Ambulance Service of New South Wales

Excellence in
Pre-Hospital Care

Annual Report 2005/06
Ambulance > The Most Trusted Profession
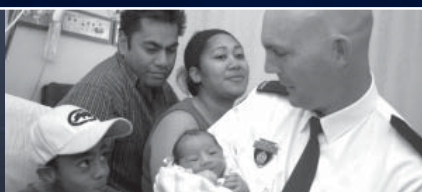
Contents

Letter to the Minister

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

Dear Minister

I have pleasure in submitting the Ambulance Service of New South Wales' Annual Report for the year ended 30 June 2006, 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

The Ambulance Service of NSW
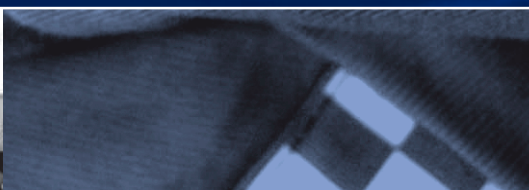
Vision: Excellence in Pre-Hospital Care

Mission

As an integral part of the State's health system, we will provide responsive, quality, emergency clinical care and support for patient transport, rescue and retrieval services through:

> Quality of service
> Working in Partnerships
> Meeting community needs
> Valuing our people
> Organisational performance

Values

We put our patients first by:

> Caring
> Respecting people
> Working together
> Showing accountability and responsibility
> Focusing on community satisfaction
> Fostering technical and professional excellence
> Ensuring equity of service provision

Key Result Areas

> Delivery of high quality clinical care, patient transport, rescue and retrieval services.
> Working in partnership with other health agencies, emergency service organisations and stakeholders.
> Pro-actively develop community safety and prevention programs.
> Develop and support our staff to lead, manage and deliver pre-hospital care.
> Continually improve performance and value through optimising organisational structure, business processes and systems.

Customer Service Standards

> Ensuring the maintenance of a 24 hours, seven days a week, pre-hospital, emergency clinical care, medical retrieval and health related transport system.
> Ensuring in an emergency that Ambulance will efficiently dispatch ambulance officers to provide treatment

as rapidly as possible. For non-emergencies, ambulance officers will be dispatched in accordance with the clinical need of the patient.

> Improving and 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 NSW.

> Coordinating aeromedical responses and retrievals as part of overall ambulance services.

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

> Providing effective communication with patients and customers.

> Ensuring the privacy and confidentiality of any personal information held on patients is respected.

Customers and Stakeholders

> Patients and those close to them.

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

> Our employees, volunteers and their families.

> Local, State and Commonwealth Governments including the NSW Minister for Health and members of the NSW Parliament.

> The Ambulance Service Board and from 17 March 2006 the Ambulance Service Advisory Council.

> NSW Health and NSW Area Health Services.

> The management and executive of Ambulance.

> Other emergency service organisations.

> Unions and employee industry associations.

> Community services and health care providers.

> Interstate ambulance services and health authorities.

> Professional bodies and health institutions.

> Suppliers of goods and services to Ambulance.

The Ambulance Service of NSW

2005/06 Highlights

> **Increase in total responses:** Ambulance provided an average of 2,737 responses per day, equivalent to a call for assistance every 31 seconds during 2005/06. There were 999,000 total responses (both emergency and non-emergency). This represents an increase of nearly 52,000 responses or 5.5 per cent compared to 2004/05.

> **Corporate Plan:** Developed the draft five-year Ambulance Corporate Plan for 2006-2010 in alignment with the NSW Health Futures Planning strategic priorities.

> **Major incident exercises:** Participated in several major incident and counter terrorist exercises including Operation Neptune's Treasure, a State Rail Authority exercise and Mercury 05, a large-scale counter terrorism exercise.

> **NSW Health Futures Planning:** Provided feedback and assisted with the distribution of the NSW Health Futures Planning strategic priorities and Future Directions for Health in NSW.

> **Clinical developments:** Initiated an improvement program to improve clinical quality aligned to clinical performance indicators. Ambulance completed or made substantial progress against the stated objectives of the Clinical Action Plan.

> **Electronic Booking System (EBS):** Deployed the EBS to public hospitals in Sydney during early 2006. The EBS is a web-based application that facilitates the booking of non-urgent transports, which provides 24 hour access and relieves call takers to concentrate on '000' calls in the Sydney Operations Centre.

> **Rural Data Radio Service:** The Rural Data Radio Service project is scheduled for implementation by the end of 2006. The project is designed to provide 695 rural ambulance vehicles with the same data capability as currently deployed in Sydney and the Central Coast.

> **Mental Health:** Commenced a mental health project, funded by NSW Health, to improve the pre-hospital and inter-hospital service delivery to mental health patients.

> **Incident Information Management System (IIMS):** Implemented IIMS resulting in enhanced reporting of adverse events and complaints involving patient care which has led to improvements in systems, procedures and patient care.

> **Workforce Unit:** Restructured the Human Resources Unit to more effectively reflect the future strategic, workforce planning, leadership development and service delivery directions for Ambulance.

> **Risk Management:** Developed a new Risk Management Policy, endorsed by the Executive, and a Risk Management System incorporating the Enterprise Risk Management Framework.

Future initiatives

> **New Corporate Plan:** Publish the five-year Ambulance Corporate Plan (2006-2010).

> **Clinical Improvement:** Continue roll out of the Advancing Clinical Skills Program and commence new skills packages to allow Ambulance initiated patient referrals.

> **Cardiac care strategy:** Implement an integrated cardiac care strategy to provide enhanced levels of care in conjunction with NSW Health.

> **Rural heath services:** Establish pilot programs where ambulance officers could contribute to enhancing health services in rural and remote communities.

> **Workforce:** Continue with roster reform and multi-skilling of the workforce.

> **Capital works:** A replacement Ambulance Station is planned for Dubbo and Gunnedah Ambulance Station is nearing completion.

> **Mental Health:** Provide additional training and support for Ambulance Officers in dealing with mental health emergencies.

> **Technology enhancements:** Upgrade of the Computer Aided Dispatch system providing each operations centre with access to a statewide view of ambulance activity.

Ambulance in the News

HELP—a day in the life . . .

Ambulance staff participated in and assisted with the filming of the television series HELP, a look at the day-to-day life of ambulance officers. Officers from Fairfield, Rockdale and Paddington Ambulance Stations and the Sydney Ambulance Centre participated in the program during the 10 weeks of filming.

As well as providing an entertaining look at a day in the life of an ambulance officer, the program provided an opportunity to educate the community about key Ambulance messages.

The series screened on SBS television in 2006 and received favourable feedback from ambulance officers and the general viewing public.

Bushfire emergency

The Southern Division's Greater Murray Sector was experienced three large-scale bushfires that were declared as State of Emergency Events by the State Emergency Management Committee. This included the Junee New Year's Day incident, the Wandoo Bushfire and the Cootamundra Bushfire.

The Wandoo Bushfire started on a property near Pulletop by an equipment malfunction. The blaze was fanned by extreme weather conditions and Ambulance resources were deployed for over two weeks to various sites around the fireground.

The experience gained by ambulance staff working with other emergency services in these extreme conditions has led to improvements to the design of major incident support equipment and procedures.

The Ambulance Service of NSW
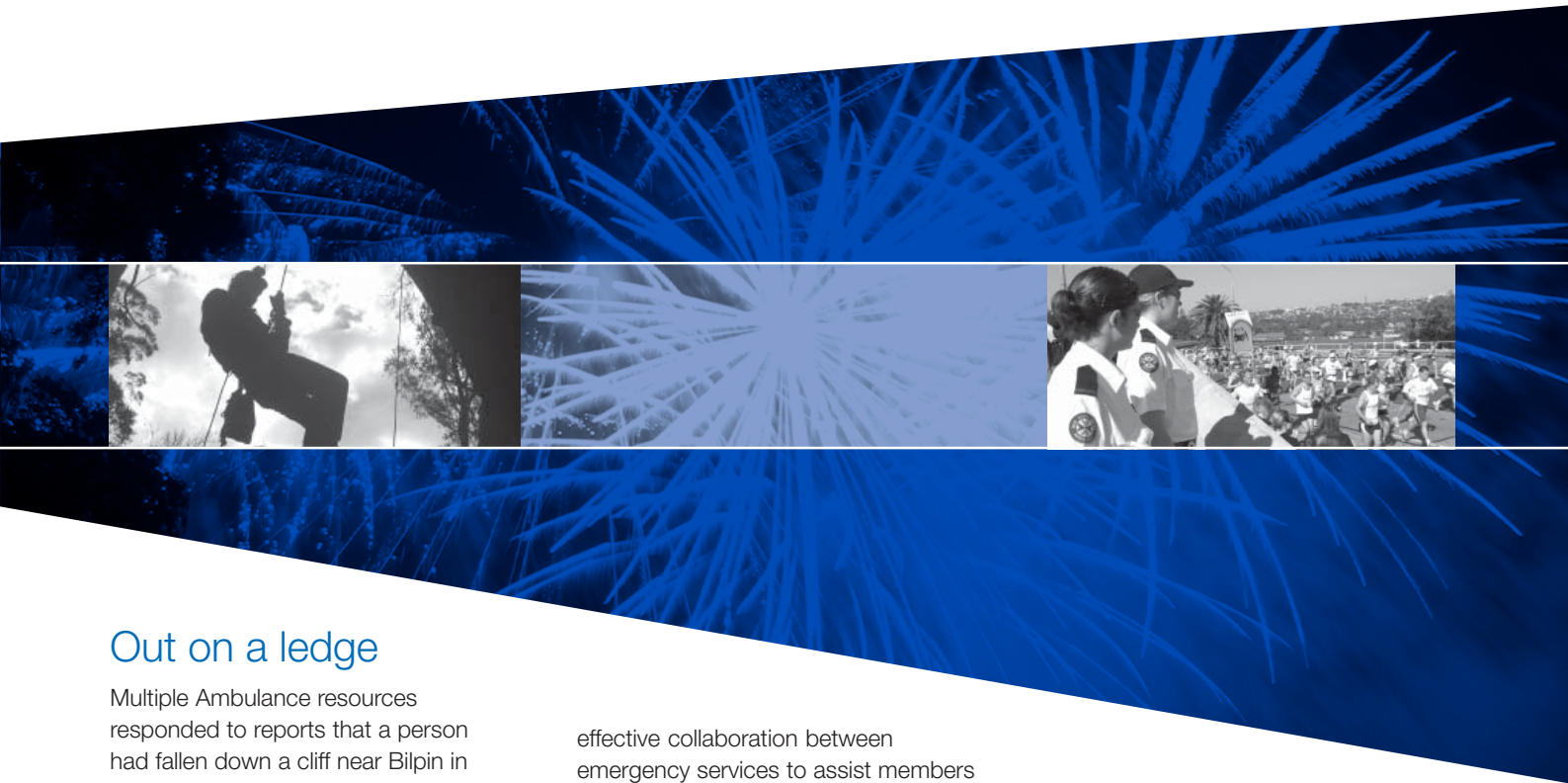
Out on a ledge

Multiple Ambulance resources responded to reports that a person had fallen down a cliff near Bilpin in September 2005. On arrival, ambulance officers found that a 26 year old male had allegedly attempted a base jump from the top of a 200 metre cliff and had landed prematurely on a rock ledge approximately 100-150 metres down the cliff.

With access impossible from both the air and the base of the cliff, Special Casualty Access Team (SCAT) para-medics were called upon to assist. Together with Police Rescue personnel, the SCAT paramedics gained access to the patient and were able to stabilise him for transport. The man had suffered extensive leg, pelvic and suspected spinal injuries.

After a seven-hour rescue mission, the patient was extracted from the rock ledge and airlifted to Nepean Hospital in a serious condition.

This rescue is an example of the varied conditions faced by ambulance officers in the course of their duties and the effective collaboration between emergency services to assist members of the community in need.

With over 834,000 incidents in 2005/06, ambulance officers deal with a wide variety of situations at all hours of the day and in all weather. On average, Ambulance responds to a call for assistance every 31 seconds.

There through good times and bad

Ambulance officers are on call for a range of community celebrations and sporting events including the running of the annual City to Surf and New Year's Eve celebrations.

Ambulance attendance at these events provides health care for participants, opportunities for Ambulance to work with medical teams from NSW Health and an opportunity to exercise joint plans such as *Healthplan*.
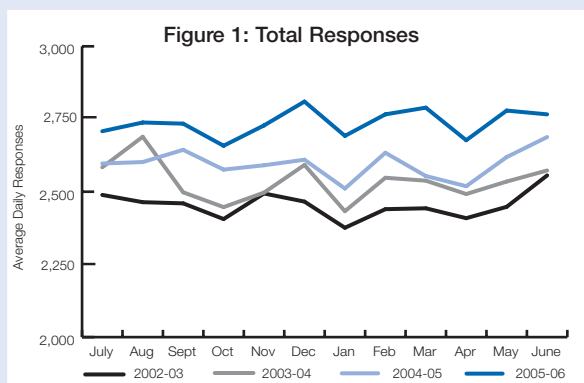
Year in Review

During 2005/06 total responses (both emergency and non-emergency) increased by 5.5 per cent to over 999,000. Over the past two years demand for services has increased by 7.6 per cent. Factors leading to increased demand include growth in the total NSW population and an ageing population with associated increasing rates of illnesses.

TOTAL ACTIVITY

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

During 2005/06, Ambulance provided an average of 2,737 responses per day, equivalent to a call for assistance every 31 seconds. Southern Division experienced the biggest increase in responses (up by 7.1 per cent over the previous period). The total number of incidents rose to 834,000 in 2005/06, an increase of 5.1 per cent on 2004/05 (794,000 incidents).

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

Figure 1: Total Responses

Average Daily Responses
3,000 / 2,750 / 2,500 / 2,250 / 2,000

July Aug Sept Oct Nov Dec Jan Feb Mar Apr May June

— 2002-03   — 2003-04   — 2004-05   — 2005-06

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

EMERGENCY ACTIVITY

During 2005/06 total emergency responses statewide increased to over 733,000. This is an increase of over 75,000 responses or 11.5 per cent on 2004/05 (657,000). Over the past two years emergency responses have increased by 15.7 per cent.

Average daily emergency responses recorded across the State over the past four years are shown in Figure 2 below. In 2005/06, Ambulance provided an average of 2,009 emergency responses per day, up from 1,799 per day in 2005/06.

In 2005/06, Ambulance responded to 590,000 emergency incidents, an increase of 11.7 per cent compared to 2004/05 (528,000 emergency incidents).

Figure 2: Emergency Responses

Average Daily Emergency Responses
2,500 / 2,250 / 2,000 / 1,750 / 1,500

July Aug Sept Oct Nov Dec Jan Feb Mar Apr May June

— 2002-03   — 2003-04   — 2004-05   — 2005-06
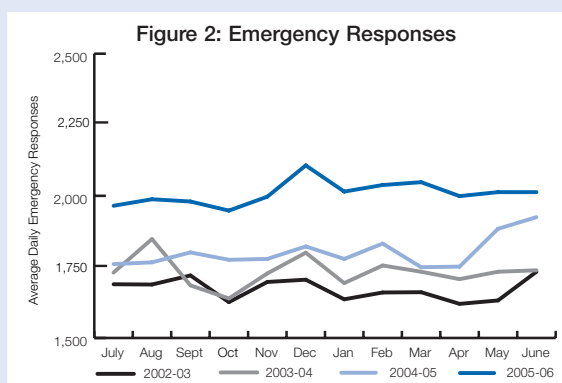
Note: From May 2005, emergency activity is reported for '000' cases determined as 'emergency' (immediate response under lights and sirens) or 'urgent' (undelayed response without warning devices) under the Medical Priority Dispatch System; bringing NSW in line with all other Australian ambulance services.

Year in Review

External pressures, including a continual growth in demand for ambulance services continue to impact on response performance. The improvements in response times follow the full implementation of the Medical Priority Dispatch System and ongoing and new strategies related to the Sustainable Access Program.

NON-EMERGENCY ACTIVITY

Ambulance provided 266,000 non-emergency responses across the State in 2005/06. This was a decrease of 8.5 per cent compared with 2004/05 (290,000 responses). On average there were 728 non-emergency responses per day, down from 796 per day in 2004/05.

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

Non-emergency cases are transported by Patient Transport Services or by general duty ambulances.

