

# **PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE**

## **Inquiry into the 2022-23 Budget Estimates**

Melbourne—Friday, 20 May 2022

### **MEMBERS**

Ms Lizzie Blandthorn—Chair

Mr Danny O'Brien—Deputy Chair

Mr Rodney Barton

Mr Sam Hibbins

Mr Gary Maas

Mrs Beverley McArthur

Mr James Newbury

Ms Pauline Richards

Mr Tim Richardson

Ms Nina Taylor



**WITNESSES**

Mr Martin Foley MP, Minister for Ambulance Services,

Professor Euan Wallace, Secretary,

Ms Jodie Geissler, Deputy Secretary, Commissioning and System Improvement, and

Mr Chris Hotham, Deputy Secretary, Health Infrastructure, Department of Health; and

Ms Libby Murphy, Acting Chief Executive Officer, Ambulance Victoria.

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

I ask that mobile telephones please be turned to silent.

I begin by acknowledging the traditional Aboriginal owners of the land on which we are meeting. We pay our respects to them, their elders past, present and emerging as well as elders from other communities who may be with us today.

On behalf of the Parliament, the committee is conducting this Inquiry into the 2022–23 Budget Estimates. The committee's aim is to scrutinise public administration and finance to improve outcomes for the Victorian community.

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

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

We again welcome Minister Foley, this time for the portfolio of ambulance services, and officers of your department. Minister, we invite you to make an opening statement, which will be followed by questions from the committee.

**Visual presentation.**

**Mr FOLEY:** Thank you, Chair. Ambulance Victoria has just had its busiest quarter in its history. During that period some 500 paramedics daily were furloughed at the peak of the omicron wave earlier this year. Ambulance Victoria responded to 14.2 per cent more calls in the January–March quarter than it did over the same period last year. As a result, the service managed to respond to 66.8 per cent of calls within 15 minutes. As a result, this budget, the 2022–23 budget, is all around helping maintain services under continuing pressure by investing in ambulance programs and services across the entire healthcare system to ensure that Victorians have access to the world-class healthcare system that they rightly require, no matter their age or where they live.

The 'Meeting unprecedented demand' slide is just that. Right around the nation demand for emergency services is at an all-time high. 000 call takers and dispatchers are dealing with unprecedented call volumes. That is why we are investing some \$124 million for Ambulance Victoria to recruit new paramedics, enhance its fleet management and deal with rostering and support functions in order to meet the growth in demand for ambulance services. As part of this, \$12 million will also be provided for a second mobile stroke unit for the south-east of metropolitan Melbourne so stroke victims can get the urgent care that they need without delay.

In regard to workforce growth, we have experienced growth across the workforce year on year across the last eight years. We know that continued growth in the workforce is essential to meet continued pressure and demand, and we know that from 2015 to 2021 the Ambulance Victoria workforce grew by 30 per cent. In actual terms that is about a thousand skilled paramedics, team managers, transport officers, retrieval registrars and clinical instructors, all of whom are playing their role in communities getting the urgent emergency care they need. The funding from the recent state budget will see this continue to grow.

In regard to the final slide, patient transfer services really rely on the strength of the system around them. That is why the budget invests in practical and immediate measures to seek to cut wait times and expand the whole

ecology of emergency departments at the ED end of this pipeline to make sure again that the flow to Victorians to get the support they need happens as quickly as possible. In this regard there are investments in EDs at Casey and Werribee to address significant demand. Investment will also see performance of hospitals and AV delivering more effective patient flows through that interface and with better patient outcomes.

At the same time as dealing with this, Ambulance Victoria is also implementing recommendations from the Victorian Equal Opportunity and Human Rights Commission's review into workplace equality. It will deliver, at the same time as responding to record levels of demand, innovative strategies to support its workforce in implementing those recommendations.

Broader health funding will also strengthen the community-based healthcare services that will see the integration of GPs, community health services and other support that will seek to deal with some of the non-emergency demand that AV in particular is responding to in increasing levels. As we see deferred care and easing of pressure as a result of the current stage of the pandemic we are in, there is increased demand on Ambulance Victoria services right across our state. With that, Chair, I might leave my opening comments.

