

VERIFIED VERSION

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into Budget Estimates 2016–17

Melbourne — 11 May 2016

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Witnesses

Ms Jill Hennessy, Minister for Ambulance Services,

Ms Kym Peake, Secretary,

Mr Lance Wallace, Deputy Secretary, Corporate Services, and

Ms Frances Diver, Deputy Secretary, Health Services, Policy and Programs, Department of Health and Human Services; and

Mr Tony Walker, Acting Chief Executive Officer, Ambulance Victoria.

The CHAIR — I declare open the public hearings for the Public Accounts and Estimates Committee inquiry into the 2016–17 budget estimates. All mobile telephones should now be turned to silent.

I would like to welcome the Minister for Ambulance Services, the Honourable Jill Hennessy; Ms Kym Peake, Secretary of the Department of Health and Human Services; Mr Lance Wallace, Deputy Secretary, Corporate Services; Mr Tony Walker, Acting Chief Executive Officer, Ambulance Victoria; and Ms Frances Diver, Deputy Secretary, Health Services, Policy and Programs.

All evidence is taken by this committee under the provisions of the Parliamentary Committees Act, attracts parliamentary privilege and is protected from judicial review. Comments made outside the hearing, including on social media, are not afforded such privilege. Witnesses will not be sworn but are requested to answer all questions succinctly, accurately and truthfully. Witnesses found to be giving false or misleading evidence may be in contempt of Parliament and subject to penalty.

Questions from the committee will be asked on a group basis, meaning that specific time has been allocated to members of the government, opposition and crossbench to ask a series of questions in a set amount of time before moving onto the next group. I will advise witnesses who will be asking questions at each segment.

All evidence given today is being recorded by Hansard, and you will be provided with proof versions of the transcript for verification as soon as available. Verified transcripts, presentations and handouts will be placed on the committee's website as soon as possible.

All written communication to witnesses can only be provided via officers of the PAEC secretariat. Members of the public gallery cannot participate in the committee's proceedings in any way. Members of the media must remain focused only on the persons speaking. Any filming and recording must cease immediately at the completion of the hearing.

I now invite the witness to make a very brief opening statement of no more than 5 minutes. This will be followed by questions from the committee.

Ms HENNESSY — Thank you very much, Chair. It is good to see everyone again.

Ms SHING — You have not changed a bit!

Ms HENNESSY — There is no-one more sick of my voice than me, so please rest assured on that.

Mr D. O'BRIEN — That is inviting an interjection, Minister.

Ms HENNESSY — If I could just give a brief overview of some of the budget highlights in the ambulance services portfolio.

Visual presentation.

Ms HENNESSY — The 2016 budget has delivered a total of more than 143 million in additional funding for ambulance services. The ambulance Response Time Rescue Fund is allocated \$60 million. There is \$63.5 million to support growth in demand and to support the government's share of the increased cost of the new rotary contract — for average people, that is a helicopter — and a further 20 million to rebuild ambulance branches right across Victoria.

The next page of our presentation up there gives you a sense of additional funding growth that has occurred in ambulance services between 2011–12 and 2016–17 and gives the average. I am really delighted that there has been a 9.2 per cent increase in funding for ambulance services in 2016–17 off the back of a significant investment last year.

Improving performance is one of the significant priorities of our government. We understand that upon coming to government Victoria had the worst response times on the mainland. We are very dedicated to turning that around. Part of that is about funding, but part of that is about policy reform, and we are committed to both. We can see that we are having some good early progress, but we still have a significant amount of work to do, but we seem to be stemming the tide. You can see the proportion of statewide code 1 incidents responded to within

15 minutes by quarter. It is also worth making mention of the fact that we now release all of our performance data, and we have committed to do that also through the Transparency in Government Bill as well.

Delivering on our election commitments — we made an election commitment for a \$60 million Response Time Rescue Fund. We are implementing the recommendations and measures that are outlined in the Ambulance Performance and Policy Consultative Committee. We are improving response times and paramedic health and wellbeing. Again, that is another really important issue for our government. That goes to not just the physical health and wellbeing of our paramedics but also the mental health and wellbeing of our paramedics. I am happy to talk more about that over the course of questions and answers, but, again, it is a very significant reform agenda so we can keep our paramedics well and so we can make sure that we have retention. Happy and well paramedics mean better clinical outcomes for patients.

