PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Budget estimates 2020-21 (Foley)

Melbourne—Friday, 4 December 2020

MEMBERS

Ms Lizzie Blandthorn—Chair
Mr Richard Riordan—Deputy Chair
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Ms Pauline Richards
Mr Tim Richardson
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WITNESSES

Mr Martin Foley, MP, Minister for Ambulance Services,

Professor Euan Wallace, Secretary,

Mr Terry Symonds, Deputy Secretary, Health and Wellbeing,

Mr Greg Stenton, Deputy Secretary, Corporate Services, and

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

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

The CHAIR: Thank you very much, Minister Foley, for appearing before the Public Accounts and Estimates Committee again today, this time to discuss your portfolio of ambulance services. We invite you to make a 5-minute presentation, and this will be followed by questions from the committee.

Mr FOLEY: Thank you, Chair. Can I acknowledge that we have been joined by the CEO of Ambulance Victoria, Tony Walker.

Visual presentation.

Mr FOLEY: We want to make sure that this budget, as we all know, puts people first, and a substantial part of that is the investment of $202.1 million for ambulance services. We want to back our paramedics and their patients, and we are doing so with an additional $136 million to expand delivery of services. This brings the total investment from the Andrews government over the course of its time in office to some $1.2 billion in additional investment in our ambulance services.

In regard to budget outputs, this puts the growth in context. Members would be aware that in 2014 ending the ambulance crisis was a key part of the government's platform. We have worked hard to make sure that we support our paramedics to do the very important work that they continue to do. The $1.27 billion investment in this budget represents an increase of some 14 per cent compared to the previous year, and it represents overall an 83 per cent increase compared to the investment pre 2014.

The government has provided Ambulance Victoria with additional funding to meet the costs of providing care in the extraordinary circumstances of 2020, making sure that our Ambulance Victoria workforce is provided COVID-safe practices, including additional vehicle costs, cleaning costs and PPE. The extraordinary role that they played in the aged-care outbreaks earlier this year has been significant.

In regard to the keeping our ambulance services strong proposition, the lessons of 2020 have been many, and they have been significant when it comes to how we respond with those vital seconds and minutes in dealing with ambulance response times. We know that investment has worked and will continue to work. During this term we have seen the best ever emergency response times, despite experiencing increasing demands over that period of time. But we also know that there is more to do, particularly as we come out of the, oddly enough, reduced initial demand during the COVID pandemic but with increased complexity of responses during that period of time and, once we get to a COVID-safe summer setting, what that means for the delivery of Ambulance Victoria services.

Important components for further investment in this budget go to in particular the existing services, but we propose to add to those in the very short period of time of this budget's direct application before the next by expanding services in the Nagambie area and providing the Diamond Creek facility a 24-hour ambulance service, as well as, I have got to say, continuing the extraordinarily successful mobile stroke unit's response and indeed its expansion well and truly beyond the boundaries of Victoria.

I am happy to finish a good 50 seconds—I can't read that figure, but I am happy to finish my response in terms of the introduction there, Chair.

The CHAIR: Thank you, Minister, and I will pass the call to Mr Tim Richardson, MP.

Mr RICHARDSON: Thanks, Chair. Thank you, Minister, again, and your officials. Thank you to Tony Walker for joining us this morning as well. Can I firstly start, on behalf of the committee, by expressing our deep appreciation for the work of paramedics during the pandemic. They are extraordinary people. We owe a great debt of gratitude for everything that they do during these difficult times.

We are as good as the culture that we set and the challenges that we face in an organisation, and so many Victorians were deeply concerned to hear of the reports of discrimination in Ambulance Victoria. Given the significant investments the Andrews government has announced for ambulance services, are you able, Minister, to take us through how recent reports of cultural issues at Ambulance Victoria are being addressed, which is underpinned in budget paper 3, page 63?

Mr FOLEY: Yes, I can. And I might ask Mr Walker to supplement some brief comments that I make, given I know how important this extremely serious issue is to all of Ambulance Victoria, particularly its leadership.

I will start by saying that we all have—and particularly the government has—a zero-tolerance approach for all forms of discrimination, harassment and bullying. And, like you, we value the extraordinary hard work that Victoria's paramedics and Ambulance Victoria's employee staff have put in to get us into this position of a COVID-safe summer. But I was deeply shocked to learn of the allegations that first appeared in the *Age* and have continued on in a number of different forums from both former employees and current employees.

