Contents

Letter to the NSW Health Department

Ms Robyn Kruk
Director-General
NSW Health Department
Locked Mail Bag 961
North Sydney NSW 2060

Dear Ms Kruk

I have pleasure in submitting the Ambulance Service of New South Wales' Annual Report for the year ended 30 June 2004, including financial statements, as certified by the Auditor-General of NSW.

The report was prepared to comply with the provisions of the *Annual Reports (Statutory Bodies) Act 1984*, the *Public Finance and Audit Act 1983* and is consistent with the statutory requirements for annual reporting as provided by the NSW Health Department.

Greg Rochford
Chief Executive Officer

The Ambulance Service of New South Wales

2003/04 HIGHLIGHTS

- During 2003/04, total responses by the Service were more than 928,000, an increase of 8.1 per cent over the past two years.

- The 2004 National Patient Satisfaction Survey results indicate 98 per cent of our patients were "satisfied" or "very satisfied" with the service received.

- 289 trainee ambulance officers and six patient transport officers recruited.

- 22 additional ambulance officers and 10 clinical training officers/technical educators appointed to rural and regional locations.

- Introduction of a new rapid response program in Sydney effective in reducing response times to patients requiring advanced clinical intervention.

- Introduction of clinical performance indicators.

- Implementation of variations to clinical practice and clinical risk reporting.

- 24 hour Clinical Risk Advice Line introduced to support reporting procedures for adverse clinical incidents and variations to clinical practice.

- Results of statewide audit into aspirin administration to cardiac patients were extremely positive.

- Renewed focus to engage the community and allied health care providers in the development and improvement of services.

- Workforce Planning Unit established to strategically plan and implement staffing and recruitment programs.

- New ambulance station built at Yamba. Stations relocated to new dwellings at Barraba, Collarenebri, Finley, Hay, Lightning Ridge, Brewarrina and Queanbeyan.

- Public Benevolent Institution status granted to the Service.

- 24 hours a day, seven days a week complaints hotline established. Phone: 1800 269 133

FUTURE INITIATIVES

- Increase clinical skills for operational staff.

- Continued roll out of rural staffing enhancements.

- Completion of Rotary Wing Review and revision of contract arrangement.

- Continue in-field clinical audit and devise clinical practice improvement projects to improve performance in specific areas of clinical practice.

- Expand clinical performance monitoring to include three additional clinical indicators.

- Final planning to be completed for replacement stations at Campbelltown, Paddington, Port Macquarie and Ryde.

- Conclude the mobile data radio network implementation for Sydney and the Central Coast.

- Examine options for the expansion of the Ambulance Wide Area Network, to provide each station with access to the Service Intranet.

Vision
Excellence in pre-hospital care.

Mission
As an integral part of the State's health system, we will provide responsive, quality emergency clinical care and support for patient transport, rescue and retrieval services through:
- quality of service.
- meeting community needs.
- valuing our people.
- organisational performance.

Our Corporate Values
We put our patients first by:
- caring.
- respecting people.
- working together.
- showing accountability and responsibility.
- focusing on community satisfaction.
- fostering technical and professional excellence.
- ensuring equity of service provision.

Our Objectives
- To deliver high quality clinical care, patient transport and retrieval services.
- To work in partnership with the community, other health and emergency service organisations and our stakeholders.
- To develop and support our staff to lead, manage and deliver quality pre-hospital care.
- To continually improve performance and value by optimising our organisational structure, business processes and systems.

Our Stakeholders
- Patients and those close to them.
- The community, including special needs groups, interest groups and disadvantaged groups.
- Our employees and their families.
- Our employees' industrial organisations.
- The Ambulance Service Board.
- All levels of government including the Minister for Health, other members of parliament, and local government.
- Other health care providers.
- Suppliers of goods and services to the Service.
- Other emergency and community services.
- Interstate and overseas ambulance services and health authorities.

Guarantee of Service
- Maintaining a 24 hour a day pre-hospital emergency care, medical retrieval and health related transport system.
- Ensuring that in an emergency the Service will urgently dispatch ambulance officers to provide treatment as rapidly as possible. For non-emergencies, ambulance officers will be dispatched as soon as possible within a reasonable time, according to the patient's condition.
- Improving or maintaining the health of patients in pre-hospital care and during transport to hospital or other health facilities.
- Providing accredited rescue services to specific locations throughout New South Wales.
- Coordinating aeromedical responses and retrievals as part of overall air ambulance services.
- Respecting the privacy and confidentiality of any personal information held about our patients.

Our History

1881 The Board of Health established a service to transport infectious disease cases to isolation wards.

1887 The Army Medical Corps gave a public demonstration of first-aid and, as a result, a proposal was made to form the first Sydney based civilian ambulance brigade which attended major sporting events only. Despite this, the Army still had to bear the brunt of dealing with most casualties. Following an accident at a military review where a person fractured their leg and required treatment and transport, it became apparent that a full-time civilian ambulance service was needed.

1894 The Redfern Bicycle Club had the first bicycle ambulance and as one report stated "it could reach the scene with dazzling speed". A meeting was held and the Civil Ambulance and Transport Brigade was formed to provide an ambulance service. The Brigade's motto was "For Love of Life".

1895 The Civil Ambulance and Transport Brigade commenced operations with officers occupying part of an old police station in George Street, Sydney. Their equipment consisted of one hand pushed litter. This Brigade is considered as the direct forebear of the Ambulance Service of New South Wales (photo below left).

1902 The Brigade serviced the population residing within 20 miles of Sydney and travelled over 9,000 miles during the year, treating more than 2,000 patients. Many other ambulance stations opened around Greater Sydney, all operating and administered as separate ambulance services.

1904 The Brigade had a name change to the Civil Ambulance and Transport Corps.

1912 The Corps operated its first motor ambulance (photo below right).

1914 World War I was declared and the Corps' equipment and vehicles were given to the State Government.

1919 The Corps dealt with the pneumonic influenza epidemic and did so with dedication and government help. Society began to rely on an ambulance service being there in times of need (photo below centre).

1921 A further name change took place with the Corps becoming the NSW Ambulance Transport Service Board.

1937 Two-way radios in ambulances were introduced, allowing more rapid response times to patients.

1941 The first Ambulance Cliff Rescue Unit (the originator of rescue services within NSW) was formed.

1960 Dedicated Ambulance Rescue Units were introduced.

1961 The Ambulance Training School was established and conducted by the NSW Ambulance Transport Service Board to standardise ambulance officer training. The School was located in the Board's offices on the second floor of Central District's Headquarters building.

1967 The Air Ambulance Service took off - literally!

1976 Paramedic ambulance officers and intensive care ambulances were introduced in Sydney.

1977 The integration of ambulance services into the Health Commission (State Government) occurred with the implementation of the *Ambulance Services Act 1976* and the formation of the New South Wales Ambulance Service. All Ambulance employees became section 14A employees of the Health Commission and not public servants.

1983 Helicopters were first used to help reach and treat patients.

1985 Advanced life support officers were introduced into city areas and soon after to other areas of the State.

1986 The Special Casualty Access Team (SCAT) was introduced.

1991 Every ambulance in NSW was equipped with a defibrillator.

1993 Ambulance motorcycles were introduced in Sydney's central business district.

1995 The Service celebrated 100 years of saving lives and caring for the people of NSW.

1997 The Service directed medical operations at the Thredbo disaster which involved emergency services from around the country.

1998 Implementation of Computer Aided Dispatch (CAD) system. The Service received VETAB accreditation for courses run by the Ambulance Education Centre. Introduction of paramedics in rural areas of NSW. Medical Retrieval Unit established. Patient Transport Service introduced.

1999 Celebrated 20th anniversary of women serving as uniformed officers in the Service. Successful statewide implementation of the Computer Aided Dispatch (CAD) system and commissioning of operations centres.

2000 Sydney Olympic and Paralympic Games. The Service's officers and support staff help to make them the best Games ever!

2001 Auditor-General report on the Service focuses on our vision and review.

2002 Comprehensive review of the Service's operations for optimum efficiency and response times. Commence implementation plan of medical priority dispatch procedures.

2003 The Clinical Governance Committee, a sub-committee of the Ambulance Service Board was established. Administration of NSW Health Counter Disaster Services transferred to the Service.

2004 Rapid response tier implemented in Sydney metropolitan area. Workforce Planning Unit established. Clinical performance indicators introduced.

In the 2003/04 year, the Ambulance Service of New South Wales has again achieved significant improvements in organisational capability. The Board and Executive are proud of the achievements that have seen the strengthening of the clinical support structures available to staff, the continuation of the four-year program of enhancements to services in rural and regional NSW and the introduction of rapid responders in Sydney.

It has been pleasing to see the development of systems that improve the safety and quality of care provided to our patients. In 2003/04, the Service has focused on better evaluating the quality of clinical services provided to the community, through the introduction of clinical performance indicators, implementation of clinical practice and risk reporting and establishment of a 24-hour advice line for staff. Further resources have been directed to clinical governance and patient safety in 2004/05.

In recent years, developments to our Service have been challenged by increasing demand for emergency and non-emergency services. During the reporting year, requests for emergency assistance through the 000 emergency line rose by 3.9 per cent or an additional 24,000 emergency responses compared to the previous year. Similar growth in demand for non-emergency services was experienced at 3.2 per cent, equating to an additional 9,000 responses.

In the Sydney Division, the Service has built on the reforms of recent years to meet the growth in demand for services while managing the additional strain on resources resulting from slower hand-over times at hospital emergency departments. While there is no doubt that response time performance is affected by pressures on other areas of the health system, it is anticipated that a range of internal initiatives, alongside the NSW Health sustainable access strategy will address many of the underlying causes.

The introduction of rapid responders, a new tier of emergency resources, has extended response capacity. Rapid responders are specially trained advanced life support officers or paramedics that can respond quickly to emergency calls and make an early assessment of the patient and the corollary resources required. Rapid responders are often able to call off further ambulance resources if the patient's condition allows, making responding stretcher ambulances available to attend other 000 emergencies.

In rural NSW, the Service commenced the roll out of the Government commitment for an additional 230 positions over four years with the deployment of 32 additional officers in 2003/04. These additional resources have seen the start of the development of new operational models and services and the provision of much needed clinical and educational support for ambulance officers working in rural and remote locations.

The introduction of 76 positions in 2004/05 will see additional resources to 27 rural ambulance stations. Importantly, these enhancements will allow Ballina, Tuncurry and Taree to become 24-hour stations. In addition, 28 positions will go to the enhancement of patient transport services in the Illawarra, Central Coast and Hunter regions. This will free up emergency front-line resources from non-emergency transport demands.

In our ongoing effort to deliver a better service to the people of NSW, significant developments have been effected during the past year which could not have happened without the considerable efforts of a wide range of people. These are described in more detail throughout this Annual Report.

We would like to take this opportunity to thank our committed and professional staff and volunteers, for their continued dedication in the delivery of pre-hospital care. We also thank the community who assisted ambulance officers in the care of the sick and injured as well as the community representatives who continue to provide a valuable contribution to the way we do business.

Finally, our thanks are extended to Board colleagues for their leadership, support and governance and Departmental and Ministerial staff, for their significant assistance during the year.

Barrie Unsworth
Chairman of the Board

Greg Rochford
Chief Executive Officer

Year in Review

Total Activity

Average daily response activity recorded across the State over the past three years is shown in Figure 1 and includes both emergency and non-emergency responses.

During 2003/04, total responses by the Service increased by 3.6 per cent from 2002/03 to over 928,000. This is 33,000 more responses than in 2002/03 (895,000) and 69,000 additional responses compared to 2001/02 (859,000). This represents an overall increase of 8.1 per cent over the past two years.

During the 2003/04 period, there has been a corresponding 2.4 per cent increase in the total number of incidents to over 786,000 compared to 2002/03 (768,000) and a 6.3 per cent increase in incidents compared to 2001/02 (739,000).

Sydney and Northern Divisions experienced a 3.5 per cent growth in total incidents while a slight decrease in total incidents was seen in Western and Southern Divisions.

The Service, similar to other health providers, experiences strong demand during the colder winter months, particularly from the very young and elderly age groups. This additional workload arising from winter months is evident from the peak in demand during the months of July and August.

Factors contributing to increasing demand include growth in the total NSW population and an ageing population with an associated increase in rates of illnesses.
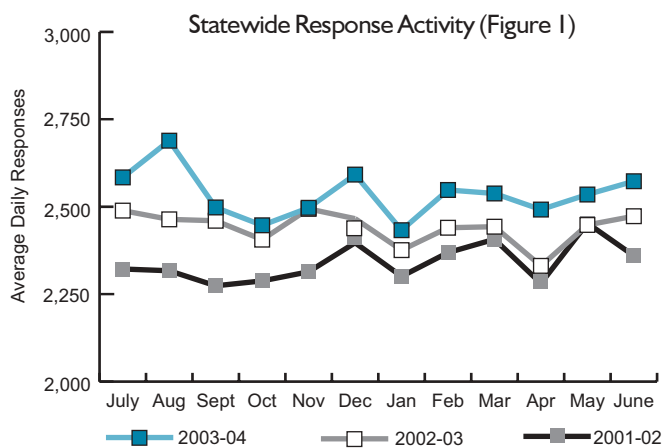
Statewide Response Activity (Figure 1)

Note: Activity data is recorded per month and presented as a daily average to remove the influence of longer and shorter months.

Explanatory Note

The Service records a higher number of responses than incidents as some incidents require multiple ambulance resources. For example, a report of a motor vehicle accident involving four patients may result in two, or more, ambulances responding to the incident.

The Service also records a higher number of incidents than patient transports. This is because not every incident requires a patient to be transported to hospital. In the above case of the motor vehicle accident, all four patients may be uninjured, requiring no ambulance transport.

Emergency Activity

Emergency activity is defined as emergency calls received via the 000 network.

During 2003/04, emergency responses by the Service increased by 3.9 per cent from 2002/03 to over 634,000 responses. This is 24,000 responses more than in 2002/03 (610,000) and 45,000 additional responses compared to 2001/02 (589,000). This represents an overall increase of 7.6 per cent over the past two years.

Average daily emergency response activity recorded across the State over the past three years is shown in Figure 2.

During the 2003/04 period, the Service responded to 515,000 emergency incidents, an increase of 2.1 per cent compared to 2002/03 (505,000) and a 4.9 per cent increase in incidents compared to 2001/02 (491,000).

Sydney and Northern Divisions experienced the most significant growth in emergency activity.

Statewide Emergency Response Activity (Figure 2)
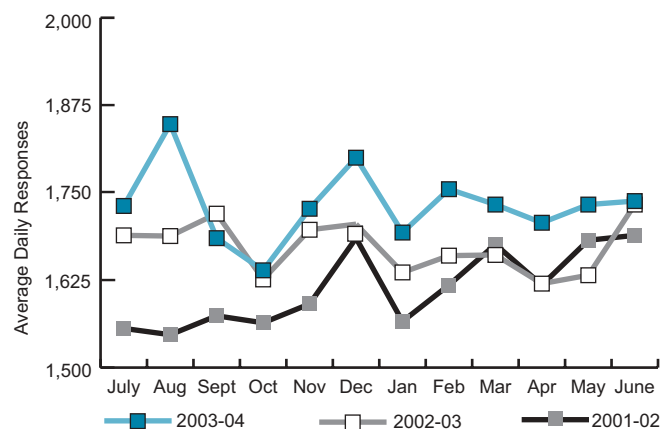
Note: Activity data is recorded per month and presented as a daily average to remove the influence of longer and shorter months.

Definitions

Incident	A call or calls to one specific location for ambulance assistance or transport (where at least one ambulance resource has been initiated).
Response	An individual ambulance resource dispatched to an incident.
Emergency Activity	All calls received via the 000 network - 'lights and sirens' response.
Non-Emergency Activity	Calls not received via the 000 network, predominantly scheduled patient transfer services and out-patient appointments.

Non-Emergency Activity

Non-emergency activity is defined as those calls which are not received via the 000 network, and predominantly include scheduled patient transfer services and out-patient appointments.

During 2003/04, the Service provided over 294,000 non-emergency responses across the State. This is an increase of 3.2 per cent compared with 2002/03 (over 285,000 responses) and 24,000 additional responses compared to 2001/02 (270,000). This represents an overall increase of 8.9 per cent over the past two years.

Total non-emergency response activity recorded over the past three years is shown in Figure 3.
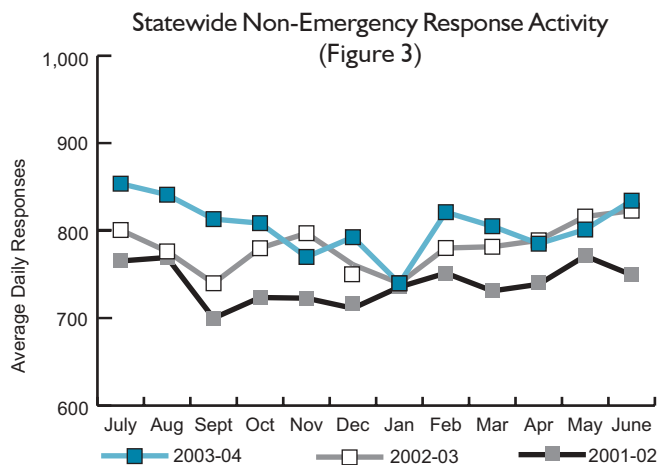
Following the introduction of the dedicated non-emergency Patient Transport Service (PTS) across Sydney in 2001, a significant part of the increased demand has been absorbed, allowing emergency resources to focus on emergency demand.
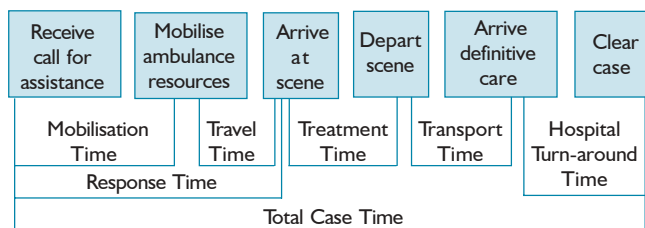
Statewide Non-Emergency Response Activity (Figure 3)

Note: Activity data is recorded per month and presented as a daily average to remove the influence of longer and shorter months.

Response Times

Response times measure the time elapsed between a call for ambulance assistance being received and ambulance resources arriving at the scene of an incident, as shown in Figure 4.

How Response Times are Measured (Figure 4)

Receive call for assistance	Mobilise ambulance resources	Arrive at scene	Depart scene	Arrive definitive care	Clear case
Mobilisation Time		Travel Time	Treatment Time	Transport Time	Hospital Turn-around Time
Response Time					
Total Case Time					

Response times across the State from 2001/02 to 2003/04 are represented in Figure 5.

Statewide Emergency Responses < 10 Minutes (Figure 5)
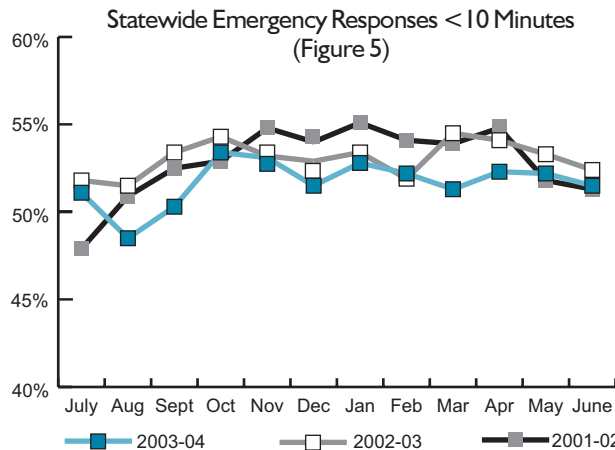
During 2003/04, 51.7 per cent of emergency calls were responded to within 10 minutes. This compares to 53.1 per cent for 2002/03 and 53.0 per cent for 2001/02. Across the State, the average response time was 11.67 minutes in 2003/04, compared to 11.45 minutes in 2002/03 and 11.48 minutes in 2001/02.

The effect of steadily mounting external pressures on response performance are evident in the 2003/04 results. These pressures include a steady increase in demand for services over recent years as the population spread to the western regions of Sydney. The Service has responded to these external pressures through the introduction of a number of initiatives including: fluid deployment practices that strategically place Ambulance resources in the busiest locations, at the busiest times; introduction of rapid responders who are able to make an early assessment of the patient and call off further resources if the patient's condition allows; and enhancement of the Patient Transport Service to free up emergency resources from non-emergency transport demands. These initiatives have prevented a further deterioration of response times.

However, the single biggest influence on response performance is slower ambulance turn-around times at hospital emergency departments in the Sydney Division (as shown in Figure 6). The NSW Health sustainable access strategy will address many of the underlying causes in due course. In the short term, a number of strategies have been instigated to ease pressure on emergency resources, such as the Emergency Department Network Access (EDNA) system, the utilisation of Ambulance Liaison Officers and the deployment of Ambulance Release Teams.