Figure 3: Non-Emergency Responses
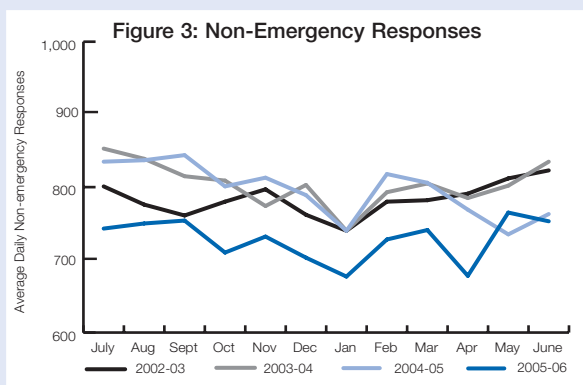
Note: From May 2005, non-emergency activity data includes: '000' cases not determined as 'emergency' (immediate response under lights and sirens) or 'urgent' (undelayed response without warning devices) under the Medical Priority Dispatch System and all calls not received via the '000' network (predominantly scheduled patient transfer services and out-patient appointments).

RESPONSE TIMES

In 2005/06, at least 50 per cent of potentially life threatening cases were responded to within 9.53 minutes. This compares to 9.82 minutes in 2004/05. The 50th percentile response time for the highest priority cases is shown in Figure 4 below.

The improvements in response times follow the full implementation of the Medical Priority Dispatch System and ongoing and new strategies related to the Sustainable Access Program. The Sustainable Access strategies implemented in 2005/06 are detailed on page 22 of this Report.

Figure 4: Response to potentially Life Threatening Cases
50th percentile response times (minutes)
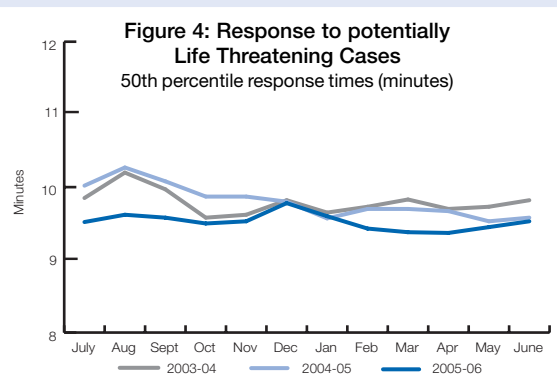
Note: From May 2005, emergency response performance is reported for '000' cases determined as 'emergency' (immediate response under lights and sirens—incident is potentially life threatening) under the Medical Priority Dispatch System; bringing NSW in line with all other Australian ambulance services. Prior to May 2005, response performance was reported for all '000' calls. For this reason response times in May and June 2005 are not comparable with previous data. In May 2005, the final phase of the Medical Priority Dispatch System (MPDS) was commissioned and call prioritisation was introduced (a process by which '000' calls are triaged for urgency and severity).

Year in Review

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

FIXED WING AIRCRAFT ACTIVITY

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

Four Air Ambulances operating from Mascot and Dubbo provide a 24 hour, 7 day statewide service. The numbers of patients transported by fixed wing aircraft in 2005/06 increased by 417 (7.5%) over 2004/05.This was achieved by increased aircraft availability and more efficient allocation of aircraft to patient loads (average patients per flight increased by 3.1% from 1.80 in 2004/05 to 1.86 in 2005/06).

Table 1: Fixed Wing Aircraft activity

Fixed Wing Aircraft	2005/06			2004/05		
	Patients	Flights	Hours	Patients	Flights	Hours
Air Ambulance - Urgent	2,527	*	*	2,474	*	*
Air Ambulance - Routine	2,422	*	*	2,115	*	*
Total Air Ambulance	4,949	2,459	6,490	4,589	2,311	5,867
RFDS (Dubbo) - Urgent	715	*		747	*	
RFDS (Dubbo) - Routine	154	*		53	*	
Total RFDS (Dubbo)	869	615	1,217	800	609	1,153
Victorian Air Ambulance	189	157	162	201	180	165
Total Fixed Wing	6,007	3,231	7,869	5,590	3,100	7,185

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

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

HELICOPTER ACTIVITY

The Helicopter network includes nine helicopters based at Sydney (3), Wollongong, Newcastle, Tamworth, Lismore, Orange and Canberra. In mid 2006, tenders were called for higher capability helicopter services for Sydney, Orange and Wollongong. The benefits will include; improved capability in poor weather and at night, faster flight times, greater range and increased lifting capacity. Current charitable providers have been asked to participate in the tender.

Patients transported by helicopter during 2005/06 increased by 645 (23.8 %) over 2004/05. Flights in 2005/06 increased by 582 (18.8%) over 2004/05 achieved by increases in availability of medical and retrieval staff at Orange, availability of retrieval services at John Hunter Hospital and a helicopter with increased capability and availability at Wollongong.

Table 2: Helicopter activity

Helicopter Services	2005/06			2004/05		
	Patients	Flights	Hours	Patients	Flights	Hours
SLSA* Sydney	635	699	929	510	580	820
CHC Australia / Wollongong SLSA	232	238	386	47	85	132
SLSA Newcastle	690	765	913	582	625	737
SLSA Tamworth	145	170	337	126	147	261
SLSA Lismore	248	301	438	179	239	354
CareFlight - Sydney	446	502	732	488	546	827
CareFlight - Orange	182	210	319	103	132	199
ChildFlight	441	484	1,044	430	456	946
SouthCare	331	317	656	240	294	552
Total	3,350	3,686	5,754	2,705	3,104	4,828

* Surf Life Saving Association.

Note: The total number of patients transported by air in 2005/06 was 9,357, an increase of 1,067 (12.8 %) over 2004/05. This represented a 7.5 % growth in Fixed Wing transports and 23.8% in Helicopter transports.

Report from the Board Chair and Chief Executive

The focus for Ambulance in 2005/06 has been on delivering safe, efficient and compassionate emergency health care while managing a rapid growth in the demand for ambulance services. The growth in demand has been greater than the rate of population growth and reflects the wider range of care and advice being sought from ambulance officers as our community ages and more chronic illness is managed effectively in a community setting.

These changes are challenging our conventional service delivery systems. We have spent some time examining new clinical interventions, technology and approaches to treatment with other health care providers. This will be an important investment for responding to the future needs of our community and a number of new care models will become available for next year.

This year, despite a 5.5 per cent increase in workload to over 999,000 responses (an average of 2,737 per day), our clinical indicators and response time performance continued to improve. These are credible performances that result from a combination of additional resources and staff embracing new and more sophisticated clinical care and operational systems.

Rural areas benefited from additional ambulance officer positions to improve both roster coverage and relief arrangements. In Sydney extra ambulance officers and patient transport officers increased coverage. Significant upgrades were also made to radio systems, fleet, clinical equipment and the Ambulance intranet network to support a number of operational and clinical developments.

The new 'Matrix' system that organises the emergency department network according the clinical specialities available at each hospital has been very successful. The Matrix provides real time information to ambulance officers so they can identify the most appropriate hospital destination for their patient's clinical presentation. The time taken by hospitals to accept ambulance patients improved by 17.4 per cent compared to last year and 35.7 per cent compared to the winter of 2004. The Matrix—which replaces the old 'Code Red' system that diverted ambulance away from hospitals—has resulted in better operational efficiency. For example, the average time taken to complete a case reduced by 34 per cent on last year, allowing more ambulances to be available to respond to emergency calls.

Clinical support and training upgrades continued. A new approach to clinical professional development has been well accepted and one third of all qualified officers completed their three year 'Certificate to Practice' requirements. All officers now undertake regular professional development skills checks similar to regimes adopted across many professional disciplines.

There was one external review this year. The NSW Independent Pricing and Review Tribunal found the Ambulance Service to be as efficient as or more efficient than other services in Australia and a new fees structure was introduced on 1 July 2006. The new fees structure increases some charges and reduces others to provide a fairer system for rural communities and allows revenue to increase along with workload. The NSW Government provides the highest level of ambulance funding in Australia and the new charges will help meet demand growth in the short term. In the longer term, the Tribunal recognised that ambulance services everywhere are being called upon to deliver a wider range of emergency health care and recommended funding arrangements be reviewed nationally. We will pursue such a review which will be a major undertaking requiring support across all levels of government.

Once again we were called upon to support an Australian Government response to a major tragedy in our region. Ambulance set up a 24 member health team, lead by Dr David Cooper, for the 16 day mission to Java in Indonesia under the auspices of AUSAID. We would like to recognise the skills, professionalism and commitment of all our staff involved in this mission, both in Australia and on deployment in Java.

The Ambulance Board was replaced on 17 March 2006 with the Ambulance Service Advisory Council, similar to governance arrangements for other health entities. We would like to extend our thanks to Board colleagues for their leadership and support and we look forward to their continued contribution as part of the Advisory Council. The significant assistance provided by the Minister and his staff and the Department of Health during the reporting year must also be recognised.

Sincere thanks go our volunteer ambulance officers who play a pivotal role in service delivery in rural and remote locations. Thanks also to the community representatives who continue to provide important perspectives and contributions in various Ambulance forums leading to improvements to Ambulance operations and patient care.

Barrie Unsworth
Board Chair

Greg Rochford
Chief Executive

Ambulance Executive

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

Greg Rochford
Chief Executive
SES Level 5
Greg was appointed to the position of Chief Executive Officer on 16 August 1999. He holds qualifications in nursing, law and criminology. Previous positions include a range of clinical and managerial roles in nursing, head of investigations within the Health Care Complaints Commission, policy implementation roles with the central office of NSW Health and Chief Executive Officer of the Far West Area Health Service.

Mike Willis
BHSc, MACAP
General Manager, Operations
HES Level 3 (equivalent)
Mike was appointed General Manager, Operations in June 2005. Mike was previously Director, Operational Services and Director, Metropolitan Ambulance Services. Mike has been a career ambulance officer for over 20 years, serving at various stations throughout NSW. Trained as a paramedic in 1986, he maintained a high clinical profile in metropolitan Sydney. Following four years as Executive Staff Officer he was appointed as Sector Manager, Wentworth, Western and South Western Sydney. Previously, Mike was the Director of Operations for the Auckland Ambulance Service, New Zealand.

Robert Gray
AIMM, FAIM MMgt
General Manager, Corporate Services
SES Level 3 *(Robert resigned from Ambulance on 30 June 2006)*
Commenced on 31 May 1999 following 30 years experience in local government. Robert fulfilled many roles including that of General Manager, Assistant General Manager, Director Corporate Services and Director Community Services at two of the largest councils in New South Wales.

Michael Flynn
D Obs RCOG, D Ven, FRACGP FAFOM
General Manager, Medical Directorate
SES Level 3 (Medical Specialist)
Following a 30 year career as a Medical Officer in the Royal Australian Navy, Michael was the Director, Counter Disaster and Olympic Planning Unit, Public Health Division of NSW Health prior to his appointment in February 2001. He fulfils the statutory role of State Health Services Functional Area Coordinator and has frequent contact and experience with other emergency services in the planning and delivery of pre-hospital care.

Dr David Cooper
BMed MMgt MBA FACEM
Director NSW Health Counter Disaster Unit & State Medical Controller
David is an emergency physician and has worked for the Service since late 2001. Prior to his current position, he was Area Director of Emergency Services in Western Sydney Health Service. He has been responsible for the development of the national and state emergency plans including the Australian Mass Casualty Burn Disaster Plan. David has beeen involved in both Bali bombings, the Asian tsunami and led the AusAID civilian medical team to Yogykarta in Java following the earthquake in May 2006.

Dave Hodge
MBA, **Director, Clinical Services**
SES Level 2 (equivalent)
Dave commenced his ambulance service career in the UK in 1979. He qualified as a paramedic and held numerous positions at senior and executive levels. Dave moved to Charles Sturt University to manage their pre-hospital care program in 2000 before taking up his position with Ambulance in 2002.

Ambulance Executive

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

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 Ambulance with over 30 years experience in the public health system in clinical, financial, human resource and data management roles.

Other Ambulance (SES) Positions

Ken Pritchard
Divisional Manager, Sydney Division
SES Level 1 (equivalent)
Appointed as Divisional Manager, Sydney Division in January 2004, previously Senior Operations Centre Officer at Sydney Operations Centre. Ken has over 26 years experience in Ambulance having started his career as an ambulance officer in 1978. He has held several operational management positions throughout NSW. He managed the Sydney Operations Centre during the relocation to the present site as well as during the transition phase to computer aided dispatch.

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

Dennis Willis
BHSc (Mgt), Dip HS (Pre-hosp Care)
Divisional Manager, Western Division
SES Level 1 (equivalent)
Appointed as Divisional Manager, Western Division in February 2002, previously Area Manager, Illawarra and South Eastern. Dennis has over 41 years experience in Ambulance, having started his career as an honorary ambulance officer in 1965. He has held several operational management positions including Regional Superintendent (Central Western Region), Deputy Divisional Superintendent (Southern Division) and Acting Director, Rural Ambulance.

Denis Beavan
BA Health Science
Divisional Manager, Southern Division,
HES Level 1
Appointed to Divisional Manager, Southern Division in February 2002, previously positions included Sector Manager, South Eastern Sector, Illawarra and South Eastern Area. Denis has over 29 years experience in Ambulance having started his career as an ambulance officer in 1977. He has held several operational management positions, include operations Centre Coordination, Deputy Superintendent, South Eastern District and Station Manager in rural and remote areas which involves the NSW Snowfield Operations.

2005/06 Performance Agreement with NSW Health

The Performance Agreement is made pursuant to section 126 of the *Health Services Act* 1997 in 'a spirit of mutual partnership' and sets out the key priorities, performance and deliverables expected of Ambulance. Key achievements under the 2005/06 Performance Agreement are shown below.

NSW HEALTH GOAL: PROVIDE THE HEALTH CARE PEOPLE NEED

EMERGENCY CARE WITHOUT DELAY

> In 2005/06 the 50th percentile response time for potentially life threatening cases was 9.53 minutes for the state and 9.07 minutes for the Sydney metropolitan area. The result is achieved in the context of a 5.5 per cent increase in demand.

> Improvements in emergency and non-emergency response times were assisted by staffing enhancements in metropolitan and rural areas.

> Ambulance response times are also benefiting from improved off-stretcher times at emergency departments.

Quicker ambulance turnarounds at hospitals means that more ambulances are available to respond to life threatening situations via '000' calls.

> Response times for the State are affected by higher response times in rural and remote areas: In rural and remote NSW, ambulances need to travel further and there is a higher percentage of out of hours work when ambulance officers are 'on call', which adds to mobilisation times.

NSW HEALTH GOAL: DELIVER HIGH QUALITY HEALTH SERVICES

CONSUMERS SATISFIED WITH ALL ASPECTS OF THE SERVICE

> Ambulance recorded a 98 per cent patient satisfaction score in the 2005/06 Patient Satisfaction Survey.

> The patient allocation matrix that is used to manage distribution of patients across the hospital network in the Sydney region was expanded to the inner-Hunter region. The multi-dimensional matrix software allows Ambulance to better manage the distribution of ambulance patients across the hospital network. Ambulance Status Boards are a tool that assists hospitals to manage Ambulance demand.

> In partnership with Area Heath Services, ongoing improvements were made under the Sustainable Access Program to patient flow with reductions in off-stretcher time resulting in improved service delivery and improved management of patients presenting at emergency departments.

> Procedures for the deployment of Ambulance Release Teams were formalised and are now funded by Area Health Services.

> A training package for management of patients experiencing a mental illness was developed.

> A Memorandum of Understanding was signed with the NSW State Emergency Service for a pilot of two community first responder programs.

HIGH QUALITY CLINICAL TREATMENT

> Clinical protocols were reviewed and a cardiac care management strategy was developed.

> Improved arrangements to monitor Medical Priority Dispatch System compliance and appropriateness for Ambulance operations.

> Improvements were made in the time on scene less than 20 minutes for patients with non-traumatic chest pain and a 20per cent improvement was recorded in the number of patients with suspected myocardial infarction administered aspirin.

> The Clinical Action Plan was implemented and the Clinical Governance Committee commenced receiving reports on reliability of reporting on patient health care records, defibrillator battery checks, compliance with non-transport protocol and peer review programs.

2005/06 Performance Agreement with NSW Health

Ambulance has again demonstrated a capacity to operate within its budget in the face of unpredictable demand and high expectation of service delivery. Benchmarks set for payment of creditors have been exceeded; salary packaging and revenue best practice were implemented.

NSW HEALTH GOAL: MANAGE HEALTH SERVICES WELL

SKILLED AND MOTIVATED STAFF WORKING IN INNOVATIVE ENVIRONMENTS

> 125 additional staff were deployed in the Sydney metropolitan region including 55 ambulance officers, 19 rapid responders, 21 patient transport officers and 20 operational centre staff.

> 169 additional staff were deployed in rural areas including 126 ambulance officers, 28 patient transport officers and 15 training/ education staff.

> New skills training for ambulance officers was progressively rolled out with officers in rural areas given priority for training places.

> The Incident Information Management System (IIMS) was made available on-line and training provided to all station officers.

> 33 per cent of ambulance officers completed recertification annually.

> A performance appraisal system was implemented for senior staff.

> Frontline supervisory and management development programs were designed and made available at District Officer level.

SOUND RESOURCE AND FINANCIAL MANAGEMENT

> In 2005/06 all outstanding loans were repaid ($2.7 m).