Before I get to the nuts and bolts about how we want to work to make sure that Ambulance Victoria addresses these issues, I have just got to give a special shout-out to the strength of the people, particularly the women, who have come forward to acknowledge those issues. This is without doubt a very, very pivotal time for the future of Ambulance Victoria as to how its culture and how its workplace arrangements are going to be reshaped for the better. And I want to acknowledge the bravery and the commitment of those particularly women but other employees who have responded in the way they have to shine the light on some disturbing patterns and incidents over some period of time.

I also want to acknowledge the strong response of both Tony and Ken Lay, as the chair of Ambulance Victoria. Literally within 24 hours of the allegations being shared in the media both the CEO and the chair were in contact with myself with a strategy of how to respond to this. Sadly, the cultural change that society needs to make in this response is not new to Mr Lay in particular, having been formerly essentially the chief executive of Victoria Police when he was chief commissioner. I can report that the chair and the CEO have been working with the Victorian Equal Opportunity and Human Rights Commission to undertake an extensive process whereby they will respond to not just the immediate issues but the deep, systemic problems that this issue is starting to highlight and equally to use the process for that review to deal in both a therapeutic and restorative way with the issues that it is highlighting. The inquiry will take that rigorous approach. It will take some time. I have met with both Commissioner Hilton and her team. I have met with industrial representatives of Ambulance Victoria, and of course I have met on a number of occasions with both Mr Walker and Mr Lay, and I know that this has been a very strong focus and a very pivotal—

Mr D O'BRIEN: Minister, can you speak up a bit, please? Minister? Sorry.

The CHAIR: Sorry, Mr O'Brien. Minister, the microphones sometimes are a little difficult. If you could just tilt it forward, that would be great.

Mr FOLEY: Pardon me. I might in that respect ask Mr Walker if he could further advise the committee on this issue.

Mr RICHARDSON: Yes, and what measures Ambulance Victoria is taking now to this point as well, Mr Walker.

Assoc. Prof. WALKER: Thanks, Mr Richardson, and thank you, Minister. I share the comments that the minister started with, that as an organisation we have zero tolerance to bullying and harassment and have been working quite strongly over the last few years to create a culture where as an organisation people could be their full self and bring their authentic self to the workplace. I was equally distressed with the reports, and I acknowledge the similar comments of the minister about the courageous women who came forward and raised

issues in the media around their treatment within the organisation. We have very quickly engaged VEOHRC to do this work. We have made it very clear that this needs to be a transparent and open process so that there is a clear understanding both internally and externally of the organisation of the issues that are found. Importantly, we are working with VEOHRC to ensure that the recommendations are implemented and are to be audited at the completion of those recommendations, again to be held to public account around implementing those findings.

In the interim we have created a number of pathways to ensure that our staff are as safe as they can be. They include independent pathways with VEOHRC where they are able to raise issues directly with VEOHRC, with a senior conciliator who is there to both take their calls and deal with their issues. We have already had some cases referred back to us from VEOHRC for conciliation, and I am pleased to see people are taking that pathway up. We have put in place opportunities for people to go obviously to WorkSafe and to other agencies, such as Victoria Police where they have concerns over criminal matters, and we are also putting in place changes so that all claims of bullying and harassment are externally investigated by external investigators during this period.

In addition, to ensure that people have a place to go to to talk, we have engaged our principal psychologist to create a pathway for people where our staff can talk to her and her colleagues, and we have increased the number of psychologists available, again to get advice and support about their mental health and wellbeing but also options for pathways to support them. And we have also been working and will implement in the next week or so an external confidential line—external to the organisation; similar to what was done by Victoria Police through their work—where people can go to seek advice as well.

So as well as the internal processes, we have created a number of external pathways together also with the unions—pathways via the union representatives as well—to ensure that people have an opportunity to go somewhere where they feel safe and appropriate to raise the issues that they are experiencing in addition obviously to work that VEOHRC will be commencing shortly.

