Ambulance Service
of New South Wales

excellence in care

Annual Report 2007/08

Ambulance > The Most Trusted Profession

www.ambulance.nsw.gov.au

Letter to the Minister

Ambulance Service of New South Wales

The Hon John Della Bosca MLC
Minister for Health
Level 30
Governor Macquarie Tower
1 Farrer Place
Sydney NSW 2000

Dear Minister

I have pleasure in submitting the Ambulance Service of New South Wales' 2007/08 Annual Report.

The report complies with the requirements for annual reporting under the Accounts and Audit Determination for public health organisations and the 2007/08 Directions for Health Service Annual Reporting.

Greg Rochford
Chief Executive

Cover image: The Ambulance Roundel provides clear identification for paramedics on the new operational uniform launched in December 2007. The new uniform is designed to be comfortable and protective for paramedics in all seasons and environments.

The introduction of the new uniform coincided with a name change for our ambulance officers. In line with ambulance services around the world, our ambulance officers are now referred to as paramedics.

Contents

Ambulance highlights 2007/08

total responses

provided over 1,118,000 total responses

emergency responses

provided 838,000 emergency responses

Responses

Provided over 1,118,000 total responses (emergency and non-emergency), an average of 3,056 responses per day during 2007/08. This is equivalent to a call for assistance every 28 seconds.

Achieved a 9.85 minute 50th percentile response time for life-threatening emergencies in the context of a 5.9 per cent increase in demand for services.

Clinical Assessment and Referral program

Implemented the Clinical Assessment and Referral program (CARE) to provide safe, non-emergency department referral options for appropriate patient groups.

Extended Care program

Implemented the Extended Care Paramedic (ECP) program with proof of concept projects in Sydney West and Port Macquarie/Forster Tuncurry. ECPs are experienced paramedics who receive additional training in patient assessment and clinical decision-making enabling them to identify low-risk patients and offer alternatives to emergency department care.

Cardiac Care program

Enhanced the Cardiac Care program through the development of a roll-out strategy for 12 lead ECGs and initiation of a thrombolysis proof-of-concept project with Hunter New England Area Health Service.

Clinical support

Established new clinical support manager positions in operational divisions to increase focus on clinical outcomes, reporting and patient safety.

Infection control

Advanced effective infection control by conducting occupational screening and vaccination for over 80 per cent of staff.

Mental health

Trained 625 paramedics in the management of mental health emergencies and the new provisions in the Mental Health Act 2007.

Major events

Co-ordinated NSW Health involvement in the 2007 Asia Pacific Economic Co-operation (APEC) Leaders Week and World Youth Day 2008.

Ambulance highlights 2007/08

responses per day

provided 3,056 responses per day on average

calls for assistance

answered a call for assistance every 28 seconds on average

Emergency responses
Managed highly effective responses to a range of emergencies and major incidents such as the Sydney Harbour boating tragedy.

Disaster preparedness
Embedded disaster preparedness service agreements with area health service chief executives and developed a strategic disaster preparedness education framework.

Helicopter services
Implemented 24-hour operations at the Illawarra helicopter base and entered new contracts with emergency medical services helicopter operators.

Electronic Booking System
Completed the electronic booking system phase 2, enabling same-day booking of transport.

Working uniform
Launched a new working uniform for operational paramedics. The new blue uniform provides better protection for paramedics and higher visibility in the community.

Industrial relations
Worked closely with NSW Health to finalise the industrial case on work value and death and disability.

Workforce planning
Developed an annual workforce plan and recruited 235 trainee paramedics.

Awards for innovation
Received awards for *Clinical Capacity for Online Education Programs* and *Management Practice*. Joint winner in the Australian Safer Communities Awards for the national Triple Zero Campaign.

National community campaign
Developed and launched a Triple Zero national community education campaign, in conjunction with NSW Police Force and NSW Fire Brigades.

School education program
Developed the Emergency Helpers pre-school education program in conjunction with NSW Police Force and NSW Fire Brigades.

Community e-newsletter
Launched the *Ambulance Online* community e-newsletter to promote key health messages and provide updates on Ambulance activities to the community.

Report from the Chief Executive

The focus of the Ambulance vision for the future, 'Excellence in Care' has never been more relevant. The inexorable growth in demand for emergency ambulance care and on the health system generally, makes it essential that we continue our change from the traditional ambulance role of 'taking the patient to health care' to 'taking health care to the patient'.

Much of our efforts for the 2007/08 reporting year have been directed to expanding the range of care we provide in the assessment, treatment and referral of patients. In doing so, we improve the access to treatment and care for our less acute patients while improving the availability of emergency ambulance to respond to potential life-threatening conditions and helping reduce demand on our emergency departments.

The Clinical Assessment and Referral program and the Extended Care Paramedic program aim to provide alternatives, where appropriate, to the transport of patients to emergency departments. Although evaluation will not be completed until early in 2009, the early results are very promising.

While developing the role of paramedics into new areas of practice, we are also concentrating on delivering essential, often life-saving care to medical emergencies involving time-critical conditions such as cardiac arrest, serious trauma and stroke. Our focus on our core responsibility of delivering prompt and effective responses to medical emergencies has meant that changes to our operational, management and corporate systems have continued and will continue into the future. Changes in the operational area include designating 'specialist paramedic' positions to more equitably distribute intensive care paramedics, especially across rural and regional NSW, upgrading the former 'Advanced Life Support' qualification to the Intensive Care level and updating the paramedics' award system to allow greater workplace flexibility.

All change brings some disruption and staff at all levels have worked to build management and support systems and to develop healthy workplace strategies to provide a supportive and adaptable work place for the future. The efforts outlined in Section 4 of this report will lead to substantial managerial and staff training initiatives to be implemented later in 2008.

The Performance section of this report summarises our progress on key strategies over the last five years and presents an overview of the strategies we will implement in the five years ahead. Progress on the Excellence in Care strategies will be reviewed each year and when appropriate, will be refined as circumstances change, for instance, in responding to the recommendations from the reviews of Ambulance undertaken in 2007/08.

Operationally, Ambulance achieved a 9.85 minute 50th percentile response time for life-threatening emergencies in the context of a 5.9 per cent increase in demand for services. On average we provided 3,056 responses per day, which is equivalent to a call every 28 seconds, compared to every 30 seconds in 2006/07.

The range of patient safety and clinical quality measures has expanded, systems for identifying and responding to clinical risks have been enhanced and the cardiac care program has been extended and is developing an integrated Statewide approach to reperfusion. New clinical support managers have also been established within the operational divisions to increase the focus on clinical outcomes. There have also been significant advances in training and procedures for the management of patients experiencing mental health emergencies.

Technical enhancements include completion of the second phase of the electronic bookingsystem, continuation of the computer-aided dispatch infrastructure upgrade and improvements to radio communication capabilities.

We continue to identify ways of making health care everybody's business through our community education programs, involvement in the national triple zero awareness campaign and through the launch of a new community e-newsletter, Ambulance Online, to provide health and safety messages to the general community.

I wish to thank our Ambulance volunteers who work tirelessly, often behind the scenes, to deliver care and look after staff in roles such as volunteer ambulance officers, community first responders, chaplains, peer support officers, the Ambulance Band and Ceremonial Guard.

Thanks are also extended to the Ambulance Advisory Council, Health Ministers and their staff, as well as NSW Health for their support and valued contributions during the year.

Finally, I commend all Ambulance staff for their continued commitment to building a strong Ambulance Service and for the high level of care provided to the community by our paramedics. This commitment has been important during the reporting year, particularly in supporting the response to external reviews, all of which provide extra momentum for continuing our improvements in care, staff support and building a durable, adaptable and caring organisation for the future.

Greg Rochford
Chief Executive

1: Profile, purpose and goals

our vision > excellence in care

The Ambulance Service of New South Wales (Ambulance) is a dynamic part of the New South Wales health system and is one of the largest ambulance services in the world. We are committed to providing high quality clinical care and health-related transport services to over 6.89 million people in NSW.

Mission

As an integral part of the State's health system, the Ambulance Service of New South Wales will provide responsive, quality emergency clinical care, patient transport, rescue and retrieval services through:

> Quality of service

> Working in partnerships

> Meeting community needs

> Valuing our people

> Organisational performance.

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.

Customer Service Standards

> Ensure the maintenance of a 24-hour, seven days a week, pre-hospital, emergency clinical care, medical retrieval and health-related transport system

> In an emergency, dispatch paramedics to provide treatment as rapidly as possible

> For non-emergencies, paramedics will be dispatched in accordance with the clinical need of the patient

> Improve and maintain the health of patients in pre-hospital care and during transport to hospital or other health facilities

> Provide accredited rescue services to specific locations throughout NSW

> Co-ordinate aeromedical responses and retrievals as part of overall ambulance services

> Ensure that all services are delivered in a professional and courteous manner

> Provide effective communication with patients and customers

> Ensure that the privacy and confidentiality of any personal information held on patients is respected

Customers and Stakeholders

> Patients and those close to them

> The community, including special-needs groups, culturally diverse interest groups and disadvantaged groups

> Our employees, volunteers and their families

> Local, State and commonwealth governments including the NSW Minister for Health and members of the NSW Parliament

> The Ambulance Service Advisory Council

> NSW Health and NSW area health services

> Ambulance management and executive

> Other emergency service organisations

> Unions and employee industry associations

> Community services and health care providers

> Interstate ambulance services and health authorities

> Professional bodies and health institutions

> Suppliers of goods and services to Ambulance

Organisational structure

Director-General, NSW Health
Professor Debora Picone

Ambulance Service Advisory Council

Chief Executive
Greg Rochford

Executive Services
Julie Morgan, Director

NSW Health Counter Disaster Unit
Gillian O'Malley, Director

Professional Standards & Conduct
Marian O'Connell, Director

Public Affairs
Kathryn Wood, Director

Finance and Data Services
Julie Newman (to16/05/08)
Director

- **Financial Services**
  Padraic Hoban
  Manager
- **Data Services**
  Catherine Hutton
  Manager
- **Operational Information Unit**
  Mark Dickson
  Manager
- **Business Development**
  Malcolm Voyzey
  Manager
- **Salary Packaging**
  John Thornton
  Co-ordinator
- **Rural Financial Services**
  Northern Division
  Paul Hamilton, Manager

  Southern Division
  Kylie Moroney, Manager

  Western Division
  Wayne Bredin, Manager

Corporate Services
Michael Landsbergen
General Manager

- **Workforce Unit**
  Ian Peters
  Acting Director
- **Information Technology**
  Roger Hanssen
  Director
- **Corporate Planning**
  PN Nageswaran
  Manager
- **Infrastructure & Asset Services**
  Wayne Egan
  Manager

Operations
Mike Willis
General Manager

- **Northern Division**
  Allan Loudfoot,
  Divisional Manager
- **Southern Division**
  Denis Beavan,
  Divisional Manager
- **Sydney Division**
  Ken Pritchard,
  Divisional Manager
- **Western Division**
  Dennis Willis
  Divisional Manager
- **Aeromedical & Retrieval Services**
  Dr Ron Manning
  Director
- **Special Operations Unit**
  George Smith
  Director

Clinical Development
Dave Hodge
General Manager

- **Senior Medical Adviser**
  Dr Paul Middleton
- **Advanced Care**
  Dr Siun Gallagher
  Director
- **Education**
  Graeme McCarthy
  Manager
- **Clinical Professional Development**
  Graeme Malone
  Manager
- **Clinical Performance**
  Katie Klarenaar
  Manager
- **Mental Health**
  Kevin McLaughlin
  Manager
- **Patient Safety**
  Phil Good
  Manager

Ambulance in action 2007/08

01

city to surf
August 2007

02

03

04

child health check
October 2007

05

06

01 City to Surf
The 37th City to Surf Fun Run was held on 12 August 2007, with a record field of 64,731 runners competing. Once again Ambulance crews worked with medical teams and St John Ambulance in providing a comprehensive and high standard of medical care.

02 Assisting at APEC
The Asia-Pacific Economic Co-operation (APEC) held in September 2007 was logistically the largest security operation ever for Ambulance. Special Operations teams underwent specific training and were provided with specialist equipment to prepare them to play active roles in the presidential motorcades.

03 Indigenous health check
In October 2007 paramedic Lorraine Gould participated in the Wellington Aboriginal Corporation Health Service's annual Child Health Check and Family Fun day. The event was attended by over 300 children from the local and surrounding areas.

04 Bathurst 1000
The trackside medical team again contracted Ambulance to provide ambulance resources for trackside operations. More than 100 patients were treated over the four days, the majority of whom were drivers requiring post-race incident assessment.

05 Special delivery
In December 2007 Ambulance calltaker, Amanda Stevens took a challenging call when she helped a Narrabri man deliver his child in a car 300 kilometres away. The instructions provided by phone resulted in a successful birth. Mother and child were safely transferred to hospital.

06 Toddler's reunion
Three-year-old Jaidyn Snowball from Narwee, was reunited with the paramedics who saved his life after he was plucked from his family pool with no signs of life just before Christmas 2007. Jaidyn has since made a full recovery and his mum Alice expressed her thanks to Ambulance for providing her with the 'best Christmas present anyone could give'.

09
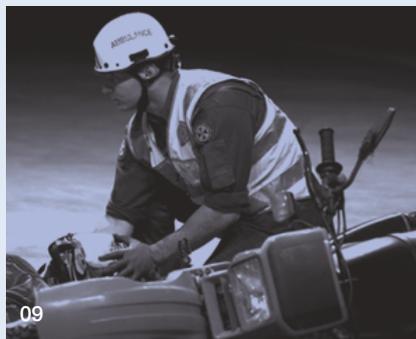
road trauma forum

May 2008

07

10

11

08
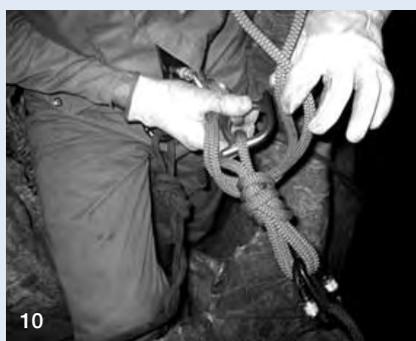
harbour collision

May 2008

12

07 Training on the edge

In March 2008 a group of Ambulance Special Casualty Access Team (SCAT) paramedics travelled to the Blue Mountains to maintain and build on their clinical canyon response skills. The training highlighted the challenges involved in undertaking canyon rescues.

08 Harbour collision

On 1 May 2008 at approximately 2.30am, paramedics responded to a tragic boating incident on Sydney Harbour near Bradley's Head. Ten paramedic crews responded and on arrival were confronted with a challenging scene of multiple patients and the logistical recovery of patients from the scene in a dark environment.

09 Youth & Road Trauma

Ambulance participated in the Youth & Road Trauma Forum, held in May 2008. The forum provided year 11 and 12 school students with a realistic look at the trauma caused by road crashes and with information and strategies, in an attempt to reduce the number of serious injuries and deaths.

10 Trapped caver rescued

In May 2008 a man who was trapped by a rock fall in a cave system in the NSW Southern Highlands was brought to the surface after a mammoth effort. Ambulance provided multiple paramedic crews, the Ambulance helicopter and SCAT paramedics to the incident.

11 Ambulance on Disney

Paramedics from Summer Hill and the Sydney Ambulance Centre were involved in filming for an episode on Channel Seven's *Saturday Disney* in June 2008. The paramedics had to 'treat' the hosts who had fallen ill while playing in the park to educate young children about the role of paramedics.

12 Cardiac arrest survivor

A morning tea was given at Paddington Ambulance Station for Rosalind Gray who was invited to meet her saviours following her cardiac arrest earlier in 2008. Paramedic Taz Rundle and trainee paramedic Cara Graham used a defibrillator to restore Rosalind's heart rhythm following her arrest.

Strategic planning

The document *Excellence in Care – Future Directions for Ambulance 2007-2012* summarises Ambulance progress on the strategies contained in the previous five-year plan *Best Again* and presents an overview of key strategies that will be implemented by Ambulance in the five years ahead. *Excellence in Care* was distributed to all Ambulance staff and a summary of progress against the key strategies follows.

Five-Year Strategic Plan

Progress during 2007/08

Asset Management: Completed a review of the Total Asset Management Plan, with an Asset Services Plan submitted to NSW Health in 2008.

Clinical Development: Progressed the Clinical Development Plan to streamline strategies and initiatives for the next two years.

Infrastructure: Seeking Government endorsement and funding for the implementation of the Sydney Infrastructure Strategy for ambulance operations in the metropolitan area.

Aeromedical: Signed new contracts with all helicopter providers. New helicopters and facilities for the Greater Sydney Emergency Helicopter Service are progressively being introduced. The development of a business case for the procurement of a new fixed-wing contract was also commenced.

Rural operations: Implemented a range of strategies to enhance operations in rural NSW within the framework of the Ambulance Rural Plan. Rural operations have been enhanced with the training of a number of staff in the Mid North Coast in the CARE program. Extended Care Paramedics (ECPs) have commenced the 12-month proof-of-concept phase of the ECP program into rural NSW. ECPs are now fully operational in Tuncurry and Port Macquarie.

Future directions

Precinct development: The Callan Park Draft Master Plan has recognised the Ambulance Service as a separate precinct in the future management and development of Callan Park. Ambulance has submitted a redevelopment proposal to NSW Health to upgrade accommodation and facilities to meet future requirements.

Clinical Practice: Evaluate an ECP program implemented as a proof-of-concept in Sydney West (Nepean catchment), Port Macquarie and Forster-Tuncurry areas. Investigate strategies for future service delivery for mental health patients.

Patient transport services: A review of patient transport services is being conducted by NSW Health.

Rural operations: Continue to work with local health service providers to expand paramedics' scope of practice to enhance health care services in small rural towns. These include the provision of support in local emergency departments, assistance in health promotion and other strategies, sharing training resources and enhancing primary health care in the home by conducting home visits.

Community Engagement: Continue development of language versions of our community education programs for people from Culturally and Linguistically Diverse (CALD) backgrounds.

Ambulance Service Plans

Progress during 2007/08

Workforce strategy: Completed a comprehensive workforce management plan for Ambulance for the annual recruitment of trainee paramedics. A further long-term plan for the recruitment of trainee paramedics is being developed in 2008/09.

Risk management strategy: Completed an insurable risk management plan which has been endorsed by the audit committee. It covers occupational health and safety, workers compensation, death and disability, public liability, property and fleet. A service-wide risk management plan is also under development.

Counter disaster capability: Continue to develop disaster planning and response capability through the Counter Disaster Unit and the Special Operations Unit.

Fleet and equipment priorities: Priority projects under the medical equipment replacement program and fleet replacement program are in progress.

Clinical Assessment and Referral program (CARE): Implemented the program in three proof-of-concept locations in 2007/08. A strategy for accelerated integration of the CARE initiative into general operating practice and core educational programs is being implemented.

Section 2: Performance summary

2: Performance summary

2007/08 Performance Agreement with NSW Health

The performance agreement is made pursuant to section 126 of the *Health Services Act* 1997 in 'a spirit of mutual partnership' and sets out the key priorities, performance and deliverables expected of Ambulance. Key achievements under the 2007/08 performance agreement are shown below.

Strategic Direction 1

Make prevention everybody's business

> Expanded the *Life, Live It...Save It!* community cardiac care program by translating the materials into Arabic, Chinese, Greek, Italian, Vietnamese

> Promoted the *Be an Ambulance Hero: Dial Zero Zero Zero* school education program

> Developed the pre-school *Emergency Helpers* education program, in conjunction with the NSW Police Force and NSW Fire Brigades

> Participated in the national triple zero campaign that focussed on the appropriate use of the Triple Zero emergency telephone number

> Issued weekly health promotional messages and warnings in response to events and weather conditions

> Published *Ambulance Online*, a community e-newsletter developed to provide health and safety information and updates about Ambulance to the general community

Strategic Direction 2

Create better experiences for people using health services

> Introduced clinical redesign strategies developed at the Sydney Operations Centre into the Northern Operations Centre

> Implemented minimum clinical care standards

> Enhanced the cardiac care strategy by developing a roll-out strategy for 12 lead ECGs and initiating a thrombolysis proof of concept project with Hunter New England Area Health Service

> Trained 625 paramedics in managing mental health emergencies and in the use of the new provisions of the *Mental Health Act 2007*

> Worked with area health services and the NSW Police Force on implementing a mental health memorandum of understanding and on the use of a mechanical restraint device

> Met NSW Health complaints resolution targets

Strategic Direction 3

Strengthen primary health and continuing care in the community

> Implemented the Extended Care Paramedic program with proof-of-concept projects in Sydney West and Port Macquarie/Forster Tuncurry

> Implemented the Clinical Assessment and Referral program (CARE) for paramedics which provides safe non-emergency department care referral options for appropriate patient groups

> Established a referral network for low-acuity patients within area health services

2007/08 Performance Agreement with NSW Health

Ambulance has again performed well in the face of unpredictable demand and high expectation of service delivery. Response times and compliance with ProQA remain steady. Ambulance has been proactive in reviewing the health matrix system thresholds and demand management plans.

Strategic Direction 4

Building regional and other partnerships for health

> Developed a framework for identifying appropriate locations for community first responders schemes

> Built on partnerships with the State Emergency Service, Rural Fire Service and NSW Fire Brigades to deliver community first responder programs in rural and remote areas of NSW

Strategic Direction 5

Make smart choices about the costs and benefits of health

> Completed a strategic gateway review for the Sydney Infrastructure Project and commenced work on a business case

> Completed a review of fixed-wing services, modelling future service needs and aircraft requirements

> Entered new contract agreements for regional emergency medical services helicopter operators

Strategic Direction 6

Build a sustainable health workforce

> Increased staff participation in management, supervisory and technical skills development programs

> Met recruitment targets for paramedics and patient transport officers, including recruiting and training additional paramedics for World Youth Day 2008

> Worked closely with NSW Health to finalise the industrial case on work value and death and disability

> Established systems to link individual unit business plans and individual performance agreements with the NSW Health/Ambulance performance agreement

> Reviewed the Strategic Information Technology Plan

> Finalised the roll-out of the qualified paramedic training upgrade

> Incorporated a mental health training program for paramedics into core training

> Further developed training and education partnerships with universities

Strategic Direction 7

Be ready for new risks and opportunities

> Established emergency exercise and training programs for NSW Health across the key priorities

> Co-ordinated NSW Health involvement in APEC and planning for World Youth Day 08

> Co-ordinated Ambulance participation in APEC, held in September 2007

> Undertook planning for Ambulance participation in World Youth Day, 2008

Ambulance alignment with State Health Plan

In developing our own practice, Ambulance works closely with NSW Health and area health services to ensure that the aims of the NSW State Plan and NSW State Health Plan are met. As the role of paramedics evolve into new areas of practice, our core responsibility will remain in delivering prompt and effective responses to medical emergencies in the community.

Alignment with State Health Plan Strategic Directions

Strategic Direction	Make prevention everybody's business	Create better experiences for people using health services	Strengthen primary health and continuing care in the community	Build regional and other partnerships for health	Make smart choices about the cost and benefits of health services	Build a sustainable health workforce	Be ready for new risks and opportunities
Technical Capability							
Complete Review of TAM *				✓			
Fleet and Equipment Priorities		✓		✓			✓
IT and Communications Priorities	✓			✓			✓
Sydney Infrastructure Strategy		✓		✓	✓		✓
Rural Infrastructure Priorities		✓		✓	✓		
Education Centre & Headquarters					✓	✓	
Aeromedical Facilities		✓		✓			
Clinical Capability							
Clinical Governance		✓	✓				
Implementing CARE **		✓	✓	✓	✓		✓
Extended Care Paramedics		✓	✓	✓	✓	✓	✓
Health Access Co-ordination Centre		✓	✓	✓	✓		✓
Advanced Cardiac Care		✓		✓	✓		
Services to Rural Communities		✓	✓	✓	✓	✓	✓
Training		✓	✓	✓		✓	
Operational Performance							
Sydney Infrastructure Reform of Operations			✓		✓		
Enhancing Rural Operations			✓		✓	✓	
Patient Transport Services	✓		✓		✓	✓	
Aeromedical Operations			✓	✓	✓	✓	
Counter Disaster Capability				✓			✓
Management Practice							
Communication	✓			✓			
Management Development					✓	✓	
Community Engagement	✓	✓		✓			✓
Workforce Strategy					✓	✓	
Review of Policies and Practice						✓	
Risk Management Strategy	✓						✓
Performance Management						✓	✓
Management Restructure					✓	✓	✓

* Total Assest Management Plan
** Clinical Assessment and Referral Program

Ambulance alignment with State Plan

As we adjust our service configuration and the skills base of paramedics, we must also ensure that we operate efficiently. This will require us to be innovative in matching the resources we have available to the changing health needs and expectations of our community.

Alignment with State Plan Strategic Directions

Improved access to quality health care	Improve survival rates and quality of life for people with potentially fatal or chronic illness through improvements in health care	Improved health through reduced obesity, smoking, illicit drug use and risk taking	Safer roads	Improved outcomes in mental health	Reduced avoidable hospital admission
	✓			✓	
			✓		
✓	✓				
	✓				
✓	✓			✓	✓
✓	✓				✓
✓	✓				✓
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	✓				
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					✓
✓			✓		✓
			✓		

Year in Review

In 2007/08 there were over 1,118,000 total responses (both emergency and non-emergency) compared to 1,052,000 total responses in 2006/07. Factors contributing to the continuing increase in demand include population growth, an ageing population and the associated increase in rates of illness.

