Interest Expense	**22,494**	21,641

Interest expense includes costs incurred in connection with the borrowing of funds and includes the interest component of lease repayments.
Interest expense is recognised in the period in which it is incurred.
AV recognises borrowing costs immediately as an expense, even where they are directly attributable to the acquisition, construction or production of a qualifying asset.

Defaults and breaches
During the current and prior year, there were no defaults or breaches of any of the lease liabilities.

NOTE 6.1: BORROWINGS (Continued)	2026 $'000	2025 $'000

NOTE 6.1(a) LEASE LIABILITIES

The following table sets out maturity analysis of lease liabilities, showing the undiscounted lease payments to be made after the reporting date.

Not Later than One Year	**95,889**	83,321
Later than One Year and Not Later than 5 Years	**312,394**	290,982
Later than 5 Years	**90,106**	130,214
Minimum Future Lease Liability	**498,389**	504,517
Less Unexpired Future Finance Expenses	**(73,126)**	(84,006)
Present Value of Lease Liability	**425,263**	420,511

How We Recognise Lease Liabilities
A lease is defined as a contract, or part of a contract, that conveys the right for AV to use an asset for a period of time in exchange for payment.

To apply this definition, AV ensures the contract meets the following criteria:
. the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to AV and for which the supplier does not have substantive substitution rights
. AV has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract and AV has the right to direct the use of the identified asset throughout the period of use and
. AV has the right to take decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

AV's lease arrangements consist of the following:

Type of Asset Leased	Lease term
Leased Land	1 to 50 years
Leased Buildings	1 to 20 years
Leased Plant, Equipment and Vehicles	3 to 12 years

All leases are recognised on the balance sheet, with the exception of low value leases (less than $10,000 AUD) and short term leases of less than 12 months. AV has elected to apply the practical expedients for short-term leases and leases of low-value assets. As a result, no right-of-use asset or lease liability is recognised for these leases; rather, lease payments are recognised as an expense on a straight-line basis over the lease term, within "other operating expenses" (refer to Note 3.1(e)).

Initial Measurement
The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or AV's incremental borrowing rate. Our lease liability has been discounted by rates of between 0.93 to 6.52%.

Lease payments included in the measurement of the lease liability comprise the following:
. fixed payments (including in-substance fixed payments) less any lease incentive receivable
. variable payments based on an index or rate, initially measured using the index or rate as at the commencement date
. amounts expected to be payable under a residual value guarantee and
. payments arising from purchase and termination options reasonably certain to be exercised.

The following types of lease arrangements, contain extension and termination options:
. Various property leases contain lease extension options of between 1 to 7 years.

These terms are used to maximise operational flexibility in terms of managing contracts. Extension and termination options held are exercisable only by AV and not by the respective lessor.

In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term and lease liability if the lease is reasonably certain to be extended (or not terminated).

Potential future cash outflows of $39.7m (2025: $23.7m) have not been included in the lease liability because it is not reasonably certain that the leases will be extended (or not terminated).

The assessment is reviewed if a significant event or a significant change in circumstances occurs which affects this assessment and that is within the control of the lessee.

During the current financial year, the financial effect of revising lease terms to reflect the effect of exercising extension options was an increase in recognised lease liabilities and right of use assets of $54.9m (2025: $19.4m).

Subsequent Measurement
Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in the substance of fixed payments

When the lease liability is remeasured, the corresponding adjustment is reflected in the right of use asset, or Statement of Comprehensive Income if the right of use asset is already reduced to zero.

Leases With Significantly Below Market Terms and Conditions
AV holds lease arrangements which contain significantly below-market terms and conditions, which are principally to enable AV to further its objectives. These are commonly referred to as concessionary lease arrangements.

The nature and terms of such lease arrangements, including AV's dependency on such lease arrangements is described below:

Description of Leased Asset	Our Dependence on Lease	Nature and Terms of Lease
Land – AV leases land for the operation of ambulance branches	AV's dependence on these land leases is high, as they are integral to service delivery. The land is specialised in nature (Crown or Freehold) and due to location requirements, there are limited readily available substitutes.	Lease terms are typically up to 50 years. Where lease payments are required, they range from $1 to $100 per annum. The use of the land is restricted to the provision of ambulance services.

NOTE 6.2: CASH AND CASH EQUIVALENTS

	NOTE	2026 $'000	2025 $'000
Cash at Bank - CBS		**28,485**	27,238
Cash at Bank		**2,436**	2,291
Cash on Hand		**4**	83
Total Cash Held For Operations		**30,925**	29,612
TOTAL CASH AND CASH EQUIVALENTS	7.1	**30,925**	29,612

NOTE 6.3: COMMITMENTS FOR EXPENDITURE

	Less than 1 Year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
30 June 2026				
Capital Expenditure Commitments	**3,205**	**-**	**-**	**3,205**
Operating Expenditure Commitments	**30,107**	**59,314**	**-**	**89,420**
Non-cancellable Short Term and Low Value Lease Commitments	**42**	**155**	**177**	**374**
Total Commitments (inclusive of GST)	**33,353**	**59,469**	**177**	**92,999**
Less GST Recoverable				**(8,454)**
Total Commitments (exclusive of GST)				**84,545**
30 June 2025				
Capital Expenditure Commitments	9,456	-	-	9,456
Operating Expenditure Commitments	44,638	17,177	-	61,815
Non-cancellable Short Term and Low Value Lease Commitments	81	184	247	512
Total Commitments (inclusive of GST)	54,175	17,361	247	71,783
Less GST Recoverable				(6,526)
Total Commitments (exclusive of GST)				65,257

How We Disclose Our Commitments
Our commitments relate to expenditure, and short term and low value leases.

