PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

2021–22 Budget Estimates

Melbourne—Friday, 18 June 2021

MEMBERS

Ms Lizzie Blandthorn—Chair
Mr Richard Riordan—Deputy Chair
Mr Sam Hibbins
Mr David Limbrick
Mr Gary Maas
Mr James Newbury
Mr Danny O'Brien
Ms Pauline Richards
Mr Tim Richardson
Ms Nina Taylor

WITNESSES

Mr Martin Foley, MP, Minister for Ambulance Services,

Professor Euan Wallace, Secretary,

Mr Chris Hotham, Deputy Secretary, Health Infrastructure, and

Ms Jodie Geissler, Deputy Secretary, Commissioning and System Improvement, Department of Health; and

Associate Professor Tony Walker, Chief Executive Officer, Ambulance Victoria.

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

On behalf of the Parliament, the committee is conducting this Inquiry into the 2021–22 Budget Estimates. Its aim is to scrutinise public administration and finance to improve outcomes for the Victorian community.

We note that witnesses and members may remove their masks when speaking to the committee but must replace them afterwards.

Mobile telephones and computers should be turned to silent.

All evidence taken by this committee is protected by parliamentary privilege. 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 as soon as possible.

We welcome Minister Foley in the first instance for consideration of your ambulance portfolio and officials from your department and Ambulance Victoria. Thank you for joining us today. We invite you to make a brief opening statement, and this will be followed by questions from the committee. Thank you.

Visual presentation.

Mr FOLEY: Thank you, Chair, and I thank the committee for the opportunity to report. First, I would like to begin by acknowledging the First Peoples and the traditional owners of the lands on which we gather, and I pay my respects to elders past and present and to elders from other communities who may be with us today.

Thank you for the opportunity to provide an outline of the initiatives of the Andrews Labor government invested in this particular budget to help support our vital ambulance services. In terms of the funding overview, 2020 was a year like no other for Ambulance Victoria and for Victorians. We know that right across the country our emergency services, including paramedics, have felt the additional strain of the global pandemic. With more complex cases, stringent PPE and cleaning, our dedicated ambos needed more investment and support than ever before, and that is what we have sought to provide. The government is putting more paramedics and ambulances on the road and ensuring that our interconnected health and ambulance systems meet these levels of unprecedented demand.

The budget is investing more than $470 million over four years to continue quality ambulance services to all Victorians. This will help meet the increasing demand for ambo services and address the impact of COVID-19. We are also looking to the future by planning the next round of ambulance stations to meet the future needs of our growing state. In terms of our budget growth we are on record for investing in ambulance services like never before. Since coming to office the government has increased funding to ambulance services by some 90 per cent. The 2021–22 budget is investing a total of $1.36 billion in ambulance services. This is an almost 10 per cent increase in comparison to last year's budget. This means more paramedics, more ambulances and more triage services to help our staff provide the right treatment and keep ambulances available to quickly respond to emergency situations.

In terms of meeting levels of demand, COVID-19 has significantly impacted Ambulance Victoria's operations and service delivery. Both what Ambulance Victoria does and how it does it have changed significantly in the pandemic. This demand has been driven by more people presenting to our emergency departments, including

people who have deferred their normal check-ups and are now experiencing more complex or critical conditions. There have been longer call-taking times due to additional screening questions to do with COVID. We have seen increased numbers of category 1 and 2 call-outs, with people presenting with acute health issues after they had delayed seeking their usual primary care supports in the pandemic. Stringent and necessary PPE requirements, the need to decontaminate vehicles and equipment and potential implications of COVID cases have added to both case times and overall ambulance availability challenges.

We know that this difficult situation is not unique to Victoria and other states and territories are struggling with very much the same demands, as reflected by national cabinet's consideration of this matter in recent times. That is why our budget has allocated $266.2 million to meet these increasing demands. In terms of performance expectations $263.6 million is allocated over the next four years to help meet demand, providing Ambulance Victoria with greater response capacity and helping improve performance, including $102 million over four years to increase AV's capacity to respond to a growing and ageing population and increasing services and $160 million for improvement projects, increased on-road presence and triage resources. We are also looking to the future with a $2.6 million plan for the next round of station building first moves, including stations at Marong and Armstrong Creek.

