

# **PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE**

## **Inquiry into the 2024–25 Budget Estimates**

Melbourne – Wednesday 22 May 2024

### **MEMBERS**

Sarah Connolly – Chair

Nicholas McGowan – Deputy Chair

Michael Galea

Mathew Hilakari

Lauren Kathage

Bev McArthur

Danny O’Brien

Aiv Puglielli

Meng Heang Tak



**WITNESSES**

Mary-Anne Thomas MP, Minister for Ambulance Services; and

Professor Euan Wallace, Secretary,

Jodie Geissler, Deputy Secretary, Hospitals and Health Services, and

Daen Dorazio, Deputy Secretary, Health Funding, Finance and Investment, Department of Health; and

Jane Miller, 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.

On behalf of the Parliament, the committee is conducting this Inquiry into the 2024–25 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 of this hearing may not be protected by this privilege.

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

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

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

**Mary-Anne THOMAS:** Thank you very much, Ms Connolly. May I begin also by acknowledging the traditional owners of the land on which we are gathered, the Wurundjeri people, and I wish to pay my respects to their elders past and present. I extend those respects to any Aboriginal or Torres Strait Islander people who may be joining us here today, and again I acknowledge my colleagues as members of the committee.

**Visual presentation.**

**Mary-Anne THOMAS:** We are absolutely committed to supporting our paramedics in the important work that they do. Ambulance performance has been significantly impacted by the pandemic response and recovery, but it is now showing signs of improvement. 67.7 per cent of code 1 cases were responded to in 15 minutes between January and March of 2024. That is over 2 per cent better than the same time the previous year. During the last quarter, on average paramedics responded to code 1 patients 30 seconds faster than this time last year. These quarterly results were achieved despite code 1 demand increasing by over 4 per cent on the same quarter last year, with over 4000 more code 1 cases.

Victoria is not the only jurisdiction where the pandemic response and recovery has impacted ambulance performance. While there is more to do, Victoria compares favourably to New South Wales across all response time and cardiac measures. The most recent *Report on Government Services* shows that across all response time indicators performance in Victoria exceeded that of New South Wales. In 2022–23, 50 per cent of code 1 cases in Victoria were responded to within 12.5 minutes. In New South Wales the result was 14.3 minutes. Similarly, Victoria's cardiac arrest rates remain among the best in the country. In 2022–23 the survival rate from a paramedic-witnessed cardiac arrest in Victoria was 51.5 per cent compared to 40.8 per cent in New South Wales and 45.8 per cent for the rest of the country.

Next slide, please. We continue to support the expansion of ambulance services. Since 2015–16 more than \$2 billion in additional funding has been provided to Ambulance Victoria. This funding has provided more

paramedics, more ambulance stations and more vehicles on the road to connect people to the right care. When we look to the workforce in the last decade since 2013–14, on-road staff have increased by more than 58 per cent. In 2022–23 Ambulance Victoria recruited 358 paramedics and had 62 paramedics per 100,000 population. This compares favourably to 48 and 56 paramedics per 100,000 population in New South Wales and Australia respectively.

Next slide, please. One in five 000 calls can be cared for by other parts of our system rather than an emergency ambulance response. We know that it is vitally important to support people to access the right care in the right place at the right time. Not only is it a better experience for patients, it also helps to keep paramedics available to respond to those experiences of time-critical medical emergencies. We are investing in a wide range of services in this year's budget to support the continuation of four initiatives: priority primary care centres, which we have already talked about; medium-acuity transport services; the secondary triage service; and the timely emergency care collaborative.

As I have already detailed, we have funding to support the continuation of 19 state-funded priority primary care centres. We have money to continue to support 22 medium-acuity transport crews. We have \$27.2 million to continue the expanded secondary triage service in AV. This is a service that connects around 20 per cent of callers to more appropriate care, including self-care advice or community-based providers. Additional practitioners have already increased the capacity of the secondary triage service by 20 per cent, allowing over 200 additional patients to be assessed each day. Our secondary triage service is staffed by paramedics, nurses and mental health nurses, and there is \$3.3 million to continue the timely emergency care collaborative. This brings people together from across the sector, including in our emergency departments and Ambulance Victoria, to learn from each other and generate and test their own ideas. Once again this is part of our government giving clinicians licence to generate new ideas to deliver more and better care to the people of Victoria.