Expenditure Commitments
Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed at their nominal value and are inclusive of GST payable. In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the balance sheet.

Short Term and Low Value Leases
AV discloses short term and low value lease commitments, which are excluded from the measurement of right of use assets and lease liabilities. Refer to Note 6.1 for further information on borrowings.

NOTE 6.4: NON-CASH FINANCING AND INVESTING ACTIVITIES

	2026 $'000	2025 $'000
Acquisition of Property, Plant and Equipment by means of Leases	**70,829**	31,510
Capital Works Paid by DH	**8,661**	20,417
Total Non-Cash Financing and Investing Activities	**79,490**	51,928

NOTE 7: RISKS, CONTINGENCIES AND VALUATION UNCERTAINTIES

AV is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information (including exposures to financial risks) as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for AV is related mainly to fair value determination.

Structure
7.1 Financial Instruments
7.2 Financial Risk Management Objectives and Policies
7.3 Contingent Assets and Contingent Liabilities
7.4 Fair Value Determination

Material Judgements and Estimates
This section contains the following material judgements and estimates:

Material Judgements and Estimates	Description
Measuring fair value of non-financial assets	Fair value is measured with reference to highest and best use, that is, the use of the asset by a market participant that is physically possible, legally permissible, financially feasible, and which results in the highest value, or to sell it to another market participant that would use the same asset in its highest and best use. In determining the highest and best use, AV has assumed the current use is its highest and best use. AV uses a range of valuation techniques to estimate fair value. AV selects a valuation technique that is considered most appropriate, and for which there is sufficient data available to measure fair value, maximising the use of relevant observable inputs and minimising the use of unobservable inputs. Subsequently, AV applies material judgement to categorise and disclose such assets within a fair value hierarchy, which includes: . Level 1, using quoted prices (unadjusted) in active markets for identical assets that AV can access at measurement date. AV does not categorise any fair values within this level. . Level 2, inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly. AV categorises non-specialised land and right of use concessionary land in this level. . Level 3, where inputs are unobservable. AV categorises specialised land, non-specialised buildings, specialised buildings, plant, equipment, furniture, fittings, vehicles, right-of-use buildings and right-of-use plant, equipment, furniture and fittings in this level.

NOTE 7.1: FINANCIAL INSTRUMENTS

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of AV's activities, certain financial assets and financial liabilities arise under statute rather than a contract (for example, taxes, fines and penalties). Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation.*

NOTE 7.1(a): CATEGORISATION OF FINANCIAL INSTRUMENTS

	NOTE	Financial Assets at Amortised Cost $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
30 June 2026				
Contractual Financial Assets				
Cash and Cash Equivalents	6.2	**30,925**	**-**	**30,925**
Receivables	5.1	**304,421**	**-**	**304,421**
Total Financial Assets [i]		**335,346**	**-**	**335,346**
Financial Liabilities				
Payables	5.3	**-**	**77,522**	**77,522**
Borrowings	6.1	**-**	**425,263**	**425,263**
Total Financial Liabilities [i]		**-**	**502,785**	**502,785**
30 June 2025				
Contractual Financial Assets				
Cash and Cash Equivalents	6.2	29,612	-	29,612
Receivables	5.1	274,198	-	274,198
Total Financial Assets [i]		303,810	-	303,810
Financial Liabilities				
Payables	5.3	-	67,323	67,323
Borrowings	6.1	-	420,511	420,511
Total Financial Liabilities [i]		-	487,834	487,834

[i] The carrying amount excludes statutory receivables (i.e. GST receivable) and statutory payables (i.e. GST payable and revenue in advance).

NOTE 7.1: FINANCIAL INSTRUMENTS (Continued)

NOTE 7.1(a): CATEGORISATION OF FINANCIAL INSTRUMENTS (Continued)

How We Categorise Financial Instruments
Categories of Financial Assets
Financial assets are recognised when AV becomes party to the contractual provisions to the instrument. For financial assets, this is at the date AV commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through net result, in which case transaction costs are expensed to profit or loss immediately.

Where available, quoted prices in an active market are used to determine the fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain a significant financing component or if the practical expedient was applied as specified in AASB 15 para 63.