> A Total Asset Management Plan was developed.

> A wide area network connection was provided to every Ambulance facility ensuring all stations have access to a computer with internet access.

> Dedicated wireless mobile data network connection and mobile data terminals were provided to all operational vehicles.

> New call-taking and dispatch models were implemented in the Sydney Operations Centre.

> The Independent Pricing and Regulatory Tribunal Report on Ambulance was published and recommendations relating to fee structures were implemented on 1 July 2006.

PERFORMANCE INDICATORS	BASELINE	2004-05	2005-06
Potentially life threatening cases 50th Percentile response time (minutes)	State	9.82	**9.53**
	Metro	9.60	**9.07**
Potentially life threatening cases 90th Percentile response time (minutes)	State	19.75	**19.55**
	Metro	17.33	**16.48**
Overall compliance and accuracy with emergency call taking processes at all Operations Centres:			
Total ProQA Compliance Score — Sydney Division	93%	90%	**95%**
Total ProQA Compliance Score — Northern Division	94%	90%	**98%**
Total ProQA Compliance Score — Southern Division	93%	90%	**96%**
Total ProQA Compliance Score — Western Division	95%	90%	**93%**

Corporate Governance

The Ambulance Service Board was responsible for corporate governance practices. The Board carried out all its functions, responsibilities and obligations in accordance with *the Ambulance Services Act 1990* and *Regulations 2000*. The *Act* was repealed on 17 March 2006 and the Ambulance Services Advisory Council was established under section 67C of the *Health Services Act 1997*.

Board membership consisted of a Chair, a Deputy Chair, the Chief Executive Officer as an ex-officio member, and four other non-executive members including a staff elected representative. The Board ensured primary governing responsibilities of the Board were 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
> Ensuring ethical practice.

BOARD MEMBERSHIP AND TERMS OF OFFICE

Board membership and terms of office are shown as at 30 June 2006.

Board Members	Terms of Office
Chairman of the Board	
The Hon Barrie Unsworth	20/03/01 to 17/03/06
Deputy Chairman of the Board	
Mr Jon Isaacs	17/03/00 to 17/03/06
Chief Executive Officer	
Mr Greg Rochford (ex-officio member)	appointed 16/08/99
Board Directors	
Ms Angeline Oyang	04/09/97 to 17/03/06
Ms Maria Pethard	04/09/97 to 17/03/06
Ms Linda Barach	10/11/03 to 17/03/06
Staff Elected Board Director	
Mr Jim Arneman	27/06/00 to 17/03/06

BOARD MEMBERS

The Hon Barrie Unsworth, Chair

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

Jon Isaacs, Deputy Chair

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

Greg Rochford

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

Angeline Oyang OAM

Angeline directs her own consultancy company and is trained in social work and communications. She has a long history of involvement in ethnic affairs, ethnic communities councils, refugee and migrant settlement. She was the Executive Director of the Hong Kong Council on Smoking and Health, former President of the Australian Chinese Community Association and the former Secretary of the Australian Nursing Home Foundation. Angeline was a board member of the NSW Board of Adult Education. She is an executive member of the Australian Chinese Forum.

Corporate Governance

The Board is committed to better practices contained in the *Guide on Corporate Governance*, issued jointly by the Health Services Association and NSW Health. The Ambulance Service Board met on four occasions between 1 July 2005 and 17 March 2006.

Dr Maria Pethard

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

Linda Barach

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

Jim Arneman

Jim was elected to the Ambulance Board as Staff Director in 1998 and re-elected for further terms in 2000, 2002 and 2004. He joined Ambulance in 1985 and has worked in Sydney, regional, rural and rural remote areas of the state. Jim currently holds Advanced Life Support certification and is the officer in charge at Tea Gardens. He has been an executive member of the Northern Sydney, New England and Outer Hunter sub branches of the Health Services Union since 1998 and is a current HSU State Delegate. He is Chairperson of the Ambulance Award AAC and has ongoing involvement in rural staffing, rural/remote incentives, and advancing skills working group.

COMMITTEES OF THE AMBULANCE SERVICE BOARD
as at 17 March 2006

> Corporate Governance Committee
> Finance Committee
> Audit Committee
> Clinical Governance Committee

For information on the objectives and membership of these committees see page 68 of this Report.

RESOURCES AVAILABLE TO THE BOARD

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

STRATEGIC DIRECTION

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

RISK MANAGEMENT

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

AMBULANCE SERVICE ADVISORY COUNCIL

The role of the Ambulance Services Advisory Council is to provide advice to the Director-General Health on the exercise of the Director-General's functions in relation to the provision of ambulance services. The Council does not have a managerial or operational role. The governance functions of the former Board are now carried out by the Chief Executive. Council members participate in the activities of governance committees established by the Chief Executive.

There were two meetings of the Ambulance Service Advisory Council in 2006 that were attended by Board Members:

	Board Meetings Attended	Advisory Council Meetings Attended
Mr Barrie Unsworth	4	2
Mr Jon Isaacs	4	2
Mr Greg Rochford	4	2
Ms Angeline Oyang	4	2
Mr Jim Arneman	4	2
Ms Maria Pethard	4	1
Ms Linda Barach	4	2

Corporate Governance

As part of Ambulance's commitment to the highest standard of conduct, the Board members and the Executive team adopted a Code of Ethical Behaviour as a guide to carrying out their duties and responsibilities. The Code covers such matters as: responsibilities to the community; compliance with laws and regulations; and ethical responsibilities. An updated Code of Conduct that applies to all Ambulance employees was also released.

CODE OF CONDUCT AND ETHICS
Ambulance has a commitment to provide ethical practices for the community. The Code of Conduct describes the values and ethical framework that guides the organisation in the actions, decisions and behaviours, which underpin provision of those services. All staff members are required to behave in a manner consistent with the stated values and standards and report any suspected corrupt conduct or any departure from the Code by themselves or others.

INTEGRITY MANAGEMENT PLAN
Ambulance has adopted an Integrity Management Plan to strengthen ethical governance. Many components of the plan have been developed and have been or are ready to be implemented including:

> a new Code of Conduct

> a new Complaints Handling Policy

> a statement of Business Ethics

> a review of S8 drugs.

COMPLAINTS DATA
A total of 756 complaints were received by Ambulance in 2005/06, compared to 492 in 2004/05. This increase reflects greater access to complaints handling mechanism after the introduction of the Incident Information Management System (IIMS) in December 2004.

VARIATIONS TO CLINICAL PRACTICE
Clinical risk reporting enables Ambulance to identify cinical incidents and sentinel events to enable specific and targeted processes to be enacted to reduce the risk of re-occurrence.

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

PROFESSIONAL STANDARDS AND CONDUCT UNIT
The Professional Standards and Conduct Unit (PSCU) is responsible for strengthening ethical governance and managing disciplinary matters, investigations, serious grievances and protected disclosures. The PSCU also manages risk in terms of the conduct of staff and/or management of complaints.

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

85 new matters and 67 matters were finalised in the period (compared to 124 new matters and 133 finalised in the preceding year).

PSCU cases July 2005 to June 2006
Some of the matters dealt with by the PSCU include:

> 5 matters dealt with under the *Protective Disclosures Act 1994.*

> 4 matters referred by the Independent Commission Against Corruption.

> 3 matters referred from the Human Rights and Equal Opportunity Commission.

> 22 matters referred by the Health Care Complaints Commission.

> 3 matters referred from the New South Wales Ombudsman.

> 21 matters involving misconduct of staff dealt with under the *Ambulance Services Regulation 2000* and *2005*.

Organisational Structure
as at 30 June 2006

Director General
Robyn Kruk

Ambulance Service Advisory Council
from 17 March 2006
Chair Barrie Unsworth

Chief Executive Greg Rochford

Executive Support Unit

Professional Standards and Conduct Unit
Marian O'Connell, Director

Public Affairs
Kathryn Wood, Director

Medical Directorate
Dr Michael Flynn, General Manager

- **NSW Health Counter Disaster Unit**
  Dr David Cooper, Director

- **Clinical Services**
  David Hodge, Director
  — Patient Safety
  — Clinical Performance
  — Clinical Professional Development
  — Education

Operations
Mike Willis, General Manager

- **Special Operations Unit**
  George Smith, Director

- **Aeromedical & Retrieval Services**
  Dr Ron Manning

- **Four Geographical Divisions**
  — Northern Division
     Allan Loudfoot
     Divisional Manager

  — Southern Division
     Denis Beavan
     Divisional Manager

  — Sydney Division
     Ken Pritchard
     Divisional Manager

  — Western Division
     Dennis Willis
     Divisional Manager

Corporate Services
Robert Gray, General Manager

- **Finance & Data Services**
  Julie Newman, Director

- **Workforce Unit**
  Colin Lyttle, Director

- **Infrastructure & Asset Services**
  Wayne Egan, Manager

- **Information Systems & Support**
  Roger Hanssen, Director

- **Service Planning**
  PN Nageswaran, Manager

Organisational Structure

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

Operations Division

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

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

Sydney Division
Most densely populated of all divisions, extending from Cowan in the north, to Wingello in the south and Mt Victoria in the west.

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

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

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

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

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

Special Operations Unit
The Unit has a key responsibility to ensure the compatibility of Ambulance operations and disaster planning and special operations frameworks.

Medical Directorate

Key responsibilities of the Medical Directorate include:

> Clinical Governance via the Medical Advisory Committee and the Clinical Review Group.

> Clinical Services, embracing clinical performance; clinical quality improvement; patient safety; clinical professional development for operational officers and systems to effectively support officers in their clinical practice.

> Developing key performance indicators for patient safety and establishing clinical data for identifying risks and improvements in clinical practice in pre-hospital care services.

> Representing Ambulance on a wide range of external strategic health committees reflecting acceptance of the role of ambulance officers in 'whole of health' service delivery.

> Ambulance Education, a Registered Training Organisation, providing induction and in-service clinical training and clinical assistance programs. The Ambulance Education Centre at Rozelle is supported by training units located at Macksville, Lismore, Gilgandra, Hamilton, Point Clare, Bankstown, Bomaderry, Goulburn and Wagga Wagga with clinical training officers throughout rural and metropolitan areas providing educational and assessment processes for officer clinical certification.

> An infection control program geared towards minimising infections and infection risk for patients and providers of pre-hospital care.

> Research and education for illicit substance abuse.

> Early Triage of Acute Myocardial Infarction (ETAMI) project.

> Oversight of research and development initiatives by ambulance officers in the provision of pre-hospital clinical care.

> Undertaking special projects of a clinical nature to enhance operational performance.

> The Medical Directorate also oversees the NSW Health Counter Disaster Unit, reporting ultimately to NSW Health's Chief Health Officer to address all aspects of disaster planning and undertake projects relating to health emergency.

Organisational Structure

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

Corporate Services Division

Finance and Data Services
Finance and Data Services is responsible for the management of information and data integrity, as well as Ambulance financial resources.

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

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

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

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

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

The following areas report to the Chief Executive:

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

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

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

Operational Report

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

Major goals and outcomes

> **Sustainable Access Program**: The following Program initiatives were implemented during 2005/06:

— Post winter review forum held to identify opportunities to improve Patient Flows;

— Refinement of the Patient Allocation Matrix to enhance reporting functionality and related vehicle upgrades;

— Introduction of the Patient Allocation Matrix to the Inner Hunter Area;

— Maintenance of the Health Services and Ambulance Working Party/User Group; and

— Review of Sydney Area Patient Allocation Matrix thresholds in Sydney Area.

> **Major incidents and exercises:** Ambulance participated in several major incident and counter terrorist exercises including: Operation 'Neptune's Treasure'; ERMERGO training, State Rail Authority exercise; and Mercury 05, a large-scale counter terrorism exercise. Ambulance officers were deployed to the Cronulla riots to provide assistance to police and treat and transport patients. Major training has been completed with State Rail regarding incidents along the Illawarra Rail corridor.

> **Improved Disaster preparedness:** Along with the training initiatives and participation in local emergency management exercises, the Southern Division put forward a successful proposal for improved Major Incident Support resources.

> **Mobilisation procedures:** Statistics from State Headquarters are being used to monitor mobilisation procedures to minimise delays in mobilisation.

> **Incident/Disaster Plan:** Developed activation procedures for Ambulance Chaplains and Peer Support Officers and included these procedures in the Ambulance Major Incident/Disaster Plan to ensure support for staff, patients and bystanders if the Plan is activated.

> **Improved multi-agency cooperation:** Combined agency rescue training at a local level has commenced for all emergency services in line with State Rescue Board recommendations. Organisations involved include the NSW Fire Brigades, Volunteer Rescue Association, State Emergency Services and Police.

> **Relationships with Area Health Services**: Developed notification and escalation procedures for use in the event of access block. Better communication has led to improved data collection and delivery to health services highlighting opportunities to minimise delays.

> **Community First Responder programs:** Continued discussions with community groups, the NSW Fire Service and the NSW Fire Brigade on establishing Community First Responder programs. Phase One of the First Responder partnership with the SES has begun and First Responders have been set up at Nundle and Captain's Flat.

> **Committees:** Participated in the Combined Control Committee with NSW Police and Fire Brigades. Involvement in state-wide flu pandemic planning. A process improvement committee was established with Hunter and New England Area Health Service.

> **Partnerships in Health Initiative:** Developed a new project has been developed in conjunction with the Greater Southern Health Service looking at better utilisation and service delivery of Health Services at remote locations. Four trial sites have been identified (Hillston, Coleambally, Jerilderie and Barham) where communities, local health professionals and ambulance staff have been consulted as to what opportunities exist to extend inter-service cooperation.

Future initiatives

> **Relationships with Area Health Services**: A new project has been developed in conjunction with the Greater Southern Area Health Service looking at better utilisation and delivery of health services at remote locations. Ambulance will also be involved in Renal Transport Focus and Rural Mental Health Access groups in both the Greater Southern and Hunter and New England Area Health Services.

> **Patient flow services:** Involvement with Greater Western and Hunter and New England Area Health Services in the development of patient flow services to facilitate Ambulance involvement in booking and transport of non-urgent patients.

> **Stroke Initiation Protocol:** Implementation of a protocol for the early assessment and treatment of patients in conjunction with Hunter and New England Area Health Service and John Hunter Hospital.

> **Major incident exercises:** Continuation of Ambulance involvement in a range of major incident training exercises throughout 2006/07.

> **Volunteers:** Implementation of the Volunteer Project outcomes to ensure consistency across Western Division.

Improving the patient journey

The SWITCH project has been developed to improve the ambulance patient journey by improving the efficiency and effectiveness of Sydney Operations Centre processes.

The patient journey was considered to start at the receipt of a '000' emergency call, or the receipt of a '131' patient transport booking from one of Ambulance's partner health providers and to conclude with the transport of the patient to the required destination.

The Operational Framework developed for the Sydney Operations Centre recognises the specific nature and focus of the Centre and its contribution to Ambulance as a whole.

The implementation phase of the Switch Project has commenced and has initially focused on the two specific elements of the Project— the Performance Management Framework and Enhanced Supervision. These components incorporate the development of key performance indicators, a coaching model and competency framework which are scheduled for implementation within the Sydney Operations Centre by the end of 2006.

SWITCH is a project under the Sustainable Access Program and is being delivered through the Clinical Service Redesign program.

Clinical Report

Clinical Governance functionality has been established and substantial progress made towards agreed targets within NSW Health's Patient Safety and Clinical Quality Program. Clinical indicators have been established and continue to be developed to guide the identification of areas for clinical practice improvement and devolving those responsibilities to the Operational Divisional Clinical Quality Committees.

Major Goals and Outcomes

> **Clinical Action Plan:** Ambulance completed or made substantial progress against 94.5 per cent of the stated objectives of the Clinical Action Plan. The Plan guides clinical developments and enables the Clinical Governance Committee to monitor progress and completion of clinical objectives.

> **Clinical developments:** Initiated an improvement program to improve patient outcomes aligned to clinical performance indicators. Completed the KOALA project which analysed and reported on data collected on clinical protocol compliance for spinal injury, asthma and limb injury.

> **Clinical Professional Development:** Ongoing enhancements to the ambulance officer certification process, an advancing skills program, identifying opportunities where ambulance officers might contribute to enhancing health services in rural and remote communities, cardiac care, and developing programs and linkages with the tertiary sector.

> **Review of Committees:** Reviewed and reconfigured the Clinical Governance Committee, the Divisional Clinical Quality Committees and the Medical Advisory Committee to encourage more direct involvement of ambulance clinicians at Divisional and operational levels.

> **Advancing Skills Project:** Implemented the Advancing Skills Project which will involve replacing the current three tier clinical grading with two tiers and have commenced with associated upgrading of all ambulance officer skills.