**The CHAIR:** Thank you. The first 14 minutes is going to go to Mr O'Brien.

**Danny O'BRIEN:** Thank you, Chair. Minister, budget paper 3, page 132, highlights a \$14 million cut to ambulance services. Why is this?

**Mary-Anne THOMAS:** Thank you for the question, Mr O'Brien. It gives me the opportunity to correct the record.

**Danny O'BRIEN:** The budget paper is wrong, is it?

**Mary-Anne THOMAS:** No, no. Well, to explain to you how we have accounted for expenditure in this year's budget papers, funding that was being delivered to Ambulance Victoria is now in the emergency services output, and there have been no cuts. I can assure you there have been no cuts to our ambulance budget. Ms Miller might explain.

**Danny O'BRIEN:** What is the funding being redirected to, Minister?

**Jane MILLER:** That is funding for Triple Zero Victoria that used to pass through Ambulance Victoria but now goes directly to Triple Zero Victoria.

**Danny O'BRIEN:** How much is that?

**Jane MILLER:** It is in the order of \$27 million, approximately.

**Danny O'BRIEN:** So \$27 million has gone out of the ambulance services line item?

**Jane MILLER:** It passed through ambulance services to Triple Zero. It now goes directly to Triple Zero Victoria.

**Danny O'BRIEN:** Right. Okay. Secretary, has the government in this financial year had to provide an injection of emergency capital funding to AV so they can pay their staff?

**Euan WALLACE:** Can you say that again? Have we?

**Danny O'BRIEN:** Has the government had to provide an injection of emergency capital so AV can pay their staff?

**Euan WALLACE:** No. We manage AV exactly as we do any other health service, so we continue to – the minister referenced it earlier this morning in the health portfolio hearing, where she talked about a \$1.5 billion injection in this current year. So AV would be part of that investment.

**Danny O'BRIEN:** How much specifically went to AV? So that is for 2023–24?

**Euan WALLACE:** Well, the financial year is not finished, so we continue to work with health services to ensure that they pay their staff.

**Danny O'BRIEN:** Yes, but – sorry, you said \$1.5 billion additional for 2023–24.

**Euan WALLACE:** For the whole system.

**Danny O'BRIEN:** Yes. How much of that went to AV?

**Euan WALLACE:** Well, again, the financial year is not finished so we actually will not be able to –

**Danny O'BRIEN:** No, but you have said you provided the system with \$1.5 billion. You know how much that is. How much of that is for AV?

**Euan WALLACE:** Well, the government has invested \$1.5 billion. The department will now work with our 76 health services, including AV, to distribute that to meet their requirements.

**Nick McGOWAN:** I think the question is about any emergency payments that have gone to AV. So of that money, have there been any emergency payments that have gone to AV, to prop them up essentially?

**Euan WALLACE:** Well, again, that \$1.5 billion investment in the current financial year is to meet the needs of the whole system, including AV, but I am trying to answer your question as best I can. The final amount to AV will not be known until the end of the financial year.

**Danny O'BRIEN:** Okay. The question I am asking – AV has got a budget for 2023–24.

**Euan WALLACE:** Yes.

**Danny O'BRIEN:** Has the department needed to top up that budget simply so it can meet its payments to employees?

**Euan WALLACE:** Yes, we have worked with AV like we do the other 76 health services to ensure that they have a balanced budget at the end of the year.

**Danny O'BRIEN:** That does not really answer the question. Have you had to top up that budget?

**Mary-Anne THOMAS:** Mr O'Brien, if I may –

**Danny O'BRIEN:** Well, if you can answer the question, Minister. I do not want more spin and waffling; I want to know whether AV has actually got additional funding.

**Mary-Anne THOMAS:** Again, I think it is important that you understand how we fund our health services, including Ambulance Victoria. We actively manage their budgets throughout the year, and indeed, as I have indicated earlier, our health services can expect an increase in that active management because of the record investments that we are making.

**Danny O'BRIEN:** As foreshadowed, this is not answering the question.

**Mary-Anne THOMAS:** We will continue to meet the needs of our health services so that they can deliver the world-class care for which they are known, and that includes of course Ambulance Victoria.