Financial Assets at Amortised Cost
Financial assets are measured at amortised costs if both of the following criteria are met and the assets are not designated as fair value through net result:
. the assets are held by AV to collect the contractual cash flows, and
. the assets' contractual terms give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specific dates.
These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

AV recognises the following assets in this category:
. cash and deposits
. receivables (excluding statutory receivables)

Categories of Financial Liabilities
Financial liabilities are recognised when AV becomes a party to the contractual provisions to the instrument. Financial instruments are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through profit or loss, in which case transaction costs are expensed to profit or loss immediately.

Financial Liabilities at Amortised Cost
Financial Liabilities measured at amortised cost are initially measured at fair value using the effective interest method, where they are not held at fair value through net result.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in net result over the relevant period. The effective interest is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

AV recognises the following liabilities in this category:
. Payables (excluding statutory payables and contract liabilities) and
. Borrowings

Offsetting of Financial Instruments
Financial assets and liabilities are offset and the net amount presented in the balance sheet when, and only when, AV has a legal right to offset the amounts and intend either to settle on a net basis or to realise the asset and settle the liability simultaneously.

Derecognition of Financial Assets
A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when:
. the rights to receive cash flows from the asset have expired, or
. AV retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement, or
. AV has transferred its rights to receive cash flows from the asset and either:
  - has transferred substantially all the risks and rewards of the asset, or
  - has neither transferred nor retained substantially all the risks and rewards of the asset but has transferred control of the asset.
Where AV has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of AV's continuing involvement in the asset.

Derecognition of Financial Liabilities
A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised as an 'other economic flow' in the comprehensive operating statement.

Reclassification of Financial Instruments
A financial asset is required to be reclassified between amortised cost, fair value through net result and fair value through other comprehensive income when, and only when, AV's business model for managing its financial assets has changed such that its previous model would no longer apply.
A financial liability reclassification is not permitted.

NOTE 7.2: FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

As a whole, AV's financial risk management program seeks to manage the risks and the associated volatility of its financial performance.

Details of the significant accounting policies and methods adopted, included the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset and financial liability above are disclosed throughout the financial statements.

AV's main financial risks include credit risk, liquidity risk and interest rate risk. AV manages these financial risks in accordance with its Enterprise Risk Management Framework.

Primary responsibility for the identification and management of financial risks rests with the Accountable Officer.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2026

NOTE 7.2: FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES (Continued)

NOTE 7.2(a): CREDIT RISK

Credit risk refers to the possibility that a borrower will default on its financial obligations as and when they fall due. AV's exposure to credit risk arises from the potential default of a counterparty on their contractual obligations resulting in financial loss to AV. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with AV's contractual financial assets largely relates to individuals who have received ambulance transport, which is dispersed across a large number of debtors. AV's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to AV. Credit risk is managed through ongoing debt recovery action, regular assessment of collectability, and the use of debtor recovery measures and/or payment by instalment arrangements.

In addition, AV does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash and deposits, which are mainly cash at bank. AV's policy is to only deal with banks with high credit ratings.

Provision of impairment for contractual financial assets is recognised when there is objective evidence that AV will not be able to collect a receivable. Objective evidence includes financial difficulties of the debtor, default payments, length of time overdue and changes in debtor credit ratings.

Contractual financial assets are written off against the carrying amount when there is no reasonable expectation of recovery. Bad debt written off by mutual consent is classified as a transaction expense. Bad debt written off following a unilateral decision is recognised as other economic flows in the net result.

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents AV's maximum exposure to credit risk without taking account of the value of any collateral obtained.

There has been no material change to AV's credit risk profile in 2025-26.

Impairment of Financial Assets under AASB 9
AV records the allowance for expected credit loss for the relevant financial instruments by applying AASB 9 Expected Credit Loss approach. Subject to AASB 9, the impairment assessment includes AV's contractual receivables.

The credit loss allowance is classified as other economic flows in the net result.

Contractual Receivables at Amortised Cost
AV applies AASB 9 simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. AV has grouped contractual receivables on shared credit risk characteristics and days past due and selects the expected credit loss rate based on past history, existing market conditions, as well as forward looking estimates at the end of the financial year.

On this basis, AV determines the closing loss allowance at the end of the financial year as follows:

	NOTE	Current	Less than 1 month	1-3 months	3 months to 1 year	1-5 years	Total
30 June 2026							
Expected Loss Rate		**0%**	**42%**	**29%**	**43%**	**76%**	
Gross Carrying Amount of Contractual Receivables	5.1	**6,513**	**26,197**	**10,127**	**21,984**	**14,324**	**79,144**
Loss Allowance		**-**	**10,977**	**2,932**	**9,407**	**10,832**	**34,149**
30 June 2025							
Expected Loss Rate		0%	38%	26%	54%	69%	
Gross Carrying Amount of Contractual Receivables	5.1	3,040	28,393	9,752	24,827	6,630	72,643
Loss Allowance		-	10,676	2,498	13,391	4,594	31,160

Statutory Receivables at Amortised Cost
AV's non-contractual receivables arising from statutory requirements are not financial instruments. However, they are nevertheless recognised and measured in accordance with AASB 9 requirements as if those receivables are financial instruments.

