

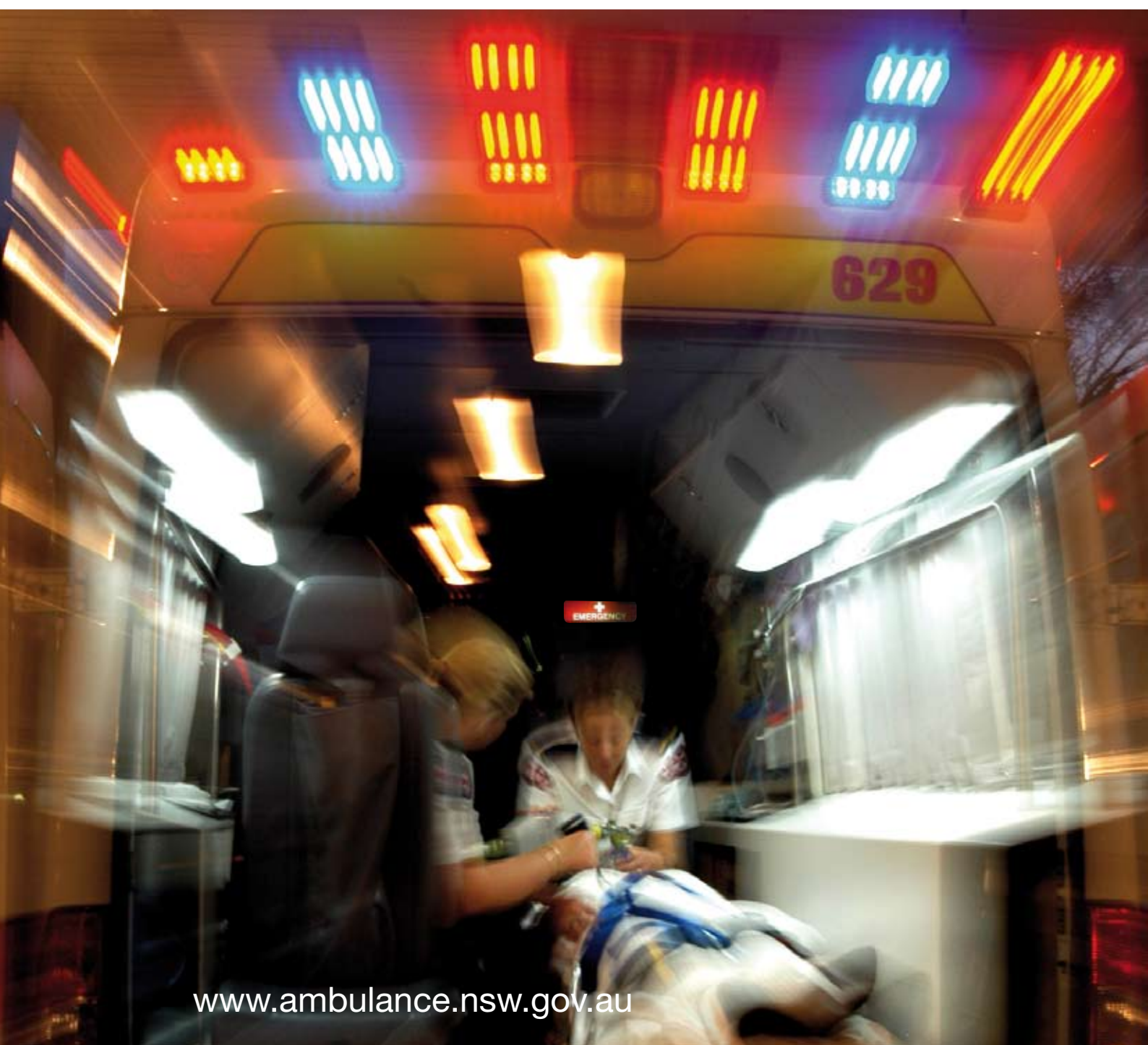


**Ambulance Service
of New South Wales**

excellence in care

Annual Report 2006/07

Ambulance > The Most Trusted Profession



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Ambulance Service of New South Wales

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Ms Reba Meagher MP
Minister for Health
Level 37
Governor Macquarie Tower
1 Farrer Place
Sydney NSW 2000

Dear Minister

I have pleasure in submitting the Ambulance Service of New South Wales' Annual Report for the year ended 30 June 2007, including financial statements.

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

Greg Rochford
Chief Executive

Vision, Mission, Values and Standards

Vision

Excellence in care

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 and support for patient transport, rescue and retrieval services.

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 hours, seven days a week, pre-hospital, emergency clinical care, medical retrieval and health related transport system.
- > In an emergency dispatch ambulance officers to provide treatment as rapidly as possible.
- > For non-emergencies, ambulance officers 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.
- > Coordinate 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 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.
- > The management and executive of Ambulance.
- > 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.

Achieving our goals

Ambulance is committed to achieving its Mission through the key result areas defined in the Corporate Plan 2006 > 2010

Our focus on delivering emergency pre-hospital health care will continue to evolve to meet the challenges of a changing population from working with other health care providers to manage illness in a community setting to the use of new treatments, technology and skills to provide the best possible care for our patients.

KEY RESULT AREAS

Services	Deliver high quality clinical care, patient transport, rescue and retrieval services.
Partnerships	Work in partnership with other health agencies, emergency service organisations and stakeholders.
Community	Pro-actively develop 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.



Services

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

A range of improvements were made to service provision ranging from expanded clinical indicators to system upgrades and the roll out of mobile response data to rural ambulance vehicles.

GOALS AND OUTCOMES

- > **Emergency Responses:**
During 2006/07, Ambulance provided over 1,052,000 total responses (both emergency and non-emergency) an average of 2,885 responses per day. This is equivalent to a call for assistance every 30 seconds.
- > **Performance:** Ambulance has again performed well in the face of unpredictable demand and high expectation of service delivery. Response times and compliance with call processing remain steady. Ambulance has been proactive in reviewing the health system thresholds and demand management plans and has assisted develop strategies through the Sustainable Access Program to facilitate better off-stretcher performance.
- > **Cardiac Care:** In addition to the current cardiac care data, clinical indicators were expanded to include trauma and patient safety measures. Further work has also been undertaken to introduce reliable measures for reporting performance in managing cardiac arrest, asthma, spinal injuries, and pain relief.
- > **Electronic Booking System:** Upgrade of the Electronic Booking System was commenced to improve utilisation across Sydney Hospitals and facilitate more efficient use of the Patient Transport System.
- > **CAD Infrastructure:** The Computer Aided Dispatch (CAD) Infrastructure Upgrade Project, which aims to provide a statewide computer aided dispatch environment for the four operations centres commenced. This two-year project will provide an upgrade to the core VisiCAD application, along with enhanced call taking and radio dispatch functions.
- > **Rural Data Radio Service:** Completion of the Rural Data Radio Service project has provided mobile response data and duress alarm capabilities in 695 rural Ambulance vehicles.



FUTURE DIRECTIONS

- > **Service Delivery:**
Determine future service delivery capability by evaluating the efficiencies achieved from recent staffing enhancements across the State and continue to improve the delivery of emergency response services through enhanced demand management.
- > **Cardiac Care:** Evaluate the pilot to provide appropriate reperfusion pathways and finalise a plan to define the timetable for expansion of services.
- > **Technical Capability:**
Implement integrated statewide CAD system, further upgrade the Rural Data Radio Service and expand the Government Radio Network and related Ambulance replacements.

Partnerships

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

Partnerships were developed with health care providers to better manage an anticipated increase in chronic illness in a community setting, improve cardiac care and plan for APEC health arrangements.

GOALS AND OUTCOMES

> **Advanced Care Program:**

Ambulance embarked on major projects including the Clinical Assessment and Referral (CARE) Project and Extended Care Paramedic Program. Processes have been developed which will add to current ambulance officer skills, equipping them to make safe referrals for specific patient groups whose needs are not acute and which may be appropriately managed other than in hospital EDs. In addition, planning was commenced to introduce

a new tier of ambulance officers, to be known as extended care paramedics, who will undergo substantial additional training to enable them to both make referrals for non-acute patients and in some cases complete treatment.

> **APEC Management:**

Project management of health arrangements for the Asia Pacific Economic Cooperation 2007 meetings being hosted in Sydney, Health Ministers Meeting in June 2007 and Leaders Week in September 2007.

> **Cardiac Care:** Ambulance has worked with NSW Health's Clinical Services Redesign Project Cardiology team and the Hunter New England Area Health Service to project plan the introduction of advanced pre-hospital interventions for patients suffering heart attacks. Ambulance staff were co-authors of an article that was accepted for publication in the European Heart Journal on field triage to primary angioplasty combined with emergency department bypass.

> **Expansion of Volunteer Services and Community First Responders:**

Community First Responder groups have been established at Lowanna, Ulong, Glenreagh, Coramba and Nana Glen with 39 members fully trained and equipped. In addition Ambulance mentors are in place to monitor and provide support in conjunction with clinical training officers.

FUTURE DIRECTION

> **CARE Program:** Implement the CARE project in three proof of concept locations.

> **Extended Care**

Paramedics: The initial deployment under the Extended Care Paramedic program will be evaluated and a plan developed to define the scope and timetable for future deployment.

> **Services to Rural**

Communities: Develop innovative programs to expand the role of ambulance officers in the provision of health services to rural communities.



Community

Pro-actively develop community safety and prevention programs

A range of community programs were developed to assist rural communities and to educate primary school students and over 55's about medical emergencies.

GOALS AND OUTCOMES

- > **Ambulance Rural Plan:**
Development of an Ambulance Rural Plan to identify innovative programs to assist recruit and retain ambulance officers; further develop professional and volunteer services; and form partnerships with mainstream health services and other emergency services to enhance services to small communities.
- > **Community Education Programs:**
Be an Ambulance Hero: Dial Zero Zero Zero rolled out to all NSW primary schools. In February 2007, every primary school in NSW (approximately 2,400 Government, Catholic and Independent schools) received the *Be an Ambulance Hero: Dial Zero Zero Zero* school education program.
- > *Life...Live It Save It!* targeting over 55s and delivering core awareness and skills in the event of a cardiac emergency, rolled out to 100 community groups and 2,000 participants.

- > **Mobile Education Unit:**
A VW Caddy, on loan from Volkswagen Australia (pictured below left) is being used as a mobile education unit to deliver important community safety messages to children through requests for ambulance visits and will also be used in conjunction with the *Be an Ambulance Hero: Dial Zero Zero Zero* school education program.
- > **Promotional Material:**
Ambulance publications, fact sheets and promotional merchandise was produced and distributed to ambulance stations to assist staff reinforce important Ambulance messages and increase awareness on a range of topics.

- > **FUTURE DIRECTION**
- > **Community Engagement:**
Continue to promote community engagement in the development of our operations through the *Life...Live It Save It!* cardiac care program and *Be an Ambulance Hero* school education program and through



Childrens group 'The Hooley Dooleys' helped launch the the *Be an Ambulance Hero: Dial Zero Zero Zero* school education program.



consumer representation on the Clinical Governance Committee and Divisional Clinical Quality Committees.

- > **Appropriate use of Triple Zero (000):** Work with national agencies to develop an educational campaign on the appropriate use of Triple Zero (000).
- > **Community e-newsletter:**
Develop community e-newsletter providing updates on Ambulance activities and tips and advice on healthy lifestyles.

Staff

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

Ambulance was recognised for online education initiatives, upgraded the clinical skills of ambulance officers, increased the number of women in the workplace and introduced a range of staff development opportunities.

GOALS AND OUTCOMES

- > **Clinical Skills Upgrade:**
The upgrade of clinical skills for qualified ambulance officers continues with 70 per cent completing upgrade for acute clinical interventions and 20 per cent completing additional training in mental health emergencies.
- > **Education:** Introduction of an additional 11 clinical training officers, three based in Sydney and eight in rural areas. On-line education recognised as a finalist in 2006 NSW Training Awards for new initiatives. Podcasting has also been made available as additional means by which staff can access educational opportunities via flexible delivery.
- > **Recruiting More Women:**
Ambulance continues to successfully promote opportunities for women. As a result the number of women in the workforce has increased from 30 to 32 per cent over two years.



- > **Staff Development:**
Continued expansion of staff development opportunities including Certificate IV Frontline Management and additional in-house courses.
- > **Occupational Health and Safety (OH&S):** Continued improvement in the effectiveness of workplace OH&S through further training in risk assessment, manual handling and occupational violence. Ambulance has recorded a 43 per cent reduction in manual handling injuries and a 33 per cent reduction in workplace injuries.

FUTURE DIRECTIONS

- > **Recruitment:** Develop and implement innovative programs to assist in recruiting and retaining ambulance officers, refine recruitment processes and improve selection policy and procedures.
- > **Clinical Training:** Ongoing training of all officers in mental health and clinical skills upgrades.
- > **Clinical Profile:** Implement clinical profiling to disperse advanced skills equitably across NSW and guide training priorities for the upgrade of level 4 officers to level 5 skills.
- > **Management Development:** Implement a comprehensive strategy for the development of Ambulance managers. Priority for the provision of appropriate training and support and performance appraisal extended to frontline managers.
- > **Policies and Practice:** Implement new peer support policy, management of bullying and harassment policy and succession planning survey.
- > **Major Industrial Case:** Finalise new Award arrangements for ambulance officers.

Performance

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

Organisational performance was enhanced through the introduction of new systems for reporting of performance data, improved patient assessment processes and by award winning projects on patient care and managing demand for services.

GOALS AND OUTCOMES

- > **Ambulance Emergency Medical Services:** The Ambulance Emergency Medical Helicopter network for the greater Sydney area was upgraded on 14 May 2007. CHC Australia were contracted to provide helicopters for rescue and retrieval missions. The interim fleet comprises four Bell 412 helicopters which offer improved poor weather performance along with the standard fit out to allow pilots and specialist clinicians to operate from all

aircraft, reducing delays due to logistical or poor weather factors. The new fleet of two AW139 and two EC145 helicopters arrive over the next 18 months.

- > **Digital Dashboard:** Introduction of Digital Dashboard offering real time reporting of key performance data and providing a visual representation of performance within the Sydney Operations Centre. The system identifies trends in workload and resource demands and provides

an opportunity to more quickly identify pressures on Ambulance service delivery and implement intervention strategies.

- > **Health Matrix System:** A multidimensional matrix system was implemented across the Sydney metropolitan area as a fundamental component of the NSW Health demand management initiatives. Improvements have been achieved in off-stretcher time (18 per cent) and ambulance case cycle time (34 per cent), despite a 10.6 per cent increase in ambulance presentations to emergency departments in the first 12 months of operation. These improvements have significantly contributed to ambulance responsiveness and clinical outcomes.
- > **TABLETS Project:** The Ambulance Tablets Are Bagged Letting Emergency Treat Safety (TABLETS) project was the winner of the 2006 NSW Health Award in the 'Safety' category. The TABLETS

project aims to improve continuity of care across NSW Health, from general practice to pre-hospital and in-hospital care by ensuring that the everyday medications prescribed to patients arrive at hospital with the patient during an emergency admission. Making sure prescribed medications arrive with the patient ensures that various presenting and co-existing conditions are treated in a timely manner.

FUTURE DIRECTION

- > **Clinical Services Redesign:** Complete the implementation of the Sydney SWITCH project and redesign projects to other operations centres to achieve efficiencies in performance and patient journey and specialisation of non-emergency transport services.
- > **Clinical Performance:** Continue the development of key performance indicators in the areas of mental health, cardiac care, pain relief and trauma.



Year in Review

Ambulance provided over 1,052,000 total responses (both emergency and non-emergency) in 2006/07, equivalent to a call for assistance every 30 seconds. Over the last two years demand has increased by 11.2 per cent. To meet challenges such as the ageing population and increase in chronic illness Ambulance is working with other health care providers to use new treatments, technology and ambulance officer skills to provide the best possible care for our patients.

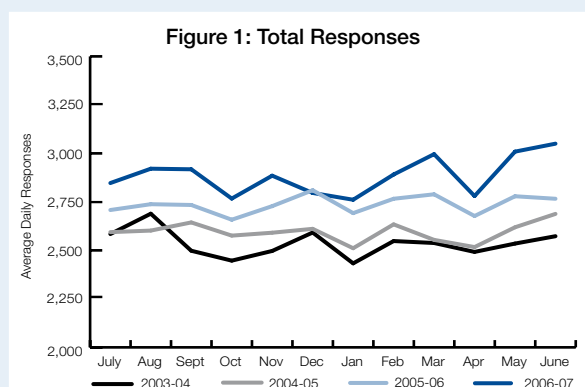
TOTAL ACTIVITY

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.

During 2006/07, Ambulance provided over 1,052,000 total responses (both emergency and non-emergency), an average of 2,885 responses per day. This is equivalent to a call for assistance every 30 seconds.

The total number of incidents rose to 880,000 in 2006/07, an increase of 5.5 per cent on 2005/06.

In common with other health providers, Ambulance demand increases during the winter months.



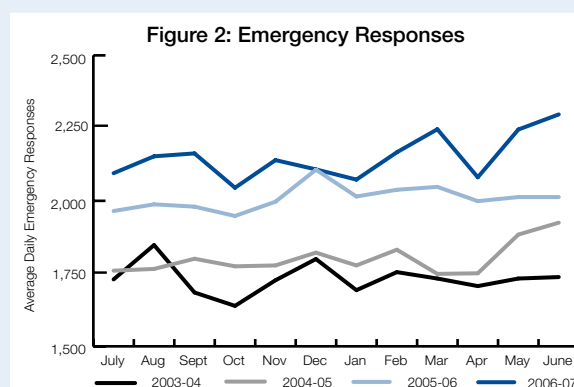
Note: Ambulance records a higher number of responses than incidents as some incidents require multiple ambulance resources. For example, a report of a motor vehicle accident involving four patients may result in two, or more, ambulances responding to the incident. Ambulance also records a higher number of incidents than patient transports. This is because not every incident requires a patient to be transported to hospital. In the above case of the motor vehicle accident, all four patients may be uninjured, requiring no ambulance transport.

EMERGENCY ACTIVITY

During 2006/07, total emergency responses statewide increased to over 785,000. This is an increase of over 51,000 responses or 7.1 per cent on 2005/06. Over the past two years emergency responses have increased by 19.4 per cent.

Average daily emergency responses recorded across the State over the past four years are shown in Figure 2 below. In 2006/07, Ambulance provided an average of 2,151 emergency responses per day, up from 2,009 per day in 2005/06.

In 2006/07, Ambulance responded to 634,000 emergency incidents, an increase of 7.6 per cent compared to 2005/06.



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 Priority Dispatch System; bringing NSW in line with all other Australian ambulance services.

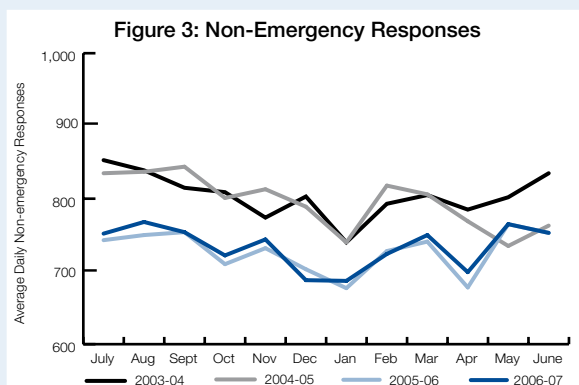
The new Health matrix system provides more information about the clinical services provided by individual hospitals, enabling ambulance officers to quickly determine the most appropriate destination for the patient. This in turn allows for a more fluent patient flow and better management of Ambulance resources.

NON-EMERGENCY ACTIVITY

Ambulance provided 267,000 non-emergency responses across the State in 2006/07. This is an increase of 0.8 per cent compared with 2005/06. On average there were 734 non-emergency responses per day, up from 728 per day in 2005/06.

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.

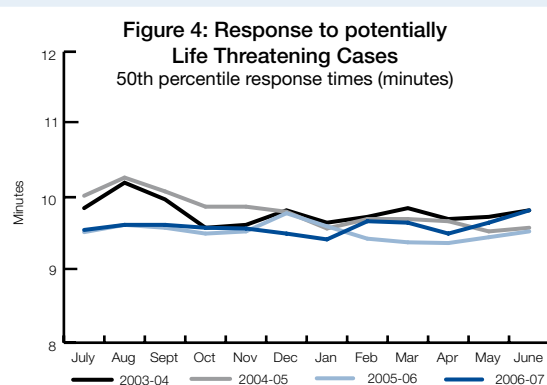


Note: From May 2005, non-emergency activity data includes: '000' cases not determined as 'emergency' (immediate response under lights and sirens) or 'urgent' (undelayed response without warning devices) under the Medical Priority Dispatch System and all calls not received via the '000' network (predominantly scheduled patient transfer services and out-patient appointments).

RESPONSE TIMES

In 2006/07, at least 50 per cent of potentially life threatening cases were responded to within 9.60 minutes. This compares to 9.56 minutes in 2005/06. 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 2006/07 Ambulance has been able to maintain good response times and an improved off stretcher performance despite longer hospital turn-around times.



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 Medical Priority Dispatch System; bringing NSW in line with all other Australian ambulance services. Prior to May 2005, response performance was reported for all '000' calls. For this reason response times prior to May 2005 are not comparable with previous data. In May 2005, the final phase of the Medical Priority Dispatch System (MPDS) was commissioned and call prioritisation was introduced (a process by which '000' calls are triaged for urgency and severity).

The Aeromedical and 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.

FIXED WING AIRCRAFT ACTIVITY

The Aeromedical Operations Centre (AOC) assesses all requests for air transport, allocates aircraft and clinical crews and interfaces with road ambulances. The AOC also provides clinical advice and intensive-care bed finding services. Ambulance coordinators are supported by critical care doctors who provide expert clinical advice to coordinators, hospital practitioners, flight nurses and paramedics.

Four Air Ambulances operating from Mascot and Dubbo provide a 24 hour, 7 day statewide service. The number of patients transported by fixed wing aircraft in 2006/07 decreased marginally by 57 (1.0 per cent) compared to 2005/06. Aircraft availability and efficient allocation remained high with an average of 1.84 patients per flight compared to 1.80 in 2005/06.

Table 1: Fixed Wing Aircraft activity

Fixed Wing Aircraft	2006/07			2005/06		
	Patients	Flights	Hours	Patients	Flights	Hours
Air Ambulance - Urgent	2,179	*	*	2,527	*	*
Air Ambulance - Routine	2,746	*	*	2,422	*	*
Total Air Ambulance	4,925	2,452	6,509	4,949	2,459	6,490
RFDS (Dubbo) - Urgent	618	*		715	*	
RFDS (Dubbo) - Routine	191	*		154	*	
Total RFDS (Dubbo)	809	578	1,169	869	615	1,217
Victorian Air Ambulance	216	198	177	189	157	162
Total Fixed Wing	5,950	3,228	7,855	6,007	3,231	7,869

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

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

HELICOPTER ACTIVITY

The Helicopter network includes eight helicopters based at Sydney (2), Wollongong, Newcastle, Tamworth, Lismore, Orange and Canberra. Following an open tender process managed by the State Contracts Control Board, CHC Australia was contracted to provide four helicopters located at Bankstown (Sydney) (2), Orange (1) and Wollongong (1). The contract specifies higher capability helicopter services for Bankstown, Orange and Wollongong. Benefits include; improved capability in poor weather and at night, greater range and increased lifting capacity.

Patients transported and flights during 2006/07 decreased by 141 (4.2 per cent) and 5 (0.1 per cent) respectively compared to 2005/06. The relationship between the number of patients transported and helicopter flights varies each year as multiple patients may be transported on each flight.

Table 2: Helicopter activity

Helicopter Services	2006/07			2005/06		
	Patients	Flights	Hours	Patients	Flights	Hours
SLSA* Sydney**	432	545	708	635	699	929
CHC Australia Wollongong	191	220	387	232	238	386
SLSA Newcastle	779	866	1,078	690	765	913
SLSA Tamworth	139	174	339	145	170	337
SLSA Lismore	219	263	429	248	301	438
CareFlight-Sydney**	400	500	687	446	502	732
CHC/CareFlight-Orange**	215	252	393	182	210	319
CHC Aust Bankstown	123	105	223	0	0	0
ChildFlight	398	419	960	441	484	1,044
SouthCare	308	333	580	331	317	656
Victoria Air Ambulance	9	8	24	4	4	3
Total	3,213	3,685	5,808	3,354	3,690	5,757

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

Note: 9,163 patients were transported by air in 2006/07, a marginal decrease of 194 (2.1 per cent) compared to 2005/06. A 7.5 percent growth in fixed wing transports and 23.8 per cent growth in helicopter transports was recorded in 2005/06. A similar increase in 2006/07 was not expected as productivity gains had already been largely maximised.

Report from the Chief Executive

Ambulance received a positive report card from the Auditor General on 6 June 2007 in the follow up report to 2001 Performance Audit – Readiness to Respond. The follow up report commended Ambulance for substantially implementing the 28 recommendations from the 2001 report as well as introducing a number of significant new initiatives to improve performance.

Ambulance services have traditionally focused on delivering emergency health care and transport to patients prior to arrival at hospital. While emergency care will always be our primary focus we recognise that traditional approaches alone will not be enough to meet future community needs and to safely manage the relentless increase in demand for our services. An ageing population, more chronic illnesses managed in a community setting and a changing health system will mean that we must work even more closely with other health care providers to ensure direct access to the most appropriate treatment and care for our patients. Much of our work in the reporting year has been focused on managing the increased demand and preparing to address future challenges.

One of the most high profile changes in the Ambulance Service in 2006/07 was the upgrade of the Ambulance Emergency Medical Helicopter network for the greater Sydney area on 14 May 2007. The new arrangements under full commercial contract from CHC Australia provided a much needed and immediate increase in capacity to respond to urgent requests for medical retrieval of critical patients and to access isolated scenes. The interim fleet of four Bell 412 helicopters gives improved payload and poor weather performance along with the standard fit out to allow pilots and specialist clinicians to operate from all aircraft. New helicopters will be delivered over the next 18 months.

In the clinical area, Ambulance has continued to expand clinical practice performance indicators to include trauma and patient safety, cardiac arrest, asthma, spinal injuries, and pain relief. A major program of mental health training has also commenced for all ambulance officers in preparation for the introduction of the revised Mental Health Act later in 2007. Preparations are also well advanced for the introduction of expanded models of ambulance care. Next year we will start to operate pilot programs that will assist officers in the management of selected patients who are assessed as more appropriate for referral to non-emergency care or self care.