Mr RICHARDSON: Thank you, Mr Walker. Minister, I want to take you now to the issue of stroke services. I refer you to budget paper 3, pages 63 and 67, under 'Supporting ambulance services'. Are you able to please take the committee through the government's investment in stroke services and the role this will play in improving patient outcomes?

Mr FOLEY: Thank you, and yes, I am happy to do so. As I touched on in my presentation, stroke is a very substantial issue to the health and wellbeing of Victorians and forms a substantial part of the work that Ambulance Victoria responds to every year. Research clearly points to what is referred to as the golden hour, in that first hour of response to a stroke when patients have the greatest chance of avoiding long-term damage, if not worse. That is why the announcement of $21.6 million to help reach more Victorians experiencing a stroke faster through the work that Ambulance Victoria and their partners are engaged in is so important. Australia's first mobile stroke unit, or stroke ambulance, was launched by Ambulance Victoria in 2017, and since then it has attended over 1000 patients and has provided critical treatment at the scene whereby it can improve many, many times the delivery of services before people get to an acute hospital setting. This purpose-built ambulance is crewed by a neurologist, a stroke nurse, a radiographer and particularly highly trained paramedics. It has on board a CT scanner which is capable of direct imaging of a patient's brain on the spot and detecting the various kinds of strokes that they might be enduring. This means that patients can be assessed and treated before they arrive to hospital, particularly in that golden hour.

This investment that has been announced in the most recent budget will point to not just expanding our existing mobile stroke unit but also assisting work in what is being dubbed the 'MSU-2' project, which is the next generation of mobile stroke units, in partnership with organisations right across the country with rapid access to increasing real-time stroke replacements. This strategy will really bring together in a unique way the support of the Royal Melbourne Hospital, the Stroke Foundation, the University of Melbourne and Ambulance Victoria, and now more than 30 other health and academic partners around the country, to take these learnings to a different level and scale. The Australian Stroke Alliance, which is the largest network of its kind, is committed to developing the support for this cutting-edge technological and care response to provide pre-stroke care to more Australians right around the country. I am pleased that this is being done in partnership with global health technology leader Siemens through their Healthineers initiative. This will bring even more up to date the latest generation of imaging and telehealth technologies for an even better prehospital stroke care system being made

available. This will enable, through the MSU-2 project, the world's first purpose-built scanner for mobile environments, enabling even more accurate, timely, detailed diagnostic brain imaging. We are hopeful, and indeed we expect that this means more stroke patients will have the specialist treatment that they need sooner and quicker and will be an important contribution in saving more lives.

Mr RICHARDSON: It is extraordinary to think, Minister, of each and every day the lives that are saved or preserved from the effort of our paramedics each and every day out on the roads and in this particular really important area around stroke prevention and treatment. I am wondering if you could explain a bit further for the committee's benefit that continuing investment to support those innovations in stroke prevention and treatment and how this improvement helps health outcomes for stroke patients, especially in regional Victoria.

Mr FOLEY: Thank you, and I am happy to do so. As I foreshadowed, and the budget papers point to this, there is a $21.6 million investment in stroke services being further able to be provided through that principle of the right type at the right location in an increasingly timely manner. The increasing emphasis on telemedicine will see the Victorian stroke telemedicine initiative use technology to improve the outcomes of suspected stroke patients in regional Victoria. It is a flagship component of integrated stroke care in Victoria. Doctors treating suspected stroke patients at currently 17 regional hospitals in Victoria will be able to arrange a series of CT scans and call a 24/7 phone number which then connects them directly to a neurologist and/or a stroke specialist to provide expert advice in real time through that telemedicine link. The stroke specialist will be able to assess in real time the patient's brain scans and via laptop links advise the use of the appropriate drugs that might well be needed to deal with, for instance, brain clotting. This critical window of time is so significant when it comes to dealing with the issue of strokes. The Victorian stroke medicine approach first began in Bendigo and has slowly expanded over subsequent years and is now in 17 hospitals. The Victorian stroke telemedicine service is available at all rural and regional health services with emergency departments, excluding Geelong, which has its own specialist onsite facility given the scale and the history of the initiative down there.