The statutory receivables are considered to have low credit risk, taking into account the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near future. As a result, no loss allowance has been recognised.

NOTE 7.2(b): LIQUIDITY RISK

Liquidity risk arises from being unable to meet financial obligations as they fall due.

AV is exposed to liquidity risk mainly through the financial liabilities as disclosed in the balance sheet. AV manages its liquidity risk by:
. close monitoring of its short-term and long-term borrowings by senior management, including monthly reviews on current and future borrowing levels and requirements
. maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations
. careful maturity planning of its financial obligations based on forecasts of future cash flows.

AV is exposed to significant liquidity risk based on current risk assessment and projected revenue and expenditure for 2026-27. As at 30 June 2026, total cash of $30.9m (2025: $29.6m) is the equivalent of 7 days cash availability (2025: 7 days), which is calculated at Total Cash ÷ (Total Expenses from Transactions ÷ 365 Days). Refer to Note 1.5 Economic Dependency.

The following table discloses the contractual maturity analysis for AV's financial liabilities. For interest rates applicable to each class of liability refer to individual notes to the financial statements.

				Maturity Dates				
		Carrying Amount	Nominal Amount	Less than 1 month	1-3 Months	3 months - 1 Year	1-5 Years	Over 5 years
30 June 2026	**Note**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Financial Liabilities at Amortised Cost								
Payables	5.3	**77,522**	**77,522**	**77,522**	**-**	**-**	**-**	**-**
Borrowings	6.1	**425,263**	**498,389**	**9,450**	**15,816**	**70,624**	**312,394**	**90,106**
Total Financial Liabilities		**502,785**	**575,911**	**86,971**	**15,816**	**70,624**	**312,394**	**90,106**
30 June 2025								
Financial Liabilities at Amortised Cost								
Payables	5.3	67,323	67,323	67,323	-	-	-	-
Borrowings	6.1	420,511	504,517	8,579	13,649	61,094	290,982	130,213
Total Financial Liabilities		487,834	571,841	75,902	13,649	61,094	290,982	130,213

Ageing analysis of financial liabilities excludes statutory financial liabilities (i.e. GST payable).

NOTE 7.2: FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES (Continued)

NOTE 7.2(c): MARKET RISK
AV's exposures to market risk are primarily through interest rate risk. Objectives, policies and processes used to manage each of these risks are disclosed below.

Sensitivity disclosure analysis and assumptions
AV's sensitivity to market risk is determined based on the observed range of actual historical data for the preceding five-year period. The following movements are 'reasonably possible' over the next 12 months:
. a change in interest rates of 1% up or down

Interest rate risk
Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate because of changes in market interest rates. AV does not hold any interest-bearing financial instruments that are measured at fair value, and therefore has no exposure to fair value interest rate risk.

Cash flow interest rate risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in market interest rates. AV has minimal exposure to cash flow interest rate risks through cash and deposits, term deposits and bank overdrafts that are at floating rate.

NOTE 7.3: CONTINGENT ASSETS AND CONTINGENT LIABILITIES

There were no contingent liabilities as at 30 June 2026 (2025: Nil).

There were no contingent assets as at 30 June 2026 (2025: Nil).

How We Measure and Disclose Contingent Assets and Contingent Liabilities
Contingent assets and contingent liabilities are not recognised in the Balance Sheet, but are disclosed by way of note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

Contingent Assets
Contingent assets are possible assets that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of AV.

These are classified as either quantifiable, where the potential economic benefit is known, or non-quantifiable.

Contingent Liabilities
Contingent liabilities are:
. possible obligations that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of AV or
. present obligations that arise from past events but are not recognised because:
  - It is not probable that an outflow of resources embodying economic benefits will be required to settle the obligations or
  - the amount of the obligations cannot be measured with sufficient reliability.

Contingent liabilities are also classified as either quantifiable or non-quantifiable.

NOTE 7.4: FAIR VALUE DETERMINATION

How We Measure Fair Value
Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The following assets and liabilities are carried at fair value:
. Property, plant and equipment, with the exception of right of use assets arising under AASB 16, which are measured using the cost model.

In addition, the fair value of other assets and liabilities that are carried at amortised cost, also need to be determined for disclosure.

Valuation Hierarchy
In determining fair values, a number of inputs are used. To increase consistency and comparability in the financial statements, these inputs are categorised into three levels, also known as the fair value hierarchy. The levels are as follows:
. Level 1 – quoted (unadjusted) market prices in active markets for identical assets or liabilities
. Level 2 – valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable, and
. Level 3 – valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

AV determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period. There have been no transfers between levels during the period.

AV monitors changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required. The Valuer-General Victoria (VGV) is AV's independent valuation agency for property, plant and equipment.

Identifying Unobservable Inputs (Level 3) Fair Value Measurements
Level 3 fair value inputs are unobservable valuation inputs for an asset or liability. These inputs require significant judgement and assumptions in deriving fair value for both financial and non-financial assets.