**The CHAIR:** Thank you, Minister. Mr Newbury.

**Mr NEWBURY:** Thank you. Acting CEO Murphy, I am referring to the budget line item on page 230 of BP3 in relation to timeliness of code 1 incidents. That is the times—the lights and sirens—where there is a requirement to attend within 15 minutes 85 per cent of the time. I have seen data from April showing that that is now dipping into 50th percentile, which means almost half of the time that is not being met. How often is it dipping into the 50th percentile?

**Ms MURPHY:** It has dipped into the 50th percentile, and we continue to work very, very hard to serve the community. I would have to take on notice how many times it actually has happened, but we are averaging at the moment in the 60s.

**Mr NEWBURY:** In the 60s, did you say?

**Ms MURPHY:** Yes. There have been times it has tipped into the 50s though.

**Mr NEWBURY:** Could you also take on notice—I am aware of 18 deaths between October and March that are linked to delays in ambulances arriving. Have you got any more recent data relating to April at a time when it was dipping into that 50th percentile?

**Ms MURPHY:** No, we are not aware of any adverse events. In relation to sentinel events, I do just want to clarify the difference between awaiting an ambulance, because there are issues with ESTA. If I can just talk about the interface—a call goes from 000 into ESTA and ESTA go through a process called ProQA, which is a standard question that is used by over 3000 ambulance agencies across the world. That ProQA then allows the dispatch of an ambulance. But 18 events are not related to awaiting an ambulance. There is an interface between the 000 and the call taking at ESTA, so 18 have not been specifically awaiting an ambulance, if that makes sense.

**Mr NEWBURY:** What number would you refer to?

**Ms MURPHY:** I would say three attributable to Ambulance Victoria and 18 are relative to call answering.

**Mr NEWBURY:** Right. So 21. Is that right? Eighteen plus three.

**Ms MURPHY:** Yes.

**Mr NEWBURY:** So 21. I was aware of 18. You have just now said there are three further.

**Ms MURPHY:** Sentinel events.

**The CHAIR:** Mr Newbury, I think you just put words in the mouth of the witness. Did you feel the need to—

**Ms MURPHY:** So 18 attributable to ESTA, and we have three sentinel events in relation to Ambulance Victoria.

**Mr NEWBURY:** Eighteen plus three. Minister, the Acting CEO has just confirmed that call wait times are now in the 50th percentile, which is deadly, and we have heard that there are 21 instances of death. Are you going to say sorry to Victorians? Twenty-one people have died.

**Mr FOLEY:** On a number of occasions—

**Mr NEWBURY:** Twenty-one occasions.

**Mr FOLEY:** On a number of occasions, be it in the Parliament or in various conversations I have had around the community and indeed in a number of media conferences, I have apologised for the unacceptable arrangements where in the circumstances of people particularly ringing 000 they have not got the service that they are entitled to. As the Chief Executive has pointed out, the majority—

**Mr NEWBURY:** I think families would prefer the word ‘sorry’, Minister.

**The CHAIR:** Mr Newbury, could you allow—

**Mr NEWBURY:** I want to hear the word ‘sorry’.

**Mr NEWBURY:** Mr Newbury, please allow the minister to complete his answer.

**Mr FOLEY:** Every death is a tragedy—

**Mr NEWBURY:** So say sorry.

**The CHAIR:** Mr Newbury, please allow the minister to complete his answer.

**Mr NEWBURY:** We have had 21 deaths. This is not a joke. Those families deserve the word ‘sorry’, Minister. And here is your opportunity.

**Mr FOLEY:** Every death is a tragedy. The death of people as they expect services is a particular tragedy. The fact that the overwhelming majority of those relate to ESTA and the work of the Minister for Emergency Services—

**Mr NEWBURY:** These are weasel words.

**The CHAIR:** Mr Newbury!

**Mr FOLEY:** are important parts of how the overall—

**Mr NEWBURY:** You have refused to say the word ‘sorry’.

**The CHAIR:** Mr Newbury!

**Mr NEWBURY:** You have refused to say the word ‘sorry’, Minister. Twenty-one people have died and you have refused to use the word ‘sorry’. You have blood on your hands. It is outrageous.

