



**Ambulance Service
of New South Wales**

Caring

Respect

Accountability

Satisfaction

Excellence

Equity

**2004/05
ANNUAL
REPORT**

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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 for 000 emergency calls.

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of New South Wales**

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Mr John Hatzistergos
Minister for Health
Level 31
Governor Macquarie Tower
1 Farrer Place
Sydney NSW 2000

Dear Minister

I have pleasure in submitting the Ambulance Service of New South Wales' Annual Report for the year ended 30 June 2005, 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.

A handwritten signature in black ink, appearing to read 'Greg Rochford'.

Greg Rochford
Chief Executive Officer

The Ambulance Service of New South Wales (Ambulance)

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 Ambulance.
- 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 Ambulance 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.

2004/05 Highlights

- During 2004/05, total responses (both emergency and non-emergency) increased by 2.1 per cent from 2003/04 to over 947,000. This represents an average of 2,595 responses per day, a response to a call for assistance every 33 seconds.
- Improved efficiency of our operational systems and increased the range and scope of care provided by Ambulance to link more effectively with the continuum of health care.
- Introduction of a patient allocation matrix that identifies in-patient medical services provided at each metropolitan hospital allowing ambulance officers to transport the patient to the right hospital the first time.
- Data is used in real time to disperse Ambulance patients across Sydney emergency departments and assist hospitals manage peak demand periods. This has resulted in significant improvements in ambulance off-stretcher times.
- Early notification to emergency departments on the estimated time of ambulance arrival and the condition of the patient transmitted direct from the scene.
- Medical Priority Dispatch System was introduced across NSW.
- Staffing enhancements have seen an additional 28 patient transport officers and 48 ambulance officers introduced in rural areas. These enhancements have improved roster coverage as well as providing relief commitments in some areas.
- An additional 20 ambulance officers recruited in metropolitan Sydney - the first stage of a four year plan that will see 250 additional Ambulance personnel recruited.
- The NSW "Ambulance Health Counter Disaster Unit" was tasked by the Commonwealth Government to coordinate a National effort on 28 December 2004 to provide a substantial response to the tsunami affected regions in South East Asia.
- Introduction of the NSW Health Incident Information Management System (IIMS) to report any adverse event, near miss or complaint involving patient care.
- Commenced upgrade of the baseline core skill set for qualified ambulance officers to include enhanced techniques for airway and pain management.
- Consolidation of a systematic means of tracking, guiding and supporting ambulance officer certification throughout the State.
- Completion of the roll out of the Sydney Metropolitan Mobile Radio Data Network.
- New ambulance stations constructed at Sussex Inlet and Forbes.
- Commenced expansion of the data network to all Ambulance facilities, which will result in an extra 216 sites on the network.
- Following extensive consultation and input from the community, launched a new look community focused website, including an interactive children's section and multilingual resources.

Future Initiatives

- Continue to progress initiatives to better manage ambulance demand.
- Ambulance participation in the NSW Health Futures Forum to investigate future models for delivering pre-hospital care.
- Continue roll-out of staffing enhancements to rural and metropolitan Sydney areas.
- Determine clinical profiles for the Ambulance staff establishment to enable a wider distribution of intensive care paramedics across NSW.
- Implementation of web-based electronic booking system for on-line booking of non-urgent ambulance transports.
- Finalise Wide Area Network expansion to every Ambulance facility.

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.
- 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.
- 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 time of need.
- 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 (photo below).
- 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 Ambulance celebrated 100 years of saving lives and caring for the people of NSW.
- 1997 Ambulance directed medical operations at the Thredbo disaster which involved emergency services from around the country.
- 1998 Implementation of Computer Aided Dispatch (CAD) system. Ambulance 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. Successful statewide implementation of the Computer Aided Dispatch (CAD) system and commissioning of operations centres.
- 2000 Sydney Olympic and Paralympic Games. Ambulance officers and support staff help to make them the best Games ever!
- 2001 Auditor-General report focuses on our vision and review.
- 2002 Comprehensive review of 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 Ambulance.
- 2004 Rapid response tier implemented in Sydney metropolitan area. Workforce Planning Unit established. Clinical performance indicators introduced.
- 2005 Commenced a comprehensive clinical skills project to enhance the skill level of ambulance officers and provide a consistent level of patient care throughout New South Wales.



Superintendent Adams from Glen Innes operates a two-way radio.

Report from the Board Chair and Chief Executive Officer

Strong growth in demand for ambulance services continued in the 2004/05 year resulting in over 947,000 responses by Ambulance resources.

During the year the numbers of ambulance operatives increased by 2.7 per cent and several important changes were introduced to the range and quality of care delivered by Ambulance.

Good progress continues to be made on the Clinical Action Plan project under the guidance of our Clinical Governance committees. The most significant of these initiatives has been the upgrading of core clinical skills for all ambulance officers with an emphasis on improving pain relief and management of the airway of unconscious patients. The additional training has been well received with priority being given to officers practicing in rural and remote locations. A very high pass rate means that communities in most high priority locations now have access to the new skills. The roll out program will now accelerate over the next few years as the training focus moves to more urban communities.

The completion of the Medical Priority Dispatch project during the year has allowed us to significantly improve our handling of emergency "000" calls. Additional clinical care and advice is now available to all callers and we have a greater ability to recognise and respond swiftly to emergencies that involve immediate threats to life or limb.

Significant work was also undertaken with Sydney metropolitan hospitals to improve the operation of the emergency department network. The new patient allocation matrix allows ambulance officers to select a destination based on the range of clinical services available that are appropriate to their patient's condition. At the same time, detailed modelling of ambulance patient journeys has assisted hospitals to manage the expected ebb and flow of patient numbers across different clinical categories within their catchments. The new approach ensured that 98.7 percent of all ambulance patients were taken to the most clinically appropriate hospital. More work is still needed to improve the efficient assessment and transfer of patients during peak periods and a number of refinements are to be made in readiness for 2006.

Planning and preparation for mass casualty events continued as a major focus for Ambulance. Sadly, our capacity was once again put to use in the reporting year. The devastating tsunami in South East Asia occurred in circumstances where a comprehensive civilian medical response was required in the initial stages. The Counter Disaster Unit was tasked by the Australian Government to coordinate the initial response on 28 December 2004. Four multi-disciplinary and fully self sufficient teams made up of clinicians and support staff from around the country were deployed to the effected regions. This was a significant mission because of the scale of the disaster and the logistics involved and we are proud of all who contributed both overseas and at home.

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

Appreciation also goes to our honorary ambulance officers who play a pivotal role in service delivery in rural and remote locations, and to community representatives who have provided important perspective and contributions in various Ambulance forums.



Barrie Unsworth
Board Chair



Greg Rochford
Chief Executive Officer

Year in Review

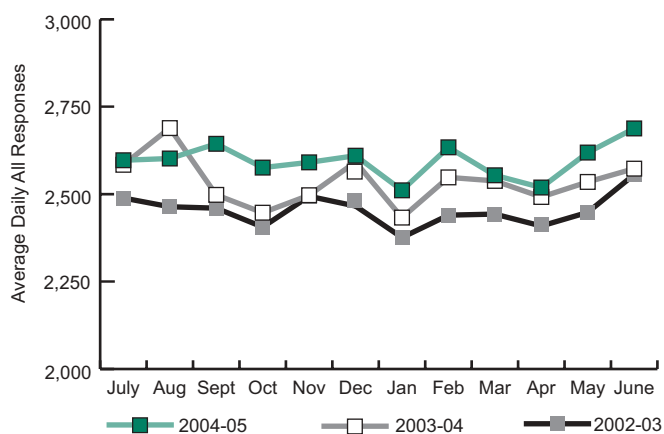
Total Activity

Total responses

During 2004/05, total responses (both emergency and non-emergency) increased by 2.1 per cent from 2003/04 to over 947,000. This represents an increase of more than 19,000 responses over the previous period (928,000) and 51,000 additional responses compared to 2002/03 (895,000). Ambulance continues to experience strong growth in demand with an overall increase in responses of 5.8 per cent over the past two years.

Average daily response activity recorded across the State over the past three years is shown below in Figure 1 and includes both emergency and non-emergency responses. During 2004/05, Ambulance provided an average of 2,595 responses per day, responding to a call for assistance every 33 seconds. Sydney Division experienced the biggest increase in responses (up by 3.5 per cent over the previous period).

Figure 1 - Total Responses



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

Total incidents

During the 2004/05 period, there was a corresponding one per cent increase in the total number of incidents to over 794,000 compared to 2003/04 (786,000 incidents) and a 3.4 per cent increase in incidents compared to 2002/03 (768,000).

Factors contributing to increasing demand include growth in the total NSW population and an ageing population with associated increasing rates of illnesses. Similar to other health providers, Ambulance experiences strong demand during the colder months.

Explanatory Note

Ambulance 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.

Ambulance 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

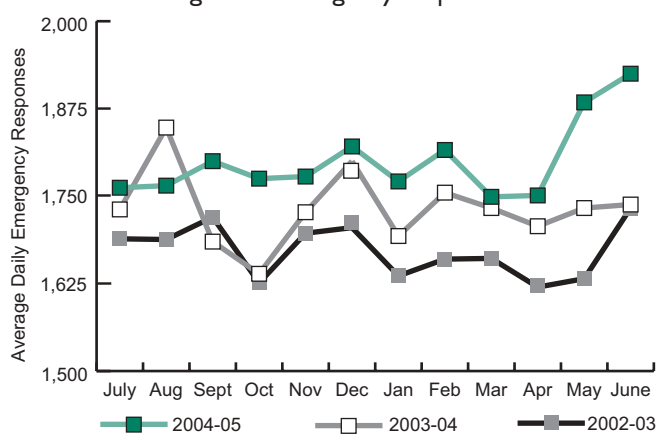
Emergency responses

During 2004/05 total emergency responses increased by 3.6 per cent from 2003/04 to over 656,000. This equates to over 22,000 responses more than the previous period (634,000) and 46,000 additional responses compared to 2002/03 (610,000), an overall increase in emergency responses 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 below in Figure 2. During 2004/05, Ambulance provided an average of 1,799 emergency responses per day, up from 1,732 per day during 2003/04.

The peak in the graph during the months of May and June does not only represent an increase in emergency activity, but also a change in the way that emergency activity is defined, due to the implementation of the Medical Priority Dispatch System (MPDS) - see explanatory note below.

Figure 2 - Emergency Responses



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

Emergency incidents

During the 2004/05 period, Ambulance responded to 528,000 emergency incidents, an increase of 2.5 per cent compared to 2003/04 (515,000 emergency incidents) and a 4.6 per cent increase compared to 2002/03 (505,000 emergency incidents).

Explanatory Note

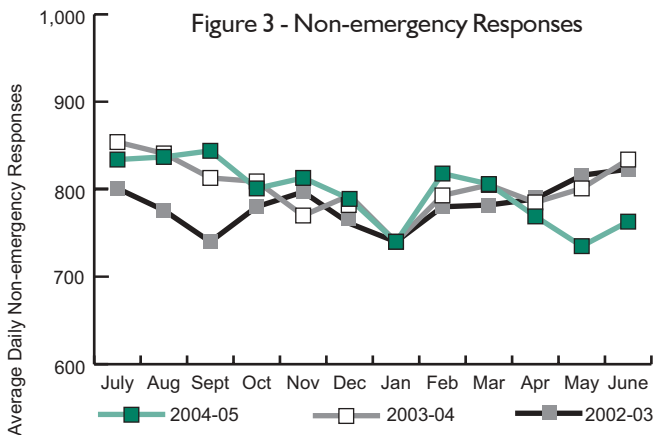
From May 2005 emergency activity is reported for "000" cases determined as "emergency" (immediate response under lights and sirens) or "urgent" (undelayed response without warning devices) under the Medical Prioritised Dispatch System (MPDS); bringing NSW in line with all other Australian ambulance services. Prior to May 2005, emergency activity was reported for all "000" calls. For this reason response times in May and June 2005 are not comparable with previous data. Further information on MPDS is provided on page 20 of this Annual Report.

Year in Review

Non-Emergency Activity

During 2004/05, Ambulance provided over 290,000 non-emergency responses across the State, a decrease of 4,000 responses compared with 2003/04 (294,000 responses) and 5,000 additional responses compared to 2002/03 (285,000). Ambulance provided an average of 796 non-emergency responses per day during 2004/05, down slightly from 803 per day during 2003/04.

Average daily non-emergency response activity over the past three years is shown below as Figure 3 and represents the difference between Figure 1 (total activity) and Figure 2 (emergency activity). The full implementation of MPDS represents a change in the way that non-emergency activity is defined and has therefore caused the trough in activity in May and June 2005. (see explanatory note below)



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

Explanatory Note

From May 2005, non-emergency activity data includes:

- "000" cases not determined as "emergency" (immediate response under lights and sirens) or "urgent" (undelayed response without warning devices) under the MPDS, and
- All calls not received via the "000" network (predominantly scheduled patient transfer services and out-patient appointments).

Prior to May 2005, non-emergency activity was reported as calls not received via the "000" network. For this reason response times in May/June 2005 are not comparable with previous data.

Types of Cases Treated

Caseload includes all patients treated by both road and air services. Table I has been updated for 2003/04 to include records that were not available at the time of reporting. Workload has been consistent between 2003/04 and 2004/05 with increases being reasonably evenly spread. The majority of the cases fall in "Other" which includes routine transports for medical appointments and procedures, and cases where the main condition / problem was not specific.

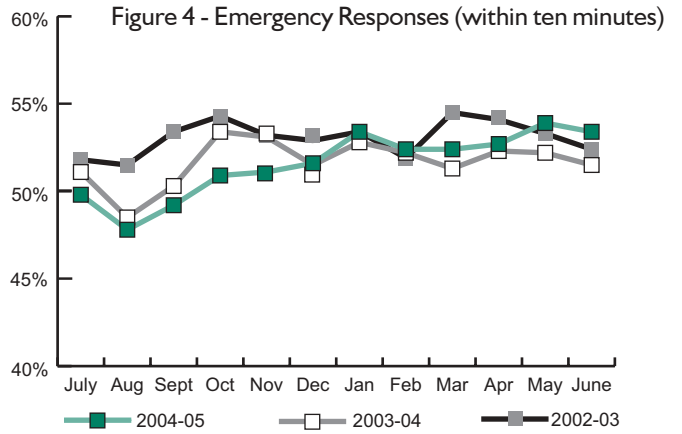
Types of Cases Treated (Table I)

Clinical Grouping	2004/05	2003/04*
Cardiac	44,921	45,583
General Medicine	79,920	76,031
Neurological	67,937	66,703
Respiratory	42,972	43,692
Trauma	120,054	117,379
Other	407,736	403,638
TOTAL	763,540	753,026

* Correction of 2003/04 report

Response Times – Emergency Response Performance

During 2004/05, 51.4 per cent of emergency calls were responded to within ten minutes. This compares to 51.7 per cent in 2003/04 and 53.1 per cent for 2002/03. Emergency response performance is represented in Figure 4 below (see explanatory note below).



Increasing external pressures, including a continual growth in demand for ambulance services and an increase in hospital turn-around times continue to impact on response performance.

The full implementation of MPDS has assisted Ambulance arrive at emergency cases faster and the Sustainable Access Program has enabled Ambulance to better manage ambulance demand as part of the Patient Flow Project. These strategies have translated into improved response times since their introduction in April 2005.

Sustainable Access Program initiatives implemented during 2004/05 include:

- Ambulance Release Teams, introduced to free up ambulance crews from hospital emergency departments.
- The Patient Allocation Matrix used by Ambulance and area health service staff to ensure the right patient gets to the right hospital for the right treatment at the right time.
- Ambulance Status Boards, available in hospital emergency departments to assist with demand management planning and reducing ambulance turn-around times.
- Upgrade of vehicle data terminals to provide hospital status information for patient deliveries to emergency departments.
- Active Ambulance involvement in providing assistance with area health services escalation planning.
- The establishment of combined area health services and Ambulance Working Party/User Group to create a closer working relationship for the Patient Flow Project.
- An extensive training program and associated material and software presented to ambulance officers and area health service staff to ensure that all staff within the health system understand the improved patient flow systems.

Explanatory Note

Note that from May 2005 emergency response performance is reported for "000" cases determined as "emergency" (immediate response under lights and sirens - incident is potentially life threatening) under MPDS. Prior to May 2005, response performance was reported for all "000" calls. For this reason response times in May and June 2005 are not comparable with previous data.

Year in Review

Aeromedical Services

The Aeromedical and Retrieval Services Division consists of the Aeromedical Operations Centre (AOC), the Aeromedical Retrieval Unit (AMRU), fixed wing services and rotary wing services.

The AOC is collocated with the AMRU and is staffed by Ambulance uniformed personnel and critical care clinicians who are responsible for:

- The coordination of all fixed wing activity.
- The coordination of the majority of helicopter service activity in NSW.
- The provision of an intensive care bed finding and critical care clinical advice service.
- The coordination of road retrieval activity within the greater Sydney area.
- The coordination of requests for medical retrieval between NSW hospitals.

Four Beechcraft King Air 200c fixed wing aircraft are based at Mascot with an additional Beechcraft King Air 200c aircraft based at Dubbo. Rotary wing services are provided from Lismore, Newcastle, Tamworth, Sydney (3), Wollongong, Orange, and Canberra.



Aeromedical Operations Centre

Fixed Wing Aircraft Activity

The number of patients transferred by fixed wing aircraft during 2004/05 fell by 2.3 per cent from the 2003/04 period, a decrease of 130 patients, as shown in Table 2.

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 2)

Fixed Wing Aircraft	2004/05			2003/04		
	Patients	Flights	Hours	Patients	Flights	Hours
Air Ambulance - Urgent	2,474	*	*	2,515	1,891	*
- Routine	2,115	*	*	2,074	400	*
Total Air Ambulance	4,589	2,311	5,867	4,589	2,291	5,689
RFDS (Dubbo) - Urgent	747	*	*	807	624	*
- Routine	53	*	*	136	44	*
Total RFDS (Dubbo)	800	609	1,153	943	668	1,267
Victorian Air Ambulance	201	180	165	188	171	159
Total Fixed Wing	5,590	3,100	7,185	5,720	3,130	7,115

* 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 Ambulance.

As shown in Table 3, the number of flights and hours flown increased slightly compared to the previous year although 42 less patients were transported by helicopter. A number of operators experienced difficulty in maintaining helicopter availability to the level required during the year.

Helicopter Activity (Table 3)

Helicopter Services	2004/05			2003/04		
	Patients	Flights	Hours	Patients	Flights	Hours
Sydney (Surf Life Saving Association)	510	580	820	516	583	833
Wollongong (Surf Life Saving Assoc/CHC*)	47	85	132	33	59	75
Newcastle (Surf Life Saving Association)	582	625	737	509	580	649
Tamworth (Surf Life Saving Association)	126	147	261	120	138	271
Lismore (Surf Life Saving Association)	179	239	354	244	257	389
Sydney (CareFlight)	488	546	827	498	569	750
Orange (CareFlight)	103	132	199	108	131	189
ChildFlight	430	456	946	436	478	1,003
Canberra (SouthCare)	240	294	552	283	300	562
TOTALS	2,705	3,104	4,828	2,747	3,095	4,721

* From March 2005, helicopter services in the Wollongong area were provided by CHC Australia.