> **Incident Information Management System** (IIMS): Implemented IIMS resulting in enhanced reporting of adverse events, near misses and complaints involving patient care leading to improvements in systems and procedures thus improving patient care. Clinical incidents involving allegations of adverse outcomes for patients are investigated through the Root Cause Analysis procedure and recommendations for systems and procedural improvements have been implemented.

> **Mental Health:** Ambulance, in conjunction with the Centre for Mental Health commenced a detailed project funded by NSW Health to improve the pre-hospital and inter-hospital service delivery and management of mental health emergencies.

Clinical Governance Unit Priority Actions

Ambulance has worked closely with NSW Health's Quality and Patient Safety Branch to comply with requirements for the formal establishment of a Clinical Governance function and associated standards relating to incident reporting, clinical quality, and patient safety. While Ambulance has had such functionality in place for several years, it relies on joint responsibility for the NSW Health Clinical Quality and Patient Safety resting with the Clinical Services and Professional Standards and Conduct Units. As part of these arrangements, Ambulance's Clinical Governance Committee oversees the program and is supported at the local level by Divisional Clinical Quality Committees that meet regularly in each of Ambulance's five divisions.

Policies addressing the management of serious incidents are in place and Ambulance utilises the electronic Incident Information Management System (IIMS) to notify, classify and monitor incidents. Ambulance is responsive to incidents and vigilant in monitoring the outcomes of reviews with upwards of 80 per cent of recommendations arising from reviews of serious incidents being implemented. Ambulance has developed procedures to routinely review all deaths within its care within 45 days. Complaints and concerns expressed by consumers of services are also reported and monitored on IIMS. Data collected from complaints are reviewed and analysed regularly to ensure Ambulance is responsive to consumer concerns.

> **Trauma Support:** Ambulance received project funding from the Institute of Trauma and Injury Management for the deployment of two trauma clinical support officers.

> **Patient Safety Officers:** Following the appointment of the Manager, Patient Safety, two further Patient Safety Officers have been appointed to support patient safety initiatives within rural areas and to support the coordination of patient safety from State Headquarters.

> **Variations to clinical practice:** Incorporate the reporting of variations to clinical practice (VCP) with NSW Health's IIMS which ensures that all VCP notifications are automatically sent directly to the Clinical Review Group.

> **SAFTE program:** Participated in NSW Health's Sub-Acute Fast Track Elderly Care (SAFTE) Program which is a project focusing on people older than 75 who are at risk of acute deterioration but who would previously have been taken to an emergency department.

> **Infection Control:** The Ambulance Infection Control Program continues to focus on minimising the acquisition of infection by consumers and providers of pre-hospital care through the provision of infection control procedures and ongoing education to all levels of ambulance training.

> **Occupational Screening and Vaccination:** This program was provided to all new clinical staff and is being rolled out to all existing staff members during 2006/07.

> **Increased teaching load:** Student numbers have continued to increase with 1,727 students attending courses in 2003/04; a further 3,246 in 2004/05 and 5,175 in 2005/06. The increase has been due to high induction numbers, clinical skills upgrades, certification courses and voluntary tutorials.

> **Online Learning:** The Ambulance Education Centre (AEC) has continued to develop its capacity to deliver clinical online learning. Two courses are currently available: *Critical Thinking in Fluid Administration* and *Geriatric Trauma*. The AEC has increased the number of educators trained in the facilitation of online courses.

> **Simulation room:** The AEC now has a dedicated simulation room that allows participants to engage in patient management in the absence of the physical presence of educators or observers.

> **Reclassified positions:** Twenty-one of the AEC's technical educators were reclassified to paramedic/clinical educators in recognition of the changing role of the position towards curriculum development and the use of contemporary education modalities.

Future initiatives

> **Enhancing heath services in rural communities:** Ambulance is collaborating with the Greater Southern Area Health Service to establish four pilot sites where ambulance officers may contribute to enhancing health services in rural and remote communities. Continue to identify and implement clinical geographical packages to meet the needs of communities in rural and remote areas.

> **Care and referral protocols:** Test expanded decision making protocols for ambulance officers to facilitate appropriate care or referral for low acuity cases.

> **Training:** Enhance the undergraduate and postgraduate ambulance curriculum to further improve assessment skills. Continue implementation of the new baseline core skill set for all ambulance officers.

> **Cardiac care strategy**: Implement an integrated cardiac care strategy which will provide minimum levels of care, enhance public awareness, and work with the wider health system to improve patient pathways to definitive care.

> **Clinical Improvement:** Roll-out the Clinical Improvement Program. Continue to focus on enhancing clinical skills across the Sector to increase the level of contemporary patient care to the public. Undertake a Clinical Excellence Commission audit.

Management Report

Ambulance corporate, business and service plans have been developed and the performance planning framework linked to the Corporate Plan has been reviewed. Strategic, service and operational planning expertise has been utilised in partnership with NSW Health and key stakeholders to align planning to government and health priorities.

Major goals and outcomes

> **Ambulance Corporate Plan:** Published and distributed the Ambulance Corporate Plan (2005-2007) internally and externally. Developed the draft five-year Ambulance Corporate Plan for 2006-2010 incorporating and aligning with the NSW Health Futures Planning strategic priorities.

> **Performance Planning:** Reviewed and streamlined the performance planning framework that measures the Corporate Plan (2005-2007).

> **Health Futures Planning:** Participated and assisted in the feedback and distribution of the NSW Health Futures Planning strategic priorities and Future Directions for Health in NSW.

> **Workforce:** Restructured the Human Resources Unit. The new Workforce Unit structure more effectively reflects the future strategic, workforce planning, leadership development and service delivery directions for Ambulance. Staff enhancements were implemented for ambulance officers, patient transport officers and rapid responders. A computerised rostering system has been introduced and multi-skilling has been implemented for staff. A performance management system has been introduced for senior operational managers.

> **Managing Leave:** Issued new Sick Leave procedures and implemented monthly reports to the Executive and managers to assist with the monitoring of sick leave trends and the reduction of sick leave useage.

> **Risk Management:** Implemented a Risk Management Policy and a Risk Management System incorporating the Enterprise Risk Management Framework. Awareness of Risk Management was promoted throughout Ambulance through formal presentations and visits to the Divisions.

> **Peer Support Officers:** Selected and trained 47 new Peer Support Officers including Communications Assistants from the Operations Centres to improve support to staff following traumatic incidents at work.

> **Occupational Health and Safety (OH&S):** Developed a manual handling key performance indicator for reduction of manual handling incidents. Developed an OH&S web page on the Intranet for the dissemination of OH&S information, policies and procedures. Implemented a review of OH&S Committees and implemented a workplace OH&S Inspection Checklist.

> **Aboriginal Traineeship:** Implemented a twelve month Aboriginal information technology traineeship with the first trainee commencing in July 2006.

Future Initiatives

> **New Corporate Plan:** Publish the five-year Ambulance Corporate Plan (2006-2010).

> **Corporate Performance Planning:** Develop a new corporate performance planning framework that links into the five-year Ambulance Corporate Plan and assist in the development of business and functional plans.

> **Workforce:** Review the provision of support services to staff under the Employee Assistance Program and call for tenders for an external provider. Complete staff enhancements, roster reform and multi-skilling of the workforce. Undertake management development training for supervisors and strategic planning to ensure ongoing staff development.

> **Accreditation requirements:** Conduct a review with the Ambulance Education Centre on the accreditation requirements for Aboriginal cultural awareness training for Communication Assistants to meet National VETAB accreditation.

> **Peer Support policies:** Employment Services is developing new policies for the Peer Support and Employee Assistance Support Programs. Ambulance is assessing the option of providing refresher training to Peer Support Officers to improve access and services under the program.

Equity and Diversity (EEO)

MAJOR GOALS AND OUTCOMES

> **Conflict resolution:** Implemented a new model to resolve chronic conflict and bullying in the workplace.

> **Ethical and behavioural standards:** Trained all new staff in workplace behaviour and managers to manage harassment and bullying.

> **EEO spokeswomen:** Appointed three new EEO spokeswomen to provide assistance to operational staff in Western and Northern NSW and to all Operations Centres.

> **Recruitment:** The representation of indigenous Australians at 2.1 per cent of the workforce remains above the benchmark level of 2 per cent, an increase on the number in the previous reporting period. Active recruitment of Indigenous Australians, women and people with a first language other than English continued through the streamed entry pathways for Trainee Ambulance Officers and Patient Transport Officers.

> **Aboriginal employment:** Secured an $18,500 grant from the NSW Premiers Department for Aboriginal employment and a series of display banners, posters and brochures were produced, featuring Aboriginal employees. Assistance and advice was provided to TAFE NSW to help establish a new 'job ready' course for Aboriginal people who want to work in an emergency service organisation.

> **Apprenticeships for People with Disabilities Program:** Participation in this program continued with one new apprentice motor mechanic appointed and the existing apprentice continuing employment.

> **Women's Career Development:** A draft discussion paper was submitted and discussed by the Corporate Governance Committee. This provided a substantial and detailed profile of women employees and their development.

FUTURE INITIATIVES

> **Medical assessments:** Implement an occupational test for colour vision for entry level operational positions to provide an improved and fairer medical assessment related to the inherent requirements of the job.

> **Family support:** Develop a checklist for managers who seek to assist and support new mothers requiring breaks at work for breast-feeding.

Ethnic Affairs Priority Statement

MAJOR GOALS AND OUTCOMES

> **Multicultural resources:** Developed a distribution strategy to ensure that multicultural resources are disseminated to government, non-government, community organisations, general practitioners, Migrant Resource Centres and other allied health services.

> **Multicultural open days:** Ambulance attended and presented to a range of multicultural groups and Ambulance media releases were disseminated to ethnic print and radio media.

> **Telephone Interpreting Service:** The Telephone Interpreting Service provided language support for emergency calls to facilitate service delivery to non-English speaking groups.

> **Multicultural awareness:** Trained new operational staff in multicultural awareness.

FUTURE INITIATIVES

> **Data on service provision:** Continue to collect data on the staff use of community languages and use of the Telephone Interpreter Service in service provision.

Technical Report

A total review of the Information Management and Technology Strategic Plan was completed in December 2005. This Plan will be used as the basis for funding requests in 2006-2007 and beyond, and also links to the NSW Health Strategic Directions for Information Management and Technology.

Major goals and outcomes

> **Wide Area Network Project:** Completed the Wide Area Network project in 2005 resulting in every Ambulance facility being connected to the Ambulance data network. The project ensured that there was at least one PC and printer at each site that was able to provide staff with access to email and the Intranet.

> **Rural Data Radio Service:** Provided 695 rural ambulance vehicles with the same data capability as currently deployed in Sydney and the Central Coast. The data capabilities of all rural vehicles are scheduled to be installed by the end of 2006.

> **Mobile Data Radio Service:** Participated in the Mobile Data Radio Service trial in New England. This project is critical to the development of the Rural Data Radio System providing the platform for data transfer across rural NSW. This service was extended to the Central Coast in July 2005.

> **Electronic Booking System (EBS):** The EBS was provided to public hospitals in Sydney during early 2006. The EBS is a web-based application that facilitates the booking of non-urgent transports, which provides 24 hour access and relieves call takers to concentrate on '000' calls in the Sydney Operations Centre.

> **Hazardous materials:** Initiated a staged statewide Asbestos and Hazardous Materials audit program in October 2005 inclusive of remediation works.

> **Fleet replacement program:** The ten year fleet replacement program entered its sixth year with significant achievements including the completion of the GMC replacement program. Sydney and Rural Fleet Enhancements were successfully implemented as part of the 2005/06 program.

> **Defibrillation equipment:** Completed the Heartstart Defibrillator Replacement Program two years ahead of the deadline. An annual defibrillator safety and performance testing program was implemented.

> **Soft Phone system:** Implemented the Soft Phone/Genesys platform system in the three Rural Operations Centres and conducted staff training in the new call handling procedures.

> **Telephone services:** Under a NSW Health contract, all fixed and mobile telephone services were ported to Optus during the year resulting in significant savings for call costs.

> **Capital Works:** Completed a number of high-profile projects including re-furbishment of Mascot, Colyton and Campbelltown Ambulance Stations. A capital assets register and management plan has been developed. The plans for integrated health facilities at Bombala, Berrigan, Junee and Batlow have been signed off.

> **Upgrades to Operations Centres:** Completed significant upgrades at the three rural operations centres to replace PABX and associated equipment. The upgrades were the most complex information technology projects undertaken since the original computer aided dispatch project.

Future initiatives

> **Capital works:** Planning is underway for ambulance stations at Dubbo, Ryde, Port Macquarie, Auburn and Liverpool. The Gunnedah Ambulance Station will be completed in January 2007. Multi-purpose service centres are planned for Walcha, Dunedoo, Tottenham, Bingara, Warialda and Nyngan.

> **Technology enhancements:** Upgrade of the Computer Aided Dispatch system, providing each operations centre with access to a statewide view of ambulance activity.

Special Operations and Counter Disaster

In May 2006 the Special Operations Unit (SOU) was formed following a review of the NSW Health Counter Disaster Unit. The Unit has a key responsibility to ensure the compatibility of Ambulance operations and disaster planning and special operations frameworks.

Special Operations Unit

MAJOR GOALS AND OUTCOMES

> **Emergency preparedness:** The Special Operations Unit (SOU) ensures an adequate level of preparedness for Ambulance and the Health response to major emergencies. The unit coordinates all activities involved with Ambulance and Health capability development for counter terrorism. SOU also coordinates and provides special operations training for Ambulance and coordinates the Ambulance training, resourcing and operations of SCAT and Rescue statewide.

> **Counter terrorism:** Statewide presentations were made of the State Major Incident/Disaster Plan (AMPLAN) and counter terrorism discussion exercises were conducted with operational managers.

> **Pandemic planning:** The SOU coordinates Ambulance preparations for a human influenza pandemic and maintains the State and Federal medical stockpile.

> **Multi Agency Incident Training:** Progress Multi Agency Incident Training for emergency services personnel.

FUTURE INITIATIVES

> **Managing operational requirements:** Expand the Unit's base to manage the operational requirements of APEC, World Youth Day and other major events.

> **Medical cache:** Establish a NSW Medical Cache for deployment with the State Urban Search and Rescue (USAR) Taskforce and medical teams.

> **Pandemic planning:** Ongoing Influenza Pandemic preparations through expansion of State and National stockpile, development of Bio-Preparedness Action Plan and State Logistics Distribution Plan.

NSW Health Counter Disaster Unit

An independent review of the NSW Health Counter Disaster Unit (CDU) was conducted during December 2005. The resulting report ecommended a number of changes to the role and functions of the CDU to ensure an integrated policy, planning, research, education and training function for counter disaster preparedness across the NSW health system.

The CDU commenced operating in May 2006 as a strategic counter disaster planning, policy and education unit.

MAJOR GOALS AND OUTCOMES

> Implemented the key recommendations from the report on the review.

> Developed the draft Hawkesbury Nepean Flood Emergency Plan.

> Commenced preliminary health planning for the Catholic Church's World Youth Day which will be hosted by Sydney in 2008.

> CDU and Ambulance Special Operations Unit played a key role in the health response to the earthquake which struck Central Java in Indonesia, on 27 May 2006 (pictured above left).

FUTURE INITIATIVES

> Develop a five year strategic plan which sets out the policy, planning, education and training priorities for emergency management across NSW Health.

> Set guidelines and standards for counter disaster planning.

> Create a performance management framework that will test, monitor and review the adequacy of the counter disaster preparedness of NSW Health.

> Coordinate NSW Health's planning for APEC 2007, World Youth Day 2008 and other special events.

> Work with the Health Emergency Management Committee to ensure Healthplan and all supporting and subplans under Healthplan are regularly reviewed and updated.

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 (the Service):

■   presents fairly the Service's and the consolidated entity's (defined below) financial position as at 30 June 2006 and their performance for the year ended on that date, in accordance with Accounting Standards and other mandatory financial reporting requirements in Australia, and

■   complies with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act) and the *Public Finance and Audit Regulation 2005*.

Audit Opinion Pursuant to the *Charitable Fundraising Act 1991*

In my opinion:

■   the financial report of the Service shows a true and fair view of the financial result of fundraising appeals for the year ended 30 June 2006

■   the ledgers and associated records of the Service have been properly kept during the year in accordance with the *Charitable Fundraising Act 1991* (the CF Act) and the *Charitable Fundraising Regulation 2003* (the CF Regulation)

■   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

■   there are reasonable grounds to believe that the Service will be able to pay its debts as and when they fall due.

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

Scope

The Financial Report and Chief Executive's Responsibility

The financial report comprises the operating statements, statements of changes in equity, balance sheets, cash flow statements, the program statement – expenses and revenues and accompanying notes to the financial statements for the Service and consolidated entity, for the year ended 30 June 2006. The consolidated entity comprises the Service and the entities it controlled during the financial year.