Improvements in information technology and information management continued in the reporting year. The Computer Aided Dispatch and Patient Health Care Record systems are being used to report a wider range of information and this has improved the quality, relevance and credibility of data available for day to day decision making. Other technical enhancements include finalisation of the Rural Data Radio Service project to

complete a dedicated wireless mobile data network system across NSW. Work on upgrading the Electronic Booking System is also underway to improve access for hospital staff needing to book non-emergency patient transport while reducing demand on Ambulance call takers.

The Sydney Operations Centre has undergone a significant reconfiguration including the addition of 10 call taking stations to meet increasing demand. Staff have worked closely with managers to introduce more supportive performance based systems of work and I would like to commend everyone involved for developing and implementing these changes smoothly and with a clear commitment to improving care for our patients.

During 2006, we celebrated 30 years since the introduction of paramedics and 20 years since the introduction of Special Casualty Access Team (SCAT) paramedics. Although these were somewhat radical changes in their day, it is hard to imagine a modern professional ambulance service without these specialised skills.

I would like to take this opportunity to thank our growing numbers of Ambulance volunteers who work tirelessly behind the scenes to deliver pre-hospital care and to help others. In addition to Peer Support Officers, Chaplains and Consumer Representatives, the numbers of Volunteer Ambulance Officers and Community First Responders are being increased through joint training initiatives involving members of the SES, RFS and Fire Brigades.

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

Finally I extend my sincere thanks and congratulations to all Ambulance staff for their commitment to service and care for the community. This has been a significant factor in largely maintaining performance while introducing clinical and work practice changes and ensuring care is delivered in a way that 97 per cent of our patients remain satisfied or very satisfied with the service provided.



Greg Rochford
Chief Executive

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 June 2005. Mike was previously Director, Operational Services and Director, Metropolitan Ambulance Services. A career ambulance officer for over 25 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 commenced 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. Michael has 30 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 of the Department of Commerce and with 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.

Gillian O'Malley

BA/LLB (Hons) MTransCrimPrev

**Acting Director,
NSW Health Counter Disaster Unit**

HES Level 2

Gillian was appointed as the Deputy Director on 30 October 2006 and has over 20 years experience in law enforcement and security. Her roles include lawyer, and as a police officer and senior administrator in NSW Police. Since joining Ambulance Gillian has been responsible for the health services planning for APEC 2007 Sydney meetings, the review of HEALTHPLAN and coordinating disaster preparedness across the Area Health Services.

The Ambulance Service 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.

Ken Pritchard

**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.

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. Allan commenced 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 a number of ambulance services both in the UK and Middle East on a consultancy basis.

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 42 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.

Denis Beavan

**BA Health Science
Divisional Manager,
Southern Division
HES Level 1**

Denis was appointed Divisional Manager, Southern Division in February 2002. His previous positions include Sector Manager, South Eastern Sector, Illawarra and South Eastern Area. Denis has over 30 years experience in Ambulance having started his career as an ambulance officer in 1977. He has held several operational management positions, including Operations Centre Coordination, Deputy Superintendent, South Eastern District and station manager in rural and remote areas which involves the NSW Snowfield Operations. He has a Bachelor of Health Science – Pre-Hospital Care, Diplomas in Personnel Management, Advanced Life Support qualifications and a mechanical engineering background.

2006/07 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 2005/06 Performance Agreement are shown below.

NSW HEALTH GOAL: WORK IN PARTNERSHIP WITH COMMUNITY, OTHER HEALTH AND EMERGENCY ORGANISATIONS AND STAKEHOLDERS

- > 97 per cent satisfaction in Annual Patient Survey.
- > Off-stretcher performance data provided to Area Health Services.
- > Strategies developed with Area Health Services through the Sustainable Access Program to reduce off-stretcher time in hospital emergency departments.
- > Review and refinement of the Electronic Booking System to improve utilisation across Sydney hospitals.
- > Ongoing collaboration with Area Health Services to review the matrix thresholds and application, and demand management plans.
- > Community first responder schemes established in conjunction with the SES, Rural Fire Service and NSW Fire Brigades.
- > *Be an Ambulance Hero: Dial Zero Zero Zero* rolled out to NSW primary schools.
- > *Life...Live It, Save It!* targeting over 55s and delivering core awareness and skills in the event of a cardiac emergency, rolled out to 100 community groups and 2,000 participants.
- > New complaints policy implemented.
- > Health Plan updated and the Disaster Management Strategic Plan developed.
- > Ongoing assessment of disaster preparedness through exercises and training programs with Health entities.
- > Planning and preparation for APEC 2007.
- > Planning and preparation for World Youth Day 2008.

NSW HEALTH GOAL: DEVELOP AND SUPPORT STAFF TO LEAD, MANAGE AND DELIVER PRE-HOSPITAL CARE

- > Review of Certificate to Practice.
- > Continued roll-out of the advanced skills training package: 80 per cent of eligible rural officers and 57.4 per cent of eligible metropolitan officers trained.
- > Advanced mental health training completed by 675 ambulance officers.
- > 43 per cent reduction in manual handling injuries.
- > 33 per cent reduction in workplace injuries.
- > Incident management training implemented and scene management training delivered to station officers and above.
- > 50 staff members commenced the Frontline Supervisory and Management Development program.
- > Performance appraisal completed to district officer level.
- > Succession planning commenced at sector management level.
- > New policies implemented to manage unsatisfactory professional conduct and performance.
- > Program developed to identify and manage bullying and harassment.

2006/07 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 and has assisted develop strategies through the Sustainable Access Program to facilitate better off-stretcher performance.

NSW HEALTH GOAL: CONTINUALLY IMPROVE PERFORMANCE AND VALUE THROUGH OPTIMISING ORGANISATIONAL STRUCTURE, BUSINESS PROCESSES AND SYSTEMS

- > Independent Pricing And Regulatory Tribunal (IPART) recommendations implemented and revenue budgets achieved.
- > Clinical services redesign program at Sydney Operations Centre finalised and implementation of SWITCH commenced at other operations centres.
- > Sydney Infrastructure Review project commenced.
- > Capital funding arrangements reviewed with Health.
- > Ongoing participation and negotiation on major industrial case.
- > Sydney enhancements implemented.
- > Final phase of the rural enhancements implemented.
- > Mobile data terminals fitted to all operational vehicles and connected to a dedicated wireless mobile data network.

NSW HEALTH GOAL: PROVIDE HIGH QUALITY CLINICAL CARE, PATIENT TRANSPORT, RESCUE AND RETRIEVAL SERVICES

- > Commenced implementing cardiac care strategy — all replacement defibrillators and monitors to be 12 lead ECG capable.
- > Reporting frames developed on clinical indicators for management of asthma, pain management for limb trauma and management of spinal injuries.
- > Clinical protocols and pharmacologies reviewed.
- > Reporting commenced on patient health care records, defibrillator battery checks, compliance with non-transport protocol and peer review programs.
- > Clinical Assessment and Referral Project developed with 148 ambulance officers trained in module 1.
- > Extended Care Paramedic program developed and implementation commenced.

PERFORMANCE INDICATORS	BASELINE	2005/06	2006/07
Potentially life threatening cases 50th Percentile response time (minutes)	State	9.53	9.60
	Metro	9.07	9.25
Potentially life threatening cases 90th Percentile response time (minutes)	State	19.55	19.65
	Metro	16.48	16.96

Overall compliance and accuracy with emergency call taking processes at all operations centres:

Total ProQA Compliance Score — Sydney Division	93%	95%	98%
Total ProQA Compliance Score — Northern Division	94%	98%	97%
Total ProQA Compliance Score — Southern Division	93%	96%	97%
Total ProQA Compliance Score — Western Division	95%	93%	95%

Corporate Governance

The Ambulance Service Advisory Council is established under Section 67C of the *Health Service 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. Council members also participate in the activities of the governance committees established by the Chief Executive.

The members of the Council are appointed by the Minister for Health. In November 2006, the Minister appointed members of the previous Ambulance Service Board as members of the Council. The Ambulance Service Board was integral to the governance of Ambulance and the appointment of the previous Board members has ensured that the skills and experience of the Board has been transferred to the Council.

Following an expression of interest open to all staff members, the Minister also appointed four members of Ambulance to the Council: James Arneman, Stephen Flanagan, Daniel Ferguson and Penelope Fleming. The Ambulance members bring to the Council wide ranging skills and experience as ambulance officers.

COUNCIL MEMBERSHIP AND TERMS OF OFFICE

Council membership and terms of office as at 30 June 2007

Council Members	Terms of Office
<i>Chair</i>	
The Hon Barrie Unsworth	01/07/06 to 30/06/10
<i>Chief Executive</i>	
Mr Greg Rochford	appointed 16/08/99
<i>Council Members</i>	
Mr Jon Isaacs (<i>Deputy Chair</i>)	01/07/06 to 30/06/10
Ms Angeline Oyang	01/07/06 to 30/06/10
Ms Maria Pethard	01/07/06 to 30/06/10
Ms Linda Barach	01/07/06 to 30/06/10
Mr Jim Arneman*	01/07/06 to 30/06/08
Mr Stephen Flanagan*	01/07/06 to 30/06/08
Mr Daniel Ferguson*	01/07/06 to 30/06/08
Ms Penelope Fleming*	01/07/06 to 30/06/08

* Member of the Ambulance Service

ADVISORY COUNCIL	MEETINGS ATTENDED
Mr Barrie Unsworth	5
Mr Jon Isaacs	3
Mr Greg Rochford	5
Ms Angeline Oyang	5
Ms Maria Pethard	2
Ms Linda Barach	5
Mr Jim Arneman	4
Mr Daniel Ferguson	3
Mr Steve Flanagan	2
Ms Penny Fleming	1

Five Advisory Council Meetings were held between 1 July 2006 and 30 June 2007.

COUNCIL MEMBERS

The Hon Barrie Unsworth, Chair

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

Jon Isaacs, Deputy Chair

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

Greg Rochford PSM

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

Angeline Oyang OAM

Angeline directs her own consultancy company and is trained in social work and communications. She has a long history of involvement in ethnic affairs, 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.

Dr Maria Pethard

Maria is the former chief representative for Australia, New Zealand and the South Pacific for Banca Intesa and lecturer at the University of Sydney. She has worked for the CSIRO

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

and as a visiting Fellow at the Massachusetts Institute of Technology in Boston, USA. Maria is a past member of the Executive Committee and the National Congress Committee of the Finance and Treasury Association, past president of the Overseas Bankers' Association of Australia, and a Director of various public companies.

Linda Barach

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

Jim Arneman

Jim Arneman joined the Ambulance Service in 1985 and has worked in Sydney, regional and rural remote areas of the state. Jim currently holds Advanced Life Support certification and is 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 and is a current HSU State Delegate.

Daniel Ferguson

Daniel Ferguson is a District Officer with the Sydney Division. A member of Ambulance since 1975, Daniel has operational experience as a paramedic, has worked as a Station Officer in the Special Event divisions and is a member of the Sydney Division Clinical Quality Committee. He was awarded a Churchill Fellowship, while a member of Ambulance to study event planning in preparation for the Sydney Olympics, and was awarded the Ambulance Service Medal in 2006.

Penelope Fleming

Penelope Fleming has been a member of Ambulance for six years, and is currently working in South Western Sydney as a paramedic. She has qualifications in law and management, has been an instructor with the Red Cross Australia and is actively involved in community work with the ACT Emergency Service and Rural Fire Service.

Stephen Flanagan

Stephen Flanagan is currently a District Officer for the Northern Rivers Sector. He has 20 years experience with Ambulance as an operational paramedic and manager and has worked in metropolitan, regional and rural areas.

CORPORATE GOVERNANCE

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

The Chief Executive has practices in place to ensure the primary governing responsibilities of Ambulance 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 of Ambulance established by the Chief Executive are:

- > Finance Committee
- > Audit and Risk Committee
- > Clinical Governance Committee

For further information on the Committees of the Ambulance Service including committee members and attendance refer to page 60 of this Annual Report.

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 action, 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.

PROFESSIONAL STANDARDS AND CONDUCT UNIT

The Professional Standards and Conduct Unit (PSCU) exists to strengthen ethical governance by promoting ethical practices, work standards and professional conduct across Ambulance. The Unit is also responsible for monitoring the complaint management system to help identify opportunities to improve service delivery and customer satisfaction. In particular, it is the role of the PSCU to:

- > Develop and communicate Ambulance's corruption resistance and ethical governance strategies.
- > Develop, implement and maintain complaints handling systems including supporting, training and advising staff involved in complaints handling or other investigations.
- > Manage Ambulance's involvement in coronial inquiries.
- > Advise Ambulance on issues pertaining to relationships with external agencies such as the NSW Ombudsman, the Health Care Complaints Commission and the Independent Commission Against Corruption.
- > Develop guidelines, policies and procedures on the Unit's areas of responsibility.

PSCU also monitors and investigates allegations of misconduct, unprofessional conduct and findings against staff with respect to criminal and traffic offences.

There were 160 new matters and 94 matters finalised in 2006/07 compared to 85 new matters and 67 finalised in the preceding year (see table on page 62 for details).

CODE OF CONDUCT

A new Code of Conduct was published in August 2006. A further minor amendment was made on 25 May 2007.

COMPLAINTS DATA

A total of 567 complaints were received by Ambulance in 2006/07, compared to 734 in 2005/06. This decrease may in part be attributed to the considerable resources invested in better managing complaints in general. A breakdown of complaints received during 2006/07 is shown in the table below. The type of complaint resolution mechanisms utilised remains consistent with previous years, with an explanation overwhelmingly being the most frequent method adopted and apology the next most frequent.

COMPLAINTS DATA - SAC* RATING BY RESOLUTION TYPE

Resolution type	SAC 1		SAC 2		SAC 3		SAC 4		Blank SAC		Total
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	
Apology	0	0%	0	0%	28	14.3%	166	84.7%	2	1.0%	196
Arbitration	0	0%	0	0%	0	0%	1	100%	0	0%	1
Compensation	0	0%	0	0%	0	0%	0	0%	0	0%	0
Conciliation	0	0%	0	0%	0	0%	0	0%	0	0%	0
Explanation	0	0%	2	0.6%	52	14.6%	295	82.6%	8	2.2%	357
Litigation	0	0%	0	0%	0	0%	0	0%	0	0%	0
Mediated Settlement	0	0%	0	0%	2	25.0%	6	75.0%	0	0%	8
Service Provided	0	0%	0	0%	0	0%	11	91.7%	1	8.3%	12
Unresolved	0	0%	0	0%	1	9.1%	9	81.8%	1	9.1%	11
Other	0	0%	2	4.7%	9	20.9%	31	72.1%	3	3.2%	43
Blank	0	0%	2	2.3%	19	22.1%	62	72.1%	3	3.2%	86
											567

*SAC - Severity Assessment Code

SAC 1 - Extreme risk

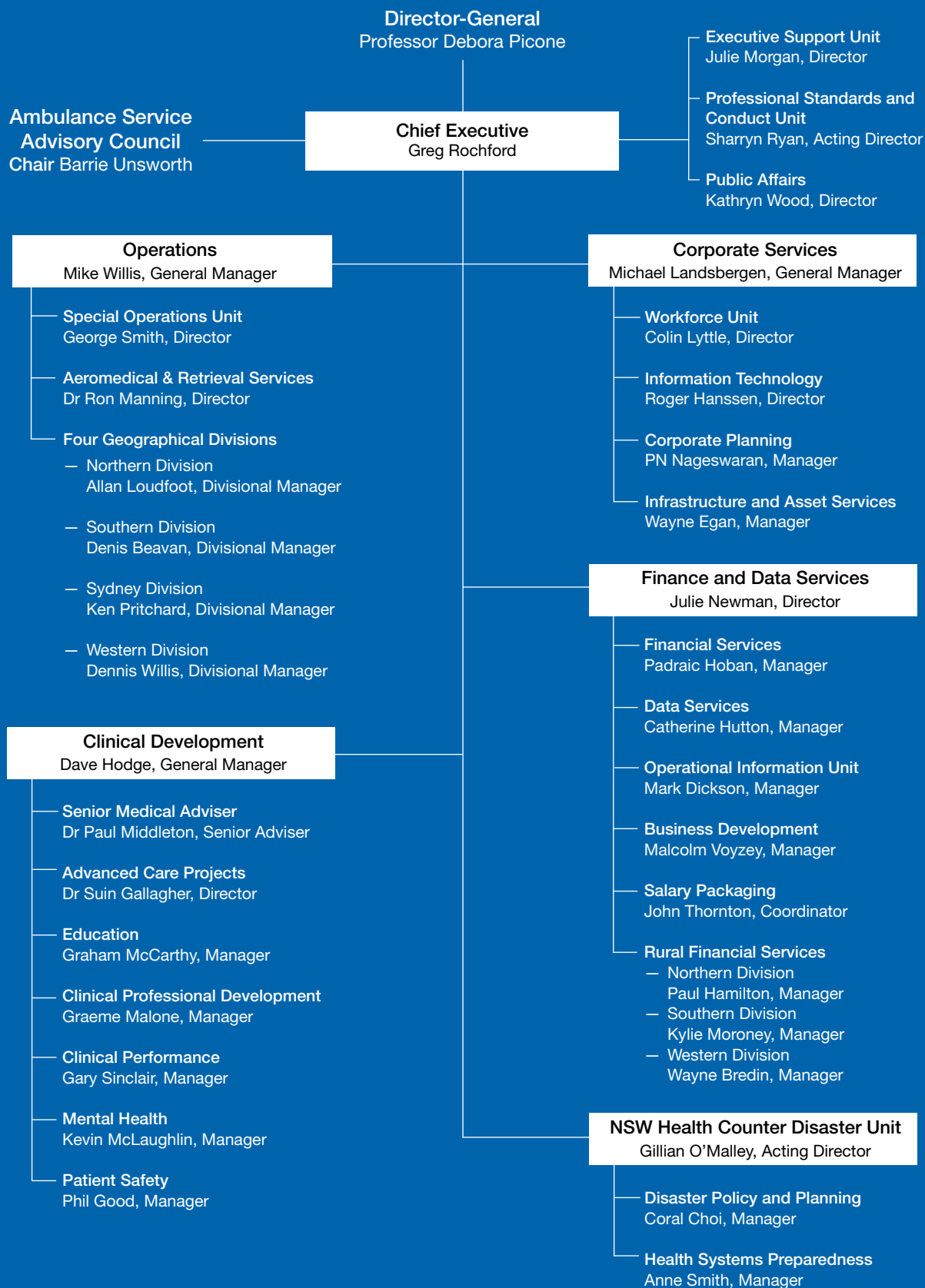
SAC 2 - High risk

SAC 3 -Medium risk

SAC 4 - Low risk

Organisational Structure

as at 30 June 2007



Organisational Structure

Ambulance operates under the *Health Services Act 1997*. The Chief Executive is responsible for the day to day running of Ambulance.

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 divided into four divisions, responsible for the delivery of front line services, and administrative and business support functions. Each division is supported by an operations centre, which coordinates all resources in their particular area.

Sydney Division

Most densely populated division, extending from 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

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

Operations Centres

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

Aeromedical and Medical Retrieval Services Division

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

Special Operations Unit

The purpose of the Ambulance Special Operations Unit is to ensure 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 several areas which are listed below.

Education

The Ambulance Education Centre (AEC), a Registered Training Organisation, provides induction and in-service clinical training and assistance programs. The AEC is supported by regional training units and educational staff.

Clinical Professional Development

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

Clinical Performance

Develops key performance indicators to measure performance and identify risks and coordinates improvements in clinical practice.

Mental Health

Responsible for the development and implementation of strategies to enhance the capacity of ambulance officers to manage patients suffering from mental illness, including treatment and transport options.

Patient Safety

Monitors performance through the development of key performance indicators and coordinates patient safety initiatives to manage risk and improve performance.

Advanced Care Projects

Oversees the Clinical Assessment and Referral (CARE) project and Extended Care Paramedics project designed to provide more appropriate services for patients whose needs could be more appropriately served by referral to health services other than emergency departments.

Senior Medical Adviser

Provides clinical and research leadership and oversees the introduction of evidence based clinical practice within Ambulance. The position also has a collaborative lead role in developing clinical initiatives and clinical governance and is Chair of the Ambulance Clinical Advisory Committee.

Organisational Structure

General Managers and Directors are responsible for operational, medical and corporate functions and the executive is supported by a range of administrative, professional standards and public affairs staff.

Corporate Services

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

Workforce: Workforce is responsible for the development and management of strategic and operational human resource policies, programs and services, including recruitment, learning and organisational development, equity and diversity, personnel and employment support services, employee relations and workplace health and safety management, including risk management, workers' compensation and occupational rehabilitation.

Infrastructure and Asset Services: Infrastructure and Asset Services is responsible for the forward planning and 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.

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

NSW Health Counter Disaster Unit

The 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.

Finance and Data Services

Financial Services: Financial Services includes revenue, financial and expenditure accounting, payroll, purchasing and supply, asset accounting and cash management functions

Data 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. This includes managing the strategic capability of the finance/accounting, human resource and patient health care records databases and processing functions as well as providing effective and compliant records and mail management services.

Operational Information Unit: The Operational Information Unit collates and analyses statistics, develops key performance indicators and measures, relating to all areas of ambulance operations and has input into the development of service delivery strategic programs

Business Development: Business Development maintains responsibility for numerous statewide revenue contracts with other Government agencies for the provision of ambulance services, assists manage Ambulance wide projects and provides high level support to the Director, Finance and Data Services.

Salary Packaging: Salary Packaging provides tax effective salary benefits to Ambulance employees. These benefits are tailored to individual requirements and participation in the scheme is voluntary.

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

The following areas report to the Chief Executive:

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

Professional Standards and Conduct: Professional Standards and Conduct (PSCU) deals with serious complaints and conduct issues across Ambulance. It is also charged with influencing and improving Ambulance capacity, performance and credibility in corporate, clinical and ethical governance

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

Operational Report

Ambulance operations encompass the delivery of front line pre-hospital care, medical retrieval and health-related transport. The State is divided into four divisions responsible for service delivery, administrative and business functions. Each division is supported by an operations centre which coordinates all resources in their particular area.

MAJOR GOALS AND OUTCOMES

Sustainable Access Project:

- > Introduction of the Patient Allocation Matrix into the Central Coast in December 2006.
- > Ongoing participation in the NSW Health Patient Flow Managers group provided the opportunity to review the performance of the Patient Allocation Matrix using actual data from a six month period. This review resulted in recommendations to increase Emergency Department thresholds at 15 Sydney hospitals and to change inpatient services at one hospital.
- > Analysis of non-urgent workload identified a requirement for Patient Transport Services (PTS) to be located closer to workload. This resulted in the commencement of planning and preparation to establish PTS from the former Summer Hill workshop facility.
- > Upgrade of the Electronic Booking System was commenced. The new version is based on user feedback to stimulate increased utilisation and facilitate more efficient use of PTS through a reduction in the volume of same day bookings.

Helicopter Contract Review: On 14 May 2007 CHC Australia was contracted to provide emergency medical helicopter missions at Wollongong, Sydney and Orange. CHC Australia is operating an interim fleet of Bell 412 helicopters until the arrival of the new fleet of AW 139s and EC145s.

Relocation of helicopter services to Bankstown:

Implementation of the new emergency medical helicopter contract for Sydney involved establishing a new Sydney base at Bankstown Airport.

Emergency medical helicopter operations at Orange and Wollongong: Helicopter services at Wollongong continue to be provided from Albion Park with plans to extend the hours to 24 hour/7 days operations. Helicopter operations based at Orange moved from a temporary facility at Orange Airport to a facility closer to the Orange township on 24 June 2007.

Sydney Operations Centre (SWITCH):

- > Sydney Operations Centre staff participated in a pilot management program being conducted by the Australian Institute of Management. The program was provided as a development opportunity to enhance the management skills of supervisors working in the centre.
- > Introduction of a digital dashboard which offers real time reporting of key performance data, providing a visual representation of performance within the Sydney Operations Centre. The system identifies trends in workload and resource demands and provides supervisors with an opportunity to more easily and quickly identify pressures on ambulance service delivery and implement intervention strategies.
- > New performance appraisal system giving ongoing feedback and driving performance improvement.

Reconfiguration of the Sydney Operations Centre: The Sydney Operations Centre has undergone a significant reconfiguration to facilitate the addition of 10 call taking stations. This will provide a greater capacity for call taking to meet increasing demand and performance targets.

Relocation of Medical Retrieval Unit and Establishment of Health Services Disaster Coordination Centre (HSDCC):

As part of the relocation of the Medical Retrieval Unit from St George Hospital to the Sydney Ambulance Centre a fully operational Health Services Disaster Coordination Centre and State Emergency Operations Centre has been established. The introduction of a fully functional emergency operations centre is a first for Ambulance and now provides a facility for the management of all major operations.

Expansion of Volunteer Services: Volunteer ambulance officers are now working together with State Emergency Service volunteers at Goolgowrie, Sofala, Captains Flat and Tambar Springs and Rural Fire Service volunteers at Mt Wilson. There are now more than 90 volunteer ambulance officers working from 23 locations.

Operational Report

Air Ambulance has implemented new and improved emergency medical helicopter services to meet growing community needs. The new twin-engine helicopters have improved poor weather performance along with the standard fit out which allows pilots and specialist clinicians (doctors and paramedics) to operate from all aircraft, reducing delays due to logistical or poor weather factors.

Community First Responders: Community First Responder groups have been established at Lowanna, Ulong, Glenreagh, Coramba and Nana Glen with 39 members fully trained and equipped. In addition, Ambulance mentors are in place to monitor and provide support in conjunction with clinical training officers.

Wentworth Ambulance Station: The Wentworth Ambulance Station was officially operational on 14 May 2007 with a staffing establishment of three permanent officers servicing the Wentworth / Dareton area. For the previous 43 years the area was serviced by Rural Ambulance Victoria and their volunteers.

Divisional Realignment: Three operational divisions were restructured, which included the establishment of a new position, Assistant Divisional Manager, within Sydney, Western and Southern Divisions to provide strategic management and support to divisional managers. Frontline management has been enhanced within the three divisions in the form of additional district officers. A restructure of the Northern Division commenced.

FUTURE INITIATIVES

Review of Bariatric Transports: Review the needs of an increasing population of obese patients that require ambulance services and acquire additional resources to ensure a bariatric vehicle is available within each division.

Review Strategies for Future Growth: Evaluate the efficiencies achieved from recent staffing enhancements across the State to provide greater insight into service delivery models for future developments.

SWITCH Project: Continue the implementation of recommendations as part of the Sydney SWITCH report to achieve efficiencies in performance and patient journey. Implement similar strategies within the Northern Operations Centre.