Unloading a patient from an Air Ambulance aircraft.

2004/05 Performance Agreement with NSW Health

Background

The 2004/05 Performance Agreement with NSW Health has expired and will be the subject of a review. The Performance Agreement is made pursuant to section 126 of the *Health Services Act 1997* in "a spirit of mutual partnership" and sets out key priorities, levels of performance and the deliverables expected of Ambulance.

The Performance Agreement has two schedules, the first containing supporting information and the second performance measures.

Schedule 1 - Ambulance has met the six aims of the schedule in the following manner:

To improve Aboriginal Health, reducing inequities in health status with non- Aboriginal people

There are 59 Aboriginal people employed in frontline ambulance services enhancing the ability to deliver culturally appropriate services. Aboriginal crews were provided to the National Sorry Day Commemoration, the NSW Aboriginal Rugby League, the Yabun Survival Day concert and NAIDOC week activities. Cultural respect training was undertaken, Ambulance careers were promoted through Aboriginal media outlets and a streamlined entry point for Aboriginal applicants was provided.

To improve access to and quality of mental health services

Ambulance fully met its obligations to develop best practice for the treatment and transport of mentally ill patients. Funding provided has resulted in the appointment of three project officers looking specifically at psychiatric emergency critical care services, patient restraint and safety and a review of Police involvement in the transport of the mentally ill. The development of a mental health strategic plan and an e-learning package for staff enhances performance in this regard. Ambulance is also participating in the review of the Mental Health Act.

To improve patient safety by reducing adverse events

Again, Ambulance has met this aim by participating actively and fully in the NSW Patient Safety and Clinical Quality Program, including the introduction of an Incident Information Management System (IIMS) and the development of a system for reporting failures and analysing trends. Ambulance has developed and continues to work closely with the Clinical Excellence Commission to build its capacity to deliver safe pre-hospital care.

Schedule 2 - Ambulance achievements against the performance measures in the performance agreement are set out in the following table.

Operational performance

Performance Indicators	Baseline*	2004/05 Target*	Result
Cases attended within benchmark times as a percentage of all cases for:			
E10 (ambulance to emergency call within 10 minutes)	Metro - 52.6%	53.0%	53.2%
	Rural - 50.6%	53.0%	49.5%
E15 (ambulance to emergency call within 15 minutes)	Metro - 83.0%	85.0%	83.7%
	Rural - 75.3%	80.0%	75.0%
R30 (routine (P5) cases arriving no later than 30 minutes of appt. time)	Metro - 55.9%	56.0%	59.0%
Overall compliance and accuracy with emergency call taking processes at all Operations Centres:			
Total MPDS Compliance Score - Sydney	89.59%	90%	92.7%
Total MPDS Compliance Score - Northern	76.92%	90%	93.53%
Total MPDS Compliance Score - Southern	84.10%	90%	92.55%
Total MPDS Compliance Score - Western	83.89%	90%	95.01%

*Note: The Baseline represents what Ambulance is working from (ie the 2003/04 results), the 2004/05 Target is what Ambulance is working to.

To improve access to emergency and acute hospital services

Ambulance continues to work in partnership with area health services to improve patient flow, reduce off-stretcher time and to improve service delivery and management of patients presenting at emergency departments. This is evidenced by a decrease in off-stretcher times under the Sustainable Access Program and the implementation of a patient allocation matrix, allowing Ambulance to better manage the distribution of patients across the Sydney metropolitan hospital network.

To ensure efficient and effective management and allocation of resources to deliver health services within budget

Ambulance has demonstrated a capacity to operate within its budget in the face of unpredictable demand and high expectation of service delivery. Benchmarks set for payment of creditors have been exceeded, salary packaging and revenue best practice implemented and Ambulance has participated in discussions regarding shared corporate services and supply chain reform.

To improve consumer satisfaction with health services

Ambulance is held in high regard and high expectations of our services flow from that. Coordinating complaint handling via IIMS, access to a single designated complaints officer, a 24 hour complaints line and website e-mail all increase our accessibility and ability to respond to consumer expectations. Our website and our draft complaints guidelines were developed with consumer participation. Consumer representatives also sit on a number of Ambulance committees.

Our communication with the broader community is enhanced by the designation of Ambulance staff as media liaison assistants, who assist local media and promote the positive activities of Ambulance. Results of our participation in the Convention of Ambulance Authorities Patient Satisfaction Survey demonstrate that 97 per cent of respondents indicated they were either satisfied or very satisfied with all aspects of service delivery.

Ambulance Management Accountability	Process	Measure	Result
Medical Priority Dispatch	Complete implementation of Medical Priority Dispatch System (MPDS) or call prioritisation	Fully implement MPDS by 30 June 2005	Achieved
Improve the recruitment, transfer and retention of ambulance officers	Continue the development of a flexible and staff orientated recruitment strategy of ambulance officers across the State	By 30 June 2005: <ul style="list-style-type: none"> • Complete the implementation of operational establishment controls • Finalise consultation on rural incentive and State transfer scheme 	Achieved Not Achieved - Consultation underway on draft policies.

Clinical Performance

Ambulance Management Accountability	Process	Measure	Result
Ambulance Clinical Governance Framework	Continue implementation of clinical action plan	Deferred for further review during 2006. In the meantime, case review will continue to be managed by the Clinical Review Committee	On track Reported to Clinical Governance Committee (CGC) each quarter - ongoing
	Commence reporting on clinical indicators	By end of June 2005 commence reporting on three new clinical indicators relating to: <ul style="list-style-type: none"> • Management of asthma; • Pain management for limb trauma; and, • Management of spinal injuries 	Achieved First data presented in May to CGC. Divisional Clinical Quality Committees (DCQCs) have been assigned Clinical Practice Improvement (CPI) projects linked to these indicators.
	Reporting on data reliability	By end of June 2005, using sample data commence reporting on: <ul style="list-style-type: none"> • Reliability of ambulance officer reporting on Patient Health Care Records (PHCRs); and, • Reliability of data processing from PHCRs to database 	Achieved Procedures developed, measurements taken, and early results reported to CGC since Nov 2004. Now collated on a monthly basis. Baseline 97.5% now 99%. Western DCQC has finalised template and procedures to be adopted statewide during the next two to three months.
To enhance the clinical skills of all ambulance officers across NSW	Implement a modernised certification program which includes continuing education and professional development programs supported by in-field training officer	Comprehensive review of the first two years of Certificate to Practice by June 2006. Five in-field support positions established by January 2005, and a further five by January 2006. Learning management system established by October 2004	On track Manager Education preparing an overview
	Implement a new baseline core set (PI) for qualified ambulance officers using a structured approach on the basis of identifying communities with pressing needs	A minimum of 80 per cent of qualified ambulance officers trained to new baseline core set (PI) within three years	On track Introduced Laryngeal Mask Airway (LMA), Intranasal Fentanyl, Intranasal Midazolam and Promethazine (Phenergan). A total of 152 officers have completed training. An additional 150 officers will complete training by April 2006
	Develop a Clinical Training Officer framework to provide on-the-job clinical support and training	Clinical Training Officers in place across all Divisions by January 2005	Achieved
Enable the continued development and performance of staff	Implement a performance management and development program for all senior and middle managers	Program for operational and corporate managers implemented and first review completed by April 2005	Achieved

Corporate Governance

The Ambulance Service Board is responsible for corporate governance practices. 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 2004 to 30 June 2005

The Hon Barrie Unsworth, Chair

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 and a Director of Delta Electricity and Manly-Warringah Sea Eagles Limited.

Jon Isaacs, Deputy Chair

Executive Coach for the last seven years, Jon has over 16 years experience as a senior executive and CEO leading change in government and community sectors. Jon is the Chairman of Sydney Harbour Foreshore Authority and the independent Chairman of the Joint Management Committee overseeing the Rouse Hill Regional Centre development.

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 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.

Angeline Oyang OAM

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. Angeline was a board member of the NSW Board of Adult Education. She now chairs the Advisory Committee of a Chinese cancer support organisation, CanRevive, and is a member of the Australian Chinese Forum.

Maria Pethard

Maria is the former chief representative for Australia, New Zealand and the South Pacific for Banca Intesa and 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 Ambulance 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.

Results of the 2005 Readers Digest annual survey for Most Trusted Profession was awarded to ambulance officers across the nation for the third year running!

To celebrate the honour, a free lunchtime sausage sizzle was held for the public at Darling Harbour on Tuesday 17 May 2005.



Ambulance Officer Norm Spalding entertains young Kestra Straw at the BBQ.

Corporate Governance

Board Membership and Terms of Office - as at 30 June 2005

Board Member	Terms of Office
<i>Chair</i>	
The Hon Barrie Unsworth	20.03.01 - 30.06.05
<i>Deputy Chair</i>	
Mr Jon Isaacs	17.03.00 - 30.06.05
<i>Chief Executive Officer</i>	
Mr Greg Rochford (ex-officio member)	16.08.99 - 30.06.05
<i>Board Members</i>	
Ms Angeline Oyang	04.09.97 - 30.06.05
Ms Maria Pethard	04.09.97 - 30.06.05
Ms Linda Barach	10.11.03 - 30.06.05
<i>Staff Elected Board Member</i>	
Mr Jim Arneman	27.06.98 - 30.06.05

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 Ambulance. This process includes the setting of a strategic direction for both Ambulance 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 Ambulance employees.

Risk Management

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

Committees of the Ambulance Service Board as at 30 June 2005

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 Ambulance are being effectively and efficiently performed.

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.

This is the only Board committee where membership includes community and other representatives. Only the attendance of Board Directors is reported.

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 Ambulance.

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.

Key Consultative/Advisory Bodies

Medical Advisory Committee (MAC)

The Medical Advisory Committee provides expert advice to Ambulance to ensure treatment and protocols, procedures and pharmacology are representative of international best-practice in pre-hospital care.

Medical Retrieval Committee

The Medical Retrieval Committee provides advice and recommends policy on retrieval matters.

Medical Dispatch Review Committee

The Medical Dispatch Review Committee reviews data from the Medical Priority Dispatch System and feedback from operational staff and reviews clinical evidence before making decisions relating to response determinants.

NSW Health Committees

NSW Health provides funding and has close links with Ambulance in determining business and operational priorities.

Board/Committee Members and Attendances

Committee Members	Board Meetings (*11)		Corporate Governance Committee (*3)		Finance Committee (*11)		Audit Committee (*4)		Clinical Governance Committee (*4)	
	Meetings attended	Total meetings while in office	Meetings attended	Total meetings while in office	Meetings attended	Total meetings while in office	Meetings attended	Total meetings while in office	Meetings attended	Total meetings while in office
Barrie Unsworth	(C) 10	11			(C) 11	11				
Jon Isaacs	11	11	(C) 3	3					(C) 3	4
Jim Arneman	11	11					4	4	4	4
Angeline Oyang	10	11	3	3						
Maria Pethard	9	11			11	11	(C) 4	4		
Linda Barach	11	11					4	4		
Greg Rochford	11	11	3	3	10	11			3	4

* Represents the total number of meetings held between 1 July 2004 and 30 June 2005.

(C) Chair

Meetings attended Total meetings while in office

Corporate Governance

Code of Conduct and Ethics

Ambulance has a commitment to provide ethical practices for the community. The Code of Conduct describes the values and ethical framework that guides the organisation in the actions, decisions and behaviours, which underpin provision of those services. Having a Code of Conduct also demonstrates to the community our commitment to promoting integrity, effectiveness, fairness and impartiality.

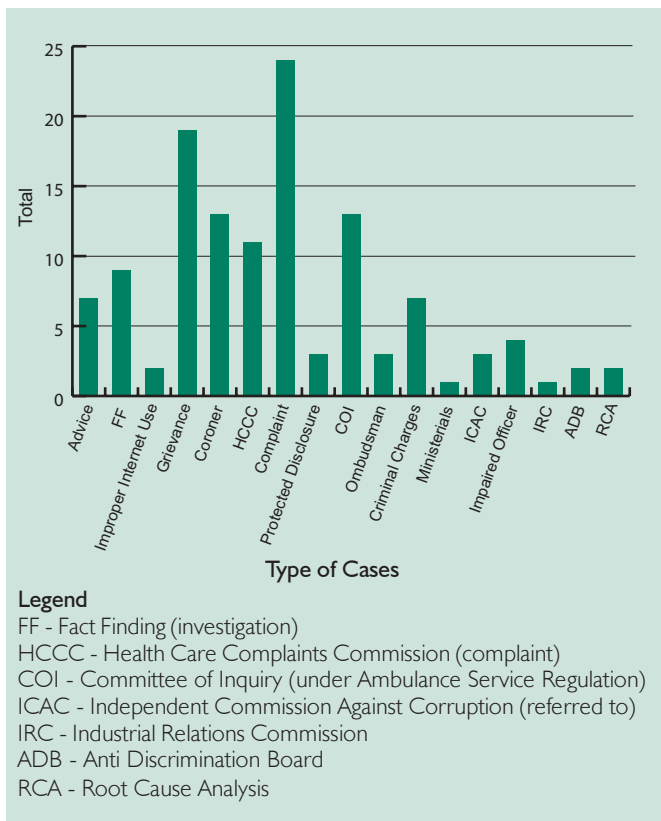
All staff members are required to behave in a manner consistent with the stated values and standards and report any suspected corrupt conduct or any departure from the Code by themselves or others.

Ambulance has further demonstrated its commitment to the promotion of ethical conduct with the establishment of the Professional Standards and Conduct Unit (PSCU).

Professional Standards and Conduct Unit

PSCU is responsible for strengthening ethical governance and managing disciplinary matters, investigations, serious grievances and protected disclosures.

During 2004/05, PSCU dealt with 124 matters (the following table shows the breakdown of the matters by type) and finalised 133 matters.



PSCU manages risk in terms of the conduct of staff and/or management of complaints.

A designated Senior Complaints Officer is available to staff and members of the public 24 hours, 7 days per week and is directly responsible for ensuring that appropriate action is being taken to resolve serious complaints.

Integrity Management Plan

Ambulance has adopted an Integrity Management Plan to strengthen ethical governance.

Many components of the plan have been developed and have been or are ready to be implemented including:

- A new Code of Conduct
- A new Complaints Handling Policy
- A statement of Business Ethics
- Review of S8 drugs

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.

Although variations to clinical practice should be rare, Ambulance 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 assists 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.

Clinical risk reporting enables Ambulance to identify clinical incidents, clinical near misses and sentinel events to enable specific and targeted processes to be enacted to reduce the risk of re-occurrence.

Variations to Clinical Practice are reported via IIMS and cases are reviewed by the Clinical Review Group (CRG). The procedure is overseen by the Manager Patient Safety and Manager Clinical Performance under the guidance of the Director, Clinical Services.

Awards

On Friday 5 November 2004, successful candidates for the 2004 NSW Premier's Public Sector Awards were announced by NSW Treasurer Michael Egan at a presentation at Darling Harbour. Ambulance was nominated in two categories, "Service Delivery" and "Services to Rural NSW", with both receiving a Commended Award.



Photographed after the presentation of Awards were (left to right) John Stonestreet Operations Manager Macquarie and Far West Sector, Phil Good Patient Safety Manager, Dennis Willis Divisional Manager Western, Gary Sinclair Manager Clinical Quality Control, Kathy Mitchell District Officer, Dr Michael Flynn General Manager, Medical Directorate and NSW Health Counter Disaster Services and Michelle Pitt Far West Area Health Service's Director of Nursing and Clinical Services.

Organisational Structure as at 30 June 2005

NSW Minister for Health

Ambulance Service Board Barrie Unsworth - Chair

Chief Executive Officer Greg Rochford

Executive Support Unit
Barbara Tilley

Professional Standards
and Conduct Unit
Marian O'Connell

Public Affairs
Kathryn Wood

Medical Directorate & Health Counter Disaster Services Dr Michael Flynn

NSW Health Counter Disaster Unit
Dr David Cooper

Clinical Services
David Hodge

- Patient Safety
- Clinical Performance
- Clinical Professional Development
- Education

Operations Mike Willis (Acting)

Special Operations

Aeromedical and Retrieval Services
Dr Ron Manning

Four Geographical Divisions

- Northern Division
Allan Loudfoot
- Southern Division
Denis Beavan
- Sydney Division
Ken Pritchard
- Western Division
Dennis Willis

Corporate Services Robert Gray

Finance & Data Services
Julie Newman

- Financial Services
- Management Accounting
- Data Services
- Operational Information Unit

Human Resources
Russell Cruikshank

- Employee Relations
- Risk Management
- Personnel Services
- Equity and Diversity
- Learning and Development

Infrastructure & Asset Services
Graham Hawkins

- Fleet, Buildings & Equipment
- Contracts & Tenders

Information Systems & Support
Roger Hanssen

- Information Technology &
System Support Unit
- Telecommunications Services

Service Planning
P N Nageswaran

Workforce Planning
Rosemary Hegner

NSW Community

Organisational Structure

Ambulance operates under the aegis of the Ambulance Service Board appointed by the Minister of Health. The Ambulance Services Act (1990) and Regulations (2000) is the legislative framework under which Ambulance functions. The Chief Executive Officer is responsible for the day to day running of Ambulance.

The executive structure includes General Managers responsible for Operational, Medical and Corporate functions. As new projects and reforms have been incorporated into day to day business across executive portfolios, such as clinical governance, patient safety, workforce planning, information and data analysis and service planning, there is potential for fragmentation of responsibilities and accountabilities.

Given this, a realignment of the executive portfolio responsibilities was undertaken during 2004/05 to bring associated activities together. The realignment involved a change in reporting lines for some branches and sections, appointments and individual positions have not changed.

The key changes are:

- The Director, Operational Strategy retitled Director, Clinical Services and now reports through the Medical Directorate. The position retained the responsibility of the Clinical Governance program and has taken on responsibility for the Ambulance Education Centre and mental health.
- Service Planning now reports to the General Manager, Corporate Services and the Operations Information Unit to Director, Finance and Data Services.
- Telecommunications Service transferred from the Manager, Infrastructure and Asset Services and now reports to the Director, Information Systems and Support.

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 patients and providers of pre-hospital care.
- Ambulance Education as a 'Registered Training Organisation', providing induction and in-service clinical training and clinical assistance programs. The Ambulance Education Centre at Rozelle is supported by training units located at Macksville, Lismore, Gilgandra, Hamilton, Point Clare, Bankstown, Bomaderry, Goulburn and Wagga Wagga with clinical training officers throughout rural and metropolitan areas providing educational and assessment processes for officer clinical certification.
- Clinical Services, embracing clinical performance; clinical quality improvement; patient safety; clinical professional development for operational officers and systems to effectively support officers in their clinical practice.
- Undertaking special projects of a clinical nature to enhance operational performance.
- Developing key performance indicators for patient safety and establishing clinical data for identifying risks and improvements in clinical practice in pre-hospital care services.

Externally, the Medical Directorate represents Ambulance 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 to address all aspects of disaster planning and undertake projects relating to health emergency.

The CDU coordinates policy to ensure a whole of Health response to a major emergency, incident or disaster and ensures the development and implementation of nationally recognised, competency-based learning and development programs relating to disaster management.

Operations Division

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, extending from Cowan in the north, to Wingello in the south and Mt Victoria in the west.

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 Ambulance, 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.