The Chief Executive is responsible for the preparation and true and fair presentation of the financial report in accordance with the PF&A Act. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

Audit Approach

I conducted an independent audit in order to express opinions 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 Standards and statutory requirements, and I:

- assessed the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the Chief Executive in preparing the financial report,

- examined a sample of the evidence that supports:

  - the amounts and other disclosures in the financial report,

  - compliance with accounting and associated record keeping requirements pursuant to the CF Act, and

- obtained an understanding of the internal control structure of 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 Chief Executive had not fulfilled his reporting obligations.

My opinions do *not* provide assurance:

- about the future viability of the Service or its controlled entities,
- that they have carried out their activities effectively, efficiently and economically,
- about the effectiveness of their 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.

Peter Carr
Director, Financial Audit Services

SYDNEY
3 October 2006

Statement of Financial Performance

Ambulance ended the 2006/07 financial year with an over budget result of $2.6m (previous year was under budget by $0.3m). Creditors over 45 days remained at zero. The main items over budget were fringe benefits tax, vehicle leases and fuel, aeromedical costs and doubtful debts expense. These were partially offset by favourability in maintenance expenses, interhospital transport contracts and Ambulance transport revenue.

	2006	2005	Movement	
	$000	$000	$000	%
Expenses excluding losses				
Operating Expenses				
Employee Related	294,445	271,606	22,839	8%
Other Operating Expenses	104,161	93,398	10,763	12%
Depreciation	14,355	14,354	1	0%
Grants and Subsidies	334	542	(208)	-38%
Finance Costs	107	183	(76)	-42%
Total Expenses excluding losses	**413,402**	**380,083**	**33,319**	**0**
Retained Revenue				
Sale of Goods and Services	90,504	74,746	15,758	21%
Investment Income	1,043	1,040	3	0%
Grants and Contributions	6,002	3,419	2,583	76%
Other Revenue	8,240	5,645	2,595	46%
Total Retained Revenue	**105,789**	**84,850**	**20,939**	**25%**
Gain/(Loss) on Disposal	94	139	(45)	-32%
Other Gains/(Losses)	(9,591)	(6,400)	(3,191)	50%
NET COST OF SERVICES	**(317,110)**	**(301,494)**	**(15,616)**	**5%**

SIGNIFICANT MOVEMENTS

Employee Related
The increase represents an Award increase (4%) in July 2005 plus the second year of the Sydney staff enhancement and the fourth year of the Rural enhancement.

Other Operating Expenses
The increase in other operating expenditure (12%) was due to increases in motor vehicle fuel and leases, aero-medical usage and costs related to the 5.0% increase in activity.

Sales of Goods and Services
The increase in sales (21%) was due to increased activity in both inter-hospital contracts and other Ambulance transports.

Grants and Contributions
The increase in grants revenue (76%) was due to increases in revenue for transfer of communication equipment from the Department of Commerce.

Other Revenue
The increase in other revenue (46%) was due to Commonwealth funds received which have since been distributed for the Indonesian tsunami expense claims.

Gain on Disposal on Non Current Assets
The decrease in gain on disposal of non-current assets (32%) was due to a one-off transaction in 2003/04 (insurance write-off of a damaged fixed wing aircraft).

STATEMENT OF FINANCIAL POSITION
In respect of Statement Financial Position variations from budget it is noted that land and buildings were $33m above budget due to the three-yearly revaluation as at 30 June 2006.

2005/06 BUDGET
The net cost of services budget for 2005/06 contained additional amounts for Award increases, helicopters, fees restructure, hospital access block, special projects and increased Queensland ambulance charges. The budget for rescue services of $5.0m has now been approved on an annualised basis. There was also an increase of $11.8m which reflected the restructure of funding for superannuation liability.

Certification of Parent/Consolidated Financial Statementsc for Period Ended 30 June 2006

The attached financial statements of the Ambulance Service of NSW for the year ended 30 June 2006:

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

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

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

iv) The provision of the *Charitable Fundraising Act 1991*, regulations under the Act and the conditions attached to the fundraising authority have been complied with by the Ambulance Service of NSW; and

v) The internal controls exercised by the Ambulance Service of NSW are appropriate and effective in accounting for all income received and applied by the Ambulance Service of NSW from any of its fundraising activities.

Greg Rochford
Chief Executive
Ambulance Service
of New South Wales
29 September 2006

Julie Newman
Director, Finance &
Data Services
Ambulance Service
of New South Wales
29 September 2006

Operating Statements for the year ended 30 June 2006

PARENT				Notes	CONSOLIDATION		
Actual 2006 $000	Budget 2006 $000	Actual 2005 $000			Actual 2006 $000	Budget 2006 $000	Actual 2005 $000
			Expenses excluding losses				
			Operating Expenses				
209,057	290,319	271,606	Employee Related	3	294,445	290,319	271,606
104,161	92,537	93,398	Other Operating Expenses	5	104,161	92,537	93,398
14,355	14,486	14,086	Depreciation	6	14,355	14,486	14,086
334	706	542	Grants and Subsidies	7	334	706	542
107	20	183	Finance Costs	8	107	20	183
85,388	-	-	Personnel Services	4	-	-	-
413,402	**398,068**	**379,815**	**Total Expenses excluding losses**		**413,402**	**398,068**	**379,815**
			Retained Revenue				
90,504	76,280	75,092	Sale of Goods and Services	9	90,504	76,280	75,092
1,043	927	1,040	Investment Income	10	1,043	927	1,040
8,788	5,161	3,419	Grants and Contributions	11	6,002	5,161	3,419
8,240	7,484	5,299	Other Revenue	12	8,240	7,484	5,299
108,575	**89,852**	**84,850**	**Total Retained Revenue**		**105,789**	**89,852**	**84,850**
94	368	(129)	Gain/(Loss) on Disposal	13(a)	94	368	(129)
(9,591)	(6,630)	(6,400)	Other Gains/(Losses)	13(b)	(9,591)	(6,630)	(6,400)
(314,324)	**(314,478)**	**(301,494)**	**NET COST OF SERVICES**	32	**(317,110)**	**(314,478)**	**(301,494)**
			Government Contributions				
291,324	291,324	258,580	NSW Health Department Recurrent Allocations	2(d)	291,324	291,324	258,580
18,872	18,872	15,034	NSW Health Department Capital Allocations	2(d)	18,872	18,872	15,034
(125)	-	(968)	Asset Sale Proceeds transferred to the NSW Health Department		(125)	-	(968)
6,822	9,595	19,913	Acceptance by the Crown Entity of Employee Superannuation Benefits	2(a)(ii)	9,608	9,595	19,913
316,893	**319,791**	**292,559**	**Total Government Contributions**		**319,679**	**319,791**	**292,559**
2,569	**5,313**	**(8,935)**	**RESULT FOR THE YEAR**	28	**2,569**	**5,313**	**(8,935)**

Statement of Changes in Equity for the year ended 30 June 2006

PARENT				Notes	CONSOLIDATION		
73,785	-	82,720	Total equity at beginning of year		73,785	-	82,720
41,296	-	-	Net increase/(decrease) in Property, Plant and Equipment Revaluation Reserve	28	41,296	-	-
115,081	-	82,720	**TOTAL INCOME AND EXPENSE RECOGNISED DIRECTLY IN EQUITY**		115,081	-	82,720
2,569	**-**	**(8,935)**	Result for the year		**2,569**	**-**	**(8,935)**
117,650	**-**	**73,785**	**TOTAL INCOME AND EXPENSE RECOGNISED FOR THE YEAR**	28	**117,650**	**-**	**73,785**

The accompanying notes form part of these Financial Statements.

Balance Sheets as at 30 June 2006

| PARENT | | | | Notes | CONSOLIDATION | | |
Actual 2006 $000	Budget 2006 $000	Actual 2005 $000			Actual 2006 $000	Budget 2006 $000	Actual 2005 $000
			ASSETS				
3,666	491	2,243	Cash and Cash Equivalents	16	3,666	491	2,243
10,805	8,322	8,327	Receivables	18	10,805	8,322	8,327
1,881	1,526	1,527	Inventories	19	1,881	1,526	1,527
-	-	1,850	Other Financial Assets	17	-	-	1,850
16,352	10,339	13,947			16,352	10,339	13,947
1,616	-	668	Non-Current Assets Held for Sale	22	1,616	-	668
17,968	**10,339**	**14,615**	**Total Current Assets**		**17,968**	**10,339**	**14,615**
			Non-Current Assets				
			Property, Plant and Equipment				
158,241	125,148	121,541	- Land and Buildings	20(a)	158,241	125,148	121,541
52,075	46,566	40,803	- Plant and Equipment	20(a)	52,075	46,566	40,803
210,316	171,714	162,344	Total Property, Plant and Equipment		210,316	171,714	162,344
488	494	494	Receivables	18	488	494	494
210,804	**172,208**	**162,838**	**Total Non-Current Assets**		**210,804**	**172,208**	**162,838**
228,772	**182,547**	**177,453**	**Total Assets**		**228,772**	**182,547**	**177,453**
			LIABILITIES				
			Current Liabilities				
23,786	15,554	19,733	Payables	24	23,786	15,554	19,733
156	140	1,802	Borrowings	25(a)	156	140	1,802
85,042	84,436	76,928	Provisions	26(a)	85,042	84,436	76,928
1	101	2,101	Other	27	1	101	2,101
108,985	**100,231**	**100,564**	**Total Current Liabilities**		**108,985**	**100,231**	**100,564**
			Non-Current Liabilities				
-	-	1,093	Borrowings	25(b)	-	-	1,093
2,137	2,697	2,011	Provisions	26(b)	2,137	2,697	2,011
2,137	**2,697**	**3,104**	**Total Non-Current Liabilities**		**2,137**	**2,697**	**3,104**
111,122	**102,928**	**103,668**	**Total Liabilities**		**111,122**	**102,928**	**103,668**
117,650	**79,619**	**73,785**	**Net Assets**		**117,650**	**79,619**	**73,785**
			Equity				
19,922	22,947	17,113	Accumulated Funds	28	19,922	22,947	17,113
97,728	56,672	56,672	Revaluation Reserve	28	97,728	56,672	56,672
117,650	**79,619**	**73,785**	**Total Equity**		**117,650**	**79,619**	**73,785**

The accompanying notes form part of these Financial Statements.

Cash Flow Statements for the year ended 30 June 2006

| PARENT | | | | Notes | CONSOLIDATION | | |
Actual 2006 $000	Budget 2006 $000	Actual 2005 $000			Actual 2006 $000	Budget 2006 $000	Actual 2005 $000
			CASH FLOWS FROM OPERATING ACTIVITIES				
			Payments				
(178,937)	(259,617)	(243,719)	Employee Related		(264,325)	(259,617)	(243,719)
(378)	(777)	(596)	Grants and Subsidies		(378)	(777)	(596)
(107)	(20)	(183)	Finance Costs		(107)	(20)	(183)
(191,496)	(102,463)	(106,141)	Other		(106,108)	(102,463)	(106,141)
(370,918)	**(362,877)**	**(350,639)**	**Total Payments**		**(370,918)**	**(362,877)**	**(350,639)**
			Receipts				
77,123	76,615	69,931	Sale of Goods and Services		77,123	76,615	69,931
1,540	674	1,855	Grants and Contributions		1,540	674	1,855
1,043	927	1,040	Interest Received		1,043	927	1,040
14,062	7,484	14,676	Other		14,062	7,484	14,676
93,768	**85,700**	**87,502**	**Total Receipts**		**93,768**	**85,700**	**87,502**
			Cash Flows From Government				
291,324	291,323	258,580	NSW Health Department Recurrent Allocations		291,324	291,323	258,580
18,872	18,872	15,034	NSW Health Department Capital Allocations		18,872	18,872	15,034
(11,777)	(11,777)	-	Cash Reimbursement from the Crown Entity		(11,777)	(11,777)	-
(125)	-	(968)	Asset Sale Proceeds transferred to the NSW Health Department		(125)	-	(968)
298,294	**298,418**	**272,646**	**Net Cash Flows from Government**		**298,294**	**298,418**	**272,646**
21,144	**21,241**	**9,509**	**NET CASH FLOWS FROM OPERATING ACTIVITIES**	32	**21,144**	**21,241**	**9,509**
			CASH FLOWS FROM INVESTING ACTIVITIES				
4,008	1,445	2,270	Proceeds from Sale of Land and Buildings, Plant and Equipment		4,008	1,445	2,270
(20,840)	(22,053)	(10,767)	Purchases of Land and Buildings, Plant and Equipment		(20,840)	(22,053)	(10,767)
1,850	-	(350)	Purchases of Investments		1,850	-	(350)
-	-	-	Reclassified Financial Assets		-	-	-
(14,982)	**(20,608)**	**(8,847)**	**NET CASH FLOWS FROM INVESTING ACTIVITIES**		**(14,982)**	**(20,608)**	**(8,847)**
			CASH FLOWS FROM FINANCING ACTIVITIES				
-	-	2,000	Proceeds from Borrowings and Advances		-	-	2,000
(3,793)	(3,653)	(2,933)	Repayments of Borrowings and Advances		(3,793)	(3,653)	(2,933)
(3,793)	**(3,653)**	**(933)**	**NET CASH FLOWS FROM FINANCING ACTIVITIES**		**(3,793)**	**(3,653)**	**(933)**
2,369	(3,020)	(271)	**NET INCREASE / (DECREASE) IN CASH**		2,369	(3,020)	(271)
1,141	1,412	1,412	Opening Cash and Cash Equivalents		1,141	1,412	1,412
3,510	**(1,608)**	**1,141**	**Closing Cash and Cash Equivalents**	16	**3,510**	**(1,608)**	**1,141**

The accompanying notes form part of these Financial Statements.

AGENCY'S EXPENSES AND REVENUES	Program 1.1		Program 2.1		Program 3.1		Program 6.1		Grand Total	
	2006 $000	2005 $000	2006 $000	2005 $000	2006 $000	2005 $000	2006 $000	2005 $000	2006 $000	2005 $000
Expenses										
Operating Expenses										
Employee Related	80	80	289,824	270,454	497	82	4,044	990	294,445	271,606
Goods and Services	-	-	89,768	79,719	56	4	1,193	371	91,017	80,094
Maintenance	-	-	12,904	13,188	11	7	229	109	13,144	13,304
Depreciation	-	-	14,198	14,025	6	1	151	60	14,355	14,086
Grants and Subsidies	-	-	334	542	-	-	-	-	334	542
Finance Costs	-	-	107	183	-	-	-	-	107	183
Total Expenses	**80**	**80**	**407,135**	**378,111**	**570**	**94**	**5,617**	**1,530**	**413,402**	**379,815**
Revenue										
Sale of Goods and Services	-	-	90,501	75,076	-	-	3	16	90,504	75,092
Investment Income	-	-	994	1,040	-	-	49	-	1,043	1,040
Grants and Contributions	-	-	5,957	3,412	-	-	45	7	6,002	3,419
Other Revenue	-	-	8,240	5,299	-	-	-	-	8,240	5,299
Total Revenue	**-**	**-**	**105,692**	**84,827**	**-**	**-**	**97**	**23**	**105,789**	**84,850**
Gain/(Loss) on Disposal of Non-Current Assets	-	-	94	(129)	-	-	-	-	94	(129)
Other Gains/(Losses)	-	-	(9,591)	(6,400)	-	-	-	-	(9,591)	(6,400)
NET COST OF SERVICES	**(80)**	**(80)**	**(310,940)**	**(299,813)**	**(570)**	**(94)**	**(5,520)**	**(1,507)**	**(317,110)**	**(301,494)**

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 2006

1.   The Ambulance Service (Ambulance) Reporting Entity
Ambulance (consolidated entity), as a reporting entity, comprises all the operating activities of the Ambulance facilities and workshops under its control. It also encompasses the Special Purposes Funds which, while containing assets which are restricted for specified uses by the grantor or the donor, are nevertheless controlled by Ambulance.

Ambulance is a not-for-profit entity.

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

As a result, a new entity, the NSW Health Service - NSW Ambulance Service Division was formed which acquired all the employees of the former Ambulance Service of NSW and the liabilities of these employees relating to Annual Leave and other long term employee benefits.

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

As a consequence the values in the annual financial statements presented herein consist of Ambulance (as the parent entity), the financial report of the special purpose entity Division and the consolidated financial report for the economic entity. Notes have been extended to capture both the Parent and Consolidated values with Notes 3, 4, 11, 24, 26 and 32 being especially relevant.

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

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

These financial statements have been authorised for issue by the Chief Executive on 29 September 2006.

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

Property, plant and equipment, investment property, assets held for trading and available for sale are measured at fair value. Other financial statements items are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

Judgements, key assumptions and estimations made by management are disclosed in the relevant notes to the financial statements. The financial statements and notes comply with Australian Accounting Standards which include AIFRS. This is the first financial report prepared under AIFRS and comparatives for the year ended 30 June 2005 have been restated accordingly, except as stated below.