TOTAL ACTIVITY

There were over 1,118,000 total responses (both emergency and non-emergency) in 2007/08.

There were on average 3,056 responses per day, compared to 2,885 in 2006/07 – an increase of 5.9 per cent. This is equivalent to a response every 28 seconds.

The total number of incidents rose to 931,000 in 2007/08 compared to 888,000 in 2006/07.

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

Figure 1: Total Responses NSW
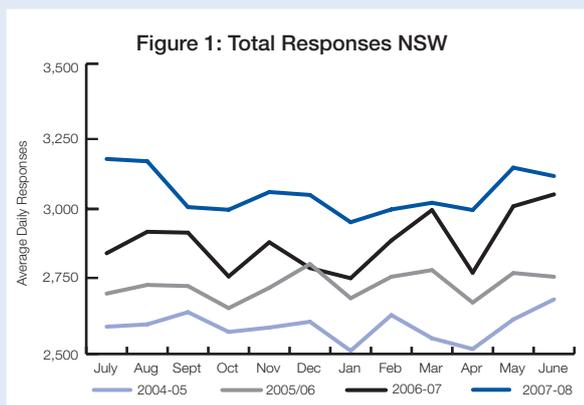
Note: Ambulance records a higher number of responses than incidents, because some incidents require multiple ambulance resources. For example, a report of a motor vehicle accident involving four patients may result in two, or more, ambulances responding.

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

Total emergency responses Statewide increased to over 838,000 in 2007/08 from 785,000 in 2006/07.

There were on average 2,290 emergency responses per day in 2007/08, compared to 2,151 in 2006/07.

Ambulance responded to 675,000 emergency incidents in 2007/08 compared to 634,000 in 2006/07.

Average daily emergency responses recorded across the State over the past four years are shown in Figure 2 below.

Figure 2: Emergency Responses NSW
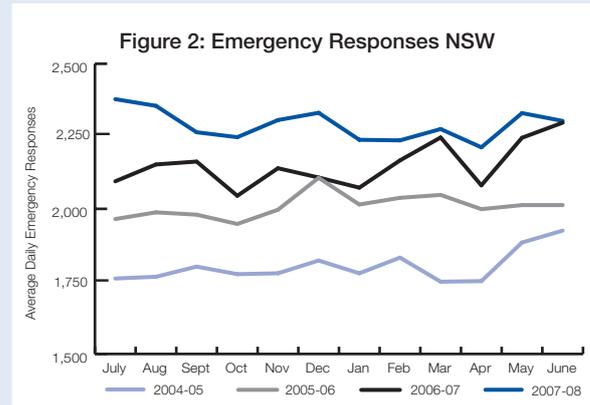
Note: From May 2005 emergency activity is reported for '000' cases determined as 'emergency' (immediate response under lights and sirens) or 'urgent' (undelayed response without warning devices) under the Medical Prioritised Dispatch System (MPDS). This brings NSW into line with all other Australian jurisdictions. Prior to May 2005, emergency activity was reported for all '000' calls.

Year in Review

To meet these challenges Ambulance works with other health care providers to continuously develop treatments, technology and skills to benefit our patients.

NON-EMERGENCY ACTIVITY

Ambulance provided 280,000 non-emergency responses across the State in 2007/08. This is an increase of 4.7 per cent compared with 2006/07.

On average there were 766 non-emergency responses per day, compared to 734 in 2006/07.

Average daily non-emergency response activity over the past four years is shown in Figure 3 below and represents the difference between Figure 1 (Total Responses) and Figure 2 (Emergency Responses).

Non-emergency cases are transported by patient transport services or by general duty ambulances.

Figure 3: Non-emergency Responses NSW
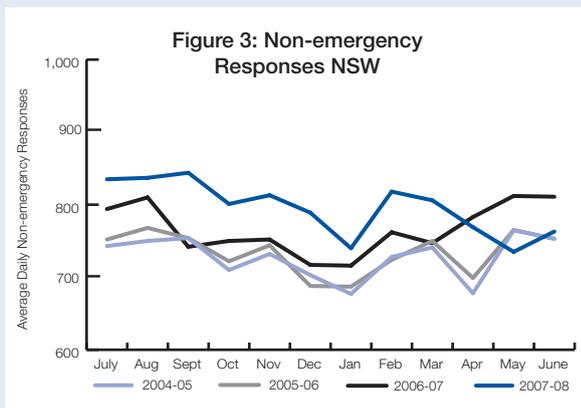
Note: From May 2005 non-emergency activity data includes: '000' cases not determined as 'emergency' (immediate response under lights and sirens) or 'urgent' (undelayed response without warning devices) under the MPDS. Also included are all calls not received via the '000' network (predominantly scheduled patient transfer services and out-patient appointments). Prior to May 2005, non-emergency activity was reported for only those calls not received via the '000' network.

RESPONSE TIMES

In 2007/08, at least 50 per cent of potentially life-threatening cases were responded to within 9.85 minutes compared to 9.60 minutes in 2006/07.

Increased demand, together with longer hospital turn-around times in 2007/08, contributed to the deterioration in response time.

The 50th percentile response time for the highest priority cases is shown in Figure 4 below.

With significant increases in incidents, responses and transports in 2007/08 Ambulance has been able to maintain good response times and an improved off-stretcher performance despite longer hospital turn-around times.

Figure 4: Response to Potentially Life-threatening Cases NSW
50th percentile response times (minutes)
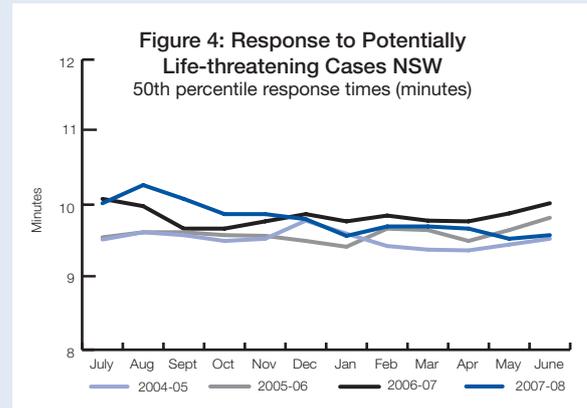
Note: From May 2005 emergency response performance is reported for '000' cases determined as 'emergency' (immediate response under lights and sirens – incident is potentially life-threatening) under the MPDS. This brings NSW into line with all other Australian jurisdictions. Prior to May 2005, response performance was reported for all '000' calls. For this reason response times in May and June 2005 are not comparable with previous data.

Achieving our Goals

Ambulance Corporate Plan

Ambulance is committed to long-term planning and operates within the *Ambulance Corporate Plan 2006–2010*. The five key result areas identified in the corporate plan are:

Services
Deliver high quality clinical care, patient transport, rescue and retrieval services.

Partnership
Work in partnership with other health agencies, emergency organisations and stakeholders.

Community
Proactively develop and participate in community safety and prevention programs.

Staff
Develop and support our staff to lead, manage and deliver pre-hospital care.

Performance
Continually improve performance and value through optimising organisational structure, business processes and systems.

Strategic Plans

The *Ambulance Corporate Plan* and our Vision *Excellence in Care* are supported by a range of strategic plans in four key areas (below). Reports on these key areas follow on pages 19-25.

Technical capability
Ensure that we have the equipment, fleet, bases, communication and information systems to operate at best practice standards.

Clinical capability
Ensure that we are trained for best practice, that we have the right mix of skills and that we are measuring and improving quality of care.

Operational performance
Ensure that our operational procedures and work practices are geared to delivering quality care.

Management practice
Ensure that we develop a management culture to support best practice.

Technical capability

Ensure that we have equipment, fleet, bases, communication and information systems to operate at best practice standards.

Major goals and outcomes

Electronic Booking System (EBS): Completed phase 2 of the EBS. System enhancements enable same-day booking of transports, which will make the system easier to use by area health services' staff when arranging patient transports.

Computer Aided Dispatch (CAD) infrastructure upgrade project: Continued implementation of the CAD project. The project will provide a Statewide computer-aided dispatch environment for the four operations centres. This two-year project will provide an upgrade to the core VisiCAD application, along with enhanced call taking and radio dispatch functions.

The VisiCAD application and critical interfaces will be hosted on fault-tolerant servers that continue operating whilst any repairs are completed. A further level of contingency is the establishment of a secondary data centre that will mirror the primary data centre, providing continued access to the AmbCAD system in the event of a major outage.

Key issues and events

Government Radio Network (GRN): Replaced GRN analogue radios with digital radios in preparation for the digitisation of the government radio network. Ambulance is now ready for the planned upgrade of the GRN, which will see enhanced functionality, such as encryption, being implemented.

Radio facilities: Installed new radio consoles in the four operations centres. The new consoles, when networked together, will enable dispatchers to communicate with any radio in the State. This is a contingency measure to ensure continuity of service. A new radio site was established at Smiths Lake, to provide better radio coverage in the area south of Tuncurry.

CDMA network: This network was terminated in April 2008. It was necessary to migrate the mobile data terminal network connections in rural vehicles from CDMA to NextG.

Vehicle location technology: Automatic vehicle location technology was introduced to the Sydney motor cycle fleet. This is a safety enhancement to ensure that the location of responding motor cycles is visible in the computer aided-dispatch system's maps.

Patient Health Care Record (PHCR): Initiated a PHCR redevelopment with completion of the database migration phase in late 2007. The changes will facilitate faster and more reliable functionality.

Records management: Implemented a Total Records Information Management (TRIM) system version upgrade.

Staff intranet: Deployed a new Ambulance intranet built on the document management capability of TRIM.

Future initiatives

Computer-aided Dispatch Infrastructure Upgrade Project: Completion of the CAD project in 2009.

Electronic Booking System (EBS): Deployment of phase 2 of the EBS to the Sydney and Hunter regions.

Patient Health Care Records (PHCR) Completion of the PHCR upgrade.

Electronic Patient Records (EPR): Implementation of EPR, based on the Victorian Ambulance Clinical Information System.

Clinical capability

Major goals and outcomes

Clinical Practice

Developed and implemented policy to provide an organisational framework to support key areas of clinical practice. Examples are change management and version control processes for clinical protocols and pharmacology, drug management procedures for restricted and non-restricted drugs and new interventional procedures into clinical practice.

Clinical Professional Development

Activities during 2007/08 included:

> Oversight of progress against the Ambulance Rural Plan.

> Prepared revised and additional protocols and pharmacology to align with clinical best practice.

> Implemented a new policy to provide an organisational framework for the development, dissemination, implementation, audit and compliance of clinical protocols and pharmacology.

> Introduced and continued to refine a framework for the introduction of new interventional procedures into clinical practice.

> Continued to develop strong links with the university sector through the introduction of a new Ambulance pathway recruitment model with Charles Sturt University, that will ensure the early recruitment of suitable candidates into employment with Ambulance.

Clinical capacity award: Received the Innovation Award in the category of *Clinical Capacity for Online Education Programs* at the inaugural Council of Ambulance Authorities Awards 2007.

Infection Control: Made major advances in infection control, with the provision of occupational screening and vaccination to all staff. Over 80 per cent of existing staff vaccinated. Ambulance procedures have been updated to comply with recently released NSW Health infection control policy.

Ambulance Clinical Advisory Committee (ACAC): Established committee and recruited members. See page 46 for list of ACAC members.

Research: Undertook consultation to establish working processes for proposed research centre. Established methodology to utilise Ambulance clinical and dispatch databases for epidemiological, operational and clinical research. Undertook initial discussions regarding implementation of Distributed Research in Emergency and Acute Medicine network to provide outcomes for all pre-hospital research projects

Mental Health: Undertook field evaluation on the use of the mechanical restraint device in the management of behaviourally disturbed patients which confirmed the device to be a safe and effective option for the management of patients.

Clinical Governance

The structure and function of Ambulance's Clinical Governance Committee (CGC) and divisional clinical quality committees was reviewed, resulting in revised memberships, terms of reference, and an implementation plan. The clinical action plan monitors performance against key objectives related to clinical quality and patient safety.

Ambulance works with NSW Health's Quality and Patient Safety Branch to identify key performance indicators. The Clinical Governance Committee regularly reviews clinical quality and patient safety in the context of Ambulance's clinical action plan and NSW Health's requirements.

Patient safety and clinical quality key performance indicators have been introduced to measure and improve performance related to correct site procedures, medication management, equipment reliability, safe management of patients not transported to hospital and mortality reviews.

Paramedics are encouraged to report incidents and variations to clinical practice via the Incident Information Management System (IIMS). Reported incidents are reviewed by divisional management and reviews of variations to clinical practice by the clinical review group. IIMS has facilitated the reporting of variations to clinical practice, adverse events, near-misses and complaints involving patient care and contributes to improvements in systems and procedures.

Reports on key areas

Ensure that we are trained for best practice, we have the right mix of skills and we are measuring and improving quality of care.

Thrombolysis project: Collaborated with the Hunter New England Area Health Service's Cardiology Service in the development and implementation of pre-hospital thrombolysis as a proof-of-concept.

Health Access Co-ordination (HAC): Reviewed the HAC function in February, in conjunction with the review of the medical priority dispatch system response categories. Strategies were identified for developing the role of the HAC to assist the community in accessing care appropriate to needs.

Medical Priority Dispatch System: Completed a clinical review of 305 response categories to ensure their clinical appropriateness, prior to an upgrade of the existing ProQA software. This was achieved in a workshop involving all relevant stakeholders.

Registered Training status: Completed the Vocational Education and Training Accreditation Board (VETAB) audit to maintain Ambulance's status as a Registered Training Organisation (RTO).

Specialist Advisory Groups (SAG): Established SAGs, including toxicology, trauma, spinal, and cardiology to allow consultation with clinical specialities not directly represented on Ambulance Clinical Advisory Council.

Clinical theme workgroups: Established workgroups to facilitate consensus review and direction for broad and important key clinical themes within NSW pre-hospital care.

Staffing: Recruited a 0.25 full-time equivalent medical adviser. A research officer was appointed in collaboration with the Greater Metropolitan Clinical Taskforce Stroke Network and a mental health educator was appointed to the Ambulance Education Centre.

Training: Embedded high-fidelity macro simulation training into foundation courses at the Ambulance Education Centre, Rozelle. Established basic evidence and research training, covering the fundamentals of search strategies, critical appraisal, experimental design and basic biostatistics.

Future initiatives

Incident Information Management System (IIMS): Further promote IIMS as a core mechanism for safety and quality improvement.

Online courses: Courses currently under development, include clinical mentoring, paediatric care, pain management and history taking.

Clinical support: The recent establishment of a clinical support manager in each of the operational divisions will facilitate a change management process to further incorporate patient safety into the operational culture.

Hygiene initiative: Ambulance plans to participate in the Australian Commission on Safety and Quality in Healthcare's National Hand Hygiene Initiative, including the introduction of a new concept – 'the 5 moments for hand hygiene in health care'.

Research projects

Pre-hospital epidemiology of stroke
Researchers: A/Prof Paul Middleton, Dr Romesh Markus, Sowmya Anand, Mark Longworth, Prof Judy Simpson, A/Prof Mary-Louise McLaws, Julie Newman

Efficacy of out-of-hospital administration of morphine, fentanyl and methoxyflurane in adults
Researchers: A/Prof Paul Middleton, Dr Jason Bendall, Paul Simpson, Garry Sinclair, Timothy Dobbins

Thrombolysis in stroke
Researcher: Allan Loudfoot

Physiological changes associated with application of mechanical restraint device compared with conventional handcuff restraint
Researcher: A/Prof Paul Middleton

Physiological changes associated with Trendelenberg tilting for low blood pressure
Researcher: A/Prof Paul Middleton

Randomised controlled trial of sodium bicarbonate in out-of-hospital cardiac arrest
Researchers: A/Prof Paul Middleton, Dr Jason Bendall

Operational performance

Ensure that our operational procedures and work practices are geared to delivering quality care.

Major goals and outcomes

Aeromedical services: Moved the Illawarra helicopter base to 24-hour operations in February 2008 and completed some 80 primary (Triple Zero) missions and 180 secondary responses to date. Paramedics undertook training in ocean rescue so that additional rescue crew are no longer required on flights.

Asia Pacific Economic Co-operation (APEC): Developed operational plans and deployed resources to a variety of locations for the APEC Leaders week in 2007.

Divisional boundaries: Continued divisional realignment, Southern Division now fully complete and Northern Division in progress to be completed by late November 2008.

Future initiatives

Extended Care: Undertake training and roll-out of Extended Care Paramedics (ECPs) in the Northern Division. Four local paramedics will be trained and commence operations from September 2008 with a 12-months proof-of-concept period.

Aeromedical services: By November 2009, the helicopter fleet servicing Sydney, Illawarra and Orange will

grow to five, with the addition of three AW139 and two EC145 helicopters.

The first two AW139 helicopters are now operational in Sydney and Wollongong. The third AW139 and first EC145 are presently being fitted-out and are expected to be in service by August 2009.

Training: Provide front-line management training for all team leaders, station managers and district officers by December 2009.

Voice recording system: Start integrated voice recording in the Northern Operations Centre in late September 2008. This process will reduce the amount of non-core business calls received at the operations centre. Following successful trial it is anticipated that this system will be expanded into all other operations centres.

Electronic Booking System (EBS): Commence the EBS in Northern Division in September 2008. EBS, whilst not new, has been significantly enhanced.

Management practice

Strategies to ensure that we develop a management culture to support best practice.

Major goals and outcomes

Major industrial case: Made submissions in the the major industrial case hearings before the NSW Industrial Relations Commission to strengthen our capacity in frontline supervision and to provide a better career structure for paramedics generally.

Insurance cover: Implemented the death and disability award, with paramedic deductions having been made and communications on the arrangements being forwarded to staff.

Workforce strategy: Developed the workforce business strategy 2008-09. It provides for the key actions and performance measures to build, support and retain a valued, diverse, capable and safe workforce to deliver excellence in care.

Workforce planning: Developed an annual workforce plan to inform decision making by the Ambulance executive. 235 trainee paramedics were recruited In 2007/08. The plan includes an additional 95 paramedic enhancements for 2008/09, as well as the requirements for additional paramedics, should proposals in the major industrial case be successful.

Recruitment: Developed an international recruitment prospectus for potential applicants to download from the Ambulance website.

Risk Management: A strategic risk management plan is in development. Significant work has been undertaken to capture requirements and specifications for a safety management system, occupational health and safety, injury management, workers compensation and death and disability.

Grievance handling: Convened a working group to review grievance handling, as well as bullying and harassment policies, procedures and training, to prevent and reduce inappropriate behaviour at work.

The Healthy Workplace Forum: Conducted the forum with staff from across NSW. For more information see page 42.

Management development: A management development program for frontline supervisors is in development for progressive implementation across NSW by the end of 2009.

Employee assistance: Undertook a tendering process and contracted Davidson Trahaire Corpsych to provide the employee assistance program for up to the next four years.

Ambulance information day: On 1 April 2008 an inaugural information day was held to inform all external key stakeholders about Ambulance's function and risk management direction.

Future initiatives

Industrial reforms: Implementation of the outcomes of the industrial case on work value and death and disability.

Death and disability award: A review, lead by the Department of Premier and Cabinet, will be undertaken to scope the possibility for emergency services death and disability arrangements to be combined into a single scheme.

Grievance handling: Implementation of more effective management of bullying and harassment and establishment of a position dedicated to developing a healthy workplace.

Performance planning: A review of the performance planning, development and review program will incorporate succession planning.

Recruitment: A new entry pathway is being developed for selected university students to enter an accelerated paramedic program which will lead to full-time employment after two years at university. The remainder of the degree is to be completed by distance education and supported in on-road practice by Ambulance education resources. Ambulance will actively recruit 150 students in 2009 to commence operational duties in 2011.

Aeromedical and Medical Retrieval

The Aeromedical and Medical Retrieval Services division provides clinical care and Statewide air transport of patients from pre-hospital locations and between hospitals. Most patients are transported by fixed-wing aircraft staffed by flight nurses. Urgent responses to major accidents, emergencies and neo-natal cases are usually provided by helicopters staffed with paramedics, doctors or nurses.

Major goals and outcomes

> Wollongong helicopter operations moved from 12-hour to 24-hour operation in January 2008.

> Planning for delivery of five new helicopters is well advanced.

> Significant enhancement of medical services in staff numbers, training rigour and clinical governance.

> Implemented a new helicopter management structure based at Bankstown.

> The employment of doctors based at helicopter bases in the Greater Sydney Area is now under Ambulance.

> Ambulance is the first ambulance service to achieve accreditation with the Colleges of Emergency Medicine and Anaesthetics for advanced traning.

> Commenced a process to standardise helicopter operations across NSW with the completion of five-year contracts with SouthCare, Hunter Region Helicopter Rescue Service, Northern Region Helicopter Rescue Service and ChildFlight Inc.

> Introduced a rapid launch trauma co-ordinator in the Aeromedical Operations Centre for the early identification and dispatch of helicopters to severe trauma cases.

Future initiatives

> Planning continues for both interim and long-term helicopter bases in Sydney and Wollongong.

> New fixed-wing contracts are being drawn up by NSW Commerce for release by the end of 2008 for Air Ambulance. Positive discussions have commenced with Air Ambulance Victoria, regarding common aircraft fit-out to ensure operational compatibility.

Helicopter activity

Helicopter services	2007/08			2006/07		
	Patients	Flights	Hours	Patients	Flights	Hours
CHC Aust Sydney	1,037	1,260	2,019	123	105	223
CareFlight Sydney**	0	0	0	400	500	687
SLSA* Sydney**	0	0	0	432	545	708
CHC Australia Wollongong	304	358	581	191	220	387
SLSA Newcastle	838	949	1,208	799	866	1,078
SLSA Tamworth	169	181	406	139	174	339
SLSA Lismore	256	299	474	219	263	429
CHC/CareFlight Orange**	229	261	444	215	252	393
ChildFlight	432	453	1,108	398	419	960
SouthCare	343	361	669	308	333	580
Victoria Air Ambulance	19	20	39	9	8	24
Total	3,627	4,142	6,948	3,213	3,685	5,808

* Surf Life Saving Association
** From 14 May 2007, helicopter services in the Greater Sydney Area and Orange are provided by CHC Australia.

Fixed-wing aircraft activity

Fixed wing aircraft	2007/08			2006/07		
	Patients	Flights	Hours	Patients	Flights	Hours
Air Ambulance - urgent	2,790	*	*	2,179	*	*
Air Ambulance - routine	2,107	*	*	2,746	*	*
Total Air Ambulance	4,897	2,554	6,811	4,925	2,452	6,509
RFDS** (Dubbo) - urgent	643	*		618	*	
RFDS (Dubbo) - routine	162	*		191	*	
Total RFDS (Dubbo)	805	603	1,170	809	578	1,169
Victorian Air Ambulance	231	233	194	216	198	177
Total Fixed Wing	5,933	3,390	8,175	5,950	3,228	7,855

* Breakdown of Air Ambulance flight hours into urgent and routine are not available, because one flight may include a combination of one or more patients with various priorities
** Royal Flying Doctor Service

Special Operations and Counter Disaster

Special Operations Unit

The Special Operations Unit (SOU) ensures that the compatibility of Ambulance operations and special operational needs are always in line with State and national arrangements. SOU ensures that effective plans and organisational arrangements are in place and that all relevant Ambulance personnel are adequately trained to manage the Ambulance State response to major incidents and disasters.

SOU maintains close links between Ambulance operations and NSW area health services. In addition, the unit liaises closely with other emergency services agencies, functional areas and supporting agencies.

Major goals and outcomes

Asia Pacific Economic Co-operation (APEC): Ambulance and NSW Health combined in a whole-of-health approach for the delivery of health services as requested by the APEC Taskforce. Ambulance maintained paramedics and resources within the APEC 2007 NSW Police Force security precinct areas, to a level that addressed all health-related ambulance incidents.

Olympic Torch Run: Provided teams to support the ACT Ambulance Service during the 2008 Olympic Torch Run through Canberra.

Bathurst 1000: SOU teams were deployed to the Bathurst 1000 race in 2007, in support of the NSW Police response to this event that focused on minimising anti-social behaviour.

World Youth Day: Undertook extensive planning for the World Youth Day 2008 event.

Future initiatives

Response capability: Establish a national and international response capability for support to other jurisdictions and countries affected by major incidents and disasters.

NSW Health Counter Disaster Unit

The NSW Health Counter Disaster Unit (CDU) ensures NSW Health is prepared to respond effectively to major health emergencies and disasters, as well as to support the health aspects of major events within NSW.

Major goals and outcomes

Strategic planning: Achieved all targets as identified in *NSW Health Prepared – Strategic Plan f*or NSW Health Counter Disaster Unit.

Disaster preparedness: Embedded disaster preparedness service agreements with area health service chief executives and developed a strategic disaster preparedness education framework. Conducted EmergoTrain System (ETS) disaster preparedness exercises at five trauma centres and seven base hospitals across the State and undertook a range of training exercises.

Liaison with other departments: Worked closely with the Ambulance Special Operations Unit, NSW Health, area health services and other government departments. Liaised with State and Territory counterparts and the Department of Health and Ageing.

Planning: Planned, co-ordinated and delivered health services to APEC 2007 Leaders' Week, and undertook planning for World Youth Day 2008 and the 'Sun-Herald' City to Surf Fun Run.

