Ambulance Service of New South Wales

ANNUAL REPORT 2002/03

"every 40 seconds someone needs us"

Contents

Letter to the NSW Health Department

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

Dear Ms Kruk

I have pleasure in submitting the Ambulance Service of New South Wales' Annual Report for the year ended 30 June 2003, including financial statements, as certified by the Auditor-General of NSW.

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

Greg Rochford
Chief Executive Officer

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Vision

Together we will be the world leader in ambulance services providing a shield of protection to our community.

Mission

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

Our Corporate Values

We put our patients first, by:

- caring
- respecting people
- working together
- showing accountability and responsibility
- focusing on community satisfaction
- fostering technical and professional excellence
- ensuring equity of service provision.

Our Objectives

- To provide high quality clinical care in emergency situations, including pre-hospital care, rescue, retrieval and patient transport services.
- To ensure our internal support services are of a high quality and meet the needs of our clinical services.
- To ensure delivery of clinical care that is responsive and appropriate to the needs of our patients.
- To constantly review and improve our performance, ensuring that the services we provide remain appropriate and meet our patients' needs.
- To undertake research into relevant aspects of service delivery.
- To foster an environment that promotes accountability throughout the organisation.
- To implement and review the Ambulance Service of New South Wales' (the Service) infrastructures to maximise organisational performance.
- To capture and communicate information consistently throughout the Service and ensure effective decision making.
- To effectively manage the physical and financial resources available to the Service.
- To foster an environment of empowered and accountable employees who are committed to achieving the goals of the Service.
- To assist Service personnel to further develop their professionalism in order to properly fulfill their roles.
- To provide a safe and equitable working environment.
- To encourage and promote innovation and creativity by Service personnel.
- To promote the ongoing development of management and leadership skills throughout the Service.
- To meet community needs.
- To be responsive to the health care needs of our diverse community.
- To provide services to the community without discrimination.
- To ensure equity of access to our services for the entire community.

Our Stakeholders

Our stakeholders are the major groups and individuals who are affected by and influence the activities of the Service.

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

Guarantee of Service

The Service is committed to:

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

Trainee Ambulance Officer Jane Huebner and Ambulance Officer Bruce Gibson from Singleton.

Our History

- **1881** The Board of Health established a service to transport infectious disease cases to isolation wards.
- **1887** The Army Medical Corps gave a public demonstration of first-aid and, as a result, a proposal was made to form the first Sydney based civilian ambulance brigade which attended major sporting events only. The Brigade's motto was "For Love of Life". Despite this, the Army still had to bear the brunt of dealing with most casualties. Following an accident at a military review where a person fractured their leg and required treatment and transport, it became apparent that a full-time civilian ambulance service was needed.
- **1894** The Redfern Bicycle Club had the first bicycle ambulance and as one report stated "it could reach the scene with dazzling speed". A meeting was held and the Civil Ambulance and Transport Brigade was formed to provide an ambulance service.
- **1895** The Civil Ambulance and Transport Brigade commenced operations with officers occupying part of an old police station in George Street, Sydney. Their equipment consisted of one hand pushed stretcher. This Brigade is considered as the direct forebear of the Ambulance Service of New South Wales.
- **1902** The Brigade serviced the population residing within 20 miles of Sydney and travelled over 9,000 miles during the year, treating more than 2,000 patients. Many other ambulance stations opened around greater Sydney, all operating and administered as separate ambulance services.
- **1904** The Brigade had a name change to the Civil Ambulance and Transport Corps.
- **1912** The Corps operated its first motor ambulance.
- **1914** World War I was declared and the Corps' equipment and vehicles were given to the State Government.
- **1919** The Corps dealt with the pneumonic influenza epidemic and did so with dedication and government help. Society began to rely on an ambulance service being there in time of need.
- **1921** A further name change took place with the Corps becoming the NSW Ambulance Transport Service.
- **1937** Two-way radios in ambulances were introduced, allowing more rapid response times to patients.
- **1941** The first Ambulance Cliff Rescue Unit (the originator of rescue services within NSW) was formed.
- **1960** Dedicated Ambulance Rescue Units were introduced.
- **1961** The Ambulance Training School was established and conducted by the NSW Ambulance Transport Service Board to standardise ambulance officer training. The School was located in the Board's offices on the second floor of Central District's Headquarters building.
- **1967** The Air Ambulance Service took off - literally!
- **1976** Paramedic ambulance officers and intensive care ambulances were introduced in Sydney.

- **1977** The integration of ambulance services into the Health Commission (State Government) occurred with the implementation of the *Ambulance Services Act 1976* and the formation of the New South Wales Ambulance Service. All ambulance employees became section 14A employees of the Health Commission and not public servants.
- **1983** Helicopters were first used to help reach and treat patients.
- **1985** Advanced life support officers were introduced into city areas and soon after to other areas of the State.
- **1986** The Special Casualty Access Team (SCAT) was introduced.
- **1991** Every ambulance in NSW was equipped with a defibrillator.
- **1993** Ambulance motorcycles were introduced in Sydney's central business district.
- **1995** The Service celebrated 100 years of saving lives and caring for the people of NSW.
- **1997** The Service directed medical operations at the Thredbo disaster which involved emergency services from around the country.
- **1998** Implementation of Computer Aided Dispatch (CAD) system. The Service received VETAB accreditation for courses run by the Ambulance Education Centre. Introduction of paramedics in rural areas of NSW. Medical Retrieval Unit established. Patient Transport Service introduced.
- **1999** Celebrated 20th anniversary of women serving as uniformed officers in the Service. Successful statewide implementation of the Computer Aided Dispatch (CAD) system and commissioning of operations centres.
- **2000** Sydney Olympic and Paralympic Games. The Service's officers and support staff help to make them the best Games ever!
- **2001** Auditor-General report on the Service focuses on our vision and review.
- **2002** Comprehensive review of the Service's operations for optimum efficiency and response times. Commence implementation plan of medical priority dispatch procedures.
- **2003** The Clinical Governance Committee, a sub-committee of the Ambulance Service Board established. Administration of NSW Health Counter Disaster Services transferred to the Service.

At a CBR training exercise in the Hunter area, ambulance officers and health personnel performed practical tasks in Personal Protective Equipment (PPE) Tyvek suits and SE400 respirators.

Report from the Chairman of the Board and Chief Executive Officer

The Ambulance Service of New South Wales has continued to improve both performance and organisational systems in key clinical, operational, technical and managerial priority areas in 2002/03. These developments are particularly pleasing given the significant growth in demand for services and the improved financial result for the reporting year.

Requests for emergency assistance through the 000 emergency line rose by 3.6 per cent or an additional 21,247 emergency responses compared to the previous period. In total, ambulance officers responded to more than 895,000 incidents resulting in the treatment and transport of 592,992 patients. Improved response time performance evident in recent years was sustained despite these demand increases largely due to consistent efforts from our staff and the continuation of a range of structural and operational improvements.

Operational reforms in the Sydney Division have progressed the adjustment of shift patterns to provide afternoon shifts when demand is often highest and additional crews on weekends, staggered start and finish times and more Patient Transport Service vehicles for non-emergency patient transports freeing up emergency ambulances. While increased demand and slower hand over times at hospital emergency departments have provided some challenges the improved capacity flowing from the operational reforms has assisted the Service in maintaining improvements in response performance.

The Government announcement of an additional 230 ambulance officers over four years has given companion reforms in rural and regional NSW a boost. Dispersal factors, work practice and logistical challenges have until recently, hindered the progress of reforms for our rural operations. The first enhancement of 32 positions to be introduced in 2003/04 will see the start of developments of new operational models and services, particularly for communities currently without ambulance services. It will also provide much needed educational support for ambulance officers working in rural and remote locations and resources for areas experiencing growing demand for services.

Clinical developments saw the completion of the skills upgrade for general duties ambulance officers and training for 80 ambulance officers in advanced skills to the paramedic level. Increasingly "skills mix" crews, paramedics teamed with general duties ambulance officers, are being deployed in Sydney, improving community access to higher clinical skill levels. Importantly, the Clinical Governance Committee of the Ambulance Service Board established during the year now governs advancements in clinical quality systems, professional supports and the scope of ambulance practice in NSW. While still a relatively new concept for the Service, the Board and executive staff are committed to ensuring Clinical Governance provides a similar level prominence, accountability and support for clinical activities that have traditionally been afforded to financial systems.

A specialised Counter Disaster Unit was established as part of the Government response to world events and the higher threat environment that now exists. The unit brings together Ambulance and other health system experts to integrate policy development, planning, and training activities required for an effective disaster response across the full spectrum of health disciplines. Additional investment in specialised equipment and training of staff across the health system has greatly improved capacity to assess and respond to mass casualty incident events as well as the subsequent recovery efforts whether they arise from a natural event or deliberate actions.
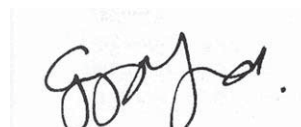
Sadly, the tragedies of the Bali bombing, the summer bushfires and the Waterfall train derailment put this capacity to the test and showed the value of careful planning and attention to organisational systems for disaster response. We take this opportunity to acknowledge the contribution made by the dedicated staff of the Service and NSW Health and other agencies involved for the highly organised and professional response to these unexpected events.

Solid developments in technical, clinical, operational and managerial disciplines are evident in the material presented throughout this report providing a solid base for continuing improvements in the Service. We take this opportunity to thank our committed and professional staff across all roles in the Service, for their dedication and commitment to delivering effective pre-hospital care and the development of the Service. Appreciation also goes to our honorary ambulance officers who play a pivotal role in service delivery in rural and remote locations and to community representatives who have provided important perspective and contributions in various Service forums.

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

Barrie Unsworth
Chairman

Greg Rochford
Chief Executive Officer

Year in Review

The following graphs and charts provide an overview of the caseload and performance of the Service during 2002/03. Performance information has been obtained from the Computer Aided Dispatch (CAD) system.

During 2002/03, the Service responded to a 3.6 per cent increase in 000 emergency response demand. Compared with the previous period, this represents an additional 21,247 priority one emergency responses. In total, the Service provided assistance at 505,000 emergency incidents, which required over 610,000 emergency responses.

53.1 per cent of all emergency responses across the State were attended to within the target response time of 10 minutes. This represents a slight improvement compared with 53.0 per cent recorded in the previous period, particularly in light of a 3.6 per cent increase in demand. The Northern Division recorded the biggest improvement in emergency responses within 10 minutes increasing from 44.2 per cent to 47.0 per cent during 2002/03, an improvement of 6.3 per cent.

The Service as a whole achieved 56.2 per cent of mobilisation within three minutes for the period 2002/03, which was consistent with the previous period. The Western Division recorded the largest improvement in vehicle mobilisation within three minutes, increasing from 38.2 per cent to 41.8 per cent, an improvement of 9.4 per cent.

Total responses by the Service (both emergency and non-emergency) increased by 4.3 per cent during 2002/03 to over 895,000 cases. In total, the Service responded to 768,168 incidents, a 3.8 per cent increase.
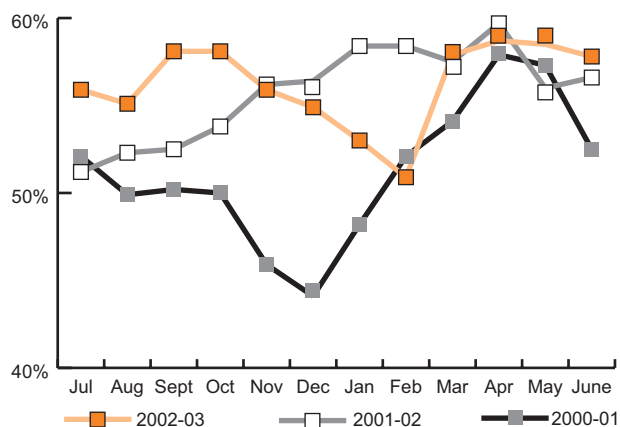
Total Incidents

Total Responses

Mobilisation < 3 Minutes

Total Transports
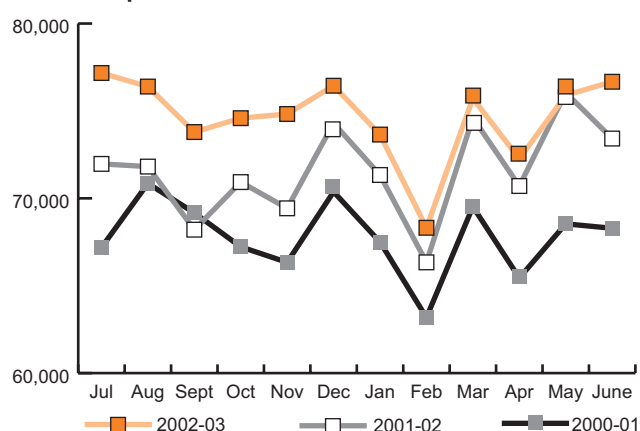
Response < 10 Minutes
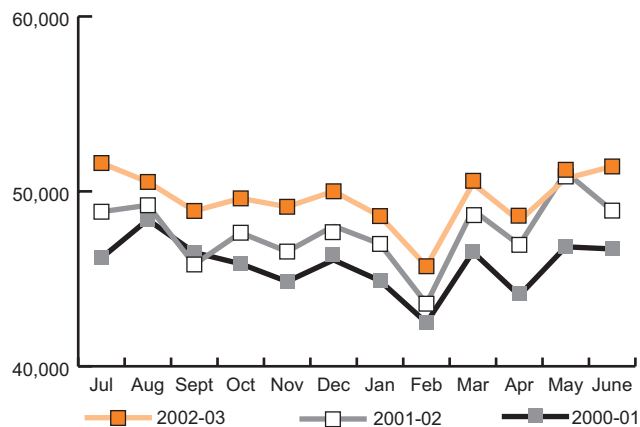
Emergency Incidents

Emergency Responses

| | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June |

Legend: ■ 2002-03   □ 2001-02   ■ 2000-01

Emergency Transports

Legend: ■ 2002-03   □ 2001-02   ■ 2000-01
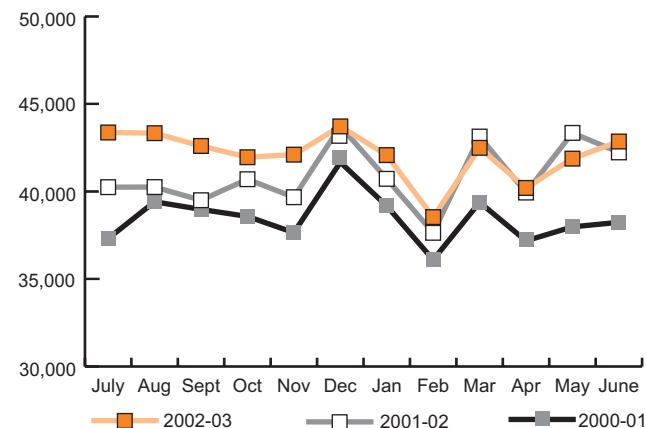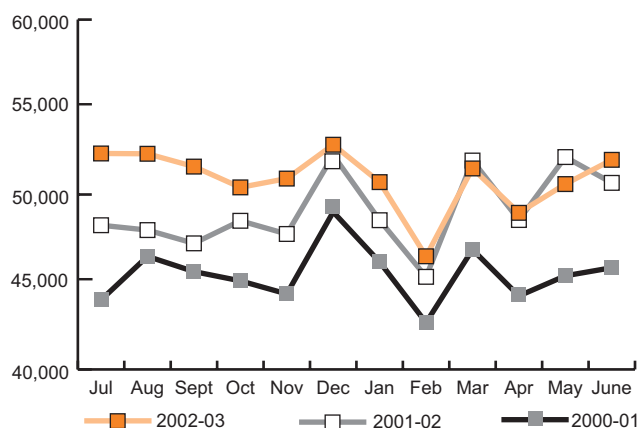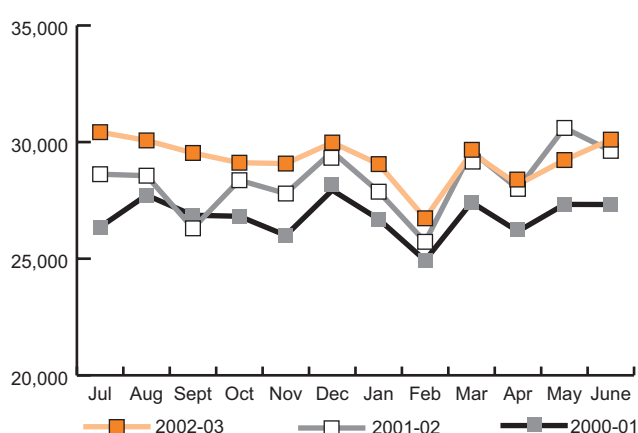
Definitions

Call:	A call for ambulance assistance or transport entered into the CAD system.
Incident:	A call or calls to one specific location for ambulance assistance or transport where at least one ambulance response has been initiated.
Response:	An individual ambulance response to an incident.
Transport:	An ambulance response resulting in the transport of a patient.
Emergency Activity:	Incidents requiring "lights and sirens" response. (Note: Presently, all "000" calls are considered emergencies)
Mobilisation Time:	The time elapsed between "Call Recorded" and "Vehicle Responding", indicating the amount of time to mobilise ambulance resources to calls.
Response Time:	The time elapsed between "Call Recorded" and "Time on Scene", indicating the amount of time to respond to the scene from the call being received.
Note:	CAD data excludes air ambulance cases.

Types of Cases Treated

Caseload information is derived from the Patient Health Care Record (PHCR) system. The types of cases treated by the Service during 2002/03 have been categorised as follows and includes all cases treated by road and air. Total activity rose by over 61,000 cases, with 'Other' continuing to be the biggest category, representing 54 per cent of cases treated. This was followed by trauma (16 per cent), general medical and neurological (nine per cent) and cardiac and respiratory (each recording six per cent).

Total Activity - All Cases

Clinical Grouping	2002/03	2001/02
Cardiac	44,459	44,332
General Medicine	69,415	67,953
Neurological	64,788	66,110
Other	396,422	339,118
Respiratory	42,824	43,370
Trauma	118,972	114,581
TOTAL	**736,880**	**675,464**

Types of Cases Treated
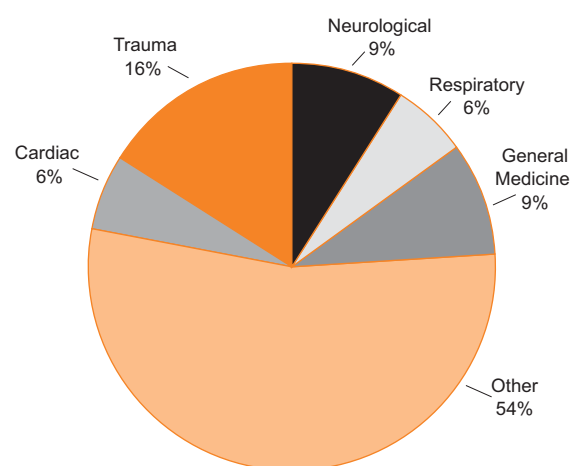
Age and Gender

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

Transports by Age and Gender - 2002/03

Age (years)	Gender		
	Female	Male	Total
0-20	28,025	35,598	63,623
21-40	45,942	48,541	94,483
41-60	45,741	58,490	104,231
61-80	91,337	102,955	194,292
81+	93,967	57,428	151,395
Unknown	14,598	16,446	31,044
Total	**319,610**	**319,458**	**639,068**

Transports by Age and Gender

Legend: ■ Female   ■ Male
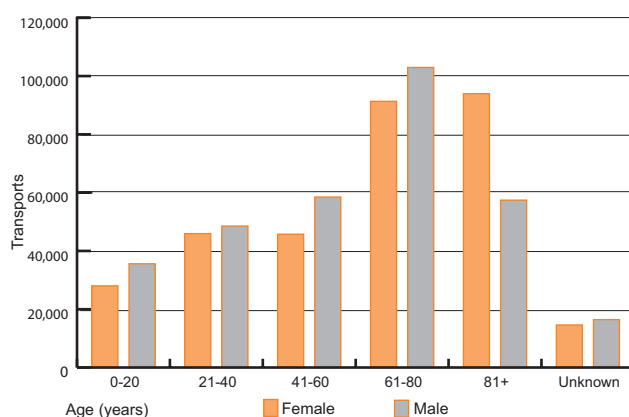
2002/03 Aeromedical and Medical Retrieval Services Data

Fixed Wing Aircraft		2002/03			2001/02		
		Patients	Flights	Hours	Patients	Flights	Hours
Air Ambulance Service	Priority 1 - immediate response	659	666	-	743	762	-
	Priority 2 - within 12 hours to hospital	1,699	1,065	-	1,513	939	-
	Priority 3 - at an agreed time	1,980	374	-	2,234	396	-
TOTAL AIR AMBULANCE		**4,338**	**2,105**	**5,434.1**	**4,490**	**2,097**	**5,346.4**
Contractors	RFDS (Dubbo)	942	661	1,209.1	844	621	1,114.9
	Victorian Air Ambulance	178	162	149.8	102	183	173.5
TOTAL FIXED WING AIRCRAFT		**5,458**	**2,928**	**6,793.0**	**5,436**	**2,901**	**6,634.8**

* Breakdown of Air Ambulance hours into priority 1, 2 & 3 (Air Ambulance) not available as one flight may include a combination of one or more patients of various priorities.

Air Ambulance - Medical Retrieval Teams	2002/03		2001/02	
	Patients	Flights	Patients	Flights
CareFlight	46	46	37	37
John Hunter	5	5	7	7
Neo-natal Emergency Transport Service (NETS)	187	187	224	224
Orange	1	1	2	2
Sydney Adult Retrieval Service	197	197	180	180
Southcare	1	1	1	1
Tamworth	3	3	4	4
Wagga Wagga	2	2	0	0
Dubbo	1	1	0	0
TOTAL AIR AMBULANCE - MEDICAL RETRIEVAL TEAMS	**443**	**443**	**455**	**455**

Helicopter Services	2002/03			2001/02		
	Patients	Flights	Hours	Patients	Flights	Hours
Surf Life Saving Association - Sydney	539	598	845.2	446	511	732.0
Surf Life Saving Association - Wollongong	74	105	171.7	79	108	173.7
Surf Life Saving Association - Newcastle	474	532	620.1	452	534	605.3
Surf Life Saving Association - Tamworth	122	138	256.4	104	119	210.0
Surf Life Saving Association - Lismore	234	259	395.6	232	254	411.7
CareFlight Sydney	398	462	650.8	488	530	728.8
CareFlight Orange	77	86	138.9	75	90	118.3
Child Flight	378	402	923.2	344	371	844.8
Southcare	293	290	531.5	353	315	592.2
TOTAL HELICOPTER	**2,589**	**2,872**	**4,533.4**	**2,573**	**2,832**	**4,416.8**

**Patients Transported by Age
(Air Ambulance Service)**
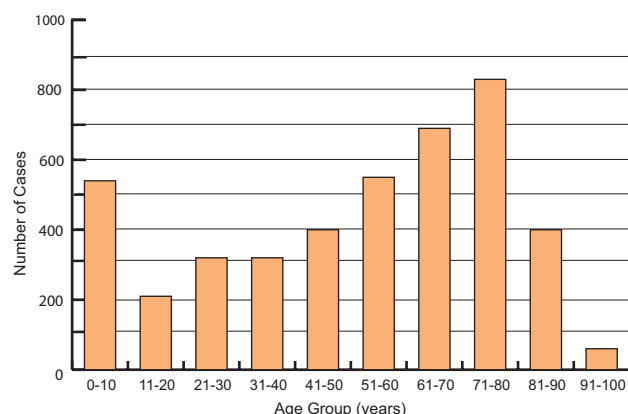
**Principal Patient Diagnosis (by category)
(Air Ambulance Service)**
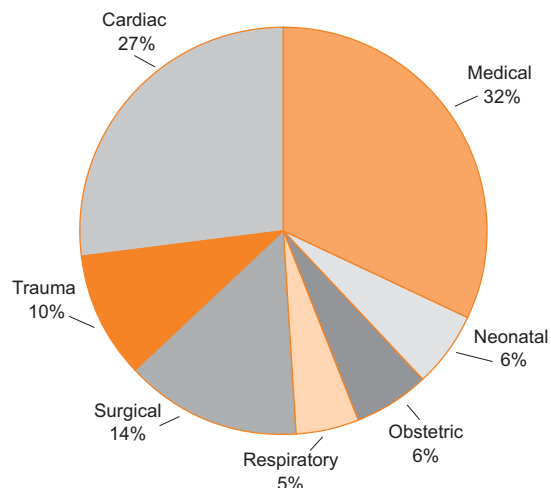
Strategic Directions for Health

The 2002/03 Performance Agreement with NSW Health was based around the planning document Strategic Directions for Health and includes key performance areas. Examples of the Service's progress in implementing aspects of the key areas are provided below.