Emergency Response Times vs Hospital Turn-around Times for Sydney Division (Figure 6)

Year in Review
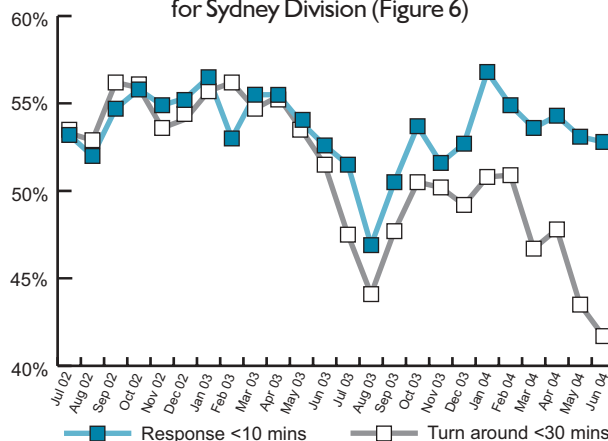
Types of Cases Treated

Caseload information is derived from the Patient Health Care Record (PHCR) system. The types of cases treated by the Service during 2003/04 have been categorised as follows and includes all cases transported by road and air.

As represented in Table 1, there has not been any real movement in activity for this reporting year within clinical groupings. Of the categories reported, "Other" represents 53 per cent of the total activity. This category includes routine transports for medical and diagnostic procedure appointments and cases where the main condition/problem did not fall within any of the other reported categories.

Types of Cases Treated (Table 1)

Clinical Grouping	2003/04	2002/03
Cardiac	45,338	44,459
General Medicine	75,865	69,415
Neurological	66,368	64,788
Respiratory	43,512	42,824
Trauma	116,312	118,972
Other	386,547	396,422
TOTALS	733,942	736,880

Age and Gender

Similar to 2002/03, there is a near equal distribution of male and female patients transported overall. As may be expected, there are more males treated in every category except for the 81 years and above category, where the female population survives the male population and makes increasing use of health care services. The largest single transport category was males between the age of 61 and 80, which is also consistent with the previous period.

Transports by Age and Gender (Table 2)

Age (years)	Gender			Totals
	Female	Male	Unknown	
0-20	35,809	44,241	1,338	81,388
21-40	53,200	58,370	522	112,092
41-60	52,591	66,821	332	119,744
61-80	106,496	114,772	578	221,846
81+	94,414	57,543	377	152,334
Unknown	8,882	10,341	27,313	46,538
TOTALS	351,392	352,088	30,460	733,942

Aeromedical Services

The Air Ambulance Service operates a 24-hour emergency and routine service using four Beechcraft Super King Air B200C pressurised, twin engine, turbine propeller aircraft. Each area of the State is serviced a number of times a week on a routine basis, according to demand levels. Coordination and planning of flights is managed 24 hours a day by the Aeromedical Operations Centre. In some areas of the State the Service contracts the Royal Flying Doctor Service (RFDS) based at Dubbo and utilises the Victorian Air Ambulance Service depending on the location of the patient and availability of aircraft. The clinical condition of a patient determines if the transfer is on an urgent or routine basis and whether the transport is by road, fixed wing or rotary wing (helicopter) aircraft.

Fixed Wing Aircraft Activity

The number of patients transferred by fixed wing aircraft in 2003/04 increased by five per cent compared to the previous period, as shown in Table 3, representing an additional 262 patients.

The classification of 'urgent' incorporates priority one patients, those who require immediate transport for clinical management (eg multiple trauma, premature labour) and priority two patients, those who require transport to a receiving hospital within six to twelve hours (eg unstable angina). 'Routine' patients are classified as those able to wait for the next routine flight to the area (based on their clinical condition).

Fixed Wing Aircraft Activity (Table 3)

Fixed Wing Aircraft	2003/04			2002/03		
	Patients	Flights	Hours	Patients	Flights	Hours
Air Ambulance - Urgent	2,515	1,891	*	2,358	1,731	*
- Routine	2,074	400	*	1,980	374	*
Total Air Ambulance	4,589	2,291	5,689	4,338	2,105	5,434
RFDS (Dubbo) - Urgent	807	624	*	835	632	*
- Routine	136	44	*	107	28	*
Total RFDS (Dubbo)	943	668	1,267	942	660	1,209
Victorian Air Ambulance	188	171	159	178	162	149
Total Fixed Wing	**5,720**	**3,130**	**7,115**	**5,458**	**2,927**	**6,793**

* Breakdown of Air Ambulance hours into urgent and routine not available as one flight may include a combination of one or more patients of various priorities.

Helicopter Activity

The NSW aeromedical helicopter network comprises nine helicopters operated by six non-government charitable organisations (NGOs), which provide services under contract to the Service.

The Aeromedical Operations Centre tasks helicopter activity across the State. The Service, through the NSW Department of Health, has contracts with external operators to provide helicopter services out of Sydney, Wollongong, Newcastle, Tamworth, Lismore, Orange and Canberra. Both the Service and NSW Health provide clinical crews for the helicopters.

As shown in Table 4, 158 additional patients were transported by helicopter in 2003/04 compared to 2002/03, an increase of six per cent. CareFlight Sydney responded to the largest increase in demand (up 25 per cent), transporting 100 additional patients. ChildFlight also experienced a significant 15 per cent increase in demand. CareFlight Orange recorded a 40 per cent increase (however it should be noted that this is measured against a small data base and represents only an additional 31 patients).

Helicopter Activity (Table 4)

Helicopter Services	2003/04			2002/03		
	Patients	Flights	Hours	Patients	Flights	Hours
Surf Life Saving Assoc. Sydney	516	583	833	539	598	845
Surf Life Saving Assoc. Wollongong	33	59	75	74	105	172
Surf Life Saving Assoc. Newcastle	509	580	649	474	532	620
Surf Life Saving Assoc. Tamworth	120	138	271	122	138	256
Surf Life Saving Assoc. Lismore	244	257	389	234	259	396
CareFlight - Sydney	498	569	750	398	462	651
CareFlight - Orange	108	131	189	77	86	139
ChildFlight	436	478	1,003	378	402	923
SouthCare	283	300	562	293	290	532
TOTALS	**2,747**	**3,095**	**4,721**	**2,589**	**2,872**	**4,534**

Performance Indicators 2003/04

The performance of the Service is reviewed and evaluated on an annual basis against a number of key performance indicators.

Operational Performance

Performance Indicators	Report on Targets
• *E10 (ambulance to emergency call within 10 minutes)	51.7% achieved Decreased E10 a result of increase in handover times
• *E15 (ambulance to emergency call within 15 minutes)	82% achieved Decreased E15 a result of increase in handover times
• R30 (routine cases arriving no later than 30 minutes of appointment time)	55.9% achieved (2003/04 target - 55%)
Patient satisfaction score (percentage)	Target of 98% achieved
Percentage of staff trained in mental health issues	Target of 100% achieved

* Sydney Only

Clinical Capability

Performance Indicators	Report on Targets
Continue implementation of clinical action plan Implement clinical case review procedures across four operational divisions by 30 June 2004 Complete classification of consumer complaints by June 2004	Achieved Achieved
Validate and commence reporting on clinical indicators Commence reporting by 30 June 2004 on the number and percentage of patients: • with witnessed collapse in VF who respond to treatment by the return of spontaneous circulation on arrival at hospital • with ischaemic chest pain where aspirin was administered (excluding patients with contra-indications) • where the diagnosis is non-traumatic chest pain and the scene time is less than 20 minutes	Achieved
Implement statewide operational clinical audit sampling procedures Implement sampling for two clinical indicators: • the number and percentage of patients with ischaemic chest pain where aspirin was administered (excluding patients with contra-indications) • the number and percentage of cases where the diagnosis is non-traumatic chest pain and the scene time is less than 20 minutes	Achieved

Corporate Governance

The Ambulance Service Board is responsible for the corporate governance practices of the Service. This statement sets out the main corporate governance practices in operation throughout the financial year, except where indicated. The Board carries out all its functions, responsibilities and obligations in accordance with the Ambulance Services Act 1990 and Regulations 2000.

The Board is committed to better practices contained in the *Guide on Corporate Governance*, issued jointly by the Health Services Association and NSW Health.

Board membership consists of a Chair, a Deputy Chair, the Chief Executive Officer as an ex-officio member, and four other non-executive members including a staff elected representative.

The Board has in place practices that ensure the primary governing responsibilities of the Board are fulfilled in relation to:

- Setting strategic direction
- Ensuring compliance with statutory requirements
- Monitoring organisational performance
- Monitoring quality of health services
- Board appraisal
- Community consultation
- Professional development
- Providing pre-hospital services to the community.

Ambulance Service Board Membership 1 July 2003 to 30 June 2004

The Hon Barrie Unsworth

Barrie Unsworth worked for the trade union movement as Secretary of the Labor Council of New South Wales prior to entering NSW State Parliament where he served as a member of both the Legislative Council and the Legislative Assembly, and was also Minister for Transport and Minister for Health prior to becoming Premier in 1986. After leaving State politics, Barrie was appointed General Manager of radio station 2KY for eight years. Barrie is currently Chair of the Board of the State Transit Authority, a Director of Delta Electricity and Tempo Services Pty Ltd.

Greg Rochford

Greg was appointed to the position of Chief Executive Officer on 16 August 1999. He holds qualifications in nursing, law and criminology. Previous positions include a range of clinical and managerial roles in nursing, head of investigations with the Health Care Complaints Commission, policy implementation roles with the central office of the NSW Health Department and Chief Executive Officer of the Far West Area Health Service.

Jon Isaacs

Executive Coach and Mediator, Jon has over 16 years experience as a senior executive and CEO leading change in government and community sectors. Other directorships include the Sydney Harbour Foreshore Authority and Central Sydney Area Health Service. Jon is the independent chair of the NSW Auditor-General's Audit Committee and the independent Chairman of the Joint Management Committee overseeing the Rouse Hill Regional Centre development.

Angeline Oyang

Angeline directs her own consultancy company and is trained in social work and communications. She has a long history of involvement in ethnic affairs, refugee and migrant settlement. She was the Executive Director of the Hong Kong Council on Smoking and Health, a former President of the Australian Chinese Community Association and the former Secretary of the Australian Nursing Home Foundation. She now convenes the Carer's project of Chinese cancer support organisation, CanRevive.

Maria Pethard

Maria is the former chief representative for Australia, New Zealand and the South Pacific for Banca Intesa and is a lecturer at the University of Sydney. She has worked for the CSIRO and as a visiting Fellow at the Massachusetts Institute of Technology in Boston, USA. Maria is a past member of the Executive Committee and the National Congress Committee of the Finance and Treasury Association, past president of the Overseas Bankers' Association of Australia, and a Director of various public companies.

Linda Barach

As a consultant, Linda works with government and the private sector to communicate clearly and effectively with staff and the public. Linda holds qualifications in law and journalism. She has 15 years experience in publishing, media management and government policy, at both state and federal level.

Jim Arneman

Jim was elected to the Board as Staff Director in 1998 and re-elected for further terms in 2000, 2002 and 2004. He joined the Service in 1985 and has worked in the Sydney, New England and outer Hunter areas. Jim is stationed at Tea Gardens and is currently certified as an Advanced Life Support Officer. Jim has been an executive member of the Health Services Union and is Chairperson of the Ambulance Advisory Committee - Awards. Jim has also represented staff on a variety of other Ambulance committees.

Board Membership and Terms of Office - as at 30 June 2004

Board Member	Terms of Office
Chairman	
The Hon Barrie Unsworth	20.03.01 - 30.06.04
Deputy Chairman	
Mr Jon Isaacs	17.03.00 - 30.06.04
Chief Executive Officer	
Mr Greg Rochford	16.08.99 - 30.06.04
(ex-officio member)	
Board Members	
Ms Angeline Oyang	04.09.97 - 30.06.04
Ms Maria Pethard	04.09.97 - 30.06.04
Ms Linda Barach	10.11.03 - 30.06.04
Staff Elected Board Member	
Mr Jim Arneman	27.06.00 - 30.06.04

Resources available to the Board

The Board has available to it various sources of independent advice. This includes advice of the external auditor (the Auditor-General or the nominee of that office), the internal auditor who is free to give advice direct to the Board, and professional advice. The engagement of independent professional advice to the Board is subject to the approval of the Board or a committee of the Board.

Strategic Direction

The Board has in place processes for the effective planning and delivery of health services to the communities and patients served by the Service. This process includes the setting of a strategic direction for both the Service and the health service it provides.

Code of Ethical Behaviour

As part of the Board's commitment to the highest standard of conduct, the Board has adopted a Code of Ethical Behaviour to guide Board Members in carrying out their duties and responsibilities. The Code covers such matters as: responsibilities to the community, compliance with laws and regulations, and ethical responsibilities. The Board has also endorsed the Code of Conduct that applies to all employees of the Service.

Risk Management

The Board is responsible for supervising and monitoring risk management by the Service, including external and internal auditors and, through the Audit Committee, ensures that audit recommendations are implemented. A risk management plan is in place for the Service.

Committees of the Ambulance Service Board as at 30 June 2004

Corporate Governance Committee

The primary function of the Corporate Governance Committee is to ensure there are appropriate measures in place to support the Board in the fulfilment of its functions, and that the statutory functions of the Service are being effectively and efficiently performed.

Finance Committee

The primary function of the Finance Committee is to assist the Board in fulfilling its responsibilities in respect of the financial management of the Service.

Audit Committee

The primary function of the Audit Committee is to assist the Board in fulfilling its oversight responsibilities by reviewing the financial accounts, the systems or internal audit controls which management and the Board have established, and the audit process.

Clinical Governance Committee

The primary function of the Clinical Governance Committee is to assist the Board in its responsibilities to give assurances in regard to the clinical quality of care and to establish and monitor clinical quality improvement strategies.

Board/Committee Members and Attendances

Committee Members	Board Meetings (*11)		Corporate Governance Committee (*6)		Finance Committee (*11)		Audit Committee (*4)		Clinical Governance Committee (*4)	
Barrie Unsworth	(C) 11	11			(C) 11	11				
Jon Isaacs	10	11	(C) 6	6					(C) 4	4
Jim Arneman	11	11					4	4	4	4
Angeline Oyang	11	11	5	6						
Maria Pethard	7	11			11	11	(C) 2	3		
Linda Barach	7	7					3	3		
Greg Rochford	9+	9	5+	5	9+	9	**1	1	2+	2
Steve Whinfield	2++	2	1++	1	2++	2			2++	2

* Represents the total number of meetings held between 1 July 2003 and 30 June 2004.   ** Resigned   (C) Chair

\+ Greg Rochford was Acting Deputy Director-General of the Department of Health from December 2003 to March 2004.

\+ + Steve Whinfield was Acting Chief Executive Officer of the Service from December 2003 to March 2004.

Meetings attended   Total meetings while in office

Organisational Structure as at 30 June 2004

NSW Minister for Health

Ambulance Service Board
Barrie Unsworth - Chairman

Chief Executive Officer
Greg Rochford

Medical Directorate
Dr Michael Flynn

NSW Health Counter Disaster Unit
Dr David Cooper

Medical Advisory Committee

Clinical Development
- ETAMI Project
- Infection Control
- Heroin Project
- Protocol Review
- Trauma Liaison

Operations
Steve Whinfield

Operational Strategy
David Hodge
- Patient Safety
- Reform Projects
- Service Planning
- Operational Information Unit
- Clinical Quality Improvement
- Clinical Professional Development

Air Ambulance
Graeme Field

Operational Services
Mike Willis

Northern Division
Allan Loudfoot

Southern Division
Denis Beavan

Sydney Division
Ken Pritchard

Western Division
Dennis Willis

Medical Retrieval Unit
Dr Ron Manning

Executive Support Unit
Barbara Tilley

Professional Standards and Conduct Unit
Louise Ashelford

Public Affairs
Kathryn Wood

Corporate Services
Robert Gray

Finance & Data Services
Julie Newman

Ambulance Education Centre
Graham McCarthy

Human Resources
Russell Cruikshank

Infrastructure & Asset Services
Graham Hawkins

Information Systems & Support
Roger Hanssen

NSW Community

Organisational Structure

The Service operates under the aegis of the Ambulance Service Board appointed by the Minister for Health. The Ambulance Services Act (1990) and Regulations (2000) is the legislative framework under which the Service functions. The Chief Executive Officer is responsible for the day-to-day running of the Service. Functional areas include the Medical Directorate, Operations and Corporate Services.

Medical Directorate
Key responsibilities of the Medical Directorate include:
- Clinical Governance via the Medical Advisory Committee and the Clinical Review Group.
- Oversight of research and development initiatives by ambulance officers in the provision of "out of hospital" clinical care.
- Early Triage of Acute Myocardial Infarction (ETAMI) project.
- Research, education and liaison involving illicit substance abuse.
- Infection control program geared towards minimising infections and infection risk for consumers and providers of pre-hospital care.

Close liaison is maintained with the Director of Operational Strategy, the Medical Retrieval Unit (MRU) and the Ambulance Education Centre (AEC). Externally the Medical Directorate represents the Service on a wide range of strategic health committees reflecting acceptance of the role of ambulance officers in "whole of health" service delivery.

The Medical Directorate also oversees the NSW Health Counter Disaster Unit (CDU), reporting ultimately to NSW Health's Chief Health Officer. Administrative responsibility was transferred to the Service in February 2003 to address all aspects of disaster planning and response to a health emergency and was the first of its kind in the nation. Employing both Health and Ambulance personnel, the CDU also works closely with the other individual entities within NSW Health.

Operations
Operational Services
Operational Services is responsible for the delivery of front line pre-hospital care, medical retrieval and health related transport.

The State is divided into four divisions, responsible for service delivery, and administrative and business support functions. Each division is supported by an operations centre, which coordinates all resources in their particular area .

Sydney Division: Most densely populated of all divisions, encompassing Wahroonga to the north, the Blue Mountains to the west and The Royal National Park to the south.

Northern Division: Extends from the Queensland border in the north, to the Hawkesbury River in the south, including the towns of Murrurundi and Merriwa to the west.

Southern Division: Extends from Helensburgh in the north to the Victorian border in the south, west to the South Australian border.

Western Division: The largest geographical area within the Service, from the Queensland border in the north, the South Australian border to the west, Oberon and Ivanhoe to the south and Lithgow to the east.

Air Ambulance and Medical Retrieval: Aeromedical and Medical Retrieval Services consists of the Aeromedical Operations Centre (AOC), the Medical Retrieval Unit, and fixed and rotary wing resources. The AOC coordinates fixed wing activity, the majority of helicopter activity, road retrieval activity within greater Sydney, requests for medical retrieval to NSW hospitals, the provision of vechiles for NETS, an intensive care bed finding service and a Critical Care Clinical Advice Line.

Operations Centres: Located in Sydney, Charlestown (Newcastle), Warilla (Wollongong) and Dubbo. The Aeromedical Operations Centre is located at St George Hospital, Sydney.

Operational Strategy
The main responsibilities of Operational Strategy include:
- Collation, analysis and dissemination of operational performance data for Service managers and NSW Health.
- Continuous quality improvement and patient safety, including systems to effectively support officers in their clinical practice.
- Managing a clinical professional development for operational officers.
- Undertaking the early phases of special projects to enhance operational performance and provide project management support as each project is transferred to operational management.
- Developing and establishing processes for effective service planning including models for service delivery.

Corporate Services
Finance and Data Services
Responsible for the management of information and data integrity, as well as the financial resources of the Service.

Ambulance Education Centre (AEC)
The AEC, Rozelle in conjunction with training units located at Macksville, Lismore, Gilgandra, Hamilton, Point Clare, Bankstown, Bomaderry, Goulburn and Wagga Wagga provide induction and in-service training and a wide range of clinical support including workshops and clinical assistance programs.

Human Resources
Human Resources is responsible for the development and management of strategic and operational human resource policies and programs, including personnel services, workforce planning, recruitment, learning and development, equity and diversity, industrial relations and workplace health and safety management, including risk management, workers' compensation and occupational rehabilitation.

Infrastructure and Asset Services
Infrastructure and Asset Services is responsible for the forward planning and subsequent development of the Service's asset infrastructure requirements. Specific areas of activity relate to the planning, development and maintenance of the Service's real assets, implementation of the Service's fleet replacement and maintenance programs, and ensuring that the Service's communications networks and systems are operating to maximum efficiency.

Information Systems and Support
Information Systems and Support is responsible for supporting and maintaining the Computer Aided Dispatch system, including mobile data terminals, and for the purchase, deployment and maintenance of computer equipment and associated software.

The following units report to the Chief Executive Officer:
Executive Support
Provides a support function for the Chief Executive Officer and other executives and is the common interface for the Service and NSW Health and a key contact point for the Office of the Minister of Health.

Professional Standards and Conduct
Primary function is to manage serious conduct and disciplinary matters in accordance with internal and industrial policies, and the law in conjunction with appropriate operational and corporate managers.

Public Affairs
Manages media, publications, community consultation, corporate communications, resource production, special events, sponsorships, fundraising, advertising, photography and reception.