Review of Aeromedical Retrieval Service (AMRS): Ensure the AMRS systems are integrated into Ambulance operations.

Ambulance response to June 2007 storms

Heavy rains and high winds across New South Wales prior to and over the June 2007 long weekend placed significant demands on Ambulance.

Central Coast and Hunter Sector ambulance officers provided 949 responses on Friday 8 June, an increase of more than 300 on average expected workload.

Ambulance Emergency Medical Helicopters responded to 51 incidents, including rescuing the 21 crew of the *Pasha Bulker* off Nobbys Beach in Newcastle. Other helicopter retrieval missions included winching people from rooftops, surf and from dangerous flood waters.

To meet the increased demand, off duty staff were recalled and crews from surrounding areas including Sydney and Central Coast were deployed to the area. Local ambulance officers also worked extended shifts in treacherous conditions even, in some cases, when their own homes had been threatened or damaged.

Many of the calls for ambulance assistance were to persons suffering mild hypothermia from exposure to flood waters, and to assist people trapped by the flood waters in their cars or houses. Other calls included wounds from storm debris, slips and falls from slippery floors, and motor vehicle accidents on wet roads.



Clinical Report

Ambulance has developed processes to provide more appropriate services for patients whose needs could be better served by referral to health services rather than emergency department attendance. Extended care paramedics will undergo training to enable them to provide referrals for non-acute patients and in some cases complete full treatment.

MAJOR GOALS AND OUTCOMES

Medical Advice: In early 2007, Dr Michael Flynn resigned his part-time position as Ambulance's Senior Medical Adviser. Dr Flynn had played a significant part in reforms to systems which support and enhance clinical practice and patient safety. The position was taken up by Dr Paul Middleton, a senior staff specialist with a background in surgery and emergency medicine, and extensive experience in pre-hospital care, medical retrieval, and both clinical and non-clinical research.

Medical Advisory Committee (MAC): A review of the structure and function of the MAC produced a blueprint to provide advice to Ambulance and renaming as the Ambulance Clinical Advisory Committee (ACAC). The expanded membership allows for specific clinical areas to devolve to subgroups and the establishment of Special Advisory Groups. Ambulance is grateful to the medical and nursing professionals who have served on the MAC and the expert advice and guidance they have provided. During 2006/07, its membership included Dr Paul Middleton (Chair), Dr Michael Flynn, Dr Trish Saccasan-Whelan, Dr Ross Forman, Dr Rod Bishop (resigned 2007), Ms Sarah Parkinson (resigned 2007) and Ms Cate Salter. The ACAC is planning to further develop clinical practice to ensure all decisions are made with the best available evidence.

Advancing Skills: Continue upgrading the base skills set of ambulance officers to include advanced airway and pain management techniques.

Operations Centre Training: Establishment of a communications education facility, purpose built for the education and training of operations centre call takers and dispatch staff.

Education: Introduction of an additional 11 clinical training officers, three based in Sydney and eight in rural areas. On-line education was recognised as a finalist in 2006 NSW Training Awards for new initiatives. Podcasting has also been made available as an additional means by which staff can access educational opportunities via flexible delivery. The on-line Certificate to Practice management system has been expanded to ensure certification progression of officers is maintained.

Emergotrain: The emergotrain mass casualty training and exercise tool is now conducted as part of the Diploma and Advanced Diploma of Paramedical Science, management training, and has been used in APEC specific training.

Improving Clinical Information Systems: Protocol and pharmacology updates were provided to ambulance officers as well as the introduction of a protocol and pharmacology version index to assist updating personal documentation.

Clinical Governance

The structure and function of Ambulance's Clinical Governance Committee (CGC) and divisional clinical quality committees were 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.

Ambulance officers 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.

Patient Safety devised a system aimed at ensuring patients conveyed to hospitals arrived with their medications. The system is known as Tablets Are Bagged Letting Emergency Treatment Start (TABLETS). The initiative was the first Ambulance program to receive a NSW Health Award for Safety of Healthcare.

Modernising the Skills Framework: A framework has been developed to facilitate advanced life support officers progression to paramedic level in designated areas according to identified community needs.

Ambulance Service Rural Plan: Development of a Rural Plan to identify innovative programs to assist recruit and retain ambulance officers; further develop professional and volunteer services; and form partnerships with mainstream health services and other emergency services to enhance services to small communities.

Ambulance Station Casualty Rooms: Four NSW South Coast ambulance stations are participating in a project to provide assistance in casualty rooms where there is no requirement for patients to be transferred to hospital. Equipment has been upgraded, new protocols developed and ambulance officers have been trained in new procedures.

Trauma: With support and funding provided by the Institute of Trauma and Injury Management (ITIM), Ambulance has reviewed its protocol for managing cases of serious trauma.

Medical Priority Dispatch System (MPDS): Developed a plan to manage key areas of operations centre staff accreditation; MPDS performance and clinical dispatch appropriateness; emergency call-taking performance; feedback to ambulance officers; and the role of the quality support coordinators.

Key Performance Indicators: The range of indicators were expanded to include trauma and patient safety measures contained in the Patient Safety and Clinical Quality Performance Agreement. Further work has also been undertaken to introduce reliable measures for reporting performance in the management of cardiac arrest, asthma, spinal injuries, and pain relief.

Infection Control: Ambulance participated in a statewide hand hygiene improvement program to provide staff with information to assist them if exposed to infectious diseases. Ambulance is also implementing an occupational assessment, screening and vaccination program for all health care workers including volunteers, observers and clinical placements.

Mental Health: Commenced a major program of one day mental health training across the State, covering mental health signs and symptoms, treatments, restraint and inter-agency responses in preparation for the introduction of the revised Mental Health Act.

Cardiac Care: Ambulance has adopted a minimum standard of care to promote uniform and equitable high quality immediate care for suspected myocardial infarction, regardless of the place of residence.

FUTURE INITIATIVES

Education: Review the current curriculum, continue to develop communications courses and increase the range and access to online courses and e-learning activities such as podcasting.

Clinical Professional Development: Progression of advanced life support officers to paramedic level aligned to community needs and finalisation of the development and implementation of the Clinical Practice Information Management framework.

Clinical Performance: Consolidate Trauma Clinical Support Officer and Medical Priority Dispatch Systems Officer roles.

Patient Safety: Further develop additional key performance indicators. Continue the occupational assessment, screening and vaccination program. Link data from incident reports to educational strategies.

Mental Health: Finalise the Mental Health Emergency Response Memorandum of Understanding (MOU) between NSW Health, Ambulance and the NSW Police Force, which will provide a framework for inter-agency responses when caring for people affected by mental illness. Review outcomes from the mechanical restraint device evaluation and continue one-day mental health training to all ambulance officers.

Research: Expand the research capacity within Ambulance.

Advanced Care: Implement the extended care paramedic model and continue skill development in clinical assessment and referral. Continue the development of integrated chest pain management, with a focus on advanced pre-hospital interventions.

Ambulance developed structures to formalise the interaction in research projects between external agencies and investigators and Ambulance, and to allow for the involvement of ambulance officers in research projects.

RESEARCH

Infrastructure

Ambulance officers are able to submit a short topic proposal to the research committee, describing an issue which they feel is important to investigate. Following this a mentor is allocated from the research committee to assist the officer develop the idea through to a formal proposal and Human Research and Ethics Committee (HREC) application. This is followed by assistance and mentoring through the conduct, analysis and writing up of the research project for publication.

Studies

Ambulance has continued to build its involvement and innovation in research opportunities through the development of a matrix which identifies general research categories and levels of research applicable to each. The following projects are either in progress or have been completed:

- > **The Early Triage of Myocardial Infarction (ETAMI) study:** Cohort study of STEMI management by pre-hospital 12-lead ECG transmission and early PTCA. Conducted in collaboration with cardiology at Royal North Shore Hospital and Westmead Hospital, and published in the European Heart Journal.
- > **Thrombolysis in Myocardial Infarction (TIMI) Risk Index:** Re-analysis of ETAMI data for pre-hospital triage of acute coronary syndromes.
- > **Bicarbonate study:** Randomised controlled trial with blinded placebo for true outcomes. Sample size 2000. Protocol design and HREC application in progress.
- > **Pre-hospital Adrenaline in Cardiac Arrest (PACA) study:** Commonwealth-wide study of cardiac arrest outcomes related to adrenaline dose. Protocol design and HREC application in progress. Study conducted in collaboration with Ambulance Services from Western Australia, Queensland, Victoria and South Australia.
- > **Continuous Positive Airway Pressure (CPAP) study:** Cohort study of pre-hospital CPAP via Boussignac valve vs traditional treatment. Protocol design and HREC application in progress.
- > **Retrospective Analysis of Trauma Transfers (RATTS study):** Analysis of compliance with Protocol 4 trauma bypass involving 90,000 patients. RATTS study will be followed by multiple regression outcomes analysis and is being conducted in collaboration with The George Institute for International Health, Sydney.
- > **Pain Study:** Retrospective, case controlled study including analgesia – intranasal fentanyl, inhaled methoxyflurane, IV / IM morphine and analysis of pain scores and side effects in 3,000 patients.
- > **Central Coordination and Serious Trauma (C-CAST study):** Statewide introduction of single trauma decision algorithm. Study includes central control point with early information; modelling of decision making, changes in transport and timing and potential changes in outcomes. Protocol design in progress, conducted in collaboration with NSW Institute of Trauma and Injury Management.
- > **Physiology Studies:** a. Doppler cardiac output measurement in head down position; b. Doppler cardiac output in comparison of restraint device and police handcuffs; c. Analysis of heart rate variability as a measure of stress in the Valsalva manoeuvre. All conducted with the collaboration of Ambulance educators.
- > **Ambulance Presentations to Emergency Departments:** To determine ambulance officer perspective on the reasons for transport; to characterise the precise nature of patients transported to the emergency department (ED) prospectively in two well defined service areas; to characterise the perceptions of ambulance officers regarding their opinion as to the needs of the patients being transported to ED and to characterise factors that result in ambulance transport that may be amenable to alternate models of care. Survey and protocol design in final stages and HREC approval granted.
- > **Stroke Study:** Before and after cohort study involving analysis of the ability of ambulance officers to recognise stroke using a custom designed triage score. Protocol design in progress with study being conducted in collaboration with the Stroke Network.
- > **Development and Validation of a Fall Risk Screening Tool:** Protocol design and HREC application currently in progress. Project conducted in collaboration with Falls Research Centre, University of NSW and Falls and Injury Prevention Section, NSW Health.
- > **Extended decision-making paramedic role:** Cohort study of paramedic extended management of selected subacute conditions including a comparison of patient satisfaction, sentinel events and specialist follow up.

Technical Report

The Ambulance Service of NSW vehicle fleet is now an average of eighteen months old, making it one of the most modern ambulance fleets in the world.

MAJOR GOALS AND OUTCOMES

The Computer Aided Dispatch Infrastructure Upgrade Project (CADIUP):

This project, which aims to provide a statewide computer aided dispatch environment for Ambulance's four operations centres, commenced. 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 while repairs are completed. A further level of contingency will be 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.

Rural Data Radio Service: The completion of the Rural Data Radio Service project has provided mobile response data and duress alarm capabilities in 695 rural Ambulance vehicles. The fully managed service is provided by Telstra, and provides automatic roaming to multiple data networks to ensure maximum coverage in rural areas.

Ambulance Data Centre: A major upgrade of the primary Ambulance data centre has been completed. This has included the provision of an emergency power generator, and upgraded air conditioning and environmental monitoring.

Medical Retrieval Unit (MRU): Preparation completed for the Medical Retrieval Unit move to Sydney Ambulance Centre. This included PABX and telephone handsets, radio consoles and a server to host the MRU database.

Electronic Booking System (EBS): Work began on introducing increased functionality into the EBS. As well as addressing some minor performance issues, a number of enhancements are also being incorporated to encourage greater use of the system by area health services.

Sydney Operations Dashboard: The Sydney Operations Dashboard was implemented. This provides a near-real time view of activity such as incoming telephone calls, and alerts for any activity that is exceeding a pre-defined threshold.

Government Radio Network (GRN): In preparation for the digitisation of the GRN, all GRN analogue radios are being replaced with digital radios.

This project commenced in the Sydney area with priority given to replacing station radios, followed by mobile and portable radios.

Bankstown Helicopter Base: Provisioned the new helicopter base at Bankstown, including the supply of radios for the new helicopters as well as connection to the Ambulance data network.

Hazardous Materials: A statewide asbestos and hazardous materials audit and remediation works has been completed. A re-audit program compliant with hazardous materials requirements has also been established.

Fleet Replacement Program: Continuation of the ten year fleet replacement program. There have been significant milestones with the introduction this year of new vehicle models with advanced technologies and safety features including:

- > Mercedes Benz 315 Sprinter Ambulance vehicles
- > Mercedes Benz 311 Sprinter Patient Transport Vehicles
- > Volkswagen T5 AWD Ambulance vehicles
- > Hino Ranger Rescue Trucks.

New Ambulance Stations: Completion of Gunnedah Ambulance Station and the major redevelopment of the Paddington Ambulance Station. The construction program for the new Ryde Ambulance Station has been impeded by development consent issues which are being addressed.

FUTURE INITIATIVES

Computer Aided Dispatch Infrastructure Upgrade Project:

Continue development and implementation of the CADIUP project.

GRN Radios: Continue replacement of analogue GRN radios with digital radios.

Electronic Booking System (EBS): Complete the enhancement of the EBS.

Improve Provision of Computers: Continue the desktop and server replacement strategy to ensure that computers are no more than four years old as well as providing for multiple desktop computers in larger stations.

New Ambulance Stations: Planning is underway for ambulance stations at Liverpool and Auburn inclusive of the construction and project delivery programs.

Management Report

Major targets have been established to meet the immediate operational requirements and plans have been developed to deliver strategic outcomes to more positively influence workplace performance and culture.

MAJOR GOALS AND OUTCOMES

Strategic Initiatives: Workforce has developed an outcomes driven approach to provide support for the Executive and line management areas.

Death and Disability Claims: Negotiations with the Health Services Union have seen the key discussions on the Work Value and the Death and Disability claims progressed.

Learning and Development: Analysis of the workforce environment has been undertaken to identify key drivers through the provision of a substantial learning and development calendar. This reflects a more responsive and collaborative delivery of human resource imperatives.

Staff Enhancements: Staff enhancement levels have been reached. This includes the successful recruitment of 253 trainee ambulance officers and 35 patient transport officers with additional training classes being filled in 2007.

Expansion of Recruitment Advertising: Several websites and the *Hospital & Medical Employment Bulletin* are now utilised to advertise to a wider range of applicants.

Continued Expansion of Staff Development

Opportunities: Including Certificate IV Frontline Management and the availability of additional in-house courses which support trainee ambulance officers in performance management, communication, leadership, interpersonal skills, time management, conflict management and team building.

International Recruitment: To assist attract international recruits and increase the diversity of skills within Ambulance, advertisements were placed in international media and Ambulance representatives attended the AMBEX conference in the United Kingdom in June 2007.

Labour Agreement: Agreement reached with the Department of Immigration and Multicultural and Indigenous Affairs on the number of overseas applicants who may be granted permanent or temporary visas in Australia for employment as qualified ambulance officers in NSW.

Staff Support: Tender evaluation process completed for new Employee Assistance Program contract. The second Ambulance Chaplains conference was held and Ambulance Chaplaincy team expanded from 14 to 20 members.

FUTURE INITIATIVES

Future Planning: Workforce planning methodologies to meet the future needs of Ambulance are being developed and considered.

E-learning: Ambulance is working to enhance e-learning opportunities particularly for officers in rural and regional locations.

Recruitment: Develop and implement new recruitment and selection policy and procedures. Refine and streamline international recruitment to improve the attractiveness of the process to applicants.

Staff Support: Appoint a provider for the new Employee Assistance Program contract. Develop and implement Peer Support Program and Employee Assistance Program policies. Develop activation policy and procedures for staff support following traumatic workplace incidents.

Equity and Diversity (EEO)

MAJOR GOALS AND OUTCOMES

Aboriginal and Torres Strait Islander: Aboriginal Information Technology Traineeship completed. Aboriginal ambulance officers provided services at the Aboriginal Rugby League Knockout, the Aboriginal and Torres Strait Islander Basketball Championships and the Yabun concert. Aboriginal cultural awareness training continued for all new operational staff.

Disability and Recruitment: Implemented occupational vision testing of candidates for entry level operational positions. To reduce the likelihood of discriminating on the basis of disability, a risk management tool was developed.

Women: Ambulance continued to successfully promote opportunities for women, with the number of women in the Ambulance workforce increasing from 30 to 32 per cent over two years. A policy to support women breastfeeding on return from maternity leave is under development. Ambulance has continued to fund and support the Spokeswomen's Network.

Management Report

A six-part documentary series entitled HELP took SBS viewers on a ride along with paramedics. The series, produced by Kudos Films, involved a number of patients who had English as a second language and provided an insight into how different cultures respond to medical emergencies.

People with a First Language other than English:

Promotion of employment opportunities including trainee ambulance officers and patient transport positions at several career expos to people with a first language other than English. This resulted in 14 per cent of successful patient transport applicants having a first language other than English.

Workplace Behaviour Standards: To promote staff understanding of the behavioural governance framework, all new staff were trained in behavioural expectations and the Code of Conduct.

Occupational Health and Safety (OH&S): A Smoke-free Workplace Policy was implemented banning smoking in Ambulance premises and vehicles. Continued improvement in the effectiveness of workplace OH&S through further training in risk assessment, manual handling and occupational violence programs delivered across all levels within Ambulance. Ambulance received the Treasury Management Fund Award on OH&S Stream – Safety Leadership and Accountability.

FUTURE INITIATIVES

Aboriginal Employment: Continue to build on the successes of our Aboriginal Employment Strategy and provide appropriate services at Aboriginal community events.

Bullying and Harassment: Build on the existing initiatives to increase staff satisfaction by promoting a bullying and harassment free work environment.

Health and Wellbeing: Identify and develop appropriate health and wellbeing programs to support staff welfare. Develop and implement policies and guidelines for managing work-related fatigue.

OH&S: Implementation of NSW Health OH&S Injury Management Numerical Profile to facilitate auditing and continuous improvement culture in OH&S.

Workplace Safety: Implementation of NSW Health Chemical Management System to manage workplace chemicals effectively.

Ethnic Affairs Priority Statement

MAJOR GOALS AND OUTCOMES

LIFE...Live it Save it!: Education program for retirees on signs and symptoms of medical emergencies; importance of calling Triple Zero; and call-taker instructions prior to ambulance arrival was delivered to community cultural groups.

Be an Ambulance Hero: Dial Zero Zero Zero: A teaching kit for students on how and when to call an Ambulance, covering vital information which could save a life. The program was presented in numerous schools with a multicultural population.

FUTURE INITIATIVES

Training Package: Develop a Multicultural Communication training package to be delivered to all new operational staff.

National Triple Zero Campaign: Triple zero, the Australia-wide emergency number, received 63 per cent of non-emergency calls in 2005/06. A community education campaign will be launched to reinforce the correct use of this service, including those people with a non-English speaking background.

Ambulance Patient Satisfaction Survey: A culture and language question will be added to the survey and the data analysed for future programs.

Multicultural Communication Course: Develop a training course focusing on multicultural needs in the provision of emergency health care.

Disability Action Plan

MAJOR GOALS AND OUTCOMES

Vision Impairment: A policy on the transportation of seeing-eye dogs was developed in conjunction with Guide Dogs of Australia and Vision Australia.

Accessibility: Dubbo and Port Macquarie Ambulance Stations now have suitable access for people with disabilities.

Disabilities: Ambulance continued to participate in the Apprenticeships for People with Disabilities Scheme.

FUTURE INITIATIVES

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

Special Operations and Counter Disaster

The purpose of the Ambulance Special Operations Unit is to ensure the compatibility of Ambulance operations and disaster planning and special operations framework, in line with State and National arrangements.

Special Operations Unit

MAJOR GOALS AND OUTCOMES

Prevention and Preparedness: Established and maintained a State and National cache for use in chemical, biological and radiological incidents and influenza pandemic. Developed the Ambulance Influenza Pandemic Plan and national plans for the Council of Ambulance Authorities (CAA), including the National Pandemic Influenza Response Plan and Memorandum of Understanding for Mutual Aid. Prepared and planned for APEC 2007 and is preparing and planning for World Youth Day 2008.

Capability Development: Developed Mobile Emergency Operations Commander (EOC) Kits. Upgraded the Health Services Disaster Control Centre (HSDCC) to a state of the art facility designed to coordinate all major incidents and events for the whole of Health.

Training and Exercises: Ambulance played a major part in multi-agency incident training, major incident commanders training, incident control system training, chemical, biological and radiological training and numerous national counter terrorism exercises including multi-agency exercises.

Responses: Operation Warwick detailed the identification and placement of Ambulance personnel and equipment in key locations to facilitate the provision of immediate pre-hospital emergency care and assistance to Vice President Cheney. The provision of pre-hospital emergency care was also extended to the United States contingency, NSW Police tactical groups and allied Emergency Services' special operations groups involved in Operation Warwick.

2007 June Storms: The Special Operations Unit coordinated the Health Services Disaster Control Centre during the 2007 June Storm in the Hunter and Central Coast regions. Ambulance played a significant role in coordinating and evacuating many patients from aged care facilities and nursing homes that were affected by storm damage.

FUTURE INITIATIVES

Influenza Pandemic Plan: Ambulance proposes to familiarise all personnel in respect to this important plan.

Incident Commander Training: Expand this training to all divisions, including elements of EmergoTraining.

State Medical Cache: Establish a State medical cache for deployment with medical teams.

NSW Health Counter Disaster Unit

MAJOR GOALS AND OUTCOMES

Counter Disaster Preparedness: The NSW Health Counter Disaster Unit continued to coordinate counter-disaster preparedness across the health system in close cooperation with Ambulance Special Operations Unit, NSW Police, emergency services and other State and Commonwealth agencies. A disaster preparedness education and training needs analysis survey and disaster preparedness performance framework that tests, monitors and reviews the adequacy of the counter disaster preparedness of NSW Health was also established.

Special Event Planning: Project management of health arrangements for the Asia Pacific Economic Cooperation (APEC) 2007 meetings being hosted in Sydney, the Health Ministers Meeting in June 2007 and Leaders Week in September 2007. Progressing health planning for the Catholic Church's World Youth Day in July 2008.

Training and Exercises: Participated in Sydney CBD Evacuation 'Road Runner' and various National counter terrorism exercises and coordinated 11 EmergoTrain hospital exercises. Conducted health liaison officer training and participated in incident control system and NSW Police exercise course training.

Emergency Plans: Revised HEALTHPLAN (version 2007) and finalised Hawkesbury Nepean Flood Emergency Plan.

Strategic planning: A five year strategic plan which sets out the policy, planning, education and training priorities was prepared.

FUTURE INITIATIVES

Healthplan: Continue to work with the Health Emergency Management Committee to ensure HEALTHPLAN and all supporting and subplans are regularly reviewed and updated.

Disaster Preparedness: Develop a disaster preparedness education and training curriculum and review disaster preparedness across area health services.

Special Event Planning: Finalise and deliver NSW Health's services for World Youth Day 2008 and other special events and deliver health services to APEC 2007 Leaders Week.

Statement of Financial Performance

Ambulance ended the 2006/07 financial year with an under budget result of \$1.65m. The overrun in expenditure was offset by the increase in the sale of goods and services. Creditors over 45 days remained at zero.

	2007 \$000	2006 \$000	Movement \$000	%
Expenses excluding losses				
Operating Expenses				
Employee Related	311,833	295,736	16,097	5%
Other Operating Expenses	124,299	104,161	20,138	19%
Depreciation	15,240	14,355	885	6%
Grants and Subsidies	569	334	235	70%
Finance Costs	2	107	(105)	-98%
Total Expenses excluding losses	451,943	414,693	37,250	9%
Retained Revenue				
Sale of Goods and Services	117,632	90,504	27,128	30%
Investment Income	1,208	1,043	165	16%
Grants and Contributions	1,226	6,002	(4,776)	-80%
Other Revenue	7,878	8,240	(362)	-4%
Total Retained Revenue	127,944	105,789	22,155	21%
Gain/(Loss) on Disposal	409	94	315	335%
Other Gains/(Losses)	(12,777)	(9,591)	(3,186)	33%
NET COST OF SERVICES	(336,367)	(318,401)	(17,966)	6%

SIGNIFICANT MOVEMENTS

Employee Related

Increased by 5 per cent which represents the 4 per cent Award increase from July 2006, the fourth and final year of the rural staffing enhancement and the second year of the Sydney staffing enhancement.

Other Operating Expenditure

Includes the implementation of the Rural Radio Data Network, full year of change over of fleet to leasing, part year impact of the changes to the helicopter contracts, introduction of new uniform items and capital expenditure.

Depreciation and Other Gains/(Losses)

The increase is due to changes in the rate of depreciation of the modules that are fitted to the ambulances. This has been brought about by changes in the chassis of the vehicles.

Sale of Goods and Services

The increase in sales was due to the first year of the IPART recommendations, an overall increase in activity and increased inter hospital transports.

Grants and Contributions

The transfer of radio communications equipment recognised in 2005/06 was a once off.

2006/07 BUDGET


The net cost of services budget increased by \$29.5m. This increase represents the funding for the 4 percent Award increase, rural and Sydney staffing enhancements, helicopter services and capital expense.

Certification of Parent/Consolidated Financial Statements for Period Ended 30 June 2007

The attached financial statements of the Ambulance Service of NSW for the year ended 30 June 2007:

- Have been prepared in accordance with the requirements of applicable Australian Accounting Standards which include Australian equivalents to International Financial Reporting Standards (AIFRS), 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;
- Present fairly the financial position and transactions of the Ambulance Service of NSW;
- Have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate;
- The provisions of the Charitable Fundraising Act 1991, regulations under the Act and the conditions attached to the fundraising authority have been complied with by the Ambulance Service of NSW; and
- The internal controls exercised by the Ambulance Service of NSW are appropriate and effective in accounting for all income received and applied by the Ambulance Service of NSW from any of its fundraising activities.