**Danny O'BRIEN:** Minister, did you give AV the same letter that you have given to the 76 hospitals?

**Euan WALLACE:** No.

**Danny O'BRIEN:** No?

**Mary-Anne THOMAS:** No.

**Danny O'BRIEN:** So they are not managed exactly the same as the hospitals, Secretary.

**Euan WALLACE:** Well, no. With respect, there are two related but different things. One is the work the department does with our health services, including AV, with the operational budget within a given year. The second is around financial management improvement initiatives, which we have managed separately – differently – for our health services from AV.

**Danny O'BRIEN:** Has that required additional funding to AV this financial year?

**Euan WALLACE:** Again, the short answer is yes. The quantum of that will not be known until the end of the financial year.

**Danny O'BRIEN:** Okay. Thank you. Has the government considered bringing in administrators for Ambulance Victoria?

**Euan WALLACE:** No.

**Mary-Anne THOMAS:** No.

**Danny O'BRIEN:** Recommendation 10 of the 2021 Royal Commission into Victoria's Mental Health System outlines that Ambulance Victoria should be the lead agency for mental health call-outs rather than Victoria Police. It was revealed in July 2022 that the deadline for the implementation of this recommendation was extended until the end of this year, 2024. Is that going to occur?

**Mary-Anne THOMAS:** Thanks very much for the question, Mr O'Brien. I might preface my answer by saying the responsibility for implementation of the recommendations of the mental health royal commission sits with the Minister for Mental Health –

**Danny O'BRIEN:** This is very much an ambulance question.

**Mary-Anne THOMAS:** and it is very important to note the critical role that Ambulance Victoria already plays and will continue to play in responding to mental health call-outs. Indeed our paramedics are already the default responders for people who call 000 in relation to mental health, and our paramedics respond to around 90,000 mental health call-outs every year. Some of these call-outs are where paramedics will request that police attend as well or they are managed through the secondary triage team. The issue that your question relates to is about care and control orders. The way in which Ambulance Victoria works is on a consent model. Ambulance Victoria and our paramedics deliver care which patients consent to. So it is quite a complex change. It is one that we are committed to delivering –

**Danny O'BRIEN:** Yes. When?

**Mary-Anne THOMAS:** but that we are working through. Mr O'Brien, again, please accept that I am endeavouring to answer your question in absolute good faith, but the situation that we face now is quite different to when –

**Danny O'BRIEN:** Okay. It is a clear recommendation from the royal commission and the government accepted it.

**Mary-Anne THOMAS:** Yes, that is right –

**Danny O'BRIEN:** You have since said that it will be implemented by the end of this year. Is that still the case?

**Mary-Anne THOMAS:** and we are working to meet that commitment.

**Danny O'BRIEN:** Will that be met?

**Mary-Anne THOMAS:** Again, it is a complex change. Of course demand for our ambulance services is now 33 per cent higher than it was when this recommendation was made. It will be done, but it has to be done right, and we must put the health and safety of our paramedics as well as the people that are receiving treatment at the forefront of the consideration of the implementation of this recommendation.

**Danny O'BRIEN:** Ms Miller, has the royal commission project team within Ambulance Victoria been disbanded?

**Jane MILLER:** We continue to focus on improving our services to those in need with a mental health crisis. We are downsizing our team to support the mental health work, but that does not mean that that will not continue in consultation with our partner agencies. We are constantly looking at how we use our resources as effectively and efficiently as we can, and we remain committed to improving our response to people needing a mental health crisis response.

**Danny O'BRIEN:** Are you able to tell me how much money has been spent on this recommendation implementation since the royal commission?

**Jane MILLER:** I am not able to give you the particular of that. There has been work for some time with a relatively small team working with our paramedics and with other partner agencies to continue to ensure that we are best placed to respond to those that need our response, noting we continue to co-respond with Vic Police in around 25,000 cases per annum.

**Danny O'BRIEN:** Okay. Are you able to take on notice how much has been spent? Is that something you have got?

**Mary-Anne THOMAS:** Mr O'Brien, if I could –

**Danny O'BRIEN:** Sorry, Minister. Unless you have got the answer –

**Mary-Anne THOMAS:** I am trying to point you to table 3. 2023–24 state budget output funding indicates \$7.8 million in mental health crisis and emergency response.