Future initiatives

Disaster preparedness: In consultation with area health services, CDU is developing a disaster preparedness education and training curriculum, as proposed in the education framework

Planning: Planning will be undertaken for the provision of health services for the Sydney 2009 World Masters Games and updating health service arrangements for the City to Surf Fun Run.

The medical services supporting plan to HEALTHPLAN will be redrafted.

A vulnerable communities identification and mapping project will be undertaken.

Corporate Governance

The Chief Executive carries out the functions, responsibilities and obligations required by the *Health Services Act 1997*. He is committed to better practices as outlined in the Guide on Corporate Governance Compendium, issued by NSW Health.

Corporate Governance

The chief executive has practices in place to ensure that the primary governing responsibilities of the Ambulance Service of New South Wales are fulfilled in respect to:

> Setting strategic direction

> Ensuring compliance with statutory requirements

> Monitoring operational performance against key performance indicators

> Monitoring financial performance and accountability

> Monitoring patient safety and clinical quality performance and accountability

> Monitoring internal audit/risk management and compliance

> Providing strong ethical leadership

CORPORATE GOVERNANCE COMMITTEES

Finance Committee
The primary function of the finance committee is to assist the chief executive in fulfilling responsibilities of financial management of Ambulance.

Meetings:

23 July 2007	21 January 2008
20 August 2007	18 February 2008
29 September 2007	17 March 2008
29 October 2007	21 April 2008
16 November 2007	19 May 2008
17 December 2007	25 June 2008

Audit Committee
The primary function of the audit committee is to assist the chief executive by reviewing the systems of financial accounting, the systems of internal audit controls and the audit process.

Meetings:

14 September 2007	03 March 2008
14 December 2007	26 May 2008

Clinical Governance Committee
The primary function of the clinical governance committee is to assist the chief executive to assure the clinical quality and safety of care delivered and to establish and monitor progress of clinical improvement strategies.

Meetings:
08 February 2007 – clinical governance committee workshop
09 March 2007
20 July 2007
14 November 2007
14 March 2008

Corporate Governance

The Ambulance Advisory Council is established under S.67C of the *Health Services Act 1997*. The role of the council is to provide advice to the Director-General, NSW Health on the exercise of the Director-General's functions in relation to the provision of ambulance services.

Ambulance Advisory Council

The members of the Ambulance Services Advisory Council are appointed by the Minister for Health. The *Health Services Act 1997* requires that at least three of the appointed members are members of the Ambulance Service. Ambulance Service members are appointed to the Council for a period of up to two years.

Following an expression of interest process to staff members, the Minister appointed four members of Ambulance to the Council: James Arneman, Stephen Flanagan, Daniel Ferguson, and Penelope Fleming. Susan Cruttenden was appointed in March 2008, following the resignations of James Arneman and Penelope Fleming from the Ambulance Service and the Advisory Council. The Ambulance members bring to the Council wide-ranging skills and experience as paramedics.

COUNCIL MEMBERSHIP AND TERMS OF OFFICE

Chair	Terms of Office
The Hon Barrie Unsworth	1 July 2006 to 30 June 2010

Chief Executive Officer	
Mr Greg Rochford	appointed 16 August 1999

Council Members	
Jon Isaacs	1 July 2006 to 30 June 2010
Angeline Oyang	1 July 2006 to 30 June 2010
Maria Pethard	1 July 2006 to 30 June 2010
Linda Barach	1 July 2006 to 30 June 2010
Jim Arneman*	1 July 2006 to 30 June 2008
Stephen Flanagan*	20 Nov 2006 to 30 June 2008
Daniel Ferguson*	20 Nov 2006 to 30 June 2008
Penelope Fleming*	20 Nov 2006 to 30 June 2008
Susan Cruttenden	1 April 2008 to 31 March 2010

* Member of the Ambulance Service

ADVISORY COUNCIL MEETINGS ATTENDED 2007/08

Barrie Unsworth	5
Jon Isaacs	6
Greg Rochford	6
Angeline Oyang (resigned 31 January 2008)	3
Maria Pethard	1
Linda Barach	3
Jim Arneman (resigned 27 December 2007)	1
Daniel Ferguson	2
Steve Flanagan	6
Penny Fleming (resigned September 2007)	1
Susan Cruttenden	2

COUNCIL MEMBERS

The Hon Barrie Unsworth, chair

The Hon 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, he was the General Manager of radio station 2KY for eight years. He is currently Chair of the Board of the State Transit Authority, a Director of RailCorp.

Jon Isaacs

Jon Isaacs has over 16 years experience as a senior executive and CEO leading change in the government and community sectors. An executive coach for the last ten years he is the former chairman of Sydney Harbour Foreshore Authority and currently is the independent chairman of the joint management committee overseeing the Rouse Hill Regional Centre development, a joint venture between the NSW Government and the private sector.

Greg Rochford

Greg Rochford was appointed to the position of Chief Executive Officer for Ambulance 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.

Corporate Governance

As part of Ambulance's commitment to the highest standard of conduct, the Advisory Council members and the executive team adopted a code of ethical behaviour as a guide to carrying out their duties and responsibilities. The code covers such matters as responsibilities to the community, compliance with laws and regulations and ethical responsibilities.

COUNCIL MEMBERS *(continued from previous page)*

Angeline Oyang, OAM

Angeline Oyang, OAM directs her own consultancy company and is trained in social work and communications. She has a long history of involvement in ethnic affairs, ethnic communities councils, refugee and migrant settlement. She was the Executive Director of the Hong Kong Council on Smoking and Health, 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 is an executive member of the Australian Chinese Forum. She resigned from the council in January 2008

Dr Maria Pethard

Dr Maria Pethard 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. She 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

Linda Barach works with government and the private sector to communicate clearly and effectively with staff and the public. She 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 Arneman joined Ambulance in 1985 and worked in Sydney, regional, rural and rural remote areas of the State. He held advanced life support certification and was the officer in charge at Tea Gardens. He has been an executive member of the Northern Sydney, New England and Outer Hunter sub-branches of the Health Services Union since 1988. Jim was a HSU State delegate for 19 years, contributing to award negotiations, advancing skills, rural staffing and rural and remote retention. In January 2007 he resigned from Ambulance to take up a position with the Health Services Union.

Daniel Ferguson

Daniel Ferguson is an assistant operations manager in Sydney Division. A member of Ambulance since 1975, Daniel has worked as a station officer with Careflight Rescue helicopter and is a member of the Sydney Division clinical quality committee. He was awarded a Churchill Fellowship to study event planning in preparation for the Sydney Olympics and is a recipient of the Ambulance Service Medal.

Penelope Fleming

Penelope Fleming was a member of Ambulance for six years and while a member of the council was working in South Western Sydney as a paramedic. She has qualifications in law and management. She resigned from the council in September 2007.

Stephen Flanagan

Stephen Flanagan is currently an assistant operations manager for the Northern Rivers Sector. He has twenty years experience with Ambulance as an operational paramedic and manager and has worked in metropolitan, regional and rural areas. He was the venue commander for the Sydney Olympics.

Susan Cruttenden

Sue joined Ambulance in 1996 and has worked throughout the Sydney metropolitan area in a number of capacities, including as a station officer, intensive care paramedic and a rapid responder. During her career she has participated in many exercises and major events, including undertaking duties as ambulance liasion at APEC and as a Supervisor at the 2007 Royal Easter Show. She is also a peer support officer. She was appointed to the Ambulance Advisory Council in April 2008.
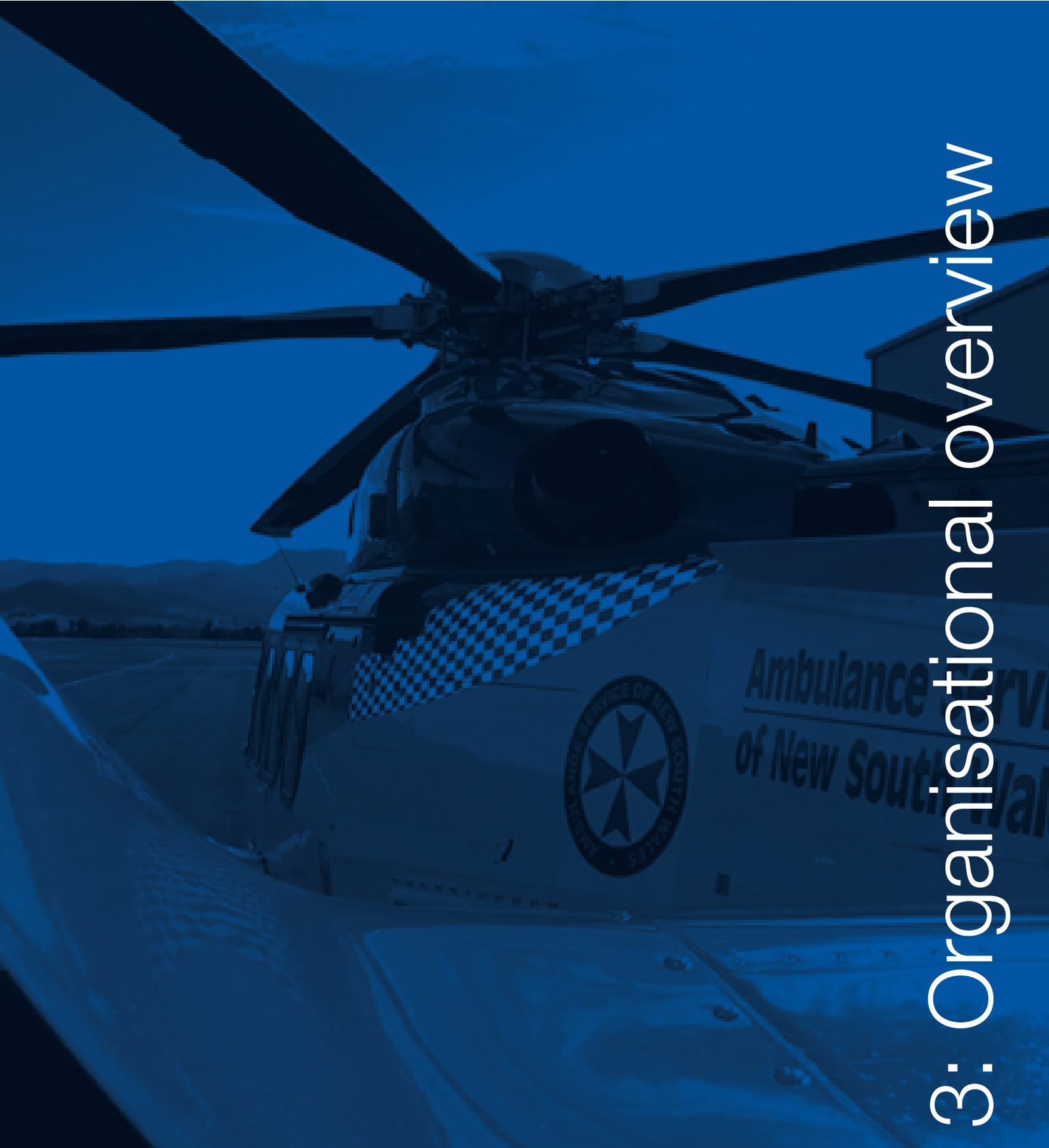
3: Organisational overview

Operational Units and Divisions

Ambulance core business is the delivery of front-line pre-hospital care, medical retrieval and health-related transport. A team of highly skilled paramedics, paramedic specialists and patient transport officers provide both emergency and non-emergency care to NSW residents, supported by a number of special operational units.

Operational Division

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

The State is split into four divisions, responsible for the delivery of front-line services, including administrative and business support functions. Each division is supported by an operations centre, which co-ordinates all resources in its particular area.

Sydney Division is the most densely populated, extending to Cowan in the north, 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 is 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 are located in Sydney, Charlestown (Newcastle), Warilla (Wollongong) and Dubbo.

Aeromedical and Medical Retrieval Services Division consists of the Aeromedical Operations Centre (AOC), the Aeromedical Medical Retrieval Unit (AMRU), fixed-wing services and rotary-wing services. The AOC is co-located with the AMRU and is staffed by Ambulance uniformed personnel and critical care clinicians.

Special Operations Unit ensures the compatibility of Ambulance operations and disaster planning and special operations framework, in line with State and national arrangements.

Clinical Development

Clinical Development is responsible for the areas listed below:

Advanced Care Projects oversees significant new programs, including advanced cardiac care and alternative care pathways for non-urgent patients whose needs could be more appropriately served by referral to health services other than emergency departments.

Ambulance Education Centre (AEC), a registered training organisation, provides induction and in-service clinical training and support programs. The AEC is supported Statewide by regional training units and staff.

Clinical Professional Development is responsible for projects including processes and procedures that contribute to clinical enhancements and on-going clinical professional development of paramedics and clinical services.

Medical Advisers provide clinical oversight in the introduction and use of evidence-based clinical practice within Ambulance. The senior medical adviser has a collaborative lead role in developing clinical initiatives and is chair of the Ambulance Clinical Advisory Committee (ACAC).

Mental Health is responsible for the development and implementation of strategies to enhance the capacity of paramedics to manage behaviourally disturbed patients, including treatment and transport options.

Patient Safety and Clinical Performance develops key performance indicators to measure performance and identify risks. It co-ordinates initiatives to manage risk and improve performance.

Research capacity is currently being developed by establishing key research positions on a part-time basis, providing targeted training to paramedics with an interest in research, and making provision for scholarships for higher degrees for a small number of paramedics.

Operational Units and Divisions

General managers, the chief financial officer and directors are responsible for operational, medical and corporate functions and the Ambulance executive is supported by professional services in the areas of executive services, public affairs and professional standards.

Corporate Services

Corporate Planning consolidates planning functions within a single unit to enhance strategic and business planning throughout Ambulance.

Information Technology is responsible for supporting the computer aided dispatch system (AmbCAD), mobile data terminals (MDTs), two-way radio systems, telephony systems, desktop and portable computers, servers hosting corporate applications and the network infrastructures that support all these technologies. The three units within Information Technology are Systems Support, Telecommunications and Technology Services

Infrastructure and Asset Services is responsible for the forward planning and development of Ambulance asset infrastructure requirements. Specific areas of activity relate to the planning, development and maintenance of real assets, implementation of fleet replacement and maintenance programs and assessment and acquisition of medical equipment.

NSW Health Counter Disaster Unit is responsible for disaster and emergency planning, preparedness and aspects of recovery action across NSW Health. This includes drafting and reviewing State plans, supporting policies and procedural guidelines and related strategic education and training strategies.

Workforce is responsible for the development and management of strategic and operational human resource policies, programs and services, including recruitment, staff transfer incentives and procedures, workforce planning, learning and management development, organisational development, equity and diversity, personnel and employment support services, employee relations, respectful workplace strategies and workplace health and safety management, including risk management, workers compensation and occupational rehabilitation.

Finance and Data Services

Business Development is responsible for major Statewide revenue contracts with other State and federal government agencies for the provision of ambulance services.

Data Services is responsible for developing, enhancing and maintaining the operational capability of key corporate data systems and data collections to inform and support effective decision making.

Financial Services includes the revenue, financial and expenditure accounting, payroll, purchasing and supply and asset accounting functions.

Management Accounting is responsible for the development and analysis of budgets and the preparation of operational performance and management accounting reports and advice to internal and external stakeholders.

Operational Information compiles and analyses statistics, develops and disseminates key performance indicators relating to all areas of ambulance operations and has input into the development of service delivery strategic programs.

Rural Financial Services support financial services and provide financial accounting and management accounting services to the three rural divisions of Ambulance.

Salary Packaging provides tax-effective salary benefits to all Ambulance employees. These are tailored to individual requirements. Participation in the scheme is voluntary.

Other areas reporting to the chief executive

Executive Services provides a support function for the chief executive and other executives and is the common interface for Ambulance and NSW Health.

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

Professional Standards and Conduct deals with serious complaints and conduct issues and is charged with influencing and improving Ambulance capacity, performance and credibility in corporate, clinical and ethical governance.

Ambulance station locations across NSW

Western Division
Greater Western Sector
Baradine
Bathurst
Blayney
Bourke
Brewarrina
Broken Hill
Canowindra
Cobar
Collarenebri
Condobolin
Coolah
Coonabarabran
Coonamble
Cowra
Dubbo
Dunedoo
Forbes
Gilgandra
Grenfell
Gulgong
Lake Cargelligo
Lightning Ridge
Lithgow
Molong
Mudgee
Narromine
Nyngan
Oberon
Orange
Orange Helicopter Base
Parkes
Peak Hill
Rylstone
Tottenham
Walgett
Warren
Wellington

First Responder
Cudal
Manildra
Mt Wilson (RFS)
Sofala (SES)

Volunteer
Eugowra
Goodooga
Gulargambone
Ivanhoe
Menindee
Tibooburra
Trangie
Trundle
Wanaaring
White Cliffs
Wilcannia
Yeoval

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

First Responder
Nundle (SES)
Tambar Springs (SES)

Southern Division
Greater Southern Sector
Albury
Ardlethan
Balranald
Barham
Batemans Bay
Batlow
Bega
Bermagui
Berrigan
Bombala
Boorowa
Braidwood
Coleambally
Cooma
Cootamundra
Corowa
Crookwell
Deniliquin
Eden
Finley
Goulburn
Griffith
Gundagai
Harden
Hay
Hillston
Holbrook
Jerilderie
Jindabyne
Junee
Leeton
Lockhart
Merimbula
Moruya
Narooma
Narrandera

Perisher Valley
Queanbeyan
Temora
Tumbarumba
Tumut
Wagga Wagga
Wentworth
West Wyalong
Yass
Young

Volunteer
Moulamein
Pooncarie

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

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

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

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

Volunteer
Coraki
Coramba
Glenreagh
Lowanna/Ulong
Nana Glen

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

Ambulance station locations in Sydney

Map labels: Richmond, Springwood, Katoomba, PENRITH, Colyton, Tregear, Blacktown, Riverstone, SYDNEY NORTH, St Ives, WAHROONGA, Narrabeen, Belrose, Castle Hill, Balgowlah, Avalon, Ryde, Lane Cove, Naremburn, Parramatta, Auburn, Concord, Drummoyne, Sydney Ambulance Centre, SUMMER HILL, Paddington, Bondi, Fairfield, SYDNEY WEST, Bankstown, Campsie, Marrickville, Randwick, Green Valley, Rockdale, Mascot, Maroubra, Warragamba, Liverpool, HURSTVILLE, Macquarie Fields, Menai, Caringbah, Engadine, Camden, Campbelltown, SYDNEY SOUTH, Bowral (Approximately 115 kms south west of Sydney), Picton

Sydney South Sector
Bondi
Campsie
Caringbah
Concord
Drummoyne
Engadine
Hurstville
Maroubra
Marrickville
Mascot
Menai
Paddington
Randwick
Rockdale
Summer Hill
Sydney Ambulance Centre (SAC)

Volunteer
Lord Howe Island

Sydney West Sector	Sydney North Sector
Bankstown	Auburn
Bowral	Avalon
Camden	Balgowlah
Campbelltown	Belrose
Colyton	Blacktown
Fairfield	Castle Hill
Green Valley	Lane Cove
Katoomba	Naremburn
Liverpool	Narrabeen
Macquarie Fields	Parramatta
Penrith	Riverstone
Picton	St Ives
Richmond	Wahroonga
Springwood	
Tregear	
Warragamba	

Major assets

BUILDINGS
Armidale Station and workshop
Auburn Station
Bathurst Station complex
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
Campbelltown Station
Charlestown Operations Centre complex
Cobar Station and residence
Coffs Harbour Station complex
Colyton Station
Doyalson Station
Drummoyne Station
Forbes Station
Fairfield Station
Gunnedah Station
Guyra Station and residence
Hamilton Station complex
Kangaroo Valley Station
Lithgow Station
Lismore Station complex
Macquarie Fields Station

Maroubra Station
Mascot Air Ambulance Base
Menai Station
Merimbula Station and residence
Moree Station and residence
Morisset Station
Oak Flats workshop
Orange Station
Paddington Station
Perisher Valley Station
Point Clare complex
Queanbeyan Station
Riverstone Station
Rozelle Headquarters & Education Centre complex
South West Rocks Station
Singleton Station complex
Stockton Station
Summer Hill Station and workshop
Sussex Inlet Station
Sydney Ambulance Centre complex (building improvements on long term leasehold land)
Tamworth South Station
Terrigal Station
Tweed Heads Station
Wellington Station
Warilla Station & operations centre
Wollongong Station
Yamba Station

PLANT & EQUIPMENT
> CAD system software
> MDT-AVL
> Mobile data radio service
> Radio network southern NSW
> Mobile digital radios
> Telstra wide area network
> Portable digital radios

ASSETS ACQUIRED DURING 2007/08
Dubbo Station
Port Macquarie Station

Ambulance relocated to the new Port Macquarie Ambulance Station in August 2007. The building subsequently received a merit award in the NSW Master Builders Association Regional Excellence in Construction Awards for new buildings constructed under $2.5m.

Capital Works

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.

Major works in progress

Ryde Ambulance Station Redevelopment

Estimated total cost	$2,374,000
Cost to date	$734,531
Estimated completion date:	October 2008

The project construction commenced in January 2008 after development approval was given for the new ambulance station.

Deniliquin Ambulance Station Redevelopment

Estimated total cost	$1,140,000
Cost to date	$62,000
Estimated completion date:	May 2009

Nelson Bay Ambulance Station Redevelopment

Estimated total cost	$1,438,000
Cost to date	$30,000
Estimated completion date:	August 2009

Auburn Ambulance Station Redevelopment

Estimated total cost	$1,830,000
Cost to date	$56,000
Estimated completion date:	To be determined

The project is being incorporated within the Sydney Infrastructure Reform Strategy with a revised project delivery program under review.

Liverpool Ambulance Station Redevelopment

Estimated total cost	$1,830,000
Cost to date	$54,000
Estimated completion date:	To be determined

The project is being incorporated within the Sydney Infrastructure Reform Strategy and a revised project delivery program under review.

INFRASTRUCTURE ENHANCEMENT
Ambulance Fleet Upgrade/Renewals

Estimated total cost	$35,000,000
Cost to date	$15,048,000

Medical Equipment Upgrade/Renewals

Estimated total cost	$10,000,000
Cost to date	$4,193,000

Both of these programs are funded over a five-year period which commenced in the financial year 2006/07 and targeting completion by 30 June 2011.

REAL PROPERTY DISPOSALS

One property at Hay was disposed of during the financial year for $275,000. It was surplus to operational requirements. No properties valued at over $5,000,000 were sold. Sales proceeds after costs will be used to support capital investment and asset maintenance programs.

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

Staff statistics

Number of Full-time Equivalent Staff as at 30 June 2008

	June 06	June 07	June 08
Medical	3	5	14
Nursing	20	28	32
Ambulance Clinical Services (mobile)	2899	3056	3105
Ambulance Clinical Services (operations centres)	256	250	262
Corporate Services	182	189	194
Scientific & technical clinical support staff	9	8	8
Hotel Services	14	15	15
Maintenance & Trades	61	62	56
Support Workers	96	88	92
Total	**3541**	**3701**	**3778**

Workers Compensation Claims as at 30 June 2008

Injury	2007/08	2006/07	2005/06	2004/05	2003/04
Body Stress	332	304	356	355	316
Hit by Object(s)	83	74	86	74	59
Fall/Slip	79	73	63	77	65
Exposure (infectious)	72	130	108	95	90
Vehicle	22	32	47	44	32
Mental Stress	26	36	37	40	25
Bite	5	5	7	5	1
Objects Moving	0	3	5	5	6
Other/Assaults/General	0	10	16	19	27
Other-Bites	0	0	0	5	0
Other-Exposure	0	0	0	1	0
Other-Anaphylactic	0	0	0	1	3
Other	0	0	0	1	31
Total	**619**	**667**	**725**	**722**	**655**

Other organisational information

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 Service's statement of affairs and a description of the Ambulance structure and functions are incorporated within this annual report.

Statement of Affairs

Ambulance has a direct effect on the general public, by providing quality emergency clinical care, medical retrieval and patient transport 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.

Ambulance holds documents which include clinical, operational and corporate policies and guidelines in addition to community fact sheets and media releases concerning public safety. Many Ambulance publications are available free of charge from the Ambulance website at: www.ambulance.nsw.gov.au/publications

The Freedom of Information Act allows members of the public to request to have records amended by applying in writing to:

The FOI Co-ordinator
Ambulance Service of NSW
Locked Bag 105
Rozelle NSW 2039

Applications under the FOI Act should be accompanied by a $30 application fee.

Donations and bequests

Ambulance is grateful for support from the public and business sector and donations are spent on a variety of goods and services to enhance Ambulance's capabilities.

Ambulance can accept donations from individuals, companies and other organisations in the form of a 'general' or 'specific' donation. All donations over $2 are tax-deductible.

Donations over $10,000 in 2007/08 were received with thanks from:

Terry Paul Jones: A legacy of $10,000 was left to Ambulance.

Doreen Frances Taylor: A donation of $16,625 from the estate of the late Doreen Frances Taylor for the purchase of medical equipment for Wagga Ambulance Station.

Camden Haven Senior Citizens' Association: A donation of $10,000 for Laurieton Ambulance Station.