**The CHAIR:** Mr Newbury! The call is with Mr Maas.

**Mr MAAS:** Thank you, Chair. And thank you, Minister, and thanks, officials, for your attendance today. Minister, I would like to the paramedic workforce, and I note page 54 of budget paper 3 shows the investment of some \$124 million across the forward estimates. In your presentation you made note of significant growth within the paramedic workforce since 2014. Would you be able to take the committee through how that investment will support further growth in the paramedic workforce?

**Mr FOLEY:** Thank you, Mr Maas. As BP3 sets out, we want to make sure that the line item ‘A safe and engaged workforce’ delivers precisely that through our workforce. We want to make sure that the opportunities that flow from this budget, make sure that ambulance services right across the country, as they respond to increasing demands, that we respond in the best possible way through Ambulance Victoria. As I indicated, the most recent quarterly data shows that our state paramedic services responded to a record 93 234 code 1 cases, a 14.2 per cent increase on the same period the previous year. In terms of the previous quarter, it itself had been a record quarter for the first quarter of the year.

Ambulance Victoria is busier than ever, and the Ambulance Victoria workforce, through its entirety, has been the backbone of our response to the pandemic. The advanced life support paramedics, mobile intensive care paramedics, secondary triage practitioners, non-emergency patient transport ambos, all the support staff and all the training staff have done an extraordinary job over the last 2½ years. Making sure that we back them with the investment that they need to continue to build those numbers and to continue to build more ambulance stations and better response times and come back from this terrible global pandemic and the impact it is having on our healthcare services right across the board is what this budget is about. Really since 2014 we have backed that workforce every step of the way, having doubled the yearly investment in ambulance services from 2014 to now—nearly \$1.4 billion, putting more ambulances and more paramedics into our community than ever before while at the same time also dealing with innovation in how that service is delivered. Making sure that occurs by providing an additional \$124 million, including \$99 million to meet the increased demand as we employ an additional 90 paramedics on top of the more than 700 that were recruited in the last calendar year—the busiest recruitment phase in AV’s history—will make sure that our paramedics respond to a further 12 300 additional emergencies, be they on the road or air transports, in our community right across the state. This is an investment that ensures, whether you are in metropolitan Melbourne or regional Victoria, the ambulance service will continue its engagement with the community and improve further, year on year, its important life-saving work.

**The CHAIR:** Thank you. Mr Barton.

**Mr BARTON:** Thank you, Chair. Minister, budget paper 3, page 69, states that funding has been provided to strengthen cybersecurity measures for Ambulance Victoria. Is this addressing any specific data breaches that have occurred to Ambulance Victoria previously?

**Mr FOLEY:** Thank you, Mr Barton. Cybersecurity right across the health system is increasingly important. Indeed there is a Bill before the Parliament at the moment that seeks to deal with data and protection and its important use. As part of how that service is being delivered, we know that there is a \$15 million investment set out in this budget to deliver, as you say, improved cybersecurity across our health services, and AV is one of those services. The good news is that Ambulance Victoria are not aware of any cybersecurity incidents or data breaches, and that is reassuring. The same in terms of recent history, sadly, cannot be said for the wider health system. Health services globally continue to be a particular target of hackers and others in this space, and this program is the continued funding of Ambulance Victoria’s participation—and all the health services—in a cybersecurity program that is designed to reduce the risk. That is through our security operations centre, which functions 24 hours a day, seven days a week, and that identifies breaches of security as they occur. It also funds awareness and training programs to help detect potential threats, and more than 100 000 healthcare professionals are trained in such basic programs as password and email security. So the 24/7 ICT incident management team support these health services and support AV in this important work, and it is critical to secure patient data.

**Mr BARTON:** Thank you, Minister. Budget paper 3, page 58, notes that funding has been allocated to implement recommendations from the *Independent Review into Workplace Equality in Ambulance Victoria* in 2021. This review recommended that Ambulance Victoria reintroduce workplace equality contact officers embedded in each region. Does the department intend on reintroducing these workplace equality contact officers, and has this been accounted for in the budget?