Western Division

Macquarie & Far West Sector
Baradine
Bourke
Brewarrina
Broken Hill
Cobar
Collarenebri
Coolah
Coonabarabran
Coonamble
Dubbo
Dunedoo
Gilgandra
Gulgong
Lightning Ridge
Mudgee
Narromine
Nyngan
Walgett
Warren
Wellington

First Responder
Gulargambone

Honorary
Goodooga
Ivanhoe
Menindee
Tibooburra
Trangie
Wanaaring
Wilcannia
Yeoval

Mid West Sector
Bathurst
Blayney
Canowindra
Condobolin
Cowra
Forbes
Grenfell
Kandos
Lake Cargelligo
Lithgow
Molong
Oberon
Orange
Parkes
Peak Hill
Tottenham

First Responder
Hill End

Honorary
Cudal
Eugowra
Manildra
Trundle

New England Sector
Armidale
Ashford
Barraba
Bingara
Boggabri
Glen Innes
Gunnedah
Guyra
Inverell
Manilla
Moree
Mungindi
Narrabri
Quirindi
Tamworth
Tamworth South
Tenterfield
Walcha
Warialda
Wee Waa

Southern Division

Greater Murray Sector
Albury
Ardlethan
Balranald
Barham
Batlow
Berrigan
Coleambally
Cootamundra
Corowa
Deniliquin
Finley
Griffith
Gundagai
Hay
Hillston
Holbrook
Jerilderie
Junee
Leeton
Lockhart
Narrandera
Temora
Tumbarumba
Tumut
Wagga Wagga
West Wyalong

Honorary
Moulamein

South Eastern Sector
Batemans Bay
Bega
Bermagui
Bombala
Boorowa
Braidwood
Cooma
Crookwell
Eden
Goulburn
Harden
Jindabyne
Merimbula
Moruya
Narooma
Perisher Valley
Queanbeyan
Yass
Young

Illawarra Sector
Bomaderry
Bulli
Culburra
Dapto
Helensburgh
Huskisson
Kangaroo Valley
Kiama
Ulladulla
Warilla
Warrawong
Wollongong

Northern Division

Central Coast Sector
Bateau Bay
Ettalong
Hawkesbury
Point Clare
Terrigal
Toukley
Wyong

Hunter Sector
Belmont
Beresfield
Birmingham Gardens
Boolaroo
Bulahdelah
Cardiff
Cessnock
Doyalson
Dungog
Gloucester
Hamilton
Kurri Kurri
Merriwa
Morisset
Murrurundi
Muswellbrook
Nelson Bay
Raymond Terrace
Rutherford
Scone
Singleton
Stockton
Stroud
Tanilba Bay
Tea Gardens
Toronto

Mid North Coast Sector
Bellingen
Coffs Harbour
Dorrigo
Kempsey
Laurieton
Macksville
Nambucca Heads
Port Macquarie
South West Rocks
Taree
Tuncurry
Urunga
Wauchope
Woolgoolga

Northern Rivers Sector
Ballina
Bonalbo
Byron Bay
Casino
Evans Head
Grafton
Kingscliff
Kyogle
Lismore
Maclean
Mullumbimby
Murwillumbah
Tweed Heads
Urbenville
Yamba

Sydney Division and Ambulance Station Locations

South Eastern & Central Sydney Sector
Bondi
Campsie
Caringbah
Engadine
Hurstville
Maroubra
Marrickville
Mascot
Menai
Paddington
Randwick
Rockdale
Summer Hill
Sydney Ambulance Centre

Honorary Station
Lord Howe Island

Wentworth & Western Sector
Auburn
Blacktown
Castle Hill
Colyton
Katoomba
Tregear
Parramatta
Penrith
Riverstone
Richmond
Springwood
Warragamba

South Western Sector
Bankstown
Bowral
Camden
Campbelltown
Fairfield
Green Valley
Liverpool
Macquarie Fields
Picton

Northern Sydney Sector
Avalon
Balgowlah
Belrose
Concord
Drummoyne
Lane Cove
Naremburn
Narrabeen
Ryde
St Ives
Wahroonga

NEWCASTLE

Richmond

Riverstone

Springwood

Katoomba

Penrith

Colyton

Tregear

Blacktown

Castle Hill

Westmead

PARRAMATTA

Auburn

WENTWORTH AND WESTERN SYDNEY

Fairfield

Warragamba

Green Valley

Liverpool

BANKSTOWN

Macquarie Fields

Camden

Campbelltown

Picton

SOUTH WESTERN SYDNEY

Avalon

WAHROONGA

St Ives

Narrabeen

Belrose

NORTHERN SYDNEY

Balgowlah

Ryde

Lane Cove

Concord

Drummoyne

Naremburn

Sydney Ambulance Centre

Summer Hill

Paddington

Bondi

Campsie

Marrickville

RANDWICK

Rockdale

Mascot

Maroubra

HURSTVILLE

Menai

Caringbah

Engadine

SOUTH EASTERN AND CENTRAL SYDNEY

Bowral

WOLLONGONG

Ambulance Service Executive

Greg Rochford
Chief Executive Officer
Level: SES Level 5

Greg was appointed to the position of Chief Executive Officer on 16 August 1999. He holds qualifications in nursing, law and criminology. Previous positions include a range of clinical and managerial roles in nursing, head of investigations within the Health Care Complaints Commission, policy implementation roles with the central office of the NSW Department of Health and Chief Executive Officer of the Far West Area Health Service.

Steve Whinfield
MBA
General Manager, Operations
Level: SES Level 3 (equivalent)

Having been involved with the Ambulance Service in the UK for over 20 years, Steve was appointed General Manager, Operations of the Service in February 2001. He has been involved in the operational delivery of ambulatory care for many years. Qualifying as a paramedic in 1986, he has undertaken managerial roles and held the position of Director of Operations of the North East Ambulance Service, UK.

Robert Gray
AIMM, FAIM MMgt
General Manager, Corporate Services
Level: SES Level 3 (equivalent)

Commenced with the Service on 31 May 1999 following 30 years experience in local government. Robert fulfilled many roles including that of General Manager, Assistant General Manager, Director Corporate Services and Director Community Services at two of the largest councils in New South Wales.

Michael Flynn
D Obs RCOG, D Ven, FRCGP FAFOM
General Manager, Medical Directorate and Health Counter Disaster Services
Level: SES Level 3 (equivalent) Specialist Medical

Following a 30 year career as a Medical Officer in the Royal Australian Navy, Michael was the Director, Counter Disaster and Olympic Planning Unit, Public Health Division of NSW Health prior to his appointment to the Service in February 2001. His statutory role as the State Health Services Functional Area Coordinator provides frequent contract with other emergency services in planning and delivering pre-hospital health care.

Dave Hodge
MBA
Director, Operational Strategy
Level: SES Level 2 (equivalent)

Dave commenced his ambulance service career in the UK in 1979. He was a student of the first UK paramedic course in 1985 and held numerous positions at senior and executive levels. Dave moved to Charles Sturt University to manage their pre-hospital care program in 2000 before taking up his position with the Service in 2001.

Mike Willis
BHSc, MACAP
Director, Operational Services
Level: SES Level 2 (equivalent)

Appointed as Director, Operational Services in December 2001, previously Director, Metropolitan Ambulance Services. Mike has been a career ambulance officer for over 20 years, serving at various stations throughout NSW. Trained as a paramedic in 1986, he maintained a high clinical profile in metropolitan Sydney. Following four years as Executive Staff Officer he was appointed as Sector Manager, Wentworth, Western and South Western Sydney. Previously, Mike was the Director of Operations for the Auckland Ambulance Service, New Zealand.

Julie Newman
RN, BHSc (Mgt), ASA
Director, Finance and Data Services

Appointed to the position of Director, Finance and Data Services in February 2001. Julie provides the Service with 30 years experience in the public health system in clinical, financial, human resource and data management roles.

Operational

Major Goals and Outcomes

- Human Resources coordinated the recruitment of 289 trainee ambulance officers and six patient transport officers.
- 96 ambulance officers were selected for higher clinical paramedic training.
- 33 ambulance officers selected for Rescue training.
- 10 ambulance officers selected for Special Casualty Access Team (SCAT) training.
- Two ambulance officers selected for rapid response (motorcycle) duties and 15 ambulance officers for rapid response (car) duties.
- 22 additional ambulance officers and 10 clinical training officers/technical educators were appointed to rural locations to improve service delivery to local communities.
- The Service has engaged stakeholders, the community and allied health care providers in the development and improvement of pre-hospital care service delivery. Community representatives are now actively involved in the consultation and ongoing planning of community based services to support professional Ambulance operations, particularly across rural areas.

> " *I have been a community representative for approximately three years on the Clinical Governance Committee and two other steering committees. During this time the Service has embraced community engagement and decision making processes at all levels* " Mr George Hancock, Consumer representative

- In Western NSW, the Service has provided the communities of Tibooburra and Ivanhoe with the training and support necessary to develop a fully operational honorary ambulance service to their communities.
- In March 2003, the State Government announced an additional 230 ambulance officers for regional and rural NSW to be phased in over four years (2003-2007). Enhanced modelling tools recently introduced into service planning have considered demand and projected growth and assisted the Service to determine the most effective locations for staff to be placed.
- A new rapid response program in Sydney has reduced response times for patients requiring advanced clinical intervention. Rapid response vehicles allow a single advanced life support officer or paramedic to provide early clinical treatment while further Ambulance resources respond. If transport is not required, officers provide basic treatment at the scene which allows front line ambulances to respond to other emergencies.

- First line managers have commenced major incident and scene management training implemented by the NSW Health Counter Disaster Unit based on the principles of Incident Command Systems.
- The Service has been a key participant in a whole of health strategic program designed to improve access block within hospital emergency departments. The Sustainable Access Program has a number of initiatives designed to reduce the time taken to hand over patients during periods of high demand. Initiatives include an expanded role for ambulance liaison officers and development of a patient allocation matrix and localised escalation procedures for greater flexibility and responsiveness to daily demand experienced by emergency departments.
- A destination protocol has been developed through extensive consultation with the Hunter Area Health Service and the Service's Northern Division. The protocol specifies which hospital patients should be taken to during periods of low and high demand. A demand escalation protocol has also been designed using similar processes to support this initiative. Evidence thus far has shown that the protocols provide a solid basis to minimise the impact of access block in the Hunter.
- Reforms within the operations centres have focused on improving the levels of supervision and recognising the importance of operations centre functioning in Ambulance operations. Incorporated in these reforms are upgrades of the VisiCAD dispatch system and the continued roll out of medical priority dispatch tools (MPDS).
- Divisions have been pro-active in managing industrial matters by reducing the range of industrial agreements operating across the State to create a more standardised and unified industrial environment.
- The development of Divisional Clinical Quality Committees has heralded the onset of a coordinated peer review and an evidence based quality improvement process across the four divisions. Each division is currently developing specific programs to improve patient safety and compliance with clinical indicators.

- In recognition of the value of effective cross border relationships, the Service has entered into a Memorandum of Understanding (MOU) with Rural Ambulance Victoria (RAV) to establish administrative and operational principles for cross border provision of ambulance services. The aim of the MOU is to provide for the effective co-ordination and use of Service and RAV resources in the provision of pre-hospital emergency care.
- As part of the ongoing reform of urban / regional operations the Service completed the planning phase for the introduction of the Patient Transport Service to the Illawarra, Hunter and Central Coast areas.
- Ambulance officers have joined other health professionals in the "Enhancement of Isolated Practice Program" developed in conjunction with the Far West Area Health Service and the Department of Rural Health at Broken Hill to provide relevant work-related education for health practitioners in rural, remote and isolated practices.
- Development of Protocol 3 (Urgent Transport), Protocol 4 (Trauma) and introduction of Protocol 68 (Use of Helicopter) in response to both hospital access block and severe trauma management.

- Contribution to the development of Public Access Defibrillation (PAD) technology.
- The successful commissioning of four new Beechcraft SuperKing Air B200C aircraft into fixed wing areomedical operations has enhanced the Air Ambulance Service's operational capability. The Service continues to provide extensive emergency and secondary transport to rural and remote locations utilising the expertise of the Air Ambulance Service.

- Flight nurse competencies developed.
- Acquisition and distribution of specialist retrieval equipment to regional retrieval services.

Key Issues and Events

- Review of the management structure of Aeromedical and Retrieval Services.
- Commissioning of the NSW Rotary Wing Review.
- Service's response to proposed changes in air space regulations.
- Management of the sale of the previous Air Ambulance fleet.

- The Service made a significant contribution to Exercise Explorer, the largest anti-terrorist excercise ever held in Australia which allowed the Service to test new disaster management plans developed by the integrated NSW Health Counter Disaster Unit.

Clinical Report

Major Goals and Outcomes

- The Ambulance Education Centre:
  - Inducted and commenced the Diploma in Paramedical Science Program for 251 trainee ambulance officers.
  - Conducted in-house programs in the Diploma of Paramedical Science for 348 existing officers.
  - Trained 89 paramedics and certified 25 paramedics.
  - Trained 118 Level 3C officers.
  - Conducted a range of training programs for 1,875 staff across the State (refer to page 58 for details).
  - Secured a grant of $20,000 from the Australian National Training Authority to participate in the Learnscope staff development program.
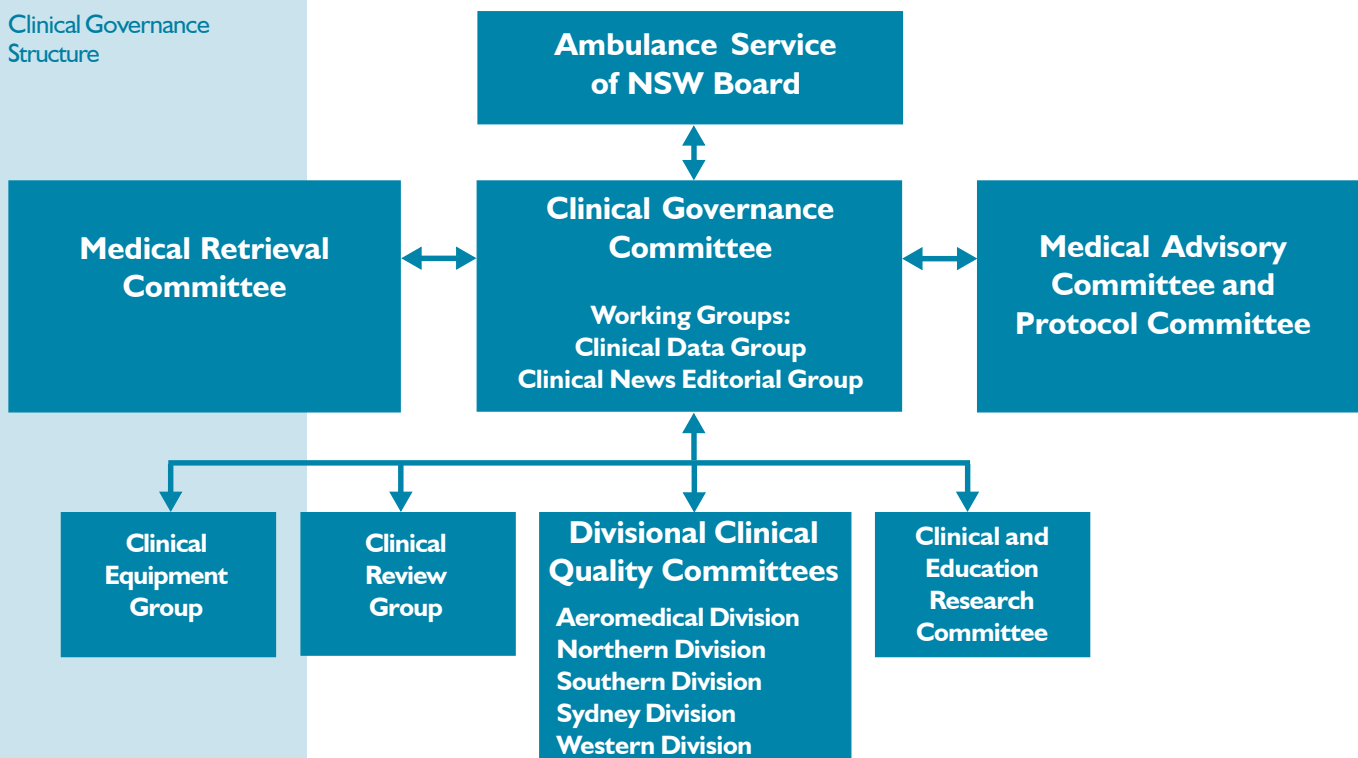
ETAMI Project

The Early Triage of Acute Myocardial Infarction (ETAMI) project aims to provide early diagnosis of myocardial infarction and early activation of an interventional cardiac care team that can insert a stent in the obstructed coronary artery and restore coronary blood flow in a minimally invasive cardiac catheter laboratory setting. The first successes of this pilot represents a significant landmark achievement for the Service.

The ETAMI pilot project commenced in Northern and Western Sydney in April 2004. On the basis of 12 lead ECG transmissions from specially trained officers, patients with confirmed actute myocardial ischaemia are transported directly to cardiac catheter laboratories for coronary artery reperfusion at Royal North Shore and Westmead Hospitals.

- Produced in-house newsletters (Clinical News, Clinical Bulletins and Safety Alerts) covering areas from clinical improvement projects, clinical policy, drug advice, pharmacology notifications and equipment safety alerts.
- Revision of roles and functions of the Medical Directorate and Medical Advisory Committee in the light of the development of the Clinical Governance Committee.
- Progressive review of all protocols and pharmacologies in accordance with the commissioning of the Clinical Action Plan.
- Commissioning of a comprehensive infection control policy.
- Expanded role of Heroin Project Officer to Illicit Substances Project Officer, including education and prevention strategies for a range of illicit drugs.
- Appointment of Trauma Liaison Officers to improve out of hospital trauma care in Sydney and the Hunter.
- As part of a project being undertaken in the Murray District of NSW, the Service's Policy for the "Management of Honorary Ambulance Services" was fully revised and now recognises three classifications of honorary officers including first responders.
- Standardised recruitment and training packages were developed for honorary ambulance officers.
- Additional training provided to support honorary officers at remote sites.
- Additional sites where honorary services would enhance response times in remote and rural communities were identified.

- The Service undertook a major review of ambulance officer certification (an essential and ongoing requirement for all officers). The certification process was modernised and remodelled as the Certificate to Practice (CTP) containing competency and continuing professional development elements, including:
  - Structured points framework for approved continuing professional development activities.
  - Enhancements to continuing professional development opportunities including reviewed clinical mentoring programs.
  - Service Level Agreement between senior Corporate Services and Operations managers that will facilitate timely ongoing certification.
  - Development of key performance indicators in regard to certification as a measure of patient safety to be included in regular reports to the Senior Executive and the Ambulance Board.
  - Finalisation of a contract for a Learning Management System with the capacity to provide on-line learning and distance education, and provide a database to record and monitor all ambulance officer certification and other educational related activities.
  - Enhanced clinical support infrastructure including additional educators, clinical training officers, and four new training units.
- An Advancing Skills Working Group was established to review current clinical capacity and practice and recommended:
  - The operational skills in the Service be reconfigured from three to two levels, paramedic and intensive care paramedic.
  - Baseline core skill set be elevated with a high priority given to advanced airway and pain management skills. This will include the introduction of the Laryngeal Mask Airway (LMA) and, pending the outcome of in-field trials, intra-nasal fentanyl for all officers.
  - Bridging pathways offered to qualified ambulance officers to paramedic level and advanced life support officers to intensive care paramedic level.
  - Development of a cardiac care strategy.

The recommendations were endorsed by the Medical Advisory and Clinical Governance Committees and approved by the Board.

Honorary ambulance officers provide an invaluable service to their local communities by supporting the professional ambulance service. Ambulance services throughout the developed world are increasingly turning to volunteers to provide life-saving services within the vital first minutes of a medical emergency.

Clinical Report

**Ambulance Service
of NSW Board**

**Clinical Governance
Committee**

Working Groups:
**Clinical Data Group
Clinical News Editorial Group**

**Medical Retrieval
Committee**

**Medical Advisory
Committee and
Protocol Committee**

**Clinical
Equipment
Group**

**Clinical
Review
Group**

**Divisional Clinical
Quality Committees**

**Aeromedical Division
Northern Division
Southern Division
Sydney Division
Western Division**

**Clinical and
Education
Research
Committee**

Clinical Governance Committee

The Clinical Governance Committee has used a Clinical Action Plan (CAP) as its main development and measurement tool to monitor progress on improvements. The CAP provides detailed guidance to all responsible managers in regard to target expectations and resource implications. The CAP has become the vehicle that ensures the Clinical Governance Committee achieves its objectives through clearly articulated requirements and coordinated effort.

Divisional Clinical Quality Committees

Five Divisional Clinical Quality Committees (DCQCs) were established for the Sydney, Northern, Southern, Western and Aeromedical Divisions. The membership of these committees include ambulance officers, medical professionals and consumer representatives. The prime functions of the DCQCs, which report direct to the Clinical Governance Committee, are to provide support to ambulance officers through effective communication and monitoring progress on issues related to:
- Patient safety key performance indicators including incident reporting.
- Clinical performance indicators.
- Certification of ambulance officers.

Medical Advisory Committee

Ambulance officers are trained to undertake a number of advanced clinical interventions in the challenging pre-hospital environment, thus contributing significantly to the continuum of clinical care. The exercise of these clinical privileges is currently governed by the authority vested with the Medical Advisory Committee (MAC), which now reports to the Board through the Clinical Governance Committee.

Membership of the MAC is drawn from a range of experienced medical officers and ambulance officers who meet to consider contemporary emergency medicine evidence based best practice from interstate and overseas.

Current MAC membership includes ambulance officers, staff from the Ambulance Education Centre and Operational Strategy Unit, and medical officers from both rural and metropolitan areas.

The MAC welcomes and encourages ambulance officers to provide input to their deliberations, thereby contributing to the further development of protocols, pharmacologies and procedures with the ultimate aim of providing the best possible pre-hospital care.