The Victorian stroke telemedicine service is restricted to services with emergency departments, so it is not available in every single regional and rural hospital on the basis that it needs to be linked into part of the 24-hour diagnostic imaging and medical support and needs to deal with the real-world reality of complications and risks associated with those stroke interventions. Nonetheless, it is increasingly available to all Victorians and will be part of our response in dealing with the poorer health outcomes that regional and rural Victorians continue to disproportionately endure. We want to make sure that the complications and risks associated with interventions are dealt with quickly and in a timely manner and are supported by—as it is very important—our paramedics working in consultation with those health services as they treat and deal with regional Victorians in particular dealing with stroke.

This important project has the support of the Florey Institute of Neuroscience and Mental Health, and really it is a significant contribution to managing, detecting and dealing with the impact that stroke has in not just debilitating but sadly ending far too many lives.

The CHAIR: Thank you, Minister. Sorry to interrupt you there, but the member's time has expired. I will pass the call to Mr Danny O'Brien, MP.

Mr D O'BRIEN: Thank you, Chair. Good afternoon, witnesses. I have a couple of questions for Professor Walker, but I would just like to perhaps warn the committee and anyone listening today or watching today that some of the questions I will be asking could potentially be quite distressing. Mr Walker, the *Age* report that we referred to earlier with respect to sexual harassment, discrimination and bullying reported on a number of comments that have been directed at women. They include women being told that they were no good in intensive care once they had 'used their uterus', a woman being told:

> I want to know right now, are you going to shit out a few kids and waste my time or be a good ambo? Should we even bother putting effort into you?

and a young first responder who was travelling in a remote region with a manager and was told, 'I could tie you to a tree and rape you'. Can I ask, has anyone actually been disciplined as a result of these comments coming to light?

Assoc. Prof. WALKER: Thank you for that, Mr O'Brien. Firstly, can I say that I find abhorrent the comments that were made to the women—again the courageous women who brought it forward—and that they

find themselves experiencing these things in our workplace. Where they have raised issues with us, in many cases they have not been identified to particular employees. I understand that some of them do not necessarily feel safe to raise those issues. That is why we are trying to work with them, their unions and others to create a safe place where they feel comfortable raising those. We have had some cases that we have referred to Victoria Police and that they are currently investigating where we are aware of the individuals concerned who have raised those—with their permission, obviously. So where issues are raised, either through us or externally, we are investigating those or referring to the appropriate agencies to investigate them. But I have to say that there clearly are a number of people who have not felt safe for various reasons, which we need to understand, to have raised those issues through our normal pathways, and I just want to reiterate my comment earlier: there is no place for any person in my organisation who thinks that that is an appropriate way to treat any employee, and particularly women. It is abhorrent, it is unacceptable and we will take whatever action we can to address these underlying cultural issues as well as address the individual cases—working with, again, women who have bravely brought these issues forward where they feel comfortable bringing them up to us.

Mr D O'BRIEN: Professor Walker, you talked earlier about external investigations and also just now about references to the police. Are those the only external investigations, or have you actually engaged outside investigators separate to police?

Assoc. Prof. WALKER: In relation to bullying and harassment claims that are made in the organisation, every one of those is externally put out to independent investigators to undertake on our behalf, so we are not internally investigating those.

Mr D O'BRIEN: Can I ask how many investigations are currently underway?

Assoc. Prof. WALKER: Yes, certainly. Just one second. Across the organisation at the moment we currently have nine investigations that are being undertaken during quarter 1 of 2020–21: two of those relating to bullying, one of those relating to discrimination, two of those relating to harassment and four of those relating to sexual harassment.

Mr D O'BRIEN: Thank you. Professor Walker, you had an IBAC investigation into Ambulance Victoria in 2017. You have now got VEOHRC investigating these latest sexual harassment and bullying claims. WorkSafe, I believe, is having a look at least, if not a full-blown investigation. Do you accept that there is a significant problem with culture in Ambulance Victoria?

Assoc. Prof. WALKER: I accept, on the basis of the information particularly that has been provided courageously by a number of women over the last period of time, yes, there is. From my perspective it is important that we understand through an independent lens what is driving that, because until we understand it, the fixes we might try and put in place will not necessarily address it, and that is why we have asked VEOHRC to come in and to independently review: to enable anyone to safely speak to them about their issues and the experiences within our organisation and for VEOHRC to set a very clear path for us publicly about the changes we must make.