We continue to invest in and back our professionals at the front line of emergency care, and that is why we will build on the more than 250 paramedics already recruited by AV since November with further additional staff in this budget. Managing peak times is really critical for how AV responds, and that is why innovation programs like the $1.6 million pilot on telehealth for frequent callers to 000 are an important part of our investment. All of these projects will help ensure that we provide the right money, the right resources to our Ambulance Victoria staff in the context of the global pandemic.

The CHAIR: Thank you, Minister. Mr Maas.

Mr MAAS: Thank you, Chair. Thank you, Minister, for your appearance this morning, and to your departmental team as well. I was hoping you would be able to take the committee through how the government's investment of $470.6 million—budget paper reference: BP3, page 59—will help meet the growing and changing demand for Victoria's ambulance services following the pandemic.

Mr FOLEY: Certainly. Thank you for that question. The output initiatives that you refer to really point to the fact that not just our ambulance service but our whole healthcare service, not just in Victoria but around the country, have faced enormous challenges in the past 12 months. Our paramedics have really been on the front line of that response and have been a crucial part of our journey of recovery. What we have seen is that our ambulances are not immune from the impact of the global pandemic, as I sought to indicate in my initial presentation. Whilst this overall budget proposition has a record amount of increases, there are particular focuses on what it comes to when we get to Ambulance Victoria.

The coronavirus has very much challenged the way Victorians access routine care. Last quarter alone, for instance, there were some 36 000 callers to 000 who, by estimations of AV, perhaps did not need emergency ambulances and were instead connected to more appropriate levels of care. We know that people with concerns about coronavirus may not attend their GPs to the same level as they previously had, presenting straight, instead, to our emergency departments or calling 000 at increasing rates, and this has seen some significant increase as we move into what is traditionally the busy flu season.

The volume of our emergency department presentations has gone up by some 30 per cent from the July to the January–March quarter this year. This has put an additional strain on Ambulance Victoria. So this investment that you referred to is in the context of a fatigued and stretched workforce dealing with more complex and critical clients and patients, dealing with PPE and other forms of developments. This has really meant that our proposition for how we respond to increasingly complex cases is really at the heart of the $470.6 million extra investment that we are making, and that is designed to achieve a few things. A component of it is the $266 million to meet ambulance's record demand levels, to support new and innovative models of care and to drive a new approach to performance around those new real-world challenges that AV has to respond to. These investments will support Ambulance Victoria with things like an expansion of the secondary triage service and non-emergency patient transfer systems. There will be targeted funding from this to drive ambulance and emergency department improvement initiatives where the two come together and further develop and test new management and transfer strategies whilst at the same time increasing on-road and triaging resources to make

sure that the most critical cases are dealt with most urgently. In order to assist this the funding you refer to picks up a further 82 new paramedics, an additional support for our hardworking paramedics. These 82 additional paramedics will form the equivalent of some 11 peak-period units to be deployed to the areas of greatest need across our state.

Another $204.3 million in the package you refer to is to bolster how AV's resources through different programs and innovations can assist—things like expanding telehealth through a pilot to better support people who call 000. One of the learnings from the pandemic has been the huge uptake in telehealth options right across both primary and other forms of health care, and we think that can help deliver operational improvements for AV like it can for other areas of our health system. This will, we think, help ensure roster stability and support the working conditions of our paramedic workforce, who have been extraordinary in the past 12 to 18 months, responding to the challenges. This investment of 82 further paramedics builds on the 250 that have already been recruited by AV since November, and it is part of the more than $1 billion for funding that Ambulance Victoria now enjoys from the state.

I am happy to advise the committee that this all flows from the $1.4 billion investment, which represents, as I indicated in my initial presentation, some 89.5 per cent increase compared to where we were six years ago. We know that having invested in ambulance services across the life of this government has seen more ambulances, more paramedics, more stations and innovative models of care and delivery of services, but we know, particularly in the light of the global pandemic and the responses that it has both driven and required of Ambulance Victoria in response to changed clinical and medical circumstances and responses to the pandemic itself, that there remains a lot more to do. This budget and this investment is all about making sure that we continue to deliver high-quality care and delivery of services in the manner which Victorians rightly require of their ambulance service. Thank you.