Dr Rod Bishop MPH FACEM is one of the visiting medical officers who have provided expert advice to the MAC since 1993. Rod has extensive experience as a retrieval medicine specialist with helicopter based retrieval services, and still maintains a commitment to the retrieval of critical care patients from overseas.

Sydney Divisional Clinical Quality Committee

Clinical Report

Variations to Clinical Practice

Pre-hospital care is primarily governed by protocols which, no matter how robust, cannot account for every set of circumstances confronting Ambulance personnel. It has become widely recognised that while people will occasionally make mistakes, quality improvements in clinical care are not realised where disciplinary sanctions are the main response to variations in clinical practice.

Although variations to clinical practice should be rare, the Service acknowledges that such events will occasionally occur and has deliberately adopted a supportive approach in those circumstances involving either genuine mistakes or patient focused variations to clinical practice.

The procedures developed facilitate clinical quality improvement by enhancing the confidence of ambulance officers to report and seek assistance following variations to clinical practice by moving from a 'blame' oriented culture to one of support.

Through a new procedure, entitled 'Variations to Clinical Practice' the Service received 92 reported incidents during 2003/04. The origins of those incidents are listed below.

Report Stream	Number
Self Reporting	38
Internal Reporting	29
Referred from External Sources	25
Total	**92**

- In order to facilitate the earliest possible notification of a variation to clinical practice, clinical risk or a near miss the Service has established a clinical risk advice telephone line. This provides immediate and confidential information about ambulance officer procedural management of an incident.
- Although the line had only been formally available for 20 weeks prior to the end of June 2004, 76 calls were received from ambulance officers. In most cases, the officers had provided the best possible clinical care, given the reported circumstances, but were able to discuss potentially problematic details and risks with an experienced peer.

- Clinical risk reporting provides a systematic method to identify clinical incidents, clinical near misses and sentinel events to enable specific and targeted processes to be enacted to reduce the risk of reoccurrence. If the incident has a significant impact on patient care or there is a trend of minor incidents the Chief Executive Officer will authorise a Root Cause Analysis (RCA) to be completed. The purpose of each RCA is to understand the underlying problems that might be apparent in the system so that these can be rectified and the probability of a reoccurence substantially reduced.

Clinical Performance Indicators

The Service has adopted clinical performance indicators (CPIs) to evaluate the quality of clinical services it provides to consumers. The CPIs adopted in 2003/04 all relate to cardiac care, as there is firm evidence in this particular area in regard to what ambulance services can do that should have a positive effect on patient outcomes.

This has represented an important learning experience indicating that there is a long-standing expectation in pre-hospital care that chest pain has to be present for a myocardial infarction to be occurring. The Service will adjust its educational programs as necessary to account for this perception.

Chest pain thought to be due to ischaemic heart disease where aspirin was administered

Auditing period	Denominator	Numerator	Performance %
1 April - 30 April 2004 Sample Service Performance*	1659	1354	81.6

*Sample drawn from 80 ambulance stations (20 stations from each division)

Key Issues and Events

- Undertaken statewide audit of clinical practice as a measurement of performance against three clinical indicators.
- Board endorsement for the Advancing Skills Project.
- Printed copy of Skills Manual distributed to each station and CD-rom version distributed to each officer.
- New training units commenced operations at Lismore, Bathurst, Bomaderry and Wagga Wagga.
- Clinical training officers commenced duties at Bateau Bay, Singleton, Tamworth and Albury.

- Appointment of two trauma clinical liaison officers in the Sydney and Hunter areas with funding provided by the NSW Institute for Trauma and Injury Management.
- Two additional classrooms installed at the AEC Rozelle.
- Telehealth network expanded to incorporate Lismore and Bomaderry.
- Fourteen 'SimMan' simulation manikins purchased in preparation for the roll-out of advanced airway skills through the introduction of the laryngeal mask airway.

- Acquired the Paddington Ambulance Station site from the Department of Defence in June 2004. Construction will commence in February 2005.
- New station constructed at Yamba. Queanbeyan and Finley Stations relocated to new premises. New station at Sussex Inlet near completion.

- Stations at Hay, Barraba, Brewarrina, Collarenebri, and Lightning Ridge co-located under the NSW Health Rural Hospital and Health Services Program, and planning is advanced on a number of other stations.
- Construction of a replacement station in the grounds of Forbes Hospital commenced, and the site of the previous fire damaged station was sold.
- New radio sites installed at Suffolk Park (south of Byron Bay), Timbillica (south of Eden) and Moonimbah (Evans Head).
- Ten year fleet replacement program entered its fourth year and included the replacement of the remaining Ford F series vehicles.
- Purchase of carry chairs for inclusion in all ambulances. Installation will be completed during 2004/05.
- Upgraded Computer Aided Dispatch (CAD) application completed in 2003. All operations centres were upgraded to the latest version of VisiCAD, the software forming the basis of the CAD system.
- The Office of Information & Communications Technology is deploying a dedicated mobile data radio network for the Sydney metropolitan and Central Coast areas. South Eastern and Central Sydney Sector ambulances now receive dispatch information on touch screen data terminals via the new network.

- Detailed planning commenced for the installation of a new telephone system for the Sydney Operations Centre to support the Health Access Coordination pilot. This will necessitate the interfacing of the CAD/ProQA/PSiam suite with the softphone functionality of the new PABX.
- Programming work completed to add Patient Master Index capability to the Patient Health Care Record System, as a prelude to the introduction across NSW Health of the Unique Patient Identifier. The Patient Master Index provides basic patient matching for multiple transports and consolidated billing.
- 41 ambulance stations received a new PC and laser printer from the Computer Equipment Capital Program. Approximately half the stations across the State have a PC less than three years old.
- New Local Area Network servers were installed at the three rural administration sites at Dubbo, Goulburn and Hamilton. As well as replacing equipment, new servers will accommodate future upgrades to the network operating system and the email system.
- New domain name implemented for the Service, *www.ambulance.nsw.gov.au*
- Appointment of Equipment Support Officer.

Management Report

Major Goals and Outcomes

- New Occupational Health and Safety (OH&S) policies and procedures developed and implemented for reporting work-related serious incidents, injuries or illnesses to WorkCover.
- Developed and implemented a 'Workplace OH&S Inspection Checklist' to ensure OH&S Committees conduct standardised, systematic workplace inspections.
- OH&S training focused on office/general ergonomics (385 staff), induction (312 new staff), workplace risk and hazard identification/assessment/elimination and control, and workplace/committee consultation.
- Developed and implemented competency-based risk assessment training for operational ambulance managers and supervisors.
- Completed a comprehensive risk assessment of rotary wing (helicopter) aircraft.
- Statewide improvement in workers' compensation costs by achieving a five per cent reduction in claims.
- Workplace Risk Assessment Information Package developed including OH&S Act and Regulation and Risk Management Code of Practice.
- Continued targeted entry stream trainee officer recruitment for the following groups:-
  - Aboriginal and Torres Strait Islanders (8).
  - First language other than English (3).
  - Migrant Career Development Program for overseas born applicants with previous experience in health (8).
  - Registered Nurses (18).
  - Graduates (5).
  - Qualified (7).
- Funding grant received from the NSW Department of Education and Training, under the "Elsa Dixon Program" to support operational recruitment of aboriginals.
- Management and administration training courses, conducted at State Headquarters and regional centres, continued to expand and now include computer skills training.
- Training courses focused on generic workforce upskilling in non-clinical areas to address core business areas including: team management; business and policy writing; leadership; staff selection skills; resume writing; interviewing techniques; speed reading; negotiation skills; and analysing and interpreting financial data. Sector based management development briefings were also provided to improve non-clinical capability for operational supervisors and managers.
- Managed the implementation of ICAC's Corruption Resistance Review.
- Developed new Complaints Policy and managed the statewide data complaints collection.
- Revised the Service's Code of Conduct.
- Developed Corporate Plan.
- Moved from episode centric to patient centric billing system in preparation for future trends in patient records management.
- Developed patient master index.
- Developed workforce planning database which includes past and future trends to allow for more effective resource planning.
- Salary packaging implemented.
- Implementation of new staff identification cards and increased security.
- Consumer and Public Participation Guidelines implemented, with the assistance of consumers, to effectively involve the public in decision making activities throughout the Service.
- With the assistance of the NSW Department of Education, Catholic Education Commission, Independent Association of Schools and a consumer representative, a resource kit on calling 000 has been developed for use by teachers.
- Current website reviewed and focus groups conducted to ensure new site content is relevant and improve site accessibility and navigation.
- Commenced media training for ambulance officer Media Liaison Assistants.
- Major incident media policy developed.

Disability Action Plan

Progress and Achievements

- Provided skills training for operational staff involved in treating and transporting people with disabilities; training in accommodating people with special needs; and published related articles in internal clinical publications.
- Three new stations at Queanbeyan, Yamba and Finley have been provided with physical access for individuals with disabilities in accordance with Australian standards.
- Disability awareness continued to be included in staff selection training.
- Continued the acquisition and installation of carry chairs in operational ambulance vehicles to facilitate the transport of disabled patients. Fleet fit-out almost complete.

Future Directions

- Develop relationships with non-government organisations to promote better understanding of access to ambulance services.
- Improve access and information dissemination by consulting with peak disability groups to determine information requirements.

Management Report

Key Issues and Events

- Workforce Planning Unit established to provide strategic direction on recruitment and operational staffing strategies, workforce establishment and resourcing and skills deployment.
- 49 additional peer support officers selected and trained to provide increased support to employees who may have been affected by traumatic incidents.
- Public Benevolent Institution (PBI) status granted to the Service.
- First Ambulance Chaplains' Conference held to provide role clarification, networking opportunities and an integrated approach to employee assistance support processes.

Equity and Diversity

Achievement of Planned Outcomes

- Developed and implemented policy and procedures for the integration of uniformed and non-uniformed staff during induction and orientation. This included documentation linkage to the Service's intranet.
- Workforce representation for females increased from 27 per cent to 29 per cent in the current period. There was a 0.4 per cent increase for Aboriginals (to 2.3 per cent of the workforce) and a one per cent increase to 8 per cent in people with a first language other than English. People with a disability requiring a workplace adjustment, remained the same at 0.9 per cent.

- Reasonable adjustment is included in training for selection committees, as well as disability awareness.

Key Achievements

- The Service participated in a key project from the Office of Employment Equity and Diversity entitled 'Productive Diversity in the Workplace, 2003'. A best practice diversity model based on Ambulance experience will provide leadership and guidelines for recruitment and retention of skilled migrants in uniformed employment agencies.
- The Spokeswomen's Business Plan was developed and implemented to assist women advance their knowledge and skills and support their career progression opportunities.

- Two new apprentices gained employment at the Ambulance fleet workshops under the Apprenticeship Scheme for People with Disabilities.
- Conducted a survey of family day care/child care needs of all staff for development of child care services for NSW Health.
- Training provided on the Code of Conduct and Ethics for all new staff thereby supporting an ethical and non-discriminatory workplace.

Future Directions

- Develop and implement guidelines for pregnant uniformed officers.
- Identify language issues in operational recruitment and retention and develop tools and strategies for cultural and linguistic diversity. This will integrate cultural diversity into all operations.

- Develop and implement the Aboriginal Employment Strategy, including an Aboriginal employee's network to support and retain Aboriginals in the workplace.
- Develop support mechanisms to enhance women's access to career development opportunities and career progression.

- Complete negotiation towards and implementation of the new *Administrative and Clerical Award* that will provide new salary structures for communications assistants.
- Develop and implement a three year strategic "Workforce Management Plan" to place operational staff with the required clinical skills to meet community and patient demands. This will also include new transfer policies and procedures.
- Develop and implement an enterprise-wide integrated risk management framework and related strategies and policies, including the appointment of specialised risk management advisory and educational staff.
- Develop and implement a competency based strategic leadership and management development framework.
- Implement performance appraisal policies and processes for all occupational classifications, including 360° diagnostic and assessment tools for the performance management of executives, senior corporate and operational managers.
- Develop and implement policy and procedures for:
  - Zero tolerance of workplace violence.
  - Fatigue management within Ambulance operations.
  - Fire safety and emergencies.
  - Return to work awareness training for operational staff, supervisors and managers.

- Complaints data will be fully incorporated into the Service's Safety Improvement Program.
- Implement enhanced reporting system (financial and activity data) including improved access to operational financial information for senior managers.
- Continued modification of Patient Health Care Records (PHCRs) to facilitate electronic data capture for clinical performance indicators in support of clinical governance.
- Review Standard Operating Procedures and Policy manual.
- Consolidate records statewide and develop records disposal policy in line with the State Records Act.
- Community fact sheets translated into Chinese, Vietnamese, Arabic, Italian and Greek.
- Launch new Service website.
- Develop consumer representative database.
- Complete volunteer ambulance officer media liaison training.

Ethnic Affairs Priority Statement

Progress and Achievements	- The Service continued to improve opportunities for people with cultural and linguistic diversity to participate in employment. The number of languages spoken by staff now totals 20, providing improved service delivery to culturally linguistic and diverse communities. - To facilitate service delivery the Telephone Interpreting Service was used for language support required for 000 emergency calls regarding access to ambulance services. - All new frontline staff receive Cross Cultural training as a core component of professional communication. - To meet the needs of non-English speaking communities a number of focus groups were held which included community representatives to ascertain ways of facilitating community information about ambulance services as well as site accessibility and navigation of the Service's website for information. - Patient surveys were conducted to quantify patient satisfaction with the quality and performance of ambulance services. - Multicultural Awareness Training was provided for all trainee ambulance officers and patient transport officers.
Future Initiatives	- To meet all community needs, factsheets will be translated into five identified community languages. This will assist community understanding of when to call an ambulance, the process of calling an ambulance, patient transport services and general information about the Service. - Develop further factsheets, including first aid tips. - Work with Migrant Resource Centres and other peak bodies to determine the information requirements of culturally and linguistically diverse communities. - Provide information in other languages on the Service's website.

NSW Health Counter Disaster Unit

The transfer of administrative responsibility for the NSW Health Counter Disaster Unit in February 2003 has provided new opportunities for synergy of health care provision in the out of hospital environment including making major contributions to the development of national disaster medicine policy with State funding.

The CDU provides a crucial link between front line ambulance officers, clinicians within the health system and emergency services and addresses all aspects of disaster planning and whole of health response to a health emergency.

Major Goals and Outcomes

- Comprehensive review of NSW HEALTHPLAN was undertaken. Incident Command Structure and Chemical, Biological and Radiological (CBR) issues now incorporated as part of HEALTHPLAN.
- Critical Infrastructure Risk Assessment Tool applied to critical infrastructure assets for Ambulance and Health, deficiencies identified and action plan developed.
- Critical Operations Standing Operating Procedures reviewed and updated.
- Developed Personal Protective Equipment (CBR) Disbursement and Allocation Plan for Health and Ambulance.
- Provision of mass decontamination facilities at five new hospital sites.
- In consultation with the NSW Health Epidemiology Branch, established a bio-surveillance information system and review of upgrade of the South Eastern Area Laboratory Service and Institute for Clinical and Pathological Medical Research upgrade of security and ability to detect bio-terrorism pathogens.

- Ensured communication systems were in place to deal with a bio-terrorist incident in consultation with Health Protection and Communicable Disease NSW Health.
- Implemented auto-injector replacement program.
- Developed whole of state Influenza Pandemic Contingency Plans, including SARS and Avian Flu.
- In conjunction with the Australian Nuclear Science and Technology Organisation (ANSTO), developed detailed position document in respect to off-site iodine administration and distribution.
- Update and maintain Urban Search and Rescue (USAR) equipment caches.
- Developed draft logistics plan to deploy USAR cache assets as required.
- Completed Health Counter Disaster Education plan, including the development of disaster education packages and training for key personnel in CBR issues, Special Casualty Access and USAR.
- Completed review and upgrade of Health Incident Response Information System (HIRIS) to ensure appropriate real time information availability to key personnel.

Key Issues and Events

- Strategic whole-of-health rollout of Chemical, Biological and Radiological Personal Protective Equipment and strategic upgrade/placement of hospital mass decontamination facilities.

- Developed an integrated operational plan for the Rugby World Cup 2003.
- Developed annual plan for City to Surf.

Training

Chemical, Biological and Radiological (CBR) Courses conducted during 2003/04

Course	No. courses	No. students
CBR Training	29	190
CBR Awareness	29	311
CBR Recertification	18	126
Australasian Inter-agency Incident Management Systems		
Four day course	4	96
One day course	3	70
Incident Management		
Incident Command/Leadership	4	80
Major Incidents		
Induction	6	251
Inservice 2	8	132

Exercises
Two multi-agency exercises (Exercise Shield 2003 and Exercise Explorer 2004) were conducted to test the readiness and ability of the NSW Counter Disaster Unit to respond to a terrorist attack.

Innovations
Laerdel Bag (Carbon) CBR Filters - designed as an in-line filter for intermittent positive air pressure manual ventilation of a patient trapped in a CBR atmosphere to filter the ventilated atmosphere when resuscitating.

Hot Zone Response Packs and First Responder Personal Protection Kits - A field kit to carry auto-injectors and sharps disposal containers as auto-injector sets are difficult to carry when wearing fully encapsulated Level A PPE suits required in the early phase of response to an unidentified (agent) CBR incident.

Finance

Statement of Financial Performance

The Service ended the 2003/04 financial year with an over budget result of $3.6m. This was more than the previous year. Creditors over 45 days remained at zero. The year included significant increases in employee related payments due to increases in staff numbers and Award increases.

	2004 $000	2003 $000	Movement $000	%
Expenses				
Employee Related	256,479	237,513	18,966	8%
Goods and Services	78,807	65,326	13,481	21%
Maintenance	16,009	14,249	1,760	12%
Depreciation	14,838	13,471	1,367	10%
Grants and Subsidies	433	434	(1)	0%
Borrowing Costs	227	271	(44)	(16)%
Total Expenses	**366,793**	**331,264**	**35,529**	**11%**
Revenues				
Sale of Goods and Services	72,506	72,019	487	1%
Investment Income	1,051	963	88	9%
Grants and Contributions	2,247	870	1,377	158%
Other	3,495	1,275	2,220	174%
Total Revenues	**79,299**	**75,127**	**4,172**	**6%**
Gain on Disposal of Non-Current Assets	740	132	608	461%
Net Cost of Services	**286,754**	**256,005**	**30,749**	**12%**

Significant Movements

Employee Related
The increase in employee related expenditure (8%) was due to increased staff numbers (4%) and an Award increase (5%) in July 2003.

Goods and Services
The increase in goods and services expenditure (21%) was due to significant increases in contractors, motor vehicle lease rates, interstate transport charges (Queensland) and aeromedical lease arrangements.

Maintenance
The increase in maintenance expenditure (12%) was due to increased amounts written off from capital funded projects.

Sales of Goods and Services
The increase in sales (1%) was due to an increased cost basis applied to the formula for the Motor Accident Authority contract.

Grants and Contributions
The increase in grants revenue (158%) was due to increases in revenue for the ETAMI project, Elsa Dixon Program and donation of the Kangaroo Valley Ambulance Station building by the community of Kangaroo Valley.

Other Revenues
The increase in other revenue (174%) was due to Treasury Managed Fund hindsight credits not received in the previous year.

Gain on Disposal on Non-Current Assets
The increase in gain on disposal of non-current assets (461%) was due to the insurance write-off of a damaged fixed wing aircraft.

Statement of Financial Position

In respect of Statement of Financial Position variations from budget it is noted that liabilities for trade creditors, new loans from NSW Health and provisions for leave were all above budgeted levels.

2003/04 Budget

The net cost of services budget for 2003/04 contained additional amounts for rescue services, fees restructure, general assistance, CDU project, fixed wing sale deferral and increased Queensland transport charges.

Ambulance Service of New South Wales
Financial Statements for the Year Ended 30 June 2004

Certification of Financial Statements

The attached financial statements of the Ambulance Service of New South Wales for the year ending 30 June 2004:

(i) have been prepared in accordance with the requirements of applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board (AASB), Urgent Issues Group (UIG) Consensus Views, the requirements of the Public Finance & Audit Act, 1983 and its regulations, the Financial Reporting Directions published in the Financial Reporting Code for Budget Dependent General Government Sector Agencies or issued by the Treasurer under Section 9(2)(n) of the Act, the requirements of the Ambulance Services Act 1990 and its regulations and the Accounting Manual for NSW Health and the Service;

(ii) present fairly the financial position and transactions of the Ambulance Service of New South Wales;

(iii) have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate;

(iv) do not include the impact of finance leases entered into by the Ambulance Service of New South Wales for certain modules fitted to Ambulance vehicles as detailed in Note 28. No approval was obtained from the Treasurer for these financing arrangements, under the provisions of the Public Authorities (Financial Arrangements) Act which applied at that time.

Greg Rochford
Chief Executive Officer

Barrie Unsworth
Chairman of the Board

GPO BOX 12
SYDNEY NSW 2001

INDEPENDENT AUDIT REPORT

AMBULANCE SERVICE OF NEW SOUTH WALES

To Members of the New South Wales Parliament

Audit Opinion Pursuant to the *Public Finance and Audit Act 1983*

In my opinion, the financial report of the Ambulance Service of New South Wales:

(a)   presents fairly the Service's financial position as at 30 June 2004 and its financial performance and cash flows for the year ended on that date, in accordance with applicable Accounting Standards and other mandatory professional reporting requirements, in Australia, and

(b)   complies with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act).