Mr D O'BRIEN: Okay. I am going to put a fine point on this. You have been a senior leader at Ambulance Vic since 2008 and CEO or acting CEO for the last six years. Do you take responsibility for that culture, and have you offered your resignation as a result?

Assoc. Prof. WALKER: It is a very reasonable question to ask, Mr O'Brien, in the circumstances. I have been monitoring, as have the board, information and data that told us that the culture was improving. Clearly it was not telling us the things that we have heard over the last period of time, and I think one of the key things I am wanting VEOHRC to do through their work is to help us understand what we missed. At the end of the day I do see the worst end of investigations. I see the things that are going on. The systemic nature that is being raised through these issues is of significant concern. Ultimately, I am accountable. I have to say that—and I will be honest—I have considered my position over the last few weeks, given that I am the Chief Executive Officer, accountable for the organisational culture, as you said. I also believe that I have demonstrated over the last five years since I have been in the CEO role that I have been able to work with the organisation, where we have had issues, to achieve significant improvement, particularly in the areas of the mental health and wellbeing of our staff and the way we respond to the community. I am of the view that I am the best person to lead the change

going on here—clearly with an understanding and the work of VEOHRC to help us understand, in a very similar vein to what occurred with Victoria Police.

Mr D O'BRIEN: Thank you.

Mr FOLEY: And if I could, Mr O'Brien—

Mr D O'BRIEN: Sorry, Minister, I am about to ask you—

Mr FOLEY: I would say that the Victorian government has full support in making sure that Professor Walker delivers on those commitments that he has just made.

Mr D O'BRIEN: Okay. Professor Walker just referred to systemic issues, and I note that the union secretary, Danny Hill, was quoted in one of those *Age* articles as saying it is 'symptomatically'—but I think it was meant to be 'systematically'—'the way the service is structured'. Have you considered restructuring Ambulance Victoria in light of those comments and these allegations? That is for you, Minister.

Mr FOLEY: Thank you, Mr O'Brien. I reiterate the full support for Mr Walker and the board and the chair as being the right people to drive what is really an important cultural change. I appreciate Mr Hill's comments. In fact, as I indicated earlier, I have had a number of discussions with Mr Hill and others in Ambulance Victoria at the, if you like, shop floor level about these issues. I share Mr Walker's deep concern as to the manner in which—clearly—important issues around culture and its impact, particularly on women, have been missed by Ambulance Victoria.

Mr D O'BRIEN: Minister, these issues are really important. I just want an answer to the simple question: are you considering a review of the structure of Ambulance Victoria?

Mr FOLEY: I have asked the board for how it proposes to deal with this in a systematic and structural way. As the chief executive has indicated, that process has begun, and it will take a series of steps. I want to make sure that the decisions we make about any changes in Ambulance Victoria are informed by the best advice possible. I have confidence that the Victorian Equal Opportunity and Human Rights Commission's important systematic work will throw up a whole series of issues in a measured, progressive way. And when I receive that report, I will then act on it.

Mr D O'BRIEN: Okay. Thank you. And, Professor Walker, in respect of the VEOHRC report, what is the time line? When will that likely be provided to the government?

Assoc. Prof. WALKER: I expect it will be made publicly available in the second half of next year.

Mr D O'BRIEN: Thank you. I mentioned Operation Tone in relation to drug and alcohol issues and abuse in the ambulance service. You began random testing on 3 January 2018. Can I ask how many Ambulance Victoria staff tested positive for illicit drug use in the 2019–20 year?

Assoc. Prof. WALKER: Yes, you can. So we have had no staff who have tested positive to AV drugs during the 2019–20 financial year.

Mr D O'BRIEN: Sorry, to AV drugs?

Assoc. Prof. WALKER: To Ambulance Victoria drugs, so any of our drugs.

Mr D O'BRIEN: Right. Yes.

Assoc. Prof. WALKER: In the workforce programs, we had seven employees during 2019–20 who tested positive for illicit substances. One employee tested positive for alcohol on duty and one employee tested positive whilst off duty, and we have had four mandatory reports through to the Australian Health Practitioner Regulation Agency with regard to those. Also any employee who tests positive is given assistance through AV's support framework for drug and alcohol.