**Danny O'BRIEN:** That is for AV?

**Mary-Anne THOMAS:** Yes.

**Euan WALLACE:** Over two years.

**Danny O'BRIEN:** Right. Is that an allocation, or what has actually been spent?

**Mary-Anne THOMAS:** That was the total that was allocated over those two years.

**Danny O'BRIEN:** Okay. Sorry, Secretary, can I just go back. I understand the financial year is not finished, but you have acknowledged that there has been additional money provided to AV. Can you tell me up to now how much?

**Euan WALLACE:** Again, we will reconcile our books at the end of the financial year, I think, as we would always do.

**Danny O'BRIEN:** So you cannot tell me how much up to date. Okay. Minister, the AV performance measures are clearly not being met when it comes to response times. You have repeatedly failed to meet the government's own targets of 85 per cent and 90 per cent for the various call-out response times, especially in regional areas. Why is this not improving?

**Mary-Anne THOMAS:** Thank you very much, Mr O'Brien. Can I take this opportunity to thank our hardworking paramedics for all that they do to keep Victorians safe right across our state. As I have had the opportunity to say on many, many occasions, demand is higher than ever before, and I have presented that to you in graphical form. But response times are improving, so –

**Danny O'BRIEN:** But, Minister, every year we come here and we get told that you are doing something to fix the system, and yet you are now resorting to comparing the response times to New South Wales instead of to your own targets, where you are failing dismally.

**Mary-Anne THOMAS:** Again, Mr O'Brien – and again, with respect – the pandemic has had an enduring impact on our healthcare system.

**Danny O'BRIEN:** Yes, but that is my point, Minister: you have been saying that for five years. It has not got any better.

**Mary-Anne THOMAS:** Well, hang on. That is not true.

**Danny O'BRIEN:** You are not meeting your targets – 67 per cent.

**Mary-Anne THOMAS:** What we see is that response times are heading in the right direction.

**Danny O'BRIEN:** Two points up – still a long way from your target.

**The CHAIR:** Mr O'Brien, allow the minister to answer the question.

**Mary-Anne THOMAS:** This is despite the fact that demand is more than 33 per cent higher than pre-pandemic levels. In fact the most recent quarter was the biggest quarter 3 on record and 4.4 per cent higher than 12 months prior. And I have got to say, Mr O'Brien, this goes to not only the enduring impacts of the COVID pandemic but the enduring impacts of the failure of the previous federal Liberal–National government to invest properly in primary care.

**Danny O'BRIEN:** I thought you did not want to play politics, Minister. You just told us you did not want to play politics.

**Mary-Anne THOMAS:** And can I also remind the committee that I am very proud of the work that our Ambulance Victoria is doing –

**Danny O'BRIEN:** As we all are, but they are clearly not getting the support they deserve.

**Mary-Anne THOMAS:** and we focus on our on-road response, as we rightly do, but we have continued to invest in a range of initiatives that support our on-road paramedics to get to patients sooner. We have invested since we came to government an additional \$2 billion. This includes –

**Danny O'BRIEN:** But the point is that this is not working. Your figures are still not even close to your targets.

**Mary-Anne THOMAS:** Again, Mr O'Brien, we are seeing the ambulance response times head in the right direction.

**Danny O'BRIEN:** From 65 to 67.

**Mary-Anne THOMAS:** And what a contrast this is to the last time that the Liberal–National parties were in power in this state –

**Danny O'BRIEN:** Minister, that is not the point of this question.

**Mary-Anne THOMAS:** where we saw ambulance response times decline every year. There was no pandemic then.

**Danny O'BRIEN:** You changed the code 1 criteria too.

**Mary-Anne THOMAS:** There was no pandemic, and yet those ambulance response times declined every single year, and indeed the former Minister for Health would no longer make the data publicly available.

**Danny O'BRIEN:** Can I move on, please? Can I move on?



**The CHAIR:** Excuse me, Minister. Before you make your point of order, Mr O'Brien, I will remind people in the gallery that they are to cease comments or interjections that can be heard by the Chair. Thank you.

**The CHAIR:** Mr O'Brien, on a point of order.

**Danny O'BRIEN:** The minister is debating the question. I want to move on. Minister, why hasn't the non-emergency patient transport review been released?

**Mary-Anne THOMAS:** The report has been received, and I want to thank Mr McGhie for his work. We are considering the recommendations, and I will have more to say about that in the future.