Some of the budget highlights include \$63.5 million for an expansion of ambulance services and availability, including providing additional ambulance services for eligible concession card holders, as I said, to meet the government's contribution for the new rotary service contract and to improve ambulance response time performance. How long have I got, Chair?

The CHAIR — You have got another 2 minutes and 20 seconds.

Ms HENNESSY — Okay. We have also got a \$20 million investment in this budget to refurbish and rebuild ambulance stations identified as being in need of replacement and to upgrade or better align them with contemporary standards requiring critical maintenance works. Right across the state there are many such ambulances, so this is an important and significant investment. We also have made a \$20 million investment in the 2015 budget for branch upgrades and \$20 million for additional vehicles and investments. The vehicles and equipment are incredibly important as well. They not only go to the importance of meeting our policy aspirations to improve response times; they also go to significant occupational health and safety issues as well as availability.

Another really significant issue has been the ability for paramedics that are already working overtime but have finished their shift to make sure that we are actually getting paramedics off on time without jeopardising the availability of a vehicle to respond. That might be if a paramedic is at an ambulance transferring a patient, for example. That is an investment that goes not just to response times but goes to paramedic wellbeing. I have been really delighted with the improvements that we have been able to make, but we still have a significant amount of work to do. I know in the political parlance we throw the word 'crisis' around a lot, but there genuinely was a crisis of performance and a crisis of confidence upon coming to office, and I think we have made some significant inroads on those.

We are going to continue to invest. Our policy and our reform agenda is very firmly set out in the report of the ambulance policy and performance committee. We have got an ongoing implementation and monitoring mechanism to that end. So, long story short, there are very significant investments in this budget, a very significant reform agenda and some significant improvements we have been able to achieve already, but we still have a long way to go. We are committed to making sure that we fulfil our election commitment to improve response times, to turn around morale and to make Ambulance Victoria the best place that it can be.

Ms WARD — Thank you, Minister, for your presentation. I want to talk to you about ambulance capital investment. On page 6 of your presentation you referred to the refurbishment and rebuilding of ambulance stations, and it is also referred to in a line item in budget paper 4, page 51, under 'Existing projects'. Can you please advise the committee on the progress of each station and expected completion? As, of course, you would expect, I am particularly interested in the Eltham-Montmorency ambulance station.

Ms HENNESSY — Of course. Thank you very much for your question, Ms Ward. Sorry, Chair, can I just ask how long I have for each question?

The CHAIR — Until 12.32 p.m.

Ms HENNESSY — Okay, thank you. Out of the existing projects there — we have got Echuca, Dandenong, Sale, Preston, Traralgon, Eltham, Wendouree, Kew, Orbost, Karingal and Murchison — Ambulance Victoria has consulted with its internal strategic service planners, paramedics and regional ambulance officers about the initiation phase of each project. That phase has now been completed, and Ambulance Victoria is currently

undertaking the detailed design of each station. Construction of those stations is estimated to be completed, I think, around December 2017, with the exception of Karingal ambulance station. That is scheduled to be completed around mid-2018. That is a little bit different because we had to purchase land, and wherever you purchase land the consequent town planning processes inevitably contribute to the delay.

Ms WARD — Great, thank you. Also going back to budget paper 4, page 51, there is also a line item in there regarding ambulance vehicle and equipment, which you also referred to in your presentation. Can you please advise us on the delivery of new ambulance vehicles and equipment that have been included in this fund?

Ms HENNESSY — Yes, I can. Part of the funding — this was also an election commitment as well — was about expanding Ambulance Victoria's complex patient ambulance fleet by five. Complex patient ambulance vehicles, known as CPAVs, are for bariatric patients. I will talk a little bit more about our new hydraulics that we have in our vehicles. They can transfer patients from 250 kilos to about 318 kilograms. The challenging fact of life is that we have a number of bariatric patients but have not had the equipment to be able to transport them. Those familiar with some awful things that have occurred in past history will know what the consequences are of not having that equipment available to us.

We have also invested in the introduction of electronic power-lift stretchers right across the ambulance fleet to better protect and support paramedics. We know that musculoskeletal injuries are a really significant source of injury and WorkCover claims. It is not just the one-off incident; it is the slow burn of constantly doing lifting. These are really extraordinary things, and I am really delighted to see the great planning that has been done. They can take patients up to 250 kilograms, and our CPAV ones take the 250-plus patients.