Unobservable inputs are used to measure fair value to the extent that relevant observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. However, the fair value measurement objective remains the same, i.e. an exit price at the measurement date from the perspective of a market participant that holds the asset or owes the liability. Therefore, unobservable inputs shall reflect the assumptions that market participants would use when pricing the asset or liability, including assumptions about risk.

NOTE 7.4: FAIR VALUE DETERMINATION (Continued)

NOTE 7.4(a) FAIR VALUE DETERMINATION OF NON-FINANCIAL PHYSICAL ASSETS

	NOTE	Carrying Amount	Fair Value Measurement at end of Reporting Period Using: Level 1	Level 2	Level 3
30 June 2026		$'000	$'000	$'000	$'000
Non-Specialised Land at Fair Value		**55,740**	**-**	**55,740**	**-**
Specialised Land at Fair Value		**80,641**	**-**	**-**	**80,641**
Total Land at Fair Value	4.1	**136,381**	**-**	**55,740**	**80,641**
Non-Specialised Buildings at Fair Value		**5,413**	**-**	**5,413**	**-**
Specialised Buildings at Fair Value		**373,370**	**-**		**373,370**
Total Buildings at Fair Value	4.1	**378,783**	**-**	**5,413**	**373,370**
Plant, Equipment and Vehicles at Fair Value [1]		**116,520**	**-**	**-**	**116,520**
Total Plant, Equipment And Vehicles at Fair Value	4.1	**116,520**	**-**	**-**	**116,520**
Leasehold Improvements		**4,521**	**-**	**-**	**4,521**
Total Leasehold Improvements at Fair Value	4.1(a)	**4,521**	**-**	**-**	**4,521**
Total Non-Financial Physical Assets at Fair Value		**636,205**	**-**	**61,153**	**575,052**
30 June 2025					
Non-Specialised Land at Fair Value		50,924	-	50,924	-
Specialised Land at Fair Value		85,217	-	-	85,217
Total Land at Fair Value	4.1	136,141	-	50,924	85,217
Non-Specialised Buildings at Fair Value		5,849	-	5,849	-
Specialised Buildings at Fair Value		410,477	-	-	410,477
Total Buildings at Fair Value	4.1	416,326	-	5,849	410,477
Plant, Equipment and Vehicles at Fair Value		480,918	-	-	480,918
Total Plant, Equipment And Vehicles at Fair Value	4.1	480,918	-	-	480,918
Leasehold Improvements		4,896	-	-	4,896
Total Leasehold Improvements at Fair Value	4.1(a)	4,896	-	-	4,896
Total Non-Financial Physical Assets at Fair Value		1,038,282	-	56,773	981,508

[1] Reflects a change in accounting policy where right of use assets are measured under the cost model from 2025-26 (refer Note 1.6).

How We Measure Fair Value of Non-Financial Physical Assets
The fair value of non-financial physical assets reflects their highest and best use, considering whether market participants would use the asset similarly or sell it for that purpose. This assessment takes into account the asset's characteristics and any physical, legal, or contractual restrictions.

AV assumes the current use of a non-financial physical asset is its highest and best use unless market or other factors indicate otherwise. Potential alternative uses are only considered when it is virtually certain that restrictions will no longer apply.

Fair value is based on periodic valuations by independent valuers, which normally occur once every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate a material change in fair value has occurred.

Where an independent valuation has not been undertaken at balance date, AV performs a fair value assessment to estimate possible changes in value since the date of the last independent valuation with reference to Valuer-General of Victoria (VGV) indices.

An adjustment is recognised if the assessment concludes that the fair value of non-financial physical assets has changed by 10% or more since the last revaluation (whether that be the most recent independent valuation or fair value assessment). Any estimated change in fair value of less than 10% is deemed immaterial to the financial statements and no adjustment is recorded. Where the assessment indicates there has been an exceptionally material movement in the fair value since the last independent valuation, being equal to or in excess of 40%, AV would obtain an interim independent valuation prior to the next scheduled independent valuation.

AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* amended AASB 13 by adding Appendix F *Australian implementation guidance for not-for-profit public sector entities* . Appendix F explains and illustrates the application of the principles in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable annual reporting periods beginning on or after 1 January 2024. FRD 103 permits Victorian public sector entities to apply Appendix F of AASB 13 in their next scheduled formal asset revaluation or interim revaluation (whichever is earlier).

An independent valuation of AV's non-financial physical assets was performed by the VGV on 30 June 2024. Fair value assessments have therefore been performed for all classes of assets in this purpose group at 30 June 2026 and the decision was made that the movements were not material (less than or equal to 10%). As such, an independent revaluation was not required per FRD 103. In accordance with FRD 103, AV will apply Appendix F of AASB 13 prospectively in its next scheduled formal revaluation in 2029 or interim revaluation process (whichever is earlier). AV does not expect the impact to be material to the financial statements.

There were no other changes in valuation techniques throughout the period to 30 June 2026.