Greg Rochford
Chief Executive
Ambulance Service
of New South Wales
28 September 2007


Julie Newman
Director Finance and
Data Services
Ambulance Service
of New South Wales
28 September 2007

Operating Statement for the year ended 30 June 2007

PARENT				CONSOLIDATION			
Actual 2007 \$000	Budget 2007 \$000	Actual 2006 \$000		Notes	Actual 2007 \$000	Budget 2007 \$000	Actual 2006 \$000
			Expenses excluding losses				
			Operating Expenses				
-	317,819	209,973	Employee Related	3	311,833	317,819	295,736
311,833	-	85,763	Personnel Services	4	-	-	-
124,299	113,124	104,161	Other Operating Expenses	5	124,299	113,124	104,161
15,240	15,240	14,355	Depreciation	2(h), 6	15,240	15,240	14,355
569	404	334	Grants and Subsidies	7	569	404	334
2	-	107	Finance Costs	8	2	-	107
451,943	446,587	414,693	Total Expenses excluding losses		451,943	446,587	414,693
			Retained Revenue				
117,632	107,215	90,504	Sale of Goods and Services	9	117,632	107,215	90,504
1,208	1,041	1,043	Investment Income	10	1,208	1,041	1,043
10,922	10,537	8,788	Grants and Contributions	11	1,226	760	6,002
7,878	8,052	8,240	Other Revenue	12	7,878	8,052	8,240
137,640	126,845	108,575	Total Retained Revenue		127,944	117,068	105,789
409	938	94	Gain/(Loss) on disposal	13	409	938	94
(12,777)	(9,435)	(9,591)	Other Gains/(Losses)	14	(12,777)	(9,435)	(9,591)
(326,671)	(328,239)	(315,615)	NET COST OF SERVICES	30	(336,367)	(338,016)	(318,401)
			Government Contributions				
308,153	308,153	291,324	NSW Health Department Recurrent Allocations	2(d)	308,153	308,153	291,324
19,782	21,769	18,872	NSW Health Department Capital Allocations	2(d)	19,782	21,769	18,872
-	-	(125)	(Asset Sale Proceeds transferred to the NSW Health Department)		-	-	(125)
-	-	6,822	Acceptance by the Crown Entity of employee benefits	2(a)(ii)	9,696	9,777	9,608
327,935	329,922	316,893	Total Government Contributions		337,631	339,699	319,679
1,264	1,683	1,278	RESULT FOR THE YEAR	27	1,264	1,683	1,278

Statement of Recognised Income and Expense for the year ended 30 June 2007

112,025	-	69,451	Total equity at beginning of year		112,025	-	69,451
-	-	41,296	Net increase/(decrease) in Property, Plant and Equipment Revaluation Reserve	27	-	-	41,296
112,025	-	110,747	TOTAL INCOME AND EXPENSE RECOGNISED DIRECTLY IN EQUITY		112,025	-	110,747
1,264	-	1,278	Result for the year		1,264	-	1,278
113,289	-	112,025	TOTAL INCOME AND EXPENSE RECOGNISED FOR THE YEAR	27	113,289	-	112,025

The accompanying notes form part of these Financial Statements.

Balance Sheet as at 30 June 2007

PARENT			Notes	CONSOLIDATION			
Actual 2007 \$000	Budget 2007 \$000	Actual 2006 \$000		Actual 2007 \$000	Budget 2007 \$000	Actual 2006 \$000	
ASSETS							
Current Assets							
14,487	8,610	3,666	Cash and Cash Equivalents	17	14,487	8,610	3,666
15,465	9,899	10,805	Receivables	18	15,465	9,899	10,805
1,798	1,880	1,881	Inventories	19	1,798	1,880	1,881
2,426	1,616	1,616	Non-Current Assets Held for Sale	21	2,426	1,616	1,616
34,176	22,005	17,968	Total Current Assets		34,176	22,005	17,968
Non-Current Assets							
154,274	153,680	158,241	Property, Plant and Equipment				
54,409	59,501	52,075	- Land and Buildings	20	154,274	153,680	158,241
			- Plant and Equipment	20	54,409	59,501	52,075
208,683	213,181	210,316	Total Property, Plant and Equipment		208,683	213,181	210,316
652	-	488	Receivables	18	652	-	488
209,335	213,181	210,804	Total Non-Current Assets		209,335	213,181	210,804
243,511	235,186	228,772	Total Assets		243,511	235,186	228,772
LIABILITIES							
Current Liabilities							
26,913	21,704	23,786	Payables	23	26,913	21,704	23,786
-	-	156	Borrowings	24	-	-	156
100,065	97,634	90,667	Provisions	25	100,065	97,634	90,667
1,247	1	1	Other	26	1,247	1	1
128,225	119,339	114,610	Total Current Liabilities		128,225	119,339	114,610
Non-Current Liabilities							
1,997	2,137	2,137	Provisions	25	1,997	2,137	2,137
1,997	2,137	2,137	Total Non-Current Liabilities		1,997	2,137	2,137
130,222	121,476	116,747	Total Liabilities		130,222	121,476	116,747
113,289	113,710	112,025	Net Assets		113,289	113,710	112,025
EQUITY							
97,728	97,728	97,728	Revaluation Reserve	27	97,728	97,728	97,728
15,561	15,982	14,297	Accumulated Funds	27	15,561	15,982	14,297
-	-	-	Amounts recognised in equity relating to assets held for sale		-	-	-
113,289	113,710	112,025	Total Equity		113,289	113,710	112,025

The accompanying notes form part of these Financial Statements.

Cash Flow Statement for the year ended 30 June 2007

PARENT			Notes	CONSOLIDATION		
Actual	Budget	Actual		Actual	Budget	Actual
2007	2007	2006		2007	2007	2006
\$000	\$000	\$000	\$000	\$000	\$000	
CASH FLOWS FROM OPERATING ACTIVITIES						
			Payments			
-	(287,680)	(178,937)	Employee Related	(279,694)	(287,680)	(264,325)
(621)	(404)	(378)	Grants and Subsidies	(621)	(404)	(378)
(2)	-	(107)	Finance Costs	(2)	-	(107)
(406,597)	(114,514)	(191,496)	Other	(129,903)	(114,514)	(106,108)
(407,220)	(402, 589)	(370,918)	Total Payments	(407,220)	(402,598)	(370,918)
			Receipts			
102,022	97,780	77,123	Sale of Goods and Services	102,022	97,780	77,123
897	760	1,540	Grants and Contributions	897	760	1,540
1,208	1,041	1,043	Interest Received	1,208	1,041	1,043
13,526	8,052	14,062	Other	13,526	8,052	14,062
117,653	107,633	93,768	Total Receipts	117,653	107,633	93,768
			Cash Flows From Government			
308,153	308,153	291,324	NSW Health Department Recurrent Allocations	308,153	308,153	291,324
19,782	21,769	18,872	NSW Health Department Capital Allocations	19,782	21,769	18,872
-	-	(125)	Asset Sale Proceeds transferred to the NSW Health Department	-	-	(125)
(13,183)	(13,395)	(11,777)	Cash Reimbursements from the Crown Entity	(13,183)	(13,395)	(11,777)
314,752	316, 527	298,294	Net Cash Flows from Government	314,752	316,527	298,294
25,185	21,562	21,144	NET CASH FLOWS FROM OPERATING ACTIVITIES	25,185	21,562	21,144
			CASH FLOWS FROM INVESTING ACTIVITIES			
415	-	4,008	Proceeds from Sale of Land and Buildings, Plant and Equipment	415	-	4,008
1,930	-	-	Proceeds from Sale of Investments	1,930	-	-
(14,623)	(17,395)	(20,840)	Purchases of Land and Buildings, Plant and Equipment	(14,623)	(17,395)	(20,840)
(1,930)	-	1,850	Purchases of Investments	(1,930)	-	1,850
(14,208)	(17,395)	(14,982)	NET CASH FLOWS FROM INVESTING ACTIVITIES	(14,208)	(17,395)	(14,982)
			CASH FLOWS FROM FINANCING ACTIVITIES			
-	-	-	Proceeds from Borrowings and Advances	-	-	-
-	-	(3,793)	Repayments of Borrowings and Advances	-	-	(3,793)
-	-	(3,793)	NET CASH FLOWS FROM FINANCING ACTIVITIES	-	-	(3,793)
10,977	4,167	2,369	NET INCREASE/(DECREASE) IN CASH	10,977	4,167	2,369
3,510	-	1,141	Opening Cash and Cash Equivalents	3,510	-	1,141
14,487	4,167	3,510	CLOSING CASH AND CASH EQUIVALENTS	14,487	4,167	3,510

The accompanying notes form part of these Financial Statements.

Program Statement — Expenses and Revenues for the year ended 30 June 2007

SERVICE'S EXPENSES AND REVENUES	Program 1.1*		Program 2.1*		Program 3.1*		Program 6.1*		Grand Total	
	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000
Expenses excluding losses										
Operating Expenses										
Employee Related	78	80	306,135	291,095	891	499	4,729	4,062	311,833	295,736
Other Operating Expenses	1	-	122,262	102,672	157	67	1,879	1,422	124,299	104,161
Depreciation and Amortisation	-	-	15,067	14,198	6	6	167	151	15,240	14,355
Grants and Subsidies	-	-	569	334	-	-	-	-	569	334
Finance Costs	-	-	2	107	-	-	-	-	2	107
Total Expenses excluding losses	79	80	444,035	408,406	1,054	572	6,775	5,635	451,943	414,693
Revenue										
Sale of Goods and Services	-	-	117,632	90,501	-	-	-	3	117,632	90,504
Investment Income	-	-	1,162	994	-	-	46	49	1,208	1,043
Grants and Contributions	-	-	1,192	5,957	-	-	34	45	1,226	6,002
Other Revenue	-	-	7,870	8,240	-	-	8	-	7,878	8,240
Total Revenue	-	-	127,856	105,692	-	-	88	97	127,944	105,789
Gain/(Loss) on Disposal	-	-	440	94	-	-	(31)	-	409	94
Other Gains/(Losses)	-	-	(12,777)	(9,591)	-	-	-	-	(12,777)	(9,591)
NET COST OF SERVICES	(79)	(80)	(328,516)	(312,211)	(1,054)	(572)	(6,718)	(5,538)	(336,367)	(318,401)
Government Contributions									(337,631)	(319,679)
RESULT FOR THE YEAR									1,264	1,278

* 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 2007

1. The Ambulance Service (Ambulance) Reporting Entity

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 20 July 2007.

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 (AIFRS)), 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.

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

The financial statements and notes comply with Australian Accounting Standards which include AIFRS.

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

AASB-2007.04, Amendments to Australian Accounting Standards arising from EDI5I and other amendments, has application for accounting periods commencing on or after 1 July 2007. The standard is not being early adopted in 2006/07 and the new options available in the standard will not be applied.

AASB123, Borrowing Costs, has application in reporting years beginning on or after 1 January 2009. The Standard, which requires capitalisation of Borrowing Costs has not been adopted in 2006/07 nor is adoption expected prior to 2009/10.

AASB101, Presentation of Financial Statements, has reduced the disclosure requirements for various reporting entities. However, in not for profit entities such as Health Services there is no change required.

AASB7 Financial Instruments: Disclosures, locates all disclosure requirements for financial instruments within the one standard. The Standard has application for annual reporting periods beginning on or after 1 January 2007. The Standard will not be early adopted and has no differential impact.

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 21.7% are applied to the value of the leave payable at 30 June 2007 inclusive of the 4% award increase payable from 1 July 2007, such on costs being consistent with actuarial assessment.

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% inclusive of the 4% payable from 1 July 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.

Consequential to the legislative changes of 17 March 2006 no salary costs or provisions have been recognised by the Parent Health Service beyond that date.

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 and 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, ie 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 and Equipment

Individual items of property, plant and equipment are capitalised where their cost is \$10,000 or above. Prior to 1 July 2006 assets were recognised based on a value of \$5,000 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%
Office Equipment	10.0%
Plant and Machinery	10.0%
Linen	20.0%
Furniture, Fittings and Furnishings	5.0%
Ambulance Vehicles	11.75%
Trucks and Vans	20.0%

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".

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.

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 AASB136 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 AASB116 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) Other Financial Assets

Financial assets are initially recognised at fair value plus, in the case of financial assets not at fair value through profit or loss, transaction costs.

Ambulance subsequently measures financial assets classified as held for trading at fair value through profit or loss. Gains or losses on these assets are recognised in the Operating Statement. Assets intended to be held to maturity are subsequently measured at amortised cost using the effective interest method. Gains or losses on impairment or disposal of these assets are recognised in the Operating Statement. Any residual investments that do not fall into any other category are accounted for as available for sale financial assets and measured at fair value directly in equity until disposed or impaired. All financial assets (except those measured at fair value through profit or loss) are subject to annual review for impairment.

Purchases or sales of financial assets under contract that require delivery of the asset within the timeframe established by convention or regulation are recognised on the trade date i.e. the date Ambulance commits itself to purchase or sell the assets.

s) Equity Transfers

Ambulance has not transferred any assets between agencies as a result of an administrative restructure, transfers of programs/functions and parts thereof between NSW public sector agencies.

t) Financial Instruments

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

In accordance with Australian Accounting Standard AASB139, "Financial Instruments: Recognition and Measurement" disclosure of the carrying amounts for each of the AASB139 categories of financial instruments is disclosed in Note 34. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

Classes of instruments recorded and their terms and conditions measured in accordance with AASB139 are as follows:

Cash

Accounting Policies - Cash is carried at nominal values reconcilable to monies on hand and independent bank statements.

Terms and Conditions - Monies on deposit attract an effective interest rate of approximately 5.87% as compared to 5.23% in the previous year.

Loans and Receivables

Loans and receivables 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. Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. An allowance for impairment of receivables is established when there is objective evidence that the entity will not be able to collect all amounts due. 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. Bad debts are written off as incurred.

Terms and Conditions - Accounts are generally issued on 21-day terms. Low or zero interest loans are recorded at fair value on inception and amortised cost thereafter.

Investments

Terms and interest conditions - Short term deposits have an average maturity of three to four days and effective interest rates of 6.04% as compared to 5.44% in the previous year. Fixed term deposits have a maturity of up to 273 days and effective interest rates of 6.1% to 6.3% as compared to 5.3% to 5.53% in the previous year.

Trade and Other Payables

Accounting Policies - These amounts represent liabilities for goods and services provided to Ambulance and other amounts, including interest. 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.

Terms and Conditions - Trade liabilities are settled within any terms specified. If no terms are specified, payment is made by the end of the month following the month in which the invoice is received.

Borrowings

Accounting Policies - Ambulance has no overdraft facility with its bank. Ambulance is not currently authorised to enter into Finance Leases. See paragraph (p) Leased Assets for further details concerning the use of Finance Leases.

u) Borrowings

Non interest bearing loans within NSW Health are initially measured at fair value and amortised thereafter. All other loans are valued at amortised cost.

v) 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.

w) Asset Decrement - Revaluation of Ambulance Modules

Approximately every three years, Ambulance vehicles are replaced. At this time, the modules on the vehicle chassis are also replaced or refurbished.

Different costs are incurred for the module changeover. These costs have either been expensed or capitalised depending on the costs involved and whether a new asset was created.

Generally, the useful life of the module was considered to be nine years. As per footnote 2(h) above, the useful life of a module may vary. In the next three years the Service will replace all the modules in the vehicles and the useful life of the existing modules will be within a three year period.

The change in the useful life of the modules has resulted in:

- 1) A review of the number of modules recorded on the Asset Register and the value of these modules as at 30 June 2007.
- 2) Accelerating the depreciation rate for the modules currently recorded on the Assets Register.
- 3) The need to replace the modules currently recorded on the Assets Register with new assets over the next three financial years.

In respect to point 1, this review has been undertaken and as a result Ambulance has incurred an Other Expense in the 2006/07 year.

In respect to points 1 and 2, the depreciation rate has been adjusted to 33.33% backdated to the commencement date of the 3 year lease on the vehicles that the modules are currently attached to. This has had the effect of adjusting the carrying amount of the modules as at 30 June 2007.

(x) Prior Period Errors

In 2006/07 the Department of Health determined the need to make allowance for on-costs which need to be paid on the settlement of annual leave liability. This resulted in the application of an on-cost of 21.7% as reported in Note 2(a).

The provisions of AASB119, Employee Benefits and Treasury's Financial Reporting Code for Budget Dependent General Government Sector Agencies, as pre existing in prior years, recognised the need to include such costs and therefore on costs now recognised have been brought to account as "Prior Period Errors".

The amount corrected against the Opening Balance at 1 July 2005 was \$4.334M, with the 2005/06 Result being increased by \$1.291M.

In the Parent financial statements the \$1.291M has been apportioned between Employee Related Expense (\$0.916M) for the period up to 17 March 2006 and Personnel Services (\$0.375M) for the period 17 March 2006 to 30 June 2006.

Notes to and forming part of the Financial Statements for the year ended 30 June 2007

PARENT		CONSOLIDATION	
Actual 2007 \$000	Actual 2006 \$000	Actual 2007 \$000	Actual 2006 \$000
3. Employee Related			
Employee related expenses comprise the following			
-	159,557	242,234	224,727
-	6,822	9,696	9,608
-	8,682	13,729	12,228
-	5,309	8,032	7,477
-	19,512	27,619	27,483
-	4	5	6
-	30	-	42
-	8,575	10,388	12,077
-	1,482	130	2,088
-	209,973	311,833	295,736
Note 1 addresses the changes in employment status effective from 17 March 2006.			
4. Personnel Services			
Personnel Services comprise the purchase of the following:			
242,234	65,170	-	-
9,696	2,786	-	-
13,729	3,546	-	-
8,032	2,168	-	-
27,619	7,971	-	-
5	2	-	-
-	12	-	-
10,388	3,502	-	-
130	606	-	-
311,833	85,763	-	-
Note 1 addresses the changes in employment status effective from 17 March 2006.			
5. Other Operating Expenses			
1,695	1,605	1,695	1,605
1,113	1,041	1,113	1,041
43,155	37,170	43,155	37,170
2,182	2,405	2,182	2,405
7,042	6,691	7,042	6,691
6,665	3,907	6,665	3,907
983	764	983	764
2,986	2,775	2,986	2,775
511	633	511	633
38,523	33,019	38,523	33,019
1,161	1,007	1,161	1,007
11,054	8,527	11,054	8,527
1,387	936	1,387	936
5,842	3,681	5,842	3,681
124,299	104,161	124,299	104,161
5(a). General Expenses include:			
509	448	509	448
871	494	871	494
2,699	3,689	2,699	3,689
677	535	677	535
119	101	119	101
5,518	5,082	5,518	5,082
590	2,314	590	2,314
597	258	597	258
2,470	1,685	2,470	1,685
19,395	16,705	19,395	16,705
2,230	1,862	2,230	1,862
679	631	679	631
6,801	3,366	6,801	3,366
43,155	37,170	43,155	37,170
5(b). Reconciliation Total Maintenance			
18,283	13,144	18,283	13,144
4,182	4,279	4,182	4,279
22,465	17,423	22,465	17,423
Total maintenance expenses included in Notes 3, 4 and 5			

Notes to and forming part of the Financial Statements for the year ended 30 June 2007

PARENT			CONSOLIDATION	
Actual 2007 \$000	Actual 2006 \$000		Actual 2007 \$000	Actual 2006 \$000
		6. Depreciation and Amorisation		
5,847	5,858	Depreciation - Buildings	5,847	5,858
3,823	4,109	Depreciation - Motor Vehicles	3,823	4,109
5,570	4,388	Depreciation - Plant and Equipment	5,570	4,388
15,240	14,355		15,240	14,355
		7. Grants and Subsidies		
569	334	Non-Government Organisations	569	334
569	334		569	334
		8. Finance Costs		
2	107	Interest Charges	2	107
2	107	Total Borrowing Costs	2	107
		9. Sale of Goods and Services		
234	217	Fees for Medical Records	234	217
115,202	88,205	Patient Transport Fees	115,202	88,205
2,040	1,920	Use of Ambulance Facilities	2,040	1,920
156	162	Salary Packaging Fee	156	162
117,632	90,504		117,632	90,504
		10. Investment Income		
660	424	Interest	660	424
548	619	Lease and Rental Income	548	619
1,208	1,043		1,208	1,043
		11. Grants and Contributions		
1,226	6,002	Industry Contributions/Donations	1,226	6,002
9,696	2,786	Personnel Services - Superannuation Defined Benefits	-	-
10,922	8,788		1,226	6,002
		12. Other Revenue		
		Other Revenue comprises the following:		
219	230	Bad Debts recovered	219	230
6,845	6,406	Treasury Managed Fund Hindsight Adjustment	6,845	6,406
814	1,604	Other	814	1,604
7,878	8,240		7,878	8,240
		13. Gain/(Loss) on Disposal		
12,403	21,906	Property, Plant and Equipment	12,403	21,906
(11,944)	(18,589)	Less Accumulated Depreciation	(11,944)	(18,589)
459	3,317	Written Down Value	459	3,317
503	3,250	Less Proceeds from Disposal	503	3,250
44	(67)	Gain/(Loss) on Disposal of Property, Plant and Equipment	44	(67)
272	158	Assets Held for Sale	272	158
637	319	Less proceeds from Disposal	637	319
365	161	Gain/(Loss) on Disposal of Assets Held for Sale	365	161
409	94	Total Gain/(Loss) on Disposal	409	94
		14. Other Gains/(Losses)		
(12,777)	(9,591)	Impairment of Receivables	(12,777)	(9,591)
(12,777)	(9,591)		(12,777)	(9,591)

15. Conditions on Contributions (Parent and Consolidation)

	Purchase of Assets	Health Promotion, Education & Research	Other	Total
	\$000	\$000	\$000	\$000
Contributions recognised as revenues during current reporting period for which expenditure in the manner specified had not occurred as at balance date	2	-	422	424
Contributions recognised in amalgamated balance as at 30 June 2006 which were not expended in the current reporting period	242	-	1,574	1,816
Total amount of unexpended contributions as at balance date	244	-	1,996	2,240

Comment on restricted assets appears in Note 22

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.

Notes to and forming part of the Financial Statements for the year ended 30 June 2007

PARENT		CONSOLIDATION	
Actual 2007 \$000	Actual 2006 \$000	Actual 2007 \$000	Actual 2006 \$000
17. Current Assets - Cash and Cash Equivalents			
411	470	411	470
14,076	3,196	14,076	3,196
14,487	3,666	14,487	3,666
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:			
14,487	3,666	14,487	3,666
-	(156)	-	(156)
14,487	3,510	14,487	3,510
Closing Cash and Cash Equivalents (per Cash Flow Statement)			
The bank overdraft was only a cash book overdraft and not an overdraft in the bank account.			
18. Current /Non-Current Receivables			
Current			
(a) Sale of Goods and Services			
24,963	17,749	24,963	17,749
2,930	2,181	2,930	2,181
637	185	637	185
1,989	1,626	1,989	1,626
30,519	21,741	30,519	21,741
(15,629)	(11,842)	(15,629)	(11,842)
14,890	9,899	14,890	9,899
575	906	575	906
15,465	10,805	15,465	10,805
(b) Impairment of Receivables during the year - Current Receivables			
8,990	9,543	8,990	9,543
8,990	9,543	8,990	9,543
Non-Current			
652	488	652	488
652	488	652	488
19. Inventories			
Current - at cost			
704	614	704	614
627	621	627	621
182	285	182	285
285	361	285	361
1,798	1,881	1,798	1,881
20. Property, Plant and Equipment			
Land and Buildings			
283,638	282,905	283,638	282,905
(129,364)	(124,664)	(129,364)	(124,664)
154,274	158,241	154,274	158,241
Plant and Equipment			
56,205	56,308	56,205	56,308
(30,547)	(30,811)	(30,547)	(30,811)
25,658	25,497	25,658	25,497
Vehicles			
41,655	38,924	41,655	38,924
(21,258)	(16,643)	(21,258)	(16,643)
20,397	22,281	20,397	22,281
8,354	4,297	8,354	4,297
8,354	4,297	8,354	4,297
208,683	210,316	208,683	210,316

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

	Land	Buildings	Work in Progress	Plant and Equipment	Vehicles	Total
2007	\$000	\$000	\$000	\$000	\$000	\$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	-
Carrying amount at end of year	60,143	94,131	8,354	25,658	20,397	208,683
	Land	Buildings	Work in Progress	Plant and Equipment	Vehicles	Total
2006	\$000	\$000	\$000	\$000	\$000	\$000
Carrying amount at start of year	50,819	70,722	1,487	21,092	18,224	162,344
Additions	-	-	25,963	-	-	25,963
Recognition of Assets Held for Sale	(781)	(835)	-	-	-	(1,616)
Disposals	(852)	(4,183)	-	(4,196)	(12,674)	(21,905)
Net revaluation increment less revaluation decrements recognised in reserves	9,611	31,685	-	-	-	41,296
Impairment losses (recognised in "other gains/losses")	-	-	-	-	-	-
Adjustment of depreciation concerning disposals	-	3,208	-	4,191	11,190	18,589
Depreciation expense	-	(5,858)	-	(4,388)	(4,109)	(14,355)
Reclassifications	1,275	3,430	(23,153)	8,798	9,650	-
Carrying amount at end of year	60,072	98,169	4,297	25,497	22,281	210,316

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

(ii) Additional disclosure is provided concerning the reclassification amount in 2006/07 relating to Vehicles (ie. \$2.272M)
See also Note 2(w) for further information.

Cost	4,590,112.00
Accumulated Depreciation	5,754,904.00
Net	-1,164,792.00
Gross Reclassification	3,436,759.00
	<u>2,271,967.00</u>

Notes to and forming part of the Financial Statements for the year ended 30 June 2007

PARENT		CONSOLIDATION	
Actual 2007 \$000	Actual 2006 \$000	Actual 2007 \$000	Actual 2006 \$000
21. Non-Current Assets held for sale			
Assets held for sale			
2,426	1,616	2,426	1,616
2,426	1,616	2,426	1,616
-	-	-	-
Liabilities associated with assets held for sale			
-	-	-	-
Amounts recognised in equity relating to assets held for sale			
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
Ambulance currently has six buildings and four lots of land available for sale. Ambulance also has three properties which will be subdivided for part sale. These assets have become surplus to operational requirements.			
22. Restricted Assets			
2,240	2,277	2,240	2,277
2,240	2,277	2,240	2,277
Category	Brief details of externally imposed conditions including Asset Category affected		
252	469	252	469
244	379	244	379
1,744	1,429	1,744	1,429
2,240	2,277	2,240	2,277
23. Payables			
Current			
-	-	4,099	2,803
-	-	4,984	5,806
9,083	8,609	-	-
15,640	12,582	15,640	12,582
-	-	-	-
1,119	1,199	1,119	1,199
1,071	1,396	1,071	1,396
26,913	23,786	26,913	23,786
24. Current /Non-Current Borrowings			
Current			
-	156	-	156
-	156	-	156
In 2006 the bank overdraft was only a cash book overdraft and not an overdraft in the bank account.			