The manual handling WorkCover cost for Ambulance Victoria was about \$5 million over the past three years, but it is the most common WorkCover claim that is made. To make an investment that puts a hydraulic lift in every single ambulance across the state of Victoria is going to make a really significant difference to the injury rate and the patient experience as well. I have been really delighted to see the training that is being done as well as paramedics becoming more accustomed and learning how to better transport a patient to one of the hydraulic lifts as well.

Ms WARD — Thank you. I know an area of interest to many people in the community is response times. If I can ask you to look at budget paper 3, page 89, right down the bottom you have got the Response Time Rescue Fund. Can you outline what that funding is to be spent on?

Ms HENNESSY — Yes, I can. In December last year, when we completed the work that had been done with the ambulance policy and performance committee, we announced that we would fast-track the \$60 million Response Time Rescue Fund initiative to improve response times. The position we were in was, having done the very important work of identifying the things that needed to change in order to make Ambulance Victoria a great place to work, to improve response times and to rise to the challenges of both the clinical capability and the physical and mental capabilities of our paramedics, that we wanted to really get on with implementing the recommendations that came out of that work.

Essentially part of that funding that we brought forward goes to the expansion of clinicians in Ambulance Victoria's secondary triage service to assess and to link the more non-urgent 000 callers to alternative services, and that will ultimately free up ambulances to provide faster responses to the sickest patients. Through that work, and through the very important work that we did through the reform process identifying some of the unnecessary demand that was being placed upon our paramedics, we also understood that you need to actually have another form of healthcare support and oversight for non-life-threatening emergencies, so we have also put funding into providing alternative and more appropriate care options for patients who in health we call low acuity and in the real world we call non-life-threatening emergencies to save unnecessary ambulance dispatch. These include things like using after-hours GPs for people who do not need a paramedic and an emergency 000 lights-and-sirens call-out.

We are putting some trials of more responsive models of care in rural communities with paramedic community support coordinators, and we have started those trials both in Warracknabeal and Wedderburn, and we trialled one in Nagambie as well over Christmas and at Easter. We have developed a country first responder initiative to make sure that we are just rolling out training for community members in first aid, how to provide basic life support, how to administer a defib in the event that you are present at the time of a cardiac arrest.

We have provided some additional support for our paramedics — more than 52 000 hours of additional training. Really important. Our paramedics used to get one day of training a year to cover clinical, OHS, risk management, dealing with ice-affected patients. It simply was not enough, so we are making a big investment in additional hours of training, focusing both on occupational health and safety and on mental health. But we are very focused on seeing what can be done to reduce occupational violence and aggression.

We have put 6.91 million in capital funding to purchase an additional 26 ambulance vehicles. I have spoken a little bit about those before, but it is essentially about putting more ambulances on the road to be able to better respond, to help with this really tricky point around changeover that we were noticing that was ultimately resulting in a paramedic being caught somewhere and not being able to respond to a potential code 1 callout, and making sure that we have actually got the physical facility, the physical infrastructure, to be able to do that. They are really important investments that we have made.

Ms WARD — Who did you consult with when deciding on these initiatives?

Ms HENNESSY — Look, the ambulance performance committee really went through and identified, ‘What are the things that need to be done that will make a difference?’, so paramedics, independent clinicians around rebuilding a model — —

The CHAIR — Order! The Deputy Chair until 12.42 p.m.

Mr MORRIS — Budget paper 3, page 217, which is the output. Minister. On 23 March you announced a deal had been done with the ambulance union on the work value case, and that amounted to \$54 million back paid to 1 July 2015 with additional increases on 1 July this year and again on 1 December this year. Can you confirm to the committee that the cost to the budget in 2015–16 is \$54 million and advise the committee what the cost to the budget is in 2016–17, 17–18 and 18–19; and also, where are the amounts provided?

Ms HENNESSY — Long story short, Mr Morris, but funding around the work value case — as you were aware, early this year, with the assistance of the Fair Work Commission, there was a series of work value recommendations that were made. That funding does not appear in the budget. The work value funding is held in a central contingency fund. That will be paid to Ambulance Victoria upon resolution of the EBA, which we expect to be done in coming weeks. Ambulance Victoria will receive supplementary funding to cover the full costs of the work value outcome. The first 10 per cent wage adjustment has been paid to paramedics. The back pay component of the work value outcome, which was payable from 1 July 2015, will be paid in the coming weeks.