Mr MAAS: Thank you, Minister. One for the regional committee members: would you be able to explain how that investment will be helping our regional and our rural communities?

Mr FOLEY: Indeed. Ambulance Victoria as a statewide agency has seen increasing demand in regional areas, and we need to make sure that we respond to that demand and back in particular our regional and rural ambulance services. I have already mentioned what some of the COVID-19 implications for our healthcare system and ambulance services have been, and they have been fairly far reaching. But what we have seen in particular for our regional communities is an amplification of trends that were underway pre the pandemic, amplified by, particularly, the large population growth that we have seen in, if you like, that 150-, 200-kilometre radius, particularly from metropolitan Melbourne, where growth has been even more pronounced. That is why we want to make sure that as part of the $470.6 million that you referred to our regional and rural Ambulance Victoria services get particular support to meet the challenges that are amplified in or particular to those communities. Telemedicine supports, for instance, are increasingly significant to that group as well as investments in nearby hospitals and urgent care centres, facilitating quality clinical advice through those links. The 82 future paramedics that are being brought on will include regional Victoria's significant workforce growth in AV staff as well.

There are plans in this budget to roll out four new peak-period units, particularly across regional Victoria, with additional resources being allocated in the Bendigo, Bellarine, Churchill and Gisborne regions in particular. This will, amongst other things, see Daylesford and Bannockburn move from on-call to 24-hour shift coverage. It will also see Beechworth move from a single paramedic to dual-paramedic crewing. It will see Chiltern team to a single-paramedic on-call location in partnership with our much-valued ambulance community officer supports, and part of the program will see 77 graduate paramedics to fill rural and regional vacancies. We want to make sure that Victorians in our regional and rural areas have access to Ambulance Victoria services at the highest possible level.

In the changed circumstances that we are dealing with we remain more than confident that the extraordinary efforts our Ambulance Victoria staff have been putting in—well, for their whole careers, but particularly over the past 18 months—are backed up by extra investment, extra staff and new models of operating that are seeking to deal with both unappreciated levels of demand and changed complex levels of demand. That plays out particularly in regional and rural communities where distances are greater and the challenges that are seen nationwide play out in a particularly challenging way. We want to make sure that with our staff, with our AV

support partners and with the wider health system we respond in the most appropriate way, and this investment is a part of that program.

Mr MAAS: Thank you, Minister. If I could take you to ambulance station capital investment now, the same budget paper reference, BP 3, page 59, and the line item for ambulance demand, there the description notes that funding will be provided for the next tranche of ambulance station builds, and I was hoping you could provide the committee with some detail around that commitment.

Mr FOLEY: Thank you very much. Providing the capital investment to support the growth in demand and service demand and changes in those demands is critical. That is why this budget will deliver more than $759 million, as we have indicated, in more support for the operational side of things. But we want to make sure that our hardworking paramedics and Ambulance Victoria staff also have access for support delivered for new stations and upgraded stations through the work led by the Victorian Health Building Authority, which has the resources in partnership with AV to plan for growth both in our suburbs and in our regional and rural communities. We want to make sure that this investment in the growing number of ambulance stations in our communities represents really significant value as part of our wider $8 billion investment in new capital across our world-class healthcare system. In addition to that, more than 450 new paramedics have to have new and upgraded ambulance stations to make sure that they are able to operate in the way in which we know that they rightly come to expect.

The budget paper reference that you referred to seeks to very much make sure that the application of that is targeted in a priority sense to those areas of suburban, metropolitan and regional centres and rural communities where demand continues to grow, and some of that investment that I have touched on makes sure that that is the case.

Mr MAAS: Thank you. In relation to the broader build program I was hoping you would be able to outline to the committee how many ambulance stations have been delivered to date.