Notes to and forming part of the Financial Statements for the year ended 30 June 2007

PARENT		CONSOLIDATION	
Actual 2007 \$000	Actual 2006 \$000	Actual 2007 \$000	Actual 2006 \$000
25. Provisions			
Current Employee benefits and related on-costs			
-	-	23,437	26,749
-	-	20,339	11,924
-	-	6,053	3,921
-	-	50,236	48,073
-	-	-	-
100,065	90,667	-	-
100,065	90,667	100,065	90,667
Non-Current Employee benefits and related on-costs			
-	-	1,951	2,016
-	-	46	121
1,997	2,137	-	-
1,997	2,137	1,997	2,137
Aggregate Employee Benefits and Related On-costs			
-	-	100,065	90,667
-	-	1,997	2,137
102,062	92,804	-	-
-	-	9,083	8,609
9,083	8,609	-	-
111,145	101,413	111,145	101,413
26. Other Liabilities			
Current			
1,247	1	1,247	1
-	-	-	-
1,247	1	1,247	1

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	14,297	17,113	97,728	56,672	112,025	73,785
Correction of Errors	-	(4,334)	-	-	-	(4,334)
Restated Opening Balance	14,297	12,779	97,728	56,672	112,025	69,451
Changes in equity - transactions with owners as owners						
Increment/(Decrement) in Net Assets from Administrative Restructure	-	-	-	-	-	-
Total	14,297	12,779	97,728	56,672	112,025	69,451
Changes in equity - other than transactions with owners as owners						
Result for the year	1,264	2,569	-	-	1,264	2,569
Corrections of Errors	-	(1,291)	-	-	-	(1,291)
Increment/(Decrement) on Revaluation of Land and Buildings	-	-	-	41,296	-	41,296
Increment/(Decrement) on Revaluation of available for sale financial assets	-	-	-	-	-	-
Transfer to Result for Year on disposal of available for sale financial assets	-	-	-	-	-	-
Total	1,264	1,278	-	41,296	1,264	42,574
Transfers within equity						
Asset revaluation reserve balances transferred to accumulated funds on disposal of asset	-	240	-	(240)	-	-
Total	-	240	-	(240)	-	-
Balance at the end of the financial reporting year	15,561	14,297	97,728	97,728	113,289	112,025

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).

Notes to and forming part of the Financial Statements for the year ended 30 June 2007

PARENT			CONSOLIDATION	
Actual 2007 \$000	Actual 2006 \$000		Actual 2007 \$000	Actual 2006 \$000
28. Commitments for Expenditure				
(a) Capital Commitments				
Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:				
834	327	Not later than one year	834	327
834	327	Total Capital Expenditure Commitments (including GST)	834	327
Of the commitments reported at 30 June 2007 it is expected that \$14,000 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:				
2,080	255	Not later than one year	2,080	255
2,080	255	Total Other Expenditure Commitments (including GST)	2,080	255
(c) Operating Lease Commitments				
Commitments in relation to non-cancellable operating lease rentals are payable as follows:				
23,520	18,252	Not later than one year	23,520	18,252
50,651	38,477	Later than one year and not later than five years	50,651	38,477
241	1,383	Later than five years	241	1,383
74,412	58,112	Total Operating Lease Commitments (including GST)	74,412	58,112
(d) Other Expenditure Commitments				
Contractual obligation for ambulance transports not recognised as a liability:				
9,987	-	Within one year	9,987	-
78,142	-	Later than one year but not later than 5 years	78,142	-
40,269	-	Later than 5 years	40,269	-
128,398	-		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, ie \$205.724M as at 30 June 2007 includes input tax credits of \$18.702M that are expected to be recoverable from the Australian Taxation Office.

29. Contingent Liabilities (Parent and Consolidation)

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 2000/01 fund year and an interim adjustment for the 2002/03 fund year were not calculated until 2006/07. As a result, the 2001/02 final and 2003/04 interim hindsight calculations will be paid in 2007/08.

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) Charitable Fundraising Activities

Ambulance did not conduct any direct fundraising activities during 2006/2007. However possibilities for fundraising activities have now re-opened, subsequent to the passing of Tax Laws Amendment (2004 Measures No. 2) Bill 2004, which granted Deductible Gift Recipient Status to Ambulance. Donations to Ambulance are now tax deductible.

e) 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. The claim includes a Death and Disability entitlement which is similar in nature to those recently granted to both NSW Police and NSW Fire Brigade services. It is expected that the impact will be in the 2007/08 financial year. The full cost is yet to be determined as an agreement has not yet been reached.

Notes to and forming part of the Financial Statements for the year ended 30 June 2006

PARENT			CONSOLIDATION	
Actual 2007 \$000	Actual 2006 \$000		Actual 2007 \$000	Actual 2006 \$000
30. Reconciliation of Net Cost of Services to Net Cash Flows from Operating Activities				
25,185	21,144	Net Cash Flows from Operating Activities	25,185	21,144
Adjustment for Items not involving Cash and Government Payments				
(15,240)	(14,355)	Depreciation	(15,240)	(14,355)
(12,777)	(9,591)	Provision for Bad and Doubtful Debts	(12,777)	(9,591)
-	(6,822)	Acceptance by the Crown Entity of Employee Superannuation Benefits	(9,696)	(9,608)
(83)	354	Increase/(Decrease) in Inventories	(83)	354
16,205	13,573	Increase/(Decrease) in Receivables	16,205	13,573
944	(912)	Increase/(Decrease) in Prepayments	944	(912)
(4,451)	(3,986)	(Increase)/Decrease in Creditors	(4,451)	(3,986)
(308,153)	(291,324)	(NSW Health Department Recurrent Allocations)	(308,153)	(291,324)
(19,782)	(18,872)	(NSW Health Department Capital Allocations)	(19,782)	(18,872)
-	125	Asset Sale proceeds transferred to NSW DoH	-	125
(9,258)	(9,531)	Provision for Employee Entitlements	(9,258)	(9,531)
409	94	Net Gain/(Loss) on Disposal of Non-Current Assets	409	94
330	4,488	Industry contribution in kind	330	4,488
(326,671)	(315,615)	Net Cost of Services	(336,367)	(318,401)

31. 2006/07 Voluntary Services

It is considered impractical 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 \$1.65m. This was due to an increased revenue that exceeded the offset of the overrun in expenditure.

Assets and Liabilities

Current Assets –favourable to budget by \$12.17m due to the cash received for the 2004/05 Treasury Managed Fund hindsight adjustment and the impact of the first year of the fees increase as the result of the IPART review (2005/06) recommendations.

Non Current Assets –budget not achieved by \$3.9m due to delays in commencing a number of capital works projects.

Current Liabilities – increase in trade creditors due to changes in Aeromedical contracts and the full impact of the changeover of the GMC fleet to leasing and higher than expected increases in leave provisions outside of the revaluation that was fully budgeted for.

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 2006 are as follows:

	\$000
Initial Allocation, 30 June 2006	294,595
Net Movement made up by:	
Aeromedical	2,155
Awards	23
Clinical Redesign Program	495
Direct Payment NSW Health	(689)
IPART Implementation	3,013
Managed Fund Insurance	895
Mental Health	1,103
Mobile Data Radio Service	2,250
Other	94
Risk Shared Procurement Savings	1,292
Superannuation	299
Telehealth	128
Repairs, Maintenance & Renewals >\$10,000	2,500
Balance as per Operating Statement	308,153

34. Financial Instruments (Parent and Consolidation)**(a) Interest Rate Risk**

Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. Ambulance's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the (consolidated) Balance Sheet date are as follows:

Financial Instruments	Floating interest rate		1 year or less		Fixed interest rate maturing in:				Non-interest bearing		Total carrying amount as per Balance Sheet		Weighted average effective interest rate*	
	2007 \$000	2006 \$000	2007 \$000	2006 \$000	Over 1 to 5 years	2007 \$000	2006 \$000	More than 5 years	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 %	2006 %
Financial Assets														
Cash	-	-	14,439	3,620	-	-	-	-	48	46	14,487	3,666	5.79	5.18
Receivables	-	-	-	-	-	-	-	-	16,117	11,293	16,117	11,293	N/A	N/A
Total Financial Assets	-	-	14,439	3,620	-	-	-	-	16,165	11,339	30,604	14,959		
Financial Liabilities														
Borrowings - Bank Overdraft	-	156	-	-	-	-	-	-	-	-	-	156	N/A	N/A
Payables	-	-	-	-	-	-	-	-	26,913	23,786	26,913	23,786	N/A	N/A
Total Financial Liabilities	-	156	-	-	-	-	-	-	26,913	23,786	26,913	23,942		

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

b) Credit Risk

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

Credit Risk by classification of counterparty.

Financial Assets	Governments		Banks		Patients		Other		Total	
	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000
Cash	48	46	14,439	3,620	-	-	-	-	14,487	3,666
Receivables	3,567	2,366	-	-	9,334	5,907	3,216	3,020	16,117	11,293
Total Financial Assets	3,615	2,412	14,439	3,620	9,334	5,907	3,216	3,020	30,604	14,959

There is no significant concentration of credit risk.

c) Derivative Financial Instruments

Ambulance holds no Derivative Financial Instruments.

END OF UNAUDITED FINANCIAL STATEMENTS

Special Purpose Entity: Notes to and forming part of the Financial Statements for the year ended 30 June 2007

Certification of Special Purpose Entity for Period Ended 30 June 2007

The attached financial statements of the Ambulance Service of NSW Special Purpose Entity for the year ended 30 June 2007:

- i) Have been prepared in accordance with the requirements of applicable Australian Accounting Standards which include Australian equivalents to International Financial Reporting Standards (AIFRS), 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 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.



Chief Executive
Ambulance Service of NSW
28 September 2007



Director, Finance & Data Services
Ambulance Service of NSW
28 September 2007

Income Statement of the Ambulance Service of NSW Special Purpose Service Entity for the period ended 30 June 2007.

	2007 \$000	2006 \$000
Income		
Personnel Services	302,137	82,977
Acceptance by the Crown Entity of Employee Benefits	9,696	2,786
Total Income	311,833	85,763
Expenses		
Salaries and Wages	242,234	65,170
Awards	-	-
Defined Benefit Superannuation	-	-
Defined Contributions Superannuation	13,729	3,546
Long Service Leave	8,032	2,168
Annual Leave	27,619	7,971
Sick Leave and Other Leave	5	2
Redundancies	-	12
Workers' Compensation Insurance	10,388	3,502
Fringe Benefits Tax	130	606
Grants and Subsidies	9,696	2,786
Total Expenses	311,833	85,763
Result for the Year	-	-

The comparatives for 2006 cover the period 17 March 2006 to 30 June 2006 only. Note 1(c) refers.

Balance Sheet of the Ambulance Service of NSW Special Purpose Service Entity as at 30 June 2007.

	Notes	2007 \$000	2006 \$000
ASSETS			
Current Assets			
Receivables	2	109,148	99,276
Total Current Assets		109,148	99,276
Non-Current Assets			
Receivables	2	1,997	2,137
Total Non-Current Assets		1,997	2,137
Total Assets		111,145	101,413
LIABILITIES			
Current Liabilities			
Payables	3	9,083	8,609
Provisions	4	100,065	90,667
Total Current Liabilities		109,148	99,276
Non-Current Liabilities			
Provisions	4	1,997	2,137
Total Non-Current Liabilities		1,997	2,137
Total Liabilities		111,145	101,413
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 2007.

	2007 \$000	2006 \$000
Opening Equity	-	-
Result for the Year	-	-
Closing Equity	-	-

Cash Flow Statement of the Ambulance Service of NSW Special Purpose Service Entity for the period ended 30 June 2007

	2007 \$000	2006 \$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 (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 on 20 July 2007.

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

Comparative information reflects the creation of the Special Purpose Services Entity with effect from 17 March 2006 and covers the period 17 March 2006 to 30 June 2006.

d) 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.

e) 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.

A receivable is measured initially at fair value and subsequently at amortised cost using the effective interest rate method, less any allowance for impairment. A short-term receivable with no stated interest rate is measured at the original invoice amount where the effect of discounting is immaterial. An invoiced receivable is due for settlement within thirty days of invoicing.

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.

f) 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 substituted.

A short-term payable with no stated interest rate is measured at historical cost if the effect of discounting is immaterial.

g) Employee benefit provisions and expenses

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

Liabilities for salaries and wages (including non-monetary benefits), annual leave and paid sick leave that fall wholly within twelve 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 21.7% are applied to the value of the leave payable at 30 June 2007 inclusive of the 4% award increase payable from 1 July 2007, such on costs being consistent with actuarial assessment.

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. Note however the non-current sick leave liability recorded by the Reporting Entity.

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 Benefits

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% inclusive of the 4% payable from 1 July 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 (ie State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

Consequential to the legislative changes of 17 March 2006 no salary costs or provisions are recognised by the Health Service beyond that date.

h) Financial Instruments

Financial instruments given rise to positions that are a financial asset of either the Entity or its counter party and a financial liability (or equity instrument) of the other party. For the Entity, these include cash at bank, receivables, other financial assets, payables and borrowings. See paragraph 2(t) of the Reporting Entity.

In accordance with Australian Accounting Standard AASB139, "Financial Instruments: Recognition and Measurements" disclosure of the carrying amounts for each of AASB139 categories of financial instruments is disclosed in Note 5. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

Classes of instruments recorded and their terms and conditions measured in accordance with AASB139 are as follows:

Receivables

Accounting Policies - Receivables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measures are at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Short term receivables with no stated interest are measured at the original invoice amount where the effect of discounting is immaterial. An allowance for impairment of receivables is established when there is objective evidence that the entity will not be able to collect all amounts due. 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. Bad debts are written off as incurred.

Terms and conditions - Accounts are generally issued on 21 day terms.

Payables

Accounting Policies - These amounts represent liabilities for goods and services provided to Ambulance and other amounts, including interest. 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.

Terms and Conditions - Trade liabilities are settled within terms specified. If no terms are specified, payment is made at the end of the month following the month in which the invoice is received.

i) Prior Period Errors

In 2006/07 the Department of Health determined the need to make allowance for on-costs which need to be paid on the settlement of annual leave liability. This resulted in the application of an on cost of 21.7% as reported in Note 1(g)(i).

The provisions of AASB119, Employee Benefits and Treasury's Financial Reporting Code for Budget Dependent General Government Sector Agencies, as pre existing in 2005/06, recognised the need to include such on-costs and therefore the on-costs now recognised have been brought to account as "Prior Period Errors". However expense and revenue adjustments are fully offsetting and the adjustment had no effect on equity.

Special Purpose Entity:
Notes to and forming part of the Financial Statements for the year ended 30 June 2007

2. Receivables

	2007 \$000	2006 \$000
Current		
Accrued Income - Personnel Services Provided	109,148	99,276
Non-Current		
Accrued Income - Personnel Services Provided	1,997	2,137
Total Receivables	111,145	101,413
3. Payables		
Current		
Accrued Salaries and Wages on-costs	4,099	2,803
Payroll Deductions	4,984	5,806
Total Payables	9,083	8,609

4. Provisions

	2007 \$000	2006 \$000
Current Employee benefits and related on-costs		
Employee Annual Leave - Short Term Benefit	23,437	26,749
Employee Annual Leave - Long Term Benefit	20,339	11,924
Employee Long Service Leave - Short Term Benefit	6,053	3,921
Employee Long Service Leave - Long Term Benefit	50,236	48,073
Total Current Provisions	100,065	90,667
Non-Current Employee benefits and related on-costs		
Employee Long Service Leave - Conditional Sick Leave	1,951	2,016
	46	121
Total Non-Current Provisions	1,997	2,137
Aggregate Employee Benefits and Related on-costs		
Provisions - current	100,065	90,667
Provisions - non-current	1,997	2,137
Accrued Salaries and Wages and on-costs (Note 3)	9,083	8,609
Total	111,145	101,413

5. Financial Instruments

(a) Interest Rate Risk

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

Financial Instruments	Non-Interest bearing		Total carrying amount as per the Balance Sheet		Weighted average effective interest rate *	
	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 %	2006 %
Financial Assets						
Receivables	111,145	101,413	111,145	101,413	N/A	N/A
Total Financial Assets	111,145	101,413	111,145	101,413		
Financial Liabilities						
Payables	9,083	8,609	9,083	8,609	N/A	N/A
Total Financial Liabilities	9,083	8,609	9,083	8,609		

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

(b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract, or financial position, failing to discharge a financial obligation thereunder. The Entity's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the Balance Sheet.

Credit Risk by classification of counterparty

	Governments		Banks		Patients		Other		Total	
	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000
Financial Assets										
Receivables	111,145	101,413	-	-	-	-	-	-	111,145	101,413
Total Financial Assets	111,145	101,413	-	-	-	-	-	-	111,145	101,413

(c) Net Fair Value

Financial instruments are carried at cost.

The resultant values are reported in the Balance Sheet and are deemed to constitute Net Fair Value.

(d) Derivative Financial Instruments

Ambulance holds no Derivative Financial Instruments.

END OF UNAUDITED FINANCIAL STATEMENTS

Statutory and other information

NSW Divisional Boundaries and Ambulance Station Locations



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
Wentworth

First Responder

Cudal
Manildra
Mt Wilson (RFS)
Sofala (SES)

Volunteer

Eugowra
Goodooga
Gulgambone
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
Wyalda
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
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
Murrumbidgee
Muswellbrook
Nelson Bay
Raymond Terrace
Rutherford
Scone
Singleton
Stockton
Stroud
Tanilba Bay
Tea Gardens
Toronto

Mid North Coast Sector

Bellingen
Bateau Bay
Dorrigo
Kempsey
Laurieton
Macksville
Nambucca Heads
Port Macquarie
South West Rocks
Taree
Tuncurry
Urunga
Wauchope
Woolgoolga

Volunteer

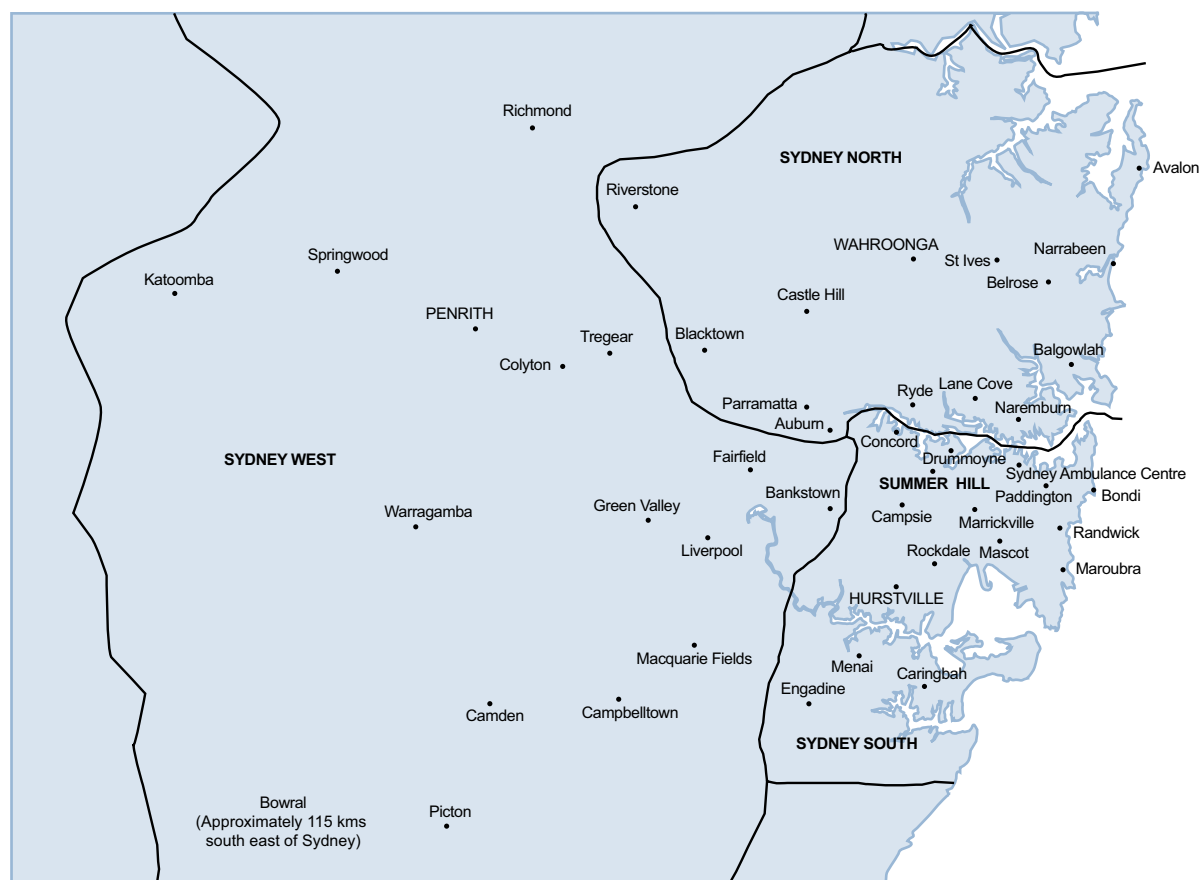
Coramba
Glen Rae
Nana Glen

Northern Rivers Sector

Ballina
Bonalbo
Byron Bay
Casino
Evans Head
Grafton
Kingscliff
Kyogle
Lismore
Macleay
Mullumbimby
Murwillumbah
Tweed Heads
Urberville
Yamba

Statutory and other information

Sydney Division Ambulance Station Locations



Sydney South Sector

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

Sydney West Sector

Bankstown
Bowral
Camden
Campbelltown
Colyton
Fairfield
Green Valley
Katoomba
Liverpool
Macquarie Fields
Penrith
Picton
Richmond
Springwood
Tregear
Warragamba

Sydney North Sector

Auburn
Avalon
Balgowlah
Belrose
Blacktown
Castle Hill
Lane Cove
Naremburn
Narrabeen
Parramatta
Riverstone
St Ives
Wahroonga

Volunteer

Lord Howe Island

Statutory and other information

Financial Summary

Payment of Accounts	30 June 2007 \$000	30 June 2006 \$000	30 June 2005 \$000
Total dollar value of accounts paid on time	144,625	94,028	54,775
Total dollar amount of accounts paid	146,859	135,849	94,075
Average percentage of accounts paid on time	98%	69%	58%

The timely payment of invoices to creditors continues to improve over the last financial year.

Accounts Payable	30 June 2007 \$000	30 June 2006 \$000	30 June 2005 \$000
Trade Creditors and Accruals	15,640	12,582	11,740
Capital Creditors	1,119	1,199	1,230
Other	1,071	1,396	1,990
Salaries & Wages Creditors	4,329	3,778	738

Accounts Payable - Age Analysis as at 30 June 2007	\$000
(Includes both recurrent and capital creditors)	
Less than 30 days overdue	7,935
More than 30 and less than 60 days overdue	-
More than 60 and less than 90 days overdue	-
More than 90 days overdue	-
Total	7,935

Ambulance did not pay any interest to creditors due to late payments. There were no creditor invoices greater than 30 days at the end of year of the financial year.

Accounts Receivable - Age Analysis as at 30 June 2007	
Less than 30 days	4,367
More than 30 and less than 60 days	4,784
More than 60 and less than 90 days	1,407
More than 90 days	5,356
Total	15,914

The accounts receivable figures relate to patient transport and treat not transport fees and reflect the "gross" position (i.e. 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 \$2.691M 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 MANAGEMENTC PERFORMANCE

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

- > \$400,000 for 61 days @ 6.10%, to mature on 22 August 2007
- > \$830,000 for 184 days @ 6.18%, to mature on 23 November 2007
- > \$700,000 for 273 days @ 6.30%, to mature on 15 November 2007

Interest amounting to \$108,536.75 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 2006/07 financial year on these investments was \$457,879.78.

Liability Management Performance

Ambulance has controlled cash flows and managed liabilities effectively by controlling expenditure and maximising revenue collection.

Monetary amount of annual leave and long service leave entitlements

Annual leave \$43.776 M

Long Service Leave \$58.240 M

CONSULTANTS ENGAGED

Deloitte Touche Tohmatsu: Investigative Services: \$31,247

GVK Consulting Pty Ltd: Investigative Services: \$33,787

Janison Solutions: Learning Management Systems and Training Management Systems provider: \$44,873

Internal Audit Bureau: Investigative Services \$45,667

Axis Technology Pty Ltd: Update of COSOPS Project and planning for Patient Health Care Record system Net migration: \$47,600

Australian Institute Forensic Psychology: Testing of new recruits: \$51,925

Operational Research In Health: Infrastructure Strategy for ambulance operations in Sydney Area; Modelling Patient Allocation Matrix for emergency ambulance services in the Central Coast; Matrix Reporting; Resource Planning Models – Maintenance, Licensing and Re-Validation during 2006: \$256,350

There number of consultancies costing less than \$30,000 in expenditure was 41. The total cost of these 41 consultancies was \$359,378.

Statutory and other information

Major Assets

Ambulance's major assets, other than landholdings, are listed below. Major assets are those valued at over \$500,000. Major assets acquired during 2006/07 are listed separately.

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
Drummoyle Station
Forbes Station
Fairfield 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
Perisher Valley Station
Point Clare Complex
Queanbeyan Station
Riverstone Station
Rozelle Headquarters and Education Centre Complex
South West Rocks Station
Singleton Station Complex
Stockton Station
Summer Hill Station
Summer Hill 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 and Operations Centre
Wollongong Station
Yamba Station

Capital Works

MAJOR WORKS IN PROGRESS

Ryde Ambulance Station Redevelopment

Estimated total cost	\$2,374,000
Cost to date	\$ 250,000
Estimated completion date:	April 2008

The project has been delayed pending resolution of development consent issues. Consequently a fresh DA was lodged and it is expected that development consent will be granted in July/August 2007.

Port Macquarie Ambulance Station Redevelopment

Estimated total cost	\$1,437,000
Cost to date	\$1,379,000
Estimated completion date:	July 2007

Dubbo Ambulance Station Redevelopment

Estimated total cost	\$1,540,000
Cost to date	\$1,460,000
Estimated completion date:	August 2007

Auburn Ambulance Station Redevelopment

Estimated total cost	\$1,830,000
Cost to date	\$ 30,000
Estimated completion date:	June 2008

Liverpool Ambulance Station Redevelopment

Estimated total cost	\$1,830,000
Cost to date	\$22,000
Estimated completion date:	June 2008

INFRASTRUCTURE ENHANCEMENT PROGRAMS

Ambulance Fleet Upgrade/Renewals

Estimated total cost	\$35,000,000
Cost to date	\$ 8,000,000

Medical Equipment Upgrade/Renewals

Estimated total cost	\$10,000,000
Cost to date	\$ 2,001,000

Both of these programs are funded over a five year period commencing 2006/07 and will be complete by 30 June 2011.