In terms of the full cost, the figure you mentioned was a figure I mentioned in making that announcement of our estimate at that point. The ultimate full cost, which the rest of your questions really go to, cannot be determined until we have got the resolution of the EBA. You might be aware that the Fair Work Commission made a recommendation around the EBA. The next EBA expires at the end of this year. They made a recommendation in light of the work value adjustment that 2.5 per cent for future EBAs would be something that ought be considered. That is the offer that the government has made. We are hopeful of resolving that in the next couple of weeks, and then we will be in a position to be able to do the final costs.

Mr MORRIS — Thank you. But setting aside what might beyond the end of this year, the 54 million is a known cost. As you mentioned, it was in your media release — —

Ms HENNESSY — Yes.

Mr MORRIS — and it was some weeks before the budget was brought down. I am wondering why it was not included in the budget.

Ms HENNESSY — It is in contingency, Mr Morris, because this was a matter that was identified in Labor’s financial statements before the election, so an allocation was made in the contingency, anticipating an outcome around the fair work determination, so that is money that will be identifiable and paid, and the issue is 54 is around correct at this point in time but we will be making a full allocation once the EBA has been settled.

Mr MORRIS — Minister, presumably even as part of the negotiations you have an estimate of the cost to the budget. I am wondering if you could provide that to the committee. On notice I am happy to take it.

Ms HENNESSY — If I can furnish any greater granularity around those estimates, Mr Morris, I would be more than happy to do so.

Mr MORRIS — That would be helpful. Thank you.

Mr D. O'BRIEN — Minister, the ambulance costs of the performance measures are outlined in budget paper 3, page — —

Ms HENNESSY — Sorry, Mr O'Brien, I did not hear the start of your question. I did hear someone hopefully not fall over, because we are trying to reduce demand on our ambulance services.

Mr D. O'BRIEN — Checking we do not need an ambulance, but no, I think it is all okay. Budget paper 3, page 217, refers to performance data and performance targets, but there is more up-to-date data released by you of course through the performance figures, which for quarter 3, 2015–16 shows that code 1 response times have dropped by 5 seconds over the last year. The benchmark, as you know, is 85 per cent of callouts should reach the caller in less than 15 minutes. Only 12 of 79 LGAs achieved that benchmark and 27 local government areas had a decline in their response time over the last year, not an increase. As you have said, you do not use the word 'crisis' lightly, but that is actually still going backwards in those areas. How do you explain those declines when you said you would fix the system?

Ms HENNESSY — Mr O'Brien, it is about the trend and improving response times, and I make the case that response times have improved every quarter since we have come to government when you compare the data to the same period in the previous year. To go to quarter 3, 15–16 response time data, that was released on 29 April, it shows that 75.6 per cent of code 1 callouts were responded to within 15 minutes and the average statewide response was 13 minutes and 1 second. So that is not to say that we do not have particular regions in Victoria where we have significantly more work to do, but unlike the previous government where this data was not published, it is about gaining back every second that we can.

Now the reason that we look across a longer period of time as opposed to just by the quarter is that we have great seasonal variability. Things like a flu impact upon that — —

Mr D. O'BRIEN — Yes, I understand that, Minister, but as I said this is comparing the same quarter last year to this quarter this year. I understand it needs time and everything but we are now 18 months into the government's term and 27 local government areas are actually going backwards.

Ms HENNESSY — No, on state average we have had — —

Mr D. O'BRIEN — State average, yes, but — —

Ms HENNESSY — State average we have improved the data quarter on quarter. Now there are significant improvements in many local government areas, but the areas that we do have more work to do — —

Mr D. O'BRIEN — Twelve actually.

Ms HENNESSY — The areas that we do have more work to do are in some of our outer growth corridors and some particular regional locations. We know that. I might ask Tony — —

Mr D. O'BRIEN — Well, I can give you a couple that have gone backwards.

Ms HENNESSY — Yes?

Mr D. O'BRIEN — Maribyrnong, Maroondah, Melbourne. They are not outer areas.

Ms HENNESSY — And many have gone forward, Mr O'Brien. I do not contest for a moment that there is significantly more work to do, but you cannot expect after four years of our ambulance response times being what they were under the previous government that these can be turned around overnight.

Mr D. O'BRIEN — Okay. Minister, code 2 performance data shows a fairly dramatic decline in the average response times, with 44 local government areas showing a reduction in their response times from a year ago. Why have code 2 response times declined in so many LGAs?