Mr FOLEY: Okay. Since 2015 across the range of arrangements that I have referred to we have seen some 22 new stations being delivered through this program, with 30 more stations currently in various stages of planning and construction, including a number of fairly significantly large ambulance stations in our growing regional communities. Ambulance stations completed to date include Echuca, St Arnaud, Sale, Orbost, Eltham, Murchison, Traralgon, Wendouree, Preston, Diamond Creek, Broadford, Bacchus Marsh, Port Fairy, Terang, Dandenong, Waverly, Watsonia and Kew. We know that through the work of the Victorian Health Building Authority work continues in partnership with local councils for that next tranche of building programs to be delivered. We are working through, as part of that, planning approvals, bushfire management overlays and other planning controls and making sure that the most appropriate designs for the relevant community's demand is part of that service. Work is well underway for those next groups to seek to accelerate program delivery, particularly in the face of the change in demand patterns that I have referred to. We are expecting as a result of this budget's investment more stations to move into the construction phase over the next few months, with a significant increase in the milestones of further construction of ambulance services Victorians need.

Mr MAAS: Excellent. Thanks very much, Minister.

The CHAIR: Thank you, Minister. Mr Newbury.

Mr NEWBURY: Thank you all. We all saw the tragic reporting of the woman in her 30s who died waiting for 7 hours for an ambulance in Caulfield—an absolutely tragic, tragic case—and I would say to Professor Walker if I can ask: are you aware of any other cases where Victorians have died or experienced adverse outcomes waiting for an ambulance?

Assoc. Prof. WALKER: Thank you, Mr Newbury. I am aware of cases that come through our normal quality processes where we may have issues around adverse events related to the care of our patients. I do not have specific details around those today, but they are—

Mr NEWBURY: Are you able to provide them to the committee?

Assoc. Prof. WALKER: Yes, certainly I am. In essence we are a complex health service. We are dealing with more than 13 000 cases a week. From time to time things do go wrong. We are very open and transparent

about those issues. We meet with families to work through where things have gone wrong and, importantly, we learn from what has occurred to improve the system so hopefully they never occur again. I am happy to take that on notice and see what is available.

Mr NEWBURY: I am aware of another case where someone has passed in similar circumstances. Are you aware of other cases where—I know you mentioned more broadly that reports come up to you—people have passed?

Assoc. Prof. WALKER: I am not aware specifically of—and I assume you are talking in the context of the case you have related to the late ambulance response—

Mr NEWBURY: Yes.

Assoc. Prof. WALKER: I am not aware of specific cases—I obviously know which one you are referring to. None of them have come to my mind of late that I would be able to talk to in detail today.

Mr NEWBURY: In terms of adverse outcomes perhaps—serious adverse outcomes; so not necessarily someone passing but a wait causing a serious adverse outcome.

Assoc. Prof. WALKER: I am not aware of any particular cases that have been raised to my attention of recent times around a delayed ambulance response that led to an adverse outcome. Again, I am happy to take that on notice and come back, but none that have been brought to my attention. Those that obviously I am aware of are the ones that are currently undergoing review.

Mr NEWBURY: Can I ask, in addition to people waiting at their home, for example, what about cases where people have either passed or had an adverse outcome while they were waiting to be admitted, because of—'ramping' is the term that is often used.

Assoc. Prof. WALKER: There have been cases that have occurred over the last 12 months, particularly during the peak of the pandemic, where there have been adverse events while people have been waiting for transfer to hospital, yes. They have been reported; I think some of those have been reported in the media. And certainly as we become aware of those, we undertake reviews into those cases.

Mr NEWBURY: And are they reported up to you in a similar way as you spoke about earlier?

Assoc. Prof. WALKER: Yes, they are. So where there is an adverse event relating to a patient outcome they are reported both to myself and to the board and our quality committee, and of course we are required to report those to Safer Care Victoria as well.

Mr NEWBURY: So would the commitment that you gave earlier to provide that information include the answer effectively to both of those questions?

Assoc. Prof. WALKER: Yes, it should do. Yes.

Mr NEWBURY: Secretary, can I ask: either through Ambulance Victoria or through another health agency, has any investigation by the coroner been requested into that tragic Caulfield death?

Prof. WALLACE: I am not aware if the coroner has triggered an investigation.

Mr NEWBURY: I am saying: has a request been made?

Prof. WALLACE: Oh, okay.