**Danny O'BRIEN:** When will it be released?

**The CHAIR:** Thank you, Mr O'Brien, your time is up. We are going to go to Mr Hilakari.

**Mathew HILAKARI:** Thank you, Minister, and thank you department and officials – I appreciate your attendance this afternoon. Minister, I am actually going to stick with the same area of ambulance performance, and I will take you to the 'Department Performance Statement', on page 68. Mr O'Brien did mention the almost 67 per cent of code 1 incidents responded to within 15 minutes statewide. I am just hoping you can go through some of the pressures on our ambulance services. And are we seeing improvements?

**Mary-Anne THOMAS:** Thank you very much for the question, Mr Hilakari. I appreciate your interest in this and indeed the appreciation that you have expressed for our hardworking paramedics and the way in which they deliver care for your community.

The 'Department Performance Statement' in this year's budget shows that the proportion of statewide code 1 response times was 66.6 per cent. This is nearly a 4 per cent improvement on the last budget, which represents a continued improvement in our ambulance service system. It is also important to recognise, as I have earlier said, that our paramedics are responding to record high demand, with code 1 demand 33 per cent above prepandemic levels. Every single day our paramedics respond to, on average, more than 1000 lights-and-sirens code 1 incidents. If we compare that to 2018–19 when they were responding to less than 800 cases per day, that gives you some insight into the increased demand and the increased pressure that our paramedics are under. That is why it is important that we continue to invest in ambulance services, including in new models of care, but I will come to that in a moment. To reiterate, the latest quality data demonstrates that AV's response times are improving, with 67.7 per cent of code 1 cases responded to in 15 minutes between January and March 2024, which is 2 per cent better than the same time last year. The average code 1 response time between January and March 2024 was 14 minutes and 49 seconds, which is an improvement on the previous quarter and 30 seconds faster than the same time last year. Again, to reiterate, I know that you understand the impacts of increased demand across the sector.

I am enormously proud that our ambulance service system has been able to deliver the results that are the best we have seen in the system since September 2021, and this is an absolute credit to Jane and her team at Ambulance Victoria, our on-road paramedics but also those that are working, as I said, in other parts of the system. We have a lot of focus rightly on our ALS paramedics and on our MICA paramedics, but we have introduced different models of care to respond to the needs of Victorians to ensure that they are getting the right care in the right place at the right time. This budget's significant investment in the secondary triage service is absolutely delivering results. Similarly, our investment in the medium-acuity transport service, the Victorian Virtual ED and priority primary care are all examples of the innovation that we have seen delivered in this state in order to deliver emergency care to Victorians.

I have talked about the response times that we have at the moment. When we came to government back in 2014, code 1 response times were 73 per cent, well below the target, and indeed they had been declining every year that the Liberal–National parties were in government. And this was in a time where there was no global pandemic. We did not have the unprecedented impact on our health service system that we are experiencing now. But within six years we improved response times by over 10 per cent and we got them to the best that they had ever been. And we have done that because since coming to government we have invested an additional \$2 billion into our ambulance services. If you compare this budget's output with the last budget that the Liberals produced when they were in power, it is a \$776.3 million difference. So again, we are very proud

that we have continued to grow our paramedic workforce. We now have an additional 2200 paramedics, and indeed our on-road workforce has increased by more than 50 per cent.

**Bev McARTHUR:** Well, they cannot be happy, because they have still got signs all over their ambulances.

**The CHAIR:** Mrs McArthur!

**Bev McARTHUR:** They are not happy with you, Minister, all those wonderful ambulance drivers.

**Mary-Anne THOMAS:** Paramedics, Mrs McArthur. It is a long time since they were ambulance drivers. They are highly qualified, experienced healthcare professionals who undertake extensive tertiary education.

*Members interjecting.*

**The CHAIR:** Excuse me! Cease the interjections. Mr Hilakari, you have a question.

**Mathew HILAKARI:** Thank you, Chair. The number that really struck me then was that 25 per cent increase from 800 to over 1000 call-outs per day. I certainly, for my own family, with paramedics, have experienced their professionalism and their care.

**Bev McArthur** interjected.

**Mathew HILAKARI:** Well, Mrs McArthur, I think you should consider how you use these words in this space.

**Bev McARTHUR:** I just said they are fabulous; do you disagree?

**Mathew HILAKARI:** Thank you, Mrs McArthur.

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

**Mathew HILAKARI:** I am interested in how we compare with other jurisdictions from across the country because I think it is important to understand where we are tracking in comparison to other places across Australia.