Ms HENNESSY — I am going to ask Tony, our acting CEO of Ambulance Victoria, to talk to the code 2 issues, but I should also say that some of your data assertions are not ones that I necessarily accept.

Mr D. O'BRIEN — Well, they are from your response data.

Ms HENNESSY — Yes, absolutely. I am talking about the trend that is occurring, though.

Mr D. O'BRIEN — I can read them out for you if you like. There are 44 local government areas that have actually gone backwards and I can start at the top — Alpine, Ballarat, Banyule, Baw Baw, Boroondara — —

Ms HENNESSY — How many have gone forward?

The CHAIR — Mr O'Brien, perhaps if Mr Walker is allowed to answer the question.

Mr WALKER — Thank you, Chair. So our code 2 performance in a number of areas is variable. Some of it is to do with the change in our dispatch arrangements. So our focus on trying to meet our code figure 1 performance means that the code 2 cases may in those cases take longer to get to. But our primary focus is obviously getting to the sickest people as quickly as possible and from time to time that can impact on code 2 performance.

Mr D. O'BRIEN — So that was actually what I was going to ask. So has there been, effectively, to put it bluntly, a sacrificing of code 2 performance to get code 1 improved?

Mr WALKER — Our focus is always on code 1 performance. Our system is built around prioritising to the sickest patients every time and that has always been and will continue to be our primary focus. The changes that we have just recently implemented around dispatch grid changes will actually allow us to better match some of those patients to other services and provide a quicker response.

Mr D. O'BRIEN — So what specifically has changed with dispatch for code 2?

Mr WALKER — So we are now putting our code 2 patients through secondary triage, which allows us to understand what their particular needs are. So rather than having to send an emergency ambulance and wait for that, we can actually target a clinically appropriate response to those patients, which may be a non-emergency patient transport vehicle or it may be an alternative service provider.

Mr D. O'BRIEN — Okay. Minister, very quickly in the time left, going back to code 1 —

Ms HENNESSY — Sure.

Mr D. O'BRIEN — one of those LGAs, Corangamite, went from 41 per cent meeting the target a year ago to 32.4 per cent, so a significant — about a quarter — reduction. Why is there such a decrease in somewhere like Corangamite?

Ms HENNESSY — In terms of specifically what has occurred in Corangamite, I would have to ask Mr Walker. More generally, we certainly have work to do. So on our state average we are better quarter on quarter but we have some areas where we need more work to do. Looking at it from an LGA perspective is not always the most useful insight as well, because — —

The CHAIR — Order! Dr Carling-Jenkins until 12.46 p.m.

Dr CARLING-JENKINS — Welcome back, Minister.

Ms HENNESSY — Thank you very much.

Dr CARLING-JENKINS — I would like to direct your attention to budget paper 1 'Overview' on page 20, where reference is made under the section on ambulances. It says and I quote —

Ms SHING — Budget information paper 1.

Dr CARLING-JENKINS — Yes, that is right.

The government is improving ambulance response times —

which we spoke about today —

with more paramedics, better conditions, more vehicles and better stations.

Through the budget then I was looking specifically around the ‘more paramedics’ part. I am a daughter of a retired paramedic so I understand the pressures of overwork, the burnout, the impact of overtime on families et cetera and the frustrations when there are not new paramedics coming through. You mentioned retention during your presentation, which I agree is also very important, but I wonder if there is work in this budget specific to recruitment.

Ms HENNESSY — Around retention?

Dr CARLING-JENKINS — No, around recruitment.

Ms HENNESSY — Around recruitment.

Dr CARLING-JENKINS — This mentioned around ‘more paramedics’.

Ms HENNESSY — Yes, there is as part of the growth funding that Ambulance Victoria will receive. There will be an increase in the number of paramedics that are recruited. I have the figures here that someone has just kindly passed me — —

Dr CARLING-JENKINS — Fantastic.

Ms HENNESSY — I know that we have this figure. So we have recruited 234 new grads and increased on-road clinical staff by 4.4 per cent. So that has taken us to a total of 3329 full-time equivalent. We expect to hire 257 in 2015–16, and Ambulance Victoria makes their recruitment decisions based on what those operational requirements are. Our focus in terms of reform is on making sure that our paramedics are the best trained clinical paramedics for emergency — —

The CHAIR — One minute.

Ms HENNESSY — I thought you said ‘Point of order’.

Dr CARLING-JENKINS — Let’s not have a point of order on this subject.