Mr NEWBURY: So has either Ambulance Victoria or the department or an agency therein requested—

Prof. WALLACE: Yes. So, typically the department would not request a coroner's investigation. Typically it would be triggered by the health service if a death arose in a health service, or indeed Ambulance Victoria themselves. The department and our administrative office, Safer Care Victoria, works with Ambulance Victoria on sentinel events, so any unexpected death in a healthcare setting would be listed as a sentinel event through the Australian commission's definitions of sentinel events—and Victoria has an expanded, now, 11th category to have a more comprehensive review of unexpected deaths. And so some of the events that you may be

alluding to in terms of deaths under the care of Ambulance Victoria and a health service, where patients are awaiting transfer, have been the subject of Safer Care Victoria combined reviews with Ambulance Victoria. So the normal sentinel event process would have the health service themselves undertake the sentinel event review—and Ambulance Victoria is a health service for the purpose of sentinel event review—and then that would be looked into or reviewed by Safer Care Victoria and then further work.

Some of those events where deaths more than a year ago were related to potential delays in transfer from Ambulance Victoria into a health service were subject to very specific Safer Care Victoria reviews, and I think those reviews found, certainly in one of those cases, that a delay or a time longer than anticipated in transfer from the ambulance to the health service actually was not the cause of the patient's demise.

Mr NEWBURY: So you are referring to one particular case, not every case.

Prof. WALLACE: No, I am referring to one particular case that Safer Care Victoria looked into outside of the normal sentinel event process.

Essentially there are tiers of review processes. Sentinel events are, again, unanticipated, unexpected deaths in the care of a health service. Ambulance Victoria, again, is a health service for that purpose. And then beyond that, Safer Care Victoria has an ability either to review themselves or to review in association with the health service—in this case Ambulance Victoria—where they believe that there would be merit in Safer Care Victoria themselves reviewing it rather than as a sentinel event and then coming through the normal channels. Or indeed the minister at the time can ask Safer Care Victoria to undertake a review. I think my recollection is correct that the minister at the time, Minister Mikakos, asked Safer Care Victoria to review two events, patient deaths under the care of Ambulance Victoria, and so that was done by Safer Care independent both of the department—Safer Care is an administrative office, as you know—and independent of Ambulance Victoria.

Mr NEWBURY: Can I just, on that, ask—just to help my recollection: there was a request for a coroner's inquiry, wasn't there, over the heroin overdose deaths, which eventually led to the injecting room?

Prof. WALLACE: So, if there are unexpected deaths in—

Mr NEWBURY: As in, that was a government request in that instance.

Ms RICHARDS: On a point of order, Chair, I think we have gone quite a long way now outside of the terms of reference of the Public Accounts and Estimates Committee, so it would be good—

Mr NEWBURY: This directly relates to—

The CHAIR: Mr Newbury, could you please allow me to hear Ms Richards on her point of order.

Ms RICHARDS: If I could just finish. It would be welcome if we could have the inquiry and the questions relate specifically to the terms of reference of this inquiry.

The CHAIR: Are there any further submissions on the point of order?

Mr NEWBURY: Chair, I am referring directly to budget paper 3, page 225, and the administration of ambulance services. There could be no clearer link.

The CHAIR: I think, Mr Newbury, if you could make sure that when you ask your questions you relate them to the budget papers and this estimates inquiry. I appreciate that you just did that; that was in your submission on the point of order and not in your question. And in people's understanding of your—

Mr NEWBURY interjected.

The CHAIR: Mr Newbury, could you please not interrupt me as I am ruling on the point of order. When you ask a question if you could please, for the benefit of all of the committee and the witnesses, draw the relation to the budget estimates inquiry, that would be appreciated and would perhaps then lead to fewer points of order needing to be taken. I ask you to keep within scope, please.

Mr NEWBURY: Thank you, Labor Chair. With that same reference in terms of 000 callers, Secretary, are you aware of instances where people have been asked to take a taxi? Have you had reports up to you or have you provided advice to the Minister on people being asked to take a taxi to hospital instead of an ambulance?

Prof. WALLACE: I have not had any reports to me of people being asked to take a taxi instead of an ambulance. As you know, the state has a triage process—

Mr NEWBURY: Thank you. Professor Walker?

Assoc. Prof. WALKER: We have a secondary triage system that manages around 18 per cent of our 000 calls. As part of that work, calls that are not determined to require an emergency ambulance are put through to detailed secondary triage using a nurse or a paramedic. As part of that work if, through the discussion with the patient who has dialled 000, there is a social need for transport—in other words, there is an identified need where someone requires to go somewhere but does not have, for example, a family member or someone else who can transport them—then we will from time to time organise for a taxi for social transport purposes. But these are people who have been triaged by our paramedics and nurses as requiring social transport to hospital.