Non-Specialised Land and Non-Specialised Buildings
Non-specialised land and non-specialised buildings are valued using the market approach. Under this valuation method, the assets are compared to recent comparable sales or sales of comparable assets which are considered to have nominal or no added improvement value.

For non-specialised land and non-specialised buildings, an independent valuation was performed by the Valuer General Victoria to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 2024.

NOTE 7.4: FAIR VALUE DETERMINATION (Continued)

NOTE 7.4(a): FAIR VALUE DETERMINATION OF NON-FINANCIAL PHYSICAL ASSETS (Continued)

Specialised Land and Specialised Buildings
Specialised land includes Crown Land which is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset. Theoretical opportunities that may be available in relation to the assets are not taken into account until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best use.

During the reporting period, AV held Crown Land. The nature of this asset means that there are certain limitations and restrictions imposed on its use and/or disposal that may impact their fair value.

The market approach is also used for specialised land although it is adjusted for the community service obligation (CSO) to reflect the specialised nature of the assets being valued where relevant. Specialised assets contain significant, unobservable adjustments, therefore these assets are classified as Level 3 under the market based direct comparison approach.

The CSO adjustment reflects the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement, and considers the use of the asset that is physically possible, legally permissible and financially feasible. As adjustments of CSO are considered as significant unobservable inputs, specialised land is classified as Level 3 assets.

For AV, the current replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation. As depreciation adjustments are significant and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

An independent valuation of AV's specialised land was performed by the Valuer-General Victoria. The valuation was performed using the market approach adjusted for CSO. The effective date of the valuation is 30 June 2024.

Vehicles
AV acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by AV who set relevant depreciation rates during use to reflect the consumption of the vehicles. As a result, the fair value of vehicles does not differ materially from the carrying amount (depreciated cost).

Plant and Equipment
Plant and Equipment (including medical equipment, computers, communication equipment) are held at fair value. When these assets are specialised in use, such that it is rarely sold other than as part of a going concern, the current replacement cost is used to estimate the fair value.

Reconciliation of Level 3 Fair Value Measurement

	NOTE	Land	Buildings	Plant, Equip & Vehicles	Leasehold Improvements
		$'000	$'000	$'000	$'000
Balance at 1 July 2024		84,562	383,246	511,997	4,832
Additions/(Disposals)		-	50,364	53,477	1,360
Net Transfers between classes		655	(1)	(1)	-
Gains or Losses Recognised in Net Result					
- Depreciation		-	(23,130)	(84,556)	(1,296)
Balance at 30 June 2025	7.4(a)	**85,217**	**410,479**	**480,918**	**4,895**
Additions/(Disposals)		-	21,516	93,425	749
Net Transfers between classes [1]		(4,576)	(33,769)	(366,499)	-
Gains or Losses Recognised in Net Result					
- Depreciation		-	(24,855)	(91,324)	(1,123)
Balance at 30 June 2026	7.4(a)	**80,641**	**373,370**	**116,519**	**4,521**

Fair Value Determination of Level 3 Fair Value Measurement

Asset Class	Likely valuation approach	Significant inputs (Level 3 only)
Non Specialised Land	Market approach	N/A
Specialised Land (Crown/Freehold)	Market approach	Community Service Obligations Adjustments[2]
Non Specialised Buildings	Market approach	N/A
Specialised Buildings	Current replacement cost approach	- Cost per square metre - Useful life
Vehicles	Current replacement cost approach	- Cost per unit - Useful life
Plant and Equipment	Current replacement cost approach	- Cost per unit - Useful life

[1] Reflects a change in accounting policy where right of use assets are measured under the cost model from 2025-26 (refer Note 1.6).
[2] A community service obligation (CSO) adjustment of 20% was applied to AV's specialised land.

Notes to the Financial Statements
For the Financial Year Ended 30 June 2026

NOTE 8: OTHER DISCLOSURES

This section includes additional material disclosures required by accounting standards or otherwise, for the understanding of this financial report.

Structure
8.1 Reconciliation of Net Result to Net Cash Flow from Operating Activities
8.2 Responsible Persons Disclosures
8.3 Remuneration of Executives
8.4 Related Parties
8.5 Remuneration of Auditors
8.6 Ex-Gratia Payments
8.7 Events Occurring After Balance Sheet Date
8.8 Equity

NOTE 8.1: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH FLOWS FROM OPERATING ACTIVITIES

	NOTE	2026 $'000	2025 $'000
Net Result		**(16,288)**	27,462
Non-Cash Movements			
(Gain)/Loss on Sale or Disposal of Non-Financial Assets		**(44)**	(385)
Depreciation of Non-Current Assets	4.3	**118,363**	110,042
Amortisation of Non-Current Assets	4.3	**1,143**	3,565
Indirect Capital Contributions	6.4	**(8,661)**	(20,417)
Assets and Services Received Free of Charge		**(435)**	(352)
Loss Allowance For Receivables		**2,989**	6,972
Assets Received Free of Charge Expended off in Operating Statement		**435**	349
Movements in Assets and Liabilities			
(Increase)/Decrease in Receivables and Contract Assets		**(36,571)**	(61,354)
(Increase)/Decrease in Inventories		**797**	495
(Increase)/Decrease in Prepaid Expenses		**(230)**	(1,042)
Increase/(Decrease) in Payables and Contract Liabilities		**13,404**	(28,511)
Increase/(Decrease) in Employee Benefits		**21,187**	32,777
Increase/(Decrease) in Other Provisions		**529**	(222)
Net Cash Inflow from Operating Activities		**96,619**	69,380