**Mary-Anne THOMAS:** Thank you very much for that question. Indeed, as you would know and expect health ministers from around the nation meet regularly, and we are all united in the work that we are undertaking to address the challenges that present in our health service system as a consequence of the unprecedented impact of the COVID-19 pandemic. I make the point that those that seek to deny the impacts of the COVID pandemic absolutely disrespect our healthcare workforce –

*Members interjecting.*

**The CHAIR:** Excuse me! I am struggling to hear the minister. Cease the interjections.

**Mary-Anne THOMAS:** who continue to experience those very real impacts every single day. Again, it is through the opportunity to meet with my fellow health ministers that we recognise that the challenges that we experience here in Victoria are not unique – and that is why it was important to actually benchmark ourselves against some of the other like jurisdictions – but we can be really proud of how our system is responding to these extraordinary levels of demand.

Given that jurisdictions have different performance measures, the Productivity Commission's report on government services, whilst not perfect, is the best tool that we have to demonstrate how Victoria compares with other jurisdictions. As part of this, all jurisdictions do report 50th and 90th percentiles. The most recent report shows that Ambulance Victoria's response times are better than that of New South Wales, South Australia and Tasmania on all comparable measures and we perform better than Queensland on two out of four of the key metrics. While Victoria's statewide 90th percentile was 28.8 minutes, which is favourable when compared to New South Wales –

*Members interjecting.*

**The CHAIR:** Excuse me! This is becoming comedy hour. Cease the interjections. I do not find it funny. The minister is providing critical evidence as part of this public inquiry. You will cease the interjections, Mr O'Brien.

**Danny O'Brien** interjected.

**The CHAIR:** No, Mr O'Brien. This is not a conversation between you and me. Cease interjecting. The minister will proceed.

**Mary-Anne THOMAS:** Thank you very much, Chair, for that. As I was explaining, Victoria's statewide 90th percentile was 28.8 minutes, which is favourable when compared to New South Wales, which is 33 minutes. Victoria's statewide 50th percentile is 12.5 minutes, compared to New South Wales at 14.3 minutes. If we compare this result to the 2013–14 year, Victoria was the worst performing jurisdiction on the mainland at both statewide 50th percentiles and statewide 90th percentiles, only performing better than Tasmania. So that, I think, Mr Hilakari, provides you with some further detail about both the improvements that we have seen over time and our government's ongoing investment in Ambulance Victoria and respect for our hardworking paramedics.

I note that Mrs McArthur has declared her ongoing respect for our paramedics. It is unfortunate that this same respect was not shown by the previous Minister for Health Mr David Davis, who at the time of the enterprise agreement negotiations that he was responsible for called paramedics who were members of the union 'thugs'. He said they were hardline, militant stooges. Again, I think that it is important that we reflect on what it really means to respect our paramedics. You show your respect not only through your words but through your actions, and our government has done that through our massive investment of more than \$2.2 billion and indeed the fact that our on-road paramedics have grown by more than 50 per cent. Again, what we have demonstrated, Mr Hilakari, is that, when we look at the information that is available through the ROGS, improvements have been shown, despite the impacts of the pandemic, that are real and enduring, and that is what happens when you invest in our ambulance services.

While response time is of course an extremely significant and important measure, Ambulance Victoria continues to deliver solid patient outcomes in relation to other important outcomes: Ambulance Victoria has the best pain management outcomes in Australia and is one of only three jurisdictions with cardiac arrest survival rates better than the national rate; 90.8 per cent of Ambulance Victoria patients reported clinically meaningful pain reduction in 2022–23 compared to 83.2 per cent nationwide and 81.7 per cent in New South Wales; and 51.5 per cent of adults survived a cardiac arrest in Victoria, as I have already said, compared to 45.8 per cent nationwide and 40.8 per cent in New South Wales in 2022–23. While there is always more to do, I am really proud of what Ambulance Victoria has achieved despite the record demand that our hardworking paramedics are under. So thank you, Mr Hilakari.

**Mathew HILAKARI:** I would like to take you now to page 198 of the questionnaire and also actually your presentation, which went to some of the key investments that we are making in Ambulance Victoria. I do note that there has been a substantial change since 2014 in terms of the results. What are the some of those key investments that have really turned the dial?