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 2006/07

Gunnedah Station
Paddington Station
Rural Radio Network

Real Property Disposals

Two properties were disposed of during the financial year for a total of \$674,000. The two properties were surplus to operational requirements and comprised replaced ambulance station premises at Campbelltown and Holbrook. 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 properties disposed of and the persons responsible for approving the disposal.

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

Publications produced during 2006/07

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

- > 2005/06 Annual Report
- > Advancing Skills Project – Managing the clinical establishment
- > Child Protection – Notification of Suspected Child Abuse and Neglect Standard Operating Procedure
- > Clinical Assessment and Referral Project
- > Clinical News and Clinical Bulletins
- > Code of Conduct
- > Complaint Management Policy
- > Conflict of Interest Standard Operating Policy
- > Fact sheets provided in a range of community languages.
- > Dealing with Trauma brochure
- > Patient Information brochure
- > Patient Safety and Clinical Quality Performance Newsletter
- > Practice Directions regarding Professional Conduct
- > Professional Conduct Guidelines
- > Rural Plan Consultation Paper
- > Sirens (staff newsletter)

A range of publications are available for download from the Ambulance website at: www.ambulance.nsw.gov.au/media_publications/publications.html.

Statutory and other information

Percentage of Total Staff by Level

LEVEL	TOTAL STAFF (Number)	Subgroup as % of total staff at each level			Subgroup as estimated % of total staff at each level				
		Respond-ents	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Religious Minority Groups	People Whose Language First Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work-related Adjustment
< \$33,910	3	67%		100%		50%	50%		
\$33,911 - \$44,537	1,362	93%	56%	44%	2.3%	6.5%	6.8%	1.5%	0.1%
\$44,538 - \$49,791	1,691	55%	74%	26%	2.0%	6.3%	5.5%	2.9%	0.6%
\$49,792 - \$63,006	509	60%	77%	23%	1.7%	5.0%	5.9%	3.3%	0.3%
\$63,007 - \$81,478	128	72%	69%	31%	2.2%	18.5%	14.1%	4.3%	1.1%
\$81,479 - \$101,849	46	78%	67%	33%		11.1%	8.3%	13.9%	2.8%
> \$101,849 (non SES)	42	57%	76%	24%		4.2%	4.2%	8.3%	4.2%
> \$101,849 (SES)	1		100%						
TOTAL	3,782	70%	69%	31%	2.1%	6.8%	6.5%	2.5%	0.4%

Percentage of Recruits by Level

LEVEL	TOTAL RECRUITS (Number)	Subgroup as % of total staff at each level			Subgroup as estimated % of total staff at each level				
		Respond-ents	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Religious Minority Groups	People Whose Language First Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work-related Adjustment
< \$33,910	1			100%					
\$33,911 - \$44,537	281	96%	51%	49%	1%	6%	7%	1%	
\$44,538 - \$49,791	8	63%	38%	63%			20%		
\$49,792 - \$63,006	23	91%	22%	78%			5%		
\$63,007 - \$81,478	5	100%	40%	60%			20%		
\$81,479 - \$101,849	3	100%	33%	67%					
> \$101,849 (non SES)	10	90%	40%	60%					
> \$101,849 (SES)									
TOTAL	326	95%	47%	53%	1.0%	3.5%	7%	1%	

Percentage of Total Staff by Employment Level

EMPLOYMENT BASIS	TOTAL RECRUITS (Number)	Subgroup as % of total staff at each level			Subgroup as estimated % of total staff at each level				
		Respond-ents	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Religious Minority Groups	People Whose Language First Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work-related Adjustment
Permanent Full-time	3,567	71%	70%	30%	2%	7%	7%	3%	0%
Permanent Part-time	180	61%	23%	77%	1%	4%	4%	1%	
Temporary Full-time	20	80%	30%	70%		6%	6%		
Temporary Part-time	7	86%	29%	71%			17%		
Contract - SES	1		100%						
Contract Non-SES	7	14%	100%						
Training Positions									
Retained Staff									
Casual									
TOTAL	3,782	61%	68%	32%	2%	7%	7%	3%	0%

Number of Full Time Equivalent Staff (FTE) as at June 2007

June 2004		June 2007	June 2006	June 2005
Medical	5	3	3	2
Nursing	28	20	18	17
Ambulance clinical services (mobile)	3,056	2,899	2,777	2,695
Ambulance clinical services (operations centre)	250	256	242	240
Corporate services	189	182	179	183
Scientific and technical clinical support staff	8	9	8	8
Hotel services	15	14	13	14
Maintenance and trades	62	61	69	69
Support staff	88	96	86	73
Total	3,701	3,541	3,394	3,301

Notes: 1. Includes salaried (FTEs) staff employed with Health Services and NSW Health. All non-salaried staff such as contracted Visiting Medical Officers (VMO) are excluded.

Workers' compensation claims

Category	2006/07	2005/06	2004/05	2003/04	2002/03
Body Stress	304	356	355	316	284
Hit by Object(s)	74	86	74	59	117
Fall/Slip	73	63	77	65	80
Exposure (Infectious)	130	108	95	90	78
Vehicle	32	47	44	32	32
Mental Stress	36	37	40	25	30
Bite	5	7	5	1	0
Objects - Moving	3	5	5	6	8
Other/Assaults /General	10	16	19	27	1
Other: — Bites	0	0	5	0	0
— Exposure	0	0	1	0	0
— Anaphylactic Reaction	0	0	1	3	0
— Other	0	0	1	31	0
TOTAL	667	725	722	655	630

WRAPP Waste report

Ambulance has continued its commitment to the State Government's Waste Reduction and Purchasing Policy (WRAPP) initiatives during 2006/07. 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; reusing 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 involved sending cards to Australia Post for forwarding to a recycling facility where they are turned into 'SAFE' paper products.

Overseas Visits

Ambulance sent representatives to the Annual AMBEX Convention in Harrogate, North Yorkshire, United Kingdom.

Graham McCarthy and Darryn Binks travelled to the UK on 23 June and returned on 2 July 2007. Dave Hodge was holidaying in the UK at the time and also attended.

The theme of the conference was "Delivering Change – Improving Care" and centred on the following key areas:

1. Operational issues
2. Clinical Issues
3. Workforce issues.

National Patient Satisfaction Survey 2007

The National Patient Satisfaction Survey report details the service quality and satisfaction ratings of ambulance service patients across Australia, measured in 2007.

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 the years.

Key Findings

The table below presents combined scores for NSW across all dimensions measured. The results are presented as proportion of customers who were 'very dissatisfied' or

'dissatisfied' (column 1), 'neither satisfied, nor dissatisfied' (column 2), and 'satisfied' or 'very satisfied' (column 3).

A comparison with 2006 results for proportion of 'satisfied' or 'very satisfied' customers is provided in column 4.

Overall satisfaction scores have remained very high and stable. Ambulance has also continued to improve the level of community satisfaction when speaking to the operator upon calling for an ambulance.

There were no other significant changes in the overall scores for other dimensions.

Satisfaction ratings for NSW	Very dissatisfied or dissatisfied (%)	Neither satisfied nor dissatisfied (%)	Satisfied or very satisfied (%)	
			2007	2006
Call response time	1	1	98	98
Communication staff assistance	1	1	98	97
Ambulance response time	2	3	95	95
Paramedics care	1	2	97	98
Treatment satisfaction	1	0	99	99
Explanation of condition by paramedics	2	2	96	96
Trip/ride satisfaction	2	5	93	94
Overall satisfaction	1	2	97	98

Donations and Bequests

Donations enable Ambulance to fund initiatives that will benefit the community of NSW and Ambulance staff. Donations are accepted provided that the conditions attached to the donation do not limit Ambulance carrying out its functions properly. Besides uses for the community, specific donations can be made for a particular ambulance station or particular operational unit.

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

The Late Mrs Dorothy Caton, Tothemill Pty Ltd and The Danks Trust become Major Donors through contributions towards important community education programs. These programs, 'Be an Ambulance Hero; Dial Zero Zero Zero' school education program and 'LIFE...Live it Save it' retiree education program, were offered free to young children and retirees of NSW.

The Upper Hunter Non-Emergency Transport Service is just one example of a generous donor who contributed towards internal expenditures. Examples include communication enhancements, vehicle upgrades, medical equipment, staff development and station refurbishments.

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

All 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

Our Volunteers

Ambulance volunteers work tirelessly behind the scenes to help others and deliver pre-hospital care. They include Volunteer Ambulance Officers, Community First Responders, Peer Support Officers, Chaplains and Consumer Representatives. On behalf of the staff and the community of New South Wales, Ambulance thank their volunteers for their ongoing commitment.

CHAPLAINCY

Twenty Ambulance chaplains provide volunteer individual counselling, pastoral care and spiritual support to employees who have been exposed to traumatic workplace incidents or who may experience wide reaching personal issues. Additionally, Ambulance Chaplains provide support and undertake memorial and civil services for staff, their families and Ambulance patients.

PEER SUPPORT OFFICERS

Ambulance has 112 peer support officers who are uniformed staff that provide an early intervention service, out of hours on most occasions, to colleagues who may experience stress as a result of exposure to traumatic incidents.

VOLUNTEER AMBULANCE OFFICERS

A workforce of over 90 honorary ambulance officers provide first aid to the sick and injured and first response to incidents in remote areas of NSW where back up is not always readily available.

COMMUNITY FIRST RESPONDERS

Community First Responders (CFR) improve resources, training and support in emergency pre-hospital care for people in remote and outback communities. CFRs are fully trained, uniformed and equipped by Ambulance. Clinical mentors monitor and provide support to 39 members together with Clinical Training Officers. Training and advice was also provided to Sydney Jewish community's Hatzolah program.

THE AMBULANCE BAND

The Ambulance Band, commissioned in 1985, has performed for Her Majesty Queen Elizabeth II at the opening of Parramatta Stadium, graduation ceremonies at the Ambulance Education Centre Rozelle, St John Investitures at Government House, NSW Health functions and special 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 over 28 male and female officers from ambulance stations located throughout the Hunter Sector.

Statutory and other information

Freedom of Information

There was a significant increase in the number of personal FOI applications received during 2006/07 compared with the previous year. There was no significant impact during the year of FOI requirements on Ambulance activities. There were no requests for the amendment of personal records. There were no inquiries under the Act by the Ombudsman or any appeals under the Act to the District Court or the Supreme Court, and no ministerial certifications. The majority of applications were assessed and processed within the 21 day timeframe.

Results of FOI requests	2006/07		2005/06	
	Personal	Other	Personal	Other
Granted in full	73	3	38	7
Granted in part	22	4	3	2
Refused	8	3	1	8
Deferred	0	0	0	0
No documents held	12	4	12	1
Completed	115	14	54	18

Costs and fees of requests processed	2006/07
FOI application fees received	\$3,313
Assessed processing costs received	\$ 630
Total	\$3,943

Access Refused	2006/07		2005/06	
	Personal	Other	Personal	Other
Granted in part or refused				
Clause 11 of Schedule 1	1	0	0	0
Clause 16 of Schedule 1	4	0	2	2
Clause 13(b) of Schedule 1	1	0	2	0
Clause 7(1)(b) of Schedule 1	0	0	0	1
Clause 6(1) of Schedule 1	23	5	0	2
Section 28(1)(b)	12	4	12	1
Section 25(1)(b)(1)	0	0	0	1
Section 22(3)	0	2	0	4
Section 17(c)	3	0	0	0
Section 17(d)	1	0	0	0
Total	45*	11	16	11

* One matter was denied access on four grounds

Discounts allowed	2006/07		2005/06	
	Personal	Other	Personal	Other
Financial hardship personal	11	0	4	0

Significant Correction of Personal Records	2006/07		2005/06	
	Personal	Other	Personal	Other
	0	0	0	0

Days to process	2006/07		2005/06	
	Personal	Other	Personal	Other
0-21 days	111	12	44	10
22-35 days	3	1	5	4
Over 35 days	1	1	5	4
Total	115	14	54	18

New FOI requests	2006/07		2005/06	
	Personal	Other	Personal	Other
New	105	14	54	18
Brought forward	11	2	0	0
Total to be processed	116	16	54	18
Completed	115	14	54	18
Transferred out	0	0	0	0
Withdrawn	0	0	0	0
Total processed	115	14	54	18
Unfinished (carried forward)	1	2	0	0

Statement of Affairs

Section 14(1)(a) of the Freedom of Information Act requires a Statement of Affairs of the agency to be published every 12 months.

Ambulance's Statement of Affairs and a description of the Ambulance structure and functions are outlined in this Annual Report.

Ambulance has a direct effect on the general public by providing quality emergency clinical care, rescue, 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 its policy development.

The Freedom of Information Act allows a member of the public the right to apply for records to be amended if they are out of date, misleading, incorrect or incomplete.

Members of the public can request to have records amended by applying in writing to:

FOI Coordinator
Ambulance Service of NSW
Locked Bag 105
ROZELLE NSW 2039

Telephone 9320 7606 or fax 9320 7819.

Enquiries can be made between 9am and 5pm Monday to Friday.

Applications under the Freedom of Information Act should be accompanied by a \$30 application fee.

Ambulance Planning

Progress during 2006/07 developing Ambulance Five Year Strategic Plan

- > Completion of the Ambulance Five Year Strategic Plan, which adheres to format recommended by NSW Health and is a strategic fit to Health's Future Directions and Ambulance's future challenges.
- > A foldout single page plan has been published and distributed to Ambulance staff and is available on the intranet.
- > Ambulance Five Year Strategic Plan formally approved by NSW Health.

Progress during 2006/07 developing Ambulance Service Plans

- > Education Action Plan has been finalised. The first phase of developing the Clinical Services Development Plan undertaken to be followed up by a further workshop to draft a more detailed version.
- > The Corporate Services functional business plans are currently undergoing development.
- > Business continuity plans developed in the event of operational or technical interruption, disruption or disaster using a pre-defined, pre-tested, approved course of action will be employed by key stakeholders in the recovery process.

Key milestones for implementing Plans

- > A progress review of the Ambulance Five Year Plan will be conducted to monitor key milestones as envisaged in the plan.

Key priorities/directions arising to date

- > To ensure Ambulance strategies and actions are consistent with the seven strategic directions of Health.
- > To ensure Ambulance planning reflects the 20 year future strategic horizon and the five year planning framework.

Future directions associated with the Five Year Ambulance Plan

- > Substantial Government investment in ambulance officers and technology will assist manage the expected increase in demand for services to 2010.
- > To enable changes to the type of services that are being sought from modern day ambulance clinicians to contribute to the broader spectrum of health care delivery.
- > Maintain the emphasis on increasing the clinical skills of ambulance officers and services that are evolving from a "taking the patient to care" to one that is "taking care to the patient."
- > Partnerships with health care providers will be carefully developed to ensure reliable access to ongoing care.

Committees of the Ambulance Service

COMMITTEES OF THE AMBULANCE SERVICE AS AT 30 JUNE 2007

Corporate Governance Committees

Finance Committee

The primary function of the Finance Committee is to assist the Chief Executive in fulfilling responsibilities in respect of the financial management of Ambulance.

Twelve Finance Committee meetings were held between 1 July 2006 and 30 June 2007. Attendance by Council members:

Greg Rochford	12 meetings
Barrie Unsworth (Chair)	10 meetings
Maria Pethard	9 meetings

Audit and Risk Committee

The primary function of the Audit and Risk Committee is to assist the Chief Executive by reviewing systems of financial accounting, systems of internal audit controls and the audit process.

Four Audit and Risk Committee meetings were held between 1 July 2006 and 30 June 2007. Attendance by Council members:

Greg Rochford	4 meetings
Maria Pethard	3 meetings
Linda Barach	3 meetings
Jim Arneman	2 meetings
Stephen Flanagan	2 meetings

Clinical Governance Committee

The primary function of the Clinical Governance Committee is to assist the Chief Executive ensure the clinical quality and safety of care delivered and to establish and monitor progress of clinical improvement strategies.

Three Clinical Governance meetings were held between 1 July 2006 and 30 June 2007. Attendance by Council members:

Jon Isaacs (Chair)	3 meetings
Jim Arneman	2 meetings

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. During 2006/07, one application was received under the Health Records Information Privacy Act 2002 on 6 October 2006. The outcome of the review identified that Ambulance breached Health Privacy Principle 5 by not taking reasonable steps to secure the information and Health Privacy Principle 10 by inadvertent use of the information. As a result, Ambulance implemented a policy about sending information by a facsimile machine.

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 that is collected is stored securely. Patient health care records are retained for 25 years.

Appropriate systems are in place to protect information from loss, unauthorised access and misuse.

Ambulance uses and discloses personal health information for the primary purpose that the information was collected. Under legislation, information can also be used and disclosed for purposes directly related to a patient's treatment, in ways 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 and may also be required to provide a copy of a patient health care record if it is subpoenaed for evidence in a court of law. Information is also used and disclosed for billing, statutory reporting and other purposes required for the operation of Ambulance, which includes safety and quality improvement initiatives. Where relevant, Ambulance may need to disclose patient information to Medicare, private health funds or the Department of Veterans' Affairs.

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

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

Statutory and other information

Working in partnership with the community

Our commitment to educating and working in partnership with the community is a key objective in the Ambulance Corporate Plan 2006-2010. A number of educational programs and strategies have been developed to help prevent medical emergencies and better communicate with the community. The following projects reflect an increasing recognition of the importance of community education and partnerships.

Launch of *Be an Ambulance Hero: Dial Zero Zero Zero*

In February 2007, every primary school in NSW (approximately 2,400 Government, Catholic and Independent schools) received the *Be an Ambulance Hero: Dial Zero Zero Zero* school education program.

The program is free and was developed in consultation with all three education boards. It is delivered by teachers and targets Kindergarten, Year 1 and Year 2 students. Objectives of the program include teaching children the emergency number (Triple Zero), how to identify a big accident from a little accident and what to do in the absence of adults. Since its inception 10,500 students have participated with enthusiastic feedback received from teachers.

Launch of *Life...Live it Save it!*

This education program was designed for retirees and was launched in October 2006 and rolled out in February 2007. Extensive consultation was undertaken with various community groups and key stakeholders.

The program is a free one hour self-learning initiative facilitated by the community for the community. It educates retirees on identifying signs and symptoms of age-relevant medical conditions and what to do in an emergency. During 2006/07, 120 community groups adopted the program with positive feedback received from over 2,000 participants.

Launch of VW Caddy

June 2007 marked the official launch date of the VW Caddy Mobile Education Vehicle. This initiative was made possible by the generosity of the Volkswagen Group Australia. This vehicle will assist Ambulance deliver important safety messages to children in conjunction with the *Be an Ambulance Hero* school education program. The vehicle was fitted out as a children's sized ambulance, allowing children to interact with real equipment such as lights and sirens, radios and a phone system so children can hear triple zero emergency calls.

Promotional Material

In response to numerous requests from staff and the public for printed educational material, a range of Ambulance publications, fact sheets and promotional merchandise was produced and distribution to ambulance stations is ongoing.

Each station has been provided with an amount of printed material based on the population they service. The printed material was developed to assist staff reinforce important Ambulance messages and increase awareness on a range of topics.

CAA Ambulance Awards

Ambulance developed a national ambulance awards initiative that has been adopted by the Ambulance profession's peak body, the Council of Ambulance Authorities (CAA). The awards were developed to acknowledge and encourage innovations from ambulance services throughout the South Pacific region.

Community Events

Ambulance attended and participated in a range of community events including New Years Eve, Gay and Lesbian Mardi Gras, City to Surf, ANZAC Day, the Country Music Festival, Bathurst 1000, Gunnedah

National Field Days, Tamworth Country Music Festival, Mudgee Field Days, Yabun Concert, Aboriginal Rugby League Knockout and the Aboriginal and Torres Strait Islander Basketball Championships.

Gold coin donations

Charities supported by Ambulance staff included Daffodil Day, Jeans for Genes, Bluey Day, Shave for a Cure, National Breast Cancer Day, Buzz Day, National Bandanna Day, Heart Week and Red Nose Day. Every Christmas staff also donate non-perishable goods for the Salvation Army.

Community education

Numerous staff members across the State generously give up their personal time to help educate thousands of school children and community groups on key ambulance messages.

Seniors Week

During March 2007, Ambulance participated in local activities across the State during Seniors Week.

Australian Organ Donor Awareness Week

In February 2007, the Australian Red Cross invited Ambulance to help promote the importance of organ donation. Ambulance, together with other emergency services, plays an important role in the delivery of sick patients, family and medical staff awaiting life-saving transplants.

Future Direction

Development is underway for several new initiatives including: A one day school excursion program for high school students to experience the key aspects of Ambulance operations; annual station open day for ambulance stations; and an annual staff awards program to recognise staff formally for outstanding performance and innovation.

SURVIVING A CARDIAC ARREST - ROSS SKINNER'S STORY

I have always kept, in what I considered, reasonable health and I'm sure I am one of many who think that they are too young, at 54, to suffer a heart attack.

That all changed on 6 March 2005. A couple of neighbours and I were doing some chores around our complex, when I suddenly collapsed. Luckily for me one neighbour, Dennis, recognised that I had no pulse and was not breathing and commenced CPR straight away.

Another neighbour, Roy, came to help while his granddaughter called '000' for an ambulance.

The ambulance calltaker was extremely supportive and provided the instructions and confidence that everyone needed. The ambulance arrived within minutes and promptly delivered life-saving shocks from a defibrillator to get my heart started again. I was rushed to St George Hospital and after being in a coma for three days, found that I had suffered a major heart attack and required a triple by-pass.

I must say that I had no warning that often comes with heart disease; chest pains, shortness of breath etc and the attack came upon me within seconds.

If it wasn't for my neighbour's recall of CPR skills they had learnt in years gone by, I wouldn't be here today to tell my story.

When I heard about the *LIFE...Live it, Save it!* Awareness Program I instantly knew that this program is a necessary and important step to increase community knowledge about how to deal with lifethreatening medical emergencies.

Ross Skinner
Survivor

Statutory and other information

Clinical staff courses

Course Name	Courses	Students
Clinical upgrade to P1 course	*	529
Patient Transport Officer courses	2	35
Induction training/commenced practicum 1 (student officers)	9	207
Completed In-service 1/commenced practicum 2 (student officers)	12	216
Completed In-service 2/Qualified for Diploma in Paramedical Science	11	170
Advance Diploma Paramedical Science	1	17
1st recertification course	3	48
Certification workshops	*	372
Patient Transport Officer recertification course	5	37
Call Takers trained	5	31
Dispatchers trained	5	19
Medical Priority Dispatch System	5	32

Total **58** **1,713**

* Officers completed these courses through a variety of modalities, traditional face to face courses were not run

Staff development courses

Course Name	Courses	Students
Aboriginal Cultural Awareness	11	227
Assertiveness	3	20
Communication	6	70
Conflict Management	8	97
Continuous Improvement	4	40
Excel Advanced	2	10
Excel Intermediate	2	12
Interpersonal Skills	9	105
Meeting Skills	1	5
Multicultural Service Provision	4	101
Organisational Awareness	12	332
Performance Management	8	89
Proactive Leadership	4	55
Recruitment and Staff Selection	8	99
Team Building	8	86
Workplace Behaviour	18	366

Total **108** **1714**

Occupational Health and Safety Courses

Course Name	Students
Manual Handling 1	804 staff
Manual Handling 2	121 staff
Ergonomic Assessment	117 staff
Risk Assessment	1,292 staff
OH&S and Ergonomics Induction for CAD	6 courses / 31 students
OH&S Consultation for OH&S Committee Representatives	3 courses / 28 students
OH&S Induction for PTOs	2 courses / 35 students
OH&S Induction for TAOs	8 courses / 207 students
Inservice 1	12 courses/ 216 students
Inservice 2	11 courses / 170 students

Other staff training and initiatives

- > High level Open Disclosure training for senior staff
- > Responding to Allegations training for senior staff
- > Regular presentations to ambulance officers with respect to ethical behaviour and professional conduct

Professional Standards and Conduct Unit received/finalised cases 2006/07

Type of Case	Received	Finalised
Administrative Decisions Tribunal	1	0
Anti Discrimination Board	1	1
Assessment	4	5
Committee of Inquiry	0	1
Complaint	30	16
Coronial	28	20
Criminal Charges	6	8
Fact Finding	7	5
Freedom of Information	3	6
Grievance	21	5
Health Care Complaints Commission	16	12
Impaired Officer	4	0
ICAC*	1	1
Misconduct Inquiry	25	9
Referral from NSW Ombudsman	0	1
Performance Management Monitoring	1	0
Protected Disclosure	9	5
Unfair Dismissal/Action	1	1
Unsatisfactory Professional Conduct	2	1

Total **160** **97**

ICAC* Independent Commission Against Corruption

Honours and Merit Awards

AUSTRALIAN AMBULANCE SERVICE MEDAL (ASM)

FEATHERSTONE Paul
PILON Peter
WOODGATE Paul

PUBLIC SERVICE MEDAL (PSM)

ROCHFORD Greg

SERVICE AWARDS

Meritorious Service Medal
DEEN Brian

General Manager Operations Commendation—Courage

MONAGHAN Michelle
VERMEER Kerriann

General Manager Operations Commendation—Service

GRAY Robert (Bob)

ST JOHN AMBULANCE (NSW) EMERGENCY SERVICES AWARD

JAMES Christina
MARTIN Darrin
PARKER Adam

NATIONAL MEDAL

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

ANDERSON Nichole
BARRY Malcolm Roy
CANNON Wayne Robert
CHARLES Sharyn Elizabeth
CHARLES Wayne
CLEMENT Peter James
COLQUHOUN Ian Lionel
DELANEY James Morris
DENYER David John
DUFF-FORBES Antony
EDWARDS Peter Wayne
ELLER Darren Michael
EWIN Mary
FLANAGAN Jennifer Anne
FREUND Colin David
GARDINER Mark Alan
GILMOUR Barry John
HAMILTON Tracey Lee
HARDY Anthony David
HAYWARD Lyndon James
JOHNSTON Michael Raymond
JONES Nicholas Lloyd
JULIAN Graeme
KERNICK Bradley Meade
KIRK Gregory Brian
LANG Peter Leslie
LOVE Andrew Stuart
MCPHERSON Stephen Alfred
ORGILL Kerri-Anne
NICOL Steven Robert
OWEN Steven
PARK Bradley John
PITTON Carlo
ROBINSON Victor
ROGERS Natascha
SHEEN Steven Charles
THOMPSON Andrew Dean
TULLY Patrick Alan
WOOD Darryn
ZUIDERWYK Paul Nicholas