Ms HENNESSY — We miss Phil Davis. So there will be a significant increase in the number of paramedics that Ambulance Victoria will recruit. I think the other important point in light of reform — there is also going to be very significant growth in the non-emergency sector, so that is Royal Flying Doctor Service, NEPT and other providers that health services often directly procure as well. But in terms of will there be more paramedics? Yes, there will, and we would anticipate around 257 next year.

Dr CARLING-JENKINS — Two hundred and fifty-seven. And are they from new recruits generally, or do you also recruit from existing paramedics — from interstate, for example?

Ms HENNESSY — I might have to get Tony to answer that question. I do know that our paramedics are amongst the best trained in the world, and we are always at risk of other jurisdictions pinching them, and so that is why we —

Dr CARLING-JENKINS — Have to work on retention.

Ms HENNESSY — are very committed to ensuring that we have retention.

Mr WALKER — The majority are new graduates, although we do have paramedics that are coming back into the industry or some from interstate as well.

Dr CARLING-JENKINS — Thank you. So returns as well?

Mr WALKER — Yes.

Dr CARLING-JENKINS — It is a good strategy. I do not have — —

The CHAIR — Sorry, you have got 30 seconds. I jumped the gun earlier. My apologies.

Dr CARLING-JENKINS — No, that is okay. I have 30 seconds. I was going to ask another question around the helicopter services — the increased costs for the emergency helicopter, on budget paper 3, page 82. You did mention in the budget presentation the new rotary contract, so I just wondered if I could get more detail on that, perhaps on notice.

Ms HENNESSY — Yes, I will. I might hand over to Frances, who delightfully manages the contract. But largely I think it comes from the new fleet of — —

Ms SHING — On notice.

Ms HENNESSY — On notice, okay.

Dr CARLING-JENKINS — It is a new fleet? Okay, thank you.

Mr DIMOPOULOS — Minister, the hearings have revealed that when you look at each quarter compared to the previous year our ambulance response times are better, so we are gaining ground. In BP3, page 225, I just wanted to ask you — and you may have explained this previously, but I got a bit lost in the translation back and forth with Mr O'Brien — why the expected outcome in 15–16 on that page is 77.1 per cent for code 1, which is lower than the target of 85. Can you explain why that is?

Ms HENNESSY — Simply because it is going to take a long time to turn our response times around. I think 2008 was the last time, and I stand to be corrected on that figure. Certainly upon coming to office response times being at 74.1 per cent were the lowest on the mainland. We have now finally released ourselves from that dubious title, and what we have done is we have mapped out a pathway to reform. We have mapped out a pathway to investment as well. As I said, our quarter 3, 15–16, response times show that 75.6 per cent of code 1 call-outs are responded to within 15 minutes.

In terms of the target that is identified in the budget paper, we are on a mission to improve response times every single quarter. We have done that every single quarter since we came to government. I do not run away from some of the places that we have challenges in our response times, but we are very committed to improving those. We are still way short of government targets and community expectation, but we are very steadily improving response times that have not been there since about 2008.

Mr DIMOPOULOS — Thanks, Minister. So do I take it that the 85 per cent target was put in previous to — —

Ms HENNESSY — Yes. It is longstanding, over many governments.

Mr DIMOPOULOS — Longstanding, yes. So it is not that this government put it in and is not meeting it. On that, I also note — just note rather than question — that the 77.1 per cent 15–16 expected outcome is still significantly better than the actual outcome in 14–15, so it demonstrates your point about it being a progression upwards.

Finally, and slightly parochially, can you tell me what the stats are for my community? I do not know whether you do it by electorates.

Ms HENNESSY — Monash? Okay. Not by electorates, Mr Dimopoulos, but I know that you are Monash.

Mr DIMOPOULOS — Monash Health, yes. Just in the next half a minute if you can.

Ms HENNESSY — Someone very helpfully has provided me with the quarter 3, 15–16, performance data, which shows that the average code 1 response time in the Monash local government area is 11 minutes and 26 seconds, so that is an improvement as compared to the same period last year. The response times have steadily improved since the change of government. The average code 1 response time in 13–14 before the change of government was 12 minutes and 15 seconds, and so we are 39 seconds faster.

Mr DIMOPOULOS — Thank you very much.

Ms SHING — Thanks, Minister. I might just take you very quickly to BP3, page 78, and the Response Time Rescue Fund initiative, in particular the issues around occupational violence. They have received significant press coverage, and it is something which has actually prompted a significant amount of action. Can you advise what action has been taken to reduce workplace injuries in the paramedic workforce, including but not limited to occupational violence? I am very happy to have that taken on notice if you get to the end of the minute and we are cut off and you are not in a position to continue.