Mr NEWBURY: I mean, I can refer you specifically to a case in my own electorate where a woman from Brighton East was told that the wait was such that it would be quicker for her to get a taxi. Are you aware of instances of that nature?

Assoc. Prof. WALKER: Well, no. The decisions we make are based on clinical need. So if there is an urgent need or any requirement for ambulance transport, then an ambulance would be dispatched. These cases would have been done through a clinical review process that determined that there was a social need for transport and that organising a taxi for someone was suitable in those circumstances.

Mr NEWBURY: Is there any reporting of that mechanism? Do you report the number of times people have been provided a taxi?

Assoc. Prof. WALKER: I do not see specific reports. I am happy to take that on notice and see what is available, but I am not aware of any particular reporting that occurs around that—certainly that I see.

Mr NEWBURY: Or is there any costing—

The CHAIR: Mr Newbury, for the benefit of the committee could you relate your questions to the budget papers, please?

Mr NEWBURY: Absolutely. I have referred to the reference. I started with the reference.

The CHAIR: As I said to you yesterday, Mr Newbury, just mentioning the budget does not in itself relate to your question to the budget. If you could keep your questions within the scope of the inquiry, please, that would be appreciated.

Mr NEWBURY: Thank you, Labor Chair. Referring to page 225 of budget paper 3, Professor Walker, on how many occasions in metro Melbourne over the last six months have ambulances gone unstaffed?

Assoc. Prof. WALKER: Look, I could not answer that question today. I am happy to take that on notice. Our philosophy—well, not our philosophy, actually, our approach—is we work to cover every shift. We have seen increased absenteeism in the wake of the pandemic, so we are seeing an increased level of absenteeism, which I know the whole health sector is experiencing, particularly associated with the fatigue of the last 12 to 18 months.

Mr NEWBURY: So that has seen some lack of staffing.

Assoc. Prof. WALKER: Yes, we have seen absenteeism. Our goal is always to fill shifts, and we work tirelessly, actually, to try and cover every shift. There will be times when that does not occur, but I could not—

Mr NEWBURY: Thank you for taking that on notice.

Assoc. Prof. WALKER: Yes, happy to take that on notice.

Mr NEWBURY: Thank you.

The CHAIR: Mr Limbrick.

Mr LIMBRICK: Thank you, Chair, and thank you, Minister and team, for appearing today. I would like to just start with a question that I asked, I think, last time—and maybe it is Professor Walker—around Indigo shire. So I know that there have been some concerns about response times in that area, and I was wondering: what is the current status of things there and how is this extra funding that we are talking about in the budget going to improve things in Indigo shire?

Assoc. Prof. WALKER: Thank you, Mr Limbrick. Yes, we have been focused on Indigo shire. It is one of our more challenged areas in the sense that it is a large geographic area with a small population, and you can get significant movement and long transport time or long ambulance response times to certain cases in that electorate—or that local government area, I should say. So we have, as part of our work in the last six months, upgraded our Beechworth team to two-officer paramedic crewing, which will both provide improvement in quality of care and, as the minister mentioned earlier, also be supported by ambulance community officers in that community, so there will be additional resources there.

We are converting Chiltern, which is currently a first responder ambulance community officer team, to a team that will actually have paramedics working with ambulance community officers in that community. So that will provide a paramedic response into that location. And we are continuing to work to build up in a number of those communities in Indigo shire what we call Heart Safe Communities, which is very much focused on recognising that while ambulances are responding, the first care provided by the community—in essence the first first responder—in providing early defibrillation, early CPR, and through the use of GoodSAM, which allows us to alert the community to respond, is also underway. We have a—

Mr LIMBRICK: This is before the ambulance crews arrive, yes?

Assoc. Prof. WALKER: That is correct. So it is a system of care, in essence, that says that when someone dials 000 we are able to basically alert members of the community who are prepared to respond and who are able to respond with a defibrillator to provide that early life-saving care whilst the ambulance is on its way. It is really a safety net to ensure that we are able to, as quickly as possible, get the best outcomes for people where the nature of the geography of some of those locations may mean that an ambulance response will be longer than it would be in other locations.