Operations Centres:

Located in Sydney, Charlestown (Newcastle), Warilla (Wollongong) and Dubbo.

Aeromedical and Medical Retrieval Services Division

The Aeromedical and Retrieval Services Division consists of the Aeromedical Operations Centre (AOC), the Aeromedical Retrieval Unit (AMRU), fixed wing services and rotary wing services.

The AOC is collocated with the AMRU and is staffed by Ambulance uniformed personnel and critical care clinicians who are responsible for:

- the coordination of all fixed wing activity
- the coordination of the majority of helicopter service activity
- the provision of an intensive care bed finding and critical care clinical advice service
- the coordination of road retrieval activity within the greater Sydney area.
- the coordination of requests for medical retrieval at NSW hospitals.

Four Beechcraft King Air 200c are based at Mascot with an additional Beechcraft King Air 200c based at Dubbo. Rotary wing services are located at Lismore, Newcastle, Tamworth, Sydney (3), Wollongong, Orange and Canberra.

Organisational Structure

Corporate Services Division

Finance and Data Services

Responsible for the management of information and data integrity, as well as Ambulance financial resources.

Human Resources

Human Resources is responsible for the development and management of strategic and operational human resource policies, programs and services, including recruitment, learning and organisational development, equity and diversity, personnel and employment support services, employee 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 Ambulance asset infrastructure requirements. Specific areas of activity relate to the planning, development and maintenance of the real assets, implementation of the fleet replacement and maintenance programs and assessment and acquisition of medical equipment.

Information Systems and Support

Information Systems and Support has three major areas of responsibility; AmbCAD Support, Technology Services and Telecommunications. AmbCAD Support is responsible for supporting and maintaining the Computer Aided Dispatch systems, including mobile data terminals. Technology Services is responsible for the purchase, deployment and maintenance of computer services and equipment, including associated software. Telecommunications is responsible for the purchase, deployment and maintenance of telecommunications services and equipment, including fixed and mobile, and wired and wireless services.

Workforce Planning

The Workforce Planning Unit provides a central coordination point for all establishment activities and ensures Ambulance is capable of delivering organisational objectives now and in the future.

Service Planning

Service Planning was established in May 2005 and consolidates planning functions within a single unit to enhance strategic and operational planning throughout Ambulance.

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 Ambulance and NSW Health.

Professional Standards and Conduct

The Professional Standards and Conduct Unit deals with serious complaints and conduct issues across the whole of Ambulance. In addition to this core function it is charged with influencing and improving Ambulance capacity, performance and credibility in corporate and ethical governance. The Unit has recently attracted additional responsibilities in respect of clinical governance and patient safety issues and systems.

Public Affairs

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



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 NSW 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 in February 2001. 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.
Steve resigned from Ambulance on 17 June 2005.

Mike Willis BHS, MACAP
Acting General Manager, Operations
SES Level 3 (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.

Robert Gray AIMM, FAIM MMgt
General Manager, Corporate Services
SES Level 3

Commenced 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, FRACGP FAFOM
General Manager, Medical Directorate & Health Counter Disaster Services
Level: SES Level 3 (Medical Specialist)

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 in February 2001. He fulfils the statutory role of State Health Services Functional Area Coordinator and State Medical Controller and has frequent contact and experience with other emergency services in the planning and delivery of pre-hospital care.

Dave Hodge MBA
Director, Clinical Services
Level: SES Level 2 (equivalent)

Dave commenced his ambulance service career in the UK in 1979. He qualified as a paramedic 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 Ambulance in 2002.

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

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

Other Ambulance (SES) Positions

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 Sydney Operations Centre. Ken has over 26 years experience in Ambulance having started his career as an ambulance officer in 1978. He has held several operational management positions throughout NSW. Managed the Sydney Operations Centre during the relocation to the present site as well as during the transition phase to computer aided dispatch.

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 Service including Divisional Commander (Northumbria, North Division), Senior Divisional Officer, North East Ambulance Service and Quality Assurance Officer.

Dennis Willis BHS (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. Dennis has over 38 years experience in Ambulance, 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 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 Ambulance 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 Manager in rural and remote areas.

NSW Divisional Boundaries and Ambulance Station Locations



Western Division

Macquarie & Far West Sector

- Baradine
- Bourke
- Brewarrina
- Broken Hill
- Cobar
- Collarenebri
- Coolah
- Coonabarabran
- Coonamble
- Dubbo
- Dunedoo
- Gilgandra
- Gulgong
- Lightning Ridge
- Mudgee
- Narramine
- Nyngan
- Walgett
- Warren
- Wellington

Mid West Sector

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

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
- Deniliquin
- Finley
- Griffith
- Gundagai
- Hay
- Hillston
- Holbrook
- Jerilderie
- Junee
- Leeton
- Lockhart
- Narrandera
- Temora
- Tumbarumba
- Tumut
- Wagga Wagga
- West Wyalong

South Eastern Sector

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

First Responder

- Gulgambone

Honorary

- Cudal
- Eugowra
- Manildra
- Trundle

Honorary

- Goodooga
- Ivanhoe
- Menindee
- Tibooburra
- Trangie
- Wanaaring
- Wilcannia
- Yeoval

Honorary

- Moulamein
- Pooncarie

Northern Division

Central Coast Sector

- Bateau Bay
- Ettalong
- Hawkesbury River
- Point Clare
- Terrigal
- Toukley
- Wyong

Mid North Coast Sector

- Bellingen
- Coffs Harbour
- Dorrigo
- Kempsey
- Laurieton
- Macksville
- Nambucca Heads
- Port Macquarie
- South West Rocks
- Taree
- Tuncurry
- Urunga
- Wauchope
- Woolgoolga

Hunter Sector

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

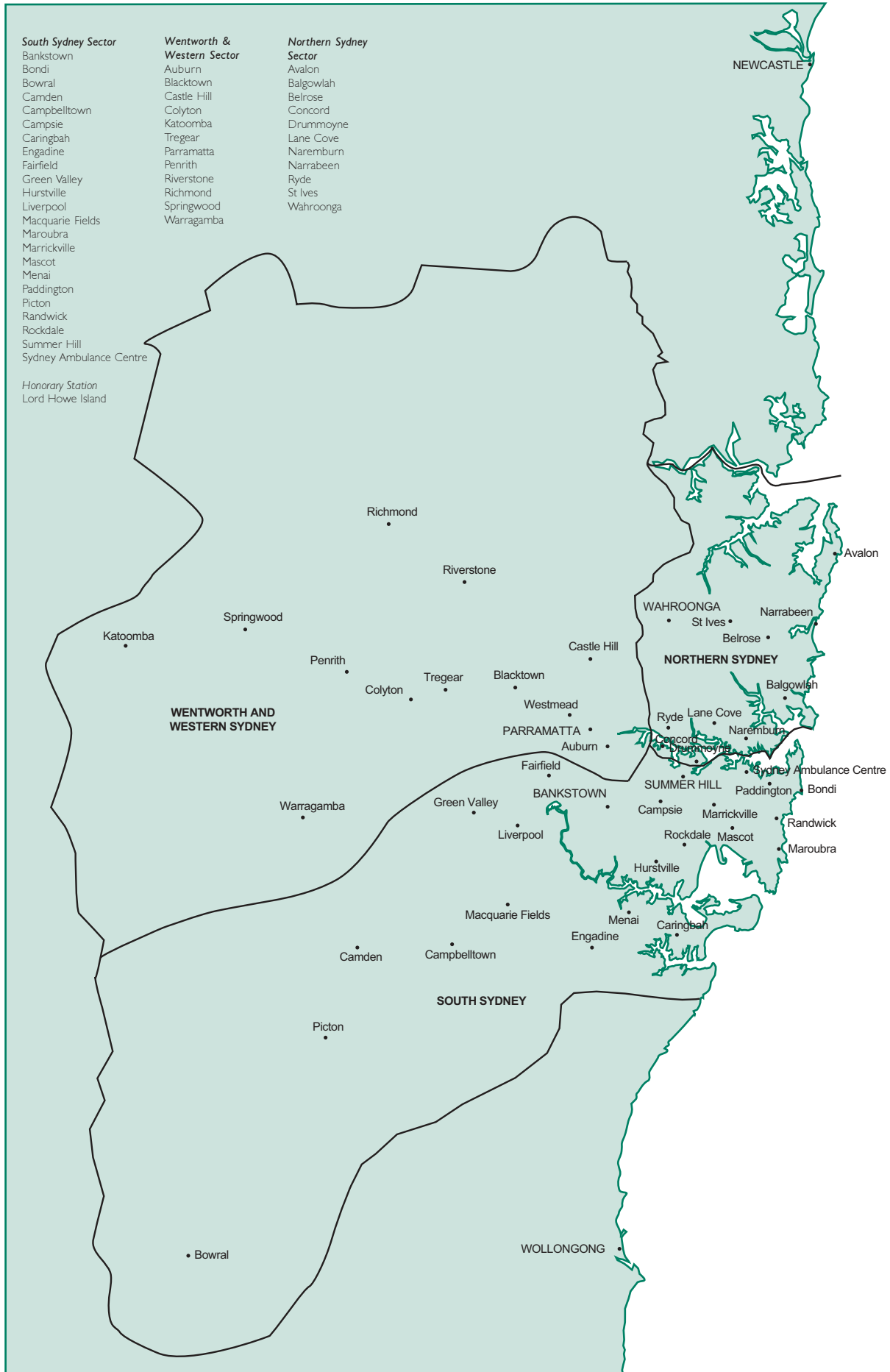
Honorary

- Coramba
- Glen Rae
- Nana Glen

Northern Rivers Sector

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

Sydney Division Ambulance Station Locations



Reports

The following pages include:

- Operational Report
- Clinical Report
- Technical Report
- Management Report
- NSW Health Counter Disaster Unit Report

Colleagues Cool Under Pressure

Quick thinking and good organisation by workers in a Parramatta office complex contributed to saving a life.

On Wednesday 23 March 2005, 47 year old Paramesh Halaradhya experienced severe chest pain and shortness of breath while at work. His colleagues called for an ambulance. While on the phone, accurate information was passed to operations centre staff about Paramesh's condition and location in the building. Staff in the building organised doorways to be opened and the only lift (that will accept a stretcher) to be ready for ambulance officers.

A few minutes after the "000" call, the patient suffered a cardiac arrest. A second call was made to "000" informing operations centre staff of the situation. Another ambulance was dispatched to the scene to assist in the care of the patient.

Paramedic Paul Delamont, one of the first ambulance officers on-scene, was impressed by the actions of the bystanders. He said, "bystanders can make a difference to the outcome of a patient, especially in cardiac arrest, providing accurate information so valuable time can be saved".

Ambulance officers initiated treatment and the patient was successfully intubated, cannulated and defibrillated. He was transported to Westmead Hospital with an output and after a short stay made a full recovery.



Paramesh Halaradhya (centre front of photograph) was reunited with work colleagues and ambulance officers at the presentation.

Community Award for Andy Menere

On Monday 30 May 2005, Ambulance Officer Andy Menere was awarded the Rotary Club of Wetherill Park "Service Above Self" award.



The following citation was delivered by Acting District Officer Stephanie Radnidge during a Rotary Club presentation at Smithfield RSL.

Most would agree that some callings are commonplace yet extraordinary at once. Such is the life of the medical professional. The miracle of birth and the finality of death occur daily, yet that miracle, that inevitable end and every form of illness and injury in between is the workplace of every ambulance officer.

Andy Menere, like many of his workmates, has devoted his career to preserving life and mitigating the effects of injury and illness. Not in the sterile and controlled operating theatre, not with the assistance of nursing staff, not with high-tech equipment and not with full knowledge of the patient's history. His workplace is the pool room, the muddy footpath adjacent to a busy road, the grimy floor of a factory and the fourth floor flat that he has just carried his medical equipment up to, and will carry a person back down.

For almost 30 years Andy has served the Fairfield community. The faces change but the jobs remain the same. A child with a broken arm, a man whose fingers have been severed by a lawnmower blade, a car crash victim with severe internal injuries. How does one keep track of the overdose victims, the young men assaulted, those stricken by stroke or heart attack?

Andy worked in the ANZAC Military Hospital before joining the then NSW Ambulance Transport Service. In over 35 years of tending the injured, the sick, the newborn and the dying, Andy has applied his knowledge and skill, his compassion and his training in what is an excellent example of "Service Above Self".

Major goals and outcomes

- Qualified ambulance officer skill upgrades have commenced to improve the baseline core skill set, including enhanced techniques for airway and pain management. Training has commenced in rural and remote locations on the basis of community needs.
- The South West Sydney and South East Sydney Sectors merged into one management unit.
- Commenced Head Injury Retrieval Trial (HIRT) in association with Careflight. The project is a randomised, controlled trial conducted in the Sydney Basin area to determine the effectiveness of physician led 'pre-hospital' care and intervention outcomes for severe blunt head injury patients.
- Worked in partnership with the Jewish community's Hatzolah (Hebrew for 'Saves') program. Designed specifically for the needs of the Jewish community the project aims to enhance education on the necessity of early intervention during a medical emergency.
- The new Queanbeyan Ambulance Station was officially opened on 28 April 2005.
- Successful implementation of a new mobile data radio system for vehicles on the Central Coast and the commencement of the wide area network for ambulance stations across the State.
- Reform of Northern Operations Centre complete, including a review and redesign of the Duty Operations Centre Officer role and successful merge of two dispatch areas.

Ambulance has produced achievements through a number of strategies introduced to better manage ambulance demand as part of the Patient Flow Project, including:

- Ambulance Release Teams, introduced to assist free up Ambulance crews from hospital emergency departments.
- The Patient Allocation Matrix used by Ambulance and area health service staff to ensure the right patient gets to the right hospital for the right treatment at the right time.
- Ambulance Status Boards available in hospital emergency departments to assist with demand management planning and reducing ambulance turn-around times.
- Upgrade of vehicle data terminals to provide hospital status information for patient deliveries to emergency departments.
- Active Ambulance involvement in providing assistance with area health services escalation planning.
- The establishment of combined area health services and Ambulance Working Party/User Group to create a closer working relationship for the Patient Flow Project.
- An extensive training program and associated material and software presented to ambulance officers and area health service staff to ensure that all staff within the health system understand the improved patient flow systems.

Key issues and events

- The Sydney Division attended a number of major exercises as well as planning and support provided for a number of regular events including, Sydney to Hobart Yacht Race, New Year's Eve, Australia Day Celebrations, Gay and Lesbian Mardi Gras and ANZAC Day parades.
- The New England Sector was involved in preparations and planning for the 2005 Country Music festival, an annual event attracting over 50,000 visitors to Tamworth and surrounding communities.
- The Southern Division Forum was held in April 2005, which concentrated on industrial agreements with the goal of standardised operational agreements throughout the Southern Division.
- A number of medal presentations occurred during 2004/05. This included the issue of National Medals and Clasps to long serving staff and also the presentation of ACT Bushfire medals/pins to recognise Ambulance personnel who attended the ACT Bushfires on 18 January 2003.

Future initiatives

- Ambulance participation in the Futures Forum to investigate future models for delivering pre-hospital care.
- Implementation of management realignment to strengthen the strategic role of senior management.
- Continuation and implementation of roster reform and performance appraisals for supervisors.
- Progression of multi-purpose services at Dunedoo, Nyngan, Walcha, Bingara and Warialda.
- Implementation of first responder programs in remote towns with limited resources.
- Implementation of SES first responder pilot project.
- The future rollout of capital works to high priority stations.
- The continued high-level liaison with area health services on issues affecting performance and service delivery.
- The implementation of agreed project strategies to improve deployment and staffing in the Central Coast and Hunter Sectors.

Medical Priority Dispatch Systems (MPDS)

Pre-hospital care provided by Ambulance spans from receipt of a call through the 000 network, to dispatch of ambulance officers, treatment administered to the patient, and transport of the patient to hospital.

The Emergency Medical Priority Dispatch System (MPDS) is a process by which 000 calls are triaged for urgency and severity. Call prioritisation is about improving the standard of service for the estimated 30 per cent of patients who would benefit from a quick response. Operational resources are responded to calls based on the information obtained from the callers and therefore the clinical needs of the patient, allowing the most appropriate resource available to be dispatched.

In April 2005, Ambulance achieved a major milestone in its history with the commissioning of the final phase of MPDS. The full utilisation of MPDS represents a major change in dispatching resources for ambulance officers, operations centre staff and the community.

Once callers have been asked a series of 'case entry' questions relating to address, age and status of consciousness and breathing of the patient, they will then be asked a series of 'key questions' relating to the specific complaint of the patient.

Under the new system all incidents are responded to immediately, however, for non-life threatening emergencies and illnesses an ambulance responds under normal driving conditions, not lights and sirens. This improves safety on the road for both our staff and other road users. In the event of any uncertainty or ambiguity an ambulance is always dispatched under lights and sirens.

Governance for clinical approval of MPDS within Ambulance has been vested with the Medical Dispatch Review Committee. This committee is chaired by the Medical Director, and has representation from operational ambulance officers, consumer groups and senior medical practitioners with expertise in relevant areas such as intensive care, anaesthetics and neurology.

Operational Report

Staffing Enhancements

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 have considered demand and projected growth to assist Ambulance determine the most effective locations for staff placement.

During 2004/05, staffing enhancements have seen an additional 28 patient transport officers and 48 ambulance officers introduced in rural areas. These enhancements have improved both roster coverage as well as providing relief commitments in some areas.

- Of the 28 patient transport officers deployed, the Illawarra Sector received an additional 12 patient transport officers and six new patient transport vehicles and the Central Coast/Hunter Sectors acquired an additional 16 patient transport officers.
- There has also been significant staffing enhancements in the Mid North Coast and Northern Rivers Sectors (18 additional ambulance officers) with Ballina Ambulance Station now progressing to a 24 hour operations.
- Staffing enhancements across the Western Division have been achieved at Bingara, Wyallda, Walcha, Baradine, Brewarrina, Mudgee, Canowindra, Molong and Peak Hill.
- An additional 13 new ambulance officers were introduced across various stations throughout the Southern Division, including two officers at Queanbeyan. The enhancement to Queanbeyan Ambulance Station has allowed a new roster system to be introduced to provide better coverage and 24 hour operations.

Budget Boost for Ambulance

In May 2005, the Government announced a substantial boost in Ambulance funding that will see 250 additional ambulance personnel recruited for metropolitan Sydney along with extra vehicles over the next four years at a cost of some \$59 million along with an additional \$3 million in capital funding.

Provision has been made for additional funding of \$10 million in the 2005/06 Ambulance budget which will allow 100 additional staff to be recruited as the first stage of the plan for metropolitan Sydney.

Funding includes targeting priority areas, peak demand periods, support and training and will include Rapid Responder, Emergency Ambulance and Patient Transport tiers along with associated vehicles. Early investment will be directed to extra staffing for the Sydney Operations Centre and an extra week in trainee officers induction to allow for a period of on-road orientation in a supernumerary capacity. Extra on-road staff are expected to become available in July and August 2005 and we expect that it will take up to 12 months to roll out the first 100 personnel in stage 1.

Development of honorary programs

Ambulance acknowledges the diversity and difference of remote communities and is committed to the recruitment, training and development of honorary ambulance officers in NSW. The success and sustainability of these projects is reliant on community ownership and participation. Collaborative partnerships and consultation with community members, health service staff and allied service providers is the key to success of these projects.

