Public Accounts and Estimates Committee | 2022–23 Budget Estimates Inquiry

Questions taken on notice and further information agreed to be supplied at the hearings

Portfolio - PREMIER Witness - Mr ANDREWS Committee member - Mr NEWBURY Pages of transcript 17 – 19

Question:

Mr NEWBURY: Premier, Budget Overview, page 1, explains part of the reason for funding in health is:

So that every Victorian has ... confidence that an ambulance will arrive in their hour of need ...

Since October last year a 47-year-old man died in October; a 14-year-old girl died in October; a 23month-old girl died in November; a 43-year-old man died in November; a 49-year-old man died in November; a little boy died in November; a 51-year-old man died in December; a man, 39, died in January; a 21-year-old man died in January; a 61-year-old man died in January; a 51-year-old man died in January; a baby died in January; a 42-year-old woman died in January; a 74-year-old man died in January; an 82-year-old man died in January; an 84-year-old man died in March; an Orbost man died in March; and a 14-year-old girl died in April—and there will be other cases in April. Premier, what do you say to the families when you call them?

. . .

Mr ANDREWS: In these matters I am confident that Ambulance Victoria will have engaged with those families. And of those families who wanted to speak with me, of course I would make myself available, but there are—

... I am more than happy to take on notice and provide you with any relevant information—that Ambulance Victoria would have engaged and will be as we speak engaged with those families.

Answer:

When there is a death or adverse incident related to Ambulance Victoria's operations, it is Ambulance Victoria's practice to reach out to families in line with open disclosure obligations that apply to all public health services when an adverse event occurs.

In addition to reaching out to families, Ambulance Victoria undertakes a review of the incident to better understand what happened and why. Ambulance Victoria meets with families to discuss what happened and importantly learn from and improve so that those issues never happen again.

At all times Ambulance Victoria is respectful of a person's wishes and circumstances. In some instances, Ambulance Victoria may be unable to reach the family, after attempts to contact. In other circumstances, the family may request that engagement is held over or advise it is not required.

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Question:

Mr NEWBURY: Ms Houghton, when these deaths were occurring, when did you first advise the Premier there was a problem?

Ms HOUGHTON: Thank you. The government had done a number of things across not just this budget but through last year as well in terms of getting further ESTA call takers to increase call takers, particularly on ambulance call takers—

Mr NEWBURY: My question was in relation to October onward.

Ms HOUGHTON: Yes. So October last year there was a budget submission to increase call takers for ESTA. In March 2022 there was a further budget submission to increase call takers for ESTA, specifically, both ambulance and also police. And in this budget there was a further increase—\$333 million—to increase support for ESTA as a system, both IT capability and governance, as well as more call takers on the ground.

Mr NEWBURY: Did you provide advice at any time, considering almost all of those deaths occurred before the budget submission, between October and March, to bring forward that money?

Ms HOUGHTON: From October to March there were two submissions to increase the funding-

Mr NEWBURY: I am not asking about budget submissions. I am saying, if people are dying, did the government consider bringing forward money to stop people from dying?

Mr ANDREWS: Well, that is not a question to the Deputy Secretary. I am the Leader of the Government. If you want to ask what the government—

Mr NEWBURY: I asked-

Mr ANDREWS: With the greatest of respect, the Deputy Secretary is not in a position to speak for the government, so if the question is about what the government was doing, then I am happy to—

Mr NEWBURY: I asked about advice.

Mr ANDREWS: Well, that question has been answered. I am happy to, on notice, provide you with a full accounting of all the different supports, and the health minister may be able to take you through this in some detail as well.

Answer:

The Victorian Government has continually invested in ESTA to support it in its essential role in our emergency services system. While the Emergency Services Telecommunications Authority Capability and Service Review (the review) has been underway, the Victorian Government has continued building on its investments across the healthcare system, and in ESTA, to ease the pandemic pressure across the system. A summary of those investments is below.

May 2021

In the 2021-22 Victorian Budget, the government provided \$46.140 million to ESTA to support the recruitment of 43 new FTE to meet increased demand for services, the delivery of upgrades to ESTA's computer-aided dispatch capabilities and services to support ESTA's call-taking and dispatch staff's health and safety and accommodation costs. The 43 additional FTE are already operational.

October 2021

In October 2021, the Government provided a further \$27.5 million to address increased pressure and demand, caused by the pandemic. This included strategies to boost immediate call-taking and dispatch capacity during surge periods, immediate technology solutions to make services more efficient, increased training for existing staff, and the delivery of a targeted workforce recruitment campaign.