Performance Area: Clinical Capability

Department Accountabilities:
- Assist in developments in industry regulation
- Recognise links between Government Action Plan (GAP) and the Service and facilitate consultation and awareness

Health Service Management Accountabilities	Performance Measures	Targets	Report on Targets
Ambulance Clinical Governance Framework	Establish Clinical Quality Improvement Strategy	Baseline: A Clinical Governance Board Sub Committee has been established. The framework for managing the quality of health services in the Service has been adopted by the Board covering the whole of the Service	
		2002/03: Establish Clinical Committees and networks	Partially Achieved - Divisional Clinical Committees currently being selected
		Identify appropriate clinical indicators and present reliable clinical data	Partially Achieved - Clinical indicators identified and being validated. Report data by Sept 2003
		Finalise and begin implementation of Clinical Improvement Action Plan	Achieved
		Review classification of consumer complaints	Partially Achieved - Completion Dec 2003
Medical Priority Dispatch System (MPDS)	Introduce a more responsive method of resource deployment, called the Medical Priority Dispatch System (MPDS) or call prioritisation	Baseline: The Service will introduce MPDS enabling dispatch of ambulances according to medical priority. An implementation plan for the installation of software, training of staff and roll out in the metropolitan area has been developed and is currently being implemented in Sydney	
		Yr 02/03: Fully implement MPDS throughout the Service's four divisions	Partially Achieved – MPDS implemented in Operations Centres. Full prioritisation throughout 2003/04
Teaching and Research	New education and training strategy to upgrade clinical skill levels	Baseline: Outcome of staff consultation process showed strong desire to upgrade skill levels of all ambulance officers	
		Yr 02/03: Include drug and alcohol training in the Service's induction training courses	Achieved
		Train 80 new paramedics (60 metropolitan, 20 rural) to ensure matching of service delivery to community needs	Achieved - 78 paramedics trained
Cardiovascular Disease, Cancer and Respiratory Disease	Monitor the Service's contribution to the care of these target groups in the context of the GAP's emphasis on chronic and complex conditions	Baseline: Annual Report quantifies the provision of service to these particular target groups. Likely impact of initiatives associated under the Government's Action Plan for Health (GAP) on Service workloads remains unclear	
		2002/03: Improve reporting on cardiac case and survival rates	Partially Achieved - Key Performance Indicators identified for return of spontaneous circulation. Successful revision of witnessed ventricular fibrillation now reported. Greater Metropolitan Transition Task Force (GMTTF) cardiac group established
		Develop patient transport plans with Area Health Services in accordance with Greater Metropolitan Transition Task Force	Partially Achieved - Development of GMTTF patient transport plans commenced with Area Health Services and clinical streaming and associated ambulance deployment under consideration

Performance Area: Operational Performance

Department Accountabilities:
Support winter management strategies
Recognise links between Government Action Plan (GAP) and the Service and facilitate consultation and awareness
Continue additional support for counter disaster preparedness

Health Service Management Accountabilities	Performance Measures	Targets	Report on Targets
Operational Performance	Conform to Convention of Ambulance Authorities' (CAA) new framework for reporting response times	Baseline: Members of the CAA have agreed that each service will report on the proportion of cases responding within 5, 10, 15 & 20-minute intervals	
		2002/03: Fully implement and report response on "life threatening" calls	Partially Achieved - Dependent upon introduction of MPDS
	Achieve operational performance standards identified in Operational Review for Sydney	Baseline: Establish routine reporting against each indicator	
		2002/03: Achieve response target performance for Sydney of: E10 (ambulance to emergency call within 10 minutes) – 61% E15 (ambulance to emergency call within 15 minutes) – 87% E20 (ambulance to emergency call within 20 minutes) – 95% A10 (paramedic to life threatening call within 10 minutes) – 24% R30 (routine (P5) cases arriving no later than 30 minutes of appointment time) – 70%	Achieved - Initial target of 61% is in error as it is not achievable unless the Sydney wide skill mix, rapid response and Medical Priority Dispatch System are in place (due in 2003/04). The modelling target of 55% from roster reforms has been achieved despite an increase in hospital turn around times
	Initiate a more tactical and coordinated rapid response program	Baseline: Existing rapid response capability limited to motorcycles and supervisors in Greater Metropolitan Areas	
		2002/03: Introduce a rapid response tier to operational services	Partially Achieved - Full implementation 1 Sept 2003
Non-emergency Patient Transport Services (PTS).	Develop non-emergency Patient Transport Service (PTS) across the State	Baseline: During the 2001/02 period the Patient Transport Service (PTS) became fully operational in the Sydney area and the Service employed 46 Patient Transport Officers	
		2002/03: Further develop non-emergency PTS, including specific performance reporting for AHSs and introduction of pre-planning for routine patient transport routes	Achieved
Operational Review	Configure available resources for optimum efficiency and best response times	Baseline: The Metropolitan Operational Review was completed March 2002 and implementation commenced in May 2002. The draft Rural Operational Review Report has been submitted to NSW Health. Roster changes implemented in June 2002 should lead to a better match between ambulance deployment and demand and achieve greater efficiency	
		2002/03: Further implement operational reforms including finalising divisional structure and roster reform	Achieved
		Begin deployment of paramedics with general duties officers	Achieved
		Progress rural pilot projects	Achieved
Improve the recruitment, transfer and retention of ambulance officers	Develop a flexible and staff oriented strategy focusing on recruitment of ambulance officers to targeted vacancies in all areas within the State	Baseline: A draft policy "Rural Term Transfer" has been developed and discussed at the Ambulance Advisory Committee (AAC). Implementation is pending the outcome of the rural operational review	
		Targeted recruitment commenced in rural and remote NSW focused on residents in these towns and surrounding local communities to provide local permanent employment and increase staff retention	
		2002/03: Develop a strategy promoting time-limited placements particularly in remote stations to promote staff retention by June 2003. Progress locally based training for trainee ambulance officers	Partially Achieved - The term transfer policy will be incorporated

Performance Area: Operational Performance (Continued)

Health Service Management Accountabilities	Performance Measures	Targets	Report on Targets
Counter disaster services	Fully integrate NSW Health Counter Disaster Unit (CDU) into the Service. Manage statewide counter disaster planning services for NSW Health	Baseline: Administrative responsibility for CDU passed to the Service in February 2002. CDU has statewide and national responsibilities for disaster medicine training and policy development 2002/03: Complete transition and integration of unit, including recruitment to funded positions Complete tasks agreed in CDU business plan	Partially Achieved - Formal recruitment for positions in progress. Achieved
Operations Centres	Improve functioning of Operation Centres	Baseline: An operations centre review was completed in April 2002. Includes plan for the dispatch management of Patient Transport Officers (PTO) and emergency operations 2002/03: The Service will complete an Operations Centre Development Plan (OCDP)	Achieved
Ambulance service provision in remote and rural areas	Initiate appropriate work practice changes to reflect the needs of ambulance service delivery in remote and rural areas	Baseline: In some rural and remote areas volunteers have been trained and equipped as "first responders" in order to maximise the potential volunteer contribution and strengthen community capacity to respond to emergencies 2002/03: The Service will research and consult on the role of ambulance officers in rural and remote areas to provide greater efficiency in health care service delivery Develop projects and pilots in relation to regional and rural ambulance officer roles consistent with the Rural Operations Review Enhance provision for the treatment of cardiac arrest in rural and remote areas by developing a policy framework on the use of automatic external defibrillators into communities in conjunction with rural pilots	Achieved Achieved Achieved
Contribute actively to the development of health care in rural and remote areas in conjunction with relevant GAP clinical implementation groups	Participation in planning and commissioning of Multi Purpose Centres (MPS)	Baseline: Service participation has been foreshadowed in the planning and commissioning of 15 MPS facilities in rural NSW 2002/03: The Service will collocate at the completion of three MPS sites at Gilgandra, Brewarrina and Collarenabri	Achieved

Performance Area: Technical Capabilities

Department Accountabilities:
- Development of a State Asset Strategic Plan for NSW Health 2001/2011 – submitted to Treasury by November 2001
- Review and provide feedback on Health Service Asset Strategic Plans when submitted
- Rollout Supernet by July 2004
- Refresh planning analysis

Health Service Management Accountabilities:	Performance Measures	Targets	Report on Targets
Asset Management	Implementation of the scheduled projects within the approved scope, budget, timeframe and cashflow	Baseline: The Service has developed priorities for asset acquisition, development and maintenance 2002/03: As per approved capital program	Partially Achieved - There is some delay in vehicle roll out due to bush fires, bans and some design issues
	Review and assess immediate and future communication needs of the Service	Baseline: Finalise communications plan 2002/03: Subject to requirement definition plan, complete e-index system Progress Total Asset Management Plan	Partially Achieved - Will progress after appointment of Manager, Planning. Board has deferred to 2004

Performance Area: Management Practice

Health Service Management Accountabilities	Performance Measures	Targets	Report on Targets
New supportive organisational structure	Develop a flatter responsive organisation within the four operational divisions of the Service	Baseline: Staff surveys and consultation with Health and Research Employees Association (HREA) reveal the need for a simpler, more transparent, less hierarchical organisation	Achieved
		2002/03: Provide update on structural reform including communication between staff and management and arrangements for the divisional structures. Undertake another staff cultural survey	
	Implement Management Development Program	Baseline: All senior managers have participated in a management assessment program to assess their individual talents against defined management competencies	Partially Achieved - Management development program developed. Currently consulting with HREA. Management conference held
		2002/03: Individual training programs will be designed to assist intermediate level manager's meet the core competencies. Ensure first line management training is in place	
Ensure a safe work place	Consolidation and revision of the Service's Infection Control Policy	Baseline: The Service has a number of policies relating to infection control	Achieved
		2002/03: Recruit an Infection Control Officer Develop a service specific, state wide infection control policy in line with NSW Health guidelines	
	Management of Workers' Compensation claims	Baseline: Service level agreement between the Service and NSW Treasury Managed Fund on injury management	
		2002/03: Further explore the issue of benchmarking with other emergency services internally and NSW Health	Not Commenced - NSW Health advised not to undertake benchmarking against other emergency services. No relevance and alignment, different work tasks and operating environment for experience
		Continue to reduce workers' compensation claims cost per employee	Achieved - Workers compensation costs per employee reduced by 5 per cent in the 2002/03 fund year
		Ensure Divisional Managers achieve KPI for reducing workers compensation claims in their respective divisions	Achieved - KPI's set by Director, Operational Services on advice from Employee Relations Unit. Claim rates have reduced by three per cent in 2002/03
Community engagement and working in partnerships	ASNSW participates actively in the Community and Consumer Participation Implementation Coordination Group (ICG)	Baseline: Consumer membership on the Medical Priority Dispatch System (MPDS) Steering Committee has been arranged. Consumer advocates and a General Practitioner have been appointed on the Clinical Governance Committee and the complaints procedure reference group	
		2002/03: The Service to continue to report on consultations with community and consumer groups	Achieved - Consumer representatives appointed to Health Access Coordination Steering Committee, Community Participation Working Party and the Website Working Party with first meetings held June 2003
		Obtain Board endorsement on guidelines for staff on how to engage community participation	Partially Achieved - Draft "how to engage the community" guidelines developed and issued for consultation with community members
		The Service to reach out to the community via local media outlets to inform consumers of proposed changes to the Service	Partially Achieved - Invite issued to community representatives to assist in the development of community education program packages

Performance Area: Management Practice (Continued)

Health Service Management Accountabilities	Performance Measures	Targets	Report on Targets
Workforce plan	Introduce work force planning	Baseline: The Service has convened a Workforce Planning Group including representatives from Health and Research Employees Association (HREA) and the Service	
		2002/03: Develop a workforce-planning model	Achieved
		Progress workforce structural issues	Partially achieved. Transfer policy being developed. To be completed July 2003
Ambulance Advisory Committees (AACs)	Establish and provide ongoing support to eight AACs focusing on staffing, education and training, business opportunities, uniforms, assets, information, communications technology and awards. AACs will report on a regular basis to the Peak Consultative Council (PCC)	Baseline: The eight AACs have been established to provide an effective link with HREA in issues of concern to staff	
		2002/03: PCC to consider and recommend implementation strategies, where appropriate	Achieved
Aboriginal Health	Commence cultural awareness training	Baseline: Despite advertising on three occasions, no suitable applicants were identified for the position of Aboriginal Employment Liaison Officer. An officer from the Employee Relations Unit is responsible for ensuring that links are maintained with this developing network of aboriginal staff	
		2002/03: Review need to recruit to this dedicated position	Achieved
		Maintain current employment rates for Aboriginal peoples	Achieved
		Conduct at least one targeted pre-employment support program	Achieved

Performance Area: Resource Management

Department Accountabilities:
- Support the Service initiatives in reviewing current fee structure
- Review Insurance Levy funding to the Service
- Coordination of the introduction of the capital charging policy
- Enhanced monitoring of special projects (chronic care, oral, aboriginal health, mental health, drug and alcohol)
- Negotiations on use of 2002/03 growth fund

Health Service Management Accountabilities	Performance Measures	Targets	Report on Targets
Financial management	Financial Framework for the Future	Baseline: Strategic Financial Framework provided basis for appropriate financial management and budget achievement. Liquidity management and reports were submitted quarterly to NSW Health	
	Achieve targets for Net Cost of Service – General Fund (General)	2002/03: Operate within budget or favourable	Achieved - Favourable by $363K
	Liquidity management	As determined by NSW Health	Achieved
	Timely payment of creditors	All creditors to be paid within 45 days	Achieved
	YTD Budget Performance Index/ NCOS/General Fund	<0.5	Achieved
	Implement findings of financial management and reporting review	Baseline: Consultant identified opportunities for improvement by re-structuring current arrangements and the implementation of these findings is underway	
		2002/03: The Service to fully implement findings agreed with NSW Health which will result in a more supportive financial management framework	Achieved
	Review current fee structure	Baseline: Self-generated income does not cover the full cost of services. Initial consultation with Independent Pricing and Regulatory Tribunal (IPART) completed and submitted to NSW Health	
		2002/03: The Service to progress review of the current fee structure with NSW Health	Partially Achieved - NSW Health has requested change in process
Efficiency	Eliminate duplication of services provided by other agencies	Baseline: The Service maintains a dedicated rescue service that duplicates the function of other emergency services	
		2002/03: Develop plan for rescue arrangements beyond June 2003	Achieved

Corporate Governance

The Ambulance Service Board is responsible for the corporate governance practices of the Service. This statement sets out the main corporate governance practices in operation throughout the financial year, except where indicated.

The Board carries out all its functions, responsibilities and obligations in accordance with the Ambulance Services Act 1990 and Regulations 2000.

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

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

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

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

Ambulance Service Board Membership
(1 July 2002 to 30 June 2003)

The Hon Barrie Unsworth
After leaving State politics, former Premier of New South Wales Barrie Unsworth served for eight years as General Manager of radio station 2KY. Prior to entering State Parliament, Barrie worked for the trade union movement as Secretary of the Labor Council of New South Wales. During his time in State Parliament, Barrie 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. He was also Chairman of the Australia Day Council of NSW between 1 July 2002 and 30 June 2003 and is a Director of TAB Limited, Delta Electricity and Tempo Services Pty Ltd.

Jon Isaacs *BA (Hons), FAICD, FAIM*
Executive Coach and Mediator, Jon has over 16 years experience as a senior executive and CEO leading change in government and community sectors. Other directorships include the Sydney Harbour Foreshore Authority (chair Audit and Risk Management Committee) and Central Sydney Area Health Service. Jon is the independent chair of the NSW Auditor-General's Audit Committee.

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

Robert McGregor *AM*
Robert is Deputy Director-General (Operations) of the NSW Health Department. Prior to holding that position, he was Chief Executive Officer of the Ambulance Service of New South Wales. Robert has extensive experience at a senior management level in the NSW public sector. Prior to that he had 25 years experience in public health service management.

Angeline Oyang *OAM*
Angeline is trained in Social Work and Communication Management and has a long history of involvement in ethnic affairs, and refugee and migrant settlement. She was the Executive Director of the Hong Kong Council on Smoking and Health and a former President of the Australian Chinese Community Association. She was also a former Secretary of the Australian Nursing Home Foundation. Angeline directs her own consultancy company.

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

Robyn Kruk
Robyn is the Director-General of NSW Health. Before taking up her role as Director-General, Robyn was Deputy Director-General of the NSW Premier's Department where she headed the Public Sector Management Office. She has also held the positions of Director-General, NSW National Parks and Wildlife Service and Deputy Director-General of The Cabinet Office. Robyn has extensive experience in workplace and industrial relations negotiations at the peak union level. She has a BSc (Psychology) and was awarded a Public Service Scholarship to complete a Masters in Administration in 1986 and completed the Advanced Management Program at Harvard Business School in 2000.

Jim Arneman *BHSc (PreHospCare), BLabourStudies (Hons), BA, MACAP*
Jim was elected to the Board as Staff Director in 1998 and was re-elected for further terms in 2000 and 2002. He joined the Service in 1985 and has served at various ambulance stations in the Sydney, New England and outer Hunter areas. He is currently certified as an Advanced Life Support Officer. Jim has served as an OH&S Committee Chairman with more than a decade of active involvement on both city and country sub-branch executive committees within the Health & Research Employees' Association. He has represented staff on the Ambulance Awards Committee, the Annual Leave Working Party and the Rural Staffing Implementation Committee. He has ongoing involvement as Chairperson of the Ambulance Advisory Committee on the Ambulance Award and the Rural Review Team and is a member of the Clinical Governance and Audit Committees of the Ambulance Service Board. Jim is stationed at Tea Gardens.

Board Membership and Terms of Office

Board membership and terms of office are shown as at 30 June 2003.

	Terms of Office
Chairman	
The Hon Barrie Unsworth	01.07.02 – 30.06.03
Deputy Chairman	
Mr Jon Isaacs	01.07.02 – 30.06.03
Chief Executive Officer	
Mr Greg Rochford (ex-officio member)	appointed 16.08.99
Board Directors	
Mr Robert McGregor	01.07.02 – 30.06.03
Ms Angeline Oyang	01.07.02 – 30.06.03
Ms Maria Pethard	01.07.02 – 30.06.03
Ms Robyn Kruk	01.07.02 – 30.06.03
Staff Elected Board Director	
Mr Jim Arneman	27.06.00 – 30.06.04

Meetings

The Board met on 11 occasions between 1 July 2002 and 30 June 2003.

Attendances by Board Directors were:

	Meetings Attended	Total Meetings While in Office
Jim Arneman	11	11
Jon Isaacs	11	11
Robert McGregor	6	11
Angeline Oyang	9	11
Maria Pethard	8	11
Robyn Kruk	1	11
Greg Rochford	10	11
Barrie Unsworth	11	11

Resources available to the Board

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

Strategic Direction

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

Code of Ethical Behaviour

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

Risk Management

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

Committees of the Ambulance Service Board as at 30 June 2003

- ✠ Corporate Governance Committee
- ✠ Finance Committee
- ✠ Audit Committee
- ✠ Clinical Governance Committee

Corporate Governance Committee

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

The Committee met on four occasions between 1 July 2002 and 30 June 2003. Attendances by Committee members were:

Meetings Attended	
Jon Isaacs (Chair)	4
Greg Rochford	4
Angeline Oyang	4

Finance Committee

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

The Committee met on 11 occasions between 1 July 2002 and 30 June 2003. Attendances by Committee members were:

Meetings Attended	
Barrie Unsworth	11
Greg Rochford	11
Maria Pethard (Chair)	11

Audit Committee

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

The Committee met on four occasions between 1 July 2002 and 30 June 2003. Attendances by Committee members were:

Meetings Attended	
Greg Rochford	4
Robert McGregor (Chair)	3
Jim Arneman	3

Clinical Governance Committee

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

The Committee met on six occasions between 1 July 2002 and 30 June 2003. Attendances by Committee members* were:

Meetings Attended	
Jon Isaacs (Chair)	6
Greg Rochford	6
Jim Arneman	5

* Membership of this committee includes community and other representatives. Only the attendance of Board Directors is reported.

Organisational Structure

as at 30 June 2003

NSW Minister for Health

Ambulance Service Board
Barrie Unsworth - Chairman

Medical Retrieval Unit
Dr Ron Manning

Chief Executive Officer
Greg Rochford

Executive Support
Professional Standards
& Conduct Unit
Public Affairs

Corporate Services
Robert Gray

- **Finance & Data Services**
  Julie Newman
- **Human Resources**
  Russell Cruikshank
- **Infrastructure & Asset Services**
  Graham Hawkins
- **Information Systems & Support**
  Roger Hanssen
- **Ambulance Education Centre**
  Graham McCarthy

Operations
Steve Whinfield

Tactical Support Unit
Sports & Services

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

Medical Directorate
Dr Michael Flynn

- **NSW Health Counter**
  Disaster Unit
- **Medical Advisory Committee**
- **Clinical Development**
  - Infection Control
  - Heroin Project
  - Protocol Review

Operational Services
Mike Willis

| **Western Division** | **Southern Division** | **Sydney Division** | **Northern Division** | **Air Ambulance** |
| Dennis Willis | Denis Beavan | Eric Marks | Alan Loudfoot | John Wasley |

NSW Community

Senior Executive

as at 30 June 2003

Greg Rochford
Chief Executive Officer
Level: SES Level 5

(See details under Board Membership on page 14)

Steve Whinfield
MBA
General Manager, Operations
Level: SES Level 3

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

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

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

Dr Michael Flynn
D Obs RCOG, D Ven, FRACGP FAFOM
General Manager, Medical Directorate and Health Counter Disaster Services
Salaried Medical Practitioner

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

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

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

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

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

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

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

Operational Report

Summary of Business Activity

Priority 1 emergency responses rose by 3.6 per cent and emergency patients transported rose by 3.1 per cent across the State during 2002/03.

Response times across the State showed a slight improvement, with 53.1 per cent of vehicles arriving on-scene in less than 10 minutes. Mobilisation of vehicles within three minutes remained unchanged at 56.2 per cent.