1ST CLASP

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

ATKINS Jeffrey Gordon
BINKS Darryn
CHARLES Wayne
COOPER Mark Harold
CREEVEY William James
COLQUHOUN Ian Lionel
DAWSON Stephen Shane
DIXON Stephen John
FORRESTER Ian Wesley
FIELDER Leslie John
GATT Paul Mary
GILMOUR Barry John
HARRISON Peter Joseph
HIGGINS David Charles
JOEL Ross William
KEITH Graham John
LASSAU Dean
MCCLENAHAN Dale Wilson
MCNULTY Stephen Robert John
MCPHERSON Stephen Alfred
MCRAE Paul James
MALONE Graeme Michael
MANSON William Paul
MATHESON Phillip Kenneth
MITCHELL Kathryn Ann
MONTGOMERY Kevin John
NICHOLLS Craig William
OBRIEN Matthew Paul
PALAITIS Mark Romas
PETTIT Christopher Ian
PIERCE Kevin
PRIOR Stephen Ashley
PURVES Bruce Robert Duncan
ROBINSON Victor
ROFE Andrew Karl
RYAN Andrew
SAVAGE Terrence John
SIMPSON Ian Douglas
SMITH Brendan James
STALKER Craig Charles
STEER Mark Anthony
VAN OORT Robert William
VISSER Robert Steven
VITNELL Noel Leslie
WADSWORTH Brian
WILSON Muriel Veronica

2ND CLASP

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

HERRING Raymond John
KENNY Peter
PRESLAND John Stewart
RANDALL Colin James
WATT Selwyn Allan
WATTS Neville Richard

LONG SERVICE AND GOOD CONDUCT AWARDS

For 10 years service

ABEDIN Sk Jaynal
ACTON Scott Michael
ADAMS Jodie Leanne
ADAMSON Kevin Owen
AINSLIE Robert John
AINSWORTH Stephen
AITON Jeffrey William
ALAM Mark
ALDER James Albert
ALDERTON Kerrie Ann
ALEMAN Oliver Raymond
ALFORD John
ALLEN Tracy
ANDERSON Angus Ronald
ANDERSON Matthew John
ANDERSON Michelle
ANDERSON Nichole Kinnier
ANTCLIFF Paul Francis Luke
ARCHER Kirstie Elizabeth
ARIANSEN Leslie John
ARMSTRONG, Grant Christopher
ARNDELL Timothy Paul
ARNOLD Monica Anne
ASPINALL Gordon Scott
ATHERTON Jeffrey Andrew
ATKINS Jeffrey Gordon
AYRTON Gregory Malcolm
BAGLEY Christopher Michael
BAILEY Grant John
BALDWIN Lindy Ellen
BARKER Anthony Kenneth
BARLOW Sharon Maree
BARNETT Melinda Gai
BARON Stuart
BARRY Edmund John
BARTON Andrew William
BATES Darren Edward
BAXTER Brett Graeme
BAXTER Rachael
BEAR Robert Andrew
BEARD Michael Keith
BEAUCHAMP Anthony John
BECKEDAHL James Carl
BEDONA Oscar
BEGAUD Matthew Alexander
BELL Douglas Winton
BELL-SKINNER David Alan
BEMISH Mark Frederick
BEST Robert Geoffrey
BESTWICK Timothy Harold
James
BEVAN John Michael
BEVERLEY Andrew Owen
BILLINS Stuart Peter
BINKS Craig John

Statutory and other information

Honours and Merit Awards continued

BIRD Ian Geoffrey	CARLISLE Randal	CROWE Carol Anne	EDWARDS Andrew Kenneth
BISHENDEN Anthony	CARNEVALE Maria	CROWTHER Leanna Margaret	EDWARDS Paul Douglas
BISHENDEN Marlene Joy	CARR Terrence Kevin	CUE Paul Adam	EDWARDS Peter Wayne
BLACKBURN Robert Paul	CARTER Michael John	CUMMING Darryl Ian	ELFRINK Jason Howard
BLANCHARD Guy James	CASAGRANDE Dewayne Jon	CUMMINS Melissa Mary	ELIASSEN Peter David
BLOOMFIELD Raymond James	CASEY Lyndall Kay	DABRON Jeanette Frances	ELLER Darren Michael
BLUME Gregory William	CASSAR Paul Bruce	DALGHIRANIS Phil	ELLIOTT Garry Raymond
BODENHAM Peter John	CHANEY Kristine Anne	DAVEY Catherine Mary	ELLIOTT Peter Ian
BOND Carol Patricia	CHANEY Scott Raymond	DAVEY Genevieve Margaret	ELLIOTT Stephen
BOON Warren Alan	CHAPMAN Grieg Reginald	DAVIDSON John Leslie	ELPHICK Craig
BOOTH Kevin James	CHAPMAN Ian Nigel	DAVIES Ellen	ENGLAND Glen Scott
BOOTH Sharon May	CHARLES Sharyn Elizabeth	DAVIES Graham Martin	EVANS Alison Michele
BOULTON Geoffrey Kenneth	CHERRY Pete	DAVIS Mark Tony	EVANS Robyn Patricia
BOURIS Peter	CHESHIRE Geraldene	DAVIS Noel	EVANS Wayne Geoffrey
BOWDEN Christopher Gerard	CHIVERS Jonathan Chance	DAVIS Robyn	FAIRALL Kym Raymond
BOWKETT Peter John	CHIVERS Ross John	DAVISON Brett Andrew	FAULKNER Lisa Maree
BOYD Karen Maree	CHRISTENSEN Andrew Glenn	DAWSON Kay Dorothy	FERGUSON Gregory Thomas
BRAY Michael John	CHRISTENSEN Guy Erik	DE GROOT Richard Marinus	FIELD Gail Mary
BREDIN Wayne Douglas	CHRISTIAN Jacqueline Patricia	DEBEUZEVILLE-HOWARTH Anthony	FINDLAY Alan George
BRENNAN Robyn Fae	CLANCY Catherine Grace	DEDERA Anthony Frank	FINEISALOI Rose
BRIDGES Gavin John	CLARK Belinda Bernice	DEETH Scott David	FINN Desmond John
BRIGGS Bernard Ian	CLARK Evan John	DEGE Cornelia Marianne	FISHER Benjamin
BRIMMER Michael John	CLARK Matthew Lloyd	DELANEY James Morris	FITZHENRY Mary
BRINKLEY Steven John	CLARKE, Antony Vaughan	D'ELBOUX Todd Michael	FITZPATRICK Russell William
BROAD Linda Kay	CLARKE, Michelle Gwenda	DEMPSEY Denise	FLANAGAN Donna Marie
BROTHERHOOD Arthur John	CLARKE Peter Gordon	DENNIS Natalie-Ann	FLANAGAN Glen Shaw
BROWN Anthony McKenzie	CLARKE Scott William	DENYER David John	FLANAGAN Jennifer Anne
Gentle	CLAYTON Amanda Jane	DEVEREUX Ian Paul	FLANAGAN Stephen Arthur
BROWN Beverly	CLEMENT Peter	DIAMOND Adam	FLETCHER Nicole Margaret
BROWN Phillip George	CLEMENTS Cheryl Anne	DIAMOND Melinda	FLYNN John Francis
BROWN Ross Alan	CLEMENTS Peter John	DICKENS Guy Phillip	FOOTE David Leslie
BROWN Russell Scott	CLOUGH Paul Andrew	DICKSON Callum Charles	FOREST Caroline
BROWN Stephen Herbert	COCKBURN Venessa Jane	DIXON John Vincent	FORSHAW Mark Patrick Joseph
BRUCE Gregory Kenneth	COEN Danielle	DODD Natalie Bronwyn	FORT Beverley Linda
BRUCE Trevor	COLEMAN Geoffrey Raymond	DODDS Lisa Gai	FOSTER Darryn Gregory
BRYSON Natalie Therese	COLLINS Garry Joseph	DODDS Nathan	FOX Robert Mark
BUBB Peter William	COLLINS Narelle	DOEPEL John Charles	FRAME John Mitchell
BUCKLEY Shane David	COLLINS Timothy John	DONALD Ian David	FRANCIS Richard Jason
BUDDEN David John	CONGRAM Glenn Stewart	DONALDSON Charles Ross	FREUND Colin David
BUDWORTH Mark Anthony	CONNERY Vanessa Marie	DONNELLY Anthony Gerard	FULCHER Dearne Linda
BURDEN Peter John	COOPER Deborah Maree	DONNELLY Brian Harold	FULLER William Lance George
BURDEN Peter Julian	COOPER Leanne Maree	DORRIAN Michael Gordon	FURLONG Francis John
BURGESS John Allan Charles	COOPER Tammy Lee	DORRINGTON John Joseph	FURNER Mark Brian
BURNETT Allan Jeffrey	COPPIN William Norman	DOUGHTY Anthony Matthew	FURZER Alan Thomas
BURNS Bruce Dudley	CORLIS Michael John	DOYLE Elizabeth	GADDES Christopher Ian
BURROW Michael Lee	CORMACK Judith Anne	DOYLE Peter	GALVIN Jeffrey John
BURROWS Lynn Maree	CORNALL Julie Gaye	DOYLE Shireen	GANE Matthew George
BURTON David Robert	COUGAR Cougar	DRESENS Isabella Mararetha	GANNON David James
BURTON Lee Mark	COURT Lindsay Arthur	DRIES Scott Andrew	GARDINER Mark Alan
BUTT Adam John	COX Edward	DUCK Ross Macleod	GARGETT Craig Peter
CACHIA Steven Lawrence	COYLE Kathleen	DUFF-FORBES Antony Donald	GARGETT Rebecca Jane
Charles	CRAMPTON Cathie Lynne	DU-FIELD Bernard	GAVIN Ronald Stanley
CAIRNS Natalie Maree	CRAZE Michael Douglas	DUGGAN Patrick Francis	GEORGE Anthony
CALLINAN Donna	CRICK Debra Claire	DUNSTON Ray John	GIACOBETTI Filippo
CAMPBELL Brett	CRISAFI Guiseppe	DURANT Cheryl Denise	GIBBS Mark Roy
CAMPBELL Victoria Anne	CROFT Nathan Robert	EADIE Malcolm McLean	GIBSON Bruce Gregory
CANNON, Wayne Robert	CROMPTON Vivienne Kay Rose	ECKHART Linda Irene	GILBERT John Anthony
CANRINUS Mary-Ann	CRONAN Karl Wessley	EDGAR Cameron Robert	GILBERT Ronald Simon
CAPPS Ashley Roy	CROSS Phillip James		GILES Stephen John
CARDY Stephen			GILLAM Maria Therese

Statutory and other information

Honours and Merit Awards continued

GODBEHERE Gary Paul	HAYWARD Lyndon James	JORDAN Bryan Elliot	LOVE Andrew Stewart
GOLDS Gregory Douglas	HEAPY Brian Anthony	JOSEPH Kerry Patricia	LUCAS Wayne Jeffery
GOLLAN Gerard Patrick	HELMERS Glenn	JOUSIF Audie Odisha	LUCIETTO David Joseph
GONZALEZ John Andrew	HERD Kenneth Adrian	JULIAN Graeme Frank	LYE Gregory John
GOODMAN Graeme John	HESCOTT Jeffrey William	KANNE Susan Jane	MACKAY Lisa Francine
GOODMANSON Mark Cecil	HIGGINS Peter Bruce	KARGER Stephen Edward	MACKENZIE Jon Keith
GOODRIDGE Stephen Harley	HILL Justine Maryse	KEARNS Michael David	MACKENZIE Kay Anne
GOODWIN Dane Anthony	HILLIAR Robert Alan	KEARNS Sean Michael	MAGYARY Michael George
GOULDING Stephen James	HILLIER Anthony Arthur	KEEGAN Kathryn Lesley	MAHER Janet Anne
GOW Susan Gaye	HILLIER Kent Richard	KEIR Gregory John	MAJOROS Leslie Alex
GRACE Simon Hamilton	HILTON Graeme Charles	KELLY Mark Francevic	MALONE Elizabeth Linda
GRANT Peter Charles	HIND Janet Renee	KEMBREY Robert Ernest	MARKS Stephen John
GRASBY Russell John	HINTON Deborah Anne	KEMPTHORNE Jacqueline Kay	MARTIN Darrin Michael
GRAY Amanda Edith	HOLLAND Warwick Andrew	KENNEDY Timothy Scott	MARTIN Karen Vicki
GRAY Melissa Lynette	HOLLOWAY John Walter	KESHWAN Andrew	MARTIN Paul Frederick
GRAYSON Michael John	HOLMAN Warren David	KEYS Scott Bradley	MASON Bettina Joy
GREEN Robert Leslie	HOLMES Martin Robert	KING Andrew David	MATTHEWS Emma Louise
GREEN Shane Robert	HOLTEN Paul Douglas	KING Anthony Allan	MATTHEWS Kelly Michelle
GREENAWAY John Patrick	HOSCHKE Darren Shaun	KING Joanne Patricia	MATTHEWS Nerida Robyn
GREENOUGH Alan	HOUGH Denise	KIRK Gregory Brian	MATTHEWS Patricia Ann
GREY James Michael	HOULAHAN David Bruce	KIRKBY Edna Marie	MAYER Andrew Alois
GRIFFITHS Linda Theresa	HOWELL Donald George	KIRKNESS Patrick Colin	MAYFIELD John Henry
HADDON Jeffery Ronald	HOWELL Katherine Leslie	KITCHINGMAN Mathew John	MCALLAN David John
HADSON Christopher William	HUGGINS Liesa Maree	KLEVJER Tore Gustav	MCANDREW Julianne
HALE Ian Russell	HUGHES Carpet Gregory	KNOECHEL Peter Leslie	MCBRIDE Robert Ian
HALL Andrew John	HUGHES Dale Glenn	KNOTT Michelle Paula	MCCABE Peter William
HALL Gregory Sidney	HUGHES Howard John	KOHU Hamuera	MCCAULEY David John
HALL Timothy Ainsworth	HUGHES Paul Stephen	KRUCLER Phillip Richard	MCCLELLAN Lee
HAMILTON Geoffrey Douglas	HULL Darren John	KUDRIC Anna Maria	MCCORMACK David Michael
HAMILTON Tracey Lee	HULL Linda Louise	KYNASTON David	MCCORMICK Alexander
HAMMETT Larry David	HUME Francis	LAHENE Christopher John	Davidson
HAMPSON Michelle Elizabeth	HUNT Ashley Bruce	LAMBKIN Paul	MCCUMSTIE Gregory Vincent
HANCOCK Carolyn Anne	HURST Tania Maree	LAMEY Kylie May	MCDONALD Janet
HANDEL John Andrew	HUTCHINSON Ian Bruce	LANG Peter Leslie	MCDOUGALL Andrew James
HANDLER, Peter David	HYDE Craig William	LANNEN Patrick William	MCGOVERN Melissa Jane
HANLON Kim Patrick	HYSLOP Paul Martin	LARKIN Rodney Stuart	MCGREGOR Angela Joy
HANNA Ian Gordon	IBRAHIM Mollah Muhammad	LARSEN Peter	MCGUINNESS James Stuart
HANNAN Rodney Ian	IRVING Jennifer	LATTER Grant Anthony	MCHUGH John Andrew
HANSEN Kenneth Frederick	IRVING Rick Breton	LAW Alexander Charles	MCINERNEY Warren Thomas
HARDES Clynton Scott	IRWIN Adrian Geoffrey	LEARMONT Julie-Anne	MCINTYRE Douglas Andrew
HARDEY Timothy Che	JAMIESON Christopher Ian	LEARY Scott Brandon	MCINTYRE Grant John
HARDING Glenn Michael	JAMSEK Anton Franz	LEE Bernard Shui Ming	MCKAY Gaye Maree
HARDY Anthony David	JANSEN Anthony John	LEE Michelle Ann	MCKEAHNIE Gary David
HARKER David Mathew	JAYAWICKREME Danuville	LEE Tracey Elizabeth	MCKENNA Wayne John
HARLEY Brendon William	Gamini Tis	LEE Trevor James	MCKENNY Ross
HARMEY Paul Michael	JEFFREY David Wayne	LEO Warren	MCKINLAY Allan Glen
HARRIGAN Lawrence	JENKINS Alan Raymond	LEOPOLD Renae	MCKITTRICK David James
HARRINGTON Jeffrey Martin	JENKINS Anthony Rees	LEWRY Wayne John	MCLENNAN Paul Francis
HARRINGTON, Kerrie Amanda	JENKINS Christine Frances	LILLEY David	MCMILLAN David George
HARRIS Shane Lawrence	JENNER Sharon	LING Grant Paul	MECHAM David Bede
HARRIS Thomas Michael	JENNISON Grant	LINKS Geoffrey Raymond	MERCHANT Paull Joseph
HART Stephen Christopher	JOHANSON Peter Arnold	LIPMAN Leonie Margaret	MERRIFIELD Catherine Susan
HARTLEY Terry	JOHNS Ian Neil	LIVINGSTONE Craig	MIDDLETON Peter Richard
HARTNEY Stephen	JOHNSON Colin William	LLOYD David Scott	MIJIC Diana
HARVEY Gayle Maree	JOHNSON Robert John	LOADSMAN Michael Gregory	MIKUTOWSKI Marianne Frances
HARVEY Russell James	JOHNSTON Bradley Robert	LOBLEY Steven Alan	MILLER Julie
HATTON Rodney Stephen	JOHNSTON Kevin Gordon	LOCKE Simmone Louise	MILLER Rohan David
HAVENAAR Catherine Louise	JOHNSTON Michael Raymond	LOCKE Stuart Alan	MILLIGAN Robert John
HAVENAAR Wayne	JONES Gregory John	LODGE Linda Anne	MILLS Michael Jeffery
HAYES Mark Joseph	JONES Vicki Lee	LOMBE Craig Stuart	MILLS Robert Leslie

Statutory and other information

Honours and Merit Awards continued

MILNE Julie Ann	PACKER Craig John	REID Peter John	SMITH Christine
MILNE Kelvin John	PALLET Jean Elspeth	REIHER David John	SMITH Dean Wade
MILTON Frederick	PAMPLIN Jillian Jane	RENNEBERG Mathew Francis	SMITH Deborah Louise
MITCHELL Judith Maree	PARISH Carolyn	REYNOLDS Steven John	SMITH Edward Albert
MITCHELL Stephen	PARK Bradley John	RICHARDS Glen	SMITH Graham Leslie
MOELKER Christine	PARKER David John	RICHERS Megan Raeanne	SMITH Karen Lorraine
MOFFETT Joan Frances	PARKER John Thomas	RIGBY David Alexander	SMITH Nerida Lee
MOORE Christopher Craig	PARRY Phillip John	RIGNEY Paul Anthony	SMITH Nigel Bruce
MOORE Craig Andrew	PARSELL Brian Joseph	RILEY David John	SMITH Paul Edward
MOORE David Thomas	PARSONS Craig Anthony	RILEY Leanne Margaret	SMITH Paul Gerard
MOORE Matthew Simon	PATCH Wayn Lawrence	RILEY Paul James	SMITH Peter Horton
MOORE Roger Gary	PATTERSON Linda Ann	RINE David Anthony	SMITH Robert Arthur
MORAN David John	PATTERSON Peter Sean	RISTUCCIA Michael Ross Paul	SMITH Tracy Dawn
MOREAU Mark David	PAYNE Craig Robert	ROBERTSON Paul	SMITH Trevor Allen
MORRIS Glen Andrew	PEACOCK Julie Elizabeth	ROBINSON Glen Robert	SMITH Wayne Patrick
MORRISON Alan John	PEARCE Sharon	ROBINSON Michael John	SMOOTHER Brendon Jon
MORROW Andrew Phillip	PEARCE Sharon Lee	ROCHFORD Heather	SNELSON Rebecca Louise
MOSHER Carolyn Dorothy	PEARCE Stephen William	RODWAY Wayne Alfred	SOMMER Ronald Hans
MOUNT Katrina Kellie	PEET David Arthur	ROE Anthony David	STALKER Glen Murray
MOUNTSTEPHEN Linda Gaye	PERKINS Craig Alan	ROEBUCK John Anthony	STANFORD Anthony John
MOWBRAY Adrian Mark	PETRIE David McKenzie	ROGERS Natascha Maria	STEBBING Christopher Sydney
MOWER Adam Nicholas John	PETTIT Justine Ann	ROGERSON Joanne Gai	STEEDMAN Anthony Royle
MULHOLLAND Albert	PHILLIPS Glenn Michael	ROMEYN Ricky	STEENSON Andrew John
MULLINS Anthony Russell	PHILLIPS Warren John	ROWLATT John	STEPHENS Amanda Jayne
MUNDAY Dennis Alan	PICKERSGILL Robert John	ROZONATOS Alexis	STEPHENS Andrew Christopher
MURCOTT Rolan Anthony	PITTON Carlo	ROZONATOS Katherine	STEVENS David Wakeford
MURDOCH John William	PLUMB Darren Anthony	RUMBALL Peter John	STIRLING James
MURPHY Wendy Anne	POLLARD Christopher Malcolm	RUSSELL David Charles Stewart	STOCKEN Andrew Lindsay
MURRAY Fiona Helen	POOLE Gail Robin	RUTHERFORD Jason Alexander	STRAHONIJA Frank
MYLES James	POTTER Cathryn Margaret	RYAN Geoffery John	STRAITON Marie Belinda
NADIN Michael	POTTER Matthew Clifford	RYAN Martin Patrick	STRALOW William Brett
NASH Anthony Peter	POTTS Evelyn Joy	RYAN Terence Joseph	STRUDWICK Carolyn Anne
NEWMAN Jonathan Peter	POWELL Anthony James	RYBAK Jaroslav	STUBBS Pamela Marie
NEWNHAM Geoffrey Bruce	POWELL Gregory Francis	SADOWSKY Terrence	STUDDERT Adam John
NICHOLSON Brett Anthony	PRESSER Corina Anne	SAWTELL Douglas John	SULLIVAN Grant Raymond
NICOL Steven Robert	PRIDDLE David James	SCANLAN Murray James	SUMMERS Allan John
NIEASS Susan	PROTT Stephen Edmund	SCOTT David	SUMNER Ian Ross
NIELSEN Jane Tracey	PSYCHOPOULOS Dimitrios	SCOTT Shauna	SUTTIE Mark Neville
NINNESS Jo-Anne Lee	PURCELL Eamonn William	SCULLIN Robert Lindsay	SUTTON James Edward
NINNESS John Gregory	PURSE Jeffrey Edward	SEETO Rhoda	SWAN John Leslie
NIXON Matthew William Michael	PUUSTINEN Maxine Ann	SHANAHAN Rory Joseph	SWATRIDGE Jacqueline Audrey
NOBBS Trevor McLennan	QUILLIGAN Kevin Michael	SHARA Jasmin	SYMONDS Anne Marie
NOLAN Nicholas	QVIST AI	SHEPHERD Neil	SYMONS Rosaleen Marie
NORMAN Elizabeth Jane	RADNIDGE Stephanie May	SHIACH-WISE Bruce Richard	TABONE Margaret Anne
NORTH Andrew Michael	RAE Shane Jeffery	SHIEL Michelle Rose	TALBOT, Stephen George
NORTH Keith	RAGONESE John	SHIPARD Robert John	TALTY, Nicole Therese
NOWLAND Kenneth Paul	RANDALL Philip Arnold	SHORT Craig Gerard	TAYLOR Alan John
O'CONNOR Kerri Judith	RANGLES Christopher	SHTEIFELD Guy	TAYLOR Craig Richard
ODONNELL Peter Matthew	RANGER Noel	SIMPSON Carl Olson	TAYLOR Daryl
OHAGAN Michael Charles	RANKIN Paul Andrew	SIMPSON Kerrie Ann	TAYLOR Paul Anthony
OLIVER David Andrew	RATHBONE Grahame Keith	SINCLAIR Andrew Thomas	TEDESCO Joseph Anthony
OREGAN Howard John	RAVLICH Tessa	SINCLAIR Paula Louise	TEDESCO Peter Joseph
OREILLY Matthew Myles	REAY Christine Marie	SINCLAIR Peta Vivianne Gale	TEHAN Graham Thomas
ORGILL Kerri Anne	REDDY Suresh Kumar	SIRONE Naomi Violetta	TESTER James Robert
OSBORNE Andrew John	REDFERN John Gordon	SLADE Paul Arthur	THOMAS Alison May
OSBORNE Glen Martin	REDMOND Peter Thomas	SLATTERY Louise Rachel	THOMAS Richard Evan
OSHEA Jeffrey John Hilton	REEKS Michael Allen	SMILES John	THOMPSON Andrew Dean
OWEN Steven	REES Mark Anthony	SMITH Ailsa	THOMPSON Dallas Roy
OWENS Gregory Paul	REES Norman	SMITH Ashley David	THOMPSON James Alexander
OWENS Phillip Andrew	REID Anne-Maree	SMITH Barry Arthur	THOMPSON Paul

Statutory and other information

Honours and Merit Awards continued

THOMPSON Paul James
THOMPSON Russell David
THOMSON Garth Edmund
THWAITES Michael John
TIMBS Richard Joseph
TOBIN Michael Robert
TODHUNTER Scott Macquarie
TOWERS-HAMMOND Scott
TOYNTON Timothy Charles
TRAYNOR Murray Anthony
TRESTON Paul Anthony
TRINH Tammy
TRIPCONY William James
TROW Kerry Lee
TULLY Patrick Alan
TURNER David Alan
TURNER Linda Maree
TURNER Paul Charles
TURNER Ruth Claire
UPWARD Donald Scott
VALENCOUR Justine Veronica
VAN CLEEF Andrew David
VAN CLEEF Jennifer
VANCE Anthony Gustav
VELTHUYS Priscilla
VENESS Dean Malcolm
VERCOE Matthew
VERHOEVEN Julius Hendricus
VICKERY Annette Suzanne
VIDLER Glen Alan
VINCENT Garry
VISMAN Ronald Ian
VLAZLOVSKI Richard William
VOORN Jeremy Adam
WADSWORTH Brian
WALKER Neil Andrew
WALKER Wade Alexander
WALL, Michael Joseph
WALSH, Margaret
WALTER, George Alister
WALTON, Ann Christina
WARD Alison Louise
WARDEN Terry Stephen
WATERS Bruce Owen
WEALANDS Timothy Edward
WEARNE Gary Phillip
WEATHERLEY Janette
WEBB Christopher
WEBB Damien Alfred
WEBSTER Bernadette
WEBSTER Donna Jane
WELLINGS Paul John
WELLS Martin James
WEST Kenneth
WEST Peter James
WHEATLEY George Arthur
WHEELER Roslyn Gail
WHITE Christopher John
WHITE Janine
WHITE Jonathan