Donations should be made by cheque to the Ambulance Service of NSW, the cheque crossed 'Not Negotiable', and the donation forwarded to:

The Cashier
Ambulance Service of NSW
State Headquarters
Locked Bag 105
Rozelle NSW 2039

WRAPP waste report

Ambulance has continued its commitment to the State Government's Waste Reduction and Purchasing Policy (WRAPP) initiatives during 2007/08. Paper and cardboard recycling practices are in place at Ambulance facilities throughout the State in order to reduce greenhouse gas emissions from waste deposited to landfill.

Other recycling practices include returning used toner cartridges to suppliers for remanufacture and the purchase of recycled products, including paper, where available. Waste avoidance is promoted throughout Ambulance by such means as increasing the use of electronic communication such as emails and the generation of electronic forms; re-using the reverse side of paper documents printed single sided in printers, facsimiles and copiers and providing information to the public via the internet rather than by the provision of printed material.

Ambulance supports simple ways to be involved in recycling – for example, recycling old greeting cards by supporting 'Cards 4 Planet Ark' – a free initiative by Planet Ark and supported by Australia Post. This involves sending cards to Australia Post for forwarding to a recycling facility where they are turned into 'SAFE' paper products.

Section 4: Our people

4: Our people

Ambulance Executive

The Chief Executive and the executive management team are accountable for the development of a dynamic organisation and a professional workforce. Through the setting of common goals, and the regular review of the achievement towards these goals, all employees can continually learn and improve in their capacity to meet the needs of the community and build a sustainable organisation.

Greg Rochford PSM
Dip Crim, Dip Law
Chief Executive
HES Level 6

Greg was appointed to the position of chief executive on 16 August 1999. He holds qualifications in nursing, law and criminology. He is currently the chair of the Council of Ambulance Authorities for Australia and New Zealand. 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.

Mike Willis ASM
BHSc, EMPA, MACAP
General Manager, Operations
HES Level 3

Mike was appointed general manager, operations in October 2005. He was previously director, operational services and director, metropolitan ambulance services. A career paramedic for over 27 years, Mike has been stationed at various locations in NSW. Trained as an intensive care paramedic in 1986, he maintained his 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.

Dave Hodge
MBA
General Manager,
Clinical Development
HES Level 3

Dave started his ambulance service career in the UK in 1979. He qualified as a paramedic and held numerous positions at senior and executive levels. He then moved to Charles Sturt University to manage their pre-hospital care program in 2000, and joined Ambulance in 2002.

Michael Landsbergen
MMgt (Public)
General Manager,
Corporate Services
HES Level 3

Michael was appointed to the position of general manager, corporate services on 5 March 2007. He has 31 years experience in the NSW public sector. He has worked in executive and senior management roles in a variety of organisations, covering corporate services, commercial operations, facility management and organisational reform activities. Prior to joining Ambulance he worked with the Government Chief Information Office, the Department of Commerce and the Powerhouse Museum.

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

Julie was seconded to Ambulance in July 1999 and appointed to the position of director, finance and data services in February 2001. She has worked in the NSW public health system for almost 40 years and has gained extensive experience in nursing, human resource management and financial and data management. *Julie resigned from Ambulance on 16 May 2008.*

Gillian O'Malley
BA/LLB (Hons) MTransCrimPrev
Director, NSW Health Counter Disaster Unit
HES Level 2

Gillian has over 21 years experience in law enforcement and security. Her roles include lawyer, police officer and senior administrator in the NSW Police Force. Since joining Ambulance, she has been responsible for the health services planning for APEC 2007 Sydney meetings, the review of HEALTHPLAN and co-ordinating disaster preparedness across the area health services.

Ambulance Executive

The Ambulance executive consists of general managers and directors responsible for medical, operational and corporate functions covering areas such as clinical governance, patient safety, workforce planning, information systems, finance, data analysis, communications and service planning.

Denis Beavan
BA Health Science
Divisional Manager,
Southern Division
HES Level 1
Denis was appointed divisional manager, Southern Division in February 2002. Previous positions include sector manager, South Eastern Sector, Illawarra and South Eastern Area. Denis has over 31 years experience in Ambulance, having started his career as an ambulance officer in 1977. He has held several operational management positions, including operations centre co-ordination, deputy superintendent, South Eastern District and station manager in rural and remote areas, which involved the NSW snowfield operations. He has a Bachelor of Health Science (Pre-Hospital Care), diplomas in personnel management, advanced life support and a background in mechanical engineering.

Mark Beesley
BB (HR Mgmt & IR)
BH Sc (Pre-hosp Care)
Adv. Dip. Para Sc (Pre-hosp Care)
Divisional Manager,
Western Division
HES Level 1
Mark was appointed divisional manager, Western Division on 23 June 2008. He previously held the position of assistant divisional manager Sydney Division, having worked in Sydney West and Sydney South. Mark started his ambulance career in 1979 at Bankstown, completing his paramedic training in 1986. He has held operational management positions as station officer, district officer

and operational support manager. Following a secondment to the Department of Health in the Industrial Relations Branch, he returned to Ambulance, undertaking several roles in Sydney and at State headquarters.

Allan Loudfoot
MBA, Post Grad Dip (Mgt)
Divisional Manager,
Northern Division
HES Level 1

Allan was appointed as divisional manager, Northern Division in March 2002. He started his ambulance career in the United Kingdom (UK) in 1981 as an ambulance officer and became a paramedic in 1987. He held numerous positions in the UK Ambulance Service, including helicopter paramedic, station officer, divisional commander (Northumbria, North Division), senior divisional officer, North East Ambulance Service and quality assurance officer. Allan has also worked for ambulance services in both the UK and Middle East on a consultancy basis.

Ken Pritchard
BHSc
Divisional Manager,
Sydney Division
HES Level 1

Ken was appointed divisional manager, Sydney Division in January 2004. He was previously the senior operations centre officer at Sydney Operations Centre and has over 29 years experience in Ambulance, having started his career as an ambulance officer in 1978. Ken has held operational management positions throughout NSW and managed the Sydney Operations Centre during the

relocation to the present site, as well as during the transition phase to computer-aided dispatch. He was appointed health commander for the 2007 Asia Pacific Economic Co-operation and held an integral role in the planning for World Youth Day 2008.

Dennis Willis
BHSc (Mgt), Dip HS (Pre-hosp Care)
Divisional Manager,
Western Division
HES Level 1
Dennis was appointed divisional manager, Western Division in February 2002. He was previously the area manager, Illawarra and South Eastern and has over 43 years experience in Ambulance, having started his career as an honorary ambulance officer in 1965. He has held operational management positions, including regional superintendent (Central Western Region), deputy divisional superintendent (Southern Division) and acting director, Rural Ambulance. Dennis retired on 28 February 2008.

Professional Standards and Conduct

The Professional Standards and Conduct Unit (PSCU) is responsible for the management of allegations of serious misconduct made against our staff. The proper and effective management of such issues protects the Ambulance reputation and strengthens ethical governance, by promoting ethical practices, work standards and professional conduct across the organisation.

PSCU Received / Finalised Cases 2007/08

There were 163 new matters commenced during 2007/08 and 172 cases were finalised during that period (compared to 161 new matters and 78 finalised in the preceding year).

Type of Case	Received	Finalised
Administrative Decisions Tribunal	3	1
Assessment	18	11
Committee of Inquiry	-	1
Complaints	15	22
Coronial	11	25
Criminal charges	8	7
Critical Incident Review	2	1
Fact finding	15	7
Grievance	15	19
Health Care Complaints Commission	28	21
Human Rights & Equal Opportunity Commission	2	1
Impaired officer	8	7
Improper internet use	5	1
Independent Commission Against Corruption	3	3
Ministerial	1	1
Misconduct inquiry	23	30
Ombudsman referral	1	1
Performance management monitoring	1	3
Protected disclosure	1	4
Unfair/dismissal/action	3	4
Unsatisfactory professional conduct	-	2
Total	163	172

PSCU has close links with a number of external stakeholders, including the Health Care Complaints Commission, the Ombudsman, the Independent Commission Against Corruption and the Anti-discrimination Board.

PSCU is also responsible for monitoring the consumer complaint management system, to help identify opportunities to improve service delivery and customer satisfaction. In particular, it is the role of PSCU to:

> In relation to our staff, develop, implement and maintain systems for monitoring and investigating allegations of misconduct, unsatisfactory professional conduct, criminal conduct and traffic offences.

> Develop, implement and maintain consumer complaints-handling systems including supporting, training and advising staff involved in consumer complaints-handling.

> Manage Ambulance's involvement in coronial inquiries.

> Advise on issues about relationships with external agencies, such as the Ombudsman, the Health Care Complaints Commission and the Independent Commission Against Corruption.

> Support, train and advise other staff involved in investigations or activities associated with the unit's work

> Develop guidelines, policies and procedures on the unit's areas of responsibility.

Professional Standards and Conduct

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, directions and behaviours which underpin provision of those services. In accordance with the code of conduct, Ambulance employees must conduct themselves in a way that promotes public confidence and trust in the organisation.

Consumer Complaints Data - SAC* Rating by resolution type

Total complaints reached 523, similar in volume to the 550 received in 2006/07.

Consumer complaints	SAC 1		SAC 2		SAC 3		SAC 4		Blank SAC		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Total complaints	0	0	11	2.1	50	9.4	469	88.5	0	0	530	100
Resolution type **												
Apology	-	-	1	0.5	20	10.0	179	89.5	-	-	200	37.7
Arbitration	-	-	-	-	-	-	2	100	-	-	2	0.4
Compensation	-	-	-	-	-	-	1	100	-	-	1	0.2
Concillation	-	-	-	-	-	-	1	100	-	-	1	0.2
Explanation	-	-	4	1.3	29	9.1	285	89.6	-	-	318	60.0
Litigation	-	-	-	-	-		-	-	-	-	-	-
Mediated settlement	-	-	-	-	1	33.3	2	66.7	-	-	3	0.6
Service provided	-	-	-	-	-	-	7	100.0	-	-	7	1.3
Unresolved	-	-	-	-	1	12.5	7	87.5	-	-	8	1.5
Other	-	-	1	3.0	2	6.1	30	90.9	-	-	33	6.2
Blank			5	5.7	10	11.5	72	82.8			87	16.4

*SAC = Severity Assessment Code   SAC 1 = Extreme risk   SAC 2 = High risk   SAC 3 = Medium risk   SAC 4 = Low risk

** Any individual matter may result in more than one resolution type e.g. there may be an apology and an explanation.

Major goals and outcomes

> Achieved the benchmark in 2007/08 for resolving 80 per cent of consumer complaints within 35 days.

> Developed and published an Open Disclosure policy.

> An internal review of PSCU highlighted the need for the unit to re-focus on its core business of cases involving serious misconduct and for Ambulance to develop better ways of managing staff conflict and grievances.

Future initiatives

> A plan of action is being implemented which will allow the Unit to implement this change agenda. This includes additional staff, the development of an electronic case management and tracking system and increasing delegations to divisional managers to decide to take remedial action under the Ambulance Services Regulation 2005.

> The review of Ambulance by the Department of Premier and Cabinet reinforced the general direction being taken by the unit, following the internal review. Ambulance is in the process of adopting a restorative approach to dealing with staff conflict and grievances where appropriate.

Equal Employment Opportunity

In 2007/08 Ambulance continued its commitment to achieving diversity and equity outcomes in the workplace and in its dealings with the NSW community. During the reporting period Ambulance continued to integrate activities and programs to improve the employment outcomes for women, indigenous Australians, people with disabilities and people from culturally and linguistically diverse backgrounds.

Major goals and outcomes

> **Workplace conflict:** Implemented a number of strategies to examine the incidences, causes and remedies for dealing with workplace conflict. These have included consultation with staff at the Healthy Workplace Forum which will assist Ambulance in developing programs that contribute to the management of workplace behaviour and establishing the Bullying and Harassment Taskforce to develop strategies that contribute to healthy workplace behaviour.

> **Training:** Continued to train new employees on Ambulance's policies related to discrimination, harassment and bullying through face-to-face training and online training for existing employees. At least 20 per cent of supervisors were trained in managing grievances involving bullying and harassment.

> **Work/life balance:** Provided information to new employees about the policies and practices that support work/life balance in the workplace.

> **Aboriginal employment strategies:** Participated in NSW Health's statewide Aboriginal Workforce Survey, aimed at gathering information for the enhancement of Aboriginal employment strategies in health.

Staff attending the Healthy Workplace Forum held in May 2008.

> **Indigenous recruitment:** Promoted employment opportunities to Aboriginal communities around the State, particularly in areas with a higher representation of indigenous Australians. Aboriginal cultural awareness training continued for new operational staff.

> **Ambulance services:** Provided free ambulance services for the annual Aboriginal Rugby League Knockout Carnival, Yabun Concert, La Perouse Community Day and Sorry Day March. Aboriginal paramedics worked at most of these events.

> **Workforce diversity:** Improved the diversity of the workforce, increasing women's participation to 33 per cent and people with a language other than English to 6.5 per cent.

The Healthy Workplace Forum

A group of randomly selected staff from varied occupational groups and levels within Ambulance came together from all regions across NSW for the forum held in May 2008. The purpose of the Healthy Workplace Behaviour Forum was to:

> Consult with staff and gain an understanding of their needs should they encounter workplace conflict

> Gain common understanding of what behaviours or situations constitute bullying and harassment

> Work together on the policies, procedures, tools and training to combat bullying and harassment and improve workplace conflict interventions.

Participants were able to identify the positives and negatives of workplace behaviour and provided extensive feedback in the areas of policy, procedures, training and tools.

Equal Employment Opportunity

Ambulance recognises that achieving a working environment where staff can contribute their skills, knowledge and experience to the delivery of quality healthcare outcomes is dependent on appropriate programs that support this.

Future initiatives

EEO Management Plan 2008/09

> To support our ongoing commitment to achieving a diverse workforce where all employees are treated with dignity and respect, we intend to improve the capacity of supervisors and managers to manage staff conflict, bullying and harassment as part of the Healthy Workplace Strategy plan.

> Appoint a specialist manager who will develop a healthy workplace strategy.

> Develop and release a user-friendly guide for staff and managers on grievance resolution.

> Improve the integrity of EEO survey data by increasing the participation rate of staff who provide their EEO survey data to 75 per cent.

> Increase the participation of women, people with a first language other than English and indigenous Australians, by continuing to use the streamed entry recruitment program for trainee paramedics. We will also continue to build mechanisms to support staff with a disability.

> Continue to build on the successes of our Aboriginal Employment Strategy and provide appropriate services at Aboriginal community events, providing better links to the community and implement new employment strategies to attract applicants by attending an increased number of career days.

Trends in the Representation of EEO Groups [1]

EEO Group	% of Total Staff [2]				
	Benchmark or target	2005	2006	2007	2008
Women	50	30	31	32	33
Aboriginal people & Torres Strait Islanders	2	2.2	2.1	2.1	1.9
People whose first language is not English	20	6	7	6	6
People with a disability	12	3	3	3	3
People with a disability requiring work-related adjustment	7	0.7	0.7	0.5	0.4

Trends in the Distribution of EEO Groups [3]

EEO Group	Distribution Index [4]				
	Benchmark or target	2005	2006	2007	2008
Women	100	87	87	91	94
Aboriginal people & Torres Strait Islanders	100	96	98	98	97
People whose first language is not English	100	98	104	102	101
People with a disability	100	117	117	117	116
People with a disability requiring work-related adjustment	100	137	133	n/a	n/a

1 Staff numbers are as at 30 June.

2 Excludes casual staff.

3 A Distribution Index of 100 indicates that the centre of the distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the EEO group is less concentrated at lower salary levels.

4 The Distribution Index is not calculated where EEO group or non-EEO group numbers are less than 20.

Disability Action Plan

> Three new bariatric vehicles have been purchased. The brings the total number of bariatric vehicles to six, comprising five multi-purpose vehicles and one bariatric bus. The new bariatric vehicles are designed to accommodate and transport the increasing number of obese patients in the community. A bariatric wheelchair has been specially built and will be used in conjunction with an hydraulic lift vehicle.

> Incorporation of the standards for access by people with disabilities in our accommodation guidelines.

> Continued provision of reasonable adjustments to employees with a disability through work and job redesign and provision of equipment.

Future Initiatives

> All new buildings and major renovations will comply with standards for access by people with disabilities.

Equal Employment Opportunity statistics

EEO Profile - Staff Establishment as at 30 June 2008

Salary range	Headcount	Respondent %	Men %	Women %	Aboriginal people & Torres Strait Islanders %	People from racial, ethno-religious or ethnic 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 %
< $35,266	4	75	0	100	0.0	33.3	33.3	0.0	0.0
$35,267 - $46,318	1,056	93	58	42	1.8	4.9	7.5	1.3	0.2
$46,319 - $51,783	2,044	62	70	30	2.0	7.1	5.5	2.7	0.5
$51,784 - $65,526	499	59	78	22	1.7	5.1	6.2	3.4	0.3
$65,527 - $84,737	138	70	61	39	1.0	16.5	13.4	3.1	0.0
$84,738 - $105,923	67	61	72	28	0.0	7.3	9.8	9.8	2.4
> $105,924 (non SES)	60	67	75	25	0.0	10.0	10.0	7.5	2.5
> $105,924 (SES)	1	0	100	0	0.0	0.0	0.0	0.0	0.0
Total	3,869	70	67	33	1.8	6.5	6.7	67	2.5

EEO Profile - Recruits as at 30 June 2008

Salary range	Headcount	Respondent %	Men %	Women %	Aboriginal people & Torres Strait Islanders %	People from racial, ethno-religious or ethnic 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 %
< $35,266	1	0	0	100	0.0	0.0	0.0	0.0	0.0
$35,267 - $46,318	262	92	55	45	1.3	2.5	7.5	1.7	0.4
$46,319 - $51,783	11	91	64	36	0.0	10.0	10.0	10.0	0.0
$51,784 - $65,526	10	80	50	50	0.0	0.0	0.0	0.0	0.0
$65,527 - $84,737	7	86	57	43	0.0	0.0	16.7	0.0	0.0
$84,738 - $105,923	6	100	50	50	0.0	0.0	16.7	0.0	0.0
> $105,924 (non-HES)	17	76	71	29	0.0	15.4	7.7	0.0	0.0
> $105,924 (HES)	-		0	0	0.0	0.0	0.0	0.0	0.0

EEO Profile - Staff Establishment by Employment Basis as at 30 June 2008

Salary range	Headcount	Respondent %	Men %	Women %	Aboriginal people & Torres Strait Islanders %	People from racial, ethno-religious or ethnic 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 %
Casual	1	100	0	100	0.0	0.0	0.0	0.0	0.0
Permanent Full-time	3,632	71	70	30	1.9	6.5	6.6	2.6	0.4
Permanent Part-time	208	60	26	74	0.8	7.3	8.9	0.8	0.0
SES Contract	1	0	100	0	0.0	0.0	0.0	0.0	0.0
SES Non-contract	6	0	100	0	0.0	0.0	0.0	0.0	0.0
Temporary Full-time	20	65	30	70	0.0	7.7	15.4	0.0	0.0
Temporary Part-time	1	100	0	100	0.0	0.0	0.0	0.0	0.0
Total	3,869	70	67	33	1.8	6.5	6.7	2.5	0.4

Teaching and training initiatives

Ambulance is committed to the ongoing training and professional development of its workforce. To achieve this, a comprehensive development program is provided, offering a range of administrative and management courses.

Clinical and operational training

> 1042 staff attended courses required for clinical foundation training at the Ambulance Education Centre (AEC) leading to qualifications (Diploma, Advanced Diploma, Certificate III).

> 1005 staff attended mandatory workshops across the State to maintain their Certificate to Practice.

> Evidence-based practice training was introduced.

> High-fidelity macro-simulation training activity was embedded in the foundation courses at the AEC.

> Mental health training was provided to 500 paramedics across NSW, exceeding the annual target for 2007/08.

> Provided training to upgrade advanced life support (ALS level 4) officers to intensive care paramedic.

> 605 paramedics participated in online learning courses during 2007/08.

> 438 staff completed the online course in reading and interpreting ECGs.

Special Operations Unit training

> Implemented a two-day incident control systems (ICS) course.

> Introduced simulation exercises using the Emergotrain systems, for major incident training in In-service 1 and intensive care paramedic courses.

> Conducted specific motorcade exercises during the periods leading up to APEC 2007 and World Youth Day 2008.

> Conducted currency training courses for all currently certified SCAT officers.

Staff development

Ambulance management qualification

Developed a specific management program for operational front-line managers with the assistance of the Australian Institute of Management. The program will be rolled-out during 2009, with the first group of participants commencing on 24 November 2008.

Completion of the training program is mandatory for all district managers, station managers and team leaders and equivalent operation centre positions.

Diploma and certificate courses

Learning & Development (L&D) has commenced running pilot training programs in nationally recognised qualifications such as the Diploma in Business (Frontline Management) and Certificate IV in Business (Frontline Management).

Staff development courses

146 courses were conducted in 2007/08, with 1328 staff participating in training.

Risk management training

Risk educators are currently developing training strategies to ensure that the safety management system is properly communicated and understood by employees at all levels. Training course content is currently being developed in consultation with the Ambulance Education Centre, Learning & Development, Infection Control and the Department of Education, Training and Science.

Overseas travel

Ambulance staff attended a range of overseas activities, including conferences, training courses and meetings. These international activities provide important opportunities for Ambulance staff to exchange expertise, develop their professional skills and to contribute to peak bodies in ambulance and health-related fields.

LONDON AMBULANCE AND EMERGENCY SERVICE

Associate Professor Paul Middleton
Senior Medical Advisor

2 - 4 July 2007
London, United Kingdom

Visited the London Ambulance Service operations centre and the London Helicopter Emergency Medicine Service for familiarisation with identification and dispatch co-ordination of serious trauma, to inform the review of Ambulance serious trauma planning.

STRATUS CONTINUOUS AVAILABILITY CONFERENCE

Roger Hanssen
Director, Information Technology

October 2007, Macau

Use of fault-tolerant servers in the computer-aided dispatch environment and to network with other emergency service agencies in the Asia Pacific region.

ANZSOG EXECUTIVE MASTERS IN PUBLIC ADMINISTRATION (EMPA)

June and November 2007
Wellington, New Zealand

Julie Morgan
Director, Executive Services

15 - 20 June 2007

Rosemary Hegner
Manager, Redesign

27 - 28 Nov 2007

The EMPA – conducted by the Australia and New Zealand School of Government – aims to enhance the breadth and depth of policy and management skills of participants.

UNITED NATIONS MEDICAL WORKING GROUP

George Smith
Director, Special Operations

2 -15 May 2008:
Gloucestershire, United Kingdom

The focus of the group is on developing a comprehensive set of medical guidelines to be included in the International Search and Rescue Advisory Group (INSARAG) guidelines as an appendix.

Ambulance Clinical Advisory Committee members

Dr Jason Bendall
Project Officer
Extended Care
Ambulance Service of NSW

Dr Matthew Bragg
Staff Specialist
Prince of Wales Hospital

Peter Burns
Clinical Nurse Consultant

Dr Jacqui Close
Staff Specialist
Prince of Wales Hospital

Anthony Cook
Area Trauma Nurse
 Co-ordinator
St George Hospital

Dr Siun Gallagher
Director Advanced Care
Ambulance Service of NSW

Dr John Kennedy
Critical Care Physician
Tamworth Rural
Referral Centre

Katie Klarenaar
Acting Manager
Clinical Performance
Ambulance Service of NSW

Chris Lees
Project Officer
Mental Health Ambulance
Service of NSW

Dr John Mackenzie
Consultant in Emergency
 Medicine

Graham McCarthy
Manager, Education
Ambulance Service of NSW

Graeme Malone
Manager, Clinical
 Professional Development
Ambulance Service of NSW

**Associate Professor
 Paul Middleton**
Senior Medical Adviser
Ambulance Service of NSW

Dr Michael Paton
Director, Clinical Services
Macquarie Hospital

Dr Tori Pennington
Staff Specialist
Sydney Children's Hospital

Dr Tuly Rosenfeld
Senior Specialist
Aged Care
Prince of Wales Hospital

Dr Trish Saccassan-Whelan
Director
Critical Care GSAHS

Catherine Salter
Nurse Practitioner
Nepean Hospital

Dr Ian Seppelt
Senior Staff Specialist
Nepean Hospital

Garry Sinclair
Manager
Clinical Performance
Ambulance Service of NSW

Gary Tall
Acting Deputy Director
Medical Retrieval Unit
Ambulance Service of NSW

5: Our community

Community engagement

emergency helpers

Community education program for 3-5 year olds

life...live it, save it!

Community education program for over 55s

Emergency Helpers program

The *Emergency Helpers* program was developed in conjunction with the NSW Police Force and NSW Fire Brigades and is intended for use by teachers in preparing children aged 3 - 5 for emergency situations. Program lessons include how to identify an emergency service worker, the number to call in an emergency and the importance of children learning their home address. The program is available free of charge from the Ambulance website.

Be an Ambulance Hero program

The *Be an Ambulance Hero: Dial Zero Zero Zero* program has been designed for kindergarten, year 1 and year 2 students (ages 5-8 years). In early 2007 the program was distributed to all NSW primary schools and is a non-compulsory free program.