To support this investment and ESTA's transformation, its executive leadership was refreshed in October last year with the appointment of a new Chief Executive Officer (CEO), Stephen Leane and the appointment of Debra Abbott into a new Deputy CEO role. Importantly, they both have extensive emergency management experience, which aligns with recommendations of the Report, and have been working tirelessly on the operations of the organisation, including swiftly implementing the programs of work and improvements funded by the Victorian Government.

March 2022

In March 2022, the Government announced a significant package focused on recruiting and training more ambulance call-takers and providing them with greater and better support, such as additional trainers, managers and more administration support for the challenging and vital job they do. This uplift in call-taking and dispatch staff capacity is an important step towards delivering the improvements recommended by Mr Ashton.

A workforce recruitment campaign is already underway filling new positions—which includes more than 50 positions in ambulance call-taking and dispatch. All the new positions will come online by mid-2023. This extra capacity will mean a more consistent and stable number of call-takers rostered on each day, and more workers to draw on for overtime and extra shifts to meet higher call volumes. It is also enabling a new supervision structure to better support call-takers in this highly complex environment, improving call answer speeds and ensuring patient safety remains paramount.

The Government has also delivered funding for community awareness campaigns to redirect nonemergency calls to other channels such as the Department of Health's Save 000 and Managing COVID at Home campaign and Victoria Police's When You Need Us, But Not The Sirens, Police Assistance Line campaign.

May 2022

The Government announced further investment in the Victorian Budget 2022-23, bringing the new funding provided this year to \$333 million for ESTA workforce and services.

With this funding, we will recruit and train 400 new staff to increase Triple Zero call-taking and dispatch capacity across the state for ambulance, police and fire services. This includes the funding allocated in March to increase capacity in the ambulance line.

This record funding will bolster call-taker and dispatch capability and provide an uplift in supervisory and corporate roles to support the workforce growth.

It will mean more trainers and team leaders, build better support and surge capability during busy times and provide further wellbeing support to look after our hardworking frontline staff. Funding for IT and security systems will also support ESTA to upgrade its operations.

These investments will deliver faster, better care for Victorians.

In addition, the Victorian Government has invested in supporting ambulance services to respond to changing demand patterns due to the coronavirus pandemic.

2021 funding commitments include:

- \$759 million in the Victorian Budget 2021/22 for more paramedics, triage care and support staff for Ambulance Victoria, and to improve patient flow through emergency departments, including:
 - \$266 million to respond to growing demand for ambulance services
 - \$204 million to boost Ambulance Victoria's operational resources and trial a telehealth pilot.
- \$34.79 million in October 2021 to meet demand for patient transport by utilising additional existing Ambulance Victoria contracted non-emergency patient transport (NEPT) vehicles and enabling NEPT and emergency services staff to respond with Ambulance Victoria paramedics.

2022 funding commitments include:

- \$124 million in the Victorian Budget 2022/23 to put more paramedics on the road and improve ambulance performance, including:
 - \$99 million to meet the growing demand for ambulance services
 - \$12 million to establish a second Mobile Stroke Unit to be located at Monash Health.
- \$34.79 million in January 2022 to support the continuation of Ambulance Victoria surge workforce models and to bring forward the recruitment of 120 paramedics over the two-year period to support coronavirus demand.

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Question:

Mrs McARTHUR: Well, the question was to this budget, but anyway we will move on. Premier, are you aware of or can you confirm, given you did refer previously to research in the health area, the recent award of a contract to record and analyse highly sensitive personal data of Victorians, including health information, namely the Victorian Population Health Survey?

Mr ANDREWS: What I am going to do, Mrs McArthur, if it is okay with you, is I am going to give you a couple of thoughts that are me testing my memory. But this survey, if I remember correctly, is a periodic piece of work that is done under the provisions of the Public Health and Wellbeing Act, I believe. I am not aware of the contract that you are referring to. If what I have said to you is in any way not accurate, then I will correct that, and if there is anything I can relevantly add about this particular piece of work, then I will undertake to do that.

Mrs McARTHUR: That is very kind of you, Premier. Maybe I could help you a little. Given the current security environment, do you believe it would be appropriate for a contract like this to be awarded to the wholly owned subsidiary of a Chinese research firm?

Mr ANDREWS: Well, I do not know necessarily that the inference you are drawing is an accurate one or a particularly fair one. This is a de-identified process. I think that, again, rather than me speculating on these matters, it is probably best that, rather than me testing my memory about the piece of work you are referring to, if we can add anything relevant then we will. I think this is not a compulsory survey; it is voluntary. It will be de-identified, it will bring together information from all manner of different sources and it will try and give us a picture of burden of disease data, trends, what we are going to need to do in the future, challenges we faced in the past—all of those sorts of things. It is a snapshot in time—if we are talking about the same thing, and I freely concede we may not be. So let me check that, and we will come back to you. But the nationality of a company is a fact—or its investment structure or parentage, as some might call it. But I think we all need to be very careful when we make assumptions about these things.