Major goals and outcomes

- The 2002/2003 period showed a sustained progression toward the introduction of skill mix throughout the Sydney metropolitan area with 60 officers being trained to paramedic level and a further 60 paramedic training positions being planned for 2003/2004 in the Sydney Division. This programmed approach to increasing the availability of paramedic trained officers throughout the State continued with the introduction of rural paramedic ambulance officers to the Mid North Coast and other rural centres.
- There was an increase in numbers of trainee ambulance officers and Charles Sturt University clinical placements, providing development opportunities for existing staff.
- Extensive negotiations and planning to train additional rescue officers to meet necessary deployment levels.
- Focus on training of existing staff to enhance both the clinical and managerial aspect of the Service, including:
  - Continuation of training for Level 3C officers in cannulation and fluid replacement.
  - Continuation of training officers in the use of Zoll defibrillators.
  - Provide appropriate training to station managers through courses and conferences.
  - Finance training is provided to station managers on a continual basis.
- Review of workload and rosters utilising operational performance data and performance indicators.
- Continued consultation with staff and HAREA representatives to progress future roster requirements as the demand for services changes.
- Expansion of Special Casualty Access Teams (SCAT) to meet the requirements of Urban Search and Rescue (USAR).
- Radio and Mobile/Satellite telephone communication tests have identified communication "blackspots", which are being addressed with the installation of satellite phones into vehicles at strategic locations.

Key issues and events

- Improvements to key operational performance areas, turnout times and response times.
- Enhancement of Honorary Ambulance and First Responders program within rural communities.
- Prioritisation of fleet replacement and establishment of divisional fleet mix model in a consultative manner with unions, workshops and station managers.
- Increased involvement with Area Health Services regarding the provision of non-emergency patient transports.
- The Network Access Project (Sydney), which aims to improve utilisation of the hospital network and ambulance access to emergency departments, continues to improve the timely delivery of appropriate care to patients.

Future direction

- Completion of divisional restructure and continual rollout of more effective operational management structure.
- Implementation of Group 1 and Group 2 Draft Operational Rural Review recommendations, including:
  - Introduction of skill mixing to provide patients with equity of access to advanced clinical care, review and negotiation of current rosters to match roster patterns to demand.
  - Additional officers across the divisions to meet current annual leave and relief requirements.
  - Strengthening working partnerships across multi-disciplinary health teams.
  - Consultation and implementation with regard to the Command and Control restructuring of operations centres.
  - Implementation of divisional clinical governance structure.
  - Continued development of management.
  - Implementation of Command / ProQA upgrade, including the introduction of performance appraisals and attention to succession planning.
- Additional SCAT officers required in Sydney, Illawarra and Hunter areas.

Sports and Services

Summary of business activity

Sports and Services is responsible for the provision of ambulance services at sporting and special events. The Unit oversees the current policy for fees charged for attendance by the Service at major and special events. Charges are based on the recovery of avoidable costs and user pays policy and complies with the principle of competitive neutrality as part of the State Government's commitment to national competition policy reform.

Major goals and outcomes

- Total income from attendances at sporting and special events in Sydney Division over $900,000.
- Total attendances for sporting and special event activities in Sydney Division for the year was 1,693.
- Total number of ambulances used was 2,106.
- Decentralise sports and services to Divisions.
- Divisions to establish sports and services guidelines and agreements with local organisers based on State agreements.
- Endorsement of "user pays" policy for sporting and special events, based on whole of Government approach.
- Development of service level agreement with established sporting bodies to provide more permanent service.
- Advise event organisers on service level requirements for special events, based on risk assessment.

Key issues and events

- Major events attended include the new AJC & STC race club contracts, 2002 Australian Safari, New Years Eve, Sydney Gay & Lesbian Mardi Gras, City to Surf 2002 Fun Run, Anzac Day and Sydney 2002 Gay Games.

Future direction

- Final implementation of "user pays" policy.
- Implementation of service level agreement with established sporting bodies.
- Implement strategies to minimise the impact of service provision on normal operations.

NSW Divisional Boundaries and Ambulance Stations

Tweed Heads
Kingscliff
Urbenville • Kyogle • Murwillumbah
Bonalbo • Mullumbimby
LISMORE • Byron Bay
Tenterfield • Casino • Ballina
Ashford • Evans Head
Mungindi
Lightning Ridge • Moree
Collarenebri
Warialda • Inverell • Maclean
Bourke • Brewarrina • Walgett • Bingara • Grafton
Wee Waa • Glen Innes • Woolgoolga
Narrabri • Barraba • Guyra • Dorrigo • COFFS HARBOUR
Boggabri • Armidale • Bellingen • Urunga
Coonamble • Manilla • Macksville • Nambucca Heads
Baradine • Gunnedah • Walcha • South West Rocks

WESTERN DIVISION

Coonabarabran • Tamworth • Kempsey
Cobar • Nyngan • Gilgandra • TAMWORTH • Wauchope
Warren • Coolah • Tamworth South • Port Macquarie
Broken Hill • Dunedoo • Quirindi • Laurieton
Tottenham • Narromine • Murrurundi • **NORTHERN DIVISION**
Merriwa • Scone • Taree
DUBBO • Muswellbrook • Gloucester
Wellington • Gulgong • Singleton • Dungog • Tuncurry
Peak Hill • Mudgee • Stroud • Bulahdelah
Condobolin • Parkes • Kandos • Rutherford • Tanilba Bay • Tea Gardens
Hillston • Lake Cargelligo • Molong • Cessnock • Nelson Bay
Forbes • Orange • Kurri Kurri • NEWCASTLE
Eugowra • Toukley • Doyalson • Belmont
Canowindra • Lithgow • Wyong • Bateau Bay • Beresfield
SOUTH DIVISION • Grenfell • BATHURST • Hawkesbury • Terrigal • Birmingham Gardens
West Wyalong • Cowra • Blayney • POINT CLARE • Boolaroo
Griffith • Ardlethan • Young • Oberon • Ettalong • Cardiff
Hay • Leeton • Temora • Boorowa • SYDNEY • Hamilton
Coleambally • Narrandera • Harden • Crookwell • DIVISION • SYDNEY • Morisset
Balranald • Cootamundra • Yass • Kangaroo Valley • Helensburgh • Raymond Terrace
Junee • Kiama • Bulli • Stockton
Jerilderie • Lockhart • Gundagai • GOULBURN • Bomaderry • WOLLONGONG • Toronto
Barham • Tumut • Culburra
Deniliquin • WAGGA WAGGA • Batlow • Huskisson • Dapto
Finley • Berrigan • Holbrook • ACT • Queanbeyan • Ulladulla • Warilla
Corowa • Tumbarumba • Braidwood • Batemans Bay • Warrawong
Albury • Moruya

Cooma • Narooma
Perisher Valley • Bermagui
Jindabyne
Bombala • Bega
Merimbula
Eden

Western Division

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

First Responder
Gulargambone

Honorary
Goodooga
Ivanhoe
Menindee
Tibooburra
Trangie
Wanaaring
Wilcannia
Yeoval

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

First Responder
Hill End

Honorary
Cudal
Eugowra
Manildra
Trundle

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

Southern Division

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

Honorary
Moulamein

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

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

Northern Division

Central Coast
Bateau Bay
Ettalong
Hawkesbury
Point Clare
Terrigal
Toukley
Wyong

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

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

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

Sydney Division Report

Business activity

Number of stations	46
Population	Approximately 3,997,321
Emergency responses	316,021
Emergency transports	183,203

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

The Division continued to experience an increase in demand for ambulance resources. Priority 1 emergency responses rose by 2 per cent and emergency patients transported rose by 1.7 per cent during 2002/03.

The percentage of vehicles arriving on scene in less than 10 minutes was 54.4 per cent, compared to 55.7 per cent during the previous period. The Division improved mobilisation times, achieving an increase of 2.6 per cent of vehicles mobilised within three minutes.

Increased hospital turnaround times masked the impact of new rostering and improved deployments on response times.

Major goals and outcomes

- Upgrading station security and addressing Occupational Health & Safety (OH&S) issues have been the major focus of capital works expenditure during the year with refurbishment carried out at Bankstown, Naremburn, Engadine, Narrabeen, Lane Cove, Riverstone and Rockdale Stations.
- The transition to Phase 4 of ProQA has been achieved within the Sydney Operations Centre, this has provided:
  - systemised medical priority call taking system
  - systemised pre-arrival instructions
  - two quality support coordinators who provide a quality assurance audit on a percentage of daily calls, with compliance feedback to communications assistants
  - a significant increase in the number of compliments received regarding the information provided by the communications assistants prior to ambulance officers arrival.
- A standardised training program for network access coordinators has been developed and continues to be delivered with the focus on:
  - monitoring the status of all Sydney metropolitan hospitals and emergency department workload
  - monitoring off-stretcher times for all ambulance patients across the network
  - effective communication links with Ambulance liaison officers and developing working partnerships with key hospital stakeholders to determine strategies to minimise delays
  - operating procedures to ensure consistency in delivery.
- With the commitment of Sydney Operations Centre staff the VisiCAD Command upgrade was successfully completed in May. Staff were provided with training workbooks and hands-on workplace training on modifications to the VisiCAD system.

- The five metropolitan rescue units have been equipped with the highest standard of hydraulic rescue equipment nationally available. New vertical rescue kits, including multiple vertical operator packs and an extensive range of synthetic ropes have also been supplied along with trench rescue kits and the latest gas detection monitors.
- Enhanced interaction with the community is being achieved with the trial appointment of a community liaison officer in the South Eastern Sydney Sector. This officer is available to talk to school students and community groups to provide an insight into Service operations. Resulting from community feedback will be the development of procedures to provide better service delivery.
- Warragamba Ambulance Station launched a community CPR program in February 2003.

Key issues and events

- An early start to the bushfire season occurred in October with major outbreaks in the Sutherland Shire. These fires heralded the onset of an extremely busy summer with the Sydney Division lending support to the Southern Division and the ACT Ambulance Service.
- Ambulance crews, helicopter and rescue services were despatched to provide treatment and transport to over forty people injured and trapped in the wreckage of the Waterfall train disaster. The Sydney Division was supported by ambulance crews from the Southern Division during this operation.
- Planning for the Rugby World Cup has commenced.

Future directions

- The introduction of rapid response units throughout the metropolitan area to further enhance service delivery and response capability.
- The installation of a dedicated mobile data network and the upgrade of mobile data terminals in vehicles to the OP mobile terminal to incorporate mobile data terminal operability throughout the Sydney Division.
- Continued collaboration with Area Health Services in initiatives to reduce access block, this includes developing the concept of ambulance officers working in emergency departments.
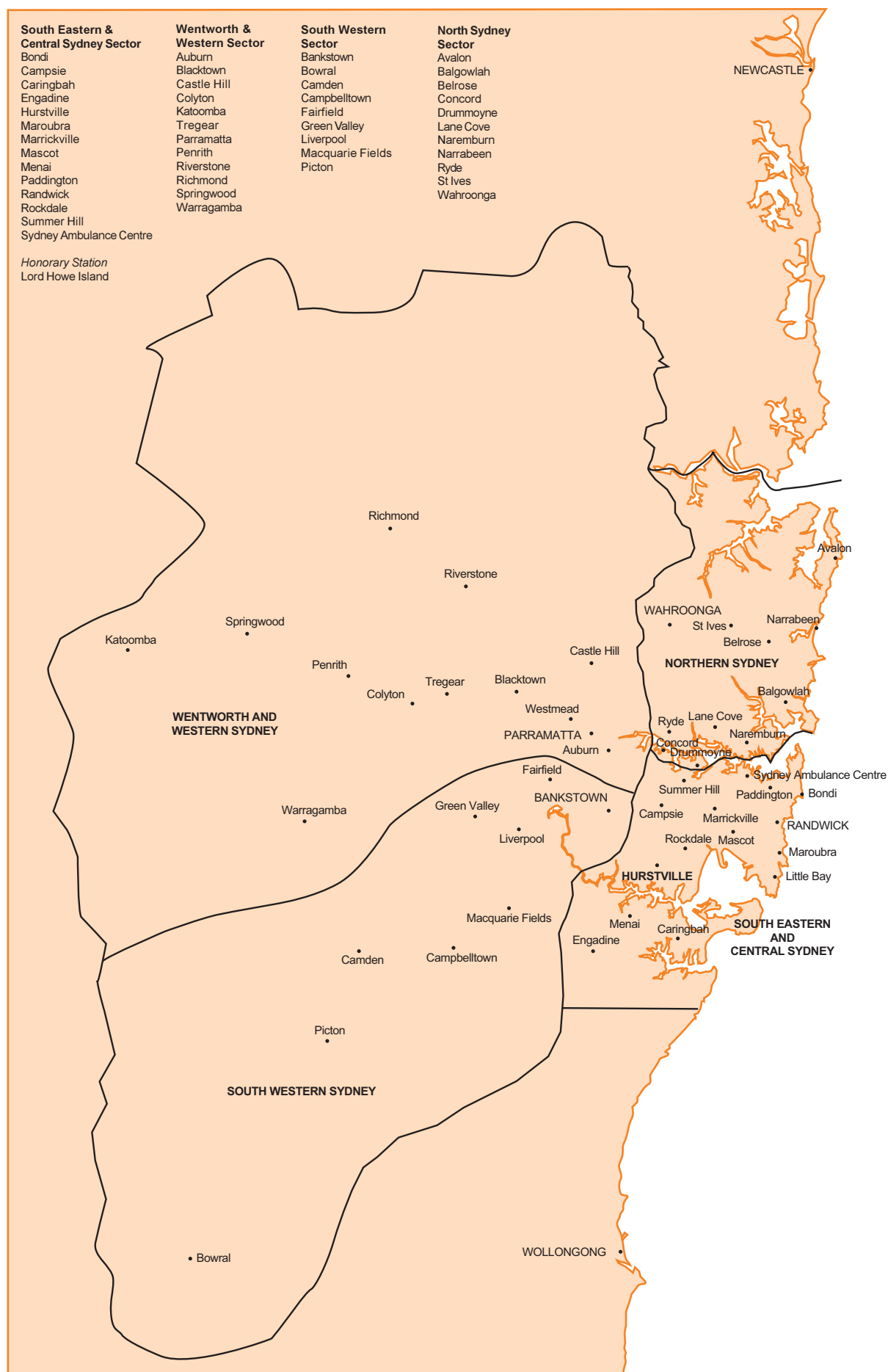
"At around 7.20am on Friday 31 January 2003, a Tangara train travelling south to Port Kembla with some 80 passengers onboard, left the tracks approximately two kilometres south of Waterfall Railway Station......."

Sirens, 10 February 2003, Volume 8 Issue 3

Ambulance officers prepare to transport one of the many casualties from the Waterfall train derailment.

Sydney Division Ambulance Station Locations

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

Honorary Station
Lord Howe Island

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

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

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

Northern Division Report

Summary of business activity

Number of stations	61
Population	Approximately 1,307,149
Emergency repsonses	155,499
Emergency transports	84,807

The 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.

The Division continued to experience an increase in demand for ambulance services due to an extensive population growth. Priority 1 emergency activity rose by 4.8 per cent during the 2002/03 period. Total response activity rose by 2.6 per cent.

The Division achieved a significant 6.4 per cent improvement in response times, with 47.0 per cent of vehicles arriving on scene in less than 10 minutes, compared to 44.2 per cent the previous period. Mobilisation of vehicles within three minutes fell from 52.6 per cent to 48.7 per cent.

Major goals and outcomes

- Improvements in technology, activation times and a continued focus on improving standardised turnout procedures have been introduced, including improvements to station infrastructure such as access and egress points effected.
- Community First Responder Programs established northwest of Coffs Harbour at Glenreagh, Nana Glen and Coramba.
- HREA Sub Branches and management worked closely together to resolve issues at a local level, enabling the Division to achieve a genuine improvement in industrial relations.
- The appointment of Ambulance personnel to the position of hospital liaison officers at Gosford Hospital and John Hunter Hospital improved ambulance/hospital relationships and assisted in facilitating faster ambulance turn-around times at emergency departments.
- Improved Operations Centre processes:
  - Establishment of the Short Message Service (SMS) for notification of senior personnel.
  - PC based program to interrogate fault finding in microwave radio network.
  - Streamlined the reproduction of data for Police investigations.
  - Change from audio to CD formats for dubbing of voice recordings.
  - New procedure to ensure greater safety of officers when transporting psychiatric patients.
  - Introduction and refinement of a Major Fire Incident Plan.
  - Coordination of Grafton and Maclean response areas aligned to their operational sector.
- Establishment of regular divisional management teleconferences, team meetings and station manager's seminars, including attendance by senior executive members.
- Divisional staff attended training courses including: Investigation Training, Complaint Resolution, 4WD Instructor Course, Business Writing Skills, Code of Conduct, Negotiation Skills and Managing Teams Effectively.
- Sector based training opportunities were provided in Major Incident and Medical Management Support (MIMMS), Conflict Resolution, OH&S Training, Anti-harassment Training, Workplace Training, and Emergency Management Arrangements.

Key issues and events

- Procurement Feasibility Plans and Project Definition Plans (PFP/PDP) have been completed for a new station at Yamba and the relocation of Port Macquarie Station.
- Establishment of regular clinical presentation events in Newcastle, involving specialist guest presenters from hospitals, area health services and other emergency services.
- Integration of ambulance officers in trauma review presentations each month at Coffs Harbour Base Hospital.
- Increased interaction with area health services including attendance at Health Forum meetings, Transport meetings, Critical Care Networks and Counter Disaster meetings.
- Expansion of involvement in Safe Communities Projects in Mid North Coast to include Tuncurry, Port Macquarie, Nambucca Heads and Coffs Harbour.
- Evans Head Station participated in a federally funded rural health initiative, promoting wellbeing with an emphasis on cardiac health.
- Procurement of Federal funding for the Workplace Education and Literacy Program.
- Responded to bushfires throughout the Division. Evacuation of a number of nursing homes including the CA Brown Retirement Village at Teralba.
- Officers were deployed interstate and intrastate to assist with bushfires.

Future direction

- Completion of divisional restructure, including reassessing the role of assistant operations managers and the introduction of group managers.
- Implementation of divisional clinical governance structure.
- Continued management development, including the introduction of performance appraisals for operations managers and assistant operations managers and attention to succession planning.
- Introduction of skill mixing to provide patients with equity of access to advanced clinical care and review and negotiation of current rosters to match roster patterns to demand.
- In consultation with HREA, review the current Patient Transport Officer (PTO) roster and requirements in the Central Coast.
- Continued management of hospital access block and strengthening of working partnerships across multi-disciplinary health teams.

Southern Division Report

Summary of business activity

Number of stations	58*
Population	Approximately 710,700
Emergency responses	83,755
Emergency transports	49,046

The Southern Division extends from Helensburgh in the north to the Victorian border in the south, continuing west to the South Australian border.

The Division experienced a strong increase in demand for ambulance services. Priority 1 emergency responses increased by 6 per cent and emergency patients transported rose by 5.1 per cent during 2002/03 compared to the previous period.

A slight improvement in response times was recorded, 49 per cent of vehicles arriving on-scene in less than 10 minutes, compared with 48.6 per cent during the previous year. Mobilisation of vehicles within three minutes was recorded at 40.8 per cent during 2002/03, slightly less than the 41.5 per cent recorded during the previous period.

Major goals and outcomes

- A 10 year plan for the Division's station/residence refurbishment and a three year business plan to de-commission 20 underground fuel storage tanks developed. A number of major works at Dapto, Eden, Goulburn, Griffith, Deniliquin, Young and Corowa Stations were completed.
- Phase 1, Phase 2 and Phase 3 of the Rural Health Hospital Service program progressing.
- Continued liaison with National Parks and Wildlife Services regarding new developments in ski resort areas, including increased amenities.
- Continued to liaise with cross border States to review current practices and develop Memorandums of Understanding in relation to cross border responses including the Snowy-Hydro SouthCare Helicopter Service.
- Introduction of snowfield patient transport system out of Jindabyne during the 2002 ski season significantly reduced workload of transfers to major health facilities. This system will continue for the 2003 ski season to enhance the availability of local resources for urgent medical or casualty cases.
- Shoalhaven Dispatch Board in the Southern Operations Centre was closed. Since the closure there has been a marked improvement in financial performance and key performance indicators within the Operations Centre.
- One third of staff trained in the use of 4WD vehicles. Courses are ongoing and initially concentrated on stations with 4WDs and relief staff. Staff from all stations will be trained over the next two years.
- Dual supervision within the Southern Operations Centre has improved performance levels within the Centre, increasing accountability and improving financial management. Decreases in external complaints and delays in patient transports has occured since the strategy has been in place.

* Includes one honorary station

Key issues and events

- Announcement of a new ambulance station at Sussex Inlet to be completed by early 2004.
- The progression of the new Queanbeyan Ambulance Station continues.
- The Kangaroo Valley Ambulance Station to be re-developed with the assistance of the community and the local Lions Club.
- The second Southern Division Forum conducted to review issues and agreements that impact on ambulance service delivery, and to develop a consistent approach.
- Improved dissemination of information through Station Managers Conferences.
- Management reviews reassessed the roles and responsibilities of Assistant Operations Managers, resulting in better utilisation of time including regular station visits.
- Decentralisation of projected rosters and annual leave programs.
- Involved in responding to bushfires throughout Shoalhaven, Far South Coast, Snowy Mountains, Murray and Canberra/Yass areas from October 2002 through to March 2003.
- Worked with the Sydney Division and other emergency services to successfully rescue survivors involved in the Waterfall train derailment on 31 January 2003.
- Berry Mountain air crash.
- Budawangs bushwalkers search - January 2003.
- The RTA Big Bike Ride - 15 to 23 March 2003.

Future direction

- Progress Divisional reform through work load analysis and identify strategies to achieve greater efficiency and effectiveness in the Southern Division.
- Through demand analysis, progress the Honorary and First Responder Scheme to complement rural communities within the Division.

"It is difficult for those of us in the remainder of the State to appreciate the situation in the Southern Division, as they have been battling bushfires for four months."

Mike Willis - Fire Report (Sirens, 27 January 2003 Volume 8 Issue 2)

Over 500 homes were destroyed in and around Canberra in January 2003.

Western Division Report

Summary of business activity

Number of stations	56
Population	Approximately 481,000
Emergency reponses	55,001
Emergency transports	34,196

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

The Western Division recorded the largest increase in demand for ambulance services. Priority 1 emergency responses increased by 6 per cent and emergency patients transported increased by 6.3 per cent.

The Division recorded a significant improvement in service delivery, particularly in response to the increase in demand. 67.4 per cent of vehicles arrived on-scene in less than 10 minutes, compared to 66.8 per cent during the previous year. A substantial 9.4 per cent improvement in mobilisation was recorded, with 41.8 per cent of vehicles mobilised within three minutes.

Major goals and outcomes

- Introduction of group meetings to allow station managers to have input into the direction of the sector and address specific issues.
- Increased focus on empowering managers to have accountability for resources, global issues and the facilitation of staff development. Managers supported through distribution of regular financial information and personal development.
- Establishment of Emergency Operations Centre (EOC) by New England Area Health Service at Tamworth Sector Office.
- Development of divisional and strategic planning.
- Improvement in performance to meet the Divisional target of 70% of responses at scene within 10 minutes.
- Process planning of call taking and dispatch procedures within the Western Operations Centre in line with total quality management process.
- Capital works improvement with work commenced at Tamworth City, Armidale, Lake Cargelligo, Bathurst, Mudgee, Cowra and Baradine Stations.
- Support and facilitate regular Joint Consultative Committee (JCC) meetings and Divisional Industrial Forums to encourage and facilitate open communications with unions and staff.
- Complete transfer of New England Sector into the Western Division following restructure.
- Planed and implemented community based honorary ambulance service in remote towns, including the integration of health services and community members.
- Partnerships with Area Health Services developed through ongoing liaison and working arrangements.

Key issues and events

- Relocation of Dubbo Ambulance Station into temporary facilities due to structural issues.
- Completion of multi-purpose centres and ambulance station developments at Barraba and Boggabri.
- Managing major bushfires throughout the New England and Central West sectors.
- Bushfires across the Macquarie and Far West Sector and New England Sector from October to December 2002.
- Water tower collapse at Lake Cargelligo.