LIFE...Live it, Save it! program

The *LIFE…Live It, Save It!* program is a community education program for the over-55 age group and is designed to be run by community groups. It has been developed to educate people in recognising and dealing effectively with medical emergencies. The program includes an instructional DVD highlighting its key objectives, which are early recognition of signs and symptoms of life-threatening conditions, calling triple zero (000) immediately for an ambulance and following Ambulance calltaker instructions. The program is available free of charge from the Ambulance website.

Traffic Offenders program

Ambulance made presentations throughout the year to community members who have been convicted of a driving offence. The program aims to educate these drivers and prevent them from re-offending.

Triple Zero Star Awards

Ambulance presented a number of Triple Zero Star awards to children who showed remarkable courage when dealing with a medical emergency and for calling triple zero (000), often with no adult to assist.

Community engagement

ambulance hero

Community education program for 5-8 year olds

traffic offenders

Community education program for drivers

Ambulance Online
A quarterly community e-newsletter, *Ambulance Online*, was launched to promote health messages and provide updates on Ambulance activities to the NSW community.

Triple Zero national campaign
Ambulance and NSW Police Force and NSW Fire Brigades joined forces to promote awareness of calling triple zero (000) via a national community education campaign, targeting the general community and people from culturally and linguistically diverse (CALD) backgrounds.

Baby first aid
Aboriginal paramedic staff promoted baby first aid and care to Aboriginal mothers at the Royal Women's Hospital.

Presentations to survivors
Throughout the year paramedics were re-united with a patients who had experienced a heart attack and been revived using a defibrillator. The presentations are an opportunity to commemorate an important event for the survivor and to promote cardiac awareness messages to the community.

Community education
Numerous staff members generously gave up their personal time to help educate thousands of school children and community groups on key ambulance messages.

Promotional material
A range of publications, fact sheets and promotional merchandise was produced and distributed or made available via the Ambulance website to reinforce key ambulance health messages.

Gold coin donations
Ambulance supported a range of charities such as Red Nose Day, Daffodil Day, Movember, Jeans for Genes Day and Bluey Day. Staff also donated goods to the Salvation Army at Christmas.

Ethnic Affairs Priority Statement

Ambulance continued to provide language assistance to support communication with patients and their families in clinical emergencies, during triple zero calls and for account enquiries, using the Telephone Interpreter Service. Language assistance referral points are also provided in ambulance vehicles.

Major goals and outcomes

> **National Triple Zero Campaign:** Launched a community education campaign to reinforce the correct use of triple zero (000), the Australia-wide emergency number. Campaign material was made also available to culturally and linguistically diverse (CALD) communities.

> **Ambulance Patient Satisfaction Survey**: Included a culture and language question to provide information about the extent to which CALD and indigenous Australians communities use Ambulance. The results will be analysed for future programs.

> **LIFE….Live it, Save it!:** Delivered an education program for retirees in community cultural groups focussing on signs and symptoms of medical emergencies, the importance of calling triple zero and call-taker instructions prior to ambulance arrival.

> **Be an Ambulance Hero: Dial Zero Zero Zero:** Presented this program in numerous schools with multicultural populations. Provided a teaching kit for students on how and when to call an ambulance and other vital information which could save a life.

> **Multicultural open days:** Attended multicultural open days and made presentations to a range of multicultural groups on important topics, such as how and when to call triple zero (000) for an ambulance.

A still from the National Triple Zero community education campaign. The NSW component of the campaign won a 2008 Australian Safer Communities Award.

> **Electronic and print media:** Disseminated Ambulance stories and media releases to a range of ethnic print and electronic media.

> **Targeted initiatives:** Continued with the collaborative *Hatzolah* (Hebrew for 'saves') initiative to meet the needs of the Jewish community. The project aims to enhance early intervention during a medical emergency.

> Trained new ambulance staff in a newly-developed course titled *Service Provision in Multicultural Healthcare*.

Future initiatives

> **Emergency Helpers Program:** Develop a teaching aid for early childhood centres to teach children the number to call for an ambulance. The program will be presented in early childhood centres with multicultural populations.

> **Traffic Offenders Intervention Program:** Investigate offering this program to CALD community members.

> **LIFE…Live it, Save it!:** Translate this program into Arabic, Chinese, Greek, Italian and Vietnamese and make available to CALD communities through the Ambulance intranet and internet.

Our patients – satisfaction and privacy

The National Patient Satisfaction Survey report details the service quality and satisfaction ratings of ambulance service patients across Australia, measured in 2008. The purpose of this research is to measure the quality of the ambulance service, as perceived by its customers, and to compare these ratings across States, as well as over a range of years.

National Patient Satisfaction Survey 2008 - key findings

Overall, service quality and satisfaction ratings were high and consistent across patient segments. The table at right presents combined scores for all States in Australia across all dimensions measured.

One dimension, 'Call response time', showed a positive change in overall satisfaction scores over time, an improvement from 97 per cent to 98 per cent 'satisfied or very satisfied' respondents.

Scores for 'Paramedics satisfaction', 'Ambulance arrival time' and 'Trip/ride satisfaction' were lower than for all other dimensions.

Patient Satisfaction Survey 2008 – Key Findings					
Service dimensions	Very dissatisfied or dissatisfied (%)	Neither satisfied, nor dissatisfied (%)	Satisfied or very satisfied (%)		Change
			2008	2007	
Call response time	1	1	98	97	↑
Treatment satisfaction	1	1	98	98	⟷
Paramedics care	1	1	98	98	⟷
Overall satisfaction	1	1	98	97	⟷
Communication staff assistance	1	1	98	98	⟷
Paramedics satisfaction	1	3	96	96	⟷
Ambulance arrival time	2	3	95	94	⟷
Trip/ride satisfaction	3	4	93	93	⟷

↑ ⟷ These signs indicate change in the results over the period of 2007-2008.

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 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 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 it was collected. Under legislation, information can also be used and disclosed for purposes directly related to a patient's treatment, in ways reasonably expected for a patient's ongoing care.

Ambulance is also required to disclose patient information to State and commonwealth government agencies to comply with other laws, it 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 patients 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
Tel: (02) 4921 7534

Our volunteers

community
first
responders

ceremonial
guard

chaplaincy

Volunteer Ambulance Officers
Volunteer ambulance officers are now operating in 33 locations, with a consequent membership increase from 90 to 163 members. In 2007/08 these groups responded to a total of 422 incidents.

Chaplaincy
Twenty-three Ambulance chaplains provide confidential individual counselling, pastoral care and spiritual support to employees who may be affected by traumatic workplace incidents or who may experience personal issues.

Peer Support Officers
Ambulance has 112 peer support officers who are operational staff providing an early intervention service, out-of-hours on most occasions, to colleagues who may be affected by exposure to traumatic workplace incidents.

Community First Responders
Community First Responders (CFRs) make themselves available on a regular basis to provide a first response to ambulance emergencies for people in remote and outback communities. CFRs are fully trained, uniformed and equipped by Ambulance. Clinical mentors monitor and provide support to CFRs, together with clinical training officers.

The Ambulance Band
Commissioned in 1985, the band has performed for Her Majesty Queen Elizabeth II at the opening of Parramatta Stadium, graduation ceremonies, St John investitures at Government House, NSW Health functions and special events in metropolitan and rural NSW.

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 male and female officers from stations located throughout the Hunter Sector.

6: Freedom of Information

Freedom of Information Report

The *Freedom of Information Act 1989* was established to ensure that information and documents held by the Government are made available to the public and to enable a member of the public to clarify that records held by the Government concerning his or her personal affairs are not incomplete, incorrect, out-of-date or misleading.

SECTION A: NEW FOI APPLICATIONS

FOI applications received, discontinued or completed	NUMBER OF FOI APPLICATIONS					
	PERSONAL		OTHER		TOTAL	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
A1 New	105	196	14	13	119	209
A2 Brought forward	11	2	2	2	13	4
A3 Total to be processed	116	198	16	15	132	213
A4 Completed	115	175	14	11	129	186
A5 Discontinued	0	2	0	8	0	10
A6 Total processed	115	177	14	19	129	196
A7 Unfinished (carried forward)	1	16	2	0	3	16

SECTION B: DISCONTINUED APPLICATIONS

Why were FOI applications discontinued?	NUMBER OF DISCONTINUED FOI APPLICATIONS					
	PERSONAL		OTHER		TOTAL	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
B1 Request transferred to another agency (s.20)	0	0	0	0	0	0
B2 Applicant withdrew request	0	2	0	5	0	7
B3 Applicant failed to pay advance deposit (s.22)	0	0	2	2	2	2
B4 Applicant failed to amend a request that would have been an unreasonable diversion of resources to complete (s.25(1)(a1))	0	0	0	1	0	1
B5 Total discontinued	0	2	0	8	0	10

SECTION C: COMPLETED APPLICATIONS

What happened to completed applications?	NUMBER OF COMPLETED FOI APPLICATIONS					
	PERSONAL		OTHER		TOTAL	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
C1 Granted or otherwise available in full	73	126	3	7	76	133
C2 Granted or otherwise available in part	22	38	4	3	26	41
C3 Refused	8	7	3	0	11	7
C4 No documents held	12	4	4	1	16	5
C5 Total completed	115	175	14	11	129	186

Freedom of Information Report

Ambulance recognises that people have a legal right to obtain access to information, request amendments to records of a personal nature that are inaccurate and appeal against a decision not to grant access to information, or to amend personal records.

SECTION D – APPLICATIONS GRANTED OR OTHERWISE AVAILABLE IN FULL						
How were the documents made available to the applicant?	NUMBER OF FOI APPLICATIONS (granted or otherwise available in full)					
	PERSONAL		OTHER		TOTAL	
All documents requested were:	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
D1 Provided to the applicant	73	126	3	7	76	133
D2 Provided to the applicant's medical practitioner	0	0	0	0	0	0
D3 Available for inspection	0	0	0	0	0	0
D4 Available for purchase	0	0	0	0	0	0
D5 Library material	0	0	0	0	0	0
D6 Subject to deferred access	0	0	0	0	0	0
D7 Available by a combination of D1-D6 above	0	0	0	0	0	0
D8 Total granted or otherwise available in full	73	126	3	7	76	133

SECTION E – APPLICATIONS GRANTED OR OTHERWISE AVAILABLE IN PART						
How were the documents made available to the applicant?	NUMBER OF FOI APPLICATIONS (granted or otherwise available in part)					
	PERSONAL		OTHER		TOTAL	
Documents made available were:	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
E1 Provided to the applicant	22	38	4	3	26	41
E2 Provided to the applicant's medical practitioner	0	0	0	0	0	0
E3 Available for inspection	0	0	0	0	0	0
E4 Available for purchase	0	0	0	0	0	0
E5 Library material	0	0	0	0	0	0
E6 Subject to deferred access	0	0	0	0	0	0
E7 Available by a combination of E1-E6 above	0	0	0	0	0	0
E8 Total granted or otherwise available in part	22	38	4	3	26	41

SECTION F – REFUSED APPLICATIONS						
What happened to completed applications?	NUMBER OF REFUSED FOI APPLICATIONS					
	PERSONAL		OTHER		TOTAL	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
F1 Exempt	4	6	1	0	5	6
F2 Deemed refused	4	1	2	0	6	1
F3 Total refused	8	7	3	0	11	7

Freedom of Information Report

There was a significant increase in the number of personal FOI applications received during 2007/08 compared with the previous year. As with previous years, the majority of FOI applications were requests for personal medical records held by Ambulance.

SECTION G: EXEMPT DOCUMENTS

Why were the documents classified as exempt?	NUMBER OF FOI APPLICATIONS (refused or access granted or otherwise available in part only)					
	PERSONAL		OTHER		TOTAL	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
G6 Documents affecting personal affairs (Clause 6)	23	39	5	2	28	41
G7 Documents affecting business affairs (Clause 7)	0	1	0	0	0	1
G20 Documents containing confidential material (Clause 13)	0	1	0	0	0	1
G24 Documents concerning operations of agencies (Clause 16)	3	2	0	1	3	3
G25 Internal working documents (Clause 9)	0	1	0	0	0	1
G27 Total applications, including exempt documents	26	44	5	3	31	47

SECTION H: MINISTERIAL CERTIFICATES (S.59)

How many Ministerial certificates were issued?	NUMBER OF MINISTERIAL CERTIFICATES	
	2006/07	2007/08
H1 Ministerial certificates issued	0	0

SECTION I: FORMAL CONSULTATIONS

How many formal consultations were conducted?	NUMBER	
	2006/07	2007/08
I1 Number of applications requiring formal consultation	2	4
I2 Number of persons formally consulted	6	12

SECTION J: AMENDMENT OF PERSONAL RECORDS

How many applications for amendment of personal records were agreed or refused?	NUMBER OF APPLICATIONS FOR AMENDMENT OF PERSONAL RECORDS	
	2006/07	2007/08
J1 Agreed in full	0	0
J2 Agreed in part	0	0
J3 Refused	0	0
J4 Total	0	0

SECTION K: NOTATION OF PERSONAL RECORDS

How many applications for notation of personal records were made?	NUMBER OF APPLICATIONS FOR NOTATION	
	2006/07	2007/08
K1 Applications for notation	0	0

Freedom of Information Report

There was no significant impact during the year of FOI requirements on Ambulance activities. There were no requests for the amendment of personal records. The determination in one case was delayed when extended efforts were made to locate all relevant records and the applicant was requested to produce the required authority for documents to be released.

SECTION L – FEES AND COSTS				
What fees were assessed and received for FOI applications processed? (excluding applications transferred out)	**ASSESSED COSTS**		**FEES RECEIVED**	
	2006/07	**2007/08**	**2006/07**	**2007/08**
L1 All completed applications	$630	$2060	$3,313	$5,664

SECTION M – FEE DISCOUNTS						
How many fee waivers or discounts were allowed and why?	**NUMBER OF FOI APPLICATIONS** (where fees were waived or discounted)					
	PERSONAL		**OTHER**		**TOTAL**	
	2006/07	**2007/08**	**2006/07**	**2007/08**	**2006/07**	**2007/08**
M1 Processing fees waived in full	0	0	0	0	0	0
M2 Public interest discounts	0	0	0	0	0	0
M3 Financial hardship discounts – pensioner or child	11	11	0	0	11	11
M4 Financial hardship discounts – non-profit organisation	0	0	0	0	0	0
M5 Total	11	11	0	0	11	11

SECTION N – FEE REFUNDS		
How many fee refunds were granted as a result of significant correction of personal records?	**NUMBER OF REFUNDS**	
	2006/07	**2007/08**
N1 Number of fee refunds granted as a result of significant correction of personal records	0	0

SECTION O – DAYS TAKEN TO COMPLETE REQUEST						
How long did it take to process completed applications? (calendar days)	**NUMBER OF COMPLETED FOI APPLICATIONS**					
	PERSONAL		**OTHER**		**TOTAL**	
	2006/07	**2007/08**	**2006/07**	**2007/08**	**2006/07**	**2007/08**
O1 0-21 days – statutory determination period	111	174	12	11	123	185
O2 22-35 days – extended statutory determination period for consultation or retrieval of archived records (s.59B)	3	0	1	0	4	0
O3 Over 21 days – deemed refusal where no extended determination period applies	0	0	0	0	0	0
O4 Over 35 days – deemed refusal where extended determination period applies	1	1	1	0	2	1
O5 Total	115	175	14	11	129	186

Freedom of Information Report

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. Most applications were assessed and processed within the 21 day timeframe.

SECTION P – PROCESSING TIME: HOURS

How long did it take to process completed applications? (hours)	NUMBER OF COMPLETED FOI APPLICATIONS					
	PERSONAL		OTHER			
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
P1 0-10	115	175	11	5	116	180
P2 11-20	0	0	1	2	1	2
P3 21-40	0	0	0	4	0	4
P4 Over 40	0	0	2	0	2	0
P5 Total	115	175	14	11	129	186

SECTION Q – NUMBER OF REVIEWS

How many reviews were finalised?	NUMBER OF COMPLETED REVIEWS	
	2006/07	2007/08
Q1 Internal reviews	0	1
Q2 Ombudsman reviews	0	0
Q3 ADT reviews	0	0

SECTION R – RESULTS OF INTERNAL REVIEW

Grounds on which the internal review was requested	NUMBER OF INTERNAL REVIEWS					
	PERSONAL		OTHER		TOTAL	
	Original Agency Decision **Upheld**	Original Agency Decision **Varied**	Original Agency Decision **Upheld**	Original Agency Decision **Varied**	Original Agency Decision **Upheld**	Original Agency Decision **Varied**
R1 Access refused	1	0	0	0	1	0
R2 Access deferred	0	0	0	0	0	0
R3 Exempt matter deleted from documents	0	0	0	0	0	0
R4 Unreasonable charges	0	0	0	0	0	0
R5 Failure to consult with third parties	0	0	0	0	0	0
R6 Third parties views disregarded	0	0	0	0	0	0
R7 Amendment of personal records refused	0	0	0	0	0	0
R8 Total	1	0	0	0	1	0

7: Financial Report

Statement of Financial Performance

The Ambulance Service of New South Wales ended the 2007/08 financial year with a favourable Net Cost of Services variance to budget of $0.14m. The overrun in expenses was offset by the increase in revenues.

NET COST OF SERVICES				
	2008	2007	Movement	
	$000	$000	$000	%
Expenses excluding losses				
Operating Expenses				
Employee Related	356,609	311,833	44,776	14%
Other Expenses	144,212	124,299	19,913	16%
Depreciation	22,123	15,240	6,883	45%
Grants and Subsidies	588	569	19	3%
Finance Costs	-	2	(2)	-
Total Expenses excluding losses	**523,532**	**451,943**	**71,589**	**16%**
Retained Revenue				
Sale of Goods and Services	147,087	117,632	29,455	25%
Investment Income	1,638	1,208	430	36%
Grants and Contributions	645	1,226	(581)	-47%
Other Revenue	8,229	7,878	351	-
Total Retained Revenue	**157,599**	**127,944**	**29,655**	**23%**
Gain/(Loss) on Disposal	(622)	409	(1,031)	-252%
Other Gains/(Losses)	(17,356)	(12,777)	(4,579)	-
NET COST OF SERVICES	**(383,911)**	**(336,367)**	**(47,544)**	**14%**

Statement of Financial Performance
The Ambulance Service of NSW ended the 2007/08 financial year with a favourable Net Cost of Services variance to budget of $0.14M. The overrun in expenses was offset by the increase in revenues.

Employee Related Expenses
Increases in Employee Related Expenses were due to Award increases from July 2007 and the implementation of the Ambulance Service of NSW Death and Disability (State) Award.

Other Operating Expenses
Funding for Helicopter Services increased in 2007/08 as did the size of the Motor Vehicle Fleet and associated costs.

Depreciation and Other Gains/(Losses)
In 2007/08, the Ambulance Service continued a process of replacing modules in ambulance vehicles. This was as a result of upgrading the motor vehicle fleet to newer models and this required a change in the depreciation rate of the modules.

Sale of Goods and Services
The increase in revenue was due to the ongoing impact of IPART recommendations and an overall increase in activity.

2007/08 Budget
The Net Cost of Services budget increased by $47.7m. This increase represents the funding for the award increases, staffing enhancements, helicopter services and depreciation.

Certification of Parent/ Consolidated Financial Statements for Period Ended 30 June 2008

The attached financial statements of the Ambulance Service of NSW for the year ended 30 June 2008:

i) Have been prepared in accordance with the requirements of applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the Public Finance and Audit Act 1983 and its regulations, the Health Services Act 1997 and its regulations, the Accounts and Audit Determination and the Accounting Manual for the Area Health Services and Public Hospitals;

ii) Present fairly the financial position and transactions of the Ambulance Service of NSW; and

iii) Have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate.

Greg Rochford
Chief Executive
Ambulance Service
of New South Wales

12 March 2009

Stephen O'Malley
Chief Finance Officer
Finance and Data Services
Ambulance Service
of New South Wales

12 March 2009

Operating Statement for the year ended 30 June 2008

PARENT				Notes	CONSOLIDATION		
Actual 2008 $000	Budget 2008 $000	Actual 2007 $000			Actual 2008 $000	Budget 2008 $000	Actual 2007 $000
			Expenses excluding losses				
			Operating Expenses				
-	-	-	Employee Related	3	356,609	355,393	311,833
356,609	355,393	311,833	Personnel Services	4	-	-	-
144,212	142,480	124,299	Other Operating Expenses	5	144,212	142,480	124,299
22,123	22,290	15,240	Depreciation	2(h), 6	22,123	22,290	15,240
588	414	569	Grants and Subsidies	7	588	414	569
-	-	2	Finance Costs	8	-	-	2
523,532	**520,577**	**451,943**	**Total Expenses excluding losses**		**523,532**	**520,577**	**451,943**
			Revenue				
147,087	143,655	117,632	Sale of Goods and Services	9	147,087	143,655	117,632
1,638	935	1,208	Investment Revenue	10	1,638	935	1,208
10,423	11,225	10,922	Grants and Contributions	11	645	1,041	1,226
8,229	8,367	7,878	Other Revenue	12	8,229	8,367	7,878
167,377	**164,182**	**137,640**	**Total Revenue**		**157,599**	**153,998**	**127,944**
(622)	193	409	Gain/(Loss) on disposal	13	(622)	193	409
(17,356)	(17,666)	(12,777)	Other Gains/(Losses)	14	(17,356)	(17,666)	(12,777)
(374,133)	**(373,868)**	**(326,671)**	**Net Cost of Services**	30	**(383,911)**	**(384,052)**	**(336,367)**
			Government Contributions				
343,733	343,733	308,153	NSW Department of Health Recurrent Allocations	2(d)	343,733	343,733	308,153
12,489	16,912	19,782	NSW Department of Health Capital Allocations	2(d)	12,489	16,912	19,782
-	-	-	(Asset Sale Proceeds transferred to the NSW Health Department)		-	-	-
-	-	-	Acceptance by the Crown Entity of employee benefits	2(a)(ii)	9,778	10,184	9,696
356,222	**360,645**	**327,935**	**Total Government Contributions**		**366,000**	**370,829**	**337,631**
(17,911)	**(13,223)**	**1,264**	**RESULT FOR THE YEAR**	27	**(17,911)**	**(13,223)**	**1,264**

Statement of Recognised Income and Expense for the year ended 30 June 2008

				Notes			
113,289	-	112,025	Total equity at beginning of year		113,289	-	112,025
8,099	-	-	Net increase/(decrease) in Property, Plant and Equipment Revaluation Reserve	27	8,099	-	-
121,388	**-**	**112,025**	**TOTAL INCOME AND EXPENSE RECOGNISED DIRECTLY IN EQUITY**		**121,388**	**-**	**112,025**
(17,911)	-	1,264	Result for the Year		(17,911)	-	1,264
103,477	**-**	**113,289**	**TOTAL INCOME AND EXPENSE RECOGNISED FOR THE YEAR**	27	**103,477**	**-**	**113,289**

The accompanying notes form part of these Financial Statements.

Balance Sheet as at 30 June 2008

PARENT				Notes	CONSOLIDATION		
Actual 2008 $000	**Budget 2008 $000**	**Actual 2007 $000**			**Actual 2008 $000**	**Budget 2008 $000**	**Actual 2007 $000**
			ASSETS				
			Current Assets				
26,222	23,217	14,487	Cash and Cash Equivalents	17	26,222	23,217	14,487
13,623	15,465	15,465	Receivables	18	13,623	15,465	15,465
3,490	1,803	1,798	Inventories	19	3,490	1,803	1,798
2,880	2,427	2,426	Non Current Assets Held for Sale	21	2,880	2,427	2,426
46,215	**42,912**	**34,176**	**Total Current Assets**		**46,215**	**42,912**	**34,176**
			Non-Current Assets				
			Property, Plant and Equipment				
158,161	159,948	154,274	- Land and Buildings	20	158,161	159,948	154,274
44,287	37,055	54,409	- Plant and Equipment	20	44,287	37,055	54,409
202,448	**197,003**	**208,683**	Total Property, Plant and Equipment		**202,448**	**197,003**	**208,683**
559	652	652	Receivables	18	559	652	652
203,007	**197,655**	**209,335**	**Total Non-Current Assets**		**203,007**	**197,655**	**209,335**
249,222	**240,567**	**243,511**	**Total Assets**		**249,222**	**240,567**	**243,511**
			LIABILITIES				
			Current Liabilities				
34,494	28,412	26,913	Payables	23	34,494	28,412	26,913
119	-	-	Borrowings	24	119	-	-
108,708	108,841	100,065	Provisions	25	108,708	108,841	100,065
2	1,247	1,247	Other	26	2	1,247	1,247
143,323	**138,500**	**128,225**	**Total Current Liabilities**		**143,323**	**138,500**	**128,225**
			Non-Current Liabilities				
2,422	1,997	1,997	Provisions	25	2,422	1,997	1,997
2,422	**1,997**	**1,997**	**Total Non-Current Liabilities**		**2,422**	**1,997**	**1,997**
145,745	**140,497**	**130,222**	**Total Liabilities**		**145,745**	**140,497**	**130,222**
103,477	**100,070**	**113,289**	**Net Assets**		**103,477**	**100,070**	**113,289**
			EQUITY				
8,099	-	-	Revaluation Reserve	27	8,099	-	-
95,378	100,070	113,289	Accumulated Funds	27	95,378	100,070	113,289
-	-	-	Amounts recognised in equity relating to assets held for sale		-	-	-
103,477	**100,070**	**113,289**	**Total Equity**		**103,477**	**100,070**	**113,289**

The accompanying notes form part of these Financial Statements.