Honorary ambulance programs in rural areas, particularly the Western Division, have been successful in providing measurable outcomes, support, better access and improved service delivery to people in these outback communities.

- The Western Division, in conjunction with the Greater Western Area Health Service, was acknowledged as a finalist in the NSW Premier's Public Sector Awards for the development of hospital-based honorary ambulance projects in the Far West area.
 - The aim of hospital-based honorary ambulance programs is to improve health outcomes for people and the safety of health staff delivering emergency pre-hospital care in the remotely located towns of Tibooburra and Ivanhoe in far western NSW.
 - A model was developed that facilitated nurses and volunteer ambulance officers working together. This increased the trained response while improving the safety of health service staff and the health outcomes of patients.
 - The aims of these projects have been achieved and as these communities continue to take ownership and responsibility by participating in the delivery of emergency pre-hospital care, their contribution to their respective communities remains invaluable.
 - Honorary programs are now being progressed in White Cliffs, Goodooga, Wanaaring and Wilcannia.

Other key outcomes include:

- Implementing a new radio communication system that reaches the remote areas where honorary programs have been developed including Tibooburra, Menindee and Wilcannia.
- Integrating honorary ambulance officers into the operational structure.
- Development of a project management team for honorary ambulance programs.
- Implementation of the hospital-based honorary ambulance project at Menindee.
- Development of an Honorary Ambulance Service at Pooncarie.
- Feasibility study undertaken by the Greater Murray Sector Office, assessing the need for an honorary program at Wentworth/Dareton.
- Ongoing positive consultation with community groups in the mid north coast and northern river areas on the establishment of community first responders.
- The Ambulance Honorary Ambulance Officer and First Responder policy will continue to be implemented in rural and remote areas during 2005/06.

Major goals and outcomes

Patient Safety

- Manager, Patient Safety appointed in 2005, responsible for identifying and mitigating clinical risk.
- Officers continue to be encouraged to report adverse events or near misses. Originally, these reports were limited to variations to clinical practice and clinical risk reporting and the 24 hour clinical risk advice telephone service. More recently, Ambulance has established the position of Information Support Officer within Clinical Services and introduced NSW Health's Incident Information Management System (IIMS).

Incident Information Management System (IIMS)

- Any incident, adverse event, near miss or complaint involving patient care can be reported through the Incident Information Management System (IIMS).
- The introduction of IIMS into Ambulance has commenced and will require the installation of a wide area network to resource each site (251 in total) with appropriate hardware and software to enable all staff to access the system.
- All clinical incidents reported through IIMS are examined frequently. Data is monitored for trends that may indicate areas of clinical risk and analysis informs on outcomes from improvement strategies.

Clinical Performance

- The Clinical Governance Committee met on four occasions and provided a focus for monitoring the Clinical Action Plan, Patient Safety, Clinical Performance, Clinical Professional Development and Clinical Education.
- Ambulance reported performance to its Clinical Governance Committee on three clinical indicators and has committed to refining a further three. Each of the clinical indicators has been assigned to the Divisional Clinical Quality Committees to undergo structured clinical practice improvements.
- Ambulance achieved completion or substantial progress of 95 per cent of objectives set out in the 2003/04 Clinical Action Plan.

Clinical Action Plan

The Clinical Action Plan provides a foundation for improvements to clinical systems that are focused and directly supportive of service delivery. Significant achievements of the Clinical Action Plan have been:

- The use of data to identify key intervention points for clinical risk and clinical performance.
- A robust system of clinical and operational risk analysis through Root Cause Analysis for improvement of processes and systems.
- Effective infection control systems and procedures in a difficult operational environment.
- A systematic means of tracking and guiding officer certification.
- A system to manage variations to clinical practice.
- Protocol review systems based on evidence and predetermined time-cycles.
- Advancing skills deployed based on evidence, best practice and community needs.
- Development of a cardiac care strategy.
- The involvement of consumers in clinical committees.
- Improved management of clinical equipment.
- Innovative in-field audit practices, and the commencement of eight clinical practice improvement projects to build on this experience.
- Planning for the commencement of peer review at station level to reinforce a culture of continuous learning.

Clinical Professional Development

- In April 2005, a revised curriculum was launched, including a number of new skills in the qualified ambulance officers' baseline core skill set. Of particular importance was the introduction of enhanced techniques for airway and pain management. Training has commenced in rural and remote ambulance stations on the basis of community needs.
- A Memorandum of Understanding was signed by Ambulance and Charles Sturt University aimed at strengthening the relationship between the two organisations and enhancing education and research.
- The Early Triage of Acute Myocardial Infarction (ETAMI) project continued as a collaborative effort between the Northern and Western Area Health Services and Ambulance to provide early diagnosis and triage of patients suffering from heart attacks. The times reported by the ETAMI project from the onset of the patient symptoms to reperfusion of the affected coronary artery are lower than any reported to date in medical literature.
- Current policies and procedures were reviewed to enhance drug security, distribution, administration and disposal, resulting in updated versions of protocols and pharmacologies being distributed.
- 178 new defibrillators and 435 pulse oximeters were introduced into operational service.

"Of particular importance was the introduction of enhanced techniques for airway and pain management. Training has commenced in rural and remote ambulance stations on the basis of community needs."

Education

- Training package developed for the introduction of the new base-level skill set consisting of an interactive CDROM and print based distance education material.
- Commenced online moderated discussion based courses.
- Telehealth (videoconference) network expanded to include the Wagga Wagga training unit.
- Undertook a comprehensive review of education assessment practices.
- Developed a new driver training curriculum and draft driving policy. Simulation teaching resources have also been developed to assist in the delivery of driver training programs.
- Development and modification of the diploma curriculum incorporating one week on-road training as part of the expanded induction program.
- A funding grant of \$123,000 was received for a Workplace English Language and Literacy Programme (WELL), jointly undertaken between the Ambulance Education Centre, Newcastle TAFE, Northern Operations Centre and the Department of Education, Science and Training (DEST).

Education statistics

- 159 trainee ambulance officers inducted and commenced the Diploma of Paramedical Science program.
- Conducted in-house programs in the Diploma of Paramedical Science for 361 existing ambulance officers.
- Trained 51 paramedics and recertified 82 paramedics.
- Trained 76 Level 3C officers.
- Trained 125 officers in the new curriculum for base-level ambulance officers.
- Educated 3,773 staff in courses across the State.
- Conducted training for approximately 90 honorary ambulance officers.

Clinical Report

Infection control

- Specific infection control procedures are now included in the Clinical Skills and Procedures Manual.
- Infection control education plan in place for all levels of ambulance training – includes utilising TeleHealth to improve the access of rural and remote staff to infection control educational opportunities.
- Participation in ongoing equipment and consumables review.
- Formulation of a staff database to collate statewide occupational screening and vaccination information.

Mental health initiatives

- Began a comprehensive review of current practices in relation to the provision of services to mental health patients.
- Mental health planning process has provided strategies to strengthen education, clinical practice, operations, risk management and safety for ambulance officers and mental health patients.

Key issues and events

- Ambulance undertook a major audit and improvement program for the administration of aspirin for patients suspected of having a heart attack. The project was presented at the AMBEX Conference in the UK and won the runners-up prize in the category of "research most likely to change practice".

Future initiatives

- Ambulance will commence an in-house Safety Improvement Program in which Root Cause Analysis training will be delivered to a further 20 staff in August 2005. Combined with the previous training by the former Institute for Clinical Excellence, Ambulance now has over 100 staff trained to undertake Root Cause Analysis of serious adverse events.
- The Certificate to Practice (CTP) has been established across Ambulance as a structured model of ongoing certification. The CTP will be reviewed during 2006 for compliance with anticipated benefits.
- The Advancing Skills Working Group will reconvene to review the skills of the intensive care paramedic and prepare a discussion paper. The Advancing Skills Steering Committee will develop the key principles that will guide the placement and retention of intensive care paramedics throughout the State.
- Ambulance will finalise a cardiac care strategy that will propose minimal standards of care throughout the State and identify opportunities to further enhance the current levels of service.
- Expand online moderated discussion based courses to include geriatric considerations in pre-hospital care and preparatory and support courses for officers studying the new core skill set material through distance learning courses.
- Introduction and trial of MicroSim in Diploma course as a further method of educational support for trainee ambulance officers. MicroSim is a self-directed computer program that simulates medical emergencies and procedures to help learners develop decision making skills. Medical models are used to bring reality to the educational experience with automated intelligent debriefing for immediate medical feedback.
- Introduction and trial of virtual reality intravenous cannulation techniques.
- The following patient safety initiatives will be further developed:
 - Peer Review
 - IIMS Trends Analysis
 - Defibrillation Project
 - Non-Transport Project
 - Patient Health Care Record Project
 - Mortality Review
- Increase the number of vaccination accredited staff in all divisions, for more efficient and timely delivery of the occupational screening and vaccination program.

Clinical Governance

Clinical governance directions statement

The NSW Patient Safety and Clinical Quality Program was introduced in 2004 to improve clinical governance by providing staff with the support they need to deliver safer, better quality care.

Under the Program, Ambulance was required to implement the clinical governance functions from an agreed Implementation Plan.

This is being achieved through close cooperation between the Service's Clinical Services and Professional Conduct and Standards Units. The Clinical Services Unit provides the roles of support, performance, monitoring and development of policies and procedures for improving systems of care. This includes the designation of a Senior Complaints Officer to receive and manage serious complaints.

Program Reporting

Ambulance's Clinical Governance program performance reports were lodged with NSW Health in October 2004 and June 2005.

100 per cent of the Clinical Governance performance measures due by June 2005 were implemented.

In achieving this result, Ambulance is satisfied that it has implemented the required clinical governance functions.

Medical Advisory Committee (MAC)

The MAC met on seven occasions during 2004/05. The function of the committee is to provide expert advice to Ambulance and ensure treatment, protocols, procedures and pharmacology are representative of international best-practice in pre-hospital care.

Membership

Dr Rod Bishop
Dr Greg McDonald
Dr Trish Saccasan-Whelan
Dr Paul Middleton
Ms Cate Salter
Mr Dave Hodge
Mr Graham McCarthy
Mr Graeme Malone
Mr Garry Vincent
Mr Garry Sinclair
Dr Michael Flynn (Acting Chair)

Technical Report

Major goals and outcomes

- New Ambulance Stations constructed and occupied at Sussex Inlet in July 2004 and at Forbes in December 2004.
- Construction of a new replacement station in the grounds of Gunnedah Hospital is in the planning phase with construction proposed to commence late 2005 for commissioning in June 2006.
- Ten year fleet replacement program entered its fifth year with significant achievements including the replacement program of all GMC vehicles on schedule for the end of 2005.
- Upgraded the Computer Aided Dispatch system and implemented statewide mapping at all operations centres.
- A dedicated mobile data radio network for the Sydney and Central Coast regions was implemented, including the deployment of new touch-screen mobile data terminals.
- Go-live of MPDS Phase 5 medical triaging software at each operations centre.
- Supply and installation of PCs and printers for 57 ambulance stations under the capital funding program.
- Upgrade of the Fleet Management System, including replacement hardware and an updated database.
- Implementation of softphone integration at Sydney Operations Centre, including the installation of a new PABX and interfacing between VisiCAD and the PSiam secondary triaging system.
- Commenced expansion of the data network to all Ambulance facilities, which will result in an extra 216 sites on the network.
- Implementation of the web-based Ambulance Status Board for all Sydney hospital emergency departments.
- Upgrade of email server to significantly increase capacity to accommodate an additional 2,500 Ambulance staff coming online during 2005.

Future initiatives

- Acquire new Dubbo Ambulance Station site and progress planning for the construction of the new facility.
- Construct new Campbelltown Ambulance Station with completion planned for January 2006.
- Redevelopment of Paddington Ambulance Station is scheduled to commence in October 2005.
- Finalise the Information Management and Technology Strategic Plan for 2005-07.
- As part of the Wide Area Network expansion project, install an additional 67 desktop PCs and printers in stations.
- Implement web-based Electronic Booking System for online booking of non-urgent ambulance transports.
- Operations centre managers and supervisors to be transferred to the administration domain to facilitate access to the Intranet and other corporate computer-based resources.
- Finalise the upgrade of fixed and mobile telephone services to Optus.
- Finalise the Wide Area Network expansion to every Ambulance facility.
- Continue to replace older PCs in stations, subject to capital funding being available.

In September 2004, responsibility for the Telecommunications Unit was transferred to the Director Information Systems and Support. This finalised the consolidation of all information technology units to provide a focused and integrated department to address Ambulance IT needs.

Managed Wide Area Data Network

Ambulance signed a contract with Telstra to provide broadband data access to all Ambulance facilities. This will add 216 sites to our data network, and a further 21 existing links to sector and administrative offices will be upgraded.

The contract also provides for remote dial-in capability with greater capacity than the current equipment, and a wireless data option using the CDMA telephone network. Throughout the State, 11 sites cannot be provided with broadband access and an interim solution for these sites will be wireless.

The outcome for staff will be access to online facilities such as email, the Ambulance Intranet, and clinical education resources. For workshop staff, the network will also provide access to the new fleet management system currently being implemented. Regional educators will also have wireless access that will enable them to connect to the network wherever they travel.

At the end of the reporting period 19 stations had been connected to the network. The project is expected to be completed before the end of 2005.

Improved Communications for Broken Hill

Ambulance officers will now have radio coverage along major roads from Menindee to the south, the South Australian border in the west, White Cliffs and Wilcannia to the east and Tibooburra to the north.



Management Report

Major goals and outcomes

- Recruited and selected 163 trainee ambulance officers and 40 patient transport officers to meet the rollout of 230 rural enhancement positions as well as Sydney Division staffing requirements.
- Recruited 51 paramedics and 28 rescue officers.
- Developed revised Sick Leave Policy and Procedures which includes new reporting and monitoring procedures against key performance indicators.
- Achieved a premium surplus of \$1,735,148 for workers' compensation.
- Developed an enterprise-wide risk management framework to manage strategic, operational, insurable and business continuity risks. This included the appointment of specialised risk management advisory and educational staff.
- Developed and implemented new secondment policy and procedures including improved classification, grading and remuneration principles for secondments to positions for up to 12 months duration.
- New online database developed for electronic lodgement of staff movement notifications.
- Developed and implemented an improved compassionate transfer policy.
- Reviewed data to identify staffing profiles (age, skill level etc) for future workforce needs.
- Improved the processing of the Crown Employees Transferred Employees Compensation Award.
- Professional Standards and Conduct Unit managed the statewide data complaints collection until December 2004 when it was replaced by the Incident Information Management System (IIMS).
 - From July to November 2004, 203 complaints were received through the statewide data complaints collection. 54 per cent of these complaints were resolved in less than 36 days.
 - From December 2004 to June 2005, 292 complaints were received through IIMS. 35 per cent of complaints were resolved in less than 36 days.
- Coordinated Ambulance response to Coronial matters, including supporting staff attending coroner's or criminal court, arranging legal representation and providing assistance in handling requests for information by subpoena and otherwise from the Coroner, Police or other legal representatives.
- Current procedures and guidelines of Ambulance honours and awards are under review and will be updated to include a formal nomination process and assessment criteria.
- The Ambulance Band continues to showcase the organisation at numerous events including:
 - Ceremonial occasions, ANZAC and Reserve Forces Day
 - Government House Investitures
 - Government Department functions including Baxter Awards
- Newly created Service Planning Unit has been critical in developing Ambulance corporate and service plans, reviewing performance and reporting on progress.
- Implemented a reporting system that allows managers to receive reports directly to their desktop.
- The structure and sources of Ambulance fees were reviewed in response to the Independent Pricing and Regulatory Tribunal (IPART) Discussion paper.

Key issues and events

- Commenced proceedings in the Industrial Relations Commission to vary the *Operational Ambulance Officers' (State) Award* to improve practices and conditions for ambulance officers.

Future initiatives

- Commenced performance management policy and procedures for station managers, clinical educators and administrative and clerical staff at senior administrative assistant (and higher) classifications.
- Implement new Complaints Policy and Code of Conduct, including development of appropriate training and support systems.
- Support development of Fraud Management Plan and eCorruption strategies.
- Coordinate the review and report on progress against the Corporate Plan.
- Review business purpose and business risk assessment.
- Develop a model to project current demand to align population projections.
- Assist in the development of business and functional planning.
- Assist in the development of a Corporate Geographical Information System.
- Model clinical profiles for our staff establishment to enable wider distribution of intensive care paramedics across NSW.
- Align the presentation of honours and merit awards to coincide with metropolitan and rural visits.
- Implementation of work-specific physical and medical standards for the recruitment of ambulance officers and patient transport officers.

Ethnic Affairs Priority Statement

Major goals and outcomes

- A range of community factsheets covering topics such as how and when to call an ambulance were translated into Chinese, Vietnamese, Arabic (including Lebanese), Italian and Greek.
- A detailed distribution strategy was developed to ensure that multicultural resources were disseminated to government, non-government, community organisations, general practitioners, Migrant Resource Centres and other allied health services.
- Information in other languages is now available on the Ambulance website within the new 'Multilingual' section.
- Attended multicultural open days and presented to a range of multicultural groups.
- Ambulance media releases were disseminated to ethnic print and radio media.
- To facilitate service delivery to non-English speaking groups, the Telephone Interpreting Service (TIS) provided language support for emergency calls. A staff education program aimed at enhancing understanding and use of TIS has increased the use of TIS by more than 80 percent.
- New operational staff received training in multicultural awareness.
- Worked in partnership with the Jewish community's Hatzolah (Hebrew for 'Saves') program. Designed specifically for the needs of the Jewish community the project aims to enhance early intervention during a medical emergency.

Future initiatives

- Continue to collect data on the staff use of community languages and the Telephone Interpreter Service in service provision.

Management Report

Equity and Diversity (EEO)

Major goals and outcomes

- Workforce representation of females increased from 29 per cent to 30 per cent.
- Identified language levels according to the "International Spoken Language Proficiency Rating (ISLPR)" for frontline service delivery positions to support recruitment and selection processes.
- Increased the representation of Spokeswomen from five to eight covering all occupations and workplaces. This was supported by a new Spokeswomen's Business Plan to enhance access to career development and progression.
- Continued targeted recruitment programs for the employment of indigenous Australians in frontline service delivery positions.
- To support an ethical and non-discriminatory workplace, information on the code of conduct, harassment free workplace practices and good working relations was provided for all new staff.
- Representation of indigenous Australians within Ambulance is currently at 2.2 per cent (above the NSW Government benchmark of 2 per cent).
- A cultural survey was conducted on a broad range of issues including harassment/discrimination, workforce equity and the needs of women; people with a disability and people from regional, rural or remote areas to support the development of policies and programs.

Future initiatives

- To improve the opportunities available to pregnant uniformed officers in terms of roster patterns and shiftwork, occupational safety and environmental hazards.
- Increase the response rate on EEO data to ensure improved data integrity on workforce characteristics.
- To develop networking techniques for staff based in rural and remote areas to support career development and work life balance.