Audit Opinion Pursuant to the *Charitable Fundraising Act 1991*

In my opinion:

(a)   the accounts of the Ambulance Service of New South Wales show a true and fair view of the financial result of fundraising appeals for the year ended 30 June 2004

(b)   the accounts and associated records of the Ambulance Service of New South Wales have been properly kept during the year in accordance with the *Charitable Fundraising Act 1991* (the CF Act) and the *Charitable Fundraising Regulation 2003* (the CF Regulation)

(c)   money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with the CF Act and the CF Regulation, and

(d)   there are reasonable grounds to believe that the Ambulance Service of New South Wales will be able to pay its debts as and when they fall due.

My opinions should be read in conjunction with the rest of this report.

The Board's Role

The financial report is the responsibility of the members of the Board of the Ambulance Service of New South Wales. It consists of the statement of financial position, the statement of financial performance, the statement of cash flows, the program statement - expenses and revenues and the accompanying notes.

The Auditor's Role and the Audit Scope

As required by the PF&A Act and the CF Act, I carried out an independent audit to enable me to express an opinion on the financial report. My audit provides *reasonable assurance* to Members of the New South Wales Parliament that the financial report is free of *material* misstatement.

My audit accorded with Australian Auditing and Assurance Standards and statutory requirements, and I:

- evaluated the accounting policies and significant accounting estimates used by the Board in preparing the financial report,

- examined a sample of the evidence that supports:

  (i) the amounts and other disclosures in the financial report,

  (ii) compliance with accounting and associated record keeping requirements pursuant to the CF Act, and

- obtained an understanding of the internal control structure for fundraising appeal activities.

An audit does *not* guarantee that every amount and disclosure in the financial report is error free. The terms 'reasonable assurance' and 'material' recognise that an audit does not examine all evidence and transactions. However, the audit procedures used should identify errors or omissions significant enough to adversely affect decisions made by users of the financial report or indicate that the Board members had not fulfilled their reporting obligations.

My opinions do *not* provide assurance:

- about the future viability of the Ambulance Service of New South Wales,

- that it has carried out its activities effectively, efficiently and economically,

- about the effectiveness of its internal controls, or

- on the assumptions used in formulating the budget figures disclosed in the financial report.

Audit Independence

The Audit Office complies with all applicable independence requirements of Australian professional ethical pronouncements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General, and

- mandating the Auditor-General as auditor of public sector agencies but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office are not compromised in their role by the possibility of losing clients or income.

P Carr
Director of Audit

SYDNEY
29 September 2004

Statement of Financial Performance for the year ended 30 June 2004

	Notes	Actual 2004 $000	Budget 2004 $000	Actual 2003 $000
Expenses				
Operating Expenses				
Employee Related	3	256,479	251,650	237,513
Goods and Services	4	78,807	74,674	65,326
Maintenance	5	16,009	16,898	14,249
Depreciation	6	14,838	14,838	13,471
Grants and Subsidies	7	433	373	434
Borrowing Costs	8	227	240	271
Total Expenses		**366,793**	**358,673**	**331,264**
Revenues				
Sale of Goods and Services	9	72,506	71,401	72,019
Investment Income	10	1,051	962	963
Grants and Contributions	11	2,247	1,266	870
Other Revenue	12	3,495	1,475	1,275
Total Revenues		**79,299**	**75,104**	**75,127**
Gain/(Loss) on Disposal of Non-Current Assets	13	740	450	132
NET COST OF SERVICES	31	**(286,754)**	**(283,119)**	**(256,005)**
Government Contributions				
NSW Health Department Recurrent Allocations	2(d)	236,905	236,905	215,777
NSW Health Department Capital Allocations	2(d)	14,245	14,646	9,064
Acceptance by the Crown Entity of employee superannuation benefits	2(a)(ii)	18,712	18,796	17,133
Total Government Contributions		**269,862**	**270,347**	**241,974**
RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES	27	**(16,892)**	**(12,772)**	**(14,031)**
Net increase/(decrease) in Asset Revaluation Reserve		1,158	-	49,850
Total Revenues, Expenses and Valuation Adjustments Recognised Directly in Equity	27	1,158	-	49,850
TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS		**(15,734)**	**(12,772)**	**35,819**

The accompanying notes form part of these Financial Statements.

Statement of Financial Position for the year ended 30 June 2004

	Notes	Actual 2004 $000	Budget 2004 $000	Actual 2003 $000
ASSETS				
Current Assets				
Cash	16	2,821	439	2,767
Receivables	18(a)	5,646	7,179	7,836
Inventories	19	1,485	1,472	1,468
Other Financial Assets	17	1,500	1,500	700
Other	21	952	680	680
Total Current Assets		**12,404**	**11,270**	**13,451**
Non-Current Assets				
Property, Plant and Equipment				
Land and Buildings	20	127,128	126,656	127,716
Plant and Equipment	20	39,913	39,051	43,005
Total Property, Plant and Equipment		167,041	165,707	170,721
Other	21	500	505	505
Total Non-Current Assets		**167,541**	**166,212**	**171,226**
Total Assets		**179,945**	**177,482**	**184,677**
LIABILITIES				
Current Liabilities				
Payables	23	21,018	19,890	18,371
Interest Bearing Liabilities	24(a)	2,109	1,246	1,394
Provisions	25(a)	21,654	21,731	18,997
Other	26	2,609	725	725
Total Current Liabilities		**47,390**	**43,592**	**39,487**
Non-Current Liabilities				
Interest Bearing Liabilities	24(b)	1,610	2,083	2,083
Provisions	25(b)	48,225	46,109	44,637
Total Non-Current Liabilities		**49,835**	**48,192**	**46,720**
Total Liabilities		**97,225**	**91,784**	**86,207**
NET ASSETS		**82,720**	**85,698**	**98,470**
EQUITY				
Accumulated Funds	27	25,730	28,928	41,700
Asset Revaluation Reserve	27	56,990	56,770	56,770
TOTAL EQUITY		**82,720**	**85,698**	**98,470**

The accompanying notes form part of these Financial Statements.

Statement of Cash Flows for the year ended 30 June 2004

	Notes	Actual 2004 $000	Budget 2004 $000	Actual 2003 $000
CASH FLOWS FROM OPERATING ACTIVITIES				
Payments				
Employee Related		(231,522)	(231,802)	(211,880)
Grants and Subsidies		(466)	(406)	(467)
Borrowing Costs		(227)	(240)	(271)
Other		(96,216)	(97,976)	(80,274)
Total Payments		(328,431)	(330,424)	(292,892)
Receipts				
Sale of Goods and Services		68,351	72,979	64,812
Grants and Contributions		1,833	563	870
Interest Received		1,051	956	963
Other		13,624	11,389	9,080
Total Receipts		84,859	85,887	75,725
Cash Flows From Government				
NSW Health Department Recurrent Allocations		236,905	236,904	215,777
NSW Health Department Capital Allocations		14,245	14,646	9,064
Net Cash Flows from Government		251,150	251,550	224,841
NET CASH FLOWS FROM OPERATING ACTIVITIES	31	**7,578**	**7,013**	**7,674**
CASH FLOWS FROM INVESTING ACTIVITIES				
Proceeds from Sale of Land and Buildings, Plant and Equipment		1,926	450	1,010
Purchases of Land and Buildings, Plant and Equipment		(11,308)	(10,300)	(7,711)
Purchases of Investments		(800)	-	300
NET CASH FLOWS FROM INVESTING ACTIVITIES		**(10,182)**	**(9,850)**	**(6,401)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Proceeds from Borrowings and Advances		2,416	-	-
Repayment of Borrowings		(473)	(148)	(462)
NET CASH FLOWS FROM FINANCING ACTIVITIES		1,943	**(148)**	**(462)**
NET INCREASE / (DECREASE) IN CASH		(661)	(2,986)	811
Opening Cash and Cash Equivalents		2,073	2,773	1,262
CLOSING CASH AND CASH EQUIVALENTS	16	**1,412**	**(213)**	**2,073**

The accompanying notes form part of these Financial Statements.

AGENCY'S EXPENSES AND REVENUES	Program 1.1		Program 2.1		Program 3.1		Program 6.1		Grand Total	
	2004 $000	2003 $000	2004 $000	2003 $000	2004 $000	2003 $000	2004 $000	2003 $000	2004 $000	2003 $000
Expenses										
Operating Expenses										
Employee Related	71	69	253,781	235,739	50	-	2,577	1,705	256,479	237,513
Goods and Services	9	11	77,786	64,254	-	-	1,012	1,061	78,807	65,326
Maintenance	-	-	15,672	14,001	-	-	337	248	16,009	14,249
Depreciation	-	-	14,769	13,412	-	-	69	59	14,838	13,471
Grants and Subsidies	-	-	433	434	-	-	-	-	433	434
Borrowing Costs	-	-	227	271	-	-	-	-	227	271
Total Expenses	**80**	**80**	**362,668**	**328,111**	**50**	**-**	**3,995**	**3,073**	**366,793**	**331,264**
Revenue										
Sale of Goods and Services	-	-	72,506	71,968	-	-	-	51	72,506	72,019
Investment Income	-	-	1,003	963	-	-	48	-	1,051	963
Grants and Contributions	-	-	2,247	859	-	-	-	11	2,247	870
Other Revenue	-	-	3,495	1,269	-	-	-	6	3,495	1,275
Total Revenue	**-**	**-**	**79,251**	**75,059**	**-**	**-**	**48**	**68**	**79,299**	**75,127**
Gain/(Loss) on Disposal of Non-Current Assets	-	-	740	133	-	-	-	(1)	740	132
NET COST OF SERVICES	**(80)**	**(80)**	**(282,677)**	**(252,919)**	**(50)**	**-**	**(3,947)**	**(3,006)**	**(286,754)**	**(256,005)**

The name and purpose of each program is summarised in Note 15. The figures in the Program Statement are based on cost centre information sourced from the general ledger.

Notes to and forming part of the Financial Statements for the year ended 30 June 2004

1. The Service

The Service, as a reporting entity, comprises all of the operating activities of the Service's facilities and workshops under the control of the Service.

It also encompasses the Special Purposes funds which, while containing assets which are restricted for specified uses by the grantor or the donor, are nevertheless controlled by the Service.

The reporting entity is consolidated as part of the NSW Total State Sector Accounts.

2. Summary of Significant Accounting Policies

The Service's Financial Statements are a general purpose financial report which has been prepared on an accruals basis and in accordance with applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board (AASB), Urgent Issues Group (UIG) Consensus Views and the requirements of the *Ambulance Services Act 1990* and its Regulations.

Where there are inconsistencies between the above requirements, the legislative provisions have prevailed.

In the absence of a specific Accounting Standard, other authoritative pronouncements of the AASB or UIG Consensus View, the hierarchy of other pronouncements as outlined in AAS6 "Accounting Policies" is considered.

Statements of Accounting Concepts are used as guidance in the absence of applicable Accounting Standards, other mandatory professional requirements and legislative requirements.

Except for certain investments, land and buildings, and plant and equipment, which are recorded at valuation, the financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

Other significant accounting policies used in the preparation of these Financial Statements are as follows:

(a) Employee Benefits and Other Provisions

   (i) Salaries and Wages, Annual Leave, Sick Leave and On-Costs (including non-monetary benefits)
   Liabilities for salaries and wages, annual leave and vesting sick leave and related on-costs are recognised and measured in respect of employees' services up to the reporting date at nominal amounts based on the amounts expected to be paid when the liabilities are settled.

   Employee benefits are dissected between "Current" and "Non-Current" components on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

   Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

   The outstanding amounts of workers' compensation insurance premiums and fringe benefits which are consequential to employment are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised.

(ii) Long Service Leave and Superannuation

Long Service Leave is measured on a short hand basis, the "Non-Current" liability being measured at an escalated rate of 3.7% above the salary rates immediately payable at 30 June 2004 for all employees with five or more years of service. Actuarial assessment has found that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

Employee leave entitlements are dissected between the "Current" and "Non-Current" components on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

The Service's liability for superannuation is assumed by the Crown Entity. The Service accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance By The Crown Entity of Employee Benefits".

The superannuation expense for the financial year is determined by using the formulae specified by the NSW Health Department. The expense for certain superannuation schemes (i.e., Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e., State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

(iii) Other Provisions

Other provisions exist when the entity has a present legal, equitable or constructive obligation to make a future sacrifice of economic benefits to other entities as a result of past transactions or other past events. These provisions are recognised when it is probable that a future sacrifice of economic benefits will be required and the amount can be measured reliably.

(b) Insurance

The Service's insurance activities are conducted through the NSW Treasury Managed Fund Scheme of self insurance for Government Agencies. The expense (premium) is determined by the Fund Manager based on past experience.

(c) Borrowing Costs

Borrowing costs are recognised as expenses in the period in which they are incurred.

(d) Revenue Recognition

Revenue is recognised when the Service has control of the good or right to receive, it is probable that the economic benefits will flow to the Service and the amounts of revenue can be measured reliably. Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

Sale of Goods and Services

Revenue from the sale of goods and services comprises revenue from the provision of products or services, i.e., user charges. User charges are recognised as revenue when the Service obtains control of the assets that result from them.

Patient Fees

Patient transport fees are derived from inter-hospital transports, chargeable patients and patient insurers or employers, on the basis of rates specified by the NSW Health Department from time to time. Under Government policy and statutory determination, persons transported by the Service are exempt from charge if they are in receipt of a Pension Card, Pensioner Health Benefit Card or other Health Care Card or have basic hospital coverage with a registered Health Insurance Fund, contribute to the State Ambulance Insurance Plan or are interstate Ambulance Fund members. Patients are invoiced at the time of transport unless they advise their exempt status. Any debt is written back if the patient subsequently advises their exempt status.

Investment Income

Interest revenue is recognised as it accrues. Rent revenue is recognised in accordance with AAS17 "Accounting for Leases". Dividend revenue is recognised when the Service's right to receive payment is established.

Debt Forgiveness

In accordance with the provisions of Australian Accounting Standard AAS23 debts are accounted for as extinguished when and only when settlement occurs through repayment or replacement by another liability or the debt is subject to a legal defeasance.

Use of Service Facilities

Fees are charged for ambulance facilities provided for fixtures and sporting events at rates determined by the Service.

Use of Outside Facilities

The Service uses a number of facilities owned and maintained by the local authorities in the Divisions to deliver community health services for which no charges are raised by the authorities.

The Service does not estimate the value of the services provided and reflect this figure in the financial statements because the financial value of such services is not considered to be material.

Grants and Contributions

Grants and Contributions are generally recognised as revenues when the Service obtains control over the assets comprising the contributions. Control over contributions is normally obtained upon the receipt of cash.

NSW Health Department Allocations

Payments are made by the NSW Health Department on the basis of the allocation for the Service as adjusted for approved supplementations mostly for salary agreements and approved enhancement projects. This allocation is included in the Statement of Financial Performance before arriving at the "Result For The Year From Ordinary Activities" on the basis that the allocation is earned in return for the ambulance services provided on behalf of the Department. Allocations are normally recognised upon the receipt of Cash.

(e) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except:
- the amount of GST incurred by the Ambulance Service as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense;
- receivables and payables are stated with the amount of GST included.

(f) Receivables

Receivables are recognised and carried at cost, based on the original invoice amount less a provision for any uncollectable debts. An estimate for doubtful debts is made when collection of the full amount is no longer probable. Bad debts are written off as incurred.

(g) Acquisition of Assets

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the Ambulance Service. Cost is determined as the fair value of the assets given as consideration plus the costs incidental to the acquisition.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition except for assets transferred as a result of an administrative restructure.

Fair value means the amount for which an asset could be charged between a knowledgeable, willing buyer and a knowledgeable, willing seller in an arm's length transaction.

Where settlement of any part of cash consideration is deferred, the amounts payable in the future are discounted to their present value at the acquisition date. The discount rate used is the incremental borrowing rate, being the rate at which similar borrowing could be obtained.

Land and Buildings which are owned by the Health Administration Corporation or the State and administered by the Ambulance Service are deemed to be controlled by the Service and are reflected as such in the financial statements.

(h) Plant and Equipment

Individual items of plant and equipment costing $5,000 and above are capitalised.

(i) Depreciation

Depreciation is provided for on a straight line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to the Service. Non-ambulance vehicles are not depreciated as their sales value approximates their purchase cost.

Details of depreciation rates for major asset categories are as follows:

Buildings	2.50%	Trucks and Vans	20.00%
Computer Equipment	20.00%	Aircraft	5.00%
Computer Software	20.00%	Office Equipment	10.00%
Plant and Machinery	10.00%	Ambulance Vehicles	11.75%

The revaluation of assets will cause depreciation rates to vary from the standard rates listed above.

Leasehold improvements are progressively amortised over the unexpired period of the lease or the useful lives of the improvements, whichever is the shorter.

(j) Revaluation of Physical Non-Current Assets

Physical non-current assets are valued in accordance with the NSW Health Department's "Guidelines for the Valuation of Physical Non-Current Assets at Fair Value". This policy adopts fair value in accordance with AASB1041 from financial years beginning 1 July 2002. There is no substantive difference between the fair value valuation methodology and the previous valuation methodology adopted by the Service.

Where available, fair value is determined having regard to the highest and best use of the asset on the basis of current market selling prices for the same or similar assets. Where market selling price is not available, the asset's fair value is measured as its market buying price i.e., the replacement cost of the asset's remaining service potential. The Service is a not for profit entity with no cash generating operations.

Each class of physical non-current assets is revalued every five years and with sufficient regularity to ensure that the carrying amount of each asset in the class does not differ materially from its fair value at reporting date. The last revaluation was completed in June 2003 and was based on independent assessment.

Non-specialised generalised assets with short useful lives are measured at depreciated historical cost, as a surrogate for fair value.

When revaluing non-current assets by reference to current prices for assets newer than those being revalued (adjusted to reflect the present condition of the assets), the gross amount and the related accumulated depreciation is separately restated.

Otherwise, any balances of accumulated depreciation existing at the revaluation date in respect of those assets are credited to the asset accounts to which they relate. The net asset accounts are then increased or decreased by the revaluation increments or decrements.

Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised as an expense in the Result for the Year from Ordinary Activities, the increment is recognised immediately as revenue in the Result for the Year from Ordinary Activities.

Revaluation decrements are recognised immediately as expenses in the Result for the Year from Ordinary Activities, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

Revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

Where an asset that has previously been revalued is disposed of, any balance remaining in the asset revaluation reserve in respect of that asset is transferred to accumulated funds.

(k) Maintenance and Repairs

The costs of maintenance are charged as expenses as incurred, except where they relate to the replacement of a component of an asset, in which case the costs are capitalised and depreciated.

(l) Leased Assets

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of the leased assets, and operating leases under which the lessor effectively retains all such risks and benefits.

Where a non-current asset is acquired by means of a finance lease, the asset is recognised at its fair value at the inception of the lease. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense.

Operating lease payments are charged to the Statement of Financial Performance in the periods in which they are incurred.

(m) Inventories

Inventories are stated at the lower of cost and net realisable value. Costs are assigned to individual items of stock mainly on the basis of weighted average costs.

Obsolete items are disposed of in accordance with instructions issued by the NSW Health Department.

(n) Other Financial Assets

"Other financial assets" are generally recognised at cost.

For non-current "other financial assets", revaluation increments and decrements are recognised in the same manner as physical non-current assets.

For current "other financial assets", revaluation increments and decrements are recognised in the Statement of Financial Performance.

(o) Financial Instruments

Financial instruments give rise to positions that are a financial asset of either the Service or its counter party and a financial liability (or equity instrument) of the other party. For the Service these include cash at bank, receivables, other financial assets, investments, payables and interest bearing liabilities.

In accordance with Australian Accounting Standard AAS33, "Presentation and Disclosure of Financial Instruments', information is disclosed in Note 36 in respect of the credit risk and interest rate risk of financial instruments. All such amounts are carried in the accounts at net fair value. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

Classes of instruments recorded at cost and their terms and conditions at balance date are as follows:

Cash

Accounting Policies:	Cash is carried at nominal values reconcilable to monies on hand and independent bank statements.
Terms and conditions:	Monies on deposit attract an effective interest rate of approximately 4.75%.

Receivables

Accounting Policies:	Receivables are recognised and carried at cost, based on the original invoice amount less a provision for any uncollectable debts. An estimate for doubtful debts is made when collection of the full amount is no longer probable. Bad debts are written off as incurred. No interest is earned on trade debtors. Accounts are issued on 21 day terms.

Investments

Accounting Policies:	Investments reported at cost include both short term and fixed term deposits. Interest is recognised in the Statement of Financial Performance when earned.
Terms and conditions:	Short term deposits have an average maturity of 4 days (4 days in 2002/03) and an effective interest rate of 4.97% as compared to 4.75% in the previous year. Fixed term deposits have an average maturity of 131 days (365 days in 2002/03) and effective interest rates of 5.1% to 5.3% as compared to 5.0% in the previous year.

Payables

Accounting Policies:	Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Service.
Terms and conditions:	Trade liabilities are settled within any terms specified. If no terms are specified, payment is made by the end of the month following the month in which the invoice is received.

Interest Bearing Liabilities

Accounting Policies: Loans are carried at the principal amount. Interest (if applicable) is charged as an expense as it accrues.

Terms and conditions: Repayments concerning an interest bearing loan of $2,309,962 will be $700,000 in total during 2004/05 at approximately $58,333.33 per month. The interest rate charged on these loans is 7.75%, the same rate charged in the previous year.