**Mr FOLEY:** Yes. It is not so much the department, but Ambulance Victoria as a health service has accepted all 43 recommendations in full, including the reintroduction of workplace equality contact officers. You will see a dedicated line of initial funding of \$8 million to assist AV in the immediate steps of implementing the Victorian Human Rights and Equal Opportunity Commission’s report, and amongst those are those important workplace equality contact officers. Those officers are there to make sure that particularly at a peer-to-peer level there is a role in place that the workforce can have confidence will provide practical, impartial information around workplace policies regarding discrimination, sexual harassment, bullying and victimisation and the reporting of and dealing with those. They are also there to promote awareness and support for the workforce and are there in fact to assist co-workers through that process in a way that is designed to build confidence, as I have confidence, that Ambulance Victoria is very serious about providing a safe, accessible workplace for all Victorians regardless of their background.

**The CHAIR:** Thank you, Minister. Ms Richards.

**Ms RICHARDS:** Thank you, Minister and officials, again for not just your time but all the work you have been doing. I would like to take you to ambulance performance, Minister. Budget paper 3, page 54 takes us through the government's investment to build on the investment in health and help meet the growing and changing demand for Victoria's ambulance service. Can you take me through how that is responding to the changing demand?

**Mr FOLEY:** Ambulance performance has suffered dramatically in terms of where the ambulance service was in 2019, when it got the best results in its history, and the driving factor behind that has been the multipronged challenges that the COVID-19 global pandemic has delivered. There is no question that the pandemic has presented massive challenges for ambulance stock and through it the delivery of services to the Victorian community. To support paramedics, this \$124 million is all about making sure that we are providing more support to get more paramedics and ambulance units onto the roads and into the Victorian community as fast and as quick as we can. Ambulances have seen a surge, massively, since COVID-19 restrictions have been gradually lifted to the point where essentially there are few if any restrictions in the community. At the same time the similar workforce fatigue matters that we referred to in our earlier conversations today—the presentation of more complex cases, the impact of deferred care and the impact of having to wear PPE and don effective COVID-safe IPC precautions—together with record amounts of people now coming through 000 and the interface issues with AV and ESTA there, are seeing more people present to AV and more people through AV into our emergency departments than ever before.

These workforce pressures are all about making sure that this additional investment, in addition to the investments we have made to date, will see ongoing efforts to make sure that 12 000 emergency ambulance transports to meet our community service obligations are delivered and that there is a procedure in place to make sure that over the next five years there will be \$12 million, including \$1.7 million capital, to establish a second mobile stroke unit and the amazing work that the existing stroke unit does in Melbourne, together with the wider stroke support services, taking advantage of new technologies in the interface between AV and hospital services right across the state. This funding will make sure that we support the ever-increasing demand for our services as our population grows, as our population ages and as complex cases continue to come through our system. This, together the \$470 million also set out in the budget papers, will speed the recovery that has begun in our processes of again rebuilding the capacity of Ambulance Victoria to the levels that AV achieved in 2019, if not exceeding that in coming years ahead.

**Ms RICHARDS:** Thank you, Minister.

**The CHAIR:** Thank you, Minister. Mr O'Brien.

**Mr D O'BRIEN:** Thank you, Chair. Ms Murphy, can I ask: the *Herald Sun* reported in July last year that there were 9651 people sent a taxi by AV in the previous financial year. Can I ask for an update on the figure is so far for this year?

**Ms MURPHY:** I do have that figure. It is about 9000, but I can give you the exact figure that was active up until the 19th, if you will just excuse me. While I am actually just looking for the data, can I perhaps give some clarity around why taxis are called and be quite definite about the fact that taxis do not replace ambulances or an ambulance service or a paramedic service. What they are used for are situations where people require a lesser service other than an immediate paramedic but they require some medical intervention, so things that we usually see in relation to taxis may be someone who cannot be connected with something like telehealth, because they are an older person at home who does not—

**Mr D O'BRIEN:** I am sorry, Ms Murphy, I have got 4 minutes to ask questions. Could I just have the answer? I do appreciate the background.