Ms HENNESSY — On occupational violence investment, the second round of the occupational violence fund will be available for the workforce. We have gone from one day's training for paramedics under the previous government to five days training. It is very important that we are supporting our paramedics in dealing with people with very challenging drug and alcohol conditions or aggression that is being demonstrated. Our investment in the hydraulic lifts and the new CPAV vehicles will go to a reduction of the musculoskeletal injuries. But more generally, Ms Shing, it is morale, and it is the morale of not having industrial disputes and a breakdown in your relationship with management besetting Ambulance Victoria that I think is absolutely critical.

Mr D. O'BRIEN — Just quickly, Minister, going back to the Corangamite issue, can I get the answer to that taken on notice, please, of why there was that reduction?

Ms HENNESSY — You sure can.

Mr D. O'BRIEN — Thank you.

Mr T. SMITH — I will return to a previous question, Minister — I want to direct it at Mr Wallace — and that is the paramedic work value case, BP3, page 217. We know that in the 2015–16 budget it is \$54 million, and again we would like to know from Mr Wallace: what is the cost to the budget in 2016–17, 17–18 and 18–19?

Mr WALLACE — At this stage there has been no funding put into the department's budget.

Mr MORRIS — We are asking for your estimates.

Ms SHING — An informed speculation. You might not like it.

Mr MORRIS — The finance manager of the department should have an idea.

Mr WALLACE — I do not have an estimate, and we have not been funded yet by the Department of Treasury and Finance, because the agreement has not been voted up yet and the enterprise agreement has not been finalised.

Mr MORRIS — So you have agreed to sign an EBA but you do not have any clue what it is going to cost. Is that what you are telling us?

Ms HENNESSY — The EBA is not done, Mr Morris.

Mr MORRIS — The finance man for the department says he does not know what it is going to cost.

Ms HENNESSY — The EBA expires at the end of this year. You might be talking about the previous EBA.

Mr MORRIS — The one that you announced with much fanfare in March.

Ms HENNESSY — That would be the Fair Work Commission's recommendations about the work value case.

Mr MORRIS — Yes, and that is what we are asking about.

Ms HENNESSY — Yes, and Mr Wallace — —

Mr MORRIS — And we are asking Mr Wallace what his estimates are.

The CHAIR — Order, Deputy Chair. The minister is answering the question.

Ms HENNESSY — And Mr Wallace has explained that — —

Mr MORRIS — But we are actually asking Mr Wallace; we are not asking the minister. The minister was not invited to join the conversation.

Ms HENNESSY — Mr Wallace is very competent and capable of answering himself.

The CHAIR — Order! Mr Wallace, to continue.

Mr WALLACE — What I have indicated to the committee is that we have not been funded for that amount at the moment, so if it is an inquiry about our department's budget, there has been no funding provided in the department's budget at this stage.

Mr MORRIS — But we are asking you what your estimates were.

Mr T. SMITH — This is a process called 'Estimates'.

Mr WALLACE — I do not have estimates — —

Mr MORRIS — And the question is directed to Mr Wallace, not the minister.

Mr WALLACE — I do not have estimates with me.

Mr MORRIS — You don't?

Mr WALLACE — No.

Mr MORRIS — Can you provide them on notice?

Ms HENNESSY — If we can furnish that information to you, we will.

Mr MORRIS — No, no, not 'If'. I am asking: can we or can we not have that information on notice?

Mr WALLACE — I will obviously discuss that question with the minister. Yes, we will take it on notice.

Mr MORRIS — Thank you. Can I, in the remaining time, direct a question to the acting CEO. The reference is budget paper 3, page 224, which is the output page. I am just wondering how you measure workforce satisfaction, particularly incidences of bullying.

Mr WALKER — We have undertaken surveys with our staff to get a sense of the level of engagement from them. We had about 48 per cent of our workforce participate in a recent survey to provide that information to us. We are also, with regard to bullying, putting in place a range of changes to ensure that we are capturing all the information around that. That includes providing opportunities for people to provide whistleblowing-type arrangements through other agencies or through a third-party group to be able to ensure people feel safe to be able to raise the issues so that we can properly investigate and identify them.

Mr MORRIS — Can you just indicate the frequency of the surveys?