We are also working with that community through our paramedic community support coordinators to undertake a range of health promotion and health activities—for example, supporting people that might be in palliative care programs, working with GPs to check up on their patients—again to avoid unnecessary ambulance call-outs by actually getting in and preventing issues occurring before that happens. We will be continuing to be challenged by local government areas such as Indigo, which are geographically spread with a small population, but we are continuing to work in those communities as best we can with the community to improve our response.

Mr LIMBRICK: Thank you. Something mentioned in the minister's presentation and one I am curious about is the increased number of code 1 calls and that the cause of that is due to COVID-19 and people being unable to visit GPs and things like this. This is a harm caused by the pandemic response effectively. Are those harms fed back through to the public health team so that they can take that into account? I know that they need to take into account things like proportionality. So are those sorts of harms that are caused, that paramedics see on the ground that they would not have normally seen, fed back to them? Are they aware of those harms?

Assoc. Prof. WALKER: Yes. They are aware of them in the sense that, as part of our response to the system pressures we are under at the moment, we are looking to understand what the drivers are so we can address them. So there are issues around better access to primary health—for example, better access to GPs. As the minister mentioned earlier, the work we are doing in telehealth is about actually: 'Can we take general practice calls out to people via telemedicine to avoid ambulance responses where they're not clinically necessary?'. So there is definitely, as part of the system, a look at what is driving the system pressures at the moment, particularly delayed care from last year, some challenges in people accessing GPs, the acuity—so we are seeing sicker patients that we are required to respond to. Those are fed back in through the department to essentially help inform changes that may need to be made to improve. In some ways we are the first health

system to turn back on post the pandemic, and we are seeing a lot of the pressures in the system reflective of that. We are now seeing that occurring in Canada. We are now seeing it occur in the UK in similar circumstances. So we are learning from that and feeding it back in to help us design the system and look at new and different ways we can respond to those particular challenges.

Mr LIMBRICK: Thank you.

Prof. WALLACE: Mr Limbrick, if I may, in response to your question, last year the department established a series of clinical expert working groups, one of which was an emergency expert working group, and AV were represented. All of those groups then fed data out on what were unanticipated outcomes of the pandemic—some good, some bad. One of the lessons last year was that the categorisation of 000 calls changed with respiratory symptoms, because of course if you have got respiratory symptoms in a non-pandemic, the response is very different. If you have got respiratory symptoms during a pandemic, when the call centre is taking the call, quite appropriately, the scripts are changed and the actions are changed to 'This could be COVID, and so this is now an urgent call and needs responding to'. I think all of that data does flow through a number of channels into the department, and then ultimately some of that was appropriate and relevant to public health to help shape ongoing decisions around directions and restrictions and actions to try and manage the pandemic.

Mr LIMBRICK: Thank you. That relates to an issue which I raised last year and I had many constituents contact me about, which was infants with respiratory symptoms. There were delays in seeing a GP because they needed to get a COVID test. They were very concerned it might be croup. I was wondering whether you have seen much of that in the ambulance system, because what was happening was lots of parents were simply not going to the GP like they normally would, because they were refused, and I am guessing that some of them might have waited too long and ended up panicking and calling for an ambulance. Is that something that you have seen?

Assoc. Prof. WALKER: We did see an increase in respiratory illness amongst children for 000 response. I cannot define the exact cause, so I do not know if it is because of not being able to see GPs or whether it is other reasons. But there was no question: there is and continues to be a high level of underlying respiratory illness amongst children in the community, and in many cases we are the safety net. Where parents are worried—and look, as a parent myself, I know that when your child is unwell the anxiety around that is high—we will often be called out. Whether we have to transport every child to hospital is a different conversation, and this is where the role of telehealth and our secondary triage practitioners can play an important role here. But we understand that in those circumstances when parents are worried we will be the safety net for that, and so we did see an increase and continue to see reasonably high levels of calls for that.

Mr LIMBRICK: Thank you very much.

The CHAIR: Thank you, Mr Limbrick.

Mr D O'BRIEN: Point of order, Chair.

The CHAIR: Mr O'Brien.