**Mary-Anne THOMAS:** Well, thank you very much. Again, I think it is important that the committee have the opportunity to learn about these investments that we are making and the way in which the care in Ambulance Victoria, as a healthcare service, continues to evolve, develop and deliver for the people of Victoria. We have talked about the Victorian Virtual Emergency Department. Again, I have talked about innovations in our health service system that have being driven by clinicians. The Victorian Virtual Emergency Department has been an absolute game changer for our paramedics. It means that paramedics are now able to resolve patient care issues without necessarily needing to transport patients to our emergency departments. I know, because paramedics tell me, that one of the things that caused them great distress and concern previously was needing to transport aged care residents to an emergency department when that highly trained, highly qualified paramedic knew that that may not be the very best outcome for that person. Again, we know that being transported in an ambulance, attending an emergency department, can be really stressful all round. We now know that our ambulance services, if they are being called to aged care, are actually able to access the Victorian Virtual Emergency Department bedside and able to work with emergency doctors and other clinicians at the VVED to make a determination whether or not that person really needs to be transported to an

emergency department. This is an absolute game changer, I note, particularly for older Victorians and people who are living in aged care. We want to be able to deliver care as close to home as possible as soon as possible. The Victorian Virtual Emergency Department is absolutely enabling us to deliver that. I want to also –

**Bev McArthur** interjected.

**Mathew HILAKARI:** It is a little bit hard to hear answers with all these interjections.

**The CHAIR:** Mrs McArthur, let me put it plainly: enough of the grandstanding. It is very difficult to hear the minister. As I said, the minister is giving critical evidence to the inquiry. You may not be interested in these answers, but there are other members on this committee that are. The minister will proceed.

**Mary-Anne THOMAS:** Thank you very much, Chair. Again, can I thank Mr Hilakari for his very serious question and his concern for the investments that our government is making in order to ensure that we are getting better quality care as close to home as possible for more Victorians. In particular I note we were being interjected on while we were talking about some of our most vulnerable Victorians – that is, people who are living in residential aged care and who to be frank deserve greater respect than they have received as a consequence of the interjections that we have been receiving here today. The Victorian Virtual Emergency Department is one of the things that we are doing. Priority primary care – again I will not go into too much detail, because I think I have had the opportunity to explain that.

But let me talk to you about the Ambulance Victoria secondary triage service. Again, we know that around 20 per cent of all 000 calls can be effectively supported through the Ambulance Victoria secondary triage service. The triage service is staffed by a combination of paramedics, nurses and mental health nurses. Those practitioners will have longer conversations with the patient who has called and make sure that they get a better understanding of what that patient's needs actually are, referring them to the most appropriate level of care. That may well be a priority primary care centre. It may be a call to the Victorian Virtual Emergency Department. It may be that assurance that that patient needs from a highly qualified healthcare professional that they can in fact just sleep on it and attend their primary care practitioner the next day. Knowing that people can access this care means that we are freeing up more of our paramedics to attend to life-saving emergencies. Our on-road ambulance service is an emergency response, but Ambulance Victoria as a healthcare service is able to deliver a wide range of emergency and urgent care support.

The medium-acuity transport service is yet another innovation, one that actually addresses the needs or some of the desires of our workers and indeed responds to an idea again that was clinician led. The medium-acuity transport service pairs highly qualified, very, very experienced paramedics and indeed paramedics who may be approaching the end of their career but want to be focused on delivering and supporting the next generation of the less experienced, and they pair up on medium-acuity transport services.

**Mathew HILAKARI:** It is a great service. Thank you, Minister.

**Mary-Anne THOMAS:** Thank you. I am sorry, I could have gone on for much longer.

**The CHAIR:** Thank you, Minister. We will go to Mr Puglielli.

**Aiv PUGLIELLI:** Thank you, Chair. Good afternoon. Ms Miller, how much was paid in overtime to paramedics and other on-road staff during the 2023–24 financial year, and how much do you expect to pay for 2024–25?

**Jane MILLER:** We know that we have required our paramedics to work overtime, and that remains a very active focus for us in terms of reducing that overtime and supporting them to finish shifts on time. The particular figures for – what year did you say?