Cash Flow Statement for the year ended 30 June 2008

PARENT				Notes	CONSOLIDATION		
Actual 2008 $000	Budget 2008 $000	Actual 2007 $000			Actual 2008 $000	Budget 2008 $000	Actual 2007 $000
			CASH FLOWS FROM OPERATING ACTIVITIES				
			Payments				
-	-	-	Employee Related		(323,399)	(303,572)	(279,694)
(642)	(414)	(621)	Grants and Subsidies		(642)	(414)	(621)
-	-	(2)	Finance Costs		-	-	(2)
(472,700)	(450,069)	(406,597)	Other		(149,301)	(146,497)	(126,903)
(473,342)	**(450,483)**	**(407,220)**	**Total Payments**		**(473,342)**	**(450,483)**	**(407,220)**
			Receipts				
132,009	126,115	102,022	Sale of Goods and Services		132,009	126,115	102,022
645	1,041	897	Grants and Contributions		645	1,041	897
1,638	935	1,208	Interest Received		1,638	935	1,208
15,757	7,554	13,526	Other		15,757	7,554	13,526
150,049	**135,645**	**117,653**	**Total Receipts**		**150,049**	**135,645**	**117,653**
			Cash Flows From Government				
343,733	343,733	308,153	NSW Department of Health Recurrent Allocations		343,733	343,733	308,153
12,489	16,911	19,782	NSW Department of Health Capital Allocations		12,489	16,911	19,782
-	-	-	Asset Sale Proceeds transferred to the NSW Department of Health		-	-	-
(14,363)	(14,219)	(13,183)	Cash Reimbursements from the Crown Entity		(14,363)	(14,219)	(13,183)
341,859	**346,425**	**314,752**	**Net Cash Flows from Government**		**341,859**	**346,425**	**314,752**
18,566	**31,587**	**25,185**	**NET CASH FLOWS FROM OPERATING ACTIVITIES**	30	**18,566**	**31,587**	**25,185**
			CASH FLOWS FROM INVESTING ACTIVITIES				
1,456	-	415	Proceeds from Sale of Land and Buildings, Plant and Equipment		1,456	-	415
-	-	1,930	Proceeds from Sale of Investments		-	-	1,930
(8,406)	(12,537)	(14,623)	Purchases of Land and Buildings, Plant and Equipment		(8,406)	(12,537)	(14,623)
-	-	(1,930)	Purchases of Investments		-	-	(1,930)
(6,950)	**(12,537)**	**(14,208)**	**NET CASH FLOWS FROM INVESTING ACTIVITIES**		**(6,950)**	**(12,537)**	**(14,208)**
			CASH FLOWS FROM FINANCING ACTIVITIES				
-	-	-	Proceeds from Borrowings and Advances		-	-	-
-	-	-	Repayment of Borrowings and Advances		-	-	-
-	**-**	**-**	**NET CASH FLOWS FROM FINANCING ACTIVITIES**		**-**	**-**	**-**
11,616	**19,050**	**10,977**	**NET INCREASE/(DECREASE) IN CASH**		**11,616**	**19,050**	**10,977**
14,487	4,167	3,510	Opening Cash and Cash Equivalents		14,487	4,167	3,510
26,103	**23,217**	**14,487**	**CLOSING CASH AND CASH EQUIVALENTS**	17	**26,103**	**23,217**	**14,487**

The accompanying notes form part of these Financial Statements.

SERVICE'S EXPENSES AND REVENUES	Program 1.1*		Program 2.1*		Program 3.1*		Program 6.1*		Total	
	2008 $000	2007 $000	2008 $000	2007 $000	2008 $000	2007 $000	2008 $000	2007 $000	2008 $000	2007 $000
Expenses excluding losses										
Operating Expenses										
Employee Related	624	78	349,324	306,135	1,027	891	5,634	4,729	356,609	311,833
Other Operating Expenses	49	1	142,099	122,262	330	157	1,734	1,879	144,212	124,299
Depreciation and Amortisation	-	-	21,924	15,067	6	6	193	167	22,123	15,240
Grants and Subsidies	-	-	588	569	-	-	-	-	588	569
Finance Cost	-	-	-	2	-	-	-	-	-	2
Total Expenses excluding losses	673	79	513,935	444,035	1,363	1,054	7,561	6,775	523,532	451,943
Revenue										
Sale of Goods and Services	-	-	147,087	117,632	-	-	-	-	147,087	117,632
Investment Income	-	-	1,592	1,162	-	-	46	46	1,638	1,208
Grants and Contributions	-	-	645	1,192	-	-	-	34	645	1,226
Other Revenue	-	-	8,228	7,870	-	-	1	8	8,229	7,878
Total Revenue	-	-	157,552	127,856	-	-	47	88	157,599	127,944
Gain / (Loss) on Disposal	-	-	(621)	440	-	-	(1)	(31)	(622)	409
Other Gains / (Losses)	-	-	(17,356)	(12,777)	-	-		-	(17,356)	(12,777)
Net Cost of Services	(673)	(79)	(374,360)	(328,516)	(1,363)	(1,054)	(7,515)	(6,718)	(383,911)	(336,367)
Government Contributions									(366,000)	(337,631)
RESULT FOR THE YEAR									(17,911)	1,264

* The name and purpose of each program is summarised in Note 16.
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 2008

1. The Ambulance Service of NSW (Ambulance) Reporting Entity

The Ambulance Service of NSW (Ambulance) was established under the provisions of the Health Services Act with effect from 1 January 2005.

The Ambulance (consolidated entity), as a reporting entity, comprises all the operating activities of the Ambulance facilities and Workshops under its control. 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. Ambulance is a not-for-profit entity.

With effect from 17 March 2006 fundamental changes to the employment arrangements of Health Services were made through amendment to the Public Sector Employment and Management Act 2002 and other Acts including the Health Services Act 1997. The status of the previous employees of Health Services changed from that date. They are now employees of the Government of New South Wales in the service of the Crown rather than employees of the Health Service. Employees of the Government are employed in Divisions of the Government Service.

In accordance with Accounting Standards these Divisions are regarded as special purpose entities that must be consolidated with the financial report of the related Health Service. This is because the Divisions were established to provide personnel services to enable a Health Service to exercise its functions.

As a consequence the values in the annual financial statements presented herein consist of Ambulance (as the parent entity), the financial report of the special purpose entity Division and the consolidated financial report of the economic entity. Notes have been extended to capture both the parent and consolidated values with notes 3, 4, 11, 24, 26 and 30 being especially relevant.

In the process of preparing the consolidated financial statements for the economic entity consisting of the controlling and controlled entities, all inter-entity transactions and balances have been eliminated.

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

These financial statements have been authorised for issue by the Chief Executive on 12 March 2009.

The financial statements are presented in unaudited form as audit only needs to be performed at a consolidated Health Administration Corporation level.

2. Summary of Significant Accounting Policies

Ambulance's financial statements are a general purpose financial report which has been prepared in accordance with applicable Australian Accounting Standards (which include Australian equivalents to International Financial Reporting Standards (AEIFRS)), the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

Property, plant and equipment, investment property, assets held for trading and available for sale are measured at fair value. Other financial statement items 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.

The consolidated entity has a deficiency of working capital of $97,108 (2007 $94,049). Notwithstanding this deficiency the financial report has been prepared on a going concern basis because the entity has the support of the New South Wales Department of Health

Judgements, key assumptions and estimations made by management are disclosed in the relevant notes to the financial statements.

Comparative figures are, where appropriate, reclassified to give a meaningful comparison with the current year.

No new or revised accounting standards or interpretations are adopted earlier than their prescribed date of application. Following are changes to be effected, their date of application and the possible impact on the financial report of Ambulance.

Standards/Interpretations	Operative Date	Comment
AASB3, AASB127 & AASB2008-3, Business Combinations	1 July 2009	The changes address business combinations and the Australian Accounting Standards Board has indicated that it is yet to consider its suitability for combinations among not-for-profit entities.
AASB8 & AASB2007-3, Operating Segments	1 July 2009	The changes do not apply to not-for-profit entities and have no application within NSW Health.
AASB101 & AASB2007-8, Presentation of Financial Statements	1 July 2009	Health agencies are currently required to present a statement of recognised income and expense and no variation is expected.
AASB123 & AASB2007-6, Borrowing Costs	1 July 2009	Borrowing costs that are directly attributable to the acquisition, construction or production of a qualifying asset form part of the cost of that asset. As Health Service borrowings are restricted to the Sustainable Energy Development Authority negligible impact is expected.
AASB1004, Contributions	1 July 2008	The requirements on contributions from AASB27, 29 and 31 have been relocated, substantially unamended in AASB4.
AASB1049, Whole of Government and General Government Sector Financial Reporting Statistics	1 July 2008	The standard aims to provide the harmonisation of Government Finance and Generally Accepted Accounting Principles (GAAP) reporting. The impact of changes will be considered in conjunction with the reporting requirements of the Financial Reporting Code for Budget Dependent General Government Sector Agencies.
AASB1050 regarding administered items	1 July 2008	The requirements of AAS29 have been relocated, substantially unamended and are not expected to have material effect on Health entities.
AASB1051 regarding land under roads	1 July 2008	The standard will require the disclosure of "accounting policy for land under roads". It is expected that all such assets will need to be recognised "at fair value". The standard will have negligible impact on Health entities.
AASB1052 regarding disaggregated disclosures	1 July 2008	The standard requires disclosure of financial information about Service costs and achievements. Like other standards not yet effective the requirements have been relocated from AAS29 largely unamended.
AASB2007-9 regarding amendments arising from the review of AAS27, AAS29 and AAS31	1 July 2008	The changes made are aimed at removing the uncertainties that previously existed over cross references to other Australian Accounting Standards and the override provisions in AAS29.
AAS2008-1, Share Based Payments	1 July 2009	The standard will not have application to health entities under the control of the NSW Department of Health.
AASB2008-2 regarding puttable financial instruments	1 July 2009	The standard introduces an exception to the definition of financial liability to classify as equity instruments certain puttable financial instruments and certain instruments that impose on an entity an obligation to deliver to another party a pro-rata share of the net assets of the entity only on liquidation. Nil impact is anticipated.

Other significant accounting policies used in the preparation of these financial statements are as follows:

a) Employee Benefits and Other Provisions

i) Salaries & Wages, Current Annual Leave, Sick Leave and On Costs (including non-monetary benefits)

At the consolidated level of reporting liabilities for salaries and wages (including non monetary benefits), annual leave and paid sick leave that fall wholly within 12 months of the reporting date are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

All Annual Leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then further classified as "Short Term" or "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next twelve months are reported as "Short Term". On costs of 17% are applied to the value of the leave payable at 30 June 2008, such on costs being consistent with actuarial assessment (Comparable on costs for 30 June 2007 were 21.7% which in addition to the 17% increase also included the impact of awards immediately payable at 30 June 2007).

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 Benefits

At the consolidated level of reporting Long Service Leave employee leave entitlements are dissected as "Current" if there is an unconditional right to payment and "Non Current" if the entitlements are conditional. Current entitlements are further dissected between "Short Term" and "Long Term" on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

Long Service Leave provisions are measured on a short hand basis at an escalated rate of 8.1% (also 8.1% at 30 June 2007) 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.

Ambulance's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) 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". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 23, "Payables".

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 agency has a present legal or constructive obligation as a result of a past event; it is probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation.

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) Finance Costs

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

d) Income Recognition

Income is measured at the fair value of the consideration or contribution received or receivable. 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 the service is provided or by reference to the stage of completion.

Patient Fees
Patient Fees are derived from inter-hospital transports, chargeable patients and patients 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 using the effective interest method as set out in AASB139, "Financial Instruments: Recognition and Measurement". Rental revenue is recognised in accordance with AASB117 "Leases" on a straight line basis over the lease term. Dividend revenue is recognised in accordance with AASB118 when Ambulance's right to receive payment is established.

Debt Forgiveness
Debts are accounted for as extinguished when and only when settlement occurs through repayment or replacement by another liability.

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 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, patient flows between Health Services and approved enhancement projects. This allocation is included in the Operating Statement before arriving at the "Result for the Year" on the basis that the allocation is earned in return for the health services provided on behalf of the Department. Allocations are normally recognised upon the receipt of Cash.

e) Goods & Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except:

* the amount of GST incurred by Ambulance 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) Acquisition of Assets

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by Ambulance. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the specific requirements of other Australian Accounting Standards.

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 knowledgeable, willing parties in an arm's length transaction.

Where settlement of any part of cash consideration is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted at an asset-specific rate.

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.

g) Plant & Equipment

Individual items of property, plant & equipment are capitalised where their cost is $10,000 or above.

h) 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. Land is not a depreciable asset.

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

Buildings	2.5%
Electro Medical Equipment	
> Costing less than $200,000	10.0%
> Costing more than or equal to $200,000	12.5%
Computer Equipment	20.0%
Motor Vehicle Sedans	12.5%
Ambulance Vehicles	11.75%
Trucks and Vans	20.0%
Office Equipment	10.0%
Plant and Machinery	10.0%
Linen	25.0%
Furniture, Fittings and Furnishings	5.0%

Depreciation rates are subsequently varied where changes occur in the assessment of the remaining useful life of the assets reported.

i) Revaluation of Non-Current Assets

Physical non-current assets are valued in accordance with the NSW Health Department's "Valuation of Physical Non-Current Assets at Fair Value". This policy adopts fair value in accordance with AASB116, "Property, Plant & Equipment" and AASB140, "Investment Property". Investment property is separately discussed at Note 2(n).

Property, plant and equipment is measured on an existing use basis, where there are no feasible alternative uses in the existing natural, legal, financial and socio-political environment. However, in the limited circumstances where there are feasible alternative uses, assets are valued at their highest and best use.

Fair value of property, plant and equipment is determined based on the best available market evidence, including current market selling prices for the same or similar assets. Where there is no available market evidence the asset's fair value is measured at its market buying price, the best indicator of which is depreciated replacement cost.

Ambulance revalues Land and Buildings and Infrastructure at minimum every three years by independent valuation and with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date. The last revaluation for assets assumed by Ambulance as at 31 May 2006 was completed on 31 May 2006 and was based on an independent assessment. Carrying values of Land and Buildings have been adjusted according to indices provided by the Department of Lands.

Non-specialised 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 are separately restated.

For other assets, 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, the increment is recognised immediately as revenue in the Result for the Year.

Revaluation decrements are recognised immediately as expenses in the Result for the Year, 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.

As a not-for-profit entity, 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.

j) Impairment of Property, Plant and Equipment
As a not-for-profit entity with no cash generating units, Ambulance is effectively exempt from AASB 136 Impairment of Assets and impairment testing. This is because AASB136 modifies the recoverable amount test to the higher of fair value less costs to sell and depreciated replacement cost. This means that, for an asset already measured at fair value, impairment can only arise if selling costs are regarded as material. Selling costs are regarded as immaterial.

k) Assets Not Able to be Reliably Measured
Ambulance holds certain assets that have not been recognised in the Balance Sheet because Ambulance is unable to measure reliably the value for the assets. These assets are internally generated software applications which have no commercial application and are of use to Ambulance only.

l) Restoration Costs
The estimated cost of dismantling and removing an asset and restoring the site is included in the cost of an asset, to the extent it is recognised as a liability.

m) Non-Current Assets (or disposal groups) Held for Sale
Ambulance has certain non-current assets (or disposal groups) classified as held for sale, where their carrying amount will be recovered principally through a sale transaction, not through continuing use. Non-current assets (or disposal groups) held for sale are recognised at the lower of carrying amount and fair value less costs to sell. These assets are not depreciated while they are classified as held for sale.

n) Investment Properties
Investment property is held to earn rentals or for capital appreciation, or both. However, for not-for-profit entities, property held to meet service delivery objectives rather than to earn rental or for capital appreciation does not meet the definition of investment property and is accounted for under AASB 116 Property, Plant and Equipment. Ambulance does not have any property that meets the definition of Investment Property.

o) Maintenance
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.

p) 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 commencement of the lease term. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense.

Ambulance is currently not authorised to enter into Finance Leases and must seek approval from the Treasurer of NSW under the provisions of the Public Authorities (Financial Arrangements) Act 1987 before entering into this type of financing arrangement.

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

q) Inventories
Inventories are stated at cost. 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.

r) Loans and Receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. These financial assets are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Any changes are accounted for in the operating statement when impaired, derecognised or through the amortisation process.

Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

s) Investments
Investments are initially recognised at fair value plus, in the case of investments not at fair value through profit or loss, transaction costs. Ambulance determines the classification of its financial assets after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

* Fair value through profit or loss - Ambulance subsequently measures investments classified as "held for trading" or designated upon initial recognition "at fair value through profit or loss" at fair value. Financial assets are classified as "held for trading" if they are acquired for the purpose of selling in the near term. Derivatives are also classified as held for trading. Gains or losses on these assets are recognised in the operating statement.

Any Hour-Glass Investment facilities are designated at fair value through profit or loss using the second leg of the fair value option i.e. these financial assets are managed and their performance is evaluated on a fair value basis, in accordance with a documented risk management strategy, and information about these assets is provided internally on that basis to the agency's key management personnel. At this time Ambulance does not have any Hour-Glass Investment facilities.

The risk management strategy of Ambulance has been developed consistent with the investment powers granted under the provision of the Public Authorities (Financial Arrangements) Act. T Corp investments (if any) are made in an effort to improve interest returns on cash balances otherwise available whilst also providing secure investments guaranteed by the State market exposures. Risk factors for Ambulance are strictly limited because surplus funds are currently invested in an 11AM ("overnight") account or in fixed term deposits. Any fixed term deposits are always held to maturity. Ambulance has no overdraft facility on its operating account so any overdraft would normally be a "cash book" overdraft only.

The movement in the fair value of the Hour-Glass Investment facilities (if any) incorporates distributions received as well as unrealised movements in fair value and is reported in the line item 'investment revenue'.

* Held to maturity investments - Non-derivative financial assets with fixed or determinable payments and fixed maturity that Ambulance has the positive intention and ability to hold to maturity are classified as "held to maturity". These investments are measured at amortised cost using the effective interest method. Changes are recognised in the operating statement when impaired, derecognised or though the amortisation process.

* Available for sale investments - Any residual investments that do not fall into any other category are accounted for as available for sale investments and measured at fair value directly in equity until disposed or impaired, at which time the cumulative gain or loss previously recognised in equity is recognised in the operating statement. However, interest calculated using the effective interest method and dividends are recognised in the operating statement.

Purchases or sales of investments under contract that require delivery of the asset within the timeframe established by convention or regulation are recognised on the trade date; ie. the date Ambulance commits to purchase or sell the asset.

The fair value of investments that are traded at fair value in an active market is determined by reference to quoted current bid prices at the close of business on the balance sheet date.

t) Impairment of financial assets
All financial assets, except those measured at fair value through profit and loss, are subject to an annual review for impairment. An allowance for impairment is established when there is objective evidence that the entity will not be able to collect all amounts due.

For financial assets carried at amortised cost, the amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the impairment loss is recognised in the operating statement.

When an available for sale financial asset is impaired, the amount of the cumulative loss is removed from equity and recognised in the operating statement, based on the difference between the acquisition cost (net of any principal repayment and amortisation) and current fair value, less any impairment loss previously recognised in the operating statement.

Any reversals of impairment losses are reversed through the operating statement, where there is objective evidence, except reversals of impairment losses on an investment in an equity instrument classified as "available for sale" must be made through the reserve. Reversals of impairment losses of financial assets carried at amortised cost cannot result in a carrying amount that exceeds what the carrying amount would have been had there not been an impairment loss.

u) De-recognition of financial assets and financial liabilities
A financial asset is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the agency transfers the financial asset:

* where substantially all the risks and rewards have been transferred; or
* where Ambulance has not transferred substantially all the risks and rewards, if the entity has not retained control.

Where Ambulance has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Ambulance's continuing involvement in the asset.

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelled or expires.

v) Payables
These amounts represent liabilities for goods and services provided to Ambulance and other amounts. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to Ambulance.

w) Borrowings
Loans are not held for trading or designated at fair value through profit or loss and are recognised at amortised cost using the effective interest rate method. Gains or losses are recognised in the operating statement on derecognition.

The finance lease liability is determined in accordance with AASB 117 Leases.

x) Equity Transfers
The transfer of net assets between agencies as a result of an administrative restructure, transfers of programs/functions and parts thereof between NSW public sector agencies is designated as a contribution by owners and is recognised as an adjustment to "Accumulated Funds".

Transfers arising from an administrative restructure between Health Services/ Government Departments are recognised at the amount at which the asset was recognised by the transferor Health Service/Government Department immediately prior to the restructure. In most instances this will approximate fair value. All other equity transfers are recognised at fair value.

The Statement of Recognised Income and Expense does not reflect the Net Assets or change in equity in accordance with AASB 101 Clause 97.

y) Trust Funds
Ambulance receives monies in a trustee capacity for various trusts as set out in Note 35. As Ambulance performs only a custodial role in respect of these monies, and because the monies cannot be used for the achievement of the Health Service's own objectives, they are not brought to account in the financial statements.

z) Budgeted Amounts
The budgeted amounts are drawn from the budgets agreed with the NSW Health Department at the beginning of the financial reporting period and with any adjustments for the effects of additional supplementation provided.

aa) Emerging Asset
If Ambulance had any emerging interests in particular projects they would valued in accordance with the Department of Health's policy for Accounting for Privately Financed Projects. This policy would require Ambulance to initially determine the estimated written down replacement cost by reference to the project's historical cost escalated by a construction index and the system's estimated working life. The estimated written down replacement cost would then be allocated on a systematic basis over the concession period of the appropriate number of years using the annuity method and the Government Bond rate at commencement of the concession period. Ambulance does not at this time have any emerging interests.

ab) Summary of Capital Management
With effect from 1 July 2008 project management for all capital projects over $10M will be provided by Health Infrastructure, a division of the Health Administration Corporation created with the purpose of managing and coordinating approved capital works projects within time, budget and quality standards specified by the Department. Capital charging will also be introduced (see note 44, Post Balance Date Events) and will guide Ambulance in the management of capital and subsequent budget impact when planning facility redevelopments and assessing the ongoing importance of under utilised land and buildings.

ac) Asset Decrement and Depreciation – Ambulance Modules
Approximately every three years Ambulance vehicles are replaced. At this time, the modules on the vehicle chassis are also replaced or refurbished and fitted to new vehicles for another three year cycle.

In 2007/08 the Ambulance Service continued a process to replace all the modules in the vehicles and the useful life of the modules is now a three year period. The depreciation rate for the modules currently recorded on the Assets Register has been accelerated. The depreciation rate has been adjusted to 33.33% for modules.

The three year accelerated depreciation for Ambulance modules has contributed to the decrease in book value of the assets and an increase in the depreciation motor vehicles category of assets in the 2007/08 financial year. When compared to the 2006/07 financial year.

ad) Death and Disability Scheme
On 29 February 2008, the Ambulance Service Death and Disability Award (the Award) was established. The Award provides death and disability benefits for eligible employees including:

> A partial and permanent disability benefit
> A total and permanent disability benefit
> A death benefit payable to the family or estate
> On and off duty death and disability benefit

The Award provides that eligible employees are required to contribute a percentage of salary. The funds associated with the Award are managed within the Special Purposes and Trust Fund.