Disability Action Plan

Major goals and outcomes

- Reasonable Adjustments Policy provided ongoing support to staff with a disability including flexible work practices and provision of equipment.
- Disability awareness training continued to be provided as an integral part of Ambulance education.
- New stations at Forbes and Sussex Inlet have been provided with physical access for individuals with disabilities in accordance with the Building Code of Australia.
- The installation of carry chairs in ambulances and patient transport vehicles is almost complete. This program benefits patients with mobility problems particularly when entering and exiting buildings and vehicles.

Future initiatives

- Finalise policy (in consultation with Guide Dogs Association of NSW) that will enable guide dogs to be appropriately restrained for safe travel in ambulances.
- Provide apprenticeship for a person with a disability in the fleet workshop.

Working in partnership with the community

Our commitment to educating and working in partnership with the community is a key objective in the *Ambulance Corporate Plan 2004-2006*. A number of educational programs and strategies have been developed to help prevent medical emergencies and better communicate with the community. The following projects reflect an increasing recognition of the importance of community education and partnerships.

- On Tuesday 26 April 2005, following extensive consultation and input from the public, Ambulance launched its new look community focused website, containing up-to-date information including:
 - Ambulance and community initiatives
 - Operational performance
 - Employment opportunities
 - An interactive, educational section for children
 - Multilingual resources
 - A first aid section designed specifically for the community including an interactive CPR demonstration and 50 fact sheets on first aid advice, safety tips and calling an ambulance.

On average the Ambulance website experiences between 18,000 and 19,000 hits per month, an increase of over 20 per cent since the launch of the new website.

- To coincide with the launch of the new multilingual section of the Ambulance website a range of community fact sheets were translated into Chinese, Vietnamese, Arabic, Italian and Greek.
- To increase the survival rates of the 50,000 plus cardiac emergencies attended each year, Ambulance is developing the 'Life... Live it Save it!' Program, which aims to:
 - increase awareness of the early recognition of signs and symptoms of acute cardiac emergencies
 - provide education on the importance of calling '000', and
 - provide the community with a better understanding of the medical instructions Ambulance call-takers give over the phone in the event of an emergency.
- To ensure that every child in NSW understands how to call 000, Ambulance is developing a 000 School Education Program to assist teachers educate Kindergarten, Year 1 and Year 2 students on how and when to call an ambulance in an emergency. Research consultants, contracted by Ambulance, conducted a trial and evaluation of the teacher resource kit in schools across the State. Results demonstrate an overwhelming support for the program from both teachers and students. It is anticipated that this program will be funded through sponsorship and rolled out across the NSW education system during 2006.
- Ambulance media provided:
 - 1,025 radio grabs
 - 138 interviews
 - 31 media conferences
 - 4,112 media advisories
 - Coordinated 600 general projects
 - Reviewed over 100 TV and movie scripts for clinical accuracy
- Ambulance has also increased consumer accessibility to complaints mechanisms by establishing a 24 hour seven day complaints line (1800 269 133), website and email access for on-line submissions and a designated senior complaints officer for complaints handling.

NSW Health Counter Disaster Unit

Major goals and outcomes

- Complete re-write of the NSW Healthplan, endorsed by the Minister for Health and the State Emergency Management Committee.
- NSW AMPLAN and NSW MEDPLAN were reviewed. Project officers will incorporate Incident Control Systems (ICS), Pharmaceutical (Logistics), Urban Search and Rescue (USAR) and Chemical, Biological and Radiological (CBR) components into the plans.
- Representation on the NSW Counter Terrorism Laws Taskforce, which seeks to amend legislation, making it an offence to sell, manufacture or wear emergency service uniforms and insignias, or impersonate an emergency service officer.
- Representation provided to Emergency Management Australia for the development of the National Response Plan for Mass Casualty Incidents Involving Australians overseas (OSMASSCASPLAN). The plan will provide an agreed, robust set of arrangements for a national response by civilian agencies.
- A working group is evaluating the concept of a state-based medical cache, for rapid deployment to incidents that require a coordinated response of medical teams.
- Twelve mass decontamination facilities have now been established throughout Greater Sydney, including Newcastle, Gosford and Wollongong. Facilities are also being established within rural based hospitals throughout the State.
- Chemical, Biological and Radiological (CBR) Response pods have now been established. They will provide a rapid response capability of CBR equipment throughout the State.
- Three special purpose ambulances able to transport contaminated casualties in a safe environment are now operational.
- A NSW Health Sector Security Committee has been established to coordinate activities which ensure the protection of NSW Health infrastructure and assets.
- Provide advice, liaison and operational support for visiting Heads of State and guests of Government.
- Twelve NSW Health and Ambulance personnel participated in the National Counter Terrorism Committee Exercise Management Course.

Future initiatives

- The establishment of a Disaster Logistics Manager to coordinate and maintain the NSW Health and Federal Government State-based stockpile.
- Establishment of a liaison officer to represent NSW Health within the NSW Police Asia-Pacific Economic Cooperation (APEC) Command (2007).
- Establishment of a Counter Disaster Education Centre for the ongoing training of all Health personnel in various areas of disaster management training including Incident Control Systems, CBR Awareness and First Responder training.

Exercises

- 24 hour USAR exercise, Holsworthy
- "Pandora 1 & 2", NSW Health and Ambulance security exercise
- "Moonlight" major electricity failure, Sydney
- "Forefoot" major train accident, Central Coast
- "Hermes" communications exercise for possible future influenza outbreaks
- "Hydra" resource exercise for future influenza exercise, Adelaide SA
- Albury earthquake exercise
- "Outer Edge" mass casualty CBR exercise, Darwin NT

Training Courses 2004/05		
Course	No. Courses	No. Students
CBR Response Training	20	337
CBR Awareness	17	100
CBR Recertification	23	172
CBR Train the Trainer	1	8
CBR Equipment Specialist	4	19
Four Day Incident Control System	7	120
One Day ICS	13	210
Major Incident - Induction	6	250
Major Incident - Inservice I	5	120
Major Incident - CAD Training	3	20
2 day Counter Disaster Course	4	70
SCAT Instructor	1	4
SCAT BA & FE Recertification*	5	45

* BA - Breathing Apparatus
FE - Full Encapsulation



The NSW Health Counter Disaster Unit held its inaugural Disaster Symposium at the Sydney Masonic Centre on Thursday 12 May 2005, with the discussion topic of "Operation Tsunami Assist".



Ambulance officers undertaking CBR training in personal protective equipment (PPE).

NSW Health Counter Disaster Unit

Tsunami Response

The NSW Health Counter Disaster Unit (CDU) was tasked on 28 December 2004 by Emergency Management Australia on behalf of the Commonwealth Government, to provide a substantial response to the tragedy in South East Asia, following an underwater earthquake and subsequent tsunami in the Indian Ocean on 26 December 2004.

The CDU coordinated an initial national response consisting of four medical teams, two deployed to Banda Aceh, one to Sri Lanka and one to the Maldives.

The challenge faced by the CDU was not only the supply of medical equipment but more importantly the supply of a sustainability cache with logistical support, as medical teams were to be fully self-supportive for up to 14 days. This challenge was overcome with the utilisation of the NSW Fire Brigades' Urban Search and Rescue sustainability cache.

The Health Services Disaster Coordination Centre (HSDCC) was opened and remained operational until the return of the medical teams some 10 days later. Staff from the CDU, Ambulance and Health, with support from liaison officers representing Fire Brigades and the State Emergency Management Committee, maintained a coordinating role throughout the deployment phase.

The international response of medical teams required a logistical support of 17.5 tonnes of equipment, the coordination of doctors, nurses, paramedics and support staff from Western Australia, Queensland, Victoria and South Australia.

Following the return of the medical teams a reception and formal debrief was organised by the CDU. The debrief resulted in the identification of issues to be resolved for future operations of this kind. These issues are in the process of being addressed by various working groups and committees with representation and collaboration from a wide range of Health sectors.

The following photographs were taken by personnel deployed to Banda Aceh.



Finance

The following pages include:

- Statement of Financial Performance
- Statement of Financial Position
- Certification of Financial Statements
- Independent Audit Report
- Reporting Figures

New Station Opens at Queanbeyan

After 20 years at a temporary location, Queanbeyan has opened the doors on a brand new purpose built station in the grounds of the local hospital. The facility was opened on Thursday 28 April by the Member for Monaro, Steve Whan.

The original station opened in 1935 in Crawford Street, only 200 metres from the new location. In the early days Ambulance was entirely funded and staffed by the community and during World War II was maintained by women selected by the Ladies Auxiliary.

Approximately 60 guests witnessed the proceedings and received a guided tour around the \$900,000 facility.

Queanbeyan is currently staffed by 16 officers and seven vehicles operating a 24 hour roster.



Station Officer Craig Short (front left) and local MP Steve Whan (right) officially unveiled the station plaque. Staff later joined them for a photograph. (Middle Row) Ambulance Officers Ray Willis and Tarina Palmer, Trainee Ambulance Officer Nicole Harper. (Back Row) Ambulance Officers James Lawson, Mark Brooks and Jason Riley.

SimMan

During 2004/05, Ambulance purchased a number of patient simulators (SimMan manikins) capable of providing high fidelity, real time, interactive clinical training and assessment experiences. To maximise staff access to these state-of-the-art simulators they were distributed throughout the State to regional training units and at the Ambulance Education Centre (AEC) at Rozelle.

SimMan, an advanced educational tool, is expected to contribute toward Ambulance education achieving a new benchmark in pre-hospital care training. Detailed event logging (by SimMan software and operator input) provides unseen opportunities for performance review and debriefing in both individual and group training for isolated and integrated skills. The simulators, in conjunction with current and future educational processes, are also anticipated to play a significant part in the introduction of and training in advanced clinical skills, assessment and skill credentialling.

SimMan has measurable breathing rates and blood pressure. It can be auscultated for heart tones, bowel tones and left and right lung sounds. Procedures that can be performed on the manikins include cannulation (with fluids), injections, intubation and decompression of a pneumothorax. Difficult airways can be created by imposing trismus, tongue oedema, laryngeal spasm and restricted cervical movement. Oxygen saturation, heart rate and rhythm can be simulated. SimMan is able to verbally respond and make comments as would any real patient. The sophisticated simulator can be programmed for a multitude of scenarios in which the "patient" responds physiologically to actions taken or omitted by treating officers.

The simulators will be useful in training for infrequently performed and otherwise high-risk tasks, cognitive decision-making and team building. Expertise in the utilisation of the simulators will be paramount in optimising outcomes.



Ambulance Officers Steve Young (right) and Malcolm Lau test out SimMan.

Statement of Financial Performance

Ambulance ended the 2004/05 financial year with an under budget result of \$0.3m (previous year was over budget by \$3.6m). 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.

	2005 \$000	2004 \$000	Movement \$000	%
Expenses				
Employee Related	271,606	256,479	15,127	6%
Goods and Services	86,494	78,807	7,687	10%
Maintenance	13,304	16,009	(2,705)	-17%
Depreciation	14,354	14,838	(484)	-3%
Grants and Subsidies	542	433	109	25%
Borrowing Costs	183	227	(44)	-19%
Total Expenses	386,483	366,793	19,690	5%
Revenues				
Sale of Goods and Services	74,746	72,506	2,240	3%
Investment Income	1,040	1,051	(11)	-1%
Grants and Contributions	3,419	2,247	1,172	52%
Other	5,645	3,495	2,150	62%
Total Revenues	84,850	79,299	5,551	7%
Gain on Disposal of Non-Current Assets	139	740	(601)	-81%
Net Cost of Services	301,494	286,754	14,740	5%

Significant Movements

Employee Related

The increase in employee related expenditure (6%) was due to increased staff numbers (3%) and, an Award increase (4%) in July 2004 partially offset by salary packaging tax savings.

Goods and Services

The increase in goods and services expenditure (10%) was due to significant increases in consultants, uniform costs, fuel, motor vehicle lease rates and aero-medical charges.

Maintenance

The decrease in maintenance expenditure (17%) was due to decreased vehicle maintenance costs and decreased amounts written off from capital funded projects.

Sales of Goods and Services

The increase in sales (3%) was due to increased inter-hospital contract revenues.

Grants and Contributions

The increase in grants revenue (52%) was due to increases in revenue for donation of CAD equipment and funds to be distributed for Tsunami expense claims.

Other Revenue

The increase in other revenue (62%) was due to an increase in Treasury Managed Fund hindsight credits.

Gain on Disposal of Non Current Assets

The decrease in gain on disposal of non-current assets (81%) was due to a one-off transaction in 2003/04 (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 cash was \$2.2m below budget and receivables were \$2.2m above budget.

2004/05 Budget

The net cost of services budget for 2004/05 contained additional amounts for Award increases, helicopters, fees restructure, CDU project, hospital access block and increased Queensland Ambulance charges.

Ambulance Service of New South Wales Financial Statements for the Year Ended 30 June 2005

Certification of Financial Statements

The attached financial statements of the Ambulance Service of New South Wales for the year ending 30 June 2005:

- (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 Ambulance 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.



Barrie Unsworth
Board Chair



Greg Rochford
Chief Executive Officer



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 2005 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 2005
- (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.

Independent Audit Report

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, Financial Audit Services

SYDNEY
30 September 2005

Statement of Financial Performance for the year ended 30 June 2005

	Notes	Actual 2005 \$000	Budget 2005 \$000	Actual 2004 \$000
Expenses				
Operating Expenses				
Employee Related	3	271,606	266,109	256,479
Goods and Services	4	86,494	83,388	78,807
Maintenance	5	13,304	14,286	16,009
Depreciation	6	14,354	14,026	14,838
Grants and Subsidies	7	542	388	433
Borrowing Costs	8	183	200	227
Total Expenses		386,483	378,397	366,793
Revenues				
Sale of Goods and Services	9	74,746	69,648	72,506
Investment Income	10	1,040	1,016	1,051
Grants and Contributions	11	3,419	2,546	2,247
Other Revenue	12	5,645	1,601	3,495
Total Revenues		84,850	74,811	79,299
Gain/(Loss) on Disposal of Non-Current Assets	13	139	1,510	740
NET COST OF SERVICES	31	(301,494)	(302,076)	(286,754)
Government Contributions				
NSW Health Department Recurrent Allocations	2(d)	258,580	258,582	236,905
NSW Health Department Capital Allocations	2(d)	15,034	15,114	14,245
Asset Sale Proceeds transferred to the NSW Health Department		(968)	(968)	-
Acceptance by the Crown Entity of employee superannuation benefits	2(a)(ii)	19,913	20,012	18,712
Total Government Contributions		292,559	292,740	269,862
RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES	27	(8,935)	(9,336)	(16,892)
Net increase/(decrease) in Asset Revaluation Reserve	27	-	-	1,158
Total Revenues, Expenses and Valuation Adjustments Recognised Directly in Equity		-	-	1,158
TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS	27	(8,935)	(9,336)	(15,734)

The accompanying notes form part of these Financial Statements.

Statement of Financial Position for the year ended 30 June 2005

	Notes	Actual 2005 \$000	Budget 2005 \$000	Actual 2004 \$000
ASSETS				
Current Assets				
Cash	16	2,243	4,423	2,821
Receivables	18(a)	7,190	4,978	5,646
Inventories	19	1,527	1,485	1,485
Other Financial Assets	17	1,850	1,500	1,500
Other	21	1,137	952	952
Total Current Assets		13,947	13,338	12,404
Non-Current Assets				
Property, Plant and Equipment				
Land and Buildings	20	122,209	124,194	127,128
Plant and Equipment	20	40,803	40,746	39,913
Total Property, Plant and Equipment		163,012	164,940	167,041
Other	21	494	500	500
Total Non-Current Assets		163,506	165,440	167,541
Total Assets		177,453	178,778	179,945
LIABILITIES				
Current Liabilities				
Payables	23	19,733	21,564	21,018
Interest Bearing Liabilities	24(a)	1,802	2,984	2,109
Provisions	25(a)	23,911	22,020	21,654
Other	26	2,101	2,193	2,609
Total Current Liabilities		47,547	48,761	47,390
Non-Current Liabilities				
Interest Bearing Liabilities	24(b)	1,093	1,610	1,610
Provisions	25(b)	55,028	55,022	48,225
Total Non-Current Liabilities		56,121	56,632	49,835
Total Liabilities		103,668	105,393	97,225
NET ASSETS		73,785	73,385	82,720
EQUITY				
Accumulated Funds	27	17,113	16,385	25,730
Asset Revaluation Reserve	27	56,672	57,000	56,990
TOTAL EQUITY	27	73,785	73,385	82,720

The accompanying notes form part of these Financial Statements.

Statement of Cash Flows for the year ended 30 June 2005

	Notes	Actual 2005 \$000	Budget 2005 \$000	Actual 2004 \$000
CASH FLOWS FROM OPERATING ACTIVITIES				
Payments				
Employee Related		(243,719)	(239,389)	(232,710)
Grants and Subsidies		(596)	(442)	(466)
Borrowing Costs		(183)	(200)	(227)
Other		(106,141)	(107,760)	(95,028)
Total Payments		(350,639)	(347,791)	(328,431)
Receipts				
Sale of Goods and Services		69,931	69,835	68,506
Grants and Contributions		1,855	2,555	1,833
Interest Received		1,040	1,016	1,051
Other		14,676	10,632	13,469
Total Receipts		87,502	84,038	84,859
Cash Flows From Government				
NSW Health Department Recurrent Allocations		258,580	258,582	236,905
NSW Health Department Capital Allocations		15,034	15,114	14,245
Asset Sale Proceeds transferred to the NSW Health Department		(968)	(968)	-
Net Cash Flows from Government		272,646	272,728	251,150
NET CASH INFLOWS FROM OPERATING ACTIVITIES	31	9,509	8,975	7,578
CASH FLOWS FROM INVESTING ACTIVITIES				
Proceeds from Sale of Land and Buildings, Plant and Equipment		2,270	3,756	1,926
Purchases of Land and Buildings, Plant and Equipment		(10,767)	(13,505)	(11,308)
Purchases of Investments		(350)	-	(800)
NET CASH (OUTFLOWS) FROM INVESTING ACTIVITIES		(8,847)	(9,749)	(10,182)
CASH FLOWS FROM FINANCING ACTIVITIES				
Proceeds from Borrowings and Advances		2,000	2,000	2,416
Repayments of Borrowings		(2,933)	(500)	(473)
NET CASH (OUTFLOWS) FROM FINANCING ACTIVITIES		(933)	1,500	1,943
NET DECREASE IN CASH		(271)	726	(661)
Opening Cash and Cash Equivalents		1,412	1,412	2,073
CLOSING CASH AND CASH EQUIVALENTS	16	1,141	2,138	1,412

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	
	2005	2004	2005	2004	2005	2004	2005	2004	2005	2004
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Expenses										
Operating Expenses										
Employee Related	80	71	270,454	253,781	82	50	990	2,577	271,606	256,479
Goods and Services	-	9	86,119	77,786	4	-	371	1,012	86,494	78,807
Maintenance	-	-	13,188	15,672	7	-	109	337	13,304	16,009
Depreciation	-	-	14,293	14,769	1	-	60	69	14,354	14,838
Grants and Subsidies	-	-	542	433	-	-	-	-	542	433
Borrowing Costs	-	-	183	227	-	-	-	-	183	227
Total Expenses	80	80	384,779	362,668	94	50	1,530	3,995	386,483	366,793
Revenue										
Sale of Goods and Services	-	-	74,730	72,506	-	-	16	-	74,746	72,506
Investment Income	-	-	1,040	1,003	-	-	-	48	1,040	1,051
Grants and Contributions	-	-	3,412	2,247	-	-	7	-	3,419	2,247
Other Revenue	-	-	5,645	3,495	-	-	-	-	5,645	3,495
Total Revenue	-	-	84,827	79,251	-	-	23	48	84,850	79,299
Gain/(Loss) on Disposal of Non-Current Assets	-	-	139	740	-	-	-	-	139	740
NET COST OF SERVICES	(80)	(80)	(299,813)	(282,677)	(94)	(50)	(1,507)	(3,947)	(301,494)	(286,754)

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 2005

1. The Ambulance Service of New South Wales (Ambulance)

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

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

2. Summary of Significant Accounting Policies

Ambulance'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.