Mrs McARTHUR: Well, just to help you out of with a bit more information, Premier, it is on a significant scale—34 000 people are interviewed usually—and in recent years the contract was won by the Social Research Centre, part of the Australian National University, which does abide by all the relevant Australian privacy and security regulations. So the issue is: should this sort of data collection go offshore to a foreign state?

Mr ANDREWS: Well, I do not know-

Mrs McARTHUR: When you do the research, perhaps you can let us know.

Mr ANDREWS: Well, I can try and do that, but the more and more you are assisting me in my process of trying to forensically examine my memory of these matters, going back more than a decade now, I think we are talking about the same study. In a broader sense, Mrs McArthur, the procurement policies of my government are to make sure that anyone who wins a tender applies by all of Victorian law, which includes privacy law, which includes the Health Records Act, and which includes all manner of other safeguards to protect the civil liberties, the rights and freedoms, the privacy, the charter rights of anybody and everybody right across our state. So if you were, in the view of procurement officers, unable to deliver against those very well known and well established criteria, otherwise known as the law of our state, you would not win that tender. It is my experience, in that department and across all departments, that the procurement officers, those who do this work, take those responsibilities and those obligations very, very seriously. Again, I would not necessarily draw conclusions, some of which you seem to be drawing, but if I can add anything then I am more than happy to try and do that. But I think the term 'offshore' might have been misused in the question, if I might, with the greatest of respect. I do not know that that is what is occurring here at all.

Mrs McARTHUR: Well, Premier, could you perhaps help us out here. Has the assessment of risk in non-compliance changed in that area?

Mr ANDREWS: Not that I am aware of, no.

. . .

I am sure you would appreciate—again, if I can add anything, I will. I know you will have the Minister for Health before you at a later point, and you can speak to him. He has far more direct, if you like, line responsibility for procurement activity within his department, or indeed he may not have any involvement in this. This might be something that is ticked off at a departmental level well away from him. In any event, I am not aware of any changes, and if the broader question were to be put to me, Mrs McArthur, 'Do we take these things any less seriously today than we did yesterday?', the answer is no. Privacy, security, using data for the purpose for which you sought it, being clear with people, maintaining confidence in these sorts of processes is very, very important. It has always been important to me and to us.

Mrs McARTHUR: Excellent, Premier, so we can be assured that in no way has this company that has been given the contract been de-identified and that the proper ownership of this company has not been identified?

Mr ANDREWS: I want to try and provide you with any and all assurances I can provide you in the fullness of time. To the extent that the offshore interests of this company are relevant, then I am sure they have been taken into account by very hardworking procurement officers who try and make the best decisions they possibly can. But I am not aware of the company. I am not aware of or involved in the tender. I think you and I are talking about the same body of work, but I need to go and check that, and if I have got anything further to add, in the spirit of goodwill I am more than happy to do that.

Mrs McARTHUR: Very generous, Premier, thank you very much.

Answer:

The Victorian Population Health Survey is an important component of population health monitoring that provides an annual assessment of the health status and wellbeing of adults in Victoria. Every three years, the survey is undertaken at an enhanced sample size to enable detailed reporting at the local government area level.

Participation in the survey is voluntary. The information collected in the annual survey is used to inform policymaking, planning, reporting, and evaluation by a wide range of stakeholders across Victoria.

Information is collected via computer-assisted telephone interviews where adults who reside in private dwellings across Victoria are randomly selected, and one adult per household is invited to participate.

The company selected to undertake this survey until 30 June 2024 have established expertise in large-scale survey research, characterised by sound methodological, operational, and analytical rigour.

Government and departmental purchasing guidelines were followed in the contract preparation and the selection of the supplier, including consideration of conflict-of-interest declarations, financial checks, and undertaking a Local Jobs First assessment.

The company in question has been registered as an Australian Private Company in Victoria since 2000.

To undertake the survey, the company has partnered with a Research Group who will be responsible for conducting the fieldwork for the survey. The Research Group is also registered in Australia.

The Research Group will source the mobile phone numbers and conduct the telephone interviews to capture the data for the survey. For this reason, no personal information is kept or seen by the company in question.

In addition, a cyber security assessment was conducted as part of the tender process and the submission from the company in question was assessed as acceptable. A privacy impact assessment will also be completed before the survey interviewing commences.