PARENT Actual 2008 $000	PARENT Actual 2007 $000		CONSOLIDATION Actual 2008 $000	CONSOLIDATION Actual 2007 $000
		3. Employee Related		
		Employee related expenses comprise the following:		
-	-	Salaries and Wages	270,727	242,234
-	-	Superannuation [see note 2(a)] - defined benefit plans	9,778	9,696
-	-	Superannuation [see note 2(a)] - defined contributions	15,290	13,729
-	-	Long Service Leave [see note 2(a)]	10,194	8,032
-	-	Annual Leave [see note 2(a)]	29,903	27,619
-	-	Sick Leave and Other Leave	4	5
-	-	Redundancies	21	-
-	-	Workers' Compensation Insurance	20,350	10,388
-	-	Fringe Benefits Tax	342	130
-	**-**		**356,609**	**311,833**
		4. Personnel Services		
		Personnel Services comprise the purchase of the following:		
270,727	242,234	Salaries and Wages	-	-
9,778	9,696	Superannuation [see note 2(a)] - defined benefit plans	-	-
15,290	13,729	Superannuation [see note 2(a)] - defined contributions	-	-
10,194	8,032	Long Service Leave [see note 2(a)]	-	-
29,903	27,619	Annual Leave [see note 2(a)]	-	-
4	5	Sick Leave and Other Leave	-	-
21	-	Redundancies	-	-
20,350	10,388	Workers Compensation Insurance	-	-
342	130	Fringe Benefits Tax	-	-
356,609	**311,833**		**-**	**-**
		5. Other Operating Expenses		
6,388	4,165	Domestic Supplies and Services	6,388	4,165
1,135	1,113	Fuel, Light and Power	1,135	1,113
569	509	Food Supplies	569	509
42,183	40,299	General Expenses [Note 5(a)]	42,183	40,299
2,377	2,182	Insurance	2,377	2,182
7,853	7,042	Medical Supplies	7,853	7,042
6,965	6,665	Postal and Telephone Costs	6,965	6,665
1,136	983	Printing and Stationery	1,136	983
2,997	2,986	Rental Rates and Charges	2,997	2,986
355	388	Staff Related Costs	355	388
50,011	38,523	Aeromedical	50,011	38,523
1,259	1,161	Travel Related Costs	1,259	1,161
12,761	11,054	Repairs and Routine Maintenance	12,761	11,054
		Other		
2,009	1,387	Renovations and Additional Works	2,009	1,387
6,214	5,842	Replacements and Additional Equipment less than $10,000	6,214	5,842
144,212	**124,299**		**144,212**	**124,299**
		5(a) General Expenses include:-		
170	123	Advertising	170	123
108	161	Books, Magazines and Journals	108	161
		Consultancies		
593	871	- Operating Activities	593	871
273	249	Courier and Freight	273	249
3,081	2,699	Contractors	3,081	2,699
941	677	Debt Collection	941	677
101	119	Auditor's Remuneration - Audit of financial reports	101	119
6,350	5,518	Fuel and Oil	6,350	5,518
770	590	Interstate Transport Refunds	770	590
653	597	Legal Expenses	653	597
21,567	19,395	Motor Vehicle Operating Lease Expense - minimum lease payments	21,567	19,395
1,818	2,230	Relocation Costs	1,818	2,230
9	67	Payroll Services	9	67
143	115	Data Recording and Storage	143	115
744	679	Vehicle Registration	744	679
4,862	6,209	Miscellaneous General Expenses	4,862	6,209
42,183	**40,299**		**42,183**	**40,299**
		5(b) Reconciliation Total Maintenance		
20,984	18,283	Maintenance expense - contracted labour and other (non employee related), included in Note 5	20,984	18,283
4,355	4,182	Employee related/Personnel Services maintenance expense included in Notes 3 and 4	4,355	4,182
25,339	**22,465**	Total maintenance expenses included in Notes 3, 4 and 5	**25,339**	**22,465**

PARENT			CONSOLIDATION	
Actual 2008 $000	Actual 2007 $000		Actual 2008 $000	Actual 2007 $000

6. Depreciation and Amortisation

5,929	5,847	Depreciation - Buildings	5,929	5,847
10,010	3,823	Depreciation - Motor Vehicles	10,010	3,823
6,184	5,570	Depreciation - Plant and Equipment	6,184	5,570
22,123	**15,240**		**22,123**	**15,240**

7. Grants and Subsidies

588	569	Non Government Organisations	588	569
588	**569**		**588**	**569**

8. Finance Costs

-	2	Interest Charges	-	2
-	**2**	**Total Finance Costs**	**-**	**2**

9. Sale of Goods and Services

246	234	Fees for Medical Records	246	234
144,128	115,202	Patient Transport Fees	144,128	115,202
2,489	2,040	Use of Ambulance Facilities	2,489	2,040
224	156	Salary Packaging Fee	224	156
147,087	**117,632**		**147,087**	**117,632**

10. Investment Income

1,045	660	Interest	1,045	660
593	548	Lease and Rental Income	593	548
1,638	**1,208**		**1,638**	**1,208**

11. Grants and Contributions

645	1,226	Industry Contributions/Donations	645	1,226
9,778	9,696	Personnel Services - Superannuation Defined Benefits	-	-
10,423	**10,922**		**645**	**1,226**

12. Other Revenue
Other Revenue comprises the following:-

-	219	Bad Debts recovered	-	219
5,352	6,845	Treasury Managed Fund Hindsight Adjustment	5,352	6,845
2,877	814	Other	2,877	814
8,229	**7,878**		**8,229**	**7,878**

13. Gain/(Loss) on Disposal

18,157	12,403	Property Plant and Equipment	18,157	12,403
(16,995)	(11,944)	Less Accumulated Depreciation	(16,995)	(11,944)
1,162	**459**	**Written Down Value**	**1,162**	**459**
946	503	Less Proceeds from Disposal	946	503
(216)	**44**	**Gain/(Loss) on Disposal of Property Plant and Equipment**	**(216)**	**44**
705	272	Assets Held for Sale	705	272
299	637	Less Proceeds from Disposal	299	637
(406)	**365**	**Gain/(Loss) on Disposal of Assets Held for Sale**	**(406)**	**365**
(622)	**409**	**Total Gain/(Loss) on Disposal**	**(622)**	**409**

14. Other Gains/(Losses)

(17,356)	(12,777)	Impairment of Receivables	(17,356)	(12,777)
(17,356)	**(12,777)**		**(17,356)**	**(12,777)**

15. Conditions on Contributions	Purchase of Assets $000	Health Promotion, Education & Research $000	Other $000	Total $000
Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at balance date	8	-	9,526	9,534
Contributions recognised in amalgamated balance as at 30 June 2007 which were not expended in the current reporting period	229	189	15	433
Total amount of unexpended contributions as at balance date	237	189	9,541	9,967

Comment on restricted assets appears in Note 22
Some projects have formerly been reported under "Other". Because these projects are Education and Research based they have been reclassified.
The projects are listed hereunder:

> Cardiac Care Program
> Triple Zero "000" School Education Program
> Childrens' Novelties Project

16. Programs/Activities of the Health Service
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.

PARENT			CONSOLIDATION	
Actual 2008 $000	Actual 2007 $000		Actual 2008 $000	Actual 2007 $000

17. Current Assets - Cash and Cash Equivalents

305	411	Cash at bank and on hand	305	411
25,917	14,076	Short Term Deposits	25,917	14,076
26,222	**14,487**		**26,222**	**14,487**

Cash assets recognised in the Balance Sheet are reconciled to cash
at the end of the financial year as shown in the Cash Flow Statement as follows:

26,222	14,487	Cash and cash equivalents (per Balance Sheet)	26,222	14,487
(119)	-	Bank overdraft (Note 24)	(119)	-
26,103	**14,487**	Closing Cash and Cash Equivalents (per Cash Flow Statement)	**26,103**	**14,487**

The bank overdraft was only a cash book overdraft and not an overdraft in the bank account.

Refer to Note 34 for details regarding credit risk, liquidity risk and market risk arising from financial instruments.

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

28,744	24,963	Patient Transport Fees	28,744	24,963
1,819	2,930	Goods and Services tax	1,819	2,930
426	637	NSW Health Department (asset sale proceeds)	426	637
2,548	1,989	Other Debtors	2,548	1,989
33,537	**30,519**	**Sub Total**	**33,537**	**30,519**
(20,678)	(15,629)	Less Allowance for impairment	(20,678)	(15,629)
12,859	**14,890**	**Sub Total**	**12,859**	**14,890**
764	575	Prepayments	764	575
13,623	**15,465**		**13,623**	**15,465**

(b) Movement in the allowance for impairment
Sale of Goods and Services

15,629	11,842	Balance at 1 July	15,629	11,842
(12,307)	(8,990)	Amounts written off during the year	(12,307)	(8,990)
17,356	12,777	Increase/(decrease) in allowance recognised in profit or loss	17,356	12,777
5,049	3,787		5,049	3,787
20,678	**15,629**	Balance at 30 June	**20,678**	**15,629**

Non Current

559	652	Prepayments	559	652
559	**652**		**559**	**652**

*Details regarding credit risk, liquidity risk and market risk, including financial assets
that are either past due or impaired are disclosed in Note 34.*

19. Inventories
Current - at cost

2,175	704	Uniforms	2,175	704
702	627	Medical Supplies and Equipment	702	627
251	182	Fuel and Oil	251	182
362	285	Motor Vehicle Parts and Other	362	285
3,490	**1,798**		**3,490**	**1,798**

20. Property, Plant and Equipment
Land and Buildings

303,219	283,638	At Fair Value	303,219	283,638
(145,058)	(129,364)	Less Accumulated depreciation and impairment	(145,058)	(129,364)
158,161	**154,274**	Net Carrying Amount	**158,161**	**154,274**

Plant and Equipment

52,672	56,205	At Fair Value	52,672	56,205
(32,137)	(30,547)	Less Accumulated depreciation and impairment	(32,137)	(30,547)
20,535	**25,658**	Net Carrying Amount	**20,535**	**25,658**

Vehicles

43,330	41,655	At Fair Value	43,330	41,655
(22,571)	(21,258)	Less Accumulated depreciation and impairment	(22,571)	(21,258)
20,759	**20,397**	Net Carrying Amount	**20,759**	**20,397**

Capital Works in Progress

2,993	8,354		2,993	8,354
2,993	**8,354**	Net Carrying Amount	**2,993**	**8,354**

Total Property, Plant and Equipment

202,448	**208,683**	**At Net Carrying Amount**	**202,448**	**208,683**

20. Property, Plant and Equipment - Reconciliations (Parent and Consolidation)

2008	Land $000	Buildings $000	Work in Progress $000	Plant and Equipment $000	Vehicles $000	Total $000
Carrying amount at start of year	60,143	94,131	8,354	25,658	20,397	208,683
Additions			10,112			10,112
Recognition of Assets Held for Sale	(533)	(628)		-	-	(1,161)
Disposals	-	(3,703)	-	(4,674)	(9,780)	(18,157)
Net revaluation increment less revaluation decrements recognised in reserves	(1,192)	9,291	-	-	-	8,099
Impairment losses (recognised in "other gains/losses")	-	-	-	-	-	-
Adjustment of depreciation concerning disposals	-	3,703	-	4,595	8,697	16,995
Depreciation expense	-	(5,929)	-	(6,184)	(10,010)	(22,123)
Reclassifications	(23)	2,901	(15,473)	1,140	11,455	-
Carrying amount at end of year	58,395	99,766	2,993	20,535	20,759	202,448

2007	Land $000	Buildings $000	Work in Progress $000	Plant and Equipment $000	Vehicles $000	Total $000
Carrying amount at start of year	60,072	98,169	4,297	25,497	22,281	210,316
Additions			15,147			15,147
Recognition of Assets Held for Sale	(524)	(558)		-	-	(1,082)
Disposals	(420)	(790)	-	(5,897)	(5,296)	(12,403)
Net revaluation increment less revaluation decrements recognised in reserves	-	-	-	-	-	-
Impairment losses (recognised in "other gains/losses")	-	-	-	-	-	-
Adjustment of depreciation concerning disposals	-	1,147	-	5,835	4,963	11,945
Depreciation expense	-	(5,847)	-	(5,570)	(3,823)	(15,240)
Reclassifications	1,015	2,010	(11,090)	5,793	2,272	0
Carrying amount at end of year	60,143	94,131	8,354	25,658	20,397	208,683

(i)   Land and Buildings include land owned by the Health Administration Corporation and administered by Ambulance [see note 2(f)].

| PARENT | | | CONSOLIDATION | |
Actual 2008 $000	Actual 2007 $000		Actual 2008 $000	Actual 2007 $000
		21. Non Current Assets held for sale		
		Assets held for sale		
2,880	2,426	Land and Buildings	2,880	2,426
2,880	**2,426**		**2,880**	**2,426**
		Liabilities associated with assets held for sale		
		(Specify major categories)		
-	-		-	-
		Amounts recognised in equity relating to assets held for sale		
		Property, plant and equipment asset revaluation increments/decrements		
		Available for sale financial asset revaluation increments/decrements		
		Other		
-	-		-	-

Ambulance currently has fourteen buildings and seventeen lots of land available for sale. Three of the lots of land will be subdivided for part sale.

| PARENT | | | CONSOLIDATION | |
Actual 2008 $000	Actual 2007 $000		Actual 2008 $000	Actual 2007 $000
		22. Restricted Assets		
9,967	2,240	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.	9,967	2,240
9,967	**2,240**		**9,967**	**2,240**

PARENT		Category	Brief Details of Externally Imposed Conditions including Asset Category affected	CONSOLIDATION	
205	252	Activities	- Funds to be spent as specified by donors	205	252
237	244	Equipment	- Funds to be spent as specified by donors	237	244
9,525	1,744	Other	- Funds to be spent as determined by Ambulance	9,525	1,744
9,967	**2,240**			**9,967**	**2,240**

| PARENT | | | CONSOLIDATION | |
Actual 2008 $000	Actual 2007 $000		Actual 2008 $000	Actual 2007 $000
		23. Payables		
		Current		
-	-	Accrued Salaries and Wages	6,132	4,099
-	-	Payroll Deductions	4,767	4,984
10,899	9,083	Accrued Liability - Purchase of Personnel Services	-	-
19,526	15,640	Trade Creditors	19,526	15,640
		Other Creditors		
2,826	1,119	- Capital Works	2,826	1,119
1,243	1,071	- Intra Health Liability	1,243	1,071
34,494	**26,913**		**34,494**	**26,913**
		24. Current/Non-Current Borrowings		
		Current		
119	-	Bank Overdraft	119	-
119	**-**		**119**	**-**

The bank overdraft was only a cash book overdraft and not an overdraft in the bank account.

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 34.

PARENT			CONSOLIDATION	
Actual 2008 $000	**Actual 2007 $000**		**Actual 2008 $000**	**Actual 2007 $000**

25. Provisions
Current Employee benefits and related on-costs

PARENT Actual 2008 $000	PARENT Actual 2007 $000		CONSOL Actual 2008 $000	CONSOL Actual 2007 $000
-	-	Employee Annual Leave - Short Term Benefit	28,724	23,437
-	-	Employee Annual Leave - Long Term Benefit	19,212	20,339
-	-	Employee Long Service Leave - Short Term Benefit	7,142	6,053
-	-	Employee Long Service Leave - Long Term Benefit	53,630	50,236
-	-	Sick Leave	-	-
108,708	100,065	Provision for Personnel Services Liability	-	-
108,708	**100,065**	**Total Current Provisions**	**108,708**	**100,065**
		Non-Current Employee benefits and related on-costs		
-	-	Employee Long Service Leave - Conditional	2,372	1,951
-	-	Sick Leave	50	46
2,422	1,997	Provision for Personnel Services Liability	-	-
2,422	**1,997**	**Total Non-Current Provisions**	**2,422**	**1,997**
		Aggregate Employee Benefits and Related On-costs		
-	-	Provisions - current	108,708	100,065
-	-	Provisions - non-current	2,422	1,997
111,130	102,062	Provision for Personnel Services Liability	-	-
-	-	Accrued Salaries and Wages and on costs (Note 23)	10,899	9,083
10,899	9,083	Accrued Liability - Purchase of Personnel Services (Note 23)	-	-
122,029	**111,145**		**122,029**	**111,145**
		26. Other Liabilities **Current**		
2	1,247	Income in Advance	2	1,247
2	**1,247**		**2**	**1,247**

27. Equity (Parent and Consolidation)

	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2007 $000	**2006 $000**	**2007 $000**	**2006 $000**	**2007 $000**	**2006 $000**
Balance at the beginning of the financial reporting period	**113,289**	**112,025**	**-**	**-**	**113,289**	**112,025**
Correction of errors	-	-	-	-	-	-
Restated Opening Balance	113,289	112,025	-	-	113,289	112,025
Changes in equity - transactions with owners as owners						
Increase/(Decrease) in Net Assets from Administrative Restructure	-	-	-	-	-	-
Total	113,289	112,025	-	-	113,289	112,025
Changes in equity - other than transactions with owners as owners						
Result for the year	(17,911)	1,264	-	-	(17,911)	1,264
Corrections of Errors	-	-	-	-	-	-
Increment/(Decrement) on Revaluation of Land and Buildings	-	-	8,099	-	8,099	-
Increment/(Decrement) on revaluation of available for sale financial assets	-	-	-	-	-	-
Transfer to Result for Year on disposal of available for sale financial assets	-	-	-	-	-	-
Total	(17,911)	1,264	8,099	-	(9,812)	1,264
Transfers within equity						
Asset revaluation reserve balances transferred to accumulated funds on disposal of asset	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**
Balance at the end of the financial reporting period	95,378	113,289	8,099	-	103,477	113,289

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

PARENT				CONSOLIDATION	
Actual 2008 $000	**Actual 2007 $000**			**Actual 2008 $000**	**Actual 2007 $000**
		28. Commitments for Expenditure **(a) Capital Commitments** Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:			
349	834	Not later than one year		349	834
349	**834**	**Total Capital Expenditure Commitments (including GST)**		**349**	**834**
		Of the commitments reported at 30 June 2008 it is expected that $1.198M 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:			
893	2,080	Not later than one year		893	2,080
893	**2,080**	**Total Other Expenditure Commitments (including GST)**		**893**	**2,080**
		(c) Operating Lease Commitments Commitments in relation to non-cancellable operating leases are payable as follows:			
27,149	23,520	Not later than one year		27,149	23,520
60,040	50,651	Later than one year and not later than five years		60,040	50,651
1,383	241	Later than five years		1,383	241
88,572	**74,412**	**Total Operating Lease Commitments (including GST)**		**88,572**	**74,412**
		(d) Other Expenditure Commitments Contractual obligation for ambulance transports not recognised as a liability:			
15,112	9,987	Within one year		15,112	9,987
84,039	78,142	Later than one year but not later than five years		84,039	78,142
19,259	40,269	Later than five years		19,259	40,269
118,410	**128,398**			**118,410**	**128,398**

Other expenditure commitments relate to the minimum expected expenditure for contracts relating to the provision of ambulance transports.

(e) Contingent Asset related to Commitments for Expenditure
The total of "Commitments for Expenditure" above, i.e. $208.224M as at 30 June 2008 includes input tax credits of $18.929M that are expected to be recoverable from the Australian Taxation Office.

29. Contingent Liabilities

a) Claims on Managed Fund

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 implications. 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

Treasury Managed Fund normally calculates hindsight premiums each year. However, in regard to workers' compensation the final hindsight adjustment for the 2001/02 fund year and an interim adjustment for the 2003/04 fund year were not calculated until 2007/08. As a result, the 2002/03 final and 2004/05 interim hindsight calculations will be paid in 2008/09.

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.

d) Major Award Case – Ambulance Officers and Superintendents

The Health Services Union has lodged a work value claim for all staff covered under the Ambulance Officers and Superintendents awards and negotiations continue.

PARENT				CONSOLIDATION	
Actual 2008 $000	**Actual 2007 $000**			**Actual 2008 $000**	**Actual 2007 $000**

30. Reconciliation Of Net Cash Flows from Operating Activities To Net Cost Of Services

Parent 2008	Parent 2007		Consol 2008	Consol 2007
18,566	25,185	Net Cash Flows from Operating Activities	18,566	25,185
		Adjustment for Items not involving Cash and Government Payments		
(22,123)	(15,240)	Depreciation	(22,123)	(15,240)
(17,356)	(12,777)	Provision for Bad and Doubtful Debts	(17,356)	(12,777)
-	-	Acceptance by the Crown Entity of Employee Superannuation Benefits	(9,778)	(9,696)
1,689	(83)	Increase/(Decrease) in Inventories	1,689	(83)
16,089	16,205	Increase/(Decrease) in Receivables	16,089	16,205
(455)	944	Increase/(Decrease) in Prepayments	(455)	944
(4,631)	(4,451)	(Increase)/Decrease in Creditors	(4,631)	(4,451)
(343,733)	(308,153)	(NSW Health Department Recurrent Allocations)	(343,733)	(308,153)
(12,489)	(19,782)	(NSW Health Department Capital Allocations)	(12,489)	(19,782)
-	-	Asset Sale proceeds transferred to NSW DoH	-	-
(9,068)	(9,258)	Provision for Employee Entitlements	(9,068)	(9,258)
(622)	409	Net Gain/(Loss) on Disposal of Non-Current Assets	(622)	409
-	330	Industry contribution in kind	-	330
(374,133)	**(326,671)**	**Net Cost of Services**	**(383,911)**	**(336,367)**

31. 2007/08 Voluntary Services
It is considered impracticable to quantify the monetary value of voluntary services provided to Ambulance.

32. Unclaimed Moneys
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.

33. Budget Review - Parent and Consolidated
Net Cost of Services
Net Cost of Services returned a favourable result of $0.14K to budget. This result included a favourable revenue variance to budget offsetting an unfavourable variance to budget in expenses. This favourability was less than 1 % of total budget.

Assets and Liabilities
Current Assets – favourable to budget by $3.3m due to the cash received for the 2005/06 Treasury Managed Fund hindsight adjustment and the impact of the second year of the fees increase as the result of the IPART review (2005/06) recommendations.

Non Current Assets – the value of Land and Building Assets was increased by a revaluation. This was offset by a reduction in the value of Plant and Equipment Assets particularly in the Motor Vehicle classification.

Current Liabilities – increase in trade creditors due an increase in the size of the organisation and the level of activity. These was also an increase in the salaries and wages and the value of the leave provisions.

Cash Flows
Closing cash and cash equivalents $10.3m higher due to favourability in Operating Activities reflected in receipts and favourability in investing activities resulting from delays in commencing a number of capital works projects.

Movements in the level of the NSW Health Department Recurrent Allocation that have occurred since the time of the initial allocation on 30 June 2007 are as follows:

	$000
Initial Allocation, 30 June 2007	316,323
Net Movement made up by:	
APEC	292
Awards	7,951
CHC Heli Cabin config ECMO	100
Clinical Redesign Program	286
Correct Revenue	104
Death & Disability - Employee Contribution	12,040
Emergotrain	80
Helicopter	4,966
IPART Year 2	(2,500)
Managed Fund Insurance	(1,690)
Mental Health	127
Other	9
Risk Shared Procurement Savings	457
RMR Recurrent from IPART	2,500
Satellite Navigation Units	1,200
Special Projects Cash Flow	(17)
Superannuation	505
Wollongong Helicopter	1,000
Balance as per Operating Statement	343,733

34. Financial Instruments

Ambulance's principal financial instruments are outlined below. These financial instruments arise directly from Ambulance's operations or are required to finance its operations. Ambulance does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

Ambulance's main risks arising from financial instruments are outlined below, together with Ambulance's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout this financial report.

The Chief Executive has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risk faced by the Health Service, to set risk limits and controls and monitor risks. Compliance with policies is reviewed by the Audit Committee/Internal auditors on a continous basis.

a)   Financial Instrument Categories
PARENT

		Total carrying amounts as per the Balance Sheet	
		2008	2007
Financial Assets		$000	$000
Class:	Category		
Cash and Cash Equivalents (Note 17)		26,103	14,487
Receivables at Amortised Cost (Note 18) 1		31,718	27,589
Total Financial Assets		57,821	42,076
Financial Liabilities			
Payables (Note 23) 2		34,494	26,913
Total Financial Liabilities		34,494	26,913

Notes
Excludes statutory receivables and prepayments (ie not within scope of AASB 7)
Excludes unearned revenue (ie not within scope of AASB 7)

CONSOLIDATION

		Total carrying amounts as per the Balance Sheet	
		2008	2007
Financial Assets		$000	$000
Class:	Category		
Cash and Cash Equivalents (Note 17)		26,103	14,487
Receivables at Amortised Cost (Note 18) 1		31,718	27,589
Total Financial Assets		57,821	42,076
Financial Liabilities			
Payables (Note 29) 2		34,494	26,913
Total Financial Liabilities		34,494	26,913

Notes
Excludes statutory receivables and prepayments (ie not within scope of AASB 7)
Excludes unearned revenue (ie not within scope of AASB 7)

b)   Credit Risk

Credit risk arises when there is the possibility of the Entity's debtors defaulting on their contractual obligations, resulting in a financial loss to the Entity. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from financial assets of the Entity ie receivables. No collateral is held by the Entity nor has it granted any financial guarantees.

Credit risk associated with Ambulance's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards. Authority deposits held with NSW Tcorp are guaranteed by the State.

Cash
Cash comprises cash on hand and bank balance deposited in accordance with Public Authorities (Financial Arrangements) Act approvals. Interest is earned on daily bank balances at rates of approximately 6.58% in 2007/08 compared to 5.87% in the previous year.

Receivables - trade debtors
All trade debtors are recognised as amounts receivable at balance date. Collectibility of trade debtors is reviewed on an ongoing basis. Procedures as established in the NSW Department of Health Accounting Manual and Fee Procedures Manual are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectable are written off. An allowance for impairment is raised when there is objective evidence that the entity will not be able to collect the amounts due. The evidence includes past experience and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors.

Ambulance is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors. Based on past experience, debtors that are not past due (2008:$5.885M; 2007: $3.733M) and not more than [3] months past due (2008: $913K; 2007:$3.789M) are not considered impaired and together these represent 30% of the total trade debtors. In addition Patient Fees Compensables are frequently not settled with 6 months of the date of the service provision due to the length of time it takes to settle legal claims. Most of Ambulance's debtors are private individuals who were patients. Note that Ambulance invoices are generally issued under 21 day payment terms.

	$000	$000	$000
2008	**Total**	**Past due but not impaired**	**Considered impaired**
< 3 months overdue	14,499	913	13,586
3 months - 6 months overdue	8,715	3,262	5,453
> 6 months overdue	2,620	981	1,639
2007			
< 3 months overdue	14,158	3,789	10,369
3 months - 6 months overdue	7,871	3,602	4,269
> 6 months overdue	1,827	836	991

The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7.

The only financial assets that ae past due or impaired are 'sales of goods and services' in the 'receivables' category of the balance sheet. Patient Fees Ineligibles represent the majority of financial assets that are past due or impaired.

c) Liquidity risk
Liquidity risk is the risk that Ambulance will be unable to meet its payment obligations when they fall due. Ambulance continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through effective management of cash, investments and liquid assets and liabilities.

Ambulance has no loans at this time. Ambulance cannot negotiate loans outside of arrangements with the NSW Department of Health or the Sustainable Energy Development Authority.