**Ms MURPHY:** Could you bear with me while I just check the number for you, please? It is about 9000, but I will get the exact number for you. I may take that on notice, but it is about 9000.

**Mr D O'BRIEN:** Perhaps you can find it in the next break and come back to me before the hearing is out.

**Ms MURPHY:** Yes, sure. Of course.

**Mr D O'BRIEN:** Just following up Mr Newbury's questions: with code 1 response times down below 60 per cent of the time meeting the target, when do you expect that to get back to the 85 per cent?

**Ms MURPHY:** That is an interesting question. Obviously we are in a once-in-a-lifetime event of a dynamic situation where we have got impacts of COVID, opening up, and we need to see what the community looks like with flu. We are very proud of the fact that we have the ability through the budget to actually have more paramedics being brought forward and—

**Mr D O'BRIEN:** Will it be next year, in the next financial year?

**Ms MURPHY:** Well, actually an investment that occurred in February brought a number of paramedics forward through to May this year—

**Mr D O'BRIEN:** How many is that?

**Ms MURPHY:** The total number of paramedics who have been brought forward in relation to February I believe is 174.

**Mr D O'BRIEN:** Yes. And when do you expect the 90 to be employed, actually on the road?

**Ms MURPHY:** Well, we have managed to take on board 700 last year, so we will stagger the 90 and have that workforce brought forward as soon as we are able with the training and obviously the sustainability of serving the community.

**Mr D O'BRIEN:** Sorry, I did not quite follow that. When will the 90 come on board?

**Ms MURPHY:** The funding is for the 90 for the next financial year, and we will work through the staggering of those, but there is certainly an excellent pipeline of qualified paramedics who we can bring on board.

**Mr D O'BRIEN:** Okay. You mentioned the three deaths directly attributable to AV. How many other sentinel events have there been so far for 2021–22—that is, not necessarily deaths but serious issues?

**Ms MURPHY:** Could you just bear with me, please, and I will be able to tell you I think, but that may be on notice. There are a number of categories of sentinel events which get referred to Safer Care Victoria. There have been a number obviously of delays, but the actual number of total sentinel events I will also have to take on notice. I am sorry.

**Mr D O'BRIEN:** Again, if you have got it there with you, I would appreciate if you can give it to me—

**Ms MURPHY:** No. The total number, including the 1s, 2s, 3s and 4s, I will have to come back to you on.

**Mr D O'BRIEN:** Okay. Whatever you have got there, and if you can provide that taxi number once you have found it, that would be great.

**Ms MURPHY:** Yes, sure.

**The CHAIR:** Thank you, Mr O'Brien. Ms Taylor.

**Ms TAYLOR:** Thanks. Given that the pandemic has seen increased and changing patterns of demand across rural and regional Victoria, could you please outline for the committee how the most recent investment of \$124 million in budget paper 3, page 54, builds on previous initiatives to boost ambulance and paramedic coverage in rural and regional Victoria?

**Mr FOLEY:** Certainly. Ambulance Victoria is committed to improving services right across the state in the challenge of the global pandemic that it has been responding to. When it comes to regional and rural Victoria, our record of backing those particular services right across the state is one that we are proud of, and we will continue to invest in and build the capacity of them.

Last year we launched, for instance, the medium acuity internal patient transport resource, which is a mouthful but is essentially freeing up staffing and extra resources at that level below code 1, lights and sirens, to then free up further resources to bring to those code 1 lights-and-sirens responses—22 vehicles and 165 staff right across our

regions. These teams at code 2 and 3 free up those resources. It is important that those are now on the ground and being delivered right across the state. This includes funding for these increased on-the-ground services in Geelong, in Belmont, in Traralgon, in Wonthaggi, in Wendouree, in Shepparton and in Eaglehawk. That comes on top of recent investments, based on the figures of staffing that the CEO pointed to, for increased paramedic resources in Camperdown, Rochester, Terang, St Arnaud, Avoca, Beechworth, Inglewood, Torquay, Benalla, Lakes Entrance, Castlemaine, Chiltern and Bannockburn. Then in addition we have seen additional MICA services be located in the Bellarine Peninsula, and we have added peak-period units—in other words, further AV resources of staff and ambulance services—in those parts of our regional communities when demand is busiest, and that has included Churchill, Bendigo, Gisborne, Clyde North, Moe, Warragul and Leongatha.