Future direction

- Commencement of multi-purpose centre site planning at Dunedoo, Bourke, Nyngan, Gulgong, Walcha, Bingara, Warialda and Rylstone.
- Build on strategies developed to support rural recruitment.
- Rebuilding Forbes Ambulance Station destroyed by fire October 2001.
- Implement Honorary Ambulance First Responder Program in remote towns with limited resources or support.

Aeromedical and Medical Retrieval Services

Summary of business activities

Aeromedical and Medical Retrieval Services consists of the Aeromedical Operations Centre, the Medical Retrieval Unit (MRU), fixed and rotary wing resources.

The Aeromedical Operations Centre, collocated with the MRU at St George Hospital, is staffed by ambulance officers and critical care clinicians and is responsible for:

- The coordination of all fixed wing activity.
- The coordination of the majority of helicopter activity in NSW.
- The provision of an intensive care bed finding and Critical Care Clinical Advice Service.
- The coordination of road retrieval activity within the Greater Sydney area.
- The coordination of requests for medical retrieval to NSW hospitals.

Fixed wing services are provided by four Beechcraft King Air 200C aircraft based at Mascot Airport and one Beechcraft King Air 200C based at Dubbo Airport.

Rotary wing services are provided by nine helicopter services located at Lismore, Newcastle, Tamworth, Sydney (3), Wollongong, Orange and Canberra.

Major goals

- Air Ambulance Service commenced a seven year contract with the Royal Flying Doctor Service (South Eastern Section) to provide fixed wing aircraft, pilots and engineering services.
- One new Beechcraft King Air 200C aircraft introduced.
- Development of flight nurse competencies in line with nursing, aeromedical and Service standards, a national first.
- Progressive introduction of revised early notification of trauma policy.
- Development, trial and auditing of helicopter despatch guidelines.
- All pilots now wearing the Service uniform.

Key issues and events

- Three flight nurses and the Acting Manager, Aeromedical and Retrieval Service attended the International Society of Aeromedical Services (ISAS) conference in Darwin.
- Invited speaker inaugural ACAP Continuing Education Program (Orange).
- Presentation at and chair of session on Out of Hospital care at ACEM National Conference (Sydney).
- Senior Flight Nurse and Assistant Manager, Aeromedical Services awarded Distinguished Service Medals for their contribution to Air Ambulance over many years.
- Coordination of the fixed wing, helicopter and retrieval response to a water tower construction collapse at Lake Cargelligo.
- Coordination of the helicopter and retrieval response to the Waterfall train incident.
- The pilot of Beechcraft Super King Air 200C aircraft, damaged in turbulent conditions in May 2003, executed a controlled emergency landing without injury to crew or patient.

Future direction

- The introduction of continuous positive airway pressure for the management of acute cardiac and respiratory conditions during transport.
- Development of an external accreditation and audit program for external contractors to the Service.
- Improvement of equipment available to regional retrieval services.
- Statewide consolidation of the early notification of trauma protocol.
- Introduction of pre-hospital helicopter despatch guidelines.
- Examination of the structure of regional retrieval services.
- Three new Beechcraft King Air 200C aircraft will be progressively introduced throughout 2003 with improved operational features including a dedicated onboard loading system, a stretcher system designed to be compatible with road vehicles and a new equipment stretcher bridge.

The delivery of the first of four new Super King Air aircraft will modernise the Air Ambulance fleet.

Operational Strategy

Summary of business activity

The main responsibilities of the Operational Strategy Unit include the collation, analysis and dissemination of operational performance data for Service managers and NSW Health. The Unit is also involved in developing, establishing and managing a framework for continuous clinical quality improvement throughout the Service including the introduction of systems to effectively support officers in their clinical practice.

The Unit is engaged in developing, establishing and managing a program of continuing clinical professional development for operational officers. In conjunction with the Employee Relations Unit, Operational Strategy will develop pathways for the recruitment of graduate and allied health professionals and establish links with tertiary education providers.

The Unit undertakes the initial early phases of special projects to enhance operational performance and provide project management support as each project is transferred to operational management. In addition, the Operational Strategy Unit develops and establishes processes for effective Service planning including models for effective service delivery.

Major goals and outcomes

- Emergency call prioritisation protocols introduced into Sydney Operations Centre as part of the call taking phases of the Medical Priority Dispatch System (MPDS).
- Development of operations centre policies for the introduction of the MPDS application.
- Ongoing implementation of the MPDS projects for all operations centres.
- Development of standardised codes for responding ambulance resources to all emergency and medical calls.
- Development of guidelines for operational project management.
- Successful development of a comprehensive project and funding submission to NSW Health, to undertake a 12 month pilot of the Health Access Coordination project. The pilot program will focus on providing a more appropriate service to non-urgent non-serious cases which enter through the '000' system. The Call Centre facility has been built at the Sydney Operations Centre.
- The introduction of call taking compliance reporting for staff in the Sydney Operations Centre by Quality Support Coordinators.
- The introduction of a Clinical Governance Framework to oversee and support continuous clinical quality improvement.

Key issues and events

- Presenting Service issues at the Managing Hospital Demand Conference – Melbourne and the 2003 After-Hours Symposium – Canberra.

Future direction

- Development of the operational information system as a robust operational data repository.
- Delivery of operational reporting via the Service's intranet.
- Development and implementation of an internal operational audit function.
- Implement a data mining function within the Operational Information Unit (OIU) to further investigate operational trends and issues.
- Complete MPDS training for all operations centres.
- Migration to ProQA (Phase 4) for the remaining three operations centres.
- Introduction of the final phase (Phase 5) of the implementation of MPDS across the four operations centres to prioritise all emergency calls.
- Introduce new operational ambulance response codes across the state in line with the introduction of the final phase of MPDS.
- The development and streamlining of the quality and compliance staff reports pertaining to MPDS.
- Evaluate data and information from the three arms of the Health Access Co-ordination pilot.
- Evaluate the capability and viability of selected metropolitan hospitals booking their non-urgent medical and routine bookings for an ambulance through a web based application direct into CAD.
- Finalise implementation of clinical governance structure throughout the state and refine processes and clinical performance reporting procedures.

Clinical Governance

Summary of business activity

The main objective of the Clinical Governance Framework is to support and monitor the effectiveness of continuous improvements to clinical practice and patient safety in the Service.

Major goals and outcomes

- The Clinical Governance Committee, comprising consumer representatives, a general practitioner corporate managers and operational ambulance officers, established as a Board sub-committee.
- The Clinical Governance Committee endorsed the following initiatives:
  - Variations to Clinical Practice procedure and a Clinical Review Group to review cases where variations are identified.
  - Clinical Risk and Patient Safety System reporting procedures developed centrally with on-going work to devolve across the operational divisions.
  - Clinical Performance Indicators for reporting clinical performance.
- Adopted NSW Health Root Cause Analysis procedures for identified clinical (and operational) performance shortfalls.
- Using the established framework, Root Cause Analyses have been undertaken on several incidents with all recommendations for action endorsed.
- A number of cases where variations to clinical practice were identified have been reviewed by the newly formed Clinical Review Group since February 2003.
- Peer-review pilot program commenced in Sydney Division for reporting clinical incidents.
- Preparations for Divisional Clinical Governance Committee selection completed.

- Developed and consulted with HREA and staff regarding a more effective and transparent recertification system for operational officers.
- The Service and Charles Sturt University (CSU) have negotiated a new agreement for clinical placements, enabling students to obtain appropriate clinical pre-hospital experience.
- In recognising the vital role ambulance officers provide in clinical mentoring of CSU students, the University has offered places on their Postgraduate Certificate in Clinical Education course.

Key issues and events
- In-house publication 'Clinical News' established as a bi-monthly issue to disseminate clinical information relevant to pre-hospital care to operational officers.
- Partially completed the structure for a statewide Clinical Governance Framework.
- Progressing clinical risk reporting and patient safety systems.

Future direction
- State-wide integrated management system to be implemented in concert with NSW Health for the identification and reduction of clinical risks.
- Implementation of medication safe handling procedures as per NSW Health guidelines.
- Consolidation of clinical quality framework into statewide practice.
- Establishment of divisional clinical quality committees.
- Development of safety improvement program as per Institute for Clinical Excellence, NSW Health guidelines.
- Expansion of peer review to statewide program following review of pilot program.
- Introduction of a clinical education and research committee. Following a review, enhancements to clinical skills will be implemented.
- Contribution to a clinical equipment group.
- Introduction of a Clinical News editorial group.
- Ongoing introduction of a structured clinical mentoring program.
- Collaboration with tertiary education centres, specifically reviewing pre-service qualifications and stronger links with universities.
- Review of clinical skills and operational nomenclature.
- Establish reliable and relevant reporting parameters for measuring clinical performance.
- Produce regular reports on clinical performance against relevant clinical indicators.

"Quality in Health is doing the right thing, the first time, the right way, at the right time."
- Department of Health Managing the Quality of Health Services

Executive Support Unit

The Executive Support Unit provides a support function for the Chief Executive Officer and other executives and is the common interface for the Service and NSW Health and a key contact point for the Minister of Health's office.

Summary of business activity
- Coordinated and edited advice on a wide range of matters for the Minister and Director-General often within non-negotiable and urgent deadlines. This included draft replies to ministerial correspondence, answers to parliamentary questions, and briefings for NSW Health and the Minister.
- Acted as a quality control point for reliable advice to NSW Health and the Minister.
- Liaised with staff of NSW Health and the Minister's Office.
- Acted as the conduit for email inquiries from members of the public to NSW Health on Service matters.
- Maintained paper and electronic records of matters going to the Minister and Director-General as a reference and resource.
- Provided a secretariat function for Ambulance Service Board meetings.

Major goals and outcomes
- Provided advice to staff on matters of interest from Ambulance Service Board meetings through the internal staff newsletter, *Sirens.*
- Managed requests under the Freedom of Information Act within legislative timeframes.
- Guidelines on the preparation of ministerial correspondence and briefings revised.
- Improved the format and presentation of Board papers.
- Processed over 430 ministerial letters, formal briefings and other advice for NSW Health and the Office of the Minister during 2002/03 which is marginally above the volume handled in the previous year.

Key issues and events
- Participated in regular meetings of the government FOI and Privacy Practitioners Network Group.

Future direction
- To evaluate and streamline the procedures and processes of the Executive Support Unit to better utilise available resources.

"Understandably, most individuals and organisations write to the Minister on personal or local matters. The issues raised vary greatly and provide the Service with an opportunity to review existing policies and improve our performance."

Medical Directorate & NSW Health Counter Disaster Services

Summary of business activity

The challenges of continuing service reform and significant operational deployments during 2002/03 resulted in the Division being renamed from Health Services Development and Planning to Medical Directorate and NSW Health Counter Disaster Services to better reflect its roles and functions.

The emphasis of the Medical Directorate has been towards the progressive implementation of best practice pre-hospital care within a "whole of health" framework.

Major goals and outcomes

- Under the direction and guidance of the Medical Advisory Committee (MAC), further development of clinical protocols with special emphasis on analgesia (pain control):
  - Field trial of "Enhanced Pain Management" (Morphine and Midazolam) to assist in the extrication and/or realignment and transport of adult patients with orthopaedic injuries including severe back pain.
  - Field trial of "Patient Management" (Midazolam) for psychiatric patients who are aggressive, combative and violent, or aggressive, combative and head injured patients without hypoxia.
  - Field trial of Intranasal Fentanyl (3 metropolitan and 11 rural stations).
  - Field trial of Intranasal Narcan (Naloxone) in the treatment of drug overdose.
- Development of resource material outlining the management of drug overdose and contact numbers for support networks.
- Establishment of ongoing surveillance and reporting of heroin overdose to external agencies including NSW Health, NSW Police Service and the Medically Supervised Injecting Centre.
- Further progress by the Heroin Project Officer in the education of ambulance officers and field treatment of patients affected by substance abuse.
- Participation in a WorkCover sponsored Occupational Health and Safety study of ambulance officer exposure to Methoxyflurane.
- Publication of a compact version of the Service's Protocols and Pharmacologies.
- Progressive introduction of updated equipment including:
  - Zoll semi-automatic defibrillators
  - Zoll public access defibrillators to nine remote rural towns for use by community ambulance officers
  - New glucometers
  - Disposable laryngoscope blades.
- Chairmanship of the Clinical Review Group (CRG), a subcommittee of the Clinical Governance Committee charged with undertaking analysis of variance from clinical practice.
- Active participation in the planning for the introduction of the Early Treatment of Myocardial Infarction pilot to be implemented in Northern Sydney and Western Sydney Area Health Services by September 2003.
- Advancement of professional ambulance officer qualifications.
- Administrative integration of the NSW Health Counter Disaster Unit (CDU) within the Service.
- Managed major incidents throughout the State ensuring a whole of Health disaster response capability.

- Maintained security preparations by establishing a reporting mechanism with the NSW Police Counter Terrorist Command.
- Provided operational advice to the Ambulance Service State Controller and State Medical Controller as required during major incidents.
- Ensured the protection of the Service's critical infrastructure through the development and review of business continuity plans.
- Ensured adequate levels of training for Chemical, Biological and Radiological (CBR) and Urban Search and Rescue (USAR) for Ambulance and Health staff.
- Reviewed disaster management training requirements for senior staff.
- Ensured AMPLAN is up to date and current with HEALTHPLAN.
- Provided medical support for NSW Police State Protection Group operations.
- Represented the Service, Convention of Ambulance Authorities and Health Counter Disaster Unit on numerous state and national committees.
- Developed a Service enhancement brief as part of the combined NSW Health enhancement submission for the NSW Health Counter Disaster Unit.
- Secured funding for three uniformed positions within the NSW Health Counter Disaster Unit.
- Finalised the compilation of business continuity plans and critical infrastructure plans for the Service.
- Developed a standardised process for assessing and awarding Service merit awards.
- Introduced incident control systems into disaster management training for the Service and NSW Health.
- Developed Concept of Operations for the Special Casualty Access Team (SCAT).
- Secured a three year contract for the provision of medical care for the Australian Safari.
- Commissioned the purchase of an additional two multi-purpose ambulances (MPA) and conversion of existing MPA.
- Secured funding and purchased personal protective equipment commensurate with response requirements for incidents involving CBR.
- Principal contributor to Chapter 5 (medical component) of the International Search and Rescue Advisory Group Guidelines for the Asia Pacific region.
- Provided significant input on behalf of the Service, NSW Health and Convention of Ambulance Authorities (CAA) for the development of a national triage standard.
- Initial appointment of Infection Control Officer.
- Reviewed current and previous infection control activities, policies, correspondence and facilities.
- Production and implementation of Infection Control Operational Plan.
- Commencement of comprehensive infection control educational activities to all levels of the Service, including instructional circulars and regular contributions to the internal staff newsletter, *Sirens.*
- Production of Infection Control Procedures for inclusion in the Skills Manual.
- Development of an internal infection control risk assessment tool aligned with NSW Health Infection Control Policy.

Key issues and events

- Provided a coordinated response to events including Sydney's New Years Eve celebration, Sydney to Hobart Yacht Race, Australia Day celebration, Anzac Day, Gay and Lesbian Mardi Gras and the Royal Easter Show.
- Operationally, the two explosions in Bali on 12 October 2002 saw deployment overseas by NSW Health and Service personnel for the first time. The incident also encompassed a significant response in the repatriation and reception of survivors.
- Prolonged deployment of staff in response to the Sydney (and ACT) summer bushfires and to the Waterfall train derailment in January 2003.
- CDU made a major contribution to the formulation of plans to the dispatch of medical supplies to Iraq (Operation BAGHDAD ASSIST).
- The worldwide outbreak of Severe Acute Respiratory Syndrome (SARS) required a coordinated effort between the Service and NSW Health to ensure an adequate level of preparedness. This involved purchasing personal protective equipment and the development of deployment procedures for both NSW Health and the Service.
- Operational staff and command personnel were involved in major multi-agency tabletop and field exercises, including exercise writing for both state and national exercises.
- Implementation and conduct of training programs for local community drug support networks in basic life support skills and management of drug overdose.
- Participation and interaction in drug awareness campaigns facilitated by local drug support networks.
- Participation with the Medical Directors and Clinical Educators of the Convention of Australian Ambulance Authorities and New Zealand (CAAANZ).

Future direction

- Leadership of Australian Disaster Medicine civil operational response capability.
- Continue USAR training for SCAT officers to reach the desired target of 48 Category 2 operatives in Sydney Division, six in the Illawarra Sector and six in the Hunter Sector.
- Establishment of USAR response equipment and medical cache for deployment with the Task Force.
- Continued combined Service/NSW Health statewide Chemical, Biological and Radiological (CBR) training.
- Finalise review of AMPLAN incorporating Incident Control System as a disaster management tool.
- Finalise a national standard for triage process, including a national triage tag system, thereby ensuring cross-border inter-operability involving major incidents and disasters.
- Develop and promote local and state exercises to test the capability of all agencies involved in responses to major incidents and disasters.
- Monitor and review operational plans for major events requiring Ambulance or NSW Health response.

- Introduce new training programs for ambulance officers to enhance knowledge of current trends in the use of illicit substances, their presentation and management.
- Expand the scope of the heroin project to encompass all illicit substances, providing wider surveillance, educational development and clinical strategies.
- Develop and implement a community consultative process to monitor community trends in the use of illicit substances, in conjunction with local drug support networks, users groups and research facilities of universities.

"SARS is the first severe and easily transmissible new disease to emerge in the 21st century. Its containment, however, has been achieved through the diligent application of control measures from centuries past. In the final analysis, it will be these old-fashioned measures that defeat SARS – at least for now."

I was thankful for the magnificent medical traditions of this blessed Australia of ours: the specialist surgeons, the ever-cheerful nurses and the dedicated ambulance officers; and the emergency response by the experts, included the gifted New South Wales Health team led by the New South Wales Director of Medical Retrieval, (Dr) Ron Manning."
- Hansard extract from the address by the Honourable Bob Carr MP, Joint Sitting NSW Parliament 22 October 2002: Bali Terrorist Attack.

Professional Standards and Conduct Unit

Summary of business activity

The Professional Standards and Conduct Unit's primary function is to manage serious conduct and disciplinary matters which arise in the Service, in accordance with our internal and industrial policies, and the law and in conjunction with appropriate operational and corporate managers.

The unit manages internal complaints of serious discrimination, harassment and bullying that arise in the Service, in accordance with Grievance Resolution Procedures. The Professional Standards and Conduct Unit also has the responsibility of reporting corrupt conduct to the Independent Commission Against Corruption (ICAC) under the *ICAC Act 1988* and responding to consumer complaints referred by the Health Care Complaints Commission or the Health Conciliation Registry.

Significant activity arose from managing the Service's responses to requests from the Coroner for advice and where necessary or appropriate arranging for the Service's interest to be represented at inquests.

The types and numbers of matters dealt with by the unit in 2002/03 are represented in the following table. Investigations resulted in 15 adverse findings for individuals and six cases which resulted in service improvments.

Description	Total
Committees of Inquiries undertaken according to the *Ambulance Services Regulation 2000*	14
Officers dealt with facing criminal charges	3
Fact Finding investigations undertaken according to Service's *Fact Finding Investigation Guidelines* [1]	11
Unfair Dismissal action	3
Anti Discrimination Board complaints responded to and/or conciliations attended	4
Staff grievances investigated or managed	10
Protected Disclosures co-ordinated	12
Matters referred to Service by ICAC for investigation/advice	3
Requests for advice from Coroner and/or inquests attended	10
Health Care Complaints Commission matters referred for investigation/advice	11
Health Care Conciliations co-ordinated	4
Impaired Officers dealt with	2
Referrals made from Ombudsman for investigation and/or advice	1
Privacy Reviews or requests for advice from Privacy NSW	2
Uncategorised or miscellaneous matters	20
Total	**110**

(Footnotes)

[1] The Fact-Finding Investigation Guidelines also allow for local level investigations to be instigated by Divisional or unit managers. These are not included here.

Major goals and outcomes

- Managed the Service's performance agreement with NSW Health and, in the reporting year, finalised and reported on a number of targets which were designed to correspond with the Service's *Best Again* strategic direction.
- Participated as a representative on the Service's Clinical Governance Committee designed to achieve clinical quality improvement in the Service.
- Provided secretarial and policy support to the Corporate Governance Sub-Committee of the Board.
- Supported and guided in its policy directions and functional activities by the Professional Standards and Conduct Committee, which is made up of Service Executive and staff representatives.
- In response to a recommendation by ICAC, an Integrity Framework was developed, which identifies the elements of organisational integrity that can or should operate in the Service to support corruption resistance. This strategy identified the place of integrity and the influences on the culture of the Service.
- A policy for managing drug and alcohol impairment among officers was subject to a wide consultation process and is now complete.
- Provided complaints data for inclusion in the Statewide Complaints Data Collection held by NSW Health. The collection began two years ago and indicates that the Service receives a very low number of complaints compared to the overall number of cases attended. The Service recognises that improvements could be made in the time taken to complete complaints.
- Employees provided with training in investigations and complaint management conducted by the Health Care Complaints Commission.

Key issues and events

- Coordinated courses by the Health Care Complaints Commission in complaint investigation techniques and more recently local complaint resolution skills. Four courses were conducted during the year and further courses are scheduled for the coming months. A total of 66 staff were trained in the reporting year.
- Continued ethical conduct educational strategy, aimed at educating and informing staff about ethical decision making, the Service's Code of Conduct and the process of making internal complaints. 60 per cent of all staff have received this training, which was rated as highly relevant or relevant by over 98 per cent of staff that attended.
- In conjunction with the Service's Equity Coordinator, developed a new training program to deal with concerns regarding staff conflict, bullying and harassment.

Future direction

- Update complaints handling procedure to address any deficiencies.
- The Corruption Resistance Review project will begin to implement the integrity framework by developing a project plan, which will include:
  - Publicising the framework throughout the Service, utilising the intranet and website.
  - Enlisting the PSCU Committee in the development of the framework, particularly the development of a new Code of Conduct to address a number of the outstanding policy development issues.
  - Developing professional standards and conduct training initiatives in ethics eg ethical leadership and developing integrity.
- The Drug and Alcohol Policy will be implemented and managers will be provided with appropriate training.
- Statewide complaints management system finalised by NSW Health during 2003/04.

Public Affairs Unit

Summary of business activity

Public Affairs provides information on issues and the activities of the Service. Up to date communiques and information is provided through media, publications, community consultation, electronic publishing and on occasions campaigns. This information is provided to staff, the community, health professionals, government and non-government agencies.

Internally, Public Affairs plays an important role in coordinating and managing the Service's corporate image, corporate communications, community consultation, media (reactive and proactive), resource production, filming requests, video production, special events and launches, sponsorships, fundraising, plaques, advertising, photography and reception.

Major goals and outcomes

- 2002/03 signalled a period of extensive review, planning and development. Internal systems, policies and procedures were critically reviewed and business plans developed.
- Draft consumer and community participation guidelines developed in consultation with consumers and staff to assist in effectively involving consumers and the community at all levels throughout the Service.
- Publication guidelines developed to assist staff write, develop and produce publications and resource material in line with the design standards of the Service.
- Draft advertising, sponsorship and fundraising guidelines prepared.
- Commenced work on the Service's website including a new corporate look, updated and interactive content and a more user friendly site structure.
- Reviewed the Service's Media Policy to successfully maintain a high profile and promote better health at a community level.
- Developed draft Major Incident Media Policy to inform staff of their media responsibilities.
- Provided 927 media grabs and interviews, coordinated 105 television appearances, issued 44 media releases resulting in 555 print articles and provided 5,400 traffic accident reports to the Australian Traffic Network.
- Appointed 100 volunteer media liaison assistants (ambulance officers) to assist in disseminating Service messages.
- Disseminated safety messages to participants in City to Surf, Mardi Gras and New Year Eve celebrations.
- Reception responded to over 3,600 calls and welcomed 7,500 visitors to State Headquarters.
- Produced 36 publications including the internal staff newsletter *Sirens*, 2003 Corporate Culture Survey, Certificate to Practice, and Best Again – Report card on the first 12 months.
- Layout and design of Clinical News.
- Developed and implemented communication strategies for the Sydney Operational Review, Medical Priority Dispatch System and Clinical Governance.