In accordance with AASB1 First-time Adoption of Australian Equivalents to International Financial Reporting Standards and Treasury Mandates, the date of transition to AASB132 Financial Instruments: Disclosure and Presentation and AASB139 Financial Instruments: Recognition and Measurement was deferred to 1 July 2005. As a result, comparative information for these two Standards is presented under the previous Australian Accounting Standards which applied to the year ended 30 June 2005. The basis used to prepare the 2004/05 comparative information for financial instruments under previous Australian Accounting Standards is discussed in Note 2(u).

Reconciliations of AIFRS equity and surplus or deficit for 30 June 2005 to the balances reported in the previous AGAAP 2004/05 financial report are detailed in Note 2(z). This note also includes separate disclosure of the 1 July 2005 equity adjustments arising from the adoption of AASB132 and AASB139.

The following Accounting Standards are being early adopted from 1 July 2005:

> AASB 2005-4 regarding the revised AAS139 fair value option;
> UIG 9 regarding the reassessment of embedded derivatives; and
> AASB 2005-06, which excludes from the scope of AASB3, business combinations involving entities or businesses under common control.

Any initial impacts on first time adoption are discussed as part of the AIFRS first time adoption note disclosure (refer Note 2(z)) along with the other AIFRS impacts.

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

a)   Employee Benefits and Other Provisions

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

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

All Annual Leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then further classified as "Short Term" or "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next twelve months are reported as "Short Term".

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.

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

ii)   Long Service Leave and Superannuation Benefits

At the consolidated level of reporting Long Service Leave employee leave entitlements are dissected as "Current" if there is an unconditional right to payment (after 7 years of service) and "Non Current" if the entitlements are conditional. Current entitlements are further dissected between "Short Term" and "Long Term" on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

Long Service Leave provisions are measured on a short hand basis at an escalated rate of 17.4% for short term entitlements and 7.6% for long term entitlements above the salary rates immediately payable at 30 June 2006 for all employees with five or more years of service. Actuarial assessment has found that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

Ambulance's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) is assumed by the Crown Entity. Ambulance accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance by the Crown Entity of Employee Benefits". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 24, "Payables".

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

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

iii)   Other Provisions

Other provisions exist when: the agency has a present legal or constructive obligation as a result of a past event; it is probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation.These provisions are recognised when it is probable that a future sacrifice of economic benefits will be required and the amount can be measured reliably.

b)   Insurance

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

c)   Borrowing Costs

Borrowing costs are recognised as expenses in the period in which they are incurred. Borrowing costs include amounts totalling to $106,477 that relate to an interest bearing loan from the NSW Health Department that has now been fully repaid.

d)   Income Recognition

Income is measured at the fair value of the consideration or contribution received or receivable. Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

i)   Sale of Goods and Services

Revenue from the sale of goods and services comprises revenue from the provision of products or services, ie user charges. User charges are recognised as revenue when the service is provided or by reference to the stage of completion.

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

ii)   Investment Income

Interest revenue is recognised using the effective interest method as set out in AASB139, "Financial Instruments: Recognition and Measurement". Rental revenue is recognised in accordance with AASB117 "Leases" on a straight line basis over the lease term. Dividend revenue is recognised in accordance with AASB118 when the Ambulance's right to receive payment is established.

iii) Debt Forgiveness

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

iv) Use of Ambulance Facilities

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

v)   Use of Outside Facilities

Ambulance uses a number of facilities owned and maintained by the local authorities in the Divisions to deliver community health services for which no charges are raised by the authorities. Ambulance does not estimate the value of the services provided and reflect this figure in the financial statements because the value of such services is not considered to be material.

vi) Grants and Contributions

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

Ambulance, as a not-for-profit entity has applied the requirements in AASB1004 Contributions regarding contributions of assets (including grants) and forgiveness of liabilities. There

are no differences in the recognition requirements between the new AASB1004 and the previous AASB1004. However, the new AASB1004 may be amended by proposals in Exposure Draft ED 125 Financial Reporting by Local Governments and ED 147 Revenue from Non-Exchange Transactions (Including Taxes and Transfers). If the ED 125 and ED 147 approach is applied, revenue and/or expense recognition will not occur until either the Health Service supplies the related goods and services (where grants are in-substance agreements for the provision of goods and services) or until conditions are satisfied. ED 125 and ED 147 may therefore delay revenue recognition compared with AASB1004, where grants are recognised when controlled. However, at this stage, the timing and dollar impact of these amendments is uncertain.

vii) NSW Health Department Allocations
Payments are made by the NSW Health Department on the basis of the allocation for Ambulance as adjusted for approved supplementations mostly for salary agreements, patient flows between Health Services and other States and approved enhancement projects. This allocation is included in the Operating Statement before arriving at the "Result for the Year" on the basis that the allocation is earned in return for the health services provided on behalf of the Department. Allocations are normally recognised upon the receipt of Cash. The allocations facilitate payment of commitments as and when they fall due.

e) Goods and Services Tax (GST)
Revenues, expenses and assets are recognised net of the amount of GST, except:

> the amount of GST incurred by Ambulance as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense;

> receivables and payables are stated with the amount of GST included.

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

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

Fair value means the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm's length transaction.

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

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

g) Plant & Equipment and Infrastructure Systems
Individual items of property, plant and equipment costing $5,000 and above are capitalised.

"Infrastructure Systems" means assets that comprise public facilities and which provide essential services and enhance the productive capacity of the economy including roads, bridges, water infrastructure and distribution works, sewerage treatment plants, seawalls and water reticulation systems.

h) Depreciation
Depreciation is provided for on a straight line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to Ambulance. Land is not a depreciable asset.
Details of depreciation rates initially applied for major asset categories

are as follows:

Buildings	2.5%
Electro Medical Equipment	
> Costing less than $200,000	10.0%
> Costing more than or equal to $200,000	12.5%
Computer Equipment	20.0%
Infrastructure Systems	2.5%
Office Equipment	10.0%
Plant and Machinery	10.0%
Linen	20.0%
Furniture, Fittings and Furnishings	5.0%

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

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

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

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

Ambulance revalues Land and Buildings and Infrastructure at minimum every three years by independent valuation and with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date. The last revaluation for assets controlled by Ambulance was completed on 31 May 2006 and was based on an independent assessment.

The basis of valuation is as follows (Refer to NSW Treasury publication TPP 05-3 for policy details):

Category A, Vacant Land — is revalued at Fair Value having regard to the highest and best use that is feasible. eg Current market value.

Category B1, Cottages (used solely for residential accommodation and erected on land with title separate to ambulance station) — buildings are to be valued at Fair Value and considered with land in determining whether feasible alternative uses exist eg Current market value with a value provided for the land and a separate value provided for improvements. An estimation of the remaining useful life of the improvements should also be provided.

Category B2, Ambulance Stations, Workshops, Stores etc — are revalued at existing use value for the land and a separate written down replacement cost value for the improvements. Separate particulars are required for improvements in this category:

> Replacement value
> Accumulated depreciation
> Written down replacement value
> Remaining useful life of existing improvement

Improvements erected on leased or hospital sites — are treated as Category B2 assets and are valued on the same basis as Ambulance Stations, Workshops etc. with the same particulars to be provided. However, valuations for land are not required in these cases.

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 are separately restated.

For other assets, any balances of accumulated depreciation

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

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

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

As a not-for-profit entity, revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

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

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

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

l) Restoration Costs
The estimated cost of dismantling and removing an asset and restoring the site is included in the cost of an asset, to the extent it is recognised as a liability. Ambulance conducted a thorough review of all existing leases and lease agreements. Based on the calculations performed for the make good provision, it was determined that any liability arising as a result of these will be immaterial. Hence no liability has been booked in the current period.

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

n) Investment Property
Investment property is held to earn rentals or for capital appreciation, or both. However, for not-for-profit entities, property held to meet service delivery objectives rather than to earn rental or for capital appreciation does not meet the definition of investment property and is accounted for under AASB116 *Property, Plant and Equipment*. Ambulance does not hold any Investment Property.

o) Intangible Assets
Ambulance will recognise intangible assets only if it is probable that future economic benefits will flow to Ambulance and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition. All research costs are expensed. Development costs are only capitalised when certain criteria are met. The useful lives of intangible assets are assessed to be finite. Intangible assets are subsequently measured at fair value only if there is an active market. Ambulance has no Intangible Assets except for some that have been internally generated. As there is no active market for Ambulance's internally generated intangible assets, the assets have not been taken up. Ambulance would amortise intangible assets using the straight line method over the appropriate period.

In general, intangible assets are tested for impairment where an

indicator of impairment exists. However, as a not-for-profit entity Ambulance is effectively exempted from impairment testing (see Note 2(j)).

p) 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.

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

Where a non-current asset is acquired by means of a finance lease, the asset is recognised at its fair value at the commencement of the lease term. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense. Ambulance is currently not authorised to enter into Finance Leases and must seek approval from the Treasurer of NSW under the provisions of the Public Authorities (Financial Arrangements) Act 1987 before entering into this type of financing arrangement.

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

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

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

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

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

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

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

In accordance with Australian Accounting Standard AASB139, "Financial Instruments: Recognition and Measurement" disclosure of the carrying amounts for each of the AASB139 categories of financial instruments is disclosed in Note 37. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

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

i) Cash and Cash Equivalents
Accounting Policies — Cash is carried at nominal values reconcilable to monies on hand and independent bank statements.

Terms and Conditions— Monies on deposit attract an effective interest rate of approximately 5.23% as compared to 4.91% in the previous year.

ii) Loans and Receivables

Loans and receivables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. An allowance for impairment of receivables is established when there is objective evidence that the entity will not be able to collect all amounts due. The amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. Bad debts are written off as incurred.

Terms and Conditions — Accounts are generally issued on 21 day terms.

Ambulance has repaid all loans and advances from the NSW Health Department as at 30 June 2006.

iii) Investments

Terms and interest conditions — Short term deposits have an average maturity of 4 days and an effective interest rate of 5.44% as compared to 5.23% in the previous year. Fixed term deposits have a maturity of up to 181 days and effective interest rates of 5.3% to 5.53% as compared to 5.3% to 5.56% in the previous year.

iv) Trade and Other Payables

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

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

v) Borrowings

Accounting Policies - Ambulance has no overdraft facility with its bank. All loans and advances were repaid as at 30 June 2006. Ambulance is not currently authorised to enter into Finance Leases. See paragraph (q) Leased Assets for further details concerning the use of Finance Leases.

v) Payables

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

Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

w) Borrowings

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

x) Trust Funds

Ambulance hold no funds in Trust but does receive donations which are classified as Restricted Assets because of externally imposed conditions stipulated by donors.

y) Budgeted Amounts

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

z) The Financial Impact Of Adopting Australian Equivalents To International Financial Reporting Standards (AIFRS)

Ambulance has applied the AIFRS for the first time in the 2005/06 financial report. The key areas where changes in accounting policies have impacted the financial report are disclosed below. Some of these impacts arise because AIFRS requirements are different from previous AASB requirements (AGAAP). Other impacts arise from options in AIFRS that were not available or not applied under previous AGAAP. Ambulance has adopted the options mandated by NSW Treasury for all NSW public sector agencies. The impacts below reflect Treasury's mandates and policy decisions.

(a) Reconciliation of key aggregates
Reconciliation of equity under previous AGAAP to equity under AIFRS:

		30 June 2005 * $000
Total equity under AGAAP		73,785
Adjustments to accumulated funds		
Recognition of Assets Held for Sale	Note 2(m)	
Land		(493)
Buildings Gross Value		(1,495)
Depreciation on Buildings Written Back		1,320
Current Assets, "Assets Held for Sale"		668
Total equity under AIFRS		73,785

* = adjustments as at the date of transition

Reconciliation of Result for the Year under AGAAP to Net Expenditure/(Revenue) under AIFRS.

Result for the Year	**$000**
Net Expenditure for the Year ended 30 June 2005	
Result for the Year	(8,935)
Effects of Adoption of AIFRS	-
Result for the Year	(8,935)

The Net Cost of Services reported was similarly unaffected by the application of AIFRS in 2004/05.

(b) Financial Instruments — 1 July 2005 first time adoption impacts

As discussed in the opening of Note 2, the comparative information for 2004/05 for financial instruments has not been restated and is presented in accordance with previous AGAAP. AASB132 and AASB139 have been applied from 1 July 2005. Accordingly, the 1 July 2005 AIFRS opening equity adjustments for the adoption of AASB132 / AASB139 follow:

	Note	Accumulated Funds $000	Other Reserves $000	Total $000
Total opening 1 July 2005 AIFRS equity		17,113	56,672	73,785
Adjustment as a result of change to impairment testing	1	-	-	-
Restated opening 1 July 2005 AIFRS equity (after applying AASB139)		17,113	56,672	73,785

Note to table above

1. Impairment testing - under AASB139, all financial assets except those measured at fair value through profit or loss are subject to review for impairment. The Standard requires a specific impairment test which needs to be supported by objective evidence that the group of assets is impaired or uncollectible. This means that agencies can no longer raise a general provision for doubtful debts. As a result, the allowance for impairment recognised under previous AGAAP has been reduced.

For the comparative information to have complied with AASB139, similar types of adjustments, as discussed above, would have been required. However, for the above changes, it is not practicable for Ambulance to detail the amounts of the adjustments to the result and opening accumulated funds for the comparative period, had the new accounting policies been applied from the beginning of the comparative period. In addition, it is not practicable for Ambulance to detail for the current period the amounts of the adjustments resulting to each line item in the financial report.

PARENT Actual 2006 $000	PARENT Actual 2005 $000		CONSOLIDATION Actual 2006 $000	CONSOLIDATION Actual 2005 $000
		3. Employee Related Expenses		
		Employee related expenses comprise the following		
159,557	209,838	Salaries and Wages	224,727	209,838
6,822	9,642	Superannuation — defined benefit plans	9,608	9,642
8,682	10,271	Superannuation — defined contributions	12,228	10,271
5,309	8,223	Long Service Leave	7,477	8,223
18,596	22,502	Annual Leave	26,192	22,502
4	7	Sick Leave	6	7
30	73	Redundancies	42	73
8,575	10,861	Workers' Compensation Insurance	12,077	10,861
1,482	189	Fringe Benefits Tax	2,088	189
209,057	**271,606**		**294,445**	**271,606**

Salaries and Wages includes $72,481 paid to members of the Ambulance Service Board consistent with the Statutory Determination by the Minister for Health which provided remuneration effective from 1 July 2000.

The payments have been made within the following bands:

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

		Fees/Other benefits paid to Board Members excluding payments made in the nature of normal employee salary.	-	-

Maintenance staff costs included in Employee Related Expenses amounts to $4.279M (2005: $4.195M).

4. Personnel Services

Personnel Services comprise the purchase of the following:

PARENT Actual 2006 $000	PARENT Actual 2005 $000		CONSOLIDATION Actual 2006 $000	CONSOLIDATION Actual 2005 $000
65,170	-	Salaries and Wages	-	-
2,786	-	Superannuation — defined benefit plans	-	-
3,546	-	Superannuation — defined contributions	-	-
2,168	-	Long Service Leave	-	-
7,596	-	Annual Leave	-	-
2	-	Sick Leave	-	-
12	-	Redundancies	-	-
3,502	-	Workers' Compensation Insurance	-	-
606	-	Fringe Benefits Tax	-	-
85,388	**-**		**-**	**-**

Note 1 addresses the changes in employment status effective from 17 March 2006.