                                           There are no classes of instruments which are recorded at other than cost or market valuation.

                                           All financial instruments including revenue, expenses and other cash flows arising from instruments are recognised on an accruals basis.

(p) Payables
These amounts represent liabilities for goods and services provided to the Service and other amounts, including interest. Interest is accrued over the period it becomes due.

(q) Interest bearing liabilities
All loans are valued at current capital value.

(r) Budgeted Amounts
The budgeted amounts are drawn from the budgets as formulated at the beginning of the financial year and with any adjustments for the effects of additional supplementation provided.

(s) Changes in Accounting Policy
The Service is aware of a number of differences in accounting policies that may arise from adopting AIFRS. Some differences arise because AIFRS requirements are different from existing AASB requirements. Other differences could arise from options in AIFRS. To ensure consistency at the whole of government level, NSW Treasury has advised the options it is likely to mandate, and will confirm these during 2004/05. This disclosure reflects these likely mandates.

The Service's accounting policies may also be affected by a proposed standard designed to harmonise accounting standards with Government Finance Statistics (GFS). This standard is likely to change the impact of AIFRS and significantly affect the presentation of the income statement. However, the impact is uncertain, because it depends on when this standard is finalised and whether it can be adopted in 2005/06.

Based on current information, the following key differences in accounting policies are expected to arise from adopting AIFRS:

- AASB 1 First-time Adoption of Australian Equivalents to International Financial Reporting Standards requires retrospective application of the new AIFRS from 1 July 2004, with limited exemptions. Similarly, AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors requires voluntary changes in accounting policy and correction of errors to be accounted for retrospectively by restating comparatives and adjusting the opening balance of accumulated funds. This differs from current Australian requirements, because such changes must be recognised in the current period through profit or loss, unless a new standard mandates otherwise.

- AASB 117 Leases requires operating lease contingent rentals to be recognised as an expense on a straight-line basis over the lease term rather than expensing in the financial year incurred.

- AASB 1004 Contributions applies to not-for-profit entities only. Entities will either continue to apply the current requirements in AASB 1004 where grants are normally recognised on receipt, or alternatively apply the proposals on grants included in ED 125 Financial Reporting by Local Governments. If the ED 125 approach is applied, revenue and/or expense recognition will be delayed until the agency supplies the related goods and services (where grants are in-substance agreements for the provision of goods and services) or until conditions are satisfied.

3. Employee Related Expenses

Employee related expenses comprise the following:

	Actual 2004 $000	Actual 2003 $000
Salaries and Wages	198,395	181,108
Long Service Leave {see Note 2(a)}	6,489	7,140
Annual Leave {see Note 2(a)}	20,891	19,544
Sick Leave {see Note 2(a)}	8	(11)
Redundancies	98	103
Workers' Compensation Insurance	11,880	12,444
Superannuation {see Note 2(a)}	18,712	17,133
Fringe Benefits Tax	6	52
	256,479	**237,513**

Salaries and Wages includes $82,644 paid to members of the Ambulance Service Board consistent with the Statutory Determination by the Minister for Health which provided remuneration effective from 1 July 2000.

The payments have been made within the following bands -

$ range	Number paid
$0 to $15,000	5
$15,000 to $30,000	1

	Actual 2004 $000	Actual 2003 $000
Fees/Other benefits paid to Board Members excluding payments made in the nature of normal employee salary.	3	2

The following additional information is provided:

Maintenance staff costs included in Employee Related Expenses $4.303M. Note 5 further refers.

4. Goods and Services

	Actual 2004 $000	Actual 2003 $000
Cleaning and Laundry	1,130	1,096
Fuel, Light and Power	909	834
General Expenses	36,933	29,191
Insurance	2,189	2,309
Medical Supplies	5,709	5,047
Postal and Telephone Costs	3,381	3,715
Printing and Stationery	704	585
Rental Rates and Charges	2,371	2,200
Staff Related Costs	354	342
Aeromedical	24,260	19,354
Travel Related Costs	867	653
	78,807	**65,326**

(a) General Expenses include:

	Actual 2004 $000	Actual 2003 $000
Catering Costs	400	337
Consultancies		
Operating Activities	715	564
Contractors	3,447	1,987
Debt Collection	534	433
Doubtful Debts Expense	6,349	6,018
Auditor's Remuneration - Audit of financial reports	81	85
Fuel and Oil	3,658	3,710
Interstate Transport Refunds	2,478	369
Legal Expenses	192	243
Officers Uniforms	1,781	1,696
Motor Vehicle Operating Lease Expense - minimum lease payments	13,228	10,603
Rates	284	275
Relocation Costs	1,393	892
Vehicle Registration	581	564
Waste Disposal	211	195

	Actual 2004 $000	Actual 2003 $000
5. Maintenance		
Repairs and Routine Maintenance	7,984	8,698
Other		
Renovations and Additional Works	125	29
Replacements and Additional Equipment less than $5,000	7,900	5,522
	16,009	**14,249**

The value of Employee Related Expense (Note 3) applicable to Maintenance staff was $4.303M for 2003/04 and $3.989M for 2002/03, such cost covering trades staff and apprentices' salary costs, workers' compensation and superannuation.

	Actual 2004 $000	Actual 2003 $000
6. Depreciation Expense		
Depreciation - Buildings	5,615	3,906
Depreciation - Motor Vehicles and Aircraft	5,556	5,815
Depreciation - Plant and Equipment	3,667	3,750
	14,838	**13,471**
7. Grants and Subsidies		
Non-Government Organisations	**433**	**434**
8. Borrowing Costs		
Interest	**227**	**271**
9. Sale of Goods and Services		
Patient Transport Fees	70,763	70,283
Use of Ambulance Facilities	1,743	1,736
	72,506	**72,019**
10. Investment Income		
Interest	336	302
Lease and Rental Income	715	661
	1,051	**963**
11. Grants and Contributions		
Contributions	**2,247**	**870**
12. Other Revenue		
Other Revenue comprises the following:-		
Treasury Managed Fund Hindsight Adjustment	2,165	-
Other		
Sundry Revenue	701	259
Subpoena/FOI	189	208
Bad Debts Recovered	440	808
	3,495	**1,275**
13. Gain on Disposal of Non-Current Assets		
Land and Buildings	1,428	1,770
Other Assets	15,569	6,150
Less Accumulated Depreciation	(16,173)	(6,323)
Written Down Value	**824**	**1,597**
Less Proceeds from Disposal	1,564	1,729
Gain on Disposal of Non-Current Assets	**740**	**132**

14. Conditions on Contributions

	Purchase of Assets $000	Health Promotion, Education & Research $000	Other $000	Total $000
Contributions recognised as revenues during current year for which expenditure in manner specified had not occurred as at balance date.	662	-	12	**674**
Contributions recognised in previous years which were not expended in the current financial year.	39	-	1	**40**
Total amount of unexpended Contributions as at balance date.	701	-	13	**714**

(Comment on restricted assets appears in Note 22)

15. Programs/Activities of the Agency

Program 1.1 - **Primary and Community Based Services**
Objective: To improve, maintain or restore health through health promotion, early intervention, assessment, therapy and treatment services for clients in a home or community setting.

Program 2.1 - **Emergency Services**
Objective: To reduce the risk of premature death and disability for people suffering injury or acute illness by providing timely emergency diagnostic, treatment and transport services.

Program 3.1 - **Mental Health Services**
Objective: To improve the health, well being and social functioning of people with disabling mental disorders and to reduce the incidence of suicide, mental health problems and mental disorders in the community.

Program 6.1 - **Teaching and Research**
Objective: To develop the skills and knowledge of the health workforce to support patient care and population health. To extend knowledge through scientific enquiry and applied research aimed at improving the health and well being of the people of New South Wales.

The figures in the Program Statement are based on cost centre information sourced from the general ledger.

	Actual 2004 $000	Actual 2003 $000
16. Current Assets - Cash		
Cash at Bank and On Hand	285	475
Deposits at Call	2,536	2,292
	2,821	**2,767**

Cash assets recognised in the Statement of Financial Position are reconciled to cash at the end of the financial year as shown in the Statement of Cash Flows as:

Cash (per Statement of Financial Position)	2,821	2,767
Bank Overdraft	(1,409)	(694)
Closing Cash and Cash Equivalents (per Statement of Cash Flows)	**1,412**	**2,073**

The Cash Flow Statement does not include Other Financial Assets in the Closing Cash and Cash Equivalents figure. The comparative result for the 2002/03 financial year has been adjusted to reflect this. The bank overdraft was only a cash book overdraft and not an overdraft in the bank account.

17. Other Financial Assets

The investments are held as cash deposits which would suffer no capital losses if they are redeemed before maturity. The need does not therefore arise to restate them at net market selling values. Valuations of all investments are at cost. The cash deposits represent contributions received by the Service from third parties related to special projects.

Cash Deposits	**1,500**	**700**

	Actual 2004 $000	Actual 2003 $000
18. Current/Non-Current Receivables		
Current		
(a) Sale of Goods and Services		
Patient Transport Fees	11,437	10,271
Goods and Services Tax	1,151	1,108
NSW Health Department (asset sale proceeds)	389	751
Other	784	462
	13,761	**12,592**
Less Provision for Doubtful Debts	(2,173)	(2,641)
Less Provision for Write Backs	(5,942)	(2,115)
	5,646	**7,836**
(b) Bad debts written-off during the year - current receivables	**2,990**	**8,365**
19. Inventories		
Current - at cost		
Uniform	312	284
Medical Supplies and Equipment	608	635
Fuel and Oil	267	215
Motor Vehicle Parts and Other	298	334
	1,485	**1,468**
20. Property, Plant and Equipment		
Land and Buildings		
At Fair Value	232,193	227,768
Less Accumulated Depreciation	(105,065)	(100,052)
	127,128	**127,716**
Plant and Equipment		
At Fair Value	48,441	47,346
Less Accumulated Depreciation	(28,216)	(27,101)
	20,225	**20,245**
Vehicles and Aircraft		
At Fair Value	50,330	57,622
Less Accumulated Depreciation	(32,191)	(38,888)
	18,139	**18,734**
Capital Works in Progress	**1,549**	**4,026**
Total Property, Plant and Equipment at Net Book Value	**167,041**	**170,721**

Property, Plant and Equipment - Reconciliations

	Land	Buildings	Capital Works In Progress	Plant and Equipment	Vehicles and Aircraft	Total
	$000	$000	$000	$000	$000	$000
2004						
Carrying amount at start of year	49,462	78,254	4,026	20,245	18,734	**170,721**
Capital Expenditure/Donations {see note 2(g)}	-	-	10,824	-	-	**10,824**
Reclassifications	879	3,058	(13,301)	3,655	5,709	-
Disposals	(68)	(1,360)	-	(2,568)	(13,001)	**(16,997)**
Adjustment of depreciation concerning disposals	-	1,360	-	2,560	12,253	**16,173**
Net revaluation adjustments	938	220	-	-	-	**1,158**
Depriciation Expense {see note 2(i)}	-	(5,615)	-	(3,667)	(5,556)	**(14,838)**
Carrying amount at end of year	**51,211**	**75,917**	**1,549**	**20,225**	**18,139**	**167,041**

(i)   Land and buildings include land owned by the NSW Health Department and administered by the Service [See Note 2(g)].

(ii)   Land and buildings were valued by the State Valuation Office as at June 2003 [See Note 2(j)].

(iii)   Plant and equipment other than motor vehicles were valued by the Service as at 30 June 2004 on the basis of depreciated cost.

(iv)   Amounts written-off from Work In Progress directly to the Statement of Financial Performance during the 2003/04 financial year amounted to $7.038M. These write-offs occurred because the individual amounts were less than the $5,000 limit set by the Service for capitalisation. The write-offs have not been included in the above analysis.

	Actual 2004 $000	Actual 2003 $000
21. Current/Non-Current Assets - Other		
Current		
Prepayments	952	680
Non-Current		
Prepayments	500	505

22. Restricted Assets

The Ambulance Service's financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions.		714	115

Category	Brief details of externally imposed conditions including Asset Category affected		
Activities	Funds to be spent as specified by donors	13	11
Equipment	Funds to be spent as specified by donors	701	104
		714	**115**

23. Payables

	Actual 2004	Actual 2003
Accrued Salaries and Wages	8,935	7,018
PAYG and Other Payroll Deductions	826	741
Trade Creditors	10,210	8,579
Other Creditors		
- Capital Works	721	1,604
- Other	326	429
	21,018	**18,371**

		Actual 2004 $000	Actual 2003 $000
24.	**Current/Non-Current Interest Bearing Liabilities**		
(a)	**Current**		
	Bank Overdraft	1,409	694
	Other Loans and Deposits	700	700
		2,109	**1,394**
(b)	**Non-Current**		
	Other Loans and Deposits	**1,610**	**2,083**

Repayments for the interest bearing loan of $2,309,962 will be approximately $58,333.33 per month for the 2004/05 financial year.

Repayment of Borrowings

	Actual 2004 $000	Actual 2003 $000
Not later than one year	2,109	1,394
Between one and five years	1,610	2,083
Later than five years	-	-
Total Borrowings at Face Value	**3,719**	**3,477**

		Actual 2004 $000	Actual 2003 $000
25.	**Current/Non-Current Liabilities - Provisions**		
(a)	**Current**		
	Employee Annual Leave	18,613	15,919
	Employee Long Service Leave	3,041	3,078
	Total Current Provisions	**21,654**	**18,997**
(b)	**Non-Current**		
	Employee Annual Leave	6,850	6,931
	Employee Long Service Leave	41,233	37,543
	Sick Leave	142	163
	Total Non-Current Provisions	**48,225**	**44,637**

Aggregate Employee Benefits and Related On-costs

	Actual 2004 $000	Actual 2003 $000
Provisions - current	21,654	18,997
Provision - non-current	48,225	44,637
Accrued Salaries and Wages and On-costs (Note 23)	9,761	7,759
	79,640	**71,393**

26. Other Liabilities

Current

	Actual 2004 $000	Actual 2003 $000
Income in Advance	193	725
Advances from NSW Health Department	2,416	-
	2,609	**725**

43

27. Equity

	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2004 $000	2003 $000	2004 $000	2003 $000	2004 $000	2003 $000
Balance at the beginning of the financial year	41,700	55,731	56,770	6,920	98,470	62,651
Result for the year from ordinary activities	(16,892)	(14,031)	-	-	(16,892)	(14,031)
Prior period adjustment (see Note below)	(16)				(16)	-
Increment/(Decrement) on revaluation of Land and Buildings	-	-	1,158	49,850	1,158	49,850
Asset Revaluation Reserve balances transferred to Accumulated Funds on disposal of assests	938		(938)			
Balance at the end of the financial year	**25,730**	**41,700**	**56,990**	**56,770**	**82,720**	**98,470**

The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets. This accords with the Service's policy on the "Revaluation of Non-Current Assets" and "Investments", as discussed in Note 2(j).

The prior period adjustment refers to a surplus/deficit adjustment concerning the 2002/03 financial year.

	Actual 2004 $000	Actual 2003 $000
28. Commitments for Expenditure		
(a) Capital Expenditure Commitments		
Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:		
Not later than one year	161	1,175
Total Capital Expenditure Commitments (including GST)	**161**	**1,175**

Of the commitments reported at 30 June 2004 it is expected that none will be met from locally generated moneys.

	Actual 2004 $000	Actual 2003 $000
b) Other Expenditure Commitments		
Aggregate other expenditure contracted for at balance date but not provided for in the accounts:		
Not later than one year	688	1,749
Total Other Expenditure Commitments (including GST)	**688**	**1,749**
(c) Operating Lease Commitments		
Future non-cancellable operating lease rentals not provided for and payable:		
Not later than one year	15,892	12,344
Later than one year and not later than five years	33,128	39,015
Later than five years	3,625	6,625
Total Operating Lease Commitments (including GST)	**52,645**	**57,984**

The above leases relate to motor vehicles and premises.

(d) Contingent Asset related to Commitments for Expenditure
The total of "Commitments for Expenditure" above includes input tax credits of $4.863M that are expected to be recoverable from the Australian Taxation Office.

29. Contingent Liabilities

(a) Claims on Managed Funds
Since 1 July 1989, the Service has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of the Ambulance Service all sums which it shall become legally liable to pay by way of compensation or legal liability if sued except for employment related, discrimination and harassment claims that do not have statewide implication. The costs relating to such exceptions are to be absorbed by the Service. As such, since 1 July 1989, apart from the exceptions noted above, no contingent liabilities exist in respect of liability claims against the Service. A Solvency Fund (now called Pre-Managed Fund Reserve) was established to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. That Solvency Fund will likewise respond to all claims against the Service.

(b) Workers' Compensation Hindsight Adjustment
TMF normally calculates hindsight premiums each year. However, in regard to workers' compensation the final hindsight adjustment for the 1997/98 final year and an interim adjustment for the 1999/2000 fund year were not calculated until 2003/04. As a result, the 1998/99 final and 2000/01 interim hindsight calculations will be paid in 2004/05.

The basis for calculating the hindsight premium is undergoing review and it is expected that the problems experienced will be rectified for future payments.

(c) Fringe Benefits Tax
The Service reported in the previous financial year that significant uncertainty existed as to the quantum of the financial liability that the Service might incur concerning the Fringe Benefits Tax (FBT). The uncertainty involved the question of whether the Service had the status of a Public Benevolent Institution (PBI). The case and subsequent appeal by the Service were decided in favour of the Australian Taxation Office.

The FBT law has now been amended to provide Ambulance Services with the same FBT treatment as a public hospital, hence the Service is eligible for FBT Capping of $17,000 and remote area housing exemptions, as of 01/04/2004.

The Tax Laws Amendment (2004 Measures No. 2) Bill 2004 was passed on the 18 June 2004 in the Senate and is awaiting Royal Assent.

30. Charitable Fundraising Activities
The Service did not conduct any direct fundraising activities during 2003/04.

However, possibilities for fundraising activities have now re-opened, subsequent to the Tax Laws Amendment (2004 Measures No. 2) Bill 2004, being passed on the 18 June 2004 in the Senate and awaiting Royal Assent. This will enable deductible gift recipient status for the Ambulance Service, ie donations will be now tax deductible.

31. Reconciliation of Net Cost of Services to Net Cash Flows from Operating Activities	**2004 $000**	**2003 $000**
Net Cash Flows From Operating Activities	**7,578**	**7,674**
Adjustment for Items not involving Cash and Government Payments:		
Depreciation	(14,838)	(13,471)
Provision for Bad and Doubtful Debts	(6,349)	(6,018)
Acceptance by the Crown Entity of Employee Superannuation Benefits	(18,712)	(17,133)
Increase/(Decrease) in Inventories	17	219
Increase/(Decrease) in Receivables	4,156	7,207
Increase/(Decrease) in Prepayments	632	546
(Increase)/Decrease in Creditors	(2,998)	(1,819)
(NSW Health Department Recurrent Allocations)	(236,905)	(215,777)
(NSW Health Department Capital Allocations)	(14,245)	(9,064)
Provision for Employee Entitlements	(6,245)	(8,501)
Net Gain/(Loss) on Disposal of Non-Current Assets	740	132
Industry contribution in kind	415	-
Net Cost of Services	**(286,754)**	**(256,005)**

32. 2003/04 Voluntary Services

It is considered impractical to quantify the monetary value of voluntary services provided to the Service.

33. Unclaimed Monies

Unclaimed salaries and wages are paid to the credit of the Department of Industrial Relations and Employment in accordance with the provisions of the Industrial Arbitration Act, 1940, as amended.

All money and personal effects of patients which are left in the custody of the Service by any patient who is transported or who dies while being transported and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of the Service.

34. Budget Review

Net Cost of Services
Net cost of services was higher than budget by $3.6M due to increased employee related and goods and services expenditure partially offset by increases in revenue.

Result for the Year from Ordinary Activities
The movement for the year was higher than budget due to increased employee related and goods and services expenditure.

Assets and Liabilities
Current assets were higher than budget by $1.1M due to increased level of cash investments at year end.

Non-current assets was higher than budget by $1.3M due to an adjustment to revaluation of buildings.

Current liabilities was $3.8M higher than budget due to increase in trade creditors, bank overdraft and an advance from the NSW Health Department.

Non-current liabilities was higher than budget by $1.6M after revision of the ageing of employee provisions.

Cash Flows
Net cash flows from operating activities was higher than budget by $0.6M due to net cost of services increase.

Net cash flows from financing activities increased because of an advance from the NSW Health Department.

Movements in the level of NSW Health Department recurrent allocation that have occurred since the time of the initial allocation on 30 September 2003 are as follows:

	$000
Initial Allocation, 30 September 2003	220,337
Rescue Services	4,500
Fees Strategy	3,900
General Assistance	3,095
Counter Disaster Unit	779
Rotary Wing	100
Sale of Aircraft	3,287
Queensland Ambulance Charges	890
Other	17
Balance as per Statement of Financial Performance	236,905

35. Compliance with Public Authorities (Financial Arrangements) Act 1987

Certain leases, disclosed as operating leases in Note 28 are considered to be finance leases. The impact on the Statement of Financial Performance and Statement of Financial Position is not considered to be material. The NSW Health Department has provided capital subsidy monies to the Service to ensure that this matter is resolved.