Key issues and events

- Coordinated 10 executive roadshows across the State to discuss and determine staff views on key reform issues including technical capability, clinical capability, operational performance and management practice.
- Coordinated the 2002 Convention of Ambulance Authorities for Australian and New Zealand ambulance services providing a forum to discuss and reach agreement on standardisation and commonality on important issues wherever possible.
- Organised the first annual Senior Manager's Conference to provide senior operational and corporate managers with a broader perspective of pre-hospital care, a forum for discussion and reflection on current reforms and an opportunity to share ideas and develop mutually beneficial strategies for the way forward.
- Presentation to the Ambulance Service Board and Health Participation Council a strategy on engaging the community in the Service's activities.
- Presentation to Western and Northern Division senior managers on the roles and responsibilities of the Public Affairs Unit.

Future direction

- Media Policy, Major Incident Media Policy and Community Participation Guidelines approved and implemented.
- Draft advertising, sponsorship and fundraising guidelines reviewed, approved and implemented.
- Fact sheets developed for dissemination at community events and downloaded from the Service's website.
- Develop a school education program, including information kits for use by both teachers and Service staff.
- Develop a style manual for the Service.
- Production of a comprehensive Procedures Manual for the seconded staff undertaking media duties.
- Undertaken introductory training for all media liaison assistants.
- Finalise the website review.
- Develop and implement communication strategies for the Rural Operational Review, Rapid Response Vehicle Program, Uniforms and Health Access Coordination.

"Young Tom Atkins (front right) was hailed a hero after rescuing English tourist Stephen Logue from dangerous surf at Curl Curl."

Re-united, the 'rescuer' and the 'rescued'.

Corporate Services

Corporate Services provides support for ambulance officers in the field and in operations centres, as well as providing corporate services in general. These functions include supply of goods, pharmaceuticals and services, fleet, equipment, uniforms, training, communications and facilities. Corporate functions relate to finances, infrastructure and assets, employee relations, education and information technology.

Employee Relations Unit
Summary of business activity
The Employee Relations Unit (ERU) is responsible for the development and management of strategic and operational human resource policies and programs, including personnel services, recruitment, learning and development, equity and diversity, industrial relations and workplace health and safety management, including risk management, workers' compensation and occupational rehabilitation.

2002/03 has been a period of significant progress, particularly in industrial relations, achievements in workplace diversity (resulting in a NSW Premiers Gold Award), the implementation of workforce planning, the implementation of management and administration training, and the development and implementation of performance management within senior executive management.

Major goals and outcomes
- A new (draft) *Operational Ambulance Officers (State) Award* developed, which centres on simplification of employment entitlements and conditions, flexible work practices and composite wage structures.
- Restructured the following areas to ensure improved functionality and better alignment of resources to meet current and future corporate and business needs:
  - Finance and Data Services
  - NSW Health Counter Disaster Unit
  - Operational Strategy Unit
  - Operational Divisionalisation
  - Employee Relations Unit
  - Professional Standards and Conduct Unit
  - AmbCAD Systems Support Unit
- Joint union/management workforce planning committee was introduced to validate, monitor and review recruitment programs.
- Draft performance appraisal policies and procedures developed for ambulance officers, patient transport officers, skilled trades and technical staff and couriers/storepersons.
- New selection methodology and pre-employment medical assessment standards developed and implemented for all operational recruitment programs.
- An additional 48 peer support officers were recruited and trained, bringing the total number of peer support officers to 77.
- New Chaplaincy policy implemented and additional (voluntary) Chaplains recruited bringing the collective cross-denominational total to 15 Chaplains.
- To improve recruitment and retention of trainee ambulance officers in rural and remote areas. Targeted recruitment was undertaken in Mungindi, Lightning Ridge, Brewarrina, Broken Hill, Collarenabri, Walgett, Nyngan and Cobar.

- To improve on-road capability, new entry streams were implemented for the recruitment of the following groups:
  - Trainee ambulance officers, including Aboriginals and Torres Strait Islanders (7)
  - First language other than English (9)
  - Migrant Career Development Program for overseas born applicants with previous experience in health (17)
  - Graduates (17)
  - Registered nurses (25)
  - Patient transport officers (47) and
  - Qualified ambulance officer entry (9).
- 264 trainee ambulance officers recruited during 2002/03.
- An interview skills workshop conducted for indigenous community groups in Western Sydney.
- Funding was received from the Office of Director of Equal Opportunity in Public Employment (ODEOPE) for the implementation of the Migrant Career Development Program. The program attracted applicants with previous experience and qualifications such as general practitioners, medical specialists, registered nurses and allied health fields such as social work. The initiative was selected by the NSW Premier's Department as a productive diversity best practice case study.
- Funding was also received from the NSW Department of Education and Training and the Premier's Department (under the "Elsa Dixon Program") for the recruitment and employment of Aboriginals and Torres Strait Islanders as trainee ambulance officers and patient transport officers.
- A comprehensive program of (non-clinical) learning and development was implemented.
- Commonwealth funding supported the development of a Workplace English Language and Literacy Program (WELL) in conjunction with NSW TAFE, within the Northern Operations Centre.
- New Occupational Health and Safety (OH&S) policies and procedures developed and implemented for undertaking risk and hazard identification/assessments, elimination and control.
- OH&S training focused on Induction, Numerical Profile Auditing (of facilities), OH&S consultation, hazard identification and risk assessments.
- Occupational Health and Safety Committees continued to operate within the Service supported by the Occupational Health and Safety Coordinator.
- Major improvements and cost reductions were achieved in workers' compensation claims management. Statewide workers' compensation claim numbers reduced by three per cent, the claims (experience) factor improved by 14 per cent and the deposit premium decreased by three per cent.
- Average number of people on rehabilitation was 1.7 per cent of total employee numbers, a decrease of one per cent over the previous period.
- WorkCover issued 13 Improvement Notices to the Service. All were complied with within the specified time periods.
- New training program to reduce the incidence of manual handling injuries developed, including national training competency standards.
- New policies and procedures were developed and implemented for the management of public liability claims and reporting work-related injuries.

- Implementation of the Equity and Diversity Management Plan continued to facilitate the strategic management of equal employment opportunity.
- Development of a pre-employment vocational language course for people with a first language other than English.
- Continued development of procedures to improve recording of EEO data for new employees.
- Induction and Orientation Policy for corporate staff developed.
- Elected Spokeswoman and Women's Liaison Officer trained and business plan developed.
- Workplace survey completed to assist staff in achieving a balance between work and family on childcare issues.

Key issues and events
- Obtained employee attitudinal and cultural data by conducting exit interviews/questionnaires and the 2002 Corporate Cultural Survey.

Future direction
- Increase the number of paramedics to improve service delivery statewide.
- Increase the number of rescue officers.
- Develop and implement an integrated employee assistance policy and program linking externally provided services to the peer support network and chaplains.
- Implementation of human resources for the new Health Access Coordination (call centre) service.
- Complete negotiation and implementation of the new *Operational Ambulance Officers (State) Award*, including composite wage, new industrial classifications and clinical levels.
- Further roll out of Executive and senior management development and leadership programs.
- Self-development to be incorporated in performance appraisal processes.
- Develop and implement an intranet-based OH&S information system.
- Develop and implement on-line induction and orientation modules.
- Achieve continuous statewide improvement in worker's compensation costs by achieving a five per cent reduction in workers' compensation claims and a 10 per cent reduction in lost-time injury.

Disability Action Plan
- Continued implementation of the Disability Action Plan to increase access to services in the key result areas of physical access, promoting positive community attitudes, training of staff, information about services, employment and complaint procedures for people with disabilities.
- Integration of practices and principles for reasonable (workplace) adjustment for people with disabilities.
- Three new buildings at Wellington, Boggabri and Brewarrina and a major redevelopment of Doyalson Ambulance Station provided improved physical access for individuals with disabilities in accordance with Australian Standards.
- Participated in the Apprenticeships for People with Disabilities scheme.
- A disability awareness component included as part of staff selection training.
- The Service continued to build a library of photos that promote a positive image of people with disabilities.
- Introduction of a twelve month media program providing positive stories about employees with disabilities, and the provision of multilingual brochures to multicultural disability bodies.

Ethnic Affairs Priority Program
- Continued implementation of the Ethnic Affairs Priority Program to ensure equity of access to ambulance services. Key highlights included assessment of frontline staff language skills, development of information about our services and recruiting staff from culturally diverse backgrounds.
- To meet the needs of non-English speaking communities, staff continued to use their multi-lingual skills. Cross-cultural training provided to all new trainee ambulance officers and patient transport officers.
- Targeted recruitment and deployment of trainee ambulance and patient transport officers with multi-lingual skills to ethnic communities.
- Appropriate interventions and support mechanisms developed to underpin the continued success of the cultural diversity program and improve and support workforce diversity.
- Telephone interpreters used (where appropriate) for 000 calls.

"Winning this prestigious award has meant favourable publicity for the employment initiatives used by the Service related to new Australian citizens and to Indigenous Australians. As a result these initiatives have been written up as an example of best practice in several public sector publications."

The Premier of NSW, Bob Carr, presented staff from the Service's Employee Relations Unit with the Premier's Gold Award for Workplace Diversity.

Ambulance Education Centre

Summary of business activity

The Ambulance Education Centre (AEC), Rozelle in conjunction with training units located at Macksville, Goulburn, Hamilton, Blacktown, Randwick, Point Clare, Gilgandra and Bankstown provide induction and in-service training for all clinical levels. In addition the AEC and associated training units provide a range of clinical support including focus workshops, clinical assistance programs and in-service training and education via a range of learning modalities.

Major goals and outcomes

The AEC:

- Inducted and commenced the Diploma in Paramedical Science for 264 trainee ambulance officers.
- Conducted in-house programs in the Diploma of Paramedical Science for 330 existing ambulance officers.
- Trained 79 paramedics and re-certified 44 paramedics.
- Trained 303 level 3C officers.
- Supervised and provided assignment marking for 648 distance education students in the Diploma of Paramedical Science.
- In conjunction with associated training units statewide catered for a total of 1,355 staff in a variety of in-service education and focus workshops.
- Developed a distance education package for the conversion of Level 4 officers to Level 5.
- The AEC was successful in their application to the Australian National Training Association (ANTA) for a grant of approximately $40,000 to participate in the learnscope project.
- As a result of this project, the AEC aims to:
  - Inform, encourage and support staff with the skill and capability to apply new learning technologies to the delivery of services.
  - Increase the number of staff with skills and capabilities in educational, technical, support and managerial aspects of flexible learning.
  - Build relationships between registered training organisations by supporting local and national learning activities.
  - Provide leadership by contributing an online community of practice, which supports dissemination and facilitation of information, learning activities and contacts with other States and Territories.
  - Establish the AEC's capacity to moderate online courses by acquiring e-moderation skills.
  - Compare and evaluate different approaches to e-moderation.
  - Create engaging and stimulating pre-hospital care simulations.
  - Design and deliver engaging pilot e-moderation courses based on pre-hospital simulations.
  - Evaluate the effectiveness of pilot courses.
- Successful in its bid to participate in the 2003 Flexible Learning Leaders project, which aims to assist staff in developing flexible education and training initiatives. This also represents a grant of approximately $20,000.

- In preparation for the introduction of Certificate to Practice:
  - Developed interactive CD Rom programs for inservice education.
  - Assessed the effectiveness and efficiency of interactive simulators for managing clinical scenarios and megacodes.
  - Established four new technical educator positions and associated clinical training officers.

Key issues and events

- In February 2003, the Vocational Education and Training Accreditation Board (VETAB) conducted an external audit on the AEC as part of the registration renewal process. A number of minor adjustments were made to the State Standard Operating Procedures in order for complete compliance with VETAB requirements. These were made and the AEC is now registered for a further two-year period.
- The establishment of two further class rooms was approved in May in order to assist with increased student numbers.

Future direction

- Continue to develop diversity in the various teaching and learning modalities. The focus will shift towards providing education and learning experiences that are easily accessible.

Trainee ambulance officers apply their clinical skills.

Infrastructure and Asset Services

Summary of business activity

Infrastructure and Asset Services is responsible for the forward planning and subsequent development of the Service's asset infrastructure requirements.

Specific areas of activity relate to:

✠ Planning, development and maintenance of the Service's real assets in accordance with the developed Asset Strategic Plan.

✠ Implementation of the Service's fleet replacement and maintenance programs.

✠ Ensuring that the Service's communications networks, including radio, telephone, voicemail and other systems are operating to maximum efficiency and that sufficient planning and development occurs to ensure the networks longevity.

✠ Development and facilitation of the Service's Capital Works Program within overall budget limits.

Major goals and outcomes

✠ Continuation of medical equipment replacement, minor building and equipment repairs, and maintenance programs.

✠ Activities of the Telecommunications Unit for the year centred around input required for an improved Government Radio Network System and the identification and remediation of blackspots in the Service's communications. The Northern Division microwave upgrade has been substantially completed, and equipment has been obtained for additional huts in the New England, Northern and Southern areas.

✠ The Royal Flying Doctor Service commenced the new contract for the supply, operation and maintenance of the Air Ambulance fleet on 1 January 2003.

✠ Arrangements for the transition from the previous contractor proceeded with minimum difficulty.

✠ The timely development of aircraft and associated equipment such as stretcher loading devices are proceeding.

✠ New stations were opened at Boggabri and Wellington, redevelopment of the station at Doyalson was completed and the station at Finley was near completion.

✠ Planning for station requirements at Campbelltown, Dubbo, Port Macquarie, Queanbeyan, Ryde, Sussex Inlet and Yamba continued.

✠ A number of stations are near completion under the NSW Health Rural Hospital and Health Services Program, and planning is advanced on a number of others. A consultant has been appointed to coordinate input into a possible further nine stations under the next phase of the program.

✠ Planning for a replacement station at Forbes is now on schedule. Some delays were experienced in ensuring location compatibility with any future hospital development.

✠ The third year of the 10 year fleet replacement program included replacing the remaining Commodore ambulances in the fleet and commencing the replacement of remaining Ford F series vehicles.

Key issues and events

✠ The Fleet Replacement Program was placed under some pressure during the year by the selective use of vehicles.

✠ Lower utilisation of particular vehicles in the fleet naturally results in higher use of other vehicles. A significant number therefore needed to be replaced earlier than anticipated. Additional costs resulted from the payment of a lease penalty for early termination, a changeover cost incurred earlier than anticipated and an increased replacement basic lease cost.

✠ A further impact created by selective utilisation was that preferred vehicles due for replacement could not be released due to a perceived lack of vehicles.

✠ A positive initiative has been the cooperative action taken to improve the method of transportation of premature and newborn infants requiring the restraint of both a Thermocot and the infant. The Service has now upgraded all Thermocot transport systems across the state.

✠ Through the efforts of staff, users and the stretcher manufacturer restraint measures were researched, developed, trialed and produced. The end result of the project has been a very cost effective, safe and simple system for the transportation of premature and newborn babies.

Future direction

✠ Negotiations with the Department of Defence in relation to the Paddington Hospital site is anticipated early in the new financial year.

✠ Complete replacement of the Ford F Series and the finalisation of arrangements for the progressive replacement of GMC ambulances.

✠ Scheduled replacement of Mercedes, Volkswagen and Landcruiser ambulances and Ford Transit patient transport vehicles.

✠ Six rapid response vehicles will be introduced, as well as two multi-purpose vehicles to meet specialised tasks.

✠ Planning is scheduled to commence for the refurbishment of Liverpool Ambulance Station.

✠ Augmentation of the resources available to the Telecommunications Unit commenced with the appointment of a Service Manager and additional Radio Technicians.

The new Boggabri Ambulance Station colocated in the grounds of Boggabri Hospital

Information Systems and Support

Summary of business activity

The Information Systems and Support department has two major areas of responsibility; Ambulance Computer Aided Dispatch (AmbCAD) Support and Technology Services. 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 equipment and associated software.

Information Systems and Support was responsible for a number of major information technology projects throughout the year. These are funded by capital allocations.

Major goals and outcomes

- ✠ As part of the AmbCAD System upgrade, the replacement of cluster servers, interface servers and radio network controllers at each operations centre was finalised during 2002/03. This replaced aging, inadequate and unreliable equipment, providing a platform for planned enhancements to the AmbCAD system.
- ✠ A program to upgrade the AmbCAD application was initiated in 2003. Rozelle and the Sydney Operations Centre were upgraded to the latest version of VisiCAD, the software forming the basis of the AmbCAD system.
- ✠ To support the implementation of the Medical Priority Dispatch System, ProQA software was integrated into the AmbCAD system at Rozelle and the Sydney Operations Centre.
- ✠ The Office of Information Technology has entered into a contract to provide the Service with a dedicated mobile data radio network for the Sydney metropolitan area. This will increase coverage for the target area, relieve pressure on the Government Radio Network for voice traffic, and provide enhanced mobile data terminals in Sydney ambulances.
- ✠ An Ambulance intranet has been developed and deployed on the Ambulance data network. This provides a single source of information for staff including a staff directory, policies, procedures, pharmacologies, educational material, forms, and links to news, weather and job sites.
- ✠ A major upgrade of the SunSystems finance system was completed. This included the replacement of the server, the migration to a new database, and the upgrade of the application to a later Windows-based version. The new version brings additional features such as distributed financial reporting and electronic purchasing and remittancing.
- ✠ The Patient Health Care Record System (PHCRS) server has been upgraded to provide additional storage capacity. The data from the old Patient Record Data Management System has been transferred to the PHCRS server. Work was initiated at the end of the year to add Patient Master Index capability to the PHCRS, as a prelude to the introduction across NSW Health of the Unique Patient Identifier.
- ✠ The Ambulance e-mail system, Exchange, was transferred to a more robust and reliable cluster server. This provides a platform that incorporates redundancy in case of component failure, meaning that Exchange can continue functioning whilst the failed component is fixed.
- ✠ The Health Information Exchange was upgraded to the latest version, consistent with the rest of NSW Health. Prior to the application upgrade, both the operating system and database had to be upgraded to the latest versions.

- ✠ During the year 57 Ambulance stations received a new PC and laser printer from the Computer Equipment Capital Program. This has ensured that every station has a PC.
- ✠ Information Systems and Support responded to 4,800 help desk calls during the year.

Future direction

- ✠ Conclude CAD application upgrades for Dubbo, Charlestown and Warilla.
- ✠ Following the commissioning of the new radio data network, complete the Mobile Data Terminal implementation for Sydney.
- ✠ NSW Health SuperNet - A whole of NSW Health private voice and data network is expected to be available during 2004, which will facilitate the expansion of the Ambulance data network to each ambulance station.
- ✠ Finalise the integration of *PSiam* triaging software with AmbCAD at Sydney Operations Centre, and the integration of ProQA triaging software at the other three operations centres.
- ✠ Complete the upgrade of the Patient Health Care Record System to incorporate a Patient Master Index in preparation for the introduction of the Unique Patient Identifier.
- ✠ Continue the Computer Equipment Project to replace old PCs on ambulance stations in preparation for the connection of stations to the Service data network.

Finance and Data Services

Summary of business activity:

The primary functions of Finance and Data Services is the management of information and data integrity, and the financial resources of the Service.

Major goals and outcomes

- ✠ Implementation of a decentralised management model using enhanced communication technologies.
- ✠ Introduction of standardised processes and procedures to support the devolution of authority.
- ✠ Major upgrade of financial system, including the implementation of an enhanced management reporting system using desktop financial reporting.
- ✠ Improved integrity, timeliness and range of data.
- ✠ Significantly improved the revenue base of the organisation.

Key issues and events

- ✠ Extensive financial training sessions delivered to operational and corporate staff in both metropolitan and rural areas.

Future direction

- ✠ Further staff training in the interpretation and application of financial information.
- ✠ Further development and enhanced dissemination of financial and management information through the Service intranet.
- ✠ Devolution of budget management throughout the Service.
- ✠ Evaluation and consolidation of improved processes introduced during 2002/03, including the development and implementation of any necessary modifications.

Financial Performance

Statement of Financial Performance

The Service ended the 2002/03 financial year with an under budget result of $0.4m. This was less than the previous year. Creditors over 45 days remained at zero. The year included significant increases in employee related payments due to increases in staff numbers, Award increases and bushfires.

	2003 $000	2002 $000	Movement $000	%
Expenses				
Employee Related	237,513	214,971	22,542	10%
Goods and Services	65,027	60,900	4,127	7%
Maintenance	14,249	14,485	(236)	-2%
Depreciation	13,471	13,921	(450)	-3%
Grants and Subsidies	364	352	12	3%
Borrowing Costs	271	261	10	4%
Total Expenses	**330,895**	**304,890**	**26,005**	**9%**
Revenues				
Sale of Goods & Services	71,650	63,670	7,980	13%
Investment Income	963	764	199	26%
Grants and Contributions	870	1,384	(514)	-37%
Other	1,275	618	657	106%
Total Revenues	**74,758**	**66,436**	**8,322**	**13%**
Gain on Disposal of Non-Current Assets	132	10,506	(10,374)	-99%
Net Cost of Services	**256,005**	**227,948**	**28,057**	**12%**

Significant Movements

Employee Related

The increase in employee related expenditure (10%) was due to increased staff numbers (6%) funded by the growth budget and an award increase (4%) in January. The leave provisions were revalued in association with both that award increase and the 5% increase to commence in July 2003. In addition, the workers compensation insurance premium hindsight credit received in 2001/02 was not repeated in 2002/03.

Goods and Servcies

The increase in goods and services expenditure (7%) was due to lease costs for the Sydney Ambulance stations which were sold and leased back at the end of last financial year and aero-medical costs. In addition, the motor vehicle comprehensive insurance premium hindsight credits received in 2001/02 were not repeated in 2002/03.

Maintenance

The reduction in maintenance expenditure (2%) was due to reduced renovations and additional works partially offset by increased fixed wing aircraft and rescue equipment maintenance

Sale of Goods and Services

The increase in sales (13%) was due to inter hospital contract transports (15%) and Motor Accident Authority revenue (26%).

Grants and Contributions

Grants and Contributions reduced compared with last year, which included a one-off bequest of $0.6m.

Gain on Disposal of Non Current Assets

The reduction in gain on disposal of non-current assets in 2002/03 reflects the sale of Sydney Ambulance stations which took place in June 2002.

Statement of Financial Position

In respect of Statement of Financial Position variations from budget it is noted that Non Current Assets were $51.6 million higher than budget at year end. This was due to the five-yearly revaluation of all land and buildings.

2002/03 Budget

The net cost of servcies budget for 2002/03 contained $10m growth funding for increased staffing in Sydney, aero-medical and a number of other services. In addition, funds for the Award variation and support for costs associated with bushfire staffing were provided.