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 "Current" liability is measured at an escalated rate of 17% and the "Non-Current" liability is measured at an escalated rate of 7.1% above the salary rates immediately payable at 30 June 2005 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 Ambulance Service's liability for superannuation is assumed by the Crown Entity. Ambulance 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 (ie Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (ie 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

Ambulance'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 Ambulance has control of the good or right to receive, it is probable that the economic benefits will flow to Ambulance 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 ie user charges. User charges are recognised as revenue when Ambulance 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 Ambulance are exempt from charge if they are in receipt of a Pension Card, Pensioner Health Benefit Card or other Health Care Card, have basic hospital coverage with a registered Health Insurance Fund, contribute to the State Ambulance Insurance Plan or, in some cases, 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 Ambulance'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 Ambulance facilities

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

Use of Outside facilities

Ambulance 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.

Ambulance 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 Ambulance 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 Ambulance 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 Ambulance. 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 exchanged 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 Ambulance are deemed to be controlled by Ambulance 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 Ambulance. 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%	Plant and Machinery	10.00%
Computer Equipment	20.00%	Ambulance Vehicles	11.75%
Computer Software	20.00%	Trucks and Vans	20.00%
Office Equipment	10.00%		

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

Leashold 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 Ambulance.

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 ie the replacement cost of the asset's remaining service potential. Ambulance 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 Ambulance or its counter party and a financial liability (or equity instrument) of the other party. For Ambulance 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 4.91%.

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 2003/04) and an effective interest rate of 5.23% as compared to 4.97% in the previous year. Fixed term deposits have an average maturity of 144 days (131 days in 2003/04) and effective interest rates of 5.3% to 5.56% as compared to 5.1% to 5.3% 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 Ambulance.

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 \$1,792,644.92 will be \$700,000 in total during 2005/06 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 Ambulance 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) Impact of Adopting Australian Equivalents to International Financial Reporting Standards (AEIFRS)

Ambulance will apply the Australian Equivalents to International Financial Reporting Standards (AEIFRS) from 2005/06.

The ramifications of changes in accounting standards have been assessed throughout 2004/05 and Ambulance's assessment has been based on issue papers prepared by both the NSW Treasury and the NSW Health Department, together with due consideration by Ambulance of the applicability of each standard.

Ambulance has determined the key areas where changes in accounting policies are likely to impact the financial report. Some of these impacts arise because AEIFRS requirements are different from existing AASB requirements (AGAAP). Other impacts are likely to arise from options in AEIFRS. To ensure consistency at the whole of Government level, NSW Treasury has advised agencies of options it is likely to mandate for the NSW Public Sector. The impacts disclosed below reflect Treasury's likely mandate (referred to as "indicative mandates").

Shown below are management's best estimates as at the date of preparing the 2004/05 financial report of the estimated financial impacts of AEIFRS on Ambulance's equity and profit/loss. Ambulance does not anticipate any material impacts on its cash flows. The actual effects of the transition may differ from the estimated figures below because of pending changes to the AEIFRS, including the UIG interpretations and/or emerging accepted practice in their interpretation and application. Ambulance's accounting policies may also be affected by a proposed standard to harmonise accounting standards with Government Finance Statistics (GFS). However, the impact is uncertain because it depends on when this standard is finalised and whether it can be adopted in 2005/06.

Reconciliation of Key Aggregates

Reconciliation of equity under existing Standards (AGAAP) to equity under AEIFRS			
	Notes	30 June 05** \$000	1 July 04 * \$000
Total equity under AGAAP		73,785	82,720
Adjustments to accumulated funds			
To reclassify assets Held for Sale (30/6/04)		212	2,858
To reduce non-current assets (30/6/04)		(212)	(2,858)
To reclassify assets Held for Sale (30/6/05)		743	-
To reduce non-current assets (30/6/05)		(743)	-
Total equity under AEIFRS		73,785	82,720

* = adjustments as at the date of transition
 ** = cumulative adjustments as at date of transition plus the year ended 30 June 2005

Notes to table above**(i) Restoration Costs**

AASB 116 requires the cost and fair value of property, plant and equipment to be increased to include the estimated restoration costs, where restoration provisions are recognised under AASB 137 Provisions, Contingent Liabilities and Contingent Assets. These restoration costs must be depreciated and the unwinding of the restoration provision must be recognised as a finance expense. This treatment is not required under current AGAAP.

At present Ambulance does not anticipate any restoration costs. A thorough review of property assets is being undertaken to identify any restoration costs that might be incurred in future periods.

(ii) Measurement of Employee Benefits

AASB 119 requires present value measurement for all long-term employee benefits. Current AGAAP provides that wages, salaries, annual leave and sick leave are measured at nominal value in all circumstances. Ambulance has long term annual leave benefits and accordingly will measure these benefits at present value, rather than nominal value, thereby decreasing the employee benefits liability and changing the quantum of the annual leave expense.

In lieu of the above, and corresponding to NSW Health Department advice, the following methodology has been used for the valuation process. Long Service Leave has been measured on a short hand basis, the "Current" liability measured at an escalated rate of 17% and the "Non-current" liability measured at an escalated rate of 7.1% above the salary rates immediately payable at 30 June 2005 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.

(iii) Assets Held For Sale

AASB 5 Non-current Assets Held for Sale and Discontinued Operations requires non-current assets classified as "held for sale" to be reclassified as current and recognised at the lower of the carrying amount and the fair value less costs to sell. Unlike current AGAAP, 'held for sale' assets are not depreciated, thereby reducing the depreciation expense.

(iv) Financial Instruments

In accordance with NSW Treasury's indicative mandates, Ambulance will apply the exemption provided in AASB 1 First-time Adoption of Australian Equivalents to International Financial Reporting Standards not to apply the requirements of AASB 132 Financial Instruments; Presentation and Disclosures and AASB 139 Financial Instruments: Recognition and Measurement for the financial year ended 30 June 2005. These standards will apply from 1 July 2005. None of the information provided above includes any impacts for financial instruments. However, when these standards are applied, they are likely to impact on retained earnings (on first adoption) and the amount and volatility of profit/loss. Further, the impact of these Standards will in part depend on whether the fair value option can or will be mandated consistent with Government Finance Statistics.

At this stage the Standard is not likely to have any impact on Ambulance.

(v) Embedded Derivatives

A review of Ambulance's major contractual obligations indicates that the escalation factors in these contracts are aligned to the substance of the contracts and therefore do not give rise to embedded derivatives.

(vi) Impairment of Assets

Under AASB 136 Impairment of Assets, all non-current assets must be checked for impairment annually or when a "triggering event" occurs. Assets must not be carried in Ambulance books at higher than recoverable amount, where the recoverable amount is higher of fair value (less costs to sell) and value in use or (discounted cash flows) - replacement costs/disposal. Currently, impairment of assets is reviewed with reference to market value and/or recoverable amount and does not incorporate discounted cash flows into the calculations.

At present, Ambulance does not anticipate any major impacts to the carrying value of its assets as a result of implementing AASB 136.

	Actual 2005 \$000	Actual 2004 \$000
3. Employee Related Expenses		
Employee related expenses comprise the following:		
Salaries and Wages	209,839	198,395
Long Service Leave {see Note 2(a)}	8,223	6,489
Annual Leave {see Note 2(a)}	22,501	20,891
Sick Leave {see Note 2(a)}	7	8
Redundancies	73	98
Workers' Compensation Insurance	10,861	11,880
Superannuation {see Note 2(a)}	19,913	18,712
Fringe Benefits Tax	189	6
	271,606	256,479

Salaries and Wages includes \$82,644 paid to members of the Ambulance 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

Fees/Other benefits paid to Board Members excluding payments made in the nature of normal employee salary.	-	3
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The following additional information is provided:

Maintenance staff costs included in Employee Related Expenses \$4.195M. Note 5 further refers.

4. Goods and Services

Domestic Services	1,461	1,452
Fuel, Light and Power	954	909
General Expenses	40,621	36,911
Insurance	2,045	2,189
Medical Supplies	6,162	5,724
Postal and Telephone Costs	2,800	2,753
Printing and Stationery	693	704
Rental Rates and Charges	2,579	2,655
Staff Related Costs	400	383
Aeromedical	27,866	24,260
Travel Related Costs	913	867
	86,494	78,807

	Actual 2005 \$000	Actual 2004 \$000
(a) General Expenses include:		
Catering Costs	410	400
Consultancies		
- Operating Activities	913	715
Contractors	3,386	3,447
Debt Collection	482	534
Doubtful Debts Expense	6,400	6,349
Auditor's Remuneration - Audit of financial reports	85	81
Fuel and Oil	4,390	3,658
Interstate Transport Refunds	2,811	2,478
Legal Expenses	212	192
Officers Uniforms	2,101	1,781
Motor Vehicle Operating Lease Expense - minimum lease payments	14,173	13,228
Rates	291	284
Relocation Costs	1,439	1,393
Vehicle Registration	616	581
Waste Disposal	244	211
General Expenses includes an accrual of \$782,209 concerning invoices that will be received for services rendered relating to the response to the South East Asian Tsunami. Ambulance will recover the amounts involved from the Crown Finance Entity and reimburse the organisations that took part in the aid effort.		
5. Maintenance		
Repairs and Routine Maintenance	6,536	7,984
Other		
Renovations and Additional Works	2,283	125
Replacements and Additional Equipment less than \$5,000	4,485	7,900
	13,304	16,009
The value of Employee Related Expense (Note 3) applicable to Maintenance staff was \$4.195M for 2004/05 and \$4.303M for 2003/04, such cost covering trades staff and apprentices' salary costs, workers' compensation and superannuation.		
6. Depreciation Expense		
Depreciation - Buildings	5,934	5,615
Depreciation - Motor Vehicle and Aircraft	4,475	5,556
Depreciation - Plant and Equipment	3,945	3,667
	14,354	14,838
7. Grants and Subsidies		
Non-Government Organisations	542	433
8. Borrowing Costs		
Interest	183	227
9. Sale of Goods and Services		
Patient Transport Fees	72,878	70,763
Use of Ambulance Facilities	1,868	1,743
	74,746	72,506
10. Investment Income		
Interest	360	336
Lease and Rental Income	680	715
	1,040	1,051
11. Grants and Contributions		
Contributions	3,419	2,247
12. Other Revenue		
Other Revenue comprises the following:		
Treasury Managed Fund Hindsight Adjustment	4,663	2,165
Other		
Sundry Revenue	611	701
Subpoena/FOI	212	189
Bad Debts Recovered	159	440
	5,645	3,495

Actual 2005 \$000	Actual 2004 \$000
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13. Gain on Disposal of Non-Current Assets

Land and Buildings	779	1,428
Other Assets	16,373	15,569
Less Accumulated Depreciation	(14,627)	(16,173)
Written Down Value	2,525	824
Less Proceeds from Disposal	2,664	1,564
Gain on Disposal of Non-Current Assets	139	740

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.	82	-	4	86
Contributions recognised in previous years which were not expended in the current financial year.	595	-	13	608
Total amount of unexpended Contributions as at balance date.	677	-	17	694

(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 2005 \$000	Actual 2004 \$000
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16. Current Assets - Cash

Cash at Bank and on Hand	272	285
Deposits at Call	1,971	2,536
	2,243	2,821
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)	2,243	2,821
Bank Overdraft	(1,102)	(1,409)
Closing Cash and Cash Equivalents (per Statement of Cash Flows)	1,141	1,412

The Cash Flow Statement does not include Other Financial Assets in the Closing Cash and Cash Equivalents figure. The comparative result for the 2003/04 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	1,850	1,500
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Actual	Actual
2005	2004
\$000	\$000

18. Current /Non-Current Receivables**Current****(a) Sale of Goods and Services**

Patient Transport Fees	15,322	11,437
Goods and Services Tax	1,353	1,151
NSW Health Department (asset sale proceeds)	783	389
Other	3,130	784
	<u>20,588</u>	<u>13,761</u>
Less Provision for Doubtful Debts	(1,219)	(2,173)
Less Provision for Write Backs	(12,179)	(5,942)
	<u>7,190</u>	<u>5,646</u>

(b) Bad debts written-off during the year - current receivables

<u>1,117</u>	<u>2,990</u>
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19. Inventories**Current - at Cost**

Uniform	427	312
Medical Supplies and Equipment	515	608
Fuel and Oil	231	267
Motor Vehicle Parts and Other	354	298
	<u>1,527</u>	<u>1,485</u>

20. Property, Plant and Equipment**Land and Buildings**

At Fair Value	233,067	232,193
Less Accumulated Depreciation	(110,858)	(105,065)
	<u>122,209</u>	<u>127,128</u>

Plant and Equipment

At Fair Value	51,707	48,441
Less Accumulated Depreciation	(30,615)	(28,216)
	<u>21,092</u>	<u>20,225</u>

Vehicles

At Fair Value	41,949	50,330
Less Accumulated Depreciation	(23,725)	(32,191)
	<u>18,224</u>	<u>18,139</u>

Capital Works in Progress

<u>1,487</u>	<u>1,549</u>
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Total Property, Plant and Equipment at Net Book Value

<u>163,012</u>	<u>167,041</u>
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Property, Plant and Equipment - Reconciliations

	Land	Buildings	Capital Works In Progress	Plant and Equipment	Vehicles	Total
	\$000	\$000	\$000	\$000	\$000	\$000
2005						
Carrying amount at start of year	51,211	75,917	1,549	20,225	18,139	167,041
Capital Expenditure/Donations {see Note 2(g)}	-	-	12,849	-	-	12,849
Reclassifications	440	1,214	(12,911)	4,817	6,440	-
Disposals	(338)	(441)	-	(1,551)	(14,821)	(17,151)
Adjustment of depreciation concerning disposals	-	140	-	1,546	12,941	14,627
Depreciation Expense {see Note 2(i)}	-	(5,934)	-	(3,945)	(4,475)	(14,354)
Carrying amount at end of year	<u>51,313</u>	<u>70,896</u>	<u>1,487</u>	<u>21,092</u>	<u>18,224</u>	<u>163,012</u>

- (i) Land and buildings include land owned by the NSW Health Department and administered by Ambulance [See Note 2(g)].
- (ii) Plant and equipment other than motor vehicles were valued by Ambulance as at 30 June 2005 on the basis of depreciated cost.
- (iii) Amounts written-off from Work in Progress directly to the Statement of Financial Performance during the 2004/05 financial year amounted to \$4.239M. These write-off's occurred because the individual amounts were less than the \$5,000 limit set by Ambulance for capitalisation. The write-off's have not been included in the above analysis.

Actual 2005 \$000	Actual 2004 \$000
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21. Current/Non-Current Assets Other**Current**

Prepayments

1,137	952
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Non-Current

Prepayments

494	500
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22. Restricted Assets

Ambulance'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.

694	714
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Category	Brief details of externally imposed conditions including Asset Category affected
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Activities	- Funds to be spent as specified by donors
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Equipment	- Funds to be spent as specified by donors
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17	13
677	701
694	714

23. Payables

Accrued Salaries and Wages

4,003	8,935
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PAYG and Other Payroll Deductions

770	826
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Total Trade Creditors

11,740	10,210
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Other Creditors

- Capital Works

1,230	721
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- Other

1,990	326
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19,733	21,018
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24. Current /Non-Current Interest Bearing Liabilities**(a) Current**

Bank Overdraft

1,102	1,409
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Other Loans and Deposits

700	700
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1,802	2,109
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(b) Non-Current

Other Loans and Deposits

1,093	1,610
--------------	--------------

Repayments for the interest bearing loan of \$1,792,644.92 will be approximately \$58,333.33 per month for the 2005/06 financial year.

Repayment of Borrowings

Not later than one year

1,802	2,109
-------	-------

Between one and five years

1,093	1,610
-------	-------

Later than five years

-	-
---	---

Total Borrowings at Face Value

2,895	3,719
--------------	--------------

25. Current /Non-Current Liabilities - Provisions**(a) Current**

Employee Annual Leave

20,448	18,613
--------	--------

Employee Long Service Leave

3,463	3,041
-------	-------

Total Current Provisions

23,911	21,654
---------------	---------------

(b) Non-Current

Employee Annual Leave

8,434	6,850
-------	-------

Employee Long Service Leave

46,446	41,233
--------	--------

Sick Leave

148	142
-----	-----

Total Non-Current Provisions

55,028	48,225
---------------	---------------

Aggregate Employee Benefits and Related On-costs

Provisions - current

23,911	21,654
--------	--------

Provisions - non-current

55,028	48,225
--------	--------

Accrued Salaries and Wages and on costs (Note 23)

4,773	9,761
-------	-------

83,712	79,640
---------------	---------------

Actual 2005 \$000	Actual 2004 \$000
----------------------------------	----------------------------------

26. Other Liabilities**Current**

Income in Advance	101	193
Advances from NSW Health Dept	2,000	2,416
	2,101	2,609

Income in Advance includes an amount of \$100,000 concerning a grant which will fund two Trauma Clinical Support Officer positions during the 2005/06 financial year.

27. Equity

	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2005 \$000	2004 \$000	2005 \$000	2004 \$000	2005 \$000	2004 \$000
Balance at the beginning of the financial year	25,730	41,700	56,990	56,770	82,720	98,470
Result for the year from ordinary activities	(8,935)	(16,892)	-	-	(8,935)	(16,892)
Prior period adjustment (see Note below)	-	(16)	-	-	-	(16)
Increment/(Decrement) on revaluation of Land and Buildings	-	-	-	1,158	-	1,158
Asset Revaluation Reserve balances transferred to Accumulated Funds on disposal of assests	318	938	(318)	(938)	-	-
Balance at the end of the financial year	17,113	25,730	56,672	56,990	73,785	82,720

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 2003/04 financial year.

	Actual 2005 \$000	Actual 2004 \$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	1,455	161
Total Capital Expenditure Commitments (including GST)	1,455	161

Of the commitments reported at 30 June 2005 it is expected that none will be met from locally generated moneys.

(b) Other Expenditure Commitments

Aggregate other expenditure contracted for at balance date but not provided for in the accounts:

Not later than one year	257	688
Total Other Expenditure Commitments (including GST)	257	688

(c) Operating Lease Commitments

Future non-cancellable operating lease rentals not provided for and payable:

Not later than one year	17,692	15,892
Later than one year and not later than five years	36,731	33,128
Later than five years	2,508	3,625
Total Operating Lease Commitments (including GST)	56,931	52,645

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 \$5.331M that are expected to be recoverable from the Australian Taxation Office.