WHITE Sharon Lee
WHITELAW Dean
WHITTINGTON Neil Peter
WHITTLE Rodney David
WHITWELL Paul Anthony
WICKMAN Jeffrey Ian
WILLIAMS Anthony Leslie
WILLIAMS Kathryn Anne
WILLIAMS Michael
WILLIAMS Thomas David
WILLIAMSON Terry John
WILSON Kristy Deanne
WILSON Michael Gordon
WILSON Suzanne Louise
WILSON Tanya Maree
WISE Glenn Adrian
WISELY Tony John
WOOD Darryn Patrick
WOOD John Sydney
WOOLFENDEN Kathleen Verlie
WOOLFENDEN Roy
WORTMANN Peter Charles
WRIGHT Glenn Stephen
WUNSCHL Ralf
WYNNE Gregory James
YARNOLD Cindy Louise
YOUNG Jacinta Mary
ZARINS Markus Karl
ZUIDERWYK Paul Nicholas
ZUIDERWYK Phillip William

For 20 years service

ALDEN Norman David
ALDERSON Louise Ann
ALFORD Raymond Victor
ALLEN Neville James
ALLIN Russell Grant
ALLISON Graeme Wayne
ALTHOFER Rodney George
ANDERSON Gregory John
ANNETTS Peter James
APPS Colin Andrew
APTHORPE Glenn Robert
ARNEMAN James Gerard
ARNOLD Philip Charles
ARTHUR Wendy Jeanette
AUSTIN Michael John
BABICCI Roger Ronald
BAGGER Steen
BAKER Michael George
BAKER Peter Adrian
BALDWIN Gary Reginald
BARCLAIRE Paul Adrian
BARROW Ronald Bruce
BARTLEY John Howard
BATES Stephen Joseph
BEAVAN Dennis
BEESLEY Mark
BEIRNE Gregory David
BELL Graham Joseph

BELL Gregory Vincent
BENNETT Brian Patrick
BENSON George William
BENSON Pearce
BINKS Darryn
BIRRELL Alexander Thomas
BLACK Ralph Basil
BLACKBURN David John
BORLAND Peter William
BORNSTEIN John Raymond
BOST Douglas Ian
BOSTOCK Warren William
BOYCE Warren Joseph
BRADBERRY Richard Vincent
BRADLEY Martin Noel
BRAMBLE Graham Victor
BRAUER Ronald Kenneth Daniel
BREEN Shaun Dennis
BRENNAN Sean Patrick
BRIDGES Brian Thomas
BRONKHORST Jacobus Johannes
BROSZ John
BROUE Robert Mitchell
BROWN Brian John
BROWN George
BROWN James Stephen
BROWN Kenneth Douglas
BROWN Lyndon John
BROWN Stephen James
BROWNING Peter Raymond
BRYANT Donald Stanley
BRYANT-KING Roderick Joseph
BULL Wayne
BURNS Stephen
BURTON, Stephen Keith
BUTLER, John Neville
BYRNE Robert Andrew
CALVERT Gary John
CALVERT Linda Jane
CAMERON Gregory John
CAREY Bruce
CASEY Wayne John
CASTLEDEN Geoffrey David
CERFF Ian Lionel
CHAPLIN, Mark Gerard
CHAPMAN Andrew Stephen
CHARLES Wayne Jeffrey
CHATFIELD Norman Lloyd
CLARKE Geoffrey Alan
CLARKE Paul Wayne
CLARY John David
COCHRAN Warren James
COUGHLAN Ross Francis
COLBERT Gai
COLEMAN Danny
COLLINGS Scott Ronald
COLTZAU John Dudley James
CONNELLY Michael Patrick
COOK Wayne Keith

COOMBES Dean Steven
COTSIOS David Patrick
COUGHLAN Richard James
Andre
COUSINS Christopher John
COUVEE Michael John
COX Glen
CRAMPTON Robert Ian
CRANE Ian Stuart
CREEVEY William James
CRIBB Leon Joseph
CRIBB Sonya Maree
CRIBBS Peter James
CRISANTE Sergio
CROCKER Terence George
CROFT Peter James
CROUCH Ian McDonald
CROUCHER Malcolm Thomas
CRUMPTON Robert Keith
CUNNEEN Alan Hudson
CUNNINGHAM Ian
CURTIS Norman Hardy
CUTLER Martin Andrew
DALY Peter Gerard
DANSEY Lawrence Andrew
DAVIS Bernard Leslie
DAVIS Cheryl Yvonne
DAWSON Stephen Shane
DEE Roderick Ivan
DEEN Brian Allan
DELL Peter John
DENING Milton
DEVLIN James Henry
DICK Jeffrey William
DICKENS Stacey Dily
DILKES Warren
DIXON Stephen John
DONNELLY Peter James
DONOGHUE Mark Lawrence
DOUGHTY Christopher Brian
DRYSDALE David James
DUCHATEL John Phillip
DUDDY Ian McDowall
DUNLOP Wayne David
DUNN Robert Emmerson
DWYER Ian William
DYSON Gary Stewart
EADES Gerard Michael
EADY Glen Desmond
EDGE David
EDWARDS Grahame Roy
EKERT Glen Maurice
ELLIOTT Neil Charles
ESHMAN Wayne Harold
EVANS Laurence Charles
EVERETT Glen William
EWIN John Ian
FARAS Charles Stephen
FARNELL Sonia Dawn
FARRELL James

Statutory and other information

Honours and Merit Awards continued

FARTHING Graeme Leslie	GROVES Andrew William	JOHNS Edward Phillip	MAIDEN Baden Arthur
FERGUSON Thomas John	GRUAR John McDonald	JOHNSON Adrian	MAIR Michael John
FIELD Graeme Ralph	GRZAZEK Peter Leonard	JOHNSON Yvonne Elizabeth	MALONE Graeme Micheal
FIELDER Leslie John	GULEKSEN Gregory Ormond	JOLLY Mark Ebery	MANGAN David John
FISHER Bernard Allen	HALL Barry John	JONES Brian Augustus	MANNION Warren Anthony
FITZPATRICK Michael John	HAMILTON Christine Elizabeth	JONES Graham Dennis	MANSON William Paul
FLAMANK Bruce Courtney	HAMILTON Ian James	JONES Kevin Peter	MARINOS Anthony
William	HAMILTON Richard James	JONES Margaret Patricia	MARION Peter Harold
FLINT Wayne Anthony	HANNAN Trevor	JONES Phillip	MARKS Roderick Paul
FOLTRAN Luciano Angelo	HANSHAW Adrian John	JONES Rodney James	MARR Michael John
FORD Barbara Myee	HARDIE Colin John	KANNE John	MARSDEN Neville Edward
FORREST Robert Paul	HARDY Bryan Morris	KATSANOS Bill Vasilios	MARTIN Lesley Jane
FORRESTER Ian Wesley	HARE Anthony Wilton	KEANE George Francis	MARTIN Phillip Charles
FOSTER Garrie Stephen	HARLING Geoffrey	KEENE Michael Ronald	MARTYN Steven Joseph
FOSTER William John	HARLOW David Richard	KEITH Graham John	MASTRONARDI Michael Joseph
FOX Simon	HARMER Andrew Robert	KELLEHER Noel Leslie	MATHESON Phillip Kenneth
FRANCIS Garry Charles	HARRIMAN David Bruce	KENDALL Garry Robert	MATHESON William
FRANCIS Garry Ivor	HARRISON Peter Joseph	KENNEDY Darcy	MATSINOS Peter John
FRANKS Peter James	HART Dennis Graham	KENNEDY Gerard William	MAUDSLEY Philip Percival
FRASER Steven Mark	HATHERALL George	KENT Geoffrey Mark	MAXWELL Peter John
FREEBAIRN Mark Lyle	HAWKINS David Barry	KERNAGHAN, Brian Frederick	MCCAFFERTY Archibald Morris
FULLER Barrie John	HEGNER Rosemary Joyce	KERNICK, Paul John	MCCALLUM Robert Malcolm
GALE Paul Anthony	HENDRY Gary William	KEYS Leo	MCCANN Mark Andrew John
GALLAGHER Stephen James	HENNESSY Louise	KIEHNE, Geoffrey Bruce	MCCARREN Phillip John
GAMBLE Jeffrey William	HENNING Cristoph Maria	KING George	MCCARTHY Graham John
GARDNER Wilfred Jones	HERBERT David Ronald	KLAUS Colin Wayne	MCCARTHY Tina
GARLICK Bryan Leslie	HERSEE Malcolm Stanley	KLEIN James Ronald	MCCLENAHAN Dale Wilson
GARLICK Gordon Richard	HESLEWOOD Richard Laurence	KNIGHT Malcolm James	MCCLINTOCK Graham Leslie
GARNER Wayne Clifford	HETHERINGTON Murray John	KNIGHT Peter Leonard	MCCURDY Paul William
GARVEY Brett James	HICKS Jennifer Margaret	KNIGHT Robert	MCDONALD Anthony David
GARVEY David	HIGGINS David Charles	KNOTT David Micheal	MCDONALD James Andrew
GATELY Anthony Leo	HIGGINS Kim Maree	KNOWLES Allen	MCDONALD Ronald Charles
GATES Ross	HILES Robert Bruce	KRUIT Fiona	MCDONALD Thomas William
GATES Terrence Paul	HILL Trevor Roy	KRUIT Rolf	MCGREGOR Alistair John
GATT Harry Anthony	HINTON Trevor Anthony	LACEY Russell John	MCGUIRE Gregory James
GATT Paul Mary	HITCHENS Reginald Thomas	LAM Chan Yee	MCKENNA Virginia Louise
GEORGE Walter Brett	HOBDAY Kevin John	LANGFORD Derek Robin	MCLAREN John Anthony
GERCKEN David Peter	HOEY Phillip George	LAPPIN George	MCLELLAN Diane Frances
GILBERT John Reginald	HOLDSWORTH Digby John	LASSAU Dean	MCMAHON Steven James
GILES Andrew William	HOLMES William James	LAWRENCE James Charles	MCMANUS Edward
GILLAM Jeffrey Laurence	HOPKINS David William	Kenneth	MCMULLAN David
GLEESON, John	HOULAHAN Jason Gwydir	LAWSON Michael Anthony	MCMULLEN Michael Anthony
GODING Terry James	HOWARD Bruce William	LEE Brian Patrick	MCNEILL James
GOFF Mark Joseph	HOWARD Rodger Frederick	LEE David Eris	MCNULTY Stephen Robert John
GOODALL Warren	HUBBARD Peter Thomas	LEES Christopher William	MCRAE Paul James
GOODHEW John Robert	HUGHES Stephen John	LEOPOLD Peter Joe	MCTACKETT Leslie James
GOODWIN Peter Anthony	HUMPHREY Adrian	LEVER David Ronald	MEAGHER Paul Vincent
GRAHAM Kenneth Robert	HUNT Barry John	LEWIS, Russell Grant	MELDRUM Bradley Jan
GRAHAM Paul Stephen	HUNT David	LIEBREGTS, Tony Wilhelmina	MELEHAN Jacqueline Anne
GRANGER Lillian Maureen	HUNTER Denis James	LISLE Robert Henry	MELMETH Kaye
GRANT Darryll Keith	HUTCHINSON Keith Richard	LONARD Anthony Peter	MENERE Andrew Stafford
GREEN Ian Rae	ILES Kenneth Arthur	LOOSEMORE Kathryn Claire	MERRICK Grant Richard
GREEN Trevor Maxwell	IRELAND Patrick Alan	LOVE Alan John	METZ Gregory Charles
GREENE Gary Austin	IRONS Stephen John	LOVETT Brett James	MICALLEF Joseph
GREENLAND Ronald Bernard	JACOBSON Mark John	LOWE Dennis William	MICHLMAYR Frank
GREENSHIELDS Stuart Robert	JARVIS Helen	LUU Anna Le Thu	MILLER Christopher
GREGG Peter Vance	JARVIS Philip Keith	LUXFORD Peter Alan	MILLEVOI John Richard
GRIMES Ian Robert	JERMYN Peter Adrian	LYNAS Harrold William	MITCHELL Fiona
	JESSON Christopher Arthur	MACKELL Murray Scott	MITCHELL Kathryn Ann
	JOEL Ross William	MAHER Michael Anthony	MITCHELL Shane Leslie

Statutory and other information

Honours and Merit Awards continued

MITCHELL Steven David	PETRIE Graham Henry	SAVAGE Terence John
MOIR David	PETTIT Christopher Ian	SAWYER Leon Thomas
MONTGOMERY Kevin John	PHILLIPS Peter James	SAYWELL Brian Robert
MOORE Allen John	PHILLIPS Warren Franklin	SCHOONDERWALDT Jan Otto
MOORE James Francis	PICKUP Ian Roy	SCHRADER Brett
MOORE Philip John	PICONE Raymond	SCOTT Gary
MOORE Terry Noel	PIERCE Kevin Francis	SEALEY James Andrew
MORGAN Dominic Paul	PILON Peter Roy	SEDDON George David
MORGAN Michael John	PINKERTON Richard John	SELBY Allan Hugh
MORLEY Gregory Walter	PINKERTON Robert Stanley	SENIOR Geoffrey Brian
MORONEY Robert Bruce	PITT Charles Wayne	SHARP Ian Evan
MORRISON Alistair William	PITTAWAY William Robert	SHARP Owen Howard
MORRISON Darryl John	PLAYFORD John	SHEERS David John
MOTT David John	POLAK John Stanley	SILLINCE John Joseph
MUDALIAR Sharda	PORTER James William	SILVER Graeme George
MUGGLI Emil	POTTER Brian Malcolm	SIMPSON Geoffrey Wayne
MUIR Jennifer Ruth	POWELL Christine Dell	SIMPSON Ian Douglas
MULLER George Douglas	POWELL Jonathon Craig	SMITH Brendan James
MURPHY Michael Timothy	POWER Kerry Ann	SMITH Gary Edward
MURRAY Trevor	POWER Wayne Stanley	SMITH Grahame Leslie
MUTTON George Francis	POWTER Kenneth Noel	SMITH Kenneth William
MYOTT Kevin Roy	PRATT Daniel James	SMITH Michael Grant
NEILL Leslie Rex	PRENDERGAST Grant Daniel	SMITH Paul William
NESTLER Christopher Gerard	PRINCE Stephen James	SMITH Steven
NICHOLLS Craig William	PRIOR Stephen Ashley	SMYTH James Hamilton
NICHOLLS William Vincent	PRITCHARD Kenneth J	SOPNIEWSKI Peter Robert
NILSSON Christopher Edward	PROUST Phillip Peter	SPACKMAN Karl Joseph
NOBLE Arnold Harvey	QUAIN Cheryl Bronwyn	SPALDING Norman
NOBLE Peter Denis	QUINN Lexey Theo	SPARKS Peter Martin
NORMAN Paul Douglas	R DE LUZURIAGA Mario Allen	SPICER John Phillip
NOTT John Eric	RADFORD Colin John	SPINDLER Allan Joseph
NUDD Trevor	RADIC John	STALKER Craig Charles
NUTSFORD Kevin	RANDALL Jeffrey Steven	STEER Mark Anthony
O DEA Gabrielle Mary	RENGGER Andrew Lister	STEVENS Paul James
OBRIEN Desiree Jane	REYNOLDS David William	STEWART Allan
OBRIEN Glen	RICHARDS Lynette	STEWART Paul William
OBRIEN Kelly Dominic	RICHARDS Robert Henry	STOCKMAN Faye Maree
OBRIEN Matthew Paul	RICHMOND Trevor Arthur	STOCKWELL Thomas
OBRIEN Raymond Joseph	RIDGE Leyton Frederick	STONESTREET Maxwell Clinton
OBRIEN Stephen Hugh	RISPEN John	STOREY Graham Victor
OCONNOR Daniel	RITCHIE Graeme Murray	STORT Gerry
OCONNOR Sean William	ROBERTS Maureen Ann	STRAW Christopher Alan
ODONOGHUE Peter Vincent	ROBERTSON Craig Allan	STRIDE David Robert
OKE Laurie Trevor	ROBINSON Peter Michael	STRONG Graeme Milton
OKKONEN Erkki	ROBINSON Victor Joseph	STUDHOLME Anthony Philip
ORR Anthony Warren	ROBSHAW Colin James	SUTO Igor Anthony
ORSINI Esther May	ROCKLEY Anthony Charles	SWEENEY Anne Frances
OVERTON David Wayne	ROCKLIFF John Phillip	SWINBOURNE, Michael David
PAGET Daniel John	RODWELL Kim Lloyd	SYMONS Gary
PALAITIS Mark Romas	ROFE Andrew Karl	SZAFRANSKYJ Alexander
PALMER Mark Francis	ROGERS Wayne John	TALLON Norman George
PANOVSKI Tom	ROSER Donald Graham	TARRAN Leslie Paul
PARKER Laurence Adrian	ROWE David Ross	TATE Howard Reginald
PARRA Angel Louis	RUSSELL Hugh Desmond	TAYLOR Timothy James
PARRY Ronald Duncan	RUSSELL Stephen Andrew	TAYLOR William Ernest
PARTRIDGE Michael John	RYAN Andrew Peter	TEDESCO Charles Walter
PASCOE John	RYAN Anthony Robert	TERRY Adrian Douglas
PATEN Christopher Michael	SANTA MARIA Elric Luke	THISTLETON Timothy George
PATRICK Christopher Leslie	SARGANT Wendy Catherine	THOMAS Mark Geoffery

Statutory and other information

Honours and Merit Awards continued

THOMPSON Kerry John
TIMBRELL Geoffrey Douglas
TIMPANO Alessandro
TINDALE Bruce Ian
TODHUNTER Ian Bruce
TONKIN Kim Maree
TOOVEY Kenneth Alan
TORZILLO Rex
TOTTERDELL Ian Gregor
TOWNSEND Raymond Terrence
TREBLEY Mark Geoffrey
TRELOAR Leslie John
TRITTON Barry John
TURNER David Keith
TWIGHT James Richard
UPTON Graham Bruce
UREN Judith Ann
URQUHART John Anthony
VAN DER ZEE Ross Peter
VAN OORT Robert William
VAN WINDEN Peter
VANDENBERG Ronald Joseph
VANNINI Roberto Giacoma
VARLEY Bruce James
VASSALLO Alexander Edward
VERNON Jamie
VERSLUIS Peter Malcolm
VISSER Robert Steven
VITNELL Noel Leslie
WAITE Malcolm Stuart
WALES Robert
WALKER Alan James
WALKER John Dennis
WALKER John Edward
WALLACE Richard John
WALLIS Robert John
WALSH Raymond
WALTER William Graeme
WARNER Louis John
WARREN Ian Trevor
WATHERSTON Neil John
WATSON Jason Joseph
WATSON Terence Edward
WEALANDS Edward John
WEAVER Christopher John
WEBSTER Alasdair
WEBSTER Leonard Alfred
WEBSTER Susan Onlea
WEEKES Anthony Michael
WESTCOTT Geoffrey Keith
WESTLAKE Terrence Edward
WESTLEY Robert Edwin
WHAN Stephen Andrew
WHEATLEY Mark John
WHEELER Robert John
WHEELER Stephen Michael
WHITE Anthony
WHITE Brin Michael
WHITNEY nDesmond John
WHITNEY Robert

WIGGINS Gregory Bruce
WILKINSON Christopher Valan
WILLIAMS Anthony James
WILLIAMS Keith Ramon
WILLIAMS Robert John
WILLIS Graeme Trevor
WILLIS Mike
WILLMOTT Francis Mary
WILSON Alexander John
WILSON David Bruce
WILTON Kenneth Mark
WINTON David McLean Chisholm
WOOD Eric Samuel
WOOLFENDEN Alan
WOOLLEY Dennis Malcolm
WREN David Edward
WRIGHT Stephen John
ZINGHINI Jean

For 30 years service

ADAMS John Arthur
ANDERSON Vi-Ena Mary
BAILEY Christopher James
BARRETT James Stevenson
BARTLEY Darryl
BARWICK Bert Colin
BAXTER Gordon John
BEHREND Ronald Keith
BELL Lynette
BENSTEAD Colin John
BERZINS Valdis
BICKLEY David Allan
BIDDLE Gregory Raymond
BISHOP James Phillip
BLACKBURN Rodney John
BOLAND John Edmond
BOLLI Lorenz Heinrich
BOOTH Warwick
BOTFIELD Michael Wallace David
BOWD Richard Vere
BOWEN Roger Gerard
BOWLY Norman Edward
BROTHERTON Phillip George
BROWN Richard James
BUCKLEY Gerard James
CAMPBELL Geoffrey Lewin
CAREY Ronald John
CHARMAN Peter
CLARK Barry John
CLAXTON Stephen John
COLQUHOUN Ian
COOK John Leslie
COWAN Richard George
COX Phillip George
CUTJAR Peter Wayne
DANIEL Peter Barry
DENNETT Peter Raymond
DENT Allan
DENYER Wayne George

DONALDSON William Charles
EDWARDS Stephen
ELLEMS John Henry
ELLIS Gavan John
FARNELL Peter John
FEATHERSTONE Paul John
FERGUSON Daniel Ramsey
FIELD Richard Geoffrey
FORBES Craig Lee
FORRESTER Lindsay Francis
FREAR Stephen James
FUDGE Geoffrey Lloyd
GARNHAM Warren Gordon
GARRETT Geoffrey William
GILCHRIST Jeffrey Lindsay
GILMORE Kenneth John
GIOVANNONE Francis Mark
GODDARD James Geoffrey
GOOD Phillip James
GORDON Leo
GREENTREE Robert Ronald
GUDGEON Trevor George
HALL David Ralph
HALL John Milton
HALL Ronald Barry
HANSEN Gregory Michael
HARPLEY John
HARROLD Stanley Edgar
HART Donald Maxwell
HEMMINGS Dennis Lawrence
HERRING Raymond John
HIGGS Larry Albert
HODGES Leslie James
HOGAN Glendon Lawrence
HOGAN Peter
HUGHES Robert William
HUTCHINS Craig Ian
HUTCHINSON Edward Wilson
JONES Shirley
JULIUS Jack
KENNY Peter
KILPATRICK John Desmond
KNOCK Wayne Gregory
KRUIT Hendrik
LADD-HUDSON Kenneth Charles
LAUDER Paul Charles
LAWLER Phillip John
LAWLOR Leo Patrick
LOVEGROVE John Michael
LUCAS Jeffrey Paul
LUCAS Malcolm Thomas
LYNCH John Arthur
LYNCH Kenneth Leslie
MAKER David Allan
MARLBOROUGH Jeffrey
MARMONT Robert James
MAUGHAN Janet Gwendoline
MCCARTHY Ian
MCDERMOTT Terry John

Statutory and other information

Honours and Merit Awards continued

MCDONALD Dale Jeffries
MCINDOE Robert Edward
MCKENDRY Terence David
MCKENZIE Alan James
MCLEOD Tony
MCNEE Hugh
MCPHERSON Stephen Alfred
MERCER Paul Edward
MOONEY Peter Anthony
MOORE Geoffrey Gordon
MOORE Royce Ronald
MORRIS James Gordon
MORROW Terrance
MURRAY Brian Herbert Henry
NELSON Terence Lindsay
NEWLING Leslie William
NICHOLSON Charles Raymond
ORANGE David
PANNELL Alan
PAUL Shane Francis
PAYNE Peter Charles
PLAYFORD Alan John
POLLARD Stephen
POWELL Robert
PRESLAND John Stewart
PRINCE Gary
PROCTOR Robert John
QUINN James Patrick George
RANDALL Colin
RAYNER John Francis
REBETT Michael Anthony
REES Malcolm Powys
REID David Kenneth
REINTEN Alan Johannes
RICE Glenn Richmond
ROWLANDS Peter
SAUER Peter Edward
SCHIEMER Gregory Eric
SHAPER Charles Leslie
SHRIMPTON Colin Anthony
SIDEBOTTOM John Raymond
SILVER David John
SIMPKINS Allan Henry
SIMSON Thomas
SMITH Alan
SMITH Gary Arthur
SMITH George Thomas
SMITH Keith Ian
SMITH Ronald Leslie
SOLOMON Roslyn Ann
SOUTHERS Denis Michael
SPELZ Klaus Albert
SPENCER Ian Hugh
SPOWART David John
STONESTREET John Harrold
TAIT Raymond John
TAYLOR Michael
THOMPSON Trevor Phillip
TOWLE Steven John

TUOHY Neil Thomas
TURNER Garry Robert
TYLER Peter Ernest
VAN DUIN Gerardus
VELLA Anthony John
VENARDOS Con Theo
VOYZEY Malcolm John
WARD Kenneth Anderson
WATERS Phillip Neale
WATMORE Peter William
WATSON Richard William Scott
WATT Selwyn
WATTS Neville Richard
WENKE Ernest Ronald
WHEELER Kenneth Charles
WHERRITT Fredrick John
WHITE Barry Oliver
WILLIAMS Brian Bruce
WILLIS Lloyd Eilden
WILLIS Raymond Varney
WILSON Phillip John
WILSON Rodney John
WINDOW Brian Francis
WOOD Harold Arthur
WOODS Jeffrey
WRAY Denis

For 40 years service

ANTAW David
BAKER Barry John
BRAIN Gregory Ronald
DAUNT Terence David
DAVIS Geoffrey James
DEN Kevin Joseph
DIXON Frederick Roy
EMERTON Colin
GELLIN Martin Philip
GRAY Robert
GRIEVE Neville
HOUNSLOW Bruce William
KEEGAN Dennis John
MACLEOD Leslie John
MAXWELL Thomas Henry Cameron
MCILVANIE Howard Wayne
PARKER Leslie John
PARSONS Ernest Thomas
POTTS Robin Douglas
WHINFIELD Graeme Alan
WILLIAMSON Donald John
WILLIS Dennis G
WOODGATE Paul

Other Awards

A Clinical Practice Improvement Project: TABLETS (Tablets Are Bagged Letting Emergency Treat Safely) received the 2006 NSW Health Award for Safety of Health Care.

On-line education recognised as a finalist in 2006 NSW Training Awards for new initiatives.

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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.

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Macquarie and Far West
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New England
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Tamworth NSW 2340
Telephone: (02) 6766 8088
Facsimile: (02) 6766 7429



Ambulance > The Most Trusted Profession

Ambulance topped the Readers Digest *Annual Survey of the Most Trusted Professions* for the fifth year running.

This top position reflects the respect the community has for ambulance officers and the trust that they place in the professionalism and care that ambulance officers provide.

Ambulance officers 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 patient's health and well being and are invited into people's homes and private lives every day.

During 2006/07 the Ambulance Service of New South Wales provided an average of 2,885 responses per day. This is equivalent to a call for assistance every 30 seconds.

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