Financial Statements
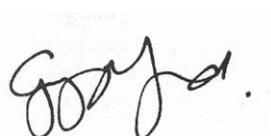
Ambulance Service of New South Wales
Financial Statements for the Year Ended 30 June 2003

Certification of Financial Statements

The attached financial statements of the Ambulance Service of New South Wales for the year ending 30 June 2003:

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

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

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

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

Greg Rochford
Chief Executive Officer

Barrie Unsworth
Chairman

Independent Audit Report

GPO BOX 12
SYDNEY NSW 2001

INDEPENDENT AUDIT REPORT

AMBULANCE SERVICE OF NEW SOUTH WALES

To Members of the New South Wales Parliament

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

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

(a) presents fairly the Service's financial position as at 30 June 2003 and its financial performance and cash flows for the year ended on that date, in accordance with applicable Accounting Standards and other mandatory professional reporting requirements, in Australia, and

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

Audit Opinion Pursuant to the *Charitable Fundraising Act 1991*

In my opinion:

(a) the accounts of the Ambulance Service of New South Wales show a true and fair view of the financial result of fundraising appeals for the year ended 30 June 2003

(b) the accounts and associated records of the Ambulance Service of New South Wales have been properly kept during the year in accordance with the *Charitable Fundraising Act 1991* (the CF Act) and the *Charitable Fundraising Regulation 1998* (the CF Regulation)

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

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

The Board's Role

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

The Auditor's Role and the Audit Scope

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

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

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

- examined a sample of the evidence that supports:

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

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

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

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

My opinions do *not* provide assurance:

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

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

- about the effectiveness of its internal controls, or

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

Audit Independence

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

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

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

P Carr, FCPA
Director of Audit

SYDNEY
8 September 2003

Statement of Financial Performance for the year ended 30 June 2003

	Notes	Actual 2003 $000	Budget 2003 $000	Actual 2002 $000
Expenses				
Operating Expenses				
Employee Related	3	237,513	237,180	214,971
Goods and Services	4	65,027	61,855	60,900
Maintenance	5	14,249	13,827	14,485
Depreciation	6	13,471	13,298	13,921
Grants and Subsidies	7	364	363	352
Borrowing Costs	8	271	256	261
Total Expenses		**330,895**	**326,779**	**304,890**
Revenues				
Sale of Goods and Services	9	71,650	68,564	63,670
Investment Income	10	963	759	764
Grants and Contributions	11	870	275	1,384
Other Revenue	12	1,275	770	618
Total Revenues		**74,758**	**70,368**	**66,436**
Gain/(Loss) on Disposal of Non-Current Assets	13	132	-	10,506
NET COST OF SERVICES	32	**(256,005)**	**(256,411)**	**(227,948)**
Government Contributions				
NSW Health Department Recurrent Allocations	2(d)	215,777	215,777	198,059
NSW Health Department Capital Allocations	2(d)	9,064	9,064	9,206
Asset Sale Proceeds transferred to the NSW Health Department		-	-	(19,005)
Acceptance by the Crown Entity of employee superannuation benefits	2(a)(iii)	17,133	16,827	15,622
Total Government Contributions		**241,974**	**241,668**	**203,882**
RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES	27	**(14,031)**	**(14,743)**	**(24,066)**
Net increase/(decrease) in Asset Revaluation Reserve		49,850	-	-
Total Revenues, Expenses and Valuation Adjustments Recognised Directly in Equity	27	49,850	-	-
TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS		**35,819**	**(14,743)**	**(24,066)**

The accompanying notes form part of these Financial Statements.

Statement of Financial Position as at 30 June 2003

	Notes	Actual 2003 $000	Budget 2003 $000	Actual 2002 $000
ASSETS				
Current Assets				
Cash	16	2,767	1,315	2,670
Receivables	18(a)	7,836	6,361	5,604
Inventories	19	1,468	1,249	1,249
Other Financial Assets	17	700	700	1,000
Other	21	680	452	452
Total Current Assets		**13,451**	**10,077**	**10,975**
Non-Current Assets				
Property, Plant and Equipment				
Land and Buildings	20	127,716	76,744	81,528
Plant and Equipment	20	43,005	42,420	46,129
Total Property, Plant and Equipment		170,721	119,164	127,657
Other	21	505	511	511
Total Non-Current Assets		**171,226**	**119,675**	**128,168**
Total Assets		**184,677**	**129,752**	**139,143**
LIABILITIES				
Current Liabilities				
Payables	23	18,371	16,203	16,319
Interest Bearing Liabilities	24(a)	1,394	13	1,792
Provisions	25(a)	18,997	18,180	18,353
Other	26	725	387	599
Total Current Liabilities		**39,487**	**34,783**	**37,063**
Non-Current Liabilities				
Interest Bearing Liabilities	24(b)	2,083	2,083	2,649
Provisions	25(b)	44,637	44,649	36,780
Other	26	-	-	-
Total Non-Current Liabilities		**46,720**	**46,732**	**39,429**
Total Liabilities		**86,207**	**81,515**	**76,492**
NET ASSETS		**98,470**	**48,237**	**62,651**
EQUITY				
Accumulated Funds	27	41,700	41,317	55,731
Asset Revaluation Reserve	27	56,770	6,920	6,920
TOTAL EQUITY		**98,470**	**48,237**	**62,651**

The accompanying notes form part of these Financial Statements.

Statement of Cash Flows for the year ended 30 June 2003

	Notes	Actual 2003 $000	Budget 2003 $000	Actual 2002 $000
CASH FLOWS FROM OPERATING ACTIVITIES				
Payments				
Employee Related		(211,880)	(212,351)	(196,102)
Grants and Subsidies		(397)	(396)	(352)
Borrowing Costs		(271)	(256)	(261)
Other		(79,975)	(78,527)	(73,877)
Total Payments		(292,523)	(291,530)	(270,592)
Receipts				
Sale of Goods and Services		64,443	63,790	60,389
Grants and Contributions		870	275	1,384
Interest Received		963	759	764
Other		9,080	8,710	7,563
Total Receipts		75,356	73,534	70,100
Cash Flows From Government				
NSW Health Department Recurrent Allocations		215,777	215,777	198,059
NSW Health Department Capital Allocations		9,064	9,064	9,206
Asset Sale Proceeds transferred to the NSW Health Department		-	-	(19,005)
Net Cash Flows from Government		224,841	224,841	188,260
NET CASH FLOWS FROM OPERATING ACTIVITIES	32	**7,674**	**6,845**	**(12,232)**
CASH FLOWS FROM INVESTING ACTIVITIES				
Proceeds from Sale of Land and Buildings, Plant and Equipment		1,010	1,516	20,941
Purchases of Land and Buildings, Plant and Equipment		(7,711)	(8,095)	(8,084)
NET CASH FLOWS FROM INVESTING ACTIVITIES		**(6,701)**	**(6,579)**	**12,857**
CASH FLOWS FROM FINANCING ACTIVITIES				
Repayment of Borrowings		(462)	(468)	-
NET CASH FLOWS FROM FINANCING ACTIVITIES		**(462)**	**(468)**	**-**
NET INCREASE / (DECREASE) IN CASH		511	(202)	625
Opening Cash and Cash Equivalents		2,262	2,262	1,637
CLOSING CASH AND CASH EQUIVALENTS	16	**2,773**	**2,060**	**2,262**

The accompanying notes form part of these Financial Statements.

Program Statement - Expenses and Revenues for the year ended 30 June 2003

AGENCY'S EXPENSES AND REVENUES	Program 1.1		Program 2.1		Program 3.1		Program 6.1		Grand Total	
	2003 $000	2002 $000	2003 $000	2002 $000	2003 $000	2002 $000	2003 $000	2002 $000	2003 $000	2002 $000
Expenses										
Operating Expenses										
Employee Related	69	61	235,739	212,252	-	100	1,705	2,558	237,513	214,971
Goods and Services	11	18	63,955	59,923	-	100	1,061	859	65,027	60,900
Maintenance	-	1	14,001	13,987	-	-	248	497	14,249	14,485
Depreciation	-	-	13,412	13,856	-	-	59	65	13,471	13,921
Grants and Subsidies	-	-	364	352	-	-	-	-	364	352
Borrowing Costs	-	-	271	261	-	-	-	-	271	261
Total Expenses	**80**	**80**	**327,742**	**300,631**	**-**	**200**	**3,073**	**3,979**	**330,895**	**304,890**
Revenue										
Sale of Goods and Services	-	-	71,599	63,670	-	-	51	-	71,650	63,670
Investment Income	-	-	963	764	-	-	-	-	963	764
Grants and Contributions	-	-	859	1,384	-	-	11	-	870	1,384
Other Revenue	-	-	1,269	551	-	-	6	67	1,275	618
Total Revenue	**-**	**-**	**74,690**	**66,369**	**-**	**-**	**68**	**67**	**74,758**	**66,436**
Gain/(Loss) on Disposal of Non-Current Assets	-	-	133	10,506	-	-	(1)	-	132	10,506
NET COST OF SERVICES	**(80)**	**(80)**	**(252,919)**	**(223,756)**	**-**	**(200)**	**(3,006)**	**(3,912)**	**(256,005)**	**(227,948)**

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

Notes to and forming part of the Financial Statements for the year ended 30 June 2003

1. The Service
The Service, as a reporting entity, comprises all of the operating activities of the Service's facilities and the workshops under the control of the Service. It also encompasses the Special Purposes funds, containing assets restricted for specified uses by the grantor or the donor, which are nevertheless controlled by the Service.

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

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

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

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

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

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

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

(a) Employee Benefits and Other Provisions

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

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

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

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

Notes to and forming part of the Financial Statements for the year ended 30 June 2003

(ii) Accrued Salaries and Wages - Reclassification
As a result of the adoption of Accounting Standard AASB1044 "Provisions, Contingent Liabilities and Contingent Assets", accrued salaries and wages has been reclassified to "Payables" instead of "Provisions" in the Statement of Financial Position and the related note disclosures, for the current and comparative periods.

On the face of the Statement of Financial Position and in the notes, reference is now made to "Provisions" in place of "Employee Entitlements and Other Provisions". Total employee benefits (excluding accrued salaries and wages) are reconciled in Note 25 "Provisions".

(iii) Long Service Leave and Superannuation
Long Service Leave is measured on a short hand basis at an escalated rate of 4.1% above the salary rates immediately payable at 30 June 2003 for all employees with five or more years of service. The Government Actuary considers this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

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

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

The superannuation expense for the financial year is determined by using the formulae specified by the NSW Health Department. The expense for certain superannuation schemes (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.

(iv) Change in Measurement of Recreation Leave and Long Service Leave values
Both the Employee Related Expenses as disclosed in Note 3 and the Recreation Leave provisions reported in Note 25 have been increased by the 5% salary increase payable in July 2003.

The Long Service Leave component of Employee Related Expenses as disclosed in Note 3 and the Long Service Leave provisions reported in Note 25 have been increased by 4.1% in respect of year end balances at 30 June 2003.

The increase is consistent with the Government Actuary's assessment of measurement requirements per Accounting Standard, AASB1028.

Prior to effecting the current year change in accounting treatment as per the requirements of the "Financial Reporting Code for Budget Dependent General Government Sector Agencies" the leave liability had been measured at the salary rates current as at balance date.

The change in accounting treatment has resulted in an increase in Recreation Leave expenses of $1.082M and Long Service Leave expenses of $1.575M resulting in an increase in provisions of $2.657M.

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

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

(c) Borrowing Costs
Borrowing costs are recognised as expenses in the period in which they are incurred.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(h) Plant and Equipment
Individual items of plant and equipment costing $5,000 and above are capitalised. Donated physical assets are capitalised and brought to account at fair market value if such value is $5,000 or more.

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

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

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

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

Notes to and forming part of the Financial Statements for the year ended 30 June 2003

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

Each class of physical non-current assets is revalued every 5 years and with sufficient regularity to ensure that the carrying amount of each asset in the class does not differ materially from its fair value at reporting date. The last revaluation was completed in June 2003 and was based on independent assessment. The data has been adjusted to reflect fair value as at 1 July 2002 in order to comply with AASB1041.

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

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

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

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

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

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

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

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

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

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

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

(m) Inventories
Inventories are stated at the lower of cost and net realisable value. Costs are assigned to individual items of stock mainly on the basis of weighted average costs. Obsolete items are disposed of in accordance with instructions issued by the NSW Health Department.

(n) Other Financial Assets
"Other financial assets" are generally recognised at cost.

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

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

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

In accordance with Australian Accounting Standard AAS33, "Presentation and Disclosure of Financial Instruments", information is disclosed in Note 38 in respect of the credit risk and interest rate risk of financial instruments. All such amounts are carried in the accounts at net fair value. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

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

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

Terms and conditions: Monies on deposit attract an effective interest rate of approximately 4.41%.

Notes to and forming part of the Financial Statements for the year ended 30 June 2003

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

Investments
Accounting Policies: | Investments reported at cost include both short term and fixed term deposits. Interest is recognised in the Statement of Financial Performance when earned.

Terms and conditions: | Short term deposits have an average maturity of 4 days (4 days in 2001/02) and an effective interest rate of 4.75% as compared to 4.42% in the previous year. Fixed term deposits have an average maturity of 365 days (274 days in 2001/02) and an effective interest rate of 5.0% as compared to 4.9% to 5.2% in the previous year.

Payables
Accounting Policies: | Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Service.

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

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

Terms and conditions: | Repayments concerning interest bearing loans of $2,783,204 will be $700,000 in total during 2003/04 at $58,333.33 per month. The interest rate charged on these loans is 7.75%, the same rate charged in the previous year.

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

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

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

(q) Interest Bearing Liabilities
All loans are valued at current capital value.

(r) Reclassification of Financial Information
Prepayments were recognised in prior year statements as "Receivables" whereas, from 2002/03, the Service's reporting has been amended to comply with Whole of Government reporting and bring the prepayments to account under "Other Assets". Similarly, the value of Accrued Salaries, Wages and On Costs was included in prior year statements as "Provisions" whereas, from 2002/03, such amounts have been reported as "Payables".

As a result of these changes the amounts for 2001/02 have been reclassified to ensure comparability.

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

Notes to and forming part of the Financial Statements for the year ended 30 June 2003

	Actual 2003 $000	Actual 2002 $000
3. Employee Related Expenses		
Employee related expenses comprise the following:		
Salaries and Wages	181,108	166,887
Long Service Leave {see Note 2(a)}	7,140	5,038
Annual Leave {see Note 2(a)}	19,544	15,910
Sick Leave {see Note 2(a)}	(11)	27
Redundancies	103	172
Workers' Compensation Insurance	12,444	11,312
Superannuation {see Note 2(a)}	17,133	15,622
Fringe Benefits Tax	52	3
	237,513	**214,971**

Salaries and Wages includes $73,977 paid to members of the Ambulance Service Board consistent with the Statutory Determination by the Minister for Health which provided remuneration effective from 1 July 2000.

The payments have been made within the following bands -

$ range	Number paid
$0 to $15,000	4
$15,000 to $30,000	1

	Actual 2003 $000	Actual 2002 $000
Fees/Other benefits paid to Board Members excluding payments made in the nature of normal employee salary.	2	1

The following additional information is provided:
Maintenance staff costs included in Employee Related Expenses $3.989M.

	Actual 2003 $000	Actual 2002 $000
4. Goods and Services		
Cleaning and Laundry	1,096	1,037
Fuel, Light and Power	834	849
General Expenses	28,892	28,363
Insurance	2,309	1,024
Medical Supplies	5,047	4,692
Postal and Telephone Costs	3,715	3,591
Printing and Stationery	585	566
Rental Rates and Charges	2,200	1,028
Staff Related Costs	342	215
Aeromedical	19,354	18,909
Travel Related Costs	653	626
	65,027	**60,900**
(a) General Expenses include:		
Catering Costs	337	329
Consultancies - Operating Activities	564	585
Contractors	1,914	2,166
Debt Collection	433	213
Doubtful Debts Expense	6,018	5,999
External Audit Fees	85	81
Fuel and Oil	3,710	3,864
Internal Audit Fees	73	71
Legal Expenses	243	112
Officers Uniforms	1,696	1,391
Operating Lease Expense	10,603	10,182
Rates	275	273
Relocation Costs	892	985
Vehicle Registration	564	558
Waste Disposal	195	199
5. Maintenance		
Repairs & Routine Maintenance	8,698	8,755
Renovations and Additional Works	29	2
Replacements and Additional Equipment less than $5,000	5,522	5,728
	14,249	**14,485**

The value of Employee Related Expense (Note 3) applicable to Maintenance staff was $3.989M for 2002/03 and $3.599M for 2001/02, such costs covering trades staff and apprentices' salary costs, workers' compensation and superannuation.

Notes to and forming part of the Financial Statements for the year ended 30 June 2003

	Actual 2003 $000	Actual 2002 $000
6. Depreciation Expense		
Depreciation - Buildings	3,906	4,175
Depreciation - Motor Vehicles and Aircraft	5,815	6,389
Depreciation - Plant and Equipment	3,750	3,357
	13,471	**13,921**
7. Grants and Subsidies		
Non-Government Organisations	**364**	**352**
8. Borrowing Costs		
Interest	**271**	**261**
9. Sale of Goods and Services		
Patient Transport Fees	69,914	61,911
Use of Ambulance Facilities	1,736	1,759
	71,650	**63,670**
10. Investment Income		
Interest	302	235
Lease and Rental Income	661	529
	963	**764**
11. Grants and Contributions		
Contributions	**870**	**1,384**
12. Other Revenue		
Other Revenue comprises the following:-		
Sundry Revenue	259	151
Subpoena/FOI	208	167
Bad Debts Recovered	808	300
	1,275	**618**
13. Gain/(Loss) on Disposal of Non-Current Assets		
Land and Buildings	1,770	13,743
Other Assets	6,150	11,552
Less Accumulated Depreciation	(6,323)	(16,100)
Written Down Value	**1,597**	**9,195**
Less Proceeds from Disposal	1,729	19,701
Gain/(Loss) on Disposal of Non-Current Assets	**132**	**10,506**

14. Conditions on Contributions

	Purchase of Assets $000	Health Promotion, Education & Research $000	Other $000	Total $000
Contributions recognised as revenues during current year for which expenditure in manner specified had not occurred as at balance date.	70	-	8	**78**
Contributions recognised in previous years which were not expended in the current financial year.	34	-	3	**37**
Total amount of unexpended Contributions as at balance date.	104	-	11	**115**

(Comment on restricted assets appears in Note 22)

Notes to and forming part of the Financial Statements for the year ended 30 June 2003

15. Programs/Activities of the Agency

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

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

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

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

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

	Actual 2003 $000	Actual 2002 $000
16. Current Assets - Cash		
Cash at Bank and On Hand	475	267
Deposits at Call	2,292	2,403
	2,767	**2,670**

Cash assets recognised in the Statement of Financial Position are reconciled to cash at the end of the financial year as shown in the Statement of Cash Flows. For the purposes of the Statement of Cash Flows, cash includes Cash on Hand, Cash at Bank, Bank Overdraft and Bank Deposits.

Cash (per Statement of Financial Position)	2,767	2,670
Bank Overdraft	(694)	(1,408)
Other Financial Assets - Cash Deposits	700	1,000
Closing Cash and Cash Equivalents (per Statement of Cash Flows)	**2,773**	**2,262**

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

Cash Deposits	**700**	**1,000**

18. Current/Non-Current Receivables
Current

(a) Sale of Goods and Services		
Patient Transport Fees	10,271	11,429
Other	1,570	1,246
NSW Health Department (asset sale proceeds)	751	32
	12,592	12,707
Less Provision for Doubtful Debts	(2,641)	(4,057)
Less Provision for Write backs	(2,115)	(3,046)
	7,836	**5,604**
(b) Bad Debts written-off during the year - Current Receivables	**8,365**	**5,422**

19. Inventories		
Current - at cost		
Uniform	284	284
Medical Supplies and Equipment	635	406
Fuel and Oil	215	244
Motor Vehicle Parts and Other	334	315
	1,468	**1,249**

Notes to and forming part of the Financial Statements for the year ended 30 June 2003

	Actual 2003 $000	Actual 2002 $000
20. Property, Plant and Equipment		
Land and Buildings		
At Fair Value	227,768	156,671
Less Accumulated Depreciation	(100,052)	(75,143)
	127,716	**81,528**
Plant and Equipment		
At Fair Value	47,346	46,314
Less Accumulated Depreciation	(27,101)	(24,108)
	20,245	**22,206**
Vehicles and Aircraft		
At Fair Value	57,622	59,505
Less Accumulated Depreciation	(38,888)	(37,845)
	18,734	**21,660**
Capital Works in Progress	**4,026**	**2,263**
Total Plant and Equipment	**43,005**	**46,129**

Property, Plant and Equipment - Reconciliations

	Land $000	Buildings $000	Capital Works In Progress $000	Plant and Equipment $000	Vehicles and Aircraft $000	Total $000
2003						
Carrying amount at start of year	26,822	54,706	2,263	22,206	21,660	**127,657**
Revaluation adjustment	23,127	48,520	-	-	-	**71,647**
Capital Expenditure/Donations {see note 2(i)}	-	-	8,281	-	-	**8,281**
Reclassifications	89	1,131	(6,518)	1,804	3,494	**-**
Disposals	(576)	(1,195)	-	(772)	(5,377)	**(7,920)**
Charge for the year {see note 2(j)}	-	(3,906)	-	(3,750)	(5,815)	**(13,471)**
Asset adjusted on disposal	-	-	-	-	-	**-**
Adj. re. asset written-off	-	-	-	-	-	**-**
Adjustment of depreciation concerning disposals	-	794	-	757	4,772	**6,323**
Revaluation adjustment	-	(21,796)	-	-	-	**(21,796)**
Carrying amount at end of year	**49,462**	**78,254**	**4,026**	**20,245**	**18,734**	**170,721**

(i)   Land and buildings include land owned by the Health Administration Corporation or the State and administered by the Service [See Note 2(g)].

(ii)   Land and buildings were valued by the State Valuation Office as at June 2003 [See Note 2(j)]. The data has been adjusted to reflect fair value as at 1 July 2002 in order to comply with AASB1041.

(iii) Plant and equipment other than motor vehicles were valued by the Ambulance Service as at 30 June 2003 on the basis of depreciated cost.

(iv)   The Service continues to derive service potential and economic benefits from the following fully depreciated assets:

	$000	Quantity
Ambulance Vehicles	10,788	155
Computer Equipment	4,139	18
Plant and Equipment	9,874	846
	24,801	1,019

(v)   Amounts written-off from Work In Progress directly to the Statement of Financial Performance during the 2002/03 financial year amounted to $4.560M. These write-offs occurred because the individual amounts were less than the $5,000 limit set by the Service for capitalisation. The write-off's have not been included in the above analysis.

Notes to and forming part of the Financial Statements for the year ended 30 June 2003

	Actual 2003 $000	Actual 2002 $000
21. Current/Non-Current Assets - Other		
Current		
Prepayments	**680**	**452**
Non-Current		
Prepayments	**505**	**511**

22. Restricted Assets

The Service's financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions. Funds are to be spent on activities and equipment.		115	172

Category	Brief details of externally imposed conditions including Asset Category affected		
Activities	Funds to be spent as specified by donors	11	13
Equipment	Funds to be spent as specified by donors	104	159
		115	**172**

	Actual 2003 $000	Actual 2002 $000
23. Payables		
Accrued Salaries and Wages	7,018	5,836
Taxation and Other Payroll Deductions	741	452
Trade Creditors	8,579	8,676
Other Creditors		
- Capital Works	1,604	1,033
- Other	429	322
	18,371	**16,319**
24. Current/Non-Current Interest Bearing Liabilities		
(a) Current		
Bank Overdraft	694	1,408
Other Loans and Deposits	700	384
	1,394	**1,792**
(b) Non-Current		
Other Loans and Deposits	**2,083**	**2,649**

Other loans still to be extinguished represent monies to be repaid to the NSW Health Department.