29. Contingent Liabilities**(a) Claims on Managed Funds**

Since 1 July 1989, Ambulance has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of Ambulance 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 Ambulance. As such, since 1 July 1989, apart from the exceptions noted above, no contingent liabilities exist in respect of liability claims against Ambulance. 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 Ambulance.

(b) Workers' Compensation Hindsight Adjustment

The Treasury Managed Fund normally calculates hindsight premiums each year. However, in regard to workers' compensation the final hindsight adjustment for the 1998/99 fund year and an interim adjustment for the 2000/2001 fund year were not calculated until 2004/05. As a result, the 1999/2000 final and 2001/02 interim hindsight calculations will be paid in 2005/06.

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 passing of Tax Laws Amendment (2004 Measures No. 2) Bill 2004, which received Royal Assent on 25 June 2004 (Act No. 83, 2004), has as of 1 April 2004 provided Ambulance with the same FBT treatment as a public hospital. Ambulance is eligible for FBT Capping of \$17,000 and the more generous remote area housing exemptions outlined in subsection 140(1A) of the *Fringe Benefits Tax Assessment Act 1986*.

30. Charitable Fundraising Activities

Ambulance did not conduct any direct fundraising activities during 2004/2005.

However possibilities for fundraising activities have now re-opened, subsequent to the passing of the Tax Laws Amendment (2004 Measure No. 2) Bill 2004, which received Royal Assent on 25 June 2004 (Act No. 83, 2004). This granted Deductible Gift Recipient Status for Ambulance, ie donations to Ambulance will now be tax deductible.

	Actual 2005 \$000	Actual 2004 \$000
31. Reconciliation of Net Cost of Services to Net Cash Flows from Operating Activities		
Net Cash Flows from Operating Activities	9,509	7,578
Adjustment for Items not involving Cash and Government Payments		
Depreciation	(14,354)	(14,838)
Provision for Bad and Doubtful Debts	(6,400)	(6,349)
Acceptance by the Crown Entity of Employee Superannuation Benefits	(19,913)	(18,712)
Increase/(Decrease) in Inventories	42	17
Increase/(Decrease) in Receivables	5,002	4,156
Increase/(Decrease) in Prepayments	2,727	632
(Increase)/Decrease in Creditors	1,887	(2,998)
(NSW Health Department Recurrent Allocations)	(258,580)	(236,905)
(NSW Health Department Capital Allocations)	(15,034)	(14,245)
Asset Sale proceeds transferred to NSW Health Department	968	-
Provision for Employee Entitlements	(9,060)	(6,245)
Net Gain/(Loss) on Disposal of Non-Current Assets	139	740
Industry contribution in kind	1,573	415
Net Cost of Services	(301,494)	(286,754)

32. 2004/2005 Voluntary Services

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

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.

34. Budget Review**Net Cost of Services and Result for the Year from Ordinary Activities**

Net cost of services was lower than budget by \$0.6M due to increases in revenue partially offset by increases in employee related and goods and services expenditure.

Assets and Liabilities

Current assets were higher than budget by \$0.6M due to increased level of receivables and cash deposits. This was partially offset by a decline in cash at bank.

Non-current assets were lower than budget by \$1.9M due to delays in purchasing buildings.

Current liabilities were \$1.2M lower than budget due to decrease in trade creditors, bank overdraft and an advance from the NSW Health Department.

Non-current liabilities were lower than budget by \$0.5M after revision of the ageing of employee provisions.

Cash Flows

Net cash flows from operating activities was higher than budget by \$0.5M due to net cost of services increase.

Net cash flows from financing activities was lower than budget by \$2.4M due to repayment of 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 2 August 2004 are as follows:

	\$000
Initial Allocation, 2 August 2004	232,831
Award Increases	8,058
Helicopters	1,804
Fees	3,348
Rescue	4,500
Counter Disaster Unit	2,052
Hospital Access Block	2,500
Queensland Charges	2,479
Other	1,008
Balance as per Statement of Financial Performance	<u>258,580</u>

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 Ambulance to ensure that this matter is resolved.

Approval for the leases has been given under the provisions of 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. Ambulance'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				2005		2004		2005		2004	
	2005 \$000	2004 \$000	2005 \$000	2004 \$000	2005 \$000	2004 \$000	2005 \$000	2004 \$000	2005 \$000	2004 \$000	2005 \$000	2004 \$000	2005 %	2004 %	2005 %	2004 %		
Financial Assets																		
Cash	-	-	2,197	2,775	-	-	-	-	46	46	2,243	2,821	4.85	4.85	4.85	4.69	4.69	
Receivables	-	-	-	-	-	-	-	-	7,190	5,646	7,190	5,646	N/A	N/A	N/A	N/A	N/A	
Other Financial Assets	-	-	1,850	1,500	-	-	-	-	-	-	1,850	1,500	5.37	5.37	5.37	5.16	5.16	
Total Financial Assets	-	-	4,047	4,275	-	-	-	-	7,236	5,692	11,283	9,967						
Financial Liabilities																		
Borrowings - Other	1,102	1,409	-	-	1,793	2,310	-	-	2,000	2,416	4,895	6,135	7.75	7.75	7.75	7.75	7.75	
Payables	-	-	-	-	-	-	-	-	19,733	21,018	19,733	21,018	N/A	N/A	N/A	N/A	N/A	
Total Financial Liabilities	1,102	1,409	-	-	1,793	2,310	-	-	21,733	23,434	24,628	27,153						

* 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. Ambulance'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.

Financial Assets	Governments		Banks		Patients		Other		Total	
	2005 \$000	2004 \$000	2005 \$000	2004 \$000	2005 \$000	2004 \$000	2005 \$000	2004 \$000	2005 \$000	2004 \$000
Cash	46	46	2,197	2,775	-	-	-	-	2,243	2,821
Receivables	2,136	1,540	-	-	1,924	3,322	3,130	784	7,190	5,646
Other Loans and Deposits	-	-	1,850	1,500	-	-	-	-	1,850	1,500
Total Financial Assets	2,182	1,586	4,047	4,275	1,924	3,322	3,130	784	11,283	9,967

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

Ambulance holds no Derivative Financial Instruments.

End of Audited Financial Statements

The following pages include:

- Statutory and Other Information
- National Patient Satisfaction Survey
- Course Information
- Honours and Merit Awards
- Volunteer Services and the Community
- Index

ACT Award for Ambulance Staff

Following the extreme bushfires of January 2003, the ACT Government commissioned the ACT Emergency Medal in March 2004 to recognise the efforts of those who worked so hard to preserve the ACT community.

A ceremony was held at the Sydney College of the Arts (University of Sydney) on 28 January 2005 with over 100 ambulance officers and support staff from Sydney, Southern and Northern Divisions attending. Commissioner Peter Dunn AO, ACT Emergency Services Authority, Ken Paulsen, Chief Officer, ACT Ambulance Services and Steve Whinfield, General Manager Operations, Ambulance Service of NSW officiated at the ceremony. Further ceremonies followed across the State.

The Medal and Lapel Pin was designed by Wojciech Pietranik, who also designed the Sydney 2000 Olympic Games medals, and was manufactured by the Royal Australian Mint.

Commissioner Dunn, on presenting the awards said, "we hope when you wear the medal you don't just remember the ACT 2003 fires but remember the ACT community, through the Government, has awarded you for a job exceptionally well done - thank you".



Above: ACT Commissioner Peter Dunn with Ambulance staff after the ceremony.

Against the Odds

On Tuesday 20 July 2004, Ambulance Officer Sandy Macken and Paramedic Cheri Lutz were called to a 15 month old male in cardiac arrest post drowning at Bondi.

They arrived on-scene to find Ambulance Officers Brett Atkinson and Helen Desch performing CPR on the patient (Jasper) on the footpath outside the address. Jasper had scaled a fence and fell into a pond when he was momentarily left unattended. Fortunately, Jasper's mum, a paediatric nurse, had commenced effective CPR immediately after finding Jasper in the pond.

Jasper was intubated, drug treatment was commenced and CPR was continued en-route to the Sydney Children's Hospital at Randwick where he was handed over to hospital staff who continued their attempts to resuscitate him.

Even though Jasper had an output his prognosis was extremely poor. However, within 24 hours Jasper's heart rate stabilised and he was taken off drugs. After three days he was extubated and within a week he was asking for his parents. When visited nine days after his drowning he was sitting up, alert, playing, smiling and beginning to eat soft food. Two days later he was walking.

Finally, 13 days after he drowned and was without output for almost two hours, Jasper was discharged home from hospital a normal, active, 15 month old boy.

This was an amazing job that could not have had a better outcome. All involved were deeply affected by Jasper's incredible survival and touched by his family's willingness to allow us to be involved with his recovery.



Young Jasper wondered what all the fuss was about when he visited Bondi Ambulance Station to meet with the officers who treated him. Left to right are: Ambulance Officers Helen Desch and Sandy Macken, Jasper and his mum Felicity Van Elst, Ambulance Officers Brett Atkinson and Cheri Lutz.

Statutory and Other Information

Financial Summary

Payment of Accounts	30 June 2005 \$000	30 June 2004 \$000	30 June 2003 \$000
Total dollar value of accounts paid on time	54,775	30,346	25,251
Total dollar amount of accounts paid	94,075	89,577	69,714
Average percentage of accounts paid on time	58%	34%	21%

Accounts Payable	30 June 2005 \$000	30 June 2004 \$000	30 June 2003 \$000
Trade Creditors and Accruals	11,740	10,210	8,579
Capital Creditors	1,230	721	1,604
Other	1,990	326	429
Salaries & Wages Creditors	738	735	334

Accounts Payable - Age Analysis as at 30 June 2005 (Includes both recurrent and capital creditors)	\$000	%
Less than 30 days overdue	3,184	45%
30/60 days overdue	3,946	55%
60/90 days overdue	-	0%
Over 90 days overdue	-	0%
Total	7,130	100%

Ambulance did not pay any interest to creditors due to late payments.

There were no creditor invoices greater than 45 days at the end of year of the financial year.

Total general creditors monthly average invoice profile is 30 days.

Accounts Receivable - Age Analysis as at 30 June 2005	\$000	%
Less than 30 days	4,836	37%
More than 30 and less than 60 days	2,444	19%
More than 60 and less than 90 days	1,238	10%
More than 90 days	4,392	34%
Total	12,910	100%

The accounts receivable figures relate to patient transports 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 Aged Analysis data is presented above.

Receivables have increased by \$3.592M from the previous financial year due to increased activity, an increase in transport charges, effective 1 November 2004, and an invoice for \$782K to the Crown Finance Entity concerning recovery of costs by Ambulance and other agencies for the response to the South East Asian Tsunami. Ambulance will be distributing the funds, when received, to the other agencies in accordance with invoices received from these agencies.

The increase in activity 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:

- \$400,000 for 181 days @ 5.56%, to mature on 22 August 2005
- \$300,000 for 122 days @ 5.50%, to mature on 22 October 2005
- \$700,000 for 91 days @ 5.30%, to mature on 15 November 2005
- \$450,000 for 181 days @ 5.40%, to mature on 18 August 2005

Interest amounting to \$82,960.66 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.

Surplus recurrent funding is invested in an "At Call" account based on a daily review of Ambulance's financial position. Interest earned during the 2004/05 financial year on these investments was \$220,711.65.

Liability Management Performance

Ambulance 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 \$28,882M
Long Service Leave \$49,909M

Consultants Engaged

Number of Consultancies costing greater than \$30,000 in expenditure: Six

Operational Research in Health

- Study of Ambulance cover in regional NSW and study of rotary wing services: \$44,270

Australian Institute of Forensic Psychiatry

- Testing of applicants for trainee ambulance officer positions: \$65,640

Axis Technology Pty Ltd

- Information management and technology services concerning the Patient Health Care Records system: \$433,258.

Internal Audit Bureau

- Internal Audit Services: \$35,941.

Saville & Holdsworth Australia Pty. Ltd.

- Workforce related issues: \$59,547.

Aviation Professional Services Pty Ltd

- Safety audits, contract preparation and aircraft acceptance for aeromedical arm of Ambulance: \$86,149.

Number of Consultancies costing less than \$30,000 in expenditure: 33 consultancies costing \$187,948 in total.

Treasury Managed Fund

- The Workers Compensation premium surplus for Ambulance in 2004/05 was \$1,735,148. The deposit premium for workers compensation paid by Ambulance in 2004/05 was \$10,861,262 and is based on claims experienced and total claims costs incurred for the past two calendar years.
- The Motor Vehicle premium deficit in 2004/05 was \$8.00. The deposit premium for motor vehicles paid by Ambulance in 2004/05 was \$1,405,982.
- 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

<i>Ryde Ambulance Station Redevelopment</i>	
Estimated total cost	\$1,237,000
Cost to date	\$125,000
Estimated completion date:	June 2006

The project has been delayed pending resolution of issues raised at development consent stage.

<i>Campbelltown Ambulance Station Redevelopment</i>	
Estimated total cost	\$1,500,000
Cost to date	\$135,000
Estimated completion date:	January 2006

<i>Paddington Ambulance Station Redevelopment</i>	
Estimated total cost	\$2,844,000
Cost to date	\$1,634,000
Estimated completion date:	March 2006

<i>Port Macquarie Ambulance Station Redevelopment</i>	
Estimated total cost	\$1,450,000
Cost to date	\$58,000
Estimated completion date:	June 2006

Invitation of tenders for this project has been deferred pending rezoning of the site for the proposed new ambulance station.

<i>Replacement of GMC Based Ambulance Fleet</i>	
Estimated total cost	\$6,069,000
Cost to date	\$2,876,000
Estimated completion date:	January 2006

<i>Volkswagen Based Ambulance Refurbishment Program</i>	
Estimated total cost	\$3,000,000
Cost to date	\$1,508,000
Estimated completion date:	June 2006

Real Property Disposals

Four properties were disposed of during the financial year for a total of \$671,000. The four properties were surplus to operational requirements and comprised residences at Junee, Lithgow and Keiraville and the former ambulance station property at Barraba.

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

There are no family or business connections between purchasers of the properties disposed of and the persons responsible for approving the disposal.

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

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

Major Assets

Major assets, other than landholdings, are listed below. Major assets are those valued at over \$500,000. Major assets acquired during 2004/05 are listed separately.

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
Drummoyle Station
Fairfield Station
Hamilton Station Complex
Lithgow Station
Lismore Station Complex
Macquarie Fields Station
Mascot Air Ambulance Base
Menai Station
Merimbula Station and Residence
Morisset Station
Orange Station
Perisher Valley Station
Queanbeyan Station
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

Plant and Equipment

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

Assets acquired during 2004/05

Mobile Data Radio Service
Forbes Ambulance Station
Sussex Inlet Ambulance Station

Legislation

NSW legislation which impacts on, or has relevance to Ambulance 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 Act 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

Overseas visits

State Fleet Manager, John Flynn, travelled to Germany to attend the Interschutz Emergency Service Expo in Hanover, Germany. The Expo is held every five years and highlights the latest in Emergency Services technology. During his visit, John met with engineers from Mercedes Benz and Volkswagen to discuss and view new models that will be available in Australia next year. Ambulance funded the trip (duration 7 to 18 June 2005).

Statutory and Other Information

Freedom of Information (FOI)

There was almost double the number of non-personal FOI applications received during 2004/05 compared with the previous year.

There was no significant impact during the year of FOI requirements on Ambulance 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	2004/05		2003/04	
	Personal	Other	Personal	Other
Granted in full	14	8	16	3
Granted in part	5	3	5	2
Refused	6	3	4	3
Deferred	0	0	0	0
Completed	25	14	25	8

Costs and fees of requests processed in 2004/05		
	Assessed costs	FOI fees received
All completed requests	\$1,629	\$2,688

Access refused FOI requests granted in part or refused	2004/05		2003/04	
	Personal	Other	Personal	Other
Clause 11 of Schedule 1	0	0	1	0
Clause 16 of Schedule 1	3	0	0	0
Clause 13(b) of Schedule 1	0	0	0	0
Clause 7(1)(b) of Schedule 1	0	1	0	0
Clause 6(1) of Schedule 1	3	0	2	1
Section 28(1)(b)	5	5	3	3
Section 25(1)(b)(1)	0	1	1	2
Section 10 of schedule 1	0	0	1	0

Discounts allowed	2004/05		2003/04	
	Personal	Other	Personal	Other
Financial hardship - personal	2	0	3	0

Significant correction of personal records	2004/05		2003/04	
	Personal	Other	Personal	Other
	0	0	0	0

Days to process	2004/05		2003/04	
	Personal	Other	Personal	Other
0-21 days	23	9	23	8
22-35 days	2	5	2	0
Over 35 days	0	0	0	0
Total	25	14	25	8

New FOI requests	2004/05		2003/04	
	Personal	Other	Personal	Other
New	25	14	25	8
Brought forward	0	0	0	0
Total to be processed	25	14	25	8
Completed	25	14	25	8
Transferred out	0	0	0	0
Withdrawn	0	0	0	0
Total processed	25	14	25	8
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 Ambulance Statement of Affairs is incorporated within this Annual Report.

A description of Ambulance's structure and functions are outlined in this Annual Report. This 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. Ambulance has a number of committees, as listed in this Report, that assist with policy development within Ambulance.

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

Ambulance, as an integral part of the State's health system, fully subscribes to NSW Health's Commitment to monitoring of all consumer responses. The Professional Standards and Conduct Unit is responsible for monitoring Ambulance'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 Ambulance.

Ambulance publications during 2004/05

Ambulance produced a variety of community resource material and booklets in addition to the main publications listed below.

- 2003/04 Annual Report and Summary
- Corporate Plan
- Clinical News and Clinical Bulletins (staff newsletter)
- Fact sheets
 - Calling for an ambulance
 - When to call an ambulance
 - Patient Transport Service
 - You and Your Ambulance Service translated to Chinese, Arabic, Italian, Greek and Vietnamese
- Statement of Business Ethics
- Skills Manual
- Sirens (staff newsletter)

For more information visit the Ambulance website at www.ambulance.nsw.gov.au

Workers' compensation claims

During 2004/05 there were 722 workers' compensation claims lodged which are categorised in the table below:

Category	2004/05	2003/04	2002/03	2001/02	2000/01
Body Stress	355	316	284	344	444
Hit by Object(s)	74	59	117	100	98
Fall/Slip	77	65	80	75	63
Exposure (Infectious)	95	90	78	68	63
Vehicle	44	32	32	38	33
Mental Stress	40	25	30	28	51
Bite	5	1	0	6	11
Objects – Moving	5	6	8	4	9
Other	27	61	1	0	8
Total	722	655	630	663	780

Statutory and Other Information

Workforce Statistics

Table A. Percentage of Total Staff by **Salary Level** 2004/05

Level	Total Staff (Number)	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	
< \$31,352	8	88%	50%	50%		14%	14%	29%		
\$31,352 - \$41,177	1,308	83%	55%	45%	2.4%	7%	8%	2%	0.8%	
\$41,178 - \$46,035	1,482	48%	79%	21%	2.2%	6%	4%	3%	1.1%	
\$46,036 - \$58,253	506	54%	82%	18%	2.2%	4%	5%	6%		
\$58,254 - \$75,331	98	76%	69%	31%	1.4%	19%	15%	5%		
\$75,332 - \$94,165	25	56%	60%	40%				21%	21.4%	
> \$94,165 (non-SES)	30	33%	90%	10%		10%	10%	10%		
> \$94,165 (SES)	1		100%							
TOTAL	3,458	63%	70%	30%	2.2%	7%	6%	3%	0.7%	

Table B. Percentage of Total **Staff Recruited** by Salary Level 2004/05

Level	Total Staff (Number)	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	
< \$31,352	2	50%	50%	50%						
\$31,352 - \$41,177	240	92%	52%	48%	0.9%	5%	6%	2%		
\$41,178 - \$46,035	6	83%	50%	50%						
\$46,036 - \$58,253	9	100%	33%	67%						
\$58,254 - \$75,331	2	50%	50%	50%			100%			
\$75,332 - \$94,165	2	100%		100%						
> \$94,165 (non-SES)	2	50%	100%			100%	100%			
> \$94,165 (SES)										
TOTAL	263	91%	51%	49%	0.8%	5%	7%	2%		

Full time equivalent as at 30 June 2005

	2004/05	2003/04	2002/03
Medical	3	2	3
Nursing	18	17	18
Corporate Administration	179	183	181
Allied Health Professionals	8	8	8
Hospital Employees	93	13	11
Hotel Services	4	4	5
Maintenance and Trades	67	67	70
Ambulance - Uniform	2,948	2,870	2,743
Other	75	137	123
Total	3,395	3,301	3,162

National Patient Satisfaction Survey

In 2005, the Convention of Ambulance Authorities (CAA) coordinated the third 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) shows Ambulance performance in each key area as well as an overall satisfaction rating. Results indicate that 97 per cent of NSW residents surveyed are satisfied or very satisfied with all aspects of service delivery, consistent with 2004 results (98 per cent).