Mr WALKER — We participate in the People Matter survey as it is run every two years, and we have been undertaking our own internal survey as well. So our plan is to run it on an annual basis, with our plan to do our own survey as well, to give more granular level of reflection.

Mr MORRIS — So effectively it will be rolling year on year.

Mr WALKER — That is correct.

Mr MORRIS — Is it possible to provide the committee with the aggregate data from the surveys?

Mr WALKER — I will take that on notice. Certainly.

Mr MORRIS — Thank you.

Mr D. O'BRIEN — Ms Peake, in budget paper 3, page 225, there is a footnote comment that says there has been 'a reduction in emergency ambulance availability'. Can you explain what that is?

Ms PEAKE — I might actually ask Mr Wallace just to take you through that.

Mr WALLACE — So which budget paper are we on?

Mr D. O'BRIEN — Budget paper 3, page 225. In the footnote it says the outcome was lower than expected 'due to a range of interrelated factors including growing demand for emergency ambulance services and a reduction in emergency ambulance availability'.

Ms DIVER — I can answer that, if it helps. I think what that is referring to is ambulance availability for response times, so to respond to patients. They are only able to respond to patients if they do not currently have a patient with them or if they are not engaged in waiting to offload a patient into an emergency department. So response times are affected by the amount of time that an ambulance is available.

Ms PENNICUIK — Thank you, Chair. Welcome back, Minister, and members of the staff and the acting CEO. I would just like to say on behalf of most Victorians who do have interaction with the ambulance service at some stage, and certainly I have with my family members, I thank all the paramedics for the great work they do under sometimes very stressful circumstances. We have talked a little bit about response times, and sometimes the response time might be good but the hold-up might be at the hospital. If you look at the budget 'Overview', page 20, in fact on that particular page, just above the 'Ambulances' heading, is the statement:

Demand for emergency departments continues to increase, and additional funding for hospitals will ensure everyone gets the treatment they need.

And then following on from that are all the initiatives you have outlined in terms of your commitment to improving ambulance services. So my question is: is there any reduction in the amount of ramping at emergency departments, and is that affecting emergency response times, because in terms of getting the patient to the hospital, what happens if they actually cannot get out of the ambulance?

Ms HENNESSY — Yes, the two are very interrelated. The good news is that we have abolished bypass because that simply transferred peak demand periods to another emergency department, and so that has been successfully rolled out.

The next measure is the transfer of the patient once they are at an emergency department, and we are expecting to meet the target of 90 per cent. So that is a 2.2 per cent improvement in that performance. We are really delighted with that. I do want to pay tribute to the work that Ambulance Victoria and our health services have done together. We have done things like put ambulance arrival boards in our major EDs so our EDs then know what is coming in terms of who is in an ambulance and what kind of treatment they will be required to have.

The removal of hospital-initiated bypass has also made a really significant difference, but always at times of peak demand that is the part of the equation that comes under pressure, and that is influenced then by what is in the ED. But I am delighted to say that we have had a 2.2 per cent improvement and we would anticipate meeting our target of 90 per cent transfer times within 40 minutes.

Ms PENNICUIK — In terms of that, do you have any idea of the absolute numbers in terms of what the number was trending at, say, a couple of years ago and what it is at now in terms of what is referred to as ramping?

Ms HENNESSY — Look, I know that it was bad, if I can put it in those sophisticated terms. But we had two issues. We still had bypass in the system. Now no other state has hospital bypass. Bypass was one of those things that was introduced to give emergency departments kind of like an emergency valve when there was pressure in the system, but unfortunately it formed its way into, 'That's the way that we do things around here'. We did a lot of work this year with Ambulance Victoria, our paramedics and those that run our EDs and hospitals to abolish the bypass.

As I said, we still have some more work to do around getting greater granularity of information to our emergency departments so they know the acuity of what is coming in, but both ramping and very, very long transfer times were again another feature of the blocks in the system. But they are rightfully an important part.

Part of our reform work is actually trying to get Ambulance Victoria and our hospitals acknowledging that we are all part of one system, and the early signs are good.

The CHAIR — Order! I would like to thank the witnesses for their attendance: the Honourable Jill Hennessy, Minister for Ambulance Services, and Ms Peake, Mr Wallace, Mr Walker and Ms Diver. The committee will follow up on any questions taken on notice in writing. A written response should be provided within 14 calendar days of that request.

Witnesses withdrew.