NOTE 8.2: RESPONSIBLE PERSONS DISCLOSURES

In accordance with the Ministerial Directions issued by the Minister for Finance under the *Financial Management Act 1994* , the following disclosures are made regarding responsible persons for the reporting period.

	Period
Responsible Minister	
The Honourable Mary-Anne Thomas MP, Minister for Ambulance Services, Minister for Health	1 July 2025 to 15 April 2026
The Honourable Harriet Shing MP, Minister for Ambulance Services, Minister for Health	15 April 2026 to 30 June 2026
Governing Board	
Andrew Crisp (Chair)	1 July 2025 to 30 June 2026
Allison Smith	1 July 2025 to 30 June 2026
Amanda Watt	1 July 2025 to 30 June 2026
Denise Heinjus	1 July 2025 to 30 June 2026
Dipak Sanghvi	1 July 2025 to 30 June 2026
Dr Fergus Kerr	1 July 2025 to 30 June 2026
Paula Morgan	1 July 2025 to 30 June 2026
Wenda Donaldson	1 July 2025 to 30 June 2026
Vijaya Vaidyanath	1 July 2025 to 8 December 2025
Accountable Officer	
Jordon Emery (Chief Executive Officer)	1 July 2025 to 30 June 2026

Remuneration of Responsible Persons The number of Responsible Persons is shown below in their relevant income bands:	2026 No.	2025 No.
$0 - $9,999	**1**	2
$20,000 - $29,999	**1**	-
$50,000 - $59,999	**6**	6
$100,000 - $109,999	**1**	1
$380,000 - $389,999	**-**	1
$510,000 - $519,999	**1**	-
$590,000 - $599,999	**-**	1
Total Number	**10**	11
Total Remuneration ($000)	**973**	1,419

Amounts relating to Responsible Ministers are reported within the State's Annual Financial Report

NOTE 8.3: REMUNERATION OF EXECUTIVES

The number of executive officers, other than Ministers and the Accountable Officer, and their total remuneration during the reporting period are shown in the table below. Total annualised employee equivalent provides a measure of full time equivalent executive officers over the reporting period.

	2026	2025
Remuneration of Executive Officers	**$'000**	$'000
(including Key Management Personnel disclosed in Note 8.4)		
Short Term Employee Benefits	**3,298**	3,277
Post-Employment Benefits	**356**	356
Other Long-Term Benefits	**776**	211
Termination Benefits	**350**	223
Total Remuneration	**4,779**	4,066
Total Number of Executives [1]	**17**	15
Total Annualised Employee Equivalent [2]	**11.3**	10.6

[1] The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of AV under AASB 124 *Related Party Disclosure* are also reported within Note 8.4 Related Parties.
[2] Annualised employee equivalent is based on paid working 38 ordinary hours per week over the reporting period.

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided by AV, or on behalf of AV, in exchange for services rendered, and is disclosed in the following categories.

Short-Term Employee Benefits
Salaries and wages, annual leave or sick leave that are usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances and free or subsidised goods or services.

Post-Employment Benefits
Pensions and other retirement benefits (such as superannuation guarantee contributions) paid or payable on a discrete basis when employment has ceased.

Other Long-Term Benefits
Long service leave, other long service benefits or deferred compensation.

Termination Benefits
Termination of employment payments, such as severance packages.

NOTE 8.4: RELATED PARTIES

AV is a wholly owned and controlled entity of the State of Victoria. Related parties of AV include:
· all key management personnel and their close family members and personal business interests
· cabinet ministers (where applicable) and their close family members and
· all health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of AV, directly or indirectly.

Key Management Personnel (KMP)
The Board, Chief Executive Officer and members of the AV Executive Committee are deemed to be KMPs. This includes the following:

KMPs	**Position**
Michael Georgiou	Executive Director Regional Operations
Hayley Turner	Executive Director Specialist Operations and Coordination
Tegwyn McManamny	Executive Director Quality and Clinical Innovation
Jessica Lambous	Executive Director Enterprise Services
Jesse Maddison	Executive Director People and Culture
Alison Errey	Executive Director Communication and Engagement
Gavin Gusling	Executive Director Business Technology and Programs
Dr David Anderson	Medical Director
Ross Salathiel	Executive Director Regional Operations (Acting)
Danielle North	Executive Director Regional Operations (Former)
Anthony Carlyon	Executive Director Specialist Operations and Coordination (Former)
Diana Zimmermann	Executive Director Specialist Operations and Coordination (Former Acting)
Andrew Keenan	Executive Director Specialist Operations and Coordination (Former Acting)
Heather Miller	Executive Director People and Culture (Former Acting)

The compensation detailed below excludes the salaries and benefits the Portfolio Ministers receive. The Minister's remuneration and allowances are set by the *Parliamentary Salaries and Superannuation Act 1968* , and are reported within the State's Annual Financial Report.