Mr D O'BRIEN: Chair, I just want to raise a point of order about the process of this committee. There has been an increasing number of points of order taken by government members in the last two days, including the most recent one when Mr Newbury was trying to ask questions about process surrounding services provided by Ambulance Victoria—reviews and referrals to Safer Care Victoria, the coroner and the like—and a point of order was taken saying, 'What's that got to do with the budget?'. I remind members of the committee that the objectives as published on the website of this committee's estimates inquiry include:

> promoting the accountability, transparency and integrity of the executive and the public sector—

that is, those witnesses before us—and particularly, in relation to Mr Newbury's questions:

> encouraging effective and efficient delivery of public services and assets …

We are not here just to promote the line items in the budget. We are here to interrogate the public service, hold the executive to account and, as the objectives state there, encourage effective and efficient delivery of public services and assets. Now, those questions that Mr Newbury was asking were entirely in order. A point of order should not have been taken in the first place, but it should have been ruled out immediately. We are here to

interrogate the efficient and effective delivery of services, and I think there is a deliberate process in play from government members to try and shut us down, and it should be stopped.

The CHAIR: Are there any further contributions on the point of order?

Mr NEWBURY: Yes.

The CHAIR: Mr Newbury.

Mr NEWBURY: Yesterday there was an instance where a point of order was taken on a question that I asked about someone on a government board being paid by taxpayers through the budget, and it was ruled out purely because that person is married to a minister. It is an outrageous tactic. Victorians are watching, the media are watching and the Labor Party are using this committee to stop interrogation, to stop fair questioning, and it is obvious for all to see. I understand you have all got a job to do—I understand that completely—and I understand the job of the Chair is to protect Labor. We all get that, but it is outrageous. It is obvious for all to see.

The CHAIR: Mr Newbury, it remains unclear that you are contributing on Mr O'Brien's point of order. Are there any further contributions on Mr O'Brien's point of order?

Mr Newbury interjected.

The CHAIR: Mr Newbury, could you please refrain from interrupting the Chair?

Mr Newbury interjected.

The CHAIR: Mr Newbury! Mr Richardson.

Mr RICHARDSON: I will have a fifth go, Chair. I would just reflect on a couple of things, Chair. One is that there has been a number of instances where you have been spoken over while trying to rule, as well as giving a lot of latitude to questions that are clearly outside the scope, and that they are dealt with on their merits in the isolation that comes from the role of the Chair. The grandstand performance here does not get to the end of those outcomes, and speaking over members or speaking over witnesses who are giving up their time in a pandemic to join us has been a consistent theme of these hearings. The demonstrative conduct—

Members interjecting.

The CHAIR: Mr Riordan, Mr O'Brien, you have had your opportunities. Mr Riordan, you are demonstrating Mr Richardson's point.

Mr RICHARDSON: The demonstrative conduct does not reflect well on the committee. They are here in the service of the committee and Victorians, and treating their evidence as such with that contempt reflects poorly on the committee, so I absolutely oppose that. If you look at the work that has been done by the crossbench members in getting their questions out in a respectful manner, you can see that the tone is different and there is more information to listen to.

The CHAIR: Thank you. If I had not been spoken over when I was ruling on the point of order, I actually did not rule Mr Newbury's question out of order. I simply asked that he return it to the scope of the inquiry, which does include effective public administration, as you point out, Mr O'Brien, in relation to the 2021–22 budget estimates. I did not rule out of order Mr Newbury's question. I appreciate that people may not have been able to hear my ruling because I was again being spoken over the top of. I simply asked that it be related back to the budget papers for the understanding of the whole of the committee who were participating. Mr Newbury then actually did do that, and I would appreciate that when people ask questions if they do not want to be interrupted by points of order they take the opportunity to relate them to the budget estimates so that the witnesses and the committee members have an understanding of where the question is coming from.

To conclude this session, that concludes the amount of time that we have set aside for consideration of the ambulance services portfolio. We thank you, Minister, Ambulance Victoria Secretary and officials, for appearing before us in this capacity today. The committee will follow up on any questions taken on notice in writing, and responses will be required within 10 working days of the committee's request. The committee will

take a short break before moving into consideration of the equality portfolio with you, Minister. Thank you for your time.

Witnesses withdrew.