We have also expanded 24-hour coverage in the regions to reflect the changing demand in regional Victoria and to include new 24-hour coverage in Cobram, Mansfield, Yarrowonga, Korumburra, Ballan and Daylesford. We are also making sure that there are further investments, particularly in our regions, which I am glad to see got further investment in this most recent budget.

The experience of the global pandemic has highlighted what we know: that investment in health, in our doctors, in our nurses and in our paramedics is part of the continuum to making sure that, having got through the worst of this global pandemic, we are in a position to continue to extend our healthcare services to be in the best possible position to return to, if not exceed, the best results that we got in the history of the service in 2019. We will achieve that, if not exceed that, again.

**Ms TAYLOR:** Thank you.

**The CHAIR:** Thank you, Minister. Mrs McArthur.

**Mrs McARTHUR:** Thank you, Chair. Minister, in the budget overview, page 12, it refers to ambulance ramping. Can you tell us what is the average wait time for ramping?

**Mr FOLEY:** Thanks, Mrs McArthur. Ramping and delays more broadly are one of the by-products of the global pandemic. In terms of the average ramp—

**Mrs McARTHUR:** What is going to happen when the pandemic runs out of being an excuse?

**The CHAIR:** Mrs McArthur, again, the minister is a sentence into his answer. If you could allow him to answer the question without interrupting, that would be appreciated, please.

**Mr FOLEY:** Ambulance services will improve; that is what will happen. As we see, the pandemic has had a significant effect on all parts of that pipeline of how people get in ambulances to emergencies. As you know from the presentation that I am sure you had from the Minister for Emergency Services, there is that ESTA 000 part of the equation. Then there is indeed the part of the system once we get into AV and its interface with the emergency departments. Over the last five years in Victoria, prepandemic but certainly particularly during the pandemic, emergency department presentations have continued to increase at rates much higher than population rate increases.

**Mr D O'BRIEN:** On a point of order, Chair—

**The CHAIR:** Mr O'Brien.

**Mr D O'BRIEN:** With respect, Minister, we asked for the time, not how the watch works. We just want to know what the average for ramping is at the moment. We know what ramping is; we understand it. We just want an answer to what the average is now. Perhaps Ms Murphy could provide it.

**The CHAIR:** Mr O'Brien, if you could direct your point of order to the Chair. What is your point of order?

**Mr D O'BRIEN:** Relevance.

**The CHAIR:** I ask the minister if he could consider the question asked and continue to provide a relevant answer, please.

**Mr FOLEY:** Thank you, Chair. And thank you, Mr O'Brien and Mrs McArthur. I will be as relevant as I possibly can be. Since July 2021 we have seen the proportion of calls to 000, and therefore the feeding into how our ambulance services have had to get to emergency departments, responded in different ways. Hospital transfers, which is really what ramping is about, is the key part of that transition. The care of how that happens is a really significant—

**Mrs McARTHUR:** Okay. I can see you are not going to answer the question, Minister. I will ask the Secretary a question.

**Mr Newbury** interjected.

**The CHAIR:** Mr Newbury.

**Mr FOLEY:** I was more than happy to continue to answer the question.

**Mrs McARTHUR:** Secretary—

*Members interjecting.*

**The CHAIR:** Mr Newbury and Mr O'Brien, the call is with neither of you; it is with Mrs McArthur.

**Mrs McARTHUR:** Thank you.

**Mr Newbury** interjected.

**The CHAIR:** Mr Newbury.

**Mrs McARTHUR:** Secretary, how many times has a code orange been called for any region in Victoria—also a code red?

**Prof. WALLACE:** There have been four code reds this year. I might ask Ms Murphy about code oranges.

**Ms MURPHY:** Fifty-one.

**Mrs McARTHUR:** Thank you very much.

**Mr D O'BRIEN:** Sorry, is that for the financial year?

**Mrs McARTHUR:** Yes, this financial year?

**Prof. WALLACE:** This financial year.

**Mr Newbury** interjected.

**The CHAIR:** Mr Newbury, could you please stop interrupting. It is very difficult to hear and for the committee to be in order when you are constantly interrupting your colleagues who are trying to ask questions. The call is with Mrs McArthur.