However, the leases do not have the necessary approvals required by the Public Authorities (Financial Arrangements) Act 1987.

36. Financial Instruments

(a) Interest Rate Risk

Interest rate risk is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. The Service's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the Statement of Financial Position date are as follows:

| Financial Instruments | Floating interest rate | | Fixed interest rate maturing in: | | | | | | Non-interest bearing | | Total carrying amount as per the Statement of Financial Position | | Weighted average effective interest rate* | |
| | | | 1 year or less | | Over 1 to 5 years | | More than 5 years | | | | | | | |
	2004 $000	2003 $000	2004 $000	2003 $000	2004 $000	2003 $000	2004 $000	2003 $000	2004 $000	2003 $000	2004 $000	2003 $000	2004 %	2003 %
Financial Assets														
Cash	-	-	2,775	2,721	-	-	-	-	46	46	2,821	2,767	4.69	4.36
Receivables	-	-	-	-	-	-	-	-	5,646	7,836	5,646	7,836	N/A	N/A
Other Financial Assets	-	-	1,500	700	-	-	-	-	-	-	1,500	700	5.16	4.94
Total Financial Assets	-	-	4,275	3,421	-	-	-	-	5,692	7,882	9,967	11,303		
Financial Liabilities														
Borrowings - Other	1,409	694	-	-	2,310	2,783	-	-	2,416	-	6,135	3,477	7.75	7.75
Payables	-	-	-	-	-	-	-	-	21,018	18,371	21,018	18,371	N/A	N/A
Total Financial Liabilities	1,409	694	-	-	2,310	2,783	-	-	23,434	18,371	27,153	21,848		

* Weighted average effective interest rate was computed on a semi-annual basis. It is not applicable for non-interest bearing financial instruments.

b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract or financial position failing to discharge a financial obligation thereunder. The Service's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Statement of Financial Position.

Credit Risk by classification of counterparty.

	Governments		Banks		Patients		Other		Total	
	2004 $000	2003 $000	2004 $000	2003 $000	2004 $000	2003 $000	2004 $000	2003 $000	2004 $000	2003 $000
Financial Assets										
Cash	46	46	2,775	2,721	-	-	-	-	2,821	2,767
Receivables	1,540	751	-	-	3,322	5,515	784	1,570	5,646	7,836
Other Loans and Deposits	-	-	1,500	700	-	-	-	-	1,500	700
Total Financial Assets	1,586	797	4,275	3,421	3,322	5,515	784	1,570	9,967	11,303

There is no significant concentration of credit risk.

c) Net Fair Value

As stated in Note 2(o) all financial instruments are carried at Net Fair Value, the values of which are reported in the Statement of Financial Position.

d) Derivative Financial Instruments

The Service holds no Derivative Financial Instruments.

37. Transition to Australian equivalents to International Financial Reporting Standards (AIFRS)

Management of Transition

The Service will apply the Australian Equivalents to International Financial Reporting Standards (AIFRS) from the reporting period beginning 1 July 2005.

The Service has taken the following steps to manage the transition to the new standards:

- The Service's Finance Committee is oversighting the transition. The Director Finance and Data Services is responsible for the project and reports to the Committee on progress against the plan and any changes in reporting requirements mandated by NSW Health and NSW Treasury.

- The following phases that need to be undertaken have been identified:

    - determination of opening values as at 1 July 2004 and full year comparatives for 2004/05;

    - preparation of 2005/06 accounts in accordance with AIFRS;

    - determination of specific policy changes and the accounting effect thereof.

    Work in each of these phases will be progressed in accordance with timetables to be advised by NSW Health.

NSW Treasury is assisting agencies to manage the transition by developing policies, including mandates of options; presenting training seminars to all agencies; providing a website with up-to-date information to keep agencies informed of any new developments; and establishing an IAS Agency Reference Panel to facilitate a collaborative approach to manage the change.

End of Audited Financial Statements

Statutory and Other Information

Financial Summary

Payment of Accounts	30 June 2004 $000	30 June 2003 $000	30 June 2002 $000
Total dollar value of accounts paid on time	30,346	25,251	15,599
Total dollar amount of accounts paid	89,577	69,714	79,091
Average percentage of accounts paid on time	34%	21%	21%

Accounts Payable	30 June 2004 $000	30 June 2003 $000	30 June 2002 $000
Trade Creditors and Accruals	10,210	8,579	8,676
Capital Creditors	721	1,604	1,033
Other	326	429	322
Salaries & Wages Creditors	735	334	390

Accounts Payable - Age Analysis as at 30 June 2004 (Includes both recurrent and capital creditors)	$000	%
Less than 30 days overdue	2,811	43%
30/60 days overdue	3,723	57%
60/90 days overdue	-	0%
Over 90 days overdue	-	0%
Total	6,534	100%

Accounts Receivable - Age Analysis as at 30 June 2004	$000	%
Less than 30 days	3,487	38%
More than 30 and less than 60 days	2,164	23%
More than 60 and less than 90 days	745	8%
More than 90 days	2,922	31%
Total	9,318	100%

The accounts receivable figures relate to patient transport fees and reflect the "gross" position (ie excluding the provisions for doubtful debts and write backs) and do not include accruals. This method has been adopted to ensure consistency with the method by which Accounts Payable Age Analysis data is presented above.

Receivables have increased by $0.762M from the previous financial year due to improvements in the monitoring of amounts due. This will not necessarily equate to an increase in cash as many of the accounts that relate to emergency transports will prove to be uncollectable because:

- the patients are later determined to be exempt from ambulance charges;
- the accounts will be written off as bad debts.

Investment Management Performance
The following investments were made out of Special Purpose and Trust Funds at year end:

- $300,000 for 31 days @ 4.95%, to mature on 19 July 2004
- $500,000 for 91 days @ 5.10%, to mature on 17 August 2004
- $300,000 for 122 days @ 5.30%, to mature on 22 October 2004
- $700,000 for 181 days @ 5.30%, to mature on 15 November 2004

Interest amounting to $119,589.40 was earned on Special Purpose and Trust Fund investments during the financial year.

All investments are made in accordance with the provisions of the *Public Authorities (Financial Arrangements) Act, 1987.*

Liability Management Performance
The Service has controlled cash flows and managed liabilities effectively by controlling expenditure and maximising revenue collection.

Monetary amount of annual leave and long service leave entitlements
Annual Leave $25,463M
Long Service Leave $44,274M

Consultants Engaged
Number of Consultancies costing greater than $30,000 in expenditure: Four

Operational Research in Health
Study of ambulance cover in regional NSW - $32,000
Study of rotary wing services - $116,400

Australian Institute of Forensic Psychiatry
Testing applicants for trainee ambulance officer positions - $54,726

Axis Technology
Information management and technology services concerning the patient health care record system - $268,786

Janison Solutions
Provision of e-learning hosting and developing of services - $130,000

Number of Consultancies costing less than $30,000 in expenditure: Twenty five consultancies costing $144,634 in total.

Treasury Managed Fund
- The Workers' Compensation premium surplus for 2003/04 was $1,866,223. The deposit premium for workers compensation paid by the Service in 2003/04 was $11,880,080 and is based on claims experience and total claims costs incurred for the past two calendar years.
- The Motor Vehicle premium deficit in 2003/04 was $106,996. The deposit premium for motor vehicles paid by the Service in 2003/04 was $1,271,020.
- Public Liability and Property Insurance premiums continue to remain within NSW Health's overall coverage.

Statutory and Other Information

Capital Works
Major Works in Progress:

Ryde Ambulance Station redevelopment
Estimated total cost $1,066,000
Cost to date $91,000
Estimated completion date: March 2005

Forbes Ambulance Station redevelopment on Forbes Hospital site
Estimated total cost $724,000
Cost to date $211,000
Estimated completion date: December 2004

Detailed planning for this project was deferred pending completion of a hospital site master plan to ensure that the proposed location of the ambulance station does not compromise the hospital's future redevelopment options.

Sussex Inlet - Establishment of Station for new service
Estimated total cost $810,000
Cost to date $764,000
Estimated completion date: July 2004

Campbelltown Ambulance Station redevelopment
Estimated total cost $1,500,000
Cost to date $63,000
Estimated completion date: March 2005

Paddington Ambulance Station redevelopment
Estimated total cost $2,500,000
Cost to date $1,544,000
Estimated completion date: 2005/06

Real Property Disposals
The former ambulance station premises at Forbes, was disposed of for $75,000 during the financial year.

No properties valued at over $5,000,000 were sold.

There are no family or business connections between the purchaser of the property disposed of and the person responsible for approving the disposal.

Sales proceeds after costs will be used to support capital investment and asset maintenance programs.

The Service's property disposals are approved by and processed through the NSW Department of Health. Access to documents relating to disposals can be obtained from the NSW Department of Health under the Freedom of Information Act.

Major Assets
The Service's major assets, other than landholdings, are listed below. Major assets are those valued at over $500,000. Major assets acquired during 2003/04 are listed separately.

Vehicles and Aircraft
Aircraft – Three Beechcraft B200C

Buildings
Armidale Station and Workshop
Auburn Station
Ballina Station and Residence
Bateau Bay Station and Residence
Bermagui Station and Residence
Blacktown Station
Bomaderry Station and Residence
Bowral Station Complex
Broken Hill Station and Residence
Bulli Station
Charlestown Operations Centre Complex
Coffs Harbour Station Complex
Colyton Station
Doyalson Station
Drummoyne Station
Fairfield Station
Hamilton Station Complex
Kingscliff Station and Residence
Lithgow Station
Lismore Station Complex
Macquarie Fields Station
Maroubra Station
Mascot Air Ambulance Base
Menai Station
Merimbula Station and Residence
Moree Station and Residence
Oak Flats Workshop
Orange Station
Perisher Valley Station
Point Clare Station Complex
Riverstone Station
Rozelle Headquarters and Education Centre
Singleton Station Complex
Summer Hill Station
Summer Hill Workshop
Sydney Ambulance Centre Complex (building improvements on long term leasehold land)
Tamworth Workshop
Tamworth South Station
Terrigal Station
Tweed Heads Station
Warilla Station and Operations Centre
Wollongong Station
Morisset Station

Plant and Equipment
Radio Network Sydney
UHF Radio System - Western NSW
Radio Network - Northern NSW
Radio Network - Southern NSW
CAD System Software
MDT - AVL

Legislation
NSW legislation which impacts on, or has relevance to, the Service includes the following:

Ambulance Services Act 1990 (Regulation 2000)
Annual Reports (Statutory Bodies) Act 1984
Anti-Discrimination Act 1977
Charitable Fundraising Act 1991
Child Protection (Prohibited Employment) Act 1998
Children & Young Persons (Care & Protection) Act 1998
Commission for Children and Young Persons Act 1998
Crimes Act 1900
Freedom of Information Act 1989
Government and Related Employees Appeal Tribunal Act 1980
Health Administration Act 1982
Health Care Complaints Act 1993
Health Insurance Levies Act 1982
Health Legislation Amendment Act 1999
Health Services Act 1997
Independent Commission Against Corruption Act 1988
Industrial Relations Act 1991
Local Government Act 1993
Mental Health Act 1990
Mental Health Legislation Amendment Act 1997
Occupational Health and Safety Act 2000
Occupational Health and Safety Regulation 2001
Ombudsman Act 1974
Ombudsman Amendment (Child Protection and Community Services) Act 1998
Poisons and Therapeutic Goods Act 1966
Privacy and Personal Information Protection Act 1998
Protected Disclosures Act 1994
Public Finance and Audit Act 1983
Public Sector Management Act 1988
Road Transport Acts 1999
State Authorities Non-Contributory Superannuation Act 1987
State Authorities Superannuation Act 1987
State Emergency and Rescue Management Act 1989
State Records Act 1998
Superannuation Act 1916
Sydney Turf Club Act 1943
Workplace Injury Management and Workers Compensation Act 2001

Statutory and Other Information

Freedom of Information (FOI)

FOI requests received during 2003/04 were almost double the number received in the previous year.

There was no significant impact during the year of FOI requirements on the Service's activities. There were no requests for the amendment of personal records. There were no inquiries under the Act by the Ombudsman or any appeals under the Act to the District Court or the Supreme Court, and no ministerial certifications.

Results of FOI requests	2003/04		2002/03	
	Personal	Other	Personal	Other
Granted in full	16	3	10	1
Granted in part	5	2	2	2
Refused	4	3	1	2
Deferred	0	0	0	0
Completed	**25**	**8**	**13**	**5**

Costs and fees of requests processed in 2003/04	Assessed costs	FOI fees received
All completed requests	$390.00	$766.50

Access refused
FOI requests granted in part or refused

Basis	2003/04		2002/03	
	Personal	Other	Personal	Other
Clause 11 of Schedule 1	1	0	0	1
Clause 16 of Schedule 1	0	0	2	0
Clause 13(b) of Schedule 1	0	0	0	2
Clause 7(1)(b) of Schedule 1	0	0	0	1
Clause 6(1) of Schedule 1	2	1	1	0
Section 28(1)(b)	3	3	0	0
Section 25(1)(b)(1)	1	2	0	0
Section 10 of schedule 1	1	0	0	0

Discounts allowed	2003/04		2002/03	
	Personal	Other	Personal	Other
Financial hardship - personal	3	0	0	0

Significant correction of personal records	2003/04		2002/03	
	Personal	Other	Personal	Other
	0	0	0	0

Days to process	2003/04		2002/03	
	Personal	Other	Personal	Other
0-21 days	23	8	13	3
22-35 days	2	0	0	2
Over 35 days	0	0	0	0
Total	**25**	**8**	**13**	**5**

New FOI requests	2003/04		2002/03	
	Personal	Other	Personal	Other
New	25	8	13	5
Brought forward	0	0	0	0
Total to be processed	25	8	13	5
Completed	25	8	13	5
Transferred out	0	0	0	0
Withdrawn	0	0	0	0
Total processed	25	8	13	5
Unfinished (carried forward)	0	0	0	0

Statement of Affairs

Section 14(1)(a) of the Freedom of Information Act requires a Statement of Affairs of the agency to be published every 12 months. The Service's Statement of Affairs is incorporated within this Annual Report.

A description of the Service's structure and functions are outlined in this Annual Report. The Service has a direct effect on the general public by providing quality emergency clinical care, rescue and patient transport services to assist in improving the health and well-being of the people of New South Wales. The Service has a number of committees, as listed in this Report, that assist with policy development within the Service.

The *Freedom of Information Act* allows a member of the public the right to apply for records to be amended if they are out of date, misleading, incorrect or incomplete. Members of the public can request to have records amended by applying in writing to:

The FOI Coordinator
Ambulance Service of New South Wales
Locked Bag 105
Rozelle NSW 2039

Consumer Response

The Service, as an integral part of the State's health system, fully subscribes to NSW Health's Commitment to Service monitoring of all consumer responses. The Professional Standards and Conduct Unit is responsible for monitoring the Service's overall response to patient and customer concerns and for investigations conducted into more serious complaints. The Unit promotes timely complaints handling and coordinates the collection of statewide complaints data for the Service.

Publications of the Service during 2003/04

The Service produced a variety of community resource material and booklets in addition to the main publications listed below.
- 2002/03 Annual Report
- AUSBURNPLAN, Australian Mass Casualty Disaster Burn Plan
- Clinical News (staff newsletter)
- Fact sheets
  - Calling for an ambulance
  - When to call an ambulance
  - Patient Transport Service
  - You and Your Ambulance Service
- Revised CPR Chart
- Skills Manual
- Sirens (staff newsletter)

For more information visit the Service's website at *www.ambulance.nsw.gov.au*

Workers' Compensation Claims

During 2003/04 there were 655 workers' compensation claims lodged, which are categorised in the table below:-

Category	2003/04	2002/03	2001/02	2000/01	1999/00
Body Stress	316	284	344	444	343
Hit by Object(s)	59	117	100	98	111
Fall/Slip	65	80	75	63	77
Exposure (Infectious)	90	78	68	63	87
Vehicle	32	32	38	33	49
Mental Stress	25	30	28	51	44
Bite	1	0	6	11	4
Objects – Moving	6	8	4	9	5
Other	61	1	0	8	75
Total	**655**	**630**	**663**	**780**	**795**

Senior Executive Service (SES) positions and equivalents

The Chief Executive Officer is the only member of the Senior Executive Service. SES equivalent positions within the Service include members of the Service Executive Team (as specified on page 16), with the exception of Julie Newman, as well as the following staff members.

Note: During 2003/04 contracts for the positions of General Manager, Corporate Services and General Manager, Operations were converted to NSW Health Executive contracts and no longer form part of the Senior Executive Service.

Allan Loudfoot

MBA, Post Grad Dip (Mgt)
Divisional Manager, Northern Division
Level: SES Level 1 (equivalent)
Appointed as Divisional Manager Northern Division in March 2002. Allan commenced his ambulance career in the UK in 1981 as an ambulance officer and became a paramedic in 1987. He has held numerous positions in the UK ambulance services including Divisional Commander (Northumbria, North Division), Senior Divisional Officer and Quality Assurance Officer (North East Ambulance Service).

Dennis Willis

BHSc (Mgt), Dip HS (Pre-hosp Care)
Divisional Manager, Western Division
Level: SES Level 1 (equivalent)
Appointed as Divisional Manager, Western Division in February 2002, previously Area Manager, Illawarra and South Eastern Area.
Dennis has over 37 years experience in the Service, having started his career as an honorary ambulance officer in 1967. He has held several operational management positions including Regional Superintendent (Central Western Region), Deputy Divisional Superintendent (Southern Division) and acted as Director, Rural Ambulance.

Denis Beavan

Divisional Manager, Southern Division
Level: SES Level 1 (equivalent)
Appointed as Divisional Manager, Southern Division in February 2002, previously Sector Manager, South Eastern Sector, Illawarra and South Eastern Area. Denis has over 25 years experience in the Service having started his career as an ambulance officer in 1977. He has held several operational management positions including Deputy Superintendent, South Eastern District and Station Officer roles in rural and remote areas.

Ken Pritchard

Divisional Manager, Sydney Division
Level: SES Level 1 (equivalent)
Appointed as Divisional Manager, Sydney Division in January 2004, previously Senior Operations Centre Officer at the Sydney Operations Centre. Ken has over 26 years experience in the Service, starting his career as an ambulance officer in 1978. He has held several operational management positions throughout the Service.

Overseas visits

Dr Michael Flynn - United Kingdom (London) International Disaster and Emergency Readiness Forum: "Planning for Mass Gatherings in the 21st Century". October 2003.

George Smith - New Zealand (Auckland)
US R Exercise Pegasus, Superintendent representing National (Australia) Urban Search & Rescue Working Group *(funded by Emergency Management Australia)*. September 2003.

Peter Pilon - United States of America (Las Vegas)
Represented the Service at "Navigator" Conference *(sponsored by the International Academy of Emergency Dispatch)*. April 2004.

The Convention of Ambulance Authorities

The Service is a member of the Convention of Ambulance Authorities (CAA), the peak body which provides a recognisable and visible corporate identity for the ambulance industry uniting independent state and territory ambulance authorities in Australia, New Zealand and Papua New Guinea.

The CAA provides an opportunity to:
- exchange information
- share the cost and effort of common projects
- develop industry standards, thereby providing improved quality of care and services
- collect information on the provision of ambulance services and report to the community.

2004 Convention of Ambulance Authorities delegates.

Statutory and Other Information

Workforce Statistics

Table A. Percentage of Total Staff by **Salary Level** 2003/04

Level	Total Staff (Headcount)	Subgroup as a Percentage of Total Staff at each Level			Subgroup as Estimated Percentage of Total Staff at each Level				
		Respondents	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Religious Minority Groups	People whose Language first Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work-related Adjustment
< $30,146	9	89%	44%	56%		12.5%	25.0%	25.0%	
$30,146 - $39,593	1,209	79%	55%	45%	2.6%	7.6%	7.7%	1.9%	
$39,594 - $44,264	1,510	48%	79%	21%	1.9%	6.0%	4.6%	3.9%	0.8%
$44,265 - $56,012	486	53%	84%	16%	1.9%	4.2%	5.4%	5.0%	0.8%
$56,013 - $72,434	96	76%	69%	31%	2.7%	19.2%	15.1%	8.2%	1.4%
$72,435 - $90,543	22	59%	68%	32%		15.4%	7.7%	23.1%	23.1%
> $90,543 (non-SES)	32	52%	83%	17%				8.3%	
> $90,543 (SES)	1		100%						
TOTAL	3,365	61%	71%	29%	2.3%	7.1%	6.6%	3.5%	0.6%

Table B. Percentage of Total **Staff Recruited** by Salary Level 2003/04

Level	Total Recruits (Headcount)	Subgroup as a Percentage of Total Staff at each Level			Subgroup as Estimated Percentage of Total Staff at each Level				
		Respondents	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Religious Minority Groups	People whose Language first Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work-related Adjustment
< $30,146	7	86%	57%	43%		14.3%	28.6%	14.3%	
$30,146 - $39,593	273	95%	54%	46%	1.5%	6.6%	4.8%	0.7%	
$39,594 - $44,264	9	78%	44%	56%		22.2%			
$44,265 - $56,012	7	86%	14%	86%		16.7%			
$56,013 - $72,434	13	100%	69%	31%	7.7%	15.4%	23.1%		
$72,435 - $90,543	1	100%	100%						
> $90,543 (non-SES)	2	50%	50%	50%					
> $90,543 (SES)	1		100%						
TOTAL	313	93%	54%	46%	1.6%	7.3%	5.8%	1.0%	

Full time equivalent as at 30 June 2004

	2003/04	2002/03	2001/02
Medical	2	3	3
Nursing	17	18	16
Corporate Administration	183	181	163
Allied Health Professionals	8	8	6
Hospital Employees	13	11	9
Hotel Services	4	5	7
Maintenance and Trades	67	70	74
Ambulance - Uniform	2,870	2,743	2,595
Other	137	123	114
Total	**3,301**	**3,162**	**2,987**

Course Information

Courses conducted for clinical staff during 2003/04 and 2002/03 are listed below (refer p26 for Chemical, Biological and Radiological).