Overall satisfaction levels for all aspects of service delivery remained steady. A slight fall in call response time satisfaction and satisfaction with communications staff may be a result of changes to the call taking process, due to the implementation of the Medical Priority Dispatch System.

All States and Territories performed strongly, recording overall satisfaction ratings of between 94 and 98 per cent.

Patient Satisfaction Ratings Results for NSW

Key Area	Dissatisfied or very dissatisfied 2005 %	Neither satisfied, nor dissatisfied 2005 %	Very satisfied or satisfied	
			2005 %	2004 %
Call response time satisfaction rating	1	3	96	98
Satisfaction with communications staff	2	2	96	98
Ambulance response time	1	4	95	96
Ambulance officer care rating	1	1	98	98
Treatment satisfaction	1	1	98	98
Ambulance officer satisfaction rating	1	2	97	97
Trip/ride satisfaction	3	5	92	93
Overall satisfaction	2	1	97	98

Privacy Information for Patients

Ambulance complies with the Privacy and Personal Information Protection Act (1998) and the Health Records and Information Privacy Act (2002) (HRIP). The HRIP Act is designed to balance the protection of personal health information with the public interest in the legitimate use of that information.

Personal health information is collected when an individual calls 000 and when patient contact is made. When a patient is transported to hospital ambulance officers complete a patient health care record and leave a copy with the hospital. Only information that is relevant and necessary for a patient's treatment and ongoing care is collected.

All reasonable steps are taken to ensure the information that is collected is stored securely. Patient health care records are retained for 25 years. Appropriate systems are in place to protect information from loss, unauthorised access and misuse.

Ambulance uses and discloses personal health information for the primary purpose that the information was collected. Under legislation, information can also be used and disclosed for purposes directly related to a patient's treatment, in ways that would be reasonably expected for a patient's ongoing care.

Ambulance is also required to disclose patient information to State and Commonwealth government agencies in order to comply with other laws and may also be required to provide a copy of a patient health care record if it is subpoenaed for evidence in a court of law. Information is also used and disclosed for billing, statutory reporting and other purposes required for the operation of Ambulance, which includes safety and quality improvement initiatives. Where relevant, Ambulance may need to disclose patient information to Medicare, private health funds or the Department of Veterans' Affairs.

Each patient is entitled to request access to all personal information. A fee may be charged to provide a patient with a copy of their record. Requests should be in writing and addressed to:

Ambulance Service of New South Wales
Medical Records Department
PO Box 17
HAMILTON NSW 2303
Ph: (02) 4921 7534

"The results of the National Patient Satisfaction Survey demonstrate that 97 per cent of NSW residents are satisfied or very satisfied with all aspects of service delivery."

Greg Rochford
Chief Executive Officer

Course Information

Courses conducted for clinical staff during 2004/05 and 2003/04.

Course	No. Courses 2004/05	No. Students 2004/05	No. Courses 2003/04	No. Students 2003/04
Patient Transport	4	51	1	6
Induction	6	157	6	251
Level Two (Inservice 1)	10	191	12	216
Level Three (Inservice 2)	8	170	7	132
Re-employment	1	2	1	7
Total Primary Care	29	571	27	612
Paramedic	3	51	5	89
Level 4/5 1st Recert	4	82	2	25
Total ALS	7	133	7	114
Level 3/4/5 Recert	164	528	52	346
Sydney Combined Recert	37	182	1	4
PI Upgrade	17	125	N/A	N/A
3 C's (taught via Distance Education)	-	76*	-	118*
4x4 Driver Training	7	53	11	27
Voluntary Tutorials	102	266	33	94
Outside Organisations	68	508	56	123
First Aid Training	27	138	5	10
CBR	0	0	0	0
Distance Education	23	40	63	37
Special Training Courses	278	461	125	0
Train the Trainer	12	34	11	65
Honorary Ambulance Officer Training	14	90	11	140
Honorary Ambulance Officer Inservice	12	41	3	37
TOTALS	797	3,246	405	1,727

* Individually assessed

Courses conducted for staff development during 2004/05 and 2003/04

Course	No. Courses 2004/05	No. Students 2004/05	No. Courses 2003/04	No. Students 2003/04
Advanced Access	2	11	0	0
Advanced Excel	4	22	4	30
Advanced Outlook	2	15	0	0
Advanced PowerPoint	5	11	0	0
Advanced Word	2	10	1	7
Assertiveness and Conflict Resolution	3	32	5	53
Business Writing Skills	1	4	5	70
Change Management	2	20	0	0
Code of Conduct	0	0	9	86
Complaints Investigation	0	0	1	25
Developing and Writing Policy and Procedures	0	0	2	27
Expanding Your Leadership	2	27	3	36
Facilitation Skills	1	12	2	10
Intermediate Access	3	19	1	1
Intermediate Excel	4	22	4	31
Intermediate Word	4	22	1	9
Introduction to Access	3	19	1	6
Introduction to Computers	6	38	0	0
Introduction to Excel	10	71	6	39
Introduction to Outlook	2	13	0	0
Introduction to PowerPoint	3	18	3	20
Introduction to Word	5	29	3	19
Managing People Effectively	1	9	9	108
Managing Teams Effectively	0	0	2	26
Negotiation Skills	0	0	5	60
OH&S and Ergonomics Induction for CAD	7	31	0	0
OH&S Consultation for OH&S Committee Representatives	2	22	0	0
OHS Induction for Construction Work	0	0	1	18
OH&S Induction for PTOs	3	39	0	0
OH&S Induction for TAOs	6	169	0	0
Performance Appraisal Information	0	0	4	38
Performance Appraisal Training	0	0	8	90
Practical First Attack Firefighting	2	15	0	0
Recruitment and Staff Selection	1	19	3	50
Resolution Health Care	0	0	2	46
Resume Writing and Interview Techniques	1	17	1	16
Risk Management Training	15	143	20	216
Speed Reading	2	24	1	8
Time Management	2	28	1	6
TOTAL	106	931	108	1,151

Honours and Merit Awards

Australian Honours Bravery Decorations Commendation for Brave Conduct

Alan PLAYFORD SC

Group Bravery Citation

John GLEESON

Alan PLAYFORD SC

Meritorious Decorations Australian Ambulance Service Medal (ASM)

Christopher BAILEY

Michael WILLIS

National Medal

*For recognition of 15 years
service by uniformed officers.*

Kerrie ALDERTON
Michelle ANDERSON
Paul ANTCLIFF
Grant BAILEY
Stuart BARON
Robert BEST
Craig BINKS
Anthony BISHENDEN
Warren BOON
Karen BOYD
Linda BROAD
Shane BUCKLEY
Michael BURROW
David BURTON
Gary CALVERT
Linda CALVERT
Ian CHAPMAN
Ross CHIVERS
Evan CLARK
Gary COLLINS
Timothy COLLINS
Cathy CRAMPTON
Genevieve DAVEY
Kay DAWSON
Anthony DEBEUZEVILLE-
HOWARTH
David DEE
Anthony DOUGHT
Grahame EDWARDS
Alan FINDLAY
Paul GRAHAM
Michael GRAYSON
Andrew GROVES
Christopher HADSON
Wayne HAVENAAR
Jeff HESCOTT
Sharon JENNER
Christopher JESSON
Ian JOHNS
Colin JOHNSON
Yvonne JOHNSON

Audie JOUSIF
Michelle KNOTT
Rodney LARKIN
Michelle LEE
Linda LODGE
James MANNION
Paul MARTIN
Julianne McANDREW
Steve McCARTHY
David McKITTRICK
Christopher McQUEENEY
David MECHAM
Peter MIDDLETON
Anthony MULLINS
Michael NADIN
Richard NELSON
Keith NORTH
Peter O'DONOGHUE
Mathew O'REILLY
Jean PALLETT
Stephen PEARCE
Debra POLKINGHORN
Gail POOLE
Maxine PUUSTINEN
Stephanie RADNIDGE
Shane RAE
Leanne RILEY
David RINE
Terence RYAN
Owen SHARP
Kerrie SIMPSON
Edward SMITH
Paul SMITH
Amanda STEPHENS
Craig TAYLOR
James THOMPSON
Russell THOMPSON
Rex TORZILLO
Linda TURNER
James TWIGHT
Dean VENESS
Sharon WHITE
Thomas WILLIAMS
Gregory WYNNIE
Jacinta YOUNG

1st Clasp

*For recognition of 25 years
service by uniformed officers.*

Ron BARROW
Gregory BEIRNE
David BLACKBURN
Richard BRADBURY
Ian CERFF
Mark CHAPLIN
Dean COOMBES
Norman CURTIS
Peter DALY
Wayne DUNLOP
Wayne EDGE

Glen EKERT
James FARRELL
Thomas FERGUSON
Graeme FIELD
Michael FITZPATRICK
Trevor GREEN
Alan GREENOUGH
John GRUAR
Barry HALL
Anthony HARE
Geoffrey HARLING
Stephen HOGEVEEN
Bruce HOWARD
Barry HUNT
Graham JONES
Brian KERNAGHAN
Peter KNIGHT
Rolf KRUIT
James LAWRENCE
David LEE
Dennis LOW
Michael MAIR
Steven MARTYN
William MATHESON
Robert McCALLUM
Michael McMULLEN
Bradley MELDRUM
Joseph MICALLEF
Glen O'BRIEN
Erkki OKKONEN
David OVERTON
Daniel PAGET
John PASCOE
Warren PHILLIPS
Charles PITT
Robert RICHARDS
Trevor RICHMOND
Kim RODWELL
Leon SAWYER
George SEDDON
Geoffrey SIMPSON
Karl SPACKMAN
David STRIDE
Alexander SZAFRANSKY
Timothy TAYLOR
Graham UPTON
John URQUHART
Jamie VERNON
John WALKER
Richard WALLACE
Edward WEALANDS
Geoffrey WESTCOTT
Alexander WILSON

2nd Clasp

*For recognition of 35 years
service by uniformed officers.*

Richard BROWN
Clive HEPBURN
Bruce HOUNSLOW
Barry IRVINE
John SIDEBOTTOM
Keith SMITH
Ian WILLIS

3rd Clasp

*For recognition of 45 years
service by uniformed officers.*

George HATHERALL

ACT Emergency Service Award

Emergency Service Medal

Judy ANDREWS
Angela BAMBER
Stuart BARON
Denis BEAVAN
Mark BEESLEY
Jenny BEGNALL
Jason BENDALL
Shaun BREEN
Mark BROOKE
Phil BROTHERTON
James BUTCHERINE
Greg CAMERON
Vicki CAMPBELL
Peter CHERRY
Andrew CHRISTENSEN
Geoff CLARKE
Michael CONNELLY
Vivienne CROMPTON
Martin CUTLER
Wayne DUNLOP
Malcolm EADIE
Linda ECKHART
David EDGE
Neil ELLIOTT
James FARRELL
Paul FEATHERSTONE
Dave GARVEY
Eddie GAUGHRAN
Jeff GILCHRIST
Jeff GILLAM
John GLEESON
Kylie GOMM
John GONZALEZ
Steve GOODRIDGE
Robert GRAY
Paul GREEN
Alan GREENOUGH
Neville GRIEVE
Andrew GROVES

Honours and Merit Awards

Greg HALL
Larry HAMMETT
Greg HANSEN
Scott HARDES
John HARPLEY
Wayne HAVENAAR
Louise HENNESSY
Paul HITCHMAN
Adam HOLDER
Leisa HUGGINS
Robert HUGHES
Adrian HUMPHREY
Tania HURST
Noel KELLEHER
Peter KENNY
Paul KERNICK
Malcolm KNIGHT
Anna KUDRIC
James LAWSON
Vanessa LUXMORE
Harry LYNAS
Michael MARCIANO
Steve MARKS
Gary MCKEAHNIE
Diana MIJIC
Michael MILLS
Peter MOONEY
Paul MORRIS
Terry NELSON
Trevor NUDD
Andrew OSBOURNE
Dean PENNELL
Mathew PICKERING
Alan PLAYFORD
Brian POTTER
Iain QUIGG
Colin RADFORD
Renee RANDALL
David REID
Allan REINTEN
Jason RILEY
Ross RUMBLE
David SCOTT
Paul SMITH
Keith SMITH
Tracey SOLARI
Peter SOPNIEWSKI
Gavin SPRING
Paul TAYLOR
James TESTER
Geoff TIMBRELL
Garry TURNER
Maria URBAN
Julius VERHOEVEN
Rick WARD
Charles WATKINS
Mark WHEATLEY
Brian WHITE
Robert WHITNEY
Peter WIGGINS
Chris WILKINSON

Jenny WILLIS
Lloyd WILLIS
Ray WILLIS
Michael WILLIS
Jeff WOODS

Emergency Service Lapel Pin

Rod BROWN
Denise DEMPSEY
Melissa GRAY
Chris JAMIESON
Helen LANG
Kirsten LINKLATER
Kerri O'CONNOR
Cheryl QUAIN
Jason RUTHERFORD
Geoff RYAN
Michelle SHIELD
Alistair WEBSTER
Ken WHEELER

Service Awards

***Distinguished Service Award
for Ambulance Officers***
Lindsay FORRESTER

General Manager Operations Commendation

Mark BEMISH
Wayne CANNON
Narelle COLLINS
Peter HARON
David KYNASTON
Warren MANNION
Clint McSPEDDEN
Michael NADIN
Donald ROSER

General Manager Operations Certificate of Recognition

Karen ANDERSON
Joel BARDSLEY
David BLACKBURN
Rhys DIVE
Pat DUGGAN
John ELLEMS
Stephen FLANAGAN
Ric IRVING
Donna LAURENCE
Jesse LIONS
Dale McDONALD
Christopher NESTLER
Chris NILSSON
Alan PLAYFORD SC
Serge SEVEAU
Toni SMITH
Paul TONGE
Peter WATMORE

General Manager Operations

Special Certificate
*State of NSW Bushfires
Operation 2003*
Northern Payroll
Southern Payroll
Sydney Payroll
Western Payroll
Leichhardt Clothing Store
Leichhardt General Store
Sandgate Clothing Store
Dubbo Workshop
Queanbeyan Workshop
Summer Hill Workshop
Jason ALDERTON
Marlene ANDREW
Colin APPS
Gordon ASPINALL
Joel BARDSLEY
George BEGLINGER
John BOLAND
Catherine BOWDERN
Gyles BUCHANNAN
Stewart CLARKE
Ruth CONVERY
Kris CORNELL
Peter CRIBBS
Sue CRUTTENDEN
Phillip DALGHIRANIS
Aaron DAVIDSON
Steve DAVIES
Anne Marie DELAHUNTY
Peter FARNELL
Colin FLEW
Diane FOSTER
John FOX
Les GERSTENBERG
Mark GOFF
Andrew HARRISON
Steve HARTGROVE
Lyndon HAYWARD
Chris HEINER
Peter HERRING
Paul HYSLOP
James JONES
Anissa JONES
Michelle JORDAN
Gabor KALOTAY
Mark KELLY
Warren KEMP
Steve KERRIDGE
Kathy KISH
Sandra MACKEN
Cameron MARKS
Peter MATSINOS
Jodie McCARTHY
Howard McLIVANIE
Kathy MERRIFIELD
Kelvin MILNE
Adam MOWER
Kerri NEALL
Jane NEILSEN
Judith NELL

Nichole NEWELL
Laurie PARKER
Brian PARSELL
Bryce PICOT
Bruce PORTER
Scott REID
Peter RICHARDS
Leyton RIDGE
Kelsey ROBERTS
Wendy SARGANT
William SEYMON
David SHEERS
Michael SMALLEY
Dale SMITH
Michael SMITH
Alex STRATEGOS
Gary SYMONS
Julian TAYLOR
Graham TEHAN
Jodie THOMPSON
Garth THOMPSON
Jim TIERNEY
Geoff TIMBRELL
Craig TUCKER
Peter TULL
Richard WARD
Don WEBB
Scott WEBSTER
Leonard WEBSTER
Nigel WEST
Dean WILSON
Michael WILSON
Darren YOUNG

**General Manager Operations
Letter of Recognition**
Gavin ELLIS

Long Service Medals for Non Uniformed Staff

*For recognition of 15 years
service.*
Keith ALLEN
Robyn EVANS
Mary FITZHENRY
Kerrie HARRINGTON
Olive LAING
James MCGUINNESS
Judith MITCHELL
Suresh REDDY
Katherine ROZONATOS
Peter TEDESCO
Joseph TEDESCO
Margaret WALSH
Alan WOOLNOUGH

1st Clasp

*For recognition of 25 years
service.*
Peter BORLAND
Shirley JONES
Christine POWELL
Stephen WHEELER

Volunteer Services and the Community

Peer Support Officers

Ambulance 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

Fifteen 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.

Honorary Ambulance Officers

A workforce of approximately 90 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 Ambulance provides more equitable access in emergency pre-hospital care and improved health outcomes for people in isolated rural communities.



Donations

The following table lists donations of \$10,000 or more received by Ambulance during 2004/05.

Donor	Date	Amount	Used to Purchase
Southern Cross Charity Evening Queanbeyan	Sept 04	\$10,000	Zoll defibrillator and ancillary items
Rotary Club, Bondi Junction	Sept 04	\$15,000	Medical equipment for ambulance stations within Sydney's eastern suburbs

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 Ambulance can be proud of.

ANZAC Day

On Monday 25 April 2005, the Ambulance Service of New South Wales Band participated in its 18th consecutive annual Sydney ANZAC Parade. This year was the 90th anniversary of the ANZAC's landing at Gallipoli.



The Ambulance Band form up in Bent Street Sydney.

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Front Cover

Ambulance personnel treat a patient at the scene of a motor vehicle accident.

About this Annual Report

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