**Mrs McARTHUR:** Okay, so we have confirmed that 10 a month are in code orange. That is interesting. Secretary, the timeliness measure outlines that the proportion of code 1 incidents responded to within 15 minutes is 15 per cent below the stated target, with only 70 per cent of code 1 incidents meeting this requirement. What is an appropriate amount of funding needed for a 15 per cent boost in meeting these targets?

**The CHAIR:** Sorry, Mrs McArthur. Your time has expired, and I will pass the call to Mr Richardson.

**Mr RICHARDSON:** Thank you, Minister, Ambulance Victoria representatives and department officials. I am sorry for some of the conduct, and you would not be able to treat people like this in the workplace, but this is PAEC. Welcome back.

*Members interjecting.*

**The CHAIR:** Mr Newbury and Mr O'Brien—

**Mr RICHARDSON:** I will take you to AV election commitments and delivery.

**Mr Newbury** interjected.

**The CHAIR:** Mr Newbury, could you please stop interrupting other people that are respectfully trying to—

**Mr NEWBURY:** He is just reading the Premier's office's question. We're not missing anything.

**Mr RICHARDSON:** I do not think your intellectual wisdom is gracing us today either.

**The CHAIR:** Mr Richardson and Mr Newbury—

**Mr D O'Brien** interjected.

**The CHAIR:** Mr O'Brien! Can I call everyone to order, please. Mr Richardson.

**Mr RICHARDSON:** One of the government's key commitments at the 2018 election was to deliver increased support to our hardworking paramedics through a series of ambulance station upgrades and new stations. I am wondering for the committee's benefit, Minister, if you could provide an update on this important work to upgrade this vital infrastructure that is featured in budget paper 4 at page 67.

**Mr FOLEY:** Thank you, Mr Richardson. We are committed—and our track record shows that we are committed—to delivering the important infrastructure that Ambulance Victoria needs to, having got to the best performance measures in its history in 2019 immediately before the global pandemic, get it back to that status, and infrastructure is one of the important components of that equation. We committed, as you rightly set out, in the 2018 election to provide \$109 million to support that care, and we have more than delivered on that. The Victorian government has now committed more than \$249 million since 2015 to upgrade and rebuild ambulance stations to provide better working conditions and to facilitate the important life-saving emergency care work that is done by our Ambulance Victoria staff.

Only last week I was pleased to open the Templestowe ambulance station as one of the more recent additions to that, noting of course that in 2013–14 an ambulance station in the Manningham-Templestowe community was closed by the then government. That is one of the 23 new stations that we have delivered since 2015 and indeed right across the state. In addition to that, work is well further progressed for a further nine Ambulance Victoria stations, including at Clyde North, Epping, Lilydale, Oak Park, Moe, Mornington, Taylors Lakes, Warragul and Melton South, and builders have been appointed for a further six.

The case is pretty simple that our Ambulance Victoria professionals need an ever-increasing pipeline of supply of these important stations, not in response to just the growing population of the state but also the changing population patterns of the state, which have been sped up, partly a result of the impact of the COVID-19 global pandemic on our communities. We are more than rededicating ourselves to this important record level of investment in both our staff and our infrastructure. We are proud to have reversed the cuts that we inherited. We built more ambulance stations—23 to date and there are more coming—and they will be the foundation stone upon which we return to record levels of Ambulance Victoria performance.

**Mr RICHARDSON:** Thank you.

**The CHAIR:** Thank you, Mr Richardson. Mr Hibbins.

**Mr HIBBINS:** Thank you, Chair. I want to ask about ambulance transfers from prisons, and this goes to the ambulance services not meeting their timeliness targets in the budget. The royal commission into mental health noted that some mentally ill people are released from prison straight into waiting ambulances and taken to the nearest hospital because their untreated mental illness is so severe. Do you have any data on the number and frequency of ambulances used to deliver released prisoners to hospitals?