Repayments for the interest bearing loan of $2,783,204 will be $58,333.33 per month for the 2003/04 financial year.

	Actual 2003 $000	Actual 2002 $000
Repayment of Borrowings		
Not later than one year	1,394	1,792
Between one and five years	2,083	1,536
Later than five years	-	1,113
Total Borrowings at face value	**3,477**	**4,441**
25. Current/Non-Current Liabilities - Provisions		
(a) Current		
Employee Annual Leave	15,919	15,094
Employee Long Service Leave	3,078	3,259
Aggregate employee entitlements	**18,997**	**18,353**
(b) Non-Current		
Employee Annual Leave	6,931	3,431
Employee Long Service Leave	37,543	33,175
Sick Leave	163	174
Aggregate employee entitlements	**44,637**	**36,780**

	Actual 2003 $000	Actual 2002 $000
26. Other Liabilities		
Current		
Income in Advance	725	387
Advances from NSW Health Department	-	212
	725	**599**

Income in Advance includes the following amounts:
    Evaluation of Cardiopulmonary Resucitation Training Approaches, $10,637.50
      - Donor: National Heart Foundation of Australia
    Biphasic Trial, $17,688 - Donor: The Laerdal Foundation for Acute Medicine
    Elsa Dixon Program, $149,093.95 - Relates to Aboriginal employment
    Premier's Aboriginal Employment Program, $6,702.10
    Migrant Career Development Program, $61,315.20
    Interhospital Transport Agreement, $289,484 - Relates to 2003/04 financial year

Non-Current		
Advances from NSW Health Department	-	-
	-	**-**

27. Equity

	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2003 $000	2002 $000	2003 $000	2002 $000	2003 $000	2002 $000
Balance at the beginning of the financial year	55,731	79,797	6,920	6,920	62,651	86,717
Result for the year from ordinary activities	(14,031)	(24,066)	-	-	(14,031)	(24,066)
Increment/(Decrement) on revaluation of:						
Land and Buildings	-	-	49,850	-	49,850	-
Balance at the end of the financial year	**41,700**	**55,731**	**56,770**	**6,920**	**98,470**	**62,651**

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

	2003 $000	2002 $000
28. Commitments for Expenditure		
(a) Capital Commitments		

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

	2003 $000	2002 $000
Not later than one year	1,175	2,050
Total Capital Expenditure Commitments (including GST)	**1,175**	**2,050**

Of the commitments reported at 30 June 2003 it is expected that none will be met from locally generated moneys.

(b) Other Expenditure Commitments
Aggregate other expenditure contracted for at balance date but not provided for in the accounts:

Not later than one year	1,749	1,220
Total Other Expenditure Commitments (including GST)	**1,749**	**1,220**

(c) Operating Lease Commitments
Future non-cancellable operating lease rentals not provided for and payable:

Not later than one year	12,344	12,912
Later than one year and not later than five years	39,015	43,134
Later than five years	6,625	16,224
Total Operating Lease Commitments (including GST)	**57,984**	**72,270**

The above leases relate to motor vehicles and premises.

(d) Contingent Asset related to Commitments for Expenditure
The total of "Commitments for Expenditure" above includes input tax credits of $5.537M that are expected to be recoverable from the Australian Taxation Office.

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

(b) Workers' Compensation Hindsight Adjustment
When the New Start (to the) Treasury Managed Fund was introduced in 1995/96 hindsight adjustments in respect of Workers' Compensation (three years from commencement of the Fund Year) and Motor Vehicles (eighteen months from commencement of the Fund Year) became operative.

The calcuation of hindsight adjustments has been reviewed in 2000/01 to provide an interim adjustment after three years with a final adjustment at the end of year five.

Under these arrangements the Treasury Managed Fund normally calculates hindsight premiums each year. However, the final workers' compensation hindsight adjustment for the 1997/98 fund year and an interim adjustment for the 1999/2000 fund year have not yet been calculated. The basis for calculating the hindsight premium is currently being reviewed and will not be resolved until next financial year.

(c) Fringe Benefits Tax
The Service reported in the previous financial year that significant uncertainty existed as to the quantum of the financial liability that the Service might incur concerning the Fringe Benefits Tax. The uncertainty involved the question of whether the Service had the status of a Public Benevolent Institution and the matter was still before the courts. The Service completed its FBT returns for the 2001/02 and 2002/03 FBT Years on the basis that the Service would hold the same status as a public hospital.

The Service has now received advice that the Federal Court has found in favour of the Australian Taxation Office. The Service is currently considering its options regarding this matter including the possibility of an appeal.

At this stage it is not possible to quantify the financial implications of the Court's decision. The Service is required to reach agreement with the NSW Health Department on a financial strategy if any retrospective payment is required.

30. Charitable Fundraising Activities
The Service did not conduct any direct fundraising activities during 2002/03.

31. Clinical Drug Trials
The Service has not received any grants for Clinical Drug Trials.

32. Reconciliation of Net Cost of Services to Net Cash Flows from Operating Activities	2003 $000	2002 $000
Net Cash Flows From Operating Activities	**7,674**	**(12,232)**
Adjustment for Items not involving Cash and Government Payments:		
Depreciation	(13,471)	(13,921)
Provision for Bad and Doubtful Debts	(6,018)	(5,999)
Acceptance by the Crown Entity of Employee Superannuation Benefits	(17,133)	(15,622)
Increase/(Decrease) in Inventories	219	(12)
Increase/(Decrease) in Receivables	7,207	3,281
Increase/(Decrease) in Prepayments	546	(184)
(Increase)/Decrease in Creditors	(1,819)	(1,459)
(NSW Health Department Recurrent Allocations)	(215,777)	(198,059)
(NSW Health Department Capital Allocations)	(9,064)	(9,206)
Asset Sale Proceeds Transferred to the NSW Health Department	-	19,005
Provision for Employee Entitlements	(8,501)	(4,003)
Net Gain/(Loss) on Disposal of Non-Current Assets	132	10,506
Borrowing costs	-	(43)
Net Cost of Services	**(256,005)**	**(227,948)**

33. 2002/03 Voluntary Services
It is considered impractical to quantify the monetary value of voluntary services provided to the Service.

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

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

Notes to and forming part of the Financial Statements for the year ended 30 June 2003

35. Budget Review
Net Cost of Services
The actual net cost of services was lower than budget by $0.406M mainly due to increased revenue in all categories partly offset by increased goods and services costs.

Result for the Year from Ordinary Activities
The movement in accumulated funds for the year was lower than budget by $0.712M due to net cost of service and superannuation movements.

Assets and Liabilities
Current Assets was higher than budget by $3.37M due to increased inter-hospital receivables and an increase in cash.

Non-Current Assets was higher than budget by $51.55M due to the revaluation of non-current assets and increased purchases of plant and equipment funded from sales of assets.

Current Liabilities was higher than budget by $4.70M due to an increase in net payables and leave provisions.

Non-Current Liabilities was on budget.

Cash Flows
Net cash flows from operating activities was more than budget by $0.829M due to increased revenue partly offset by increased goods and services expense.

Net cash flows from investing activities was $0.122M below budget due to decreased sales of assets partly offset by decreased purchases of assets.

Movements in the level of NSW Health Department recurrent allocation that have occurred since the time of the initial allocation on 13 September 2002 are as follows:

	$000
Initial Allocation (13 September 2002)	192,245
Award Increases	7,341
Helicopters and fixed wing aircraft	1,402
Bushfires	2,194
Fees	2,450
Rescue	4,100
Financial Framework	3,000
Counter Disaster Unit	1,622
Other	1,423
Balance as per Statement of Financial Performance	215,777

36. After Balance Date Events
Awards
A wage increase of 5% is due effective from the beginning of the first pay period to commence on or after 1 July 2003. The increase will apply to all wage rates and the majority of allowances contained in the following awards:

Operational Ambulance Officers (State) Award.
Operational Managers/Superintendents (State) Award.
Administrative & Clerical Employees (State) Award
Health Managers (State) Award
Public Hospitals Skilled Trades (State) Award
Hospital Employees (Technical) (State) Award
Nurses Air Ambulance (State) Award
Health Employees (State) Award.
Ambulance Officers Broken Hill Agreement.

37. Compliance with Public Authorities (Financial Arrangements) Act 1987
Certain leases, disclosed as operating leases in Note 28 are considered to be finance leases. The impact on the Statement of Financial Performance and Statement of Financial Position is not considered to be material. The NSW Health Department has provided capital subsidy monies to the Service to ensure that this matter is resolved.

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

38. Financial Instruments

(a) Interest Rate Risk

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

Financial Instruments	Floating interest rate		Fixed interest rate maturing in: 1 year or less		Over 1 to 5 years		More than 5 years		Non-interest bearing		Total carrying amount as per the Statement of Financial Position		Weighted average effective interest rate*	
	2003 $000	2002 $000	2003 $000	2002 $000	2003 $000	2002 $000	2003 $000	2002 $000	2003 $000	2002 $000	2003 $000	2002 $000	2003 %	2002 %
Financial Assets														
Cash	-	-	2,721	2,623	-	-	-	-	46	47	2,767	2,670	4.36	4.13
Receivables	-	-	-	-	-	-	-	-	7,836	5,604	7,836	5,604	N/A	N/A
Other Financial Assets	-	-	700	1,000	-	-	-	-	-	-	700	1,000	4.94	4.97
Total Financial Assets	-	-	3,421	3,623	-	-	-	-	7,882	5,651	11,303	9,274		
Financial Liabilities														
Borrowings - Other	694	1,408	-	-	2,783	3,033	-	-	-	212	3,477	4,653	7.75	7.75
Payables	-	-	-	-	-	-	-	-	18,371	16,319	18,371	16,319	N/A	N/A
Total Financial Liabilities	694	1,408	-	-	2,783	3,033	-	-	18,371	16,531	21,848	20,972		

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

Notes to and forming part of the Financial Statements for the year ended 30 June 2003

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

Credit Risk by classification of counterparty.

	Governments		Banks		Patients		Other		Total	
	2003 $000	2002 $000	2003 $000	2002 $000	2003 $000	2002 $000	2003 $000	2002 $000	2003 $000	2002 $000
Financial Assets										
Cash	46	47	2,721	2,623	-	-	-	-	2,767	2,670
Receivables	751	32	-	-	5,515	4,601	1,570	971	7,836	5,604
Other Loans and Deposits	-	-	700	1,000	-	-	-	-	700	1,000
Total Financial Assets	797	79	3,421	3,623	5,515	4,601	1,570	971	11,303	9,274

There is no significant concentration of credit risk.

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

d) Derivative Financial Instruments
The Ambulance Service holds no Derivative Financial Instruments.

End of Audited Financial Statements

Statutory and Other Information

Financial Summary

Payment of Accounts	30 June 2003 $000	30 June 2002 $000	30 June 2001 $000
Total dollar value of accounts paid on time	25,251	15,599	35,904
Total dollar amount of accounts paid	69,714	79,091	92,769
Average percentage of accounts paid on time	36%	21%	36%

Accounts Payable	30 June 2003 $000	30 June 2002 $000	30 June 2001 $000
Trade Creditors and Accruals	8,579	8,676	7,552
Capital Creditors	1,604	1,033	3,780
Other	429	322	218
Salaries & Wages Creditors	334	390	359

Accounts Payable - Age Analysis as at 30 June 2003 (Includes both recurrent and capital creditors)	$000	%
Less than 30 days overdue	7,238	100%
30/60 days overdue	-	0%
60/90 days overdue	-	0%
Over 90 days overdue	-	0%
Total	**7,238**	**100%**

Accounts Receivable - Age Analysis as at 30 June 2003	$000	%
Less than 30 days	3,651	43%
More than 30 and less than 60 days	1,603	18%
More than 60 and less than 90 days	602	7%
More than 90 days	2,700	32%
Total	**8,556**	**100%**

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

Receivables have reduced by $1.276M from the previous financial year due to improvements in the monitoring of amounts due. This will not necessarily equate to an increase in cash as many of the accounts that relate to emergency transports will prove to be uncollectable because:

- the patients are later determined to be exempt from ambulance charges;

- the accounts will be written off as bad debts.

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

- $350,000 for 31 days @ 4.50%, to mature on 17 July 2003

- $300,000 for 33 days @ 4.47%, to mature on 26 July 2003

- $700,000 for 12 months @ 5.00%, to mature on 17 July 2003

- $583,000 for 31 days @ 4.50%, to mature on 17 July 2003

Interest amounting to $91,764.82 was earned on Special Purpose and Trust Fund investments during the financial year.

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

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

Monetary amount of annual leave and long service leave entitlements
Annual leave	$22,850M
Long Service Leave	$40,621M

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

- Lewis Cadman Consulting
  - Recruitment program: $132,368

- Driver Improvement Consultancy
  - Driver training: $31,818.18

- Axis Technology
  - Information management and technology services concerning the Patient Health Care Records system: $46,074

- Saville & Holdsworth Australia
  - Culture survey: $45,483.64

- Price Waterhouse Coopers
  - TAMS diagnostic review: $45,843.31

Number of Consultancies costing less than $30,000 in expenditure: Twenty one consultancies costing $262,393.34 in total.

Publications of the Service during 2002/03
The Service produced a variety of community resource material and booklets in adition to the main publications listed below.

- 2001/02 Annual Report
- 2002 Corporate Culture Survey
- Best Again – Report card on the first 12 months 2002-2007
- Certificate to Practice
- Clinical News
- Sirens (staff newsletter)
- Summary of Operation Review for Rural New South Wales

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

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

National Patient Satisfaction Survey

The Convention of Ambulance Authorities (CAA) coordinated a national patient satisfaction survey in 2003. The key purpose of the survey was to benchmark perceived service quality and customer satisfaction across the State-based ambulance services in Australia and to compare these ratings.

The data was collected by each State, using a core questionnaire, with results drawn together by the Marketing Science Centre, an independent research body located in South Australia. Across all States, three service and five satisfaction ratings were obtained, as well as four patient profile questions. All service quality rating questions used 5-point Likert scales, from very dissatisfied to very satisfied.

In NSW 1,300 emergency patients from the two months previous to April 2003 were randomly selected to receive a survey. Research focused on the following key areas.

⌧ Call response times - perception of the time taken to answer their emergency call.

⌧ Satisfaction with communication staff assistance - respondents who answered the call response time question were then asked their level of satisfaction with the operator they spoke to.

⌧ Ambulance response time - rate the response time of the ambulance.

⌧ Ambulance officer care rating - rate the ambulance officers attending them.

⌧ Treatment satisfaction - standard of treatment received.

⌧ Ambulance officer satisfaction ratings - satisfaction of explanations about treatment by officers.

⌧ Trip/ride satisfaction - conditions of the ambulance transport.

⌧ Overall satisfaction - an overall rating.

Summary of findings

Key Area	Dissatisfied or very dissatisfied %	Neither satisfied, nor dissatisfied %	Very Satisfied or satisfied %	No. of respondents
Call response time satisfaction rating	5.3	33.9	60.9	434
Satisfaction with communication staff	0.9	2.3	96.8	442
Ambulance response time	9.4	34.1	56.4	466
Ambulance officer care rating	0.6	1.0	98.4	487
Treatment satisfaction	0.6	0.6	98.8	491
Ambulance officer satisfaction rating	1.5	4.5	94.0	466
Trip/ride satisfaction	2.3	4.1	93.7	443
Overall satisfaction	1.7	1.0	97.3	480

The table above indicates that overall the residents of NSW are satisfied or very satisfied with all aspects of service delivery.

In particular, the Service received the second highest rating for ambulance response times (56.4 per cent satisfied/very satisfied) and the highest rating for ambulance officers care rating (98.4 per cent satisfied/very satisfied) and treatment satisfaction (98.8 per cent) for Australia.

The Service also rated very highly in the key areas of call response time satisfaction and public satisfaction with communication staff.

However, respondents were less satisfied with the explanation about what was happening to them and why, given by ambulance officers (94 per cent) compared to other States. The level of satisfaction with the trip/ride in ambulance vehicles was comparable with other States.

Expectations of respondents

Respondents were asked to indicate what they expect is a reasonable time for an ambulance to arrive in an emergency situation. The mean (average value), median (a mid-point where half the answers are below this point and half above), mode (the most popular answer), minimum, maximum and range between the smallest and the biggest answer is provided below.

The results show that residents across NSW expect an ambulance to arrive in an emergency situation within 13 minutes. The median and mode figure of 10 minutes is consistent with the target set by the Service. There was considerable variation in responses, which reflects the rural location of some patients.

Demographics of respondents

The survey also reported on the demographic characteristics of the respondents who took part in the survey. Questions on customer's age, gender, usage level of ambulance service and who actually answered the questionnaire (eg patient themselves or relative/carer) was asked. Results are provided below.

⌧ 70 per cent of respondents were patients, compared to 30 per cent that were either relatives or carers.

The results of the national survey indicate that patients are more likely to provide higher scores for call response times and ambulance arrival times than carers or relatives.

⌧ Of those patients transported by the Service, 51 per cent were male and 49 per cent were female.

⌧ The largest category (49 per cent) was aged 70 years or over.

⌧ Respondents were also asked about their usage of the ambulance service in the last 12 months. The table below shows that the majority of respondents were transported once during this period, followed closely by between two and five times.

Usage of the Service

	Once %	Between 2 and 5 times (%)	More than 5 times (%)
NSW	49	41	10
National Average	56	37	8

There was a wide range across States, the Rural Ambulance Service Victoria recorded 73 per cent of respondents had been transported once compared with 42 per cent for Queensland. The range in usage influences the overall satisfaction rating by respondents. Those who have been transported from two to five times systematically give higher overall satisfaction scores compared to respondents who used the service once or more than five times. The results for NSW indicate that, on average, the Service has a slightly higher level of usage compared with other states. Generally, the Ambulance Service of NSW performed strongly compared to other States and indicates that the residents of NSW are generally satisfied or very satisfied with all aspects of service delivery.

Expected response time (in minutes)

	Average	Median	Mode	Minimum	Maximum	Range	No of respondents
			Minutes				
NSW	13	10	10	1	60	59	435

Waste Reduction and Purchasing Policy (WRAPP)

A number of initiatives have been introduced by the Service to reduce and recover waste and increase the use of recycled products including:

Reducing the generation of waste (waste avoidance and recovery)

- continual review of existing waste management systems to identify opportunities for improvement
- use of email, intranet and electronic publishing to reduce paper consumption and waste
- use of paper-saving features of office equipment eg duplexing
- ongoing waste education strategy in place
- distribution of regular waste reduction reminder messages to all staff

Resource recovery (waste re-use and recycling)

- installation of recycling infrastructure accessible to staff eg desk recycling bins
- establish systems to collect re-usable products eg office furniture, paper banks
- ensure staff, new employees and contractors are aware of recycling systems
- work with suppliers to provide low waste products and "take back" programs

The use of recycled material (purchase of recycled content materials)

- identify opportunities to substitute virgin products with recycled content alternatives
- limit the range of virgin products available to staff
- plan to purchase more recycled content products
- collect feedback on the performance of recycled content products
- communicate the benefits of using recycled content products to staff

The Service participates in a recycling program at administrative offices, operational offices and ambulance stations throughout the State where recycling contractors are available.

Senior Executive Service Positions

Greg Rochford
Chief Executive Officer
SES level 5 (16/08/99 - 30/06/03)

Steve Whinfield
General Manager, Operations
SES level 3 (05/02/01 - 30/06/03)

Robert Gray
General Manager, Corporate Services
SES level 3 (31/05/99 - 30/06/03)

Dr Michael Flynn
General Manager, Medical Directorate and Health Counter Disaster Services
Salaried Medical Practitioner
(19/02/01 - 30/06/03)

Dave Hodge
Director, Operational Strategy
SES level 2 (equivalent)
(25/02/02 - 30/06/03)

Mike Willis
Director, Operational Services
SES level 2 (equivalent)
(14/10/00 - 30/06/03)

Details on the qualifications, experience and career history for the above senior staff members are provided on page 17.

Eric Marks
Divisional Manager, Sydney Division
SES level 1 (equivalent)
(12/05/02 - 30/06/03)
Appointed as Divisional Manager, Sydney Division in May 2002, previously Area Manager South Eastern and Central Sydney. Eric has been a career ambulance officer for over 37 years, serving at various stations throughout NSW. He subsequently held a range of operational management positions, including Area Manager, Macquarie, Mid and Far West Area, Assistant Metropolitan Superintendent (Operations) and Deputy Superintendent, Sydney Division.

Allan Loudfoot
MBA, Post Grad Dip (Mgt)
Divisional Manager, Northern Division
SES level 1 (equivalent)
(11/03/02 - 30/06/03)
Appointed as Divisional Manager Northern Division in March 2002. Allan commenced his ambulance career in the UK in 1981 as an ambulance officer and became a paramedic in 1987. He has held numerous positions in the UK Ambulance Service including Divisional Commander (Northumbria, North Division), Senior Divisional Officer, North East Ambulance Service and Quality Assurance Officer.

Dennis Willis
BHSc (Mgt), Dip HS (Pre-hosp Care)
Divisional Manager, Western Division
SES level 1 (equivalent)
(25/02/02 - 30/06/03)
Appointed as Divisional Manager, Western Division in February 2002, previously Area Manager, Illawarra and South Eastern. Dennis has over 35 years experience in the Service, having started his career as an honorary ambulance officer in 1967. He has held several operational management positions including Regional Superintendent (Central Western Region), Deputy Divisional Superintendent (Southern Division) and acted as Director, Rural Ambulance.

Denis Beavan
Divisional Manager, Southern Division
SES level 1 (equivalent)
(25/02/02 - 30/06/03)
Appointed as Divisional Manager, Southern Division in February 2002, previously Sector Manager, South Eastern Sector, Illawarra and South Eastern Area. Denis has over 25 years experience in the Service having started his career as an ambulance officer in 1977. He has held several operational management positions including Deputy Superintendent, South Eastern District and Station Manager in rural and remote areas.

There are no female senior executive officers in the Service. The senior executive (equivalent) numbers are: -
  Level 5 = 1
  Level 3 = 2 including 1 Salaried Medical Practitioner
  Level 2 = 2
  Level 1 = 4

Overseas visits:

- George Smith, Acting Tactical Support Manager travelled to Auckland, New Zealand, for Urban Search and Rescue exercise "Phoenix". Funding was provided by Emergency Management Australia. This resulted in NSW Health's first involvement in an international multi-agency exercise thereby establishing the development of deployment guidelines.

- Ambulance Officer Tim Thistleton travelled to London as a member of the Westpac LifeSaver team to receive the Prince Phillip Helicopter Rescue Award.

Statement of Affairs

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

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

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

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

Freedom of Information

Eighteen Freedom of Information (FOI) applications were processed, two of which were complex and involved substantial processing time. Overall, this represents a decrease of 12 compared with 30 applications over the previous year.