	2026	2025
	$'000	$'000
Compensation - KMPs		
Short Term Employee Benefits	**3,833**	3,948
Post-Employment Benefits	**395**	396
Other Long-Term Benefits	**786**	187
Termination Benefits	**350**	368
Total [i]	**5,364**	4,899

[i] KMPs are also reported in Note 8.2 Responsible Persons or Note 8.3 Remuneration of Executives.

NOTE 8.4: RELATED PARTIES (Continued)	**2026**	2025
	$'000	$'000
Significant Transactions with Government-Related Entities		
During the year, AV had the following government-related entity transactions:		
Government Grants from DH	**1,248,486**	1,252,593
Government Grants from DJCS	**4,237**	3,638
Government Grants from TAC	**11,762**	11,146
CBS Interest Income from DTF [1]	**3,680**	4,707
Transport Revenue from Victorian public hospitals	**65,086**	63,126
Transport Revenue from TAC	**31,790**	31,918
Transport Revenue from WorkSafe	**7,219**	6,648
Insurance Premium paid to VMIA	**7,496**	4,954

[1] The Standing Directions of the Minister for Finance require AV to hold cash (in excess of working capital) in accordance with the State of Victoria's centralised banking arrangements.

Transactions with Key Management Personnel and Other Related Parties
Given the breadth and depth of State government activities, related parties transact with the Victorian public sector in a manner consistent with other members of the public e.g. stamp duty and other government fees and charges. Further employment of processes within the Victorian public sector occur on terms and conditions consistent with the *Public Administration Act 2004* and Codes of Conduct and Standards issued by the Victorian Public Sector Commission. Procurement processes occur on terms and conditions consistent with HealthShare Victoria and the Victorian Government Procurement Board requirements.

Outside of normal citizen type transactions, the related party transactions that involved key management personnel and their close family members are as follows:

During the year, AV paid $179,697 (2025: $160,267) to the Council of Ambulance Authorities, an organisation of which Mr Jordan Emery, Chief Executive Officer, is a Board member. The annual membership levy and event tickets were paid under standard terms and conditions.

During the year, AV incurred $163,217 (2025: $668,873) in legal fees to Minter Ellison, a law firm of which Ms Amanda Watt, Director, was a partner for part of the reporting period. The legal fees were payable under standard terms and conditions.

During the year, AV paid $1,650 (2025: Nil) to Wound Wise Consulting & Education, a company owned by the spouse of the Hon. Colin Brooks MP, for specialist nursing clinical and education services. The transaction was conducted on standard terms and conditions.

In 2024-25, AV paid $1,511 to Member Benefits Australia Pty Ltd, a company of which Mr Dipak Sanghvi, Director, was Board Chair. The Emergency Memberlink program fee was paid under standard terms and conditions.

All related party transactions have been entered into on an arm's length basis.

NOTE 8.5: REMUNERATION OF AUDITORS	**2026**	2025
	$'000	$'000
Victorian Auditor-General's Office		
Audit of Financial Statements	**260**	227
Total Remuneration of Auditors	**260**	227

NOTE 8.6 EX GRATIA PAYMENTS

AV has made the following ex-gratia payments:		
Forgiveness or Waiver of Debt [2]	**227**	1,103
TOTAL EX-GRATIA EXPENSES	**227**	1,103

Includes ex gratia expenses greater than or equal to $5,000 or those considered material in nature.
Ex gratia expenses are the voluntary payments of money or other non-monetary benefit (e.g. a write off) that are not made either to acquire goods, services or other benefits for the entity or to meet a legal liability, or to settle or resolve a possible legal liability of or claim against the entity.

[2] Forgiveness of transport fees debt to individuals due to financial hardship and on compassionate grounds and have been recognised in the Comprehensive Operating Statement under 'Net Gain/(Loss) on Financial Instruments'.

NOTE 8.7: EVENTS OCCURRING AFTER THE BALANCE SHEET DATE

There are no events occurring after the balance sheet date.

NOTE 8.8: EQUITY

Contributed Capital
Contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of AV.

Transfers of net assets arising from administrative restructurings are treated as distributions to or contributions by owners. Transfers of net liabilities arising from administrative restructurings are treated as distributions to owners.

Other transfers that are in the nature of contributions or distributions or that have been designated as contributed capital are also treated as contributed capital.

Property, Plant and Equipment Revaluation Surplus
The property, plant and equipment revaluation surplus arises on the revaluation of land and buildings. The revaluation surplus is not normally transferred to the accumulated surpluses/(deficits) on derecognition of the relevant asset.

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