During the current and prior year, there were no defaults or breaches on any loans payable. No assets have been pledged as collateral. Ambulance exposure to liquidity risk is significant but is mitigated by financial support from the Department.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set by the NSW Department of Health. If trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received.

The NSW Department of Health has indicated its ongoing financial support for Ambulance which is deemed to be a going concern.

The table below summarises the maturity profile of Ambulance's financial liabilities together with the interest rate exposure.

	Interest Rate Exposure $000					Maturity Dates			Weighted Average Effective int rate
2008	**Fixed Interest Rate %**	**Variable Interest Rate %**	**Nominal Amount[1] $**	**Variable Interest Rate $000**	**Non - Interest Bearing $000**	**< 1 Yr $000**	**1-5 Yr $000**	**> 5Yr $000**	**%**
Payables:									
Accrued salaries	-	-	6,132	-	6,132	6,132	-	-	-
Wages and payroll deductions	-	-	4,767	-	4,767	4,767	-	-	-
Creditors	-	-	23,595	-	23,595	23,595	-	-	-
Bank Overdraft	-	-	119	-	-	119	-	-	-
Other Loans and Deposits	-	-	-	-	-	-	-	-	-
			34,613	-	34,494	34,613	-	-	

The bank overdraft was only a cash book overdraft and not an overdraft in the bank account. No interest charge is therefore applicable.

2007									
Payables:									
Accrues salaries	-	-	4,099	-	4,099	4,099	-	-	-
Wages and payroll deductions	-	-	4,984	-	4,984	4,984	-	-	-
Creditors	-	-	17,830	-	17,830	17,830	-	-	-
Bank Overdraft	-	-	-	-	-	-	-	-	-
Other Loans and Deposits	-	-	-	-	-	-	-	-	-
			26,913	-	26,913	26,913	-	-	

Notes:
[1]The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities, therefore the amounts disclosed above will not reconcile to the balance sheet in respect of non interest bearing loans negotiated with the NSW Department of Health.

d) Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. Ambulance's exposures to market risk are striclty limited because investments are either for a very short term (ie. "overnight") or are held to maturity. Ambulance has no loans or exposure to foreign currency risk and does not enter into commodity contracts.

The effect on profit and equity due to a reasonably possible change in risk variable is outlined in the information below, for interest rate risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the Health Service operates and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at the balance sheet date. The analysis is performed on the same basis for 2007. The analysis assumes that all other variables remain constant.

Interest rate risk
Exposure to interest rate risk is extremely limited.

Ambulance is not permitted to borrow external to the NSW Department of Health (Sustainable Energy Development Authority loans which are negotiated through Treasury excepted). Both SEDA and NSW Department of Health loans are set at fixed rates and therefore are generally not affected by fluctuations in market rates. For financial instruments a reasonably possible change of +/-1% is consistent with trends in interest. Ambulance's exposure to interest rate risk is set out below.

	$'000	-1%		+1%	
	Carrying Amount	Profit	Equity	Profit	Equity
2008					
Financial assets					
Cash and cash equivalents	26,103		261		
Receivables	31,718		317		
Financial assets at fair value					
Other financial assets					
Financial liabilities					
Payables	34,494				345
2007					
Financial assets					
Cash and cash equivalents	14,487		145		
Receivables	27,589		276		
Financial assets at fair value					
Other financial assets					
Financial liabilities					
Payables	26,913				269

e) Fair Value

Financial instruments are generally recognised at cost, with the exception of the TCorp Hour Glass facilities, which are measured at fair value. As discussed, the value of the Hour Glass Investments is based on the Health Service's share of the value of the underlying assets of the facility, based on the market value. All of the Hour Glass facilities are valued using 'redemption' pricing. Ambulance currently has no TCorp Hour Glass facilities.

35. Post Balance Date Events

With effect from 1 July 2008 a policy of capital charging is to be introduced across NSW Health in which each Health Service will be charged the current cost of holding Land, Buildings, Infrastructure Systems and Leasehold Improvements. In economic terms a capital charge is the opportunity foregone from holding an asset. The charge will be introduced with only 25% budget impact in 2008/09 increasing in steps of 25% each year until the charge and the budgeting impact are fully applied in 2012/13. It is not yet possible to estimate the impact of the change on the financial statements.

END OF AUDITED FINANCIAL STATEMENTS

Certification of Special Purpose Entity for Period Ended 30 June 2008

The attached financial statements of the Ambulance Service of NSW Special Purpose Entity for the year ended 30 June 2008.

i)   Have been prepared in accordance with the requirements of applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the Public Finance and Audit Act 1983 and its regulations, the Health Services Act 1997 and its regulations, the Accounts and Audit Determination and the Accounting Manual for Area Health Services and Public Hospitals;

ii)   Present fairly the financial position of the Ambulance Service of NSW Special Purpose Entity; and

iii)   Have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate.

Chief Executive
Ambulance Service of NSW
12 March 2009

Chief Finance Officer,
Finance & Data Services
Ambulance Service of NSW
12 March 2009

Income Statement of the Ambulance Service of NSW Special Purpose Service Entity for the period ended 30 June 2008.

	2008 $000	2007 $000
Income		
Personnel Services	346,831	302,137
Acceptance by the Crown Entity of Employee Benefits	9,778	9,696
Total Income	**356,609**	**311,833**
Expenses		
Salaries and Wages	270,727	242,234
Awards	-	-
Defined Benefit Superannuation	-	-
Defined Contributions Superannuation	15,290	13,729
Long Service Leave	10,194	8,032
Annual Leave	29,903	27,619
Sick Leave and Other Leave	4	5
Redundancies	21	-
Workers Compensation Insurance	20,350	10,388
Fringe Benefits Tax	342	130
Grants & Subsidies	**9,778**	**9,696**
Total Expenses	**356,609**	**311,833**
Result For The Year	**-**	**-**

Balance Sheet of the Ambulance Service of NSW Special Purpose Service Entity as at 30 June 2008.

	Notes	2008 $000	2007 $000
ASSETS			
Current Assets			
Receivables	2	119,607	109,148
Total Current Assets		**119,607**	**109,148**
Non-Current Assets			
Receivables	2	2,422	1,997
Total Non-Current Assets		**2,422**	**1,997**
Total Assets		**122,029**	**111,145**
LIABILITIES			
Current Liabilities			
Payables	3	10,899	9,083
Provisions	4	108,708	100,065
Total Current Liabilities		**119,607**	**109,148**
Non-Current Liabilities			
Provisions	4	2,422	1,997
Total Non-Current Liabilities		**2,422**	**1,997**
Total Liabilities		**122,029**	**111,145**
Net Assets		**-**	**-**
EQUITY			
Accumulated funds			
Total Equity		**-**	**-**

Statement of Recognised Income and Expense of the Ambulance Service of NSW Special Purpose Service Entity for the Year Ended 30 June 2008.

	2008 $000	2007 $000
Total Income and Expenses Recognised Directly in Equity	-	-
Result for the Year	-	-
Total Income and Expenses Recognised for the year	-	-

Cash Flow Statement of the Ambulance Service of NSW Special Purpose Service Entity for the period ended 30 June 2008

	2008 $000	2007 $000
Net Cash Flows from Operating Activities	-	-
Net Cash Flows from Investing Activities	-	-
Net Cash Flows from Financing Activities	-	-
Net Increase/(Decrease) in Cash	-	-
Closing Cash and Cash Equivalents	-	-

The Special Purpose Service Entity does not hold any cash or cash equivalent assets and therefore there are nil cashflows.

The accompanying notes form part of these Financial Statements.

AMBULANCE SERVICE SPECIAL PURPOSE ENTITY

1. Summary of Significant Accounting Policies

a)   **Ambulance Service of NSW (Ambulance) Special Purpose Entity**
The Ambulance Service Special Purpose Entity "the Entity", is a Division of the Government Service, established pursuant to Part 2 of Schedule 1 to the Public Sector Employment and Management Act 2002 and amendment of the Health Services Act 1997. It is a not-for-profit entity as profit is not its principal objective. It is consolidated as part of the NSW Total State Sector Accounts. It is domiciled in Australia and its principal office is at Rozelle, New South Wales.

The Entity's objective is to provide personnel services to Ambulance.

The Entity commenced operations on 17 March 2006 when it assumed responsibility for the employees and employee-related liabilities of Ambulance. The assumed liabilities were recognised on 17 March 2006 with an offsetting receivable representing the related funding due from the former employer.

The financial report was authorised for issue by the Chief Executive Officer on 12 March 2009. The report will not be amended and reissued.

The financial report is presented in unaudited form as audit only needs to be performed at a consolidated Health Administration Corporation level.

b)   **Basis of preparation**
This is a general purpose financial report prepared in accordance with the requirements of Australian Accounting Standards, the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

Generally, the historical cost basis of accounting has been adopted and the financial report does not take into account changing money values or current valuations.

The accrual basis of accounting has been adopted in the preparation of the financial report, except for cash flow information.

Management's judgements, key assumptions and estimates are disclosed in the relevant notes to the financial report.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

c)   **Comparative Information**
The financial statements and notes comply with Australian Accounting Standards which include AEIFRS. Comparative figures are, where appropriate, reclassified to give meaningful comparison with the current year.

d)   New Australian Accounting Standards Issued But Not Effective
No new or revised accounting standards or interpretations are adopted earlier than their prescribed date of application. Set out below are changes to be effected, their date of application and the possible impact on the financial report of Ambulance.

Standards/ Interpretations	Operative Date	Comment
AASB3, AASB127 & AASB2008-3, Business Combinations	1 July 2009	The changes address business combinations and the Australian Accounting Standards Board has indicated that it is yet to consider its suitability for combinations among not-for-profit entities.
AASB8 & AASB2007-3, Operating Segments	1 July 2009	The changes do not apply to not-for-profit entities and have no application within NSW Health.
AASB101 & AASB2007-8, Presentation of Financial Statements	1 July 2009	Health agencies are currently required to present a statement of recognised income and expense and no variation is expected.
AASB123 & AASB2007-6, Borrowing Costs	1 July 2009	Borrowing costs that are directly attributable to the acquisition, construction or production of a qualifying asset form part of the cost of that asset. As Health Service borrowings are restricted to the Sustainable Energy Development Authority negligible impact is expected.
AASB1004, Contributions	1 July 2008	The requirements on contributions from AASB27, 29 and 31 have been relocated, substantially unamended in AASB4.
AASB1049, Whole of Government and General Government Sector Financial Reporting	1 July 2008	The standard aims to provide the harmonisation of Government Finance Statistics and Generally Accepted Accounting Principles (GAAP) reporting. The impact of changes will be considered in conjunction with the reporting requirements of the Financial Reporting Code for Budget Dependent General Government Sector Agencies.
AASB1050 regarding administered items	1 July 2008	The requirements of AAS29 have been relocated, substantially unamended and are not expected to have material effect on Health entities.
AASB1051 regarding land under roads	1 July 2008	The standard will require the disclosure of "accounting policy for land under roads". It is expected that all such assets will need to be recognised "at fair value". The standard will have negligible impact on Health entities.
AASB1052 regarding disaggregated disclosures	1 July 2008	The standard requires disclosure of financial information about Service costs and achievements. Like other standards not yet effective the requirements have been relocated from AAS29 largely unamended.
AASB2007-9 regarding amendments arising from the review of AAS27, AAS29 and AAS31	1 July 2008	The changes made are aimed at removing the uncertainties that previously existed over cross references to other Australian Accounting Standards and the override provisions in AAS29.
AAS2008-1, Share Based Payments	1 July 2009	The standard will not have application to health entities under the control of the NSW Department of Health.
AASB2008-2 regarding puttable financial instruments	1 July 2009	The standard introduces an exception to the definition of financial liability to classify as equity instruments certain puttable financial instruments and certain instruments that impose on an entity an obligation to deliver to another party a pro-rata share of the net assets of the entity only on liquidation. Nil impact is anticipated.

e)   Income
Income is measured at the fair value of the consideration received or receivable. Revenue from the rendering of personnel services is recognised when the service is provided and only to the extent that the associated recoverable expenses are recognised.

f)   Receivables
A receivable is recognised when it is probable that the future cash inflows associated with it will be realised and it has a value that can be measured reliably. It is derecognised when the contractual or other rights to future cash flows from it expire or are transferred.

Receivables are non-derivative financial assets with fixed or deteminable payments that are not quoted in an active market. These financial assets are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Any changes are accounted for in the operating statement when impaired, derecognised or through the amortisation process.

Short term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

If there is objective evidence at year end that a receivable may not be collectable, its carrying amount is reduced by means of an allowance for impairment and the resulting loss is recognised in the income statement. Receivables are monitored during the year and bad debts are written off against the allowance when they are determined to be irrecoverable. Any other loss or gain arising when a receivable is derecognised is also recognised in the income statement.

g)   Impairment of Financial Assets
As both receivables and payables are measured at fair value through profit and loss there is no need for annual reviews for impairment.

h)   De-recognition of Financial Assets and Financial Liabilities
A financial asset is derecognised when the contractual rights to the cash flows from the financial assets expire: or if the agency transfers the financial asset:
*   where substantially all the risks and rewards have been transferred; or
*   where the Entity has not transferred substantially all the risks and rewards, if the Entity has not retained control.

Where the Entity has neither transferred nor retained substantially all the risks and rewards or ansferred control, the asset is recognised to the extent of the Entity's continuing involvement in the asset.

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelledor expires.

i)   Payables
Payables include accrued wages, salaries and related on costs (such as payroll deduction liability, payroll tax, fringe benefits tax and workers' compensation insurance) where there is certainty as to the amount and timing of settlement.

A payable is recognised when a present obligation arises under a contract or otherwise. It is derecognised when the obligation expires or is discharged, cancelled or submitted.

Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Entity.

j) **Employee benefit provisions and expenses**
i) Salaries and Wages, current Annual Leave, Sick Leave and On-Costs
Liabilities for salaries and wages (including non-monetary benefits), annual leave and paid sick leave that fall wholly within 12 months of the reporting date are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

All Annual Leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then classified as "Short Term" and "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next 12 months are reported as "Short Term". On costs of 17% are applied to the value of leave payable at 30 June 2008, such on costs being consistent with actuarial assessment. (comparable costs for 30 June 2007 were 21.7% which, in addition to the 17% increase, also included the impact of awards immediately payable at 30 June 2007).

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 payroll tax, workers' compensation insurance premiums and fringe benefits tax, 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 employee leave entitlements are dissected as "Current" if there is an unconditional right to payment and "Non-Current" if the entitlements are conditional. Current entitlements are further dissected between "Short Term" and "Long Term" on the basis of anticipated payments for the next 12 months. This in turn is based on past trends and known resignations and retirements.

Long Service Leave provisions are measured on a short hand basis at an escalated rate of 8.1% above the salary rates immediately payable at 30 June 2008 (also 8.1% at 30 June 2007) 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.

Ambulance's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) 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". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 3, "Payables".

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

	2008 $000	2007 $000
2. Receivables		
Current		
Accrued Income - Personnel Services Provided	119,607	109,148
Non-Current		
Accrued Income - Personnel Services Provided	2,422	1,997
Total Receivables	**122,029**	**111,145**
3. Payables		
Current		
Accrued Salaries and Wages on-costs	6,132	4,099
Payroll Deductions	4,767	4,984
Total Payables	**10,899**	**9,083**
4. Provisions		
Current Employee benefits and related on-costs		
Employee Annual Leave - Short Term Benefit	28,724	23,437
Employee Annual Leave - Long Term Benefit	19,212	20,339
Employee Long Service Leave - Short Term Benefit	7,142	6,053
Employee Long Service Leave - Long Term Benefit	53,630	50,236
Total Current Provisions	**108,708**	**100,065**
Non-Current Employee benefits and related on-costs		
Employee Long Service Leave - Conditional	2,372	1,951
Sick Leave	50	46
Total Non-Current Provisions	**2,422**	**1,997**
Aggregate Employee Benefits and Related on-costs		
Provision - Current	108,708	100,065
Provision - Non-Current	2,422	1,997
Accrued Salaries and Wages and On-costs (Note 3)	10,899	9,083
Total	**122,029**	**111,145**

5. Financial Instruments

Note 5 Financial Instruments
The Entity's financial instruments are outlined below. These financial instruments arise directly from the Entity's operations or are required to finance its operations. The Entity does not enter into or trade financial instruments, including derivative financial instruments for speculative purposes.

The Chief Executive has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. The Entity carries minimal risks within its operation as it carries only the value of employee provisions and accrued salaries and wages offset in full by accounts receivable from the Parent Entity. Risk management policies are established by the Parent Entity to identify and analyse the risk faced by the Entity, to set risk limits and controls and monitor risks. Compliance with policies is reviewed by the Audit Committee/Internal auditors of the Parent Entity on a continous basis.

a) Financial Instruments Categories

Total carrying amounts as per the Balance Sheet

		2008 $000	2007 $000
Financial Assets			
Receivables at Amortised Cost1 (note 2)		122,029	111,145
Total Financial Assets		122,029	111,145
Financial Liabilities			
Class:	Category		
Payables (Note 3[1])		6,132	4,099
Total Financial Liabilities		6,132	4,099

[1] Excludes statutory receivables and prepayments, i.e. not within the scope of AASB 7.

b) Credit Risk
Credit risk arises when there is the possibility of the Entity's debtors defaulting on their contractual obligations, resulting in a financial loss to the Entity. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from financial assets of the Entity ie receivables. No collateral is held by the Entity nor has it granted any financial guarantees.

Receivables - trade debtors
Receivables are restricted to accrued income for personnel services provided and employee leave provisions and are recognised as amounts receivable at balance date. The parent entity of the Ambulance Service of NSW Special Purpose Service Entity is the sole debtor of the Entity and it is assessed that there is no risk of default. No accounts receivables are classified as "Past Due but not Impaired" or "Considered Impaired".

c) Liquidity Risk
Liquidity risk is the risk that the Entity will be unable to meet its payment obligations when they fall due. No such risk exists with the Entity not having any cash flows. All movements that occur in Payables are fully offset by an increase in Receivables from the Ambulance Service of NSW parent entity.

d) Market Risk
Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. The Entity's exposures to market risk are considered to be minimal and the Entity has no exposure to foreign currency risk and does not enter into commodity contracts.

Interest rate risk
Exposure to interest rate risk arises primarily through interest bearing liabilities.

However the Entity has no such liabilities and the interest rate is assessed as Nil. Similarly it is considered that the Entity is not exposed to other price risks.

e) Fair Value
Financial instruments are generally recognised at cost.

The amortised cost of financial instruments recognised in the balance sheet approximates fair value because of the short term nature of the financial instruments.

Note 6 Related Parties
The Ambulance Service of NSW is deemed to control the Ambulance Service of NSW Special Purpose Service Entity in accordance with Australian Accounting Standards. The controlling entity is incorporated under the Health Services Act 1997.

Transactions and balances in this financial report relate only to the Entity's function as provider of personnel services to the controlling entity. The Entity's total income is sourced from the Ambulance Service of NSW. Cash receipts and payments are effected by the Ambulance Service of NSW on the Entity's behalf.

Note 7 Post Balance Date Events
No post balance date events have occurred which warrant inclusion in this report.

END OF AUDITED FINANCIAL STATEMENTS

Financial Summary

PAYMENT OF ACCOUNTS

	30 June 2008 $000	30 June 2007 $000	30 June 2006 $000
Total dollar value of accounts paid on time	151,256	144,625	94,028
Total dollar amount of accounts paid	152,784	146,859	135,849
Average percentage of accounts paid on time	99%	98%	69%

The timely payment of invoices to creditors continued to improve over the last financial year. This data relates to recurrent creditors and excludes payroll related creditor payments.

ACCOUNTS PAYABLE

	30 June 2008 $000	30 June 2007 $000	30 June 2006 $000
Trade Creditors and Accruals	19,526	15,640	12,582
Capital Creditors	2,826	1,119	1,199
Other	1,243	1,071	1,396
Salaries & Wages Creditors	3,636	4,329	3,778

ACCOUNTS PAYABLE - AGE ANALYSIS as at 30 June 2008
(includes both recurrent and capital creditors)

	$000
Less than 30 days overdue	9,117
More than 30 and less than 60 days	-
More than 60 and less than 90 days	-
More than 90 days	-
Total	**9,117**

The Ambulance Service did not pay any interest to creditors due to late payments. There were no creditor invoices greater than 30 days at the end of the financial year (excluding those invoices in dispute).

ACCOUNTS RECEIVABLE - AGE ANALYSIS as at 30 June 2008

	$000	%
Less than 30 days	7,577	36
More than 30 and less than 60 days	4,095	19
More than 60 and less than 90 days	2,395	11
More than 90 days	7,342	34
Total	**21,409**	**100**

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

Receivables have increased by $5.495m from the previous financial year. This is consistent with an increased demand for ambulance services and changes to the fees structure as a result of implementing the IPART recommendations effective from 1 July 2006.

Many accounts that relate to emergency transports and treat not transport 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 30 days @ 7.20%, to mature on 20 July 2008

$830,000 for 30 days @ 7.30%, to mature on 23 July 2008

$700,000 for 30 days @ 7.30%, to mature on 15 July 2008

Funds relating to the Death and Disability Award for Ambulance Officers to the value of $7,869,000 were held in a Cash Deposit Account at year end.

Interest amounting to $147,786.54 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 the Service's financial position. Interest earned during the 2007/08 financial year on these investments was $806,140.14.

Liability management performance
The Ambulance Service has controlled cash flows and managed liabilities effectively by controlling expenditure and maximising revenue collection

Monetary amount of annual leave and long service leave entitlements
Annual leave	$47.936 m
Long Service Leave	$63.144 m

Consultants engaged
Jan McClelland & Associates
Provision of consultancy services
for aeromedical services $33,750

Deloitte Touche Tohmatsu
Investigative services $35,138

Apis Consulting Group
Review of fixed wing technical
requirements $38,145

Michael Reid & Associates
Development of research
program $52,500

Operational Research in Health
Towards tiering in Sydney project, *Review of fixed wing services in NSW* project, *Impact of Rural Staffing Enhancements* project $246,695

There number of consultancies costing less than $30,000 in expenditure was twenty-nine.

The total cost of these twenty-nine consultancies was $186,819.

Index

Ambulance website

www.ambulance.nsw.gov.au

For more information about the Ambulance Service of NSW visit our website at: www.ambulance.nsw.gov.au to find a range of community resources including:

> Information about Ambulance operations and services

> What to do when calling an Ambulance

> Health and safety fact sheets and CPR chart

> Community education programs

> Training to become a paramedic

> Ambulance Online e-newsletter editions

> Games and information for children

> Ambulance publications

> How to thank a paramedic for a job well done

> How to make a donation to assist Ambulance in developing community education initiatives

Always remember, in a medical emergency, dial 000 and ask for Ambulance.

Contacts

**Dial 000 in an emergency
24 hours a day
7 days a week**

OFFICE HOURS
9.00am to 5.00pm
Monday to Friday

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

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

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

SYDNEY DIVISION
Level 1
75 Carlton Crescent
Summer Hill NSW 2130
Telephone: (02) 8752 0444
Facsimile: (02) 8752 0429

**Sydney Division
Sector Offices:**

Sydney North
60 Isis Street
Wahroonga NSW 2076
Telephone: (02) 9487 8056
Facsimile: (02) 9487 8051

Sydney South
Level 1
5-9 Butler Road
Hurstville NSW 2220
Telephone: (02) 9580 3172
Facsimile: (02) 9580 3090

Sydney West
668 High Street
Penrith NSW 2750
Telephone: (02) 4731 2167
Facsimile: (02) 4731 4501

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

**Northern Division
Sector Offices:**

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

Hunter
75 Denison Street, Hamilton
Postal Address: PO Box 17
Hamilton NSW 2303
Telephone: (02) 4921 7540
Facsimile: (02) 4961 4549

North Coast
345 Pacific Highway
Postal Address: PO Box 271
Coffs Harbour NSW 2450
Telephone: (02) 6652 2350
Facsimile: (02) 6651 5177
and
212-220 Keen Street
Lismore NSW 2480
Telephone: (02) 6619 1300
Facsimile: (02) 6619 1319

SOUTHERN DIVISION
18 Clifford Street, Goulburn
Postal Address: Locked Bag 13
Goulburn NSW 2580
Telephone: (02) 4827 0400
Facsimile: (02) 4827 0425

**Southern Division
Sector Offices:**

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

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

WESTERN DIVISION
62 Windsor Parade, Dubbo
Postal Address: PO Box 15
Dubbo NSW 2830
Telephone: (02) 5804 6733
Facsimile: (02) 5804 6738

**Western Division
Sector Offices:**

Greater Western
67 Bultje Street, Dubbo
Postal Address: PO Box 15
Dubbo NSW 2830
Telephone: (02) 6841 2670
Facsimile: (02) 6841 2668

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

Ambulance > The Most Trusted Profession

Ambulance topped the Reader's Digest *Annual Survey of the Most Trusted Professions* for the fifth year running.

This top position reflects the respect the community has for paramedics and the trust they place in the professionalism and care that paramedics provide.

Paramedics are highly-trained health professionals who work day and night, in many adverse conditions responding by road, air, over snow and by sea. They are entrusted with their patients' health and wellbeing and are invited into people's homes and private lives every day.

During 2007/08 the Ambulance Service of New South Wales provided an average of 3,056 responses per day. This is equivalent to a call for assistance every 28 seconds.