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

Results of FOI requests

	2002/03 Personal	2002/03 Other	2001/02 Personal	2001/02 Other
Granted in full	10	1	22	1
Granted in part	2	2	0	0
Refused	1	2	6	1
Deferred	0	0	0	0
Completed	13	5	28	2

Costs and fees of requests processed 2002/03

	Assessed costs	FOI fees received
All completed requests	$630.00	$595.00

Access refused

FOI requests granted in part or refused

	2002/03 Personal	2002/03 Other	2001/02 Personal	2001/02 Other
Basis				
Clause 11 of Schedule 1	0	1		
Clause 16 of Schedule 1	2	0		
Clause 13(b) of Schedule 1	0	2		
Clause 7(1)(b) of Schedule 1	0	1		
Clause 6(1) of Schedule 1	1	0		
Section 16(a)(111)			0	2
Section 25(1)(C)			3	0
Section 27(6)			2	1
Section 28(1)(b)			1	0

Discounts allowed

	2002/03 Personal	2002/03 Other	2001/02 Personal	2001/02 Other
Financial hardship - personal	0	0	2	0

Significant correction of personal records

	2002/03 Personal	2002/03 Other	2001/02 Personal	2001/02 Other
Financial hardship - personal	0	0	0	0

Days to process

	2002/03 Personal	2002/03 Other	2001/02 Personal	2001/02 Other
0-21 days	13	3	28	1
22-35 days	0	2	0	1
Over 35 days	0	0	0	0
Total	13	5	28	2

New FOI requests

	2002/03 Personal	2002/03 Other	2001/02 Personal	2001/02 Other
New	13	5	28	2
Brought forward	0	0	0	0
Total to be processed	13	5	28	2
Completed	13	5	28	2
Transferred out	0	0	0	0
Withdrawn	0	0	0	0
Total processed	13	5	28	2
Unfinished (carried forward)	0	0	0	0

Workforce Statistics

Full Time Equivalent

Staff	2002/03	2001/02*	2000/01	1999/00
Uniformed	2,860	2,701	2,662	2,585
Non Uniformed	299	279	272	390
Senior Executives	3	3	8**	2
Total	**3,162**	**2,983**	**2,942**	**2,977**

Notes:
* Supernumerary staff are not reflected in the above figures.
** Senior Executives for 2000/01 included Senior Executive Service and equivalent positions, plus a Senior Medical Specialist and the Director, Finance and Data Services.

From 2001/02 the Senior Executive includes the Senior Executive Service positions of CEO, General Manager (Corporate Services) and General Manager (Operations).

Uniformed	% of Workforce	Number
Ambulance Officers	72.1%	2,280
Station Managers	8.2%	259
Assistant Operations Managers	1.6%	51
Air Ambulance Coordinators	0.3%	11
Operations Managers	1.7%	54
Patient Transport Officers	3.1%	98
Educators	0.6%	20
Flight Nurses	0.6%	16
Communications Assistants	2.2%	71
Sub Totals	**90.4%**	**2,860**
Non Uniformed		
Sub Total	**9.5%**	**299**
Senior Executives	**0.1%**	**3**
Total	**100%**	**3,162**

Table A. Percentage of Total Staff by **Salary Level** 2002/03

Level	Total Staff (Number)	Subgroup as a Percentage of Total Staff at each Level			Subgroup as Estimated Percentage of Total Staff at each Level				
		Respondents	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Religious Minority Groups	People whose Language first Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work-related Adjustment
< $28,170	10	30%	50%	50%			33%	33%	
$28,710 - $37,708	1,199	71%	56%	44%	2.4%	8%	9%	3%	
$37,709 - $42,156	1,468	47%	82%	18%	1.7%	6%	4%	4%	1%
$42,157 - $53,345	410	55%	87%	13%	1.3%	2%	4%	6%	1.8%
$53,346 - $68,985	79	71%	63%	37%	1.8%	18%	11%	9%	1.8%
$68,986 - $86,231	17	59%	65%	35%		20%	10%	30%	30%
> $86,231 (non-SES)	21	52%	86%	14%				9%	
> $86,231 (SES)									
TOTAL	3,204	57%	72%	28%	1.9%	7%	6%	4%	0.9%

Table B. Percentage of Total **Staff Recruited** by Salary Level 2002/03

Level	Total Recruits (Number)	Subgroup as a Percentage of Total Staff at each Level			Subgroup as Estimated Percentage of Total Staff at each Level				
		Respondents	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Religious Minority Groups	People whose Language first Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work-related Adjustment
< $28,710	3	67%		100%			50%	50%	
$28,710 - $37,708	297	95%	49%	51%	3.2%	11%	12%	2%	
$37,709 - $42,156	11	64%	64%	36%		14%	29%		
$42,157 - $53,345	13	62%	31%	69%			25%		
$53,346 - $68,985	9	100%	67%	33%		33%	33%		
$68,986 - $86,231	1		100%						
> $80,499 (non-SES)									
> $80,499 (SES)									
TOTAL	334	92%	49%	51%	2.8%	11%	14%	2%	

Workers' Compensation

- During 2002/03 there were 630 workers compensation claims lodged which are categorised below:

Category	2002/03 Number of claims	2001/02 Numberof claims
Body Stress	284	344
Hit by Object(s)	117	100
Fall/Slip	80	75
Exposure (Infectious)	78	68
Vehicle	32	38
Mental Stress	30	28
Bite	-	6
Objects - Moving	8	4
Other	1	-
Total	**630**	**663**

Treasury Managed Fund

- The Workers' Compensation premium deficit for the Service in 2002/03 was $1,308,773. The deposit premium for workers' compensation paid by the Service in 2002/03 was $12,444,129 and is based on claims experience and total claims costs incurred for the past two calendar years.
- The motor vehicle premium surplus for the Service in 2002/03 was $5,346. The deposit premium for motor vehicles paid by the Service in 2002/03 was $1,276,580.
- Public liability and property insurance premiums continue to remain within NSW Health's overall coverage.

Courses conducted for clinical staff 2002/03 and 2001/02

Course	Number of courses 2002/03	Number of students 2002/03	Number of courses 2001/02	Number of students 2001/02
Patient Transport	3	40	2	47
Induction	7	264	5	157
Level 2 (Inservice 1)	5	116	8	140
Level 3 (Inservice 2)	10	214	9	176
Re-employment	1	8	1	10
Total PC	**26**	**642**	**25**	**530**
Advanced Life Support	1	1	2	32
Paramedic	4	79	0	0
Level 4/5 1st Recertification	2	44	3	38
Total ALS	**8**	**124**	**5**	**70**
Level 3/4/5 1st Recertification Training units	15	197	57	531
Sydney Combined Recertification	33	201	42	318
Level 3 Upgrade		303		358
Clinical Assistance Programs	13	21	29	31
4x4 Driver Training	5	19	8	58
Bushcraft	0	0	0	0
Voluntary Tutorials	31	222	28	43
Outside Organisations	27	113	16	124
First Aid Training	7	83	4	18
Clinical Support Groups (QA)	0	0	0	0
Attendance at Meetings	82	-	45	-
Special Training Courses	59	108	53	222
Train the Trainer	4	69	1	11
Total Students AEC - Rozelle		**766**		**600**
Total Students – Other training units		**1,355**		**1,733**
Total Students		**2,121**		**2,333**

Major Outside Organisation Lectures
- Charles Sturt University
- University of New South Wales
- University of Sydney – College of General Practitioners
- Newcastle University
- New South Wales Police Service
- Royal Life Saving Society

"80 qualified ambulance officers are being trained as paramedics and once fully trained will be rostered to work alongside ambulance officers in a new 'skill mix' program."

Demonstration of intubation technique to Premier Bob Carr and the then Minister for Health Craig Knowles.

Legislation

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

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

Capital Works

Major Works in Progress:

Queanbeyan Ambulance Station
Redevelopment on Queanbeyan Health Service site

Estimated total cost $971,000
Cost to date $96,000
Estimated completion date: Feb 2004

This project was delayed pending completion by the Area Health Service of a procurement feasibility plan for community health services which had a bearing on the land available at the Health Service site.

Forbes Ambulance Station
Redevelopment on Forbes Hospital site

Estimated total cost $800,000
Cost to date $20,000
Estimated completion date: Jul 2004

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

Yamba Ambulance Station
Establishment of Station for new service

Estimated total cost $900,000
Cost to date $37,000
Estimated completion date: Jan 2004

Sussex Inlet Ambulance Station
Establishment of Station for new service

Estimated total cost $810,000
Cost to date $38,000
Estimated completion date: Feb 2004

Real Property Disposals

Six properties were disposed of during the financial year for a total of $867,000. These comprised a replacement ambulance station at Coffs Harbour, vacant land at Denman and surplus residences at Armidale, Moree, Dubbo and Goulburn.

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

There are no family or business connections between purchasers of the properties and the person responsible for approving the disposals.

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

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

Major Assets

The Service's major assets, other than landholdings, are listed below. Major assets are those valued at over $500,000. No major assets were acquired or transferred during 2002/03. Existing assets with increased values as a consequence of revaluation or redevelopment during 2002/03 are separately listed.

Armidale Station & Workshop
Bateau Bay Station & Residence
Blacktown Station
Bomaderry Station & Residence
Bowral Station Complex
Bulli Station
Charlestown Operations Centre Complex
Coffs Harbour Station Complex
Fairfield Station
Lismore Station Complex
Mascot Air Ambulance Base
Menai Station
Merimbula Station & Residence
Point Clare Station Complex
Rozelle Headquarters & Education Centre Complex
Summer Hill Workshop
Sydney Ambulance Centre Complex (building improvements on long term leasehold land)
Terrigal Station
Warilla Station & Operations Centre
Morisset Station

Existing assets with increased values as a consequence of revaluation or redevelopment
Orange Station
Perisher Valley Station
Tamworth Workshop
Tamworth Station
Tweed Heads Station
Wellington Station
Auburn Station
Ballina Station & Residence
Bermagui Station & Residence
Broken Hill Station & Residence
Cobar Station & Residence
Colyton Station
Doyalson Station
Drummoyne Station
Engadine Station
Ettalong Station
Guyra Station & Residence
Hamilton Station Complex
Lithgow Station
Macquarie Fields Station
Maroubra Station
Moree Station & Residence
Oak Flats Workshop
Riverstone Station
Singleton Station Complex
Summer Hill Station
Tamworth Station
Wollongong Station

Committees of the Service

Board Committees
- Audit Committee
- Clinical Governance Committee
- Corporate Governance Committee
- Finance Committee

Management Strategy Committees
- Area Health Service Committees
- Bed Management Committees
- CAD Steering Committee
- Central Sydney Operations Group
- Centre for Mental Health –Sedation and Seclusion Working Group
- Clinical Data Working Group
- Clinical Governance Review Group
- Corruption Prevention Network
- Critical Care Committee
- Emergency Department Implementation Steering Committee
- Health Access Coordination (HAC) Steering Committee
- HAC Key Stakeholders Group
- HAC Clinical Advisory Panel
- Informational Management and Technology Steering Committee
- Institute of Trauma and Injury Management
- Integrated Bed Management Committees
- Intensive Care Implementation Group
- Medical Advisory Committee –
  - Dr Michael Flynn (Act. Chairman)
  - Dr Tony Burrell (resigned 2003)
  - Dr Rod Bishop
  - Dr Greg McDonald
  - Dr Trish Saccasan-Whelan
  - Dr Robert Day (resigned)
  - Dr Richard Morris (resigned)
  - Cate Salter
  - Steve Whinfield
  - Graham Malone
- Mental Health Liaison Committees
- Medical Priority Dispatch Grid Determination Committee
- Medical Priority Dispatch Review Committee
- Medical Priority Dispatch Change Management Committee
- Medical Retrieval Committee
- Occupational Health & Safety Committee
- Perfecting Health Care Delivery Committee
- Pilot Pre-Employment Language Course Committee
- Professional Standards and Conduct Committee
- Protocol Committee
- Retrieval Advisory Group
- Risk Management Advisory Committee
- Rozelle Hospital Response Committee
- State Emergency Management Committee
- State Rescue Board
- State Spinal Cord Injury Service Taskforce
- Statewide Complaints Data Collection Management Committee
- Statewide Trauma Services Advisory Committee
- Workforce Planning Committee

Reform Management Committees
- Communications, Information and Technology Committees
- Equipment Review Committee
- Ethics Committee
- First Responder Working Party
- HREA Committees
- Health & Legal Issues Working Group (ACTNOW)
- Industry Reference Group
- Industry Training Advisory Board
- Joint Consultative Committees
- Mobile Data Terminal Joint Consultative Committee
- Operations Centre Steering Committee
- Operations Centre Working Party
- Regional Operational Review Steering Committee

Major Events Committees
- City to Surf Planning Committee
- Disaster Planning Committee
- District Emergency Management Committees
- Homebush Bay Emergency Planning Committee
- Local Emergency Management Committees
- Mardi Gras Committee
- Regional Review Steering Committee
- Sydney Airport Emergency Management Committee
- Sydney Airport Link Local Emergency Liaison Committee
- Sydney Airport Security Committee
- Sydney Showground Emergency Planning Committee
- Sydney Stadium Emergency Planning Committee
- Sydney Underground Local Emergency Liaison Committee

Tactical Support and Counter Disaster Committees
- National USAR Working Group
- National CBR Working Group
- National Triage Standard Committee
- State USAR and CBR Steering Committees
- NSW Health State HSFAC Committee
- NSW Ambulance State Operations Committee
- Rugby 2003 Taskforce

Ad-hoc Committees
- ANSTO Local Liaison Working Party
- Australian Ambulance Education Council
- Charles Sturt University Courses Committee
- Community Participation Working Party
- Doyalson Project Committee
- Eastern Distributor Emergency Planning Committee
- Education & Training Professional Standards Group
- Integrated Complaints Handling Committee
- Hamilton Refurbishment Team
- MARDAP Committee
- M5 East Extension Committee
- Mooney Mooney Wharf Steering Committee
- Premier's Executive Planning Committee
- Professional Standards and Conduct Committee
- Sydney University & University of NSW Emergency Management Committees
- Trainee Support Committee
- Website Working Party

Awards

Australian Honours
Order of Australia
The Bravery Medal (BM)
A/O Trevor Green

Australian Ambulance Service Medal
(ASM)
S/O Graham MOXLY

Centenary Medal
John COOK
William CREEVEY
Henry DENYER
Fredrick DIXON
William DONALDSON
John DORRINGTON
John EWIN
Ronald GAYMER
Patrick IRELAND
Geoffrey KIEHNE
Kevin LAWS
Patricia MACKENZIE-SMITH
John MANNS
Howard McILVANIE
Steve MITCHELL
Kerri O'CONNOR
Peter PILON
Jason RUTHERFORD
Maxwell STONESTREET
James TESTER

National Medal
For recognition of 15 years diligent
service by uniformed officers

A/O	Linda ADAMSON
A/O	Grant ARMSTRONG
A/O	Gordon ASPINALL
A/O	Michael BAKER
A/O	James BASTOW
A/O	Rachael BAXTER
A/O	Douglas BELL
A/O	Monica BERGIN
A/O	Andrew BEVERLEY
A/O	Peter BODENHAM
A/O	Geoffrey BOULTON
A/O	Peter BOWKETT
A/O	Steven BRINKLEY
A/O	Robert BROUE
A/O	Peter BURDEN
A/O	Allan BURNETT
A/O	John BUTLER
A/O	Natalie CAIRNS
A/O	Andrew CHRISTENSEN
A/O	Paul CLARKE
A/O	Danny CLEMENT
A/O	William COPPIN
A/O	Michael CORLIS
A/O	Alan CUNNEEN
A/O	John DAVIDSON
A/O	Cheryl DAVIS
A/O	Roderick DEE
A/O	Ian DONALD
A/O	Charles DONALDSON
A/O	Michael DORRIAN
A/O	Christopher DOUGHTY
A/O	Isabella DRESENS
S/O	Ross DUCK
A/O	Timothy DUNN
A/O	Kym FAIRALL

A/O	Mark FORSHAW
A/O	Peter FRANKS
A/O	Christopher GADDES
A/O	David GERCKEN
S/O	Mark GIBBS
A/O	Bruce GIBSON
A/O	Susan GOW
A/O	Leanne HAMILTON
S/O	Stephen HART
A/O	Gayle HARVEY
A/O	Russell HARVEY
A/O	Mark HAYES
A/O	Majella DAVIES
A/O	Tracey HOARE
A/O	Peter IRWIN
A/O	Peter JOHANSON
A/O	Leonie LIPMAN
A/O	Craig LOMBE
A/O	Michael MAGYARY
A/O	John MANNION
A/O	Lesley MARTIN
Supt	Graham MCCARTHY
A/O	David MCCAULEY
Supt	Virginia MCKENNA
A/O	Paul MCLENNAN
A/O	Robert MILLIGAN
A/O	Fiona MITCHELL
A/O	John MITCHELL
A/O	George MULLER
A/O	Fiona MURRAY
A/O	James MYLES
A/O	Matthew NIXON
A/O	Murray NORTHEY
A/O	Linda PATTERSON
A/O	Peter PATTERSON
A/O	Sharon PEARCE
S/O	Darren PLUMB
Supt	Kenneth PRITCHARD
S/O	Craig PUSSER
A/O	Al QVIST
A/O	Colin RADFORD
A/O	Tessa RAVLICH
A/O	Peter REDMOND
A/O	Norman REES
A/O	Megan RICHES
A/O	Paul RIGNEY
A/O	Paul RILEY
A/O	Martin RYAN
A/O	Murray SCANLAN
A/O	Glen SCAPIN
A/O	David SCOTT
A/O	Michelle SHIEL
S/O	Anthony STANFORD
A/O	Ian SUMNER
S/O	Robert SUSANS
A/O	Daryl TAYLOR
A/O	Paul TAYLOR
A/O	Kerry TROW
S/O	Annette VICKERY
A/O	George WALTER
A/O	Kenneth WEST
S/O	Rodney WHITTLE
A/O	Paul WHITWELL
A/O	Peter WORTMANN
A/O	Glenn WRIGHT
Supt	Leah WRIGHT
A/O	Ralf WUNSCHL
S/O	Mark ZIEGELAAR

1st Clasp
For recognition of 25 years diligent
service by uniformed officers

A/O	Shawn AITCHESON
A/O	Colin APPS
A/O	Phillip ARNOLD
D/M	Dennis BEAVAN
A/O	Brian BENNETT
S/O	Richard BOWD
A/O	Norman BOWLY
A/O	Ronald BRAUER
A/O	Brian BROWN
S/O	James BROWN
A/O	Stephen BROWN
A/O	Norman CHATFIELD
A/O	John COLTZAU
A/O	Wayne COOK
S/O	Richard COUGHLAN
S/O	Peter CRIBBS
S/O	Brian DEEN
S/O	Wayne DENYER
A/O	Jeffrey DICK
A/O	Robert DUNN
A/O	Roye FLETCHER
A/O	William FOSTER
A/O	Simon FOX
A/O	Stephen GALLAGHER
S/O	Bryan GARLICK
A/O	David GARVEY
A/O	David GERCKEN
A/O	John GILBERT
PTO	Kenneth GILMORE
A/O	Francis GIOVANNONE
A/O	Graham GODDARD
A/O	John GOODHEW
S/O	Darryll GRANT
A/O	Ronald GREENLAND
A/O	Gregory GULEKSEN
A/O	Graeme HAWKE
A/O	Gary HENDRY
S/O	Malcolm HERSEE
A/O	Richard HESLEWOOD
S/O	Stephen IRONS
S/O	Mark JOLLY
S/O	Allen KNOWLES
A/O	Robert LISLE
A/O	Craig LIVINGSTONE
A/O	Warren MANNION
O/M	Ian MCCARTHY
S/O	Alistair MCGREGOR
S/O	Steven MCMAHON
A/O	David MOIR
A/O	George MULLER
A/O	Leslie NEILL
A/O	John NOTT
A/O	Anthony ORR
Supt	Peter PAYNE
A/O	Stephen POLLARD
Supt	Kenneth PRITCHARD
A/O	Michael REBETT
A/O	Hugh RUSSELL
A/O	Stephen RUSSELL
Supt	Bruce SCOTT
A/O	Allan SELBY
A/O	Peter SPARKS
A/O	Grahame STANSFIELD
A/O	James STEVENSON
A/O	Michael SWINBOURNE
A/O	Mark THOMAS

S/O Terence TRIVETT
A/O Neil TUOHY
A/O Bruce VARLEY
S/O Alexander VASSALLO
A/O Peter VAN WINDEN
A/O Ian VAUGHAN
A/O Maxwell WADE
A/O Peter WADESON
A/O Robert WALES
S/O John WALKER
A/O Robert WALLIS
A/O William WALTER
A/O Ian WARREN
A/O Christopher WEAVER

2nd Clasp
For recognition of 35 years diligent service by uniformed officers.
S/O Richard BOWD
A/O Larry HIGGS
S/O John KILPATRICK
A/O Andrew MENERE
S/O Norman PEARSON
Supt John WASLEY
A/O Kenneth MCLENNAN

3rd Clasp
For recognition of 45 years diligent service by uniformed officers
S/O Athol STROUD-WATTS

NSW Awards
Premier's Emergency Services Awards
Individual
S/O Alan LOVE
A/O Leslie NEILL
A/O Bill WATSON
A/O Graham SYMES

Groups
Cessnock Ambulance Station
Yass Ambulance Station
Colyton Ambulance Station
Newcastle Ceremonial Guard

Service Awards
Meritorious Service Medal
Sr Kaye MELMETH
Supt Kevin DEN

NSW Ambulance Service Medal
For recognition of 15 years diligent service by non-uniformed staff.
Nicol ALLEN – Band Member
Dennis HART – Motor Mechanic
Jasmin SHARA – Operations Assistant
Barry SMITH – Payroll Coordinator
John WEST – Band Member

1st Clasp to Ambulance Service Medal
For recognition of 25 years diligent service by non-uniformed staff
Trevor CLARKE – Motor Mechanic
Barry CLARKE – Motor Mechanic
Dennis HART – Motor Mechanic
Garry KENDALL – Motor Mechanic
John RADIC – Storeman
John ROCKLIFF – Motor Mechanic
Howard TATE – Payroll Team Leader

Royal Humane Society
The Stanhope Gold Medal
Dr Richard MORRIS
S/O Paul FEATHERSTONE
A/O Christopher WILKINSON

Silver Medal & Galleghan Award
Dr Richard MORRIS
S/O Paul FEATHERSTONE
A/O Christopher WILKINSON

Silver Medal
A/O Murray TRAYNOR

Bronze Medal
S/O Paul FEATHERSTONE
A/O Stephen BATES
A/O Karen BOYD
A/O Robert HILLIAR
A/O Trevor GREEN

St John Ambulance Australia (NSW)
Emergency Services Award
A/O Paul BURKE
A/O Glen STALKER
Casino Ambulance Station
Oberon Ambulance Station

Royal Life Saving Society (NSW)
Ambulance Service Award
A/O Sue KANNE
A/O John KANNE

Prince Philip Helicopter Rescue Award
A/O Tim THISTLETON

"In a survey conducted by Readers Digest, ambulance officers were voted the most trusted professionals in Australia"

Volunteer Services

Peer Support Officers
The Service has 77 peer support officers who are uniformed staff that provide an early intervention service, out-of-hours on most occasions, to colleagues who experience stress as a result of exposure to traumatic workplace incidents. Peer support officers spent around 1,000 hours providing support during the year.

Chaplaincy
The Service's 15 Ambulance chaplains provide volunteer counselling, pastoral care and spiritual support to employees who have been exposed to traumatic workplace incidents or who experience wide reaching personal issues. Additionally, Ambulance chaplains provide support and undertake memorial and civil services for staff, their families and ambulance patients.

Honorary Ambulance Officers
In regional and rural areas, a workforce of 84 honorary ambulance officers provide first aid to the sick and injured and first response to incidents in remote areas where back up is not always readily available.

Ceremonial Guard
The Ceremonial Guard consists of a group of ambulance officers, who in 1988 recognised the need to be involved in community events. The group has grown in strength and now includes some 28 male and female officers from ambulance stations located throughout the Hunter Sector. Membership is solely on a voluntary basis and all training, parades, civic and service functions are undertaken during off-duty time.

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

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

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

Contact Details

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

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

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

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

South Eastern Sydney
143 Barker Street
Randwick NSW 2031
Telephone: (02) 9314 5603
Facsimile: (02) 9326 7470

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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