5. Other Operating Expenses

PARENT Actual 2006 $000	PARENT Actual 2005 $000		CONSOLIDATION Actual 2006 $000	CONSOLIDATION Actual 2005 $000
1,605	1,461	Cleaning and Laundry	1,605	1,461
1,041	954	Fuel, Light and Power	1,041	954
37,170	33,443	General Expenses [Note 5(a)]	37,170	33,443
2,405	2,045	Insurance	2,405	2,045
6,691	6,162	Medical Supplies	6,691	6,162
3,907	3,578	Postal and Telephone Costs	3,907	3,578
764	693	Printing and Stationery	764	693
2,775	2,579	Rental Rates and Charges	2,775	2,579
633	400	Staff Related Costs	633	400
33,019	27,866	Aeromedical	33,019	27,866
1,007	913	Travel Related Costs	1,007	913
8,527	6,536	Repairs and Routine Maintenance	8,527	6,536
		Other		
936	2,283	Renovations and Additional Works	936	2,283
3,681	4,485	Replacements and Additional Equipment less than $5,000	3,681	4,485
104,161	**93,398**		**104,161**	**93,398**

PARENT				CONSOLIDATION	
Actual 2006 $000	Actual 2005 $000			Actual 2006 $000	Actual 2005 $000
		5(a). General Expenses include:			
448	410	Catering Costs		448	410
		Consultancies			
494	913	- Operating Activities		494	913
3,689	3,386	Contractors		3,689	3,386
535	482	Debt Collection		535	482
101	85	Auditor's Remuneration - Audit of financial reports		101	85
5,082	4,390	Fuel and Oil		5,082	4,390
2,314	2,811	Interstate Transport Refunds		2,314	2,811
258	212	Legal Expenses		258	212
1,685	2,101	Officers Uniforms		1,685	2,101
16,705	14,173	Motor Vehicle Operating Lease Expense - minimum lease payments		16,705	14,173
1,862	1,439	Relocation Costs		1,862	1,439
631	616	Vehicle Registration		631	616
3,366	2,425	Miscellaneous General Expenses		3,366	2,425
37,170	**33,443**			**37,170**	**33,443**
		5(b). Reconciliation Total Maintenance			
13,144	13,304	Maintenance Expense (non-employee related) included in Note 5		13,144	13,304
4,279	4,195	Employee related/Personnel Services maintenance expense included in Notes 3 and 4		4,279	4,195
17,423	**17,499**			**17,423**	**17,499**
		6. Depreciation Expense			
5,858	5,666	Depreciation - Buildings		5,858	5,666
4,109	4,475	Depreciation - Motor Vehicles		4,109	4,475
4,388	3,945	Depreciation - Plant and Equipment		4,388	3,945
14,355	**14,086**			**14,355**	**14,086**
		7. Grants and Subsidies			
334	542	Non-Government Organisations		334	542
		8. Finance Costs			
107	183	Interest		107	183
		9. Sale of Goods and Services			
217	212	Fees for Medical Records		217	212
88,205	72,878	Patient Transport Fees		88,205	72,878
1,920	1,868	Use of Ambulance Facilities		1,920	1,868
162	134	Salary Packaging Fee		162	134
90,504	**75,092**			**90,504**	**75,092**
		10. Investment Income			
424	360	Interest		424	360
619	680	Lease and Rental Income		619	680
1,043	**1,040**			**1,043**	**1,040**
		11. Grants and Contributions			
2,786	-	Personnel Services - Superannuation Defined Benefits		-	-
6,002	3,419	Contributions		6,002	3,419
8,788	**3,419**			**6,002**	**3,419**
		12. Other Revenue			
		Other Revenue comprises the following:			
6,406	4,663	Treasury Managed Fund Hindsight Adjustment		6,406	4,663
1,604	477	Sundry Revenue		1,604	477
230	159	Bad Debts Recovered		230	159
8,240	**5,299**			**8,240**	**5,299**

PARENT				CONSOLIDATION	
Actual 2006 $000	**Actual 2005 $000**			**Actual 2006 $000**	**Actual 2005 $000**
		13 (a). Gain/(Loss) on Disposal of Non-Current Assets			
5,034	779	Land and Buildings		5,034	779
16,870	16,373	Other Assets		16,870	16,373
(18,589)	(14,359)	Less Accumulated Depreciation		(18,589)	(14,359)
3,315	**2,793**	**Written Down Value**		**3,315**	**2,793**
3,248	2,651	Less Proceeds from Disposal		3,248	2,651
(67)	**(142)**	**Gain/(Loss) on Disposal of Property, Plant and Equipment**		**(67)**	**(142)**
158	2,041	Assets Held for Sale		158	2,041
319	2,054	Less proceeds from Disposal		319	2,054
161	**13**	**Gain/(Loss) on Disposal of Assets Held for Sale**		**161**	**13**
		13 (b). Other Gains/(Losses)			
9,591	6,400	Impairment of Receivables		9,591	6,400
9,591	**6,400**			**9,591**	**6,400**

14. Conditions on Contributions — Parent

	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.	96	-	521	617
Contributions recognised in previous years which were not expended in the current financial year.	283	-	1,377	1,660
Total amount of unexpended Contributions as at balance date.	379	-	1,898	2,277

(Comment on restricted assets appears in Note 23)

Conditions on Contributions - Consolidation

	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.	96	-	521	617
Contributions recognised in previous years which were not expended in the current financial year.	283	-	1,377	1,660
Total amount of unexpended Contributions as at balance date.	379	-	1,898	2,277

(Comment on restricted assets appears in Note 23 - the reporting methodology has changed in that general donations have now been classified as Restricted Assets and are therefore included in Notes 14 and 23)

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.

PARENT				CONSOLIDATION	
Actual 2006 $000	**Actual 2005 $000**			**Actual 2006 $000**	**Actual 2005 $000**

		16. Current Assets - Cash and Cash Equivalents			
470	272	Cash at Bank and on Hand		470	272
3,196	1,971	Short Term Deposits		3,196	1,971
3,666	**2,243**			**3,666**	**2,243**
		Cash assets recognised in the Balance Sheet are reconciled to cash at the end of the financial year as shown in the Cash Flow Statement as:			
3,666	2,243	Cash (per Balance Sheet)		3,666	2,243
(156)	(1,102)	Bank Overdraft (Note 25(a))		(156)	(1,102)
3,510	**1,141**	**Closing Cash and Cash Equivalents (per Cash Flow Statement)**		**3,510**	**1,141**
		The bank overdraft was only a cash book overdraft and not an overdraft in the bank account.			
		17. Other Financial Assets			
-	1,850	Cash Deposits		-	1,850
		Other Financial Assets have been reclassified as Cash in 2005/06 if the investments are for a period of less than one year.			
		18. Current /Non-Current Receivables **Current** **Sale of Goods and Services**			
17,749	15,323	Patient Transport Fees		17,749	15,323
2,181	1,353	Goods and Services Tax		2,181	1,353
185	783	NSW Health Department (asset sale proceeds)		185	783
1,626	3,130	Other		1,626	3,130
21,741	20,589			21,741	20,589
(5,695)	(1,219)	Less Provision for Doubtful Debts		(5,695)	(1,219)
(6,147)	(12,179)	Less Provision for Write Backs		(6,147)	(12,179)
9,899	7,191			9,899	7,191
906	1,136	Prepayments		906	1,136
10,805	**8,327**			**10,805**	**8,327**
		Non-Current			
488	494	Prepayments		488	494
488	**494**			**488**	**494**
9,543	**8,432**	**(b) Bad debts written-off during the year - current receivables**		**9,543**	**8,432**
		The bad debts expenses noted above have been restated to exclude balance sheet movements in provision accounts based on actual write-off experience.			
		19. Inventories			
614	427	Uniform		614	427
621	515	Medical Supplies and Equipment		621	515
285	231	Fuel and Oil		285	231
361	354	Motor Vehicle Parts and Other		361	354
1,881	**1,527**			**1,881**	**1,527**
		20 (a). Property, Plant and Equipment **Land and Buildings**			
282,905	232,399	At Fair Value		282,905	232,399
(124,664)	(110,858)	Less Accumulated Depreciation		(124,664)	(110,858)
158,241	**121,541**			**158,241**	**121,541**
		Plant and Equipment			
56,308	51,707	At Fair Value		56,308	51,707
(30,811)	(30,615)	Less Accumulated Depreciation		(30,811)	(30,615)
25,497	**21,092**			**25,497**	**21,092**
		Vehicles and Aircraft			
38,924	41,949	At Fair Value		38,924	41,949
(16,643)	(23,725)	Less Accumulated Depreciation		(16,643)	(23,725)
22,281	**18,224**			**22,281**	**18,224**
4,297	**1,487**	**Capital Works in Progress**		**4,297**	**1,487**
		Total Property, Plant and Equipment			
210,316	**162,344**	**At Carrying Value**		**210,316**	**162,344**

20 (b). Property, Plant and Equipment - Reconciliations

Parent	Land	Buildings	Capital Works In Progress	Plant and Equipment	Vehicles and Aircraft	Total
2006	**$000**	**$000**	**$000**	**$000**	**$000**	**$000**
Carrying amount at start of year	50,819	70,722	1,487	21,092	18,224	**162,344**
Capital Expenditure/ Donations	-	-	25,963	-	-	**25,963**
Reclassifications	1,275	3,430	(23,153)	8,798	9,650	**-**
Recognition of assets held for sale	(781)	(835)	-	-	-	**(1,616)**
Disposals	(852)	(4,183)	-	(4,196)	(12,674)	**(21,905)**
Adjustment of depreciation concerning disposals	-	3,208	-	4,191	11,190	**18,589**
Net revaluation adjustments	9,611	31,685	-	-	-	**41,296**
Depreciation Expense	-	(5,858)	-	(4,388)	(4,109)	**(14,355)**
Carrying amount at end of year	**60,072**	**98,169**	**4,297**	**25,497**	**22,281**	**210,316**

	Land	Buildings	Capital Works In Progress	Plant and Equipment	Vehicles and Aircraft	Total
2005	**$000**	**$000**	**$000**	**$000**	**$000**	**$000**
Carrying amount at start of year	51,211	75,917	1,549	20,225	18,139	**167,041**
Capital Expenditure/ Donations	-	-	12,849	-	-	**12,849**
Reclassifications	440	1,214	(12,911)	4,817	6,440	**-**
Recognition of assets held for sale	(494)	(174)	-	-	-	**(668)**
Disposals	(338)	(441)	-	(1,551)	(14,821)	**(17,151)**
Adjustment of depreciation concerning disposals	-	(128)	-	1,546	12,941	**14,359**
Net revaluation adjustments	-	-	-	-	-	**-**
Depreciation Expense	-	(5,666)	-	(3,945)	(4,475)	**(14,086)**
Carrying amount at end of year	**50,819**	**70,722**	**1,487**	**21,092**	**18,224**	**162,344**

(i) Land and Buildings include land owned by the NSW Health Department and administered by Ambulance.
(ii) Land and Buildings were revalued by the NSW Department of Commerce, Property Valuation Services as at 31 May 2006 which resulted in a net adjustment of $41.3M.

Consolidation	Land	Buildings	Capital Works In Progress	Plant and Equipment	Vehicles and Aircraft	Total
2006	**$000**	**$000**	**$000**	**$000**	**$000**	**$000**
Carrying amount at start of year	50,819	70,722	1,487	21,092	18,224	**162,344**
Capital Expenditure/ Donations	-	-	25,963	-	-	**25,963**
Reclassifications	1,275	3,430	(23,153)	8,798	9,650	**-**
Recognition of assets held for sale	(781)	(835)	-	-	-	**(1,616)**
Disposals	(852)	(4,183)	-	(4,196)	(12,674)	**(21,905)**
Adjustment of depreciation concerning disposals	-	3,208	-	4,191	11,190	**18,589**
Net revaluation adjustments	9,611	31,685	-	-	-	**41,296**
Depreciation Expense	-	(5,858)	-	(4,388)	(4,109)	**(14,355)**
Carrying amount at end of year	**60,072**	**98,169**	**4,297**	**25,497**	**22,281**	**210,316**

	Land	Buildings	Capital Works In Progress	Plant and Equipment	Vehicles and Aircraft	Total
2005	**$000**	**$000**	**$000**	**$000**	**$000**	**$000**
Carrying amount at start of year	51,211	75,917	1,549	20,225	18,139	**167,041**
Capital Expenditure/ Donations	-	-	12,849	-	-	**12,849**
Reclassifications	440	1,214	(12,911)	4,817	6,440	**-**
Recognition of assets held for sale	(494)	(174)	-	-	-	**(668)**
Disposals	(338)	(441)	-	(1,551)	(14,821)	**(17,151)**
Adjustment of depreciation concerning disposals	-	(128)	-	1,546	12,941	**14,359**
Net revaluation adjustments	-	-	-	-	-	**-**
Depreciation Expense	-	(5,666)	-	(3,945)	(4,475)	**(14,086)**
Carrying amount at end of year	**50,819**	**70,722**	**1,487**	**21,092**	**18,224**	**162,344**

(i) Land and Buildings include land owned by the NSW Health Department and administered by Ambulance.
(ii) Land and Buildings were revalued by the NSW Department of Commerce, Property Valuation Services as at 31 May 2006 which resulted in a net adjustment of $41.3M.

21. Intangible Assets
Ambulance has decided not to capitalise internally generated intangible assets on the basis that the assets would be difficult to value, that they have no commercial application, and that they would only be of use to Ambulance. The assets are two software systems created "in-house", one being the Patient Health Care Record System and the other being an application to keep track of uniforms issued to operational staff.

PARENT				CONSOLIDATION	
Actual 2006 $000	Actual 2005 $000			Actual 2006 $000	Actual 2005 $000
		22. Non-Current Assets Held For Sale			
		Assets held for sale			
1,616	668	Land and Buildings		1,616	668
1,616	**668**			**1,616**	**668**
		Ambulance currently has seven buildings and ten lots of land available for sale. These assets have become surplus to operational requirements.			
		23. Restricted Assets			
		Ambulance's financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the			
2,277	2,060	donor restrictions.		2,277	2,060
		Category	**Brief details of externally imposed conditions including Asset Category affected**		
469	17	Activities	- Funds to be spent as specified by donors	469	17
379	677	Equipment	- Funds to be spent as specified by donors	379	677
1,429	1,366	Other	- Funds to be spent as determined by Ambulance	1,429	1,366
2,277	**2,060**			**2,277**	**2,060**
		24. Payables - Current			
-	4,003	Accrued Salaries and Wages		2,803	4,003
8,609	-	Accrued Liability - Purchase of Personnel Services		-	-
-	770	Payroll Deductions		5,806	770
12,582	11,740	Trade Creditors		12,582	11,740
		Other Creditors			
1,199	1,230	- Capital Works		1,199	1,230
1,396	1,990	- Other		1,396	1,990
23,786	**19,733**			**23,786**	**19,733**
		The payroll deductions balance includes an adjustment of $1.9M for Fringe Benefits Tax liability related to a reassessment of benefits offered for salary packaging.			
		25. Current /Non-Current Borrowings			
		(a) Current			
156	1,102	Bank Overdraft		156	1,102
-	700	Other Loans and Deposits		-	700
156	**1,802**			**156**	**1,802**
		The bank overdraft was only a cash book overdraft and not an overdraft in the bank account.			
		(b) Non-Current			
-	1,093	Other Loans and Deposits		-	1,093
-	**1,093**			**-**	**1,093**
		Repayment of Borrowings			
156	1,802	Not later than one year		156	1,802
-	1,093	Between one and five years		-	1,093
-	-	Later than five years		-	-
156	**2,895**	Total Borrowings at face value		**156**	**2,895**

PARENT			CONSOLIDATION	
Actual 2006 $000	Actual 2005 $000		Actual 2006 $000	Actual 2005 $000

26. Provisions
(a) Current Employee Benefits and Related On-Costs

PARENT 2006	PARENT 2005		CONS 2006	CONS 2005
-	19,891	Employee Annual Leave - Short Term Benefit	22,760	19,891
-	8,991	Employee Annual Leave - Long Term Benefit	10,288	8,991
-	3,623	Employee Long Service Leave - Short Term Benefit	3,921	3,623
-	44,423	Employee Long Service Leave - Long Term Benefit	48,073	44,423
85,042	-	Provision for Personnel Services Liability	-	-
85,042	**76,928**	**Total Current Provisions**	**85,042**	**76,928**

(b) Non-Current Employee Benefits and Related On-Costs

PARENT 2006	PARENT 2005		CONS 2006	CONS 2005
-	1,863	Employee Long Service Leave - Conditional	2,016	1,863
-	148	Sick Leave	121	148
2,137	-	Provision for Personnel Services Liability	-	-
2,137	**2,011**	**Total Non-Current Provisions**	**2,137**	**2,011**

Aggregate Employee Benefits and Related On-costs

PARENT 2006	PARENT 2005		CONS 2006	CONS 2005
-	76,928	Provisions - current	85,042	76,928
-	2,011	Provisions - non-current	2,137	2,011
87,179	-	Provision for Personnel Services Liability	-	-
-	4,773	Accrued Salaries and Wages and on-costs (Note 24)	8,609	4,773
8,609	-	Accrued Liability - Purchase of Personnel Services	-	-
95,788	**83,712**		**95,788**	**83,712**

27. Other Liabilities
Current

PARENT 2006	PARENT 2005		CONS 2006	CONS 2005
1	101	Income in Advance	1	101
-	2,000	Advances from NSW Health Department	-	2,000
1	**2,101**		**1**	**2,101**

28. Equity

Parent

	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2006 $000	2005 $000	2006 $000	2005 $000	2006 $000	2005 $000
Balance at the beginning of the financial reporting period	17,113	25,730	56,672	56,990	73,785	82,720
Result for the year	2,569	(8,935)	-	-	2,569	(8,935)
Increment/(Decrement) on revaluation of Land and Buildings	-	-	41,296	-	41,296	-
Asset Revaluation Reserve balances transferred to Accumulated Funds on disposal of assets	240	318	(240)	(318)	-	-
Balance at the end of the financial year	**19,922**	**17,113**	**97,728**	**56,672**	**117,650**	**73,785**

Consolidation

	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2006 $000	2005 $000	2006 $000	2005 $000	2006 $000	2005 $000
Balance at the beginning of the financial reporting period	17,113	25,730	56,672	56,990	73,785	82,720
Result for the year	2,569	(8,935)	-	-	2,569	(8,935)
Increment/(Decrement) on revaluation of Land and Buildings	-	-	41,296	-	41,296	-
Asset Revaluation Reserve balances transferred to Accumulated Funds on disposal of assets	240	318	(240)	(318)	-	-
Balance at the end of the financial year	**19,922**	**17,113**	**97,728**	**56,672**	**117,650**	**73,785**

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

PARENT			CONSOLIDATION	
Actual 2006 $000	**Actual 2005 $000**		**Actual 2006 $000**	**Actual 2005 $000**

29. Commitments for Expenditure
(a) Capital Commitments
Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:

327	1,455	Not later than one year	327	1,455
327	**1,455**	**Total Capital Expenditure Commitments (including GST)**	**327**	**1,455**

Of the commitments reported at 30 June 2006 it is expected that $190,000 will be met from locally generated moneys.