Course	No. Courses 2003/04	No. Students 2003/04	No. Courses 2002/03	No. Students 2002/03
Patient Transport	1	6	3	40
Induction	6	251	7	264
Level Two (Inservice 1)	12	216	5	116
Level Three (Inservice 2)	7	132	10	214
Re-employment	1	7	1	8
Total Primary Care	**27**	**612**	**26**	**642**
Paramedic	5	89	4	79
Level 4/5 1st Recert	2	25	2	44
Total ALS	**7**	**114**	**6**	**123**
Level 3/4/5 Recert	52	346	15	197
Sydney Combined Recert	1	4	33	201
3 C's (taught via Distance Education)	118	118	303	303
Clinical Assistance Programs	13	19	13	21
4x4 Driver Training	11	27	4	19
Bushcraft	-	-	-	-
Voluntary Tutorials	33	94	31	222
Outside Organisations	56	123	27	113
First Aid Training	5	10	7	83
Clinical Support Groups (QA)	5	*	-	-
Distance Education	63	37	-	-
Training Needs Analysis	5	5	-	-
Train the Trainer	11	65	4	69
Honorary Ambulance Officer Training	11	140	-	-
Honorary Ambulance Officer Inservice	3	37	-	-
TOTAL	**421**	**1,751**	**166**	**1,993**

* Meeting attendees are not students

Courses conducted for staff development during 2003/04 and 2002/03

Course	No. Courses 2003/04	No. Students 2003/04	No. Courses 2002/03	No. Students 2002/03
Advanced Excel	4	30	0	0
Advanced Word	1	7	0	0
Assertiveness and Conflict Resolution	5	53	0	0
Business Writing Skills	5	70	4	56
Change Management	0	0	6	72
Code of Conduct	9	86	17	224
Complaints Investigation	1	25	2	37
Developing and Writing Policy and Procedures	2	27	1	12
Expanding Your Leadership	3	36	0	0
Facilitation Skills	2	10	1	16
Intermediate Access	1	1	0	0
Intermediate Excel	4	31	0	0
Intermediate Word	1	9	0	0
Introduction to Access	1	6	1	8
Introduction to Excel	6	39	0	0
Introduction to PowerPoint	3	20	0	0
Introduction to Word	3	19	0	0
Managing People Effectively	9	108	1	20
Managing Teams Effectively	2	26	1	18
Negotiation Skills	5	60	3	27
OHS Induction for Construction Work	1	18	0	0
Patient Health Care Records	0	0	5	63
Performance Appraisal Information	4	38	0	0
Performance Appraisal Training	8	90	0	0
Recruitment and Staff Selection	3	50	4	72
Resolution Health Care	2	46	2	26
Resume Writing	1	16	8	37
Risk Management Training	20	216	0	0
Speed Reading	1	8	0	0
Telephone Management	0	0	5	50
Time Management	1	6	1	19
TRIM Advanced	0	0	1	5
TRIM Essentials	0	0	1	4
Understanding and Interpreting Financial Data	0	0	7	69
TOTAL	**108**	**1,151**	**71**	**835**

National Patient Satisfaction Survey

In 2004, the Convention of Ambulance Authorities (CAA) coordinated the second national patient satisfaction survey. The key purpose of the survey was to benchmark perceived service quality and customer satisfaction across State and Territory ambulance services in Australia.

In NSW, as in other States, 1,300 emergency patients who had been transported by ambulance two months prior to the survey were randomly selected to receive a survey. Research focused on the following key areas:

- Call response times - perception of the time taken to answer their emergency call.
- Satisfaction with communication staff assistance - respondents who answered the call response time question were then asked their level of satisfaction with the operator they spoke to.
- Ambulance response time - rate the response time of the ambulance.
- Ambulance officer care rating - rate the ambulance officers attending them.
- Treatment satisfaction - standard of treatment received.
- Ambulance officer satisfaction ratings - satisfaction of explanations about treatment by officers.
- Trip/ride satisfaction - conditions of the ambulance transport.
- Overall satisfaction - an overall rating.

The table (below) indicates that 98 per cent of NSW residents surveyed are satisfied or very satisfied with all aspects of service delivery, up from 97 per cent in 2003.

In particular, the Service experienced a significant increase in call response time satisfaction. 98 per cent of respondents were satisfied or very satisfied with the time taken to answer their emergency call compared with 61 per cent in 2003.

NSW continues to be the leader in perceived ambulance response time satisfaction. 96 per cent of respondents were satisfied or very satisfied with the response time of the ambulance compared with 56 per cent in 2003. Satisfaction with the explanation given by ambulance officers about what was happening to patients and why also improved, up from 94 per cent to 97 per cent.

Satisfaction Ratings

Key Area	Dissatisfied or very dissatisfied 2004 %	Neither satisfied, nor dissatisfied 2004 %	Very satisfied or satisfied 2004 %	Very satisfied or satisfied 2003 %
Call response time satisfaction rating	1	1	98	61
Satisfaction with communications staff	1	1	98	97
Ambulance response time	2	2	96	56
Ambulance officer care rating	1	1	98	98
Treatment satisfaction	1	1	98	99
Ambulance officer satisfaction rating	1	2	97	94
Trip/ride satisfaction	3	4	93	94
Overall satisfaction	1	1	98	97

"The results of the National Patient Satisfaction Survey show that the Service has a slightly higher level of usage compared to other States, and once again, performed strongly compared to other States and indicates that 98 per cent of NSW residents are satisfied or very satisfied with all aspects of service delivery."

Greg Rochford, Chief Executive Officer

Honours and Merit Awards

Australian Honours
Bravery Medal (BM)
David WELLS

Australian Ambulance Service Medal (ASM)
Geoffrey FUDGE
Kenneth McLENNAN (Rtd)
Peter PAYNE

National Medal
For recognition of 15 years diligent service by uniformed officers
Scott ACTON
Roger ANDREWS
Paul ANTCLIFF
Peter BARNES
Stuart BARON
Robert BEST
John BEVAN
Craig BINKS
Anthony BISHENDEN
Gregory BLUME
Kevin BOOTH
Karen BOYD
Robyn BRENNAN
Anthony BROWN
Mark BUDWORTH
Lynn BURROWS
David BURTON
Michael CARTER
Kristine CHANEY
Ross CHIVERS
Andrew CHRISTENSEN
Catherine CLANCY
Geoffrey COLEMAN
Narelle COLLINS
Kathleen COYLE
Karl CRONAN
Phillip CROSS
Michael CROWE
Noel DAVIS
Brett DAVISON
Anthony DEBEUZEVILLE-HOWARTH
Graham EDWARDS
Peter ELLIOTT
Glen ENGLAND
Lisa FAULKNER
Alan FINDLAY
Craig GARGETT
Leo GORDON
Simon GOULD
Simon GRACE
Russell GRASBY
Robert GRAY
Amanda GRAY
Geoffrey HAMILTON
Carolyn HANCOCK
John HANDEL
Paul HARMEY
Lawrence HARRIGAN
Jeffrey HARRINGTON
Louise HENNESSY
Kenneth HERD
Deborah HOGAN
John HOLLOWAY
Peter HUBBARD
David HUNT
Ashley HUNT
Ian HUTCHINSON
Anton JAMSEK
Colin JOHNSON
Kevin JOHNSTON
Patrick KEAN
Andrew KING
Kevin KIRWAN
Mathew KITCHINGHAM
Tore KLEVJER
Michelle KNOTT
David LEE
Gregory LYE
Lisa MACKAY
Leslie MAJOROS
Elizabeth MALONE
Darrin MARTIN
Bettina MASON
David McALLAN
Julianne McANDREW
Gaye McKAY
Wayne McKENNA
David McKITTRICK
David McMILLAN
Terry MELHUISH
Wayne METCALF
Rohan MILLER
Michael MILLS
Christopher MOORE
Roger MOORE
Michael NADIN
John NINNESS
Jo-Anne NINNESS
Peter O'DONNELL
Phillip OWENS
Robert PICKERSGILL
Ian PICKUP
Cathryn POTTER
Anthony POWELL
Justin PRIOR
Maxine PUUSTINEN
Stephanie RADNIDGE
Shane RAE
Phillip RANDALL
John REDFERN
Michael REGAN
Glenn ROBINSON
Anthony ROCKLEY
Wayne RODWAY
Craig SHORT
Kerrie SIMPSON
Andrew SINCLAIR
Graham SMITH
Edward SMITH
Ronald SOMMER
Karl SPACKMAN
James SUTTON
Jacqueline SWATRIDGE
James TESTER
Paul THOMPSON
Russell THOMPSON
Timothy TOYNTON
Donald UPWARD
Leo VAN THIEL
Anthony VANCE
Ronald VISMAN
Ann WALTON
Bruce WATERS
Stephen WHAN
Dean WHITELAW
Thomas WILLIAMS
Ronald WILLOUGHBY
Suzanne WILSON
Tony WISELY
John WOOD
Jacinta YOUNG
Phillip ZUIDERWYK

1st Clasp
For recognition of 25 years diligent service by uniformed officers
Gary BALDWIN
Ronald BARROW
Alexander BIRRELL
Douglas BOST
James BROWN
Geoffrey CASTLEDEN
Ian CERFF
Peter DALY
James DEVLIN
Wayne DUNLOP
Gary DYSON
Glen EKERT
James FARRELL
Garrie FOSTER
Gordon GARLICK
John GLEESON
Leo GORDON
Maxwell GORDON
Stuart GREENSHIELDS
Richard HAMILTON
Edward HILL
Reginald HITCHENS
Denis HUNTER
John KANNE
Noel KELLEHER
Anthony LONARD
Peter LUXFORD
Michael MAIR
Shane MITCHELL
Royce MOORE
Alistair MORRISON
Arnold NOBLE
Peter O'DONOGHUE
Daniel O'CONNOR
Daniel PAGET
Ronald PARRY
John PASCOE
Christopher PATRICK
Wayne PITT
David ROWE
Leon SAWYER
Brian SAYWELL
Gary SCOTT
James SEALEY
Owen SHARP
Geoffrey SIMPSON
Grahame SMITH
Steven SMITH
Geoffrey STAFF
David STARK
Paul STEWART
Maxwell STONESTREET
Douglas SUTTON
Steven TOWLE
Leslie TRELOAR
John URQUHART
Ross VAN DER ZEE
Raymond WALSH
Terry WARDEN
Charles WATKINS
Terrence WESTLAKE
Brian WHITE
Desmond WHITNEY
Robert WILLIAMS

2nd Clasp
For recognition of 35 years diligent service by uniformed officers
Michael BARKLEY
Terence DAUNT
Clive HEPBURN
Leonard JOHNSTON
Leslie MacLEOD
Alan McKENZIE
Leslie NEWLING
Leslie PARKER
Reginald RENDALL
Darrell SMITH
Michael TAYLOR
Garry TURNER
Terry WARDEN
Ian WILLIS

3rd Clasp
For recognition of 45 years diligent service by a uniformed officer.
Rexford BAILEY

Service Awards
Distinguished Service Medal - for uniformed officers
Mark GOODGER

General Manager Operations -Commendation
Paul ALEXANDER
Mark BUDWORTH
Mark CARLE
Terry CARR
Gonzalis DeANGULO
Jim DELANEY
Wayne DENYER
Alison EVANS
Stephen FREAR
Dearne FULCHER
Mark FULCHER
Ross GATES
Brendan HARLEY
Steven HARTGROVE
Adrian HUMPHREY
Ian JOHNS
Peter LAWSON
Paul SMITH
Jack SPICER
Glenn STALKER
Norman TALLON
Christopher WEAVER

General Manager Operations -Certificate of Recognition
Terry CARR
Andrew ETHERINGTION
John GLEESON
Trevor GREEN
Robert GRAY
James GREY
John GRUAR
Andrew JOHNSON
Andrew RENGGER
Ronald STOLFA
Mark HORDER (NSWFB)

General Manager Operations -Letter of Recognition
Phillip PROUST
Graeme SILVER

St John Ambulance (NSW)
Emergency Services Award
Jack SPICER

Volunteer Services and the Community

Peer Support Officers

The Service has 78 peer support officers who are uniformed staff that provide an early intervention service, out-of-hours on most occasions, to colleagues who experience stress as a result of exposure to traumatic workplace incidents. Peer support officers spent around 1,000 hours providing support during the year.

Chaplaincy

The Service's 14 Ambulance chaplains provide volunteer counselling, pastoral care and spiritual support to employees who have been exposed to traumatic workplace incidents or who experience wide reaching personal issues. Additionally, Ambulance chaplains provide support and undertake memorial and civil services for staff, their families and ambulance patients.

Ceremonial Guard

The Ceremonial Guard consists of a group of ambulance officers, who in 1988 recognised the need to be involved in community events. The group has grown in strength and now includes some 28 male and female officers from ambulance stations located throughout the Hunter Sector.

Membership is solely on a voluntary basis and all training, parades, civic and service functions are undertaken during off-duty time.

The Ambulance Band

In 1985, the then Health Minister, commissioned the Ambulance Band at the opening of a wing of the St George Hospital.

Since that time the Band has performed for Her Majesty Queen Elizabeth II at the opening of Parramatta Stadium, graduation ceremonies at the Ambulance Education Centre Rozelle, St John Investitures at Government House, NSW Health functions and special approved events in metropolitan and rural NSW such as NSW State Welcome/Recognition, Australia Day, Anzac and Sunset Ceremony Services and notable funerals.

The Band membership is made up of 40 musicians, men and women, with a remarkable range in age and experience which enables the Band to maintain the high standard that the NSW community and the Service can be proud of.

Honorary Ambulance Officers

A workforce of over 80 honorary ambulance officers provide first aid to the sick and injured and first response to incidents in remote areas of NSW where back up is not always readily available.

To improve resources, training and support in emergency pre-hospital care where geographical isolation, harsh climates, vast distances and extended time delays impinge on the health outcomes of people in remote outback communities a number of programs have been developed. These include Community First Responders, hospital based Honorary Ambulance Officer Programs and honorary officers working alongside professional ambulance officers.

Training and supporting community members to work together with the Service provides more equitable access in emergency pre-hospital care and improved health outcomes for people in isolated rural communities.

Donations

The Service wishes to formally thank Mr Walter and Mrs Edith Sheldon for their donation to purchase a Mercedes Sprinter ambulance.

Mr and Mrs Sheldon have provided a potential life saving gift to the community of northern Sydney.

The following table lists donations of $10,000 or more received by the Service during 2003/04.

"On several occasions recently, we required the services of an ambulance and we have always found the ambulance officers efficient, helpful and courteous and this gave us the idea of purchasing an ambulance for the community". Mr and Mrs Sheldon

*Amount of donation withheld

Donor	Date	Amount	Used to Purchase
Mr Walter and Mrs Edith Sheldon	Jun 04	*	Mercedes Sprinter ambulance
Mr Fleming Muntz	Apr 04	$18,096	General
The Coastwatchers Charcoalition	Aug 03	$12,000	Zoll defibrillator
Commercial Club (Albury)	Feb 04	$12,000	Zoll defibrillator
Lions Club of Albury Wodonga	Feb 04	$11,715	Zoll defibrillator
Merriwa RSL Club	Jul 03	$11,400	Zoll defibrillator
Excelsior Sporting Club, Broken Hill	Aug 03	$10,663	Defibrillator and two pulse oximeters
Estate of the late Gladys Bennett	Jan 04	$10,000	General

Contacts

IN AN EMERGENCY:
Dial OOO
Statewide - 24 hours - 7 days a week

Senior Complaints Officer
Telephone: 1800 269 133
24 hours a day, seven days a week.

State Headquarters
Balmain Road
Rozelle
Postal Address: Locked Bag 105
Rozelle NSW 2039
Telephone: (02) 9320 7777
Facsimile: (02) 9320 7800

Sydney Division
75 Carlton Crescent
Summer Hill NSW 2130
Telephone: (02) 9716 9981
Facsimile: (02) 9798 0788

Sydney Division Sector Offices
Northern Sydney
60 Isis Street
Wahroonga NSW 2076
Telephone: (02) 9487 8056
Facsimile: (02) 9487 8051

South Eastern Sydney
Emergency Services Centre
Level 1 / 5-9 Butler Road
Hurstville NSW 2220
Telephone: (02) 9580 3106
Facsimile: (02) 9580 3090

Western Sydney
153-155 Railway Street
Parramatta West NSW 2150
Telephone: (02) 9891 3506
Facsimile: (02) 9893 9646

South Western Sydney
Cnr Meredith Street & Rickard Road
Bankstown NSW 2200
Telephone: (02) 9708 1111
Facsimile: (02) 9708 0076

Sydney Operations Centre
Sydney Ambulance Centre
Australian Technology Park
Eveleigh
Postal Address: PO Box 530
Alexandria NSW 1430
Telephone: (02) 8396 5111
Facsimile: (02) 8396 5147
24 hours - 7 days a week

Ambulance Education Centre
Balmain Road
Rozelle
Postal Address: Locked Bag 105
Rozelle NSW 2039
Telephone: (02) 9320 7777
Facsimile: (02) 9320 7809

Northern Division
77 Denison Street
Hamilton
Postal Address: PO Box 17
Hamilton NSW 2303
Telephone: (02) 4921 7500
Facsimile: (02) 4961 4549

Northern Division Sector Offices
Central Coast
241 Brisbane Water Drive
Point Clare NSW 2250
Telephone: (02) 4323 7908
Facsimile: (02) 4325 4013

Hunter
75 Denison Street
Hamilton
Postal Address: PO Box 17
Hamilton NSW 2303
Telephone: (02) 4921 7540
Facsimile: (02) 4965 3179

Mid North Coast
345 Pacific Highway
Coffs Harbour
Postal Address: PO Box 271
Coffs Harbour NSW 2450
Telephone: (02) 6652 2350
Facsimile: (02) 6651 5177

Northern Rivers
212-220 Keen Street
Lismore NSW 2480
Telephone: (02) 6621 2126
Facsimile: (02) 6622 1606

Northern Operations Centre
1A Dudley Road
Charlestown
Postal Address: PO Box 17
Hamilton NSW 2303
Telephone: (02) 4947 5441
Facsimile: (02) 4947 5448
24 hours - 7 days a week

Southern Division
18 Clifford Street
Goulburn
Postal Address: Locked Bag 13
Goulburn NSW 2580
Telephone: (02) 4827 0401
Facsimile: (02) 4827 0425

Southern Division Sector Offices
Illawarra
455-457 Crown Street
Wollongong NSW 2500
Telephone: (02) 4227 0210
Facsimile: (02) 4227 0263

Greater Murray
54 Johnston Street
Wagga Wagga NSW 2650
Telephone: (02) 6921 7162
Facsimile: (02) 6921 9447

South Eastern
18 Clifford Street
Goulburn
Postal Address: Locked Bag 13
Goulburn NSW 2580
Telephone: (02) 4827 0420
Facsimile: (02) 4827 0404

Southern Operations Centre
10 Captain Cook Drive
Barrack Heights NSW 2528
Telephone: (02) 4297 9270
Facsimile: (02) 4297 9248
24 hours - 7 days a week

Western Division
62 Windsor Parade
Dubbo
Postal Address: PO Box 15
Dubbo NSW 2830
Telephone: (02) 6883 4333
Facsimile: (02) 6883 4363

Western Division Sector Offices
Central West
32 William Street
Bathurst
Postal Address: PO Box 340
Bathurst NSW 2795
Telephone: (02) 6331 9233
Facsimile: (02) 6331 8460

Macquarie and Far West
62 Windsor Parade
Dubbo
Postal Address: PO Box 15
Dubbo NSW 2830
Telephone: (02) 6883 4316
Facsimile: (02) 6883 4317

New England
197 Marius Street
Tamworth
Postal Address: PO Box 978
Tamworth NSW 2340
Telephone: (02) 6766 8088
Facsimile: (02) 6766 7429

Western Operations Centre
62 Windsor Parade
Dubbo
Postal Address: PO Box 15
Dubbo NSW 2830
Telephone: (02) 6883 4341
Facsimile: (02) 6883 4363
24 hours - 7 days a week

Air Ambulance Service of NSW
Cnr Ross Smith Avenue & Eleventh Street,
Mascot
Postal Address: PO Box 878
Mascot NSW 2020
Telephone: (02) 9317 4024
Facsimile: (02) 9667 1631

Ambulance Medical Retrieval Unit
Level 1, St George Hospital
Burt Nielsen Wing
Gray Street
Kogarah NSW 2217
Telephone: (02) 9553 2222
Facsimile: (02) 9553 4598

OFFICE HOURS
Office hours for the Ambulance Service of New
South Wales are 9.00am to 5.00pm - Monday
to Friday except for Operations Centres which
are staffed 24 hours - 7 days a week.

Index