Mr D O'BRIEN: Has anyone been stood down as a result of testing positive?

Assoc. Prof. WALKER: People are stood down where there is a positive drug test until the outcomes of that test investigation are completed.

Mr D O'BRIEN: Has anyone lost their job as a result?

Assoc. Prof. WALKER: To the best of my knowledge no-one has been terminated for those, but I would have to take that on notice and confirm with you.

Mr D O'BRIEN: Okay. Thank you. If you could, that would be great.

In relation to the People Matter wellbeing check for 2020, what proportion of AV staff said they had experienced bullying in the past 12 months, and how does that compare to the 2019 results?

Assoc. Prof. WALKER: Look, I am sorry, I actually do not have that with me today, but I am happy to take that on notice.

Mr D O'BRIEN: If you could take that on notice, and likewise the proportion of AV staff who said they had experienced sexual harassment, and likewise how many staff have taken stress leave in this financial year. Are you able to provide that information?

Assoc. Prof. WALKER: Yes. I should be able to. I will take that on notice.

Mr D O'BRIEN: And again, this may also be an on-notice question, but how many incidents of workplace bullying and harassment were reported in 2018, 2019, and 2020 to date?

Assoc. Prof. WALKER: The data I gave you before I think is the most current, up-to-date data, but I am happy to take that on notice.

Mr D O'BRIEN: That data was in relation to investigations.

Assoc. Prof. WALKER: Yes.

Mr D O'BRIEN: So there may be a distinction between investigations—

Assoc. Prof. WALKER: I will confirm that and come back.

Mr D O'BRIEN: Okay. And can I ask also how many employees have lodged WorkCover claims of any sort in 2019 and 2020?

Assoc. Prof. WALKER: Yes. I should have that information with me. Just one second. I do not have the actual numbers of people who have lodged claims. I have just got the number of people that have put notices in our system of workplace matters. I am happy to take that on notice and provide it.

Mr D O'BRIEN: If you could provide that on notice, thank you.

The CHAIR: Thank you, Mr O'Brien. Your time has expired. Mr David Limbrick, MLC.

Mr LIMBRICK: Thank you, Chair, and thank you, Minister and team, again for appearing today. The question I am going to focus on maybe goes to Professor Walker. I am happy to take direction. It is an issue that my colleague Mr Quilty has raised a number of times. If we go to budget paper 3, page 225, it talks about the timeliness and proportion of emergency code 1 incidents responded to within 15 minutes and it reports it as 82.3 per cent. Now, it was reported in the *Yarrawonga Chronicle* in November that Indigo shire's proportion was apparently the worst in the state and declining at 28.2 per cent under 15 minutes, which is actually lower than last year, which was reported at 38.5 per cent. This is for the September quarter. Can I ask: what is the cause of such a low response rate and what is being done to address it?

Mr FOLEY: I am happy for Mr Walker to deal with the localised issues that you and your colleague referred to, but as a general principle we know that 2020 has been a really challenging for our paramedics, and I want to thank them for their efforts. Even though we have seen particularly during the first wave and the second wave of the pandemic a decline in call-outs for ambulances, at the same time we have seen as a result of COVID-safe practices a more complicated response time both in the ambulance itself and in its interchange

with health services that have had to go through substantial COVID-safe practices, PPE and other arrangements that have had an impact on schedules and timeliness of responses. That has in turn built on the fact that, indisputably, the further you get away from Melbourne and the regional centres, the longer the historical times. So those two factors more broadly in regional Victoria have had a negative impact over the course of 2020 on response times. In regard to the particular location, I do not have that information, but I might refer defer to Professor Walker.

Mr LIMBRICK: I would point out that in my question I was referring also to the 2019 year, which was also very low at 38.5 per cent, as reported in the *Yarrawonga Chronicle*.

Mr FOLEY: Except in that regional Victoria disproportionately have for historical reasons—distance, service levels, all sorts of things—had not as good a response as their metropolitan cousins. But in terms of the specifics, Moira shire, was it?

Mr LIMBRICK: Indigo.

Mr FOLEY: Indigo shire, pardon me. I might have to defer to Mr Walker.