**Mr FOLEY:** I might defer to Ms Murphy in a moment after I perhaps very briefly set the context of both what the royal commission spoke about and the broader relationship between AV, the health services and justice. The release of particularly people either from prisons or from remand into our health services, but particularly AV, is a significant issue. We see all too often people released without the appropriate supports, but increasingly health justice and the work that they are doing in coordinating their efforts, particularly at remand and the Royal

Melbourne, is an important part of dealing with really high risk patients. The number of people with acquired brain injury, alcohol and drug injuries and other really complex cases coming out of the justice system is the highest of any community in the state, and the complexity of that into our healthcare system and AV is quite a challenge. As to the specifics of justice—prisons—into AV release, I might, if it is available, ask—

**Ms MURPHY:** It is something I would have to take on notice. I apologise. For this financial period, you are talking about? I will have to take that on notice, sorry.

**Mr HIBBINS:** Okay. All right. Thank you. Well, the next question is: what is the government actually doing about it, given it is such a significant issue, and is there any funding in this budget to address that?

**Mr FOLEY:** Yes. It cuts across not just my portfolio but also the justice, prisons and corrections portfolio, because it is a two-way process. As I indicated earlier, the complex needs—the over-representation of acquired brain injuries, alcohol and drug dependency and chronic illness amongst the prison population and those on remand—are disproportionately higher than the wider Victorian community. We are working very closely with Justice Health, who are leading much of that, to make sure that those integrated supports for those who are in the justice system are provided when they need support once they are in the system—in our health system but still in the justice system, but that is generally led by health justice—but once they are released that there is a coordinated process where, particularly if they are being released into local regional communities, there is advance notice and the ability to, through justice, deliver that wraparound support for people. Of course there is more to do, because those parts of our community are, as I say, overly represented in negative and poor health outcomes.

**Mr HIBBINS:** Thank you. Can I just quickly ask: with the extra \$124 million for supporting our frontline ambulance services, how many new paramedics will that provide and when will they be operational?

**Mr FOLEY:** This in part is further to the answer that Ms Murphy gave to, I think, Mr Newbury a bit earlier—or maybe it was Mr O'Brien—but in addition to the 700 that were recruited last year and in addition to the numbers that were provided in January, brought forward this year, a further 90 will be provided in this coming financial year. As the Chief Executive has pointed to, the specific timing of those will be dependent on scheduling the training and the link to the applicants, but we are very confident that they will be quickly expedited into our Ambulance Victoria service.

**Mr HIBBINS:** Thank you. Thanks, Chair.

**The CHAIR:** Thank you, Minister. That concludes the time we have set aside for consideration of the ambulance estimates.

**Mr D O'BRIEN:** Chair, sorry, I just—

**The CHAIR:** Mr O'Brien?

**Mr D O'BRIEN:** I just wonder if Ms Murphy was able to find that figure she was looking for.

**Ms MURPHY:** Yes. For the first three quarters—so, between 1 July 2021 and 31 March 2022—there were 9492 taxis that were dispatched to people who did not require an ambulance, who, however, went through to secondary triage, and it was a total in 2020–21 of 10 743 cases, which avoided tying up ambulances.

**Mr D O'BRIEN:** Thank you very much, Ms Murphy.

**Mr Newbury** interjected.

**The CHAIR:** Thank you, Mr O'Brien. Mr Newbury, could you please not interrupt.

**Mr NEWBURY:** I am just speaking to my colleague. It is an increase of 30 per cent; I am surprised by how high the number is.

**The CHAIR:** Mr Newbury, if you could please pull yourself into order, that would be appreciated by all involved.

The committee will follow up on any questions taken on notice in writing, and responses will be required within five working days of the committee's request. We thank you for appearing before the committee in this capacity today.

The committee will now take a short break before moving to consideration of the equality portfolio with you. Thank you. I declare this hearing adjourned.

**Witnesses withdrew.**