**Aiv PUGLIELLI:** 2023–24 and expectations for this financial year.

**Jane MILLER:** The quantum is not immediately at hand for me.

**Aiv PUGLIELLI:** Will you take it on notice? Is that possible?

**Jane MILLER:** I think that is probably the best outcome, yes.

**Aiv PUGLIELLI:** All good; I am just on limited time. I have got a question for you next, Minister. Minister, last year my colleague Ms Sandell asked a question about communication limitations for regional ambulances that do not have access to mobile data terminals. You shared that you were aware this was an issue and were progressing improvements to IT infrastructure. What improvements have occurred to date?

**Mary-Anne THOMAS:** Thanks very much for the question. I might ask Ms Miller to answer that for me. But can I just go back to your earlier question to Ms Miller and make the point that we all agree that our paramedics are working too much overtime.

**Aiv PUGLIELLI:** Totally.

**Mary-Anne THOMAS:** We all want to reduce that overtime. That is a key focus of Ambulance Victoria, and it is for me. Ms Miller, have we got any further information on the –

**Jane MILLER:** Mobile data terminals, did you say?

**Mary-Anne THOMAS:** Yes.

**Aiv PUGLIELLI:** Improvements to that infrastructure.

**Jane MILLER:** Yes. In metropolitan Melbourne our crews use mobile data terminals, digital radios and telephones for communication. Regionally we continue to use paging as well as telephones and continue to use radios that are analogue. We have a very advanced program of work to replace those analogue radios to digital radios, providing them with the similar equipment that is available in metropolitan Melbourne.

**Aiv PUGLIELLI:** So would you say that has improved since last year?

**Jane MILLER:** We are absolutely working towards improving that and are expecting to mobilise those digital radios in 2025.

**Aiv PUGLIELLI:** Perfect. Thank you. Minister, it has been raised with me that the current call-taking and dispatch triage system often results in excessive services being dispatched, which is placing unnecessary pressure on the system. I mean, I had an anecdote raised of an urgent ambulance being sent out to deal with a hot dog burn. Has the government considered introducing a KPI that tracks accuracy of dispatch coding?

**Mary-Anne THOMAS:** Thank you for that question. The triage service that is delivered by Triple Zero is a global system; it is benchmarked around the world. I might let Ms Miller answer that in a little bit more detail. Obviously we are aware that we still see instances where code 1 ambulance services are dispatched to cases that when the paramedic arrives are not necessarily code 1, but we have always got to err on the side of caution, Mr Puglielli, and I am sure that you would understand that. We cannot compromise quality and safety in any changes that we make. As I said, this is the system that is used around the globe.

**Aiv PUGLIELLI:** The KPI, though – would that compromise that safety that you are talking about?

**Mary-Anne THOMAS:** I might ask Ms Miller to answer.

**Jane MILLER:** I think it is important to recognise that we do use an evidence-based system. We have ProQA for call-taking and dispatch and we have a clinical response model that we constantly review, benchmark with other jurisdictions and understand based on evidence whether changes need to be made in terms of how we allocate cases across dispatch codes. That is an ongoing piece of work for us, and I think it is important to recognise, as the minister said, that we err on the side of caution and that we make sure that we are there in the cases where there is life-saving care required.

One point I would make is that it is very important, as the minister said, that one in five calls do go to our secondary triage team, and we have recently implemented video-assisted triage for our secondary triage team, who are able to now lay eyes on the patient rather than just having a telephone conversation, so again, informing their practice and supporting the appropriate decision based on the care they need. We are constantly looking at improving what we are mobilising as a response to make sure that we connect the patient to the right care at the right time.

**Aiv PUGLIELLI:** Thank you. Minister, why is the base fee for a regional ambulance transport higher than the base fee for a metro service, and is the Labor government taking steps to bring down those costs?

**Mary-Anne THOMAS:** Again, I might have to ask Ms Miller to respond to that, because the actual cost of our ambulance –

**The CHAIR:** Apologies, Minister, we are out of time.

**Mary-Anne THOMAS:** I am sorry.

**The CHAIR:** Minister and officials, thank you very much for taking the time to appear before the committee this afternoon. The committee will follow up on any questions taken on notice in writing, and responses are required within five working days of the committee's request.

The committee is now going to take a break before beginning its consideration of the mental health portfolio at 2 pm.

I declare this hearing adjourned.

**Witnesses withdrew.**