Assoc. Prof. WALKER: Thanks, Mr Limbrick. So Indigo shire, as are a number of smaller, low-population rural and regional communities, is challenged by the geographic spread of population and the low case load. So we see movement very quickly in those numbers just on the basis that, for example, we could have a number of people in a mountainous range, for example, travelling, an incident occurs and the nature of that incident may well be outside the 15 minutes because of the geographic spread that occurs in those communities. We have been working to improve the response in Indigo shire. One of the key programs we have been putting in place at the moment has been our Heart Safe Communities, recognising that—

Mr LIMBRICK: Sorry, I could not quite hear that.

Assoc. Prof. WALKER: Sorry, apologies—Heart Safe Communities, which is really how we work with communities to ensure that they are as well prepared as possible to provide that life-saving care whilst the ambulance is on its way. So it is essentially a program that puts in place a number of defibrillators in the community, trains up significant numbers of people in the community and uses our GoodSAM app, which alerts members of the community that they are in the proximity of a cardiac arrest, and in rural Victoria that is up to 5 kilometres. It does allow for that early first response to ensure that life-saving care can be provided.

In Chiltern again, in the Indigo shire, we have been running a number of innovative programs recognising that a number of our demand elements are people, for example, being discharged from hospital or in palliative care and that we are, if you like, the safety net in some of those rural areas. So we have been identifying and working with local health services to identify at-risk members of those communities. We have been working up My Aged Care plans for those over the age of 65, again in partnership with local GPs and the local community, health monitoring for people in the community at local events and importantly connecting up and following up with palliative care patients in those communities outside of our normal emergency response—so this is in addition to our normal response—the principle behind it being to ensure that we can reduce demands on our services in that community, because we are again the safety net in that community.

Mr LIMBRICK: Thank you, Professor Walker. Can I clarify, then—are you saying that some of the ambulances are being used for patient transport that might be used by a private operator or something in the city and those services do not exist out there? Is that sort of what you are saying?

Assoc. Prof. WALKER: I think it comes down to the breadth of services. I will use the example of palliative care. You may have people in the Indigo shire who are part of palliative care programs. As part of those programs, if the services are not necessarily there for them at a particular time of day or night, we will be the safety net to call. So rather than have that emergency response we are now following up with a number of palliative care patients in partnership with the local health services to see that they have got everything in place to avoid the need for us to have to provide that emergency response to support them and their families in their home. We now have new palliative care guidelines we can apply to support people in palliative care programs, again in partnership with health services. The principle is acknowledging that we will always be challenged by that large geographic area and low population. I could put an ambulance in one town. The 000 call comes in, it is 15 or 20 minutes away, and all of a sudden we are not meeting that KPI for that particular case. It is looking

at ways we can build up our first responder services and work with the communities around prevention wherever practicable. We have our secondary triage area for calls that do not require an ambulance. We have videoconferencing and telehealth available for general practitioners to be able to provide care in people's homes, again where clinically appropriate, to avoid an ambulance as well. At the same time we are looking at what requirements are there, particularly in the post-pandemic or COVID-normal world. We have seen a 10 per cent growth in demand in rural and regional Victoria since the restrictions have eased, so we are doing some significant modelling at the moment to understand what that looks like and what resources in addition to what we have today may be required to support that.

Mr LIMBRICK: Thank you, Professor Walker. Just before my time runs out, are you confident that these actions that you are taking in Indigo shire will improve this metric, and when?

Assoc. Prof. WALKER: I am confident it is providing a level of support to the community. As the minister mentioned, right now we are seeing some shifts in the behaviours of the community post the restrictions from COVID, a significant growth in demand—10 per cent—across rural and regional Victoria. Understanding if that is a temporary move or is something that is a bit more sustained means that we will have to potentially look at, therefore, what resources are required in addition to what we have there today in these programs to support that. And again that will be very much driven by the data and the modelling we are doing at the moment.

Mr LIMBRICK: Thank you, Professor.

The CHAIR: Thank you, Professor Walker and thank you, Minister and officials. This concludes our time for consideration of the ambulance services portfolio. If the discussion here today has raised any issues for anyone, the Beyond Blue number is 1300 224 636 and the Lifeline number is 13 11 14. 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 very short break before consideration of the equality portfolio with you, Minister. Thank you very much for your time.

Witnesses withdrew.