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

255	257	Not later than one year	255	257
255	**257**	**Total Other Expenditure Commitments (including GST)**	**255**	**257**

(c) Operating Lease Commitments
Commitments in relation to non-cancellable operating lease rentals are payable as follows:

18,252	17,692	Not later than one year	18,252	17,692
38,477	36,731	Later than one year and not later than five years	38,477	36,731
1,383	2,508	Later than five years	1,383	2,508
58,112	**56,931**	**Total Operating Lease Commitments (including GST)**	**58,112**	**56,931**

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 $5.336M that are expected to be recoverable from the Australian Taxation Office.

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

(b) Workers' Compensation Hindsight Adjustment
The Treasury Managed Fund normally calculates hindsight premiums each year. However, in regard to workers' compensation the final hindsight adjustment for the 1999/2000 fund year and an interim adjustment for the 2001/02 fund year were not calculated until 2005/06. As a result, the 2000/01 final and 2002/03 interim hindsight calculations will be paid in 2006/07.

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

31. Charitable Fundraising Activities
Ambulance did not conduct any direct fundraising activities during 2005/06. However possibilities for fundraising activities have now re-opened, subsequent to the passing of Tax Laws Amendment (2004 Measure No. 2) Bill 2004, which received Royal Assent on 25 June 2004 (Act No. 83. 2004). This granted Deductible Gift Recipient Status for Ambulance, ie. Donations to Ambulance are now tax deductible.

PARENT			CONSOLIDATION	
Actual 2006 $000	**Actual 2005 $000**		**Actual 2006 $000**	**Actual 2005 $000**

32. Reconciliation of Net Cost of Services to Net Cash Flows from Operating Activities

Parent 2006	Parent 2005		Consolidation 2006	Consolidation 2005
21,144	9,509	**Net Cash Flows from Operating Activities**	21,144	9,509
		Adjustment for Items not involving Cash and Government Payments		
(14,355)	(14,086)	Depreciation	(14,355)	(14,086)
(9,591)	(6,400)	Provision for Bad and Doubtful Debts	(9,591)	(6,400)
(6,822)	(19,913)	Acceptance by the Crown Entity of Employee Superannuation Benefits	(9,608)	(19,913)
354	42	Increase/(Decrease) in Inventories	354	42
13,573	5,002	Increase/(Decrease) in Receivables	13,573	5,002
(912)	2,727	Increase/(Decrease) in Prepayments	(912)	2,727
(3,986)	1,887	(Increase)/Decrease in Creditors	(3,986)	1,887
(291,324)	(258,580)	(NSW Health Department Recurrent Allocations)	(291,324)	(258,580)
(18,872)	(15,034)	(NSW Health Department Capital Allocations)	(18,872)	(15,034)
125	968	Asset Sale proceeds transferred to NSW DoH	125	968
(8,240)	(9,060)	Provision for Employee Entitlements	(8,240)	(9,060)
94	(129)	Net Gain/(Loss) on Disposal of Non-Current Assets	94	(129)
4,488	1,573	Industry contribution in kind	4,488	1,573
(314,324)	**(301,494)**	**Net Cost of Services**	**(317,110)**	**(301,494)**

33. 2005/06 Voluntary Services

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

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.

35. Budget Review

Net Cost of Services and Result for the Year

Net Cost of Services was higher than budget by $2.6M due to increases in revenue partially offset by increases in employee related and goods and services expenditure.

Assets and Liabilities

Current Assets were higher than budget by $7.6M due to increased level of receivables and cash deposits plus Non-Current Assets Held For Sale.

Non-Current Assets were higher than budget by $38.6M due to revaluation of land and buildings.

Current Liabilities were $8.8M higher than budget due to increase in trade creditors and salary creditors.

Non-Current Liabilities were lower than budget by $0.6M after revision of the ageing of employee provisions.

Cash Flows

Net cash flows from investing activities was lower than budget by $5.6M due to increased asset sales proceeds, reduced capital expenditure and reclassification of Financial Assets.

Movements in the level of NSW Health Department recurrent Allocation that have occurred since the time of the initial allocation on 12 August 2005 are as follows:

	$000
Initial Allocation, 12 August 2005	262,219
Access Block	700
Awards	1,596
Fees Strategy	2,450
Helicopters	1,972
Procurement Savings	1,300
Queensland Charges	1,800
Rescue Services	5,000
Superannuation	11,874
Special Projects	2,135
Other	278
	291,324

PARENT	Notes	30 June 2004 $000	AIFRS Adjustment $000	1 July 2004 $000
36(a). Explanation of transition to Australian Equivalents To IFRSs				
ASSETS				
Cash and Cash Equivalents		2,821	-	2,821
Receivables		6,598	-	6,598
Inventories		1,485	-	1,485
Other Financial Assets		1,500	-	1,500
		12,404	-	12,404
Non-Current Assets Held for Sale	37(d)(ii)	-	2,858	2,858
Total Current Assets		**12,404**	**2,858**	**15,262**
Non-Current Assets				
Property, Plant and Equipment				
Land and Buildings	37(d)(ii)	127,128	(2,858)	124,270
Plant and Equipment		39,913	-	39,913
Total Property, Plant and Equipment		167,041	(2,858)	164,183
Other (Prepayments)		500	-	500
Total Non-Current Assets		**167,541**	**(2,858)**	**164,683**
Total Assets		**179,945**	**-**	**179,945**
LIABILITIES				
Current Liabilities				
Payables		21,018	-	21,018
Interest Bearing Liabilities		2,109	-	2,109
Provisions		21,654	-	21,654
Other		2,609	-	2,609
Total Current Liabilities		**47,390**	**-**	**47,390**
Non-Current Liabilities				
Interest Bearing Liabilities		1,610	-	1,610
Provisions		48,225	-	48,225
Other				-
Total Non-Current Liabilities		**49,835**	**-**	**49,835**
Total Liabilities		**97,225**	**-**	**97,225**
Net Assets		**82,720**	**-**	**82,720**
Equity				
Accumulated Funds		25,730	-	25,730
Revaluation Reserve		56,990	-	56,990
Total Equity		**82,720**	**-**	**82,720**

The explanation of the transition to IFRS as at 30 June 2004 for the Consolidated entity has not been disclosed as it would be no different to the Parent entity dislosure above.

PARENT	Notes	30 June 2005 $000	AIFRS Adjustment $000	1 July 2005 $000
36(b). Explanation of transition to Australian Equivalents To IFRSs				
ASSETS				
Cash and Cash Equivalents		2,243	-	2,243
Receivables		8,327	-	8,327
Inventories		1,527	-	1,527
Other Financial Assets		1,850	-	1,850
		13,947	-	13,947
Non-Current Assets Held for Sale	37(d)(ii)	-	668	668
Total Current Assets		**13,947**	**668**	**14,615**
Non-Current Assets				
Property, Plant and Equipment				
Land and Buildings	37(d)(ii)	122,209	(668)	121,541
Plant and Equipment		40,803	-	40,803
Total Property, Plant and Equipment		163,012	(668)	162,344
Other (Prepayments)		494		494
Total Non-Current Assets		**163,506**	**(668)**	**162,838**
Total Assets		**177,453**	**-**	**177,453**
LIABILITIES				
Current Liabilities				
Payables		19,733	-	19,733
Interest Bearing Liabilities		1,802	-	1,802
Provisions		76,928	-	76,928
Other		2,101	-	2,101
Total Current Liabilities		**100,564**	**-**	**100,564**
Non-Current Liabilities				
Interest Bearing Liabilities		1,093	-	1,093
Provisions		2,011	-	2,011
Other				
Total Non-Current Liabilities		**3,104**	**-**	**3,104**
Total Liabilities		**103,668**	**-**	**103,668**
Net Assets		**73,785**	**-**	**73,785**
Equity				
Accumulated Funds		17,113	-	17,113
Revaluation Reserve		56,672	-	56,672
Total Equity		**73,785**	**-**	**73,785**

The explanation of the transition to IFRS as at 30 June 2005 for the Consolidated entity has not been disclosed as it would be no different to the Parent entity dislosure above.

PARENT	Notes	Previous AGAAP $000	Effect of transition to AIFRS $000	AIFRS $000
36(c). Reconciliation of NCOS for the year ended 30 June 2005				
Expenses excluding losses				
Operating Expenses				
Employee Related	3	271,606	-	271,606
Goods and Services	5	80,094	-	80,094
Maintenance	5	13,304	-	13,304
Depreciation	6	14,354	(268)	14,086
Grants and Subsidies	7	542	-	542
Finance Costs	8	183	-	183
Total Expenses excluding losses		**380,083**	**(268)**	**379,815**
Retained Revenue				
Sale of Goods and Services	9	75,092	-	75,092
Investment Income	10	1,040	-	1,040
Grants and Contributions	11	3,419	-	3,419
Other Revenue	12	5,299	-	5,299
Total Retained Revenue		**84,850**	**-**	**84,850**
Gain/(Loss) on Disposal	13(a)	139	(268)	(129)
Other Gains/(Losses)	13(b)	(6,400)	-	(6,400)
NET COST OF SERVICES	32	**(301,494)**	**-**	**(301,494)**
Government Contributions				
NSW Health Department Recurrent Allocations	2(d)	258,580	-	258,580
NSW Health Department Capital Allocations	2(d)	15,034	-	15,034
Asset Sale Proceeds transferred to the NSW Health Department		(968)	-	(968)
Acceptance by the Crown Entity of Employee Superannuation Benefits	2(a)(ii)	19,913	-	19,913
Total Government Contributions		**292,559**	**-**	**292,559**
RESULT FOR THE YEAR	28	**(8,935)**	**-**	**(8,935)**

The Reconciliation of Net Cost Of Service for the year ended 30 June 2005 for the Consolidated entity has not been disclosed as it would be no different to the Parent entity dislosure above.

Reconciliation of cash flow statement for the year ended 30 June 2005

The adoption of AIFRSs has not resulted in any adjustments to the cash flow statement.

36 (d) Explanation of transition to Australian equivalents to IFRSs

(i) Investment Property
Ambulance holds all land and buildings on the basis of operational necessity. Although some properties do generate cash flows this is coincidental to the primary purpose of having the property available for operational requirements.

(ii) Non-current assets held for sale
AIFRS requires these assets to be re-classified and separately identified in the balance sheet as part of a disposal group held for sale.

As at the 30 June 2004 Ambulance had assets held for sale to the value (net) of $2,857,636.87 made up as follows:

	$000
Buildings	299
Land	541
Aircraft	2,018
	2,858

As at 30 June 2005 all of the buildings and aircraft and four of the seven parcels of land held for sale had been disposed of.

As at 30 June 2005 Ambulance had assets held for sale to the value of $667,922.70 made up as follows:

	$000
Buildings	175
Land	493
	668

(iii) Intangible Assets
Ambulance has decided not to capitalise internally generated intangible assets on the basis that the assets would be difficult to value, that they have no commercial application, and that they would only be of use to Ambulance.

(iv) Embedded Derivatives
Ambulance has reviewed all of its major contracts and is satisfied that there are no embedded derivatives in these contracts.

37. Financial Instruments

PARENT

(a) Interest Rate Risk

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

Financial Instruments	Notes	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 Balance Sheet		Weighted average effective interest rate*	
		2006 $000	2005 $000	2006 $000	2005 $000	2006 $000	2005 $000	2006 $000	2005 $000	2006 $000	2005 $000	2006 $000	2005 $000	2006 %	2005 %
Financial Assets															
Cash	16	-	-	3,620	2,197	-	-	-	-	46	46	3,666	2,243	5.18	4.85
Receivables	18	-	-	-	-	-	-	-	-	11,293	8,821	11,293	8,821	N/A	N/A
Other Financial Assets	17	-	-	-	1,850	-	-	-	-	-	-	-	1,850	-	5.37
Total Financial Assets		-	-	3,620	4,047	-	-	-	-	11,339	8,867	14,959	12,914		
Financial Liabilities															
Borrowings - Other	25, 27	156	1,102	-	-	-	1,793	-	-	-	2,000	156	4,895	-	7.75
Payables	24	-	-	-	-	-	-	-	-	23,786	19,733	23,786	19,733	N/A	N/A
Total Financial Liabilities		156	1,102	-	-	-	1,793	-	-	23,786	21,733	23,942	24,628		

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

Other Financial Assets have been reclassified as Cash in 2005/06 if the investments are for a period of less than one year.

b) Credit Risk

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

Credit Risk by classification of counterparty.

Financial Assets	Notes	Governments		Banks		Patients		Other		Total	
		2006 $000	2005 $000	2006 $000	2005 $000	2006 $000	2005 $000	2006 $000	2005 $000	2006 $000	2005 $000
Financial Assets											
Cash	16	46	46	3,620	2,197	-	-	-	-	3,666	2,243
Receivables	18	2,366	2,136	-	-	5,907	1,924	3,020	4,761	11,293	8,821
Other Loans and Deposits	17	-	-	-	1,850	-	-	-	-	-	1,850
Total Financial Assets		2,412	2,182	3,620	4,047	5,907	1,924	3,020	4,761	14,959	12,914

There is no significant concentration of credit risk.

Other Financial Assets have been reclassified as Cash in 2005/06 if the investments are for a period of less than one year.

c) Net Fair Value

As stated in Note 2(u) all financial instruments are carried at Net Fair Values, the values of which are reported in the Balance Sheet.

d) Derivative Financial Instruments

Ambulance holds no Derivative Financial Instruments.

37. Financial Instruments

CONSOLIDATION

(a) Interest Rate Risk

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

Financial Instruments	Notes	Floating interest rate 2006 $000	2005 $000	Fixed interest rate maturing in: 1 year or less 2006 $000	2005 $000	Over 1 to 5 years 2006 $000	2005 $000	More than 5 years 2006 $000	2005 $000	Non-interest bearing 2006 $000	2005 $000	Total carrying amount as per Balance Sheet 2006 $000	2005 $000	Weighted average effective interest rate* 2006 %	2005 %
Financial Assets															
Cash	16	-	-	3,620	2,197	-	-	-	-	46	46	3,666	2,243	5.18	4.85
Receivables	18	-	-	-	-	-	-	-	-	11,293	8,821	11,293	8,821	N/A	N/A
Other Financial Assets	17	-	-	-	1,850	-	-	-	-	-	-	-	1,850	-	5.37
Total Financial Assets		-	-	3,620	4,047	-	-	-	-	11,339	8,867	14,959	12,914		
Financial Liabilities															
Borrowings - Other	25, 27	156	1,102	-	-	-	1,793	-	-	-	2,000	156	4,895	N/A	7.75
Payables	24	-	-	-	-	-	-	-	-	23,786	19,733	23,786	19,733		N/A
Total Financial Liabilities		156	1,102	-	-	-	1,793	-	-	23,786	21,733	23,942	24,628		

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

Other Financial Assets have been reclassified as Cash in 2005/06 if the investments are for a period of less than one year.

b) Credit Risk

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

Credit Risk by classification of counterparty.

Financial Instruments	Notes	Governments 2006 $000	2005 $000	Banks 2006 $000	2005 $000	Patients 2006 $000	2005 $000	Other 2006 $000	2005 $000	Total 2006 $000	2005 $000
Financial Assets											
Cash	16	46	46	3,620	2,197	-	-	-	-	3,666	2,243
Receivables	18	2,366	2,136	-	-	5,907	1,924	3,020	4,761	11,293	8,821
Other Loans and Deposits	17	-	-	-	1,850	-	-	-	-	-	1,850
Total Financial Assets		2,412	2,182	3,620	4,047	5,907	1,924	3,020	4,761	14,959	12,914

There is no significant concentration of credit risk.

Other Financial Assets have been reclassified as Cash in 2005/06 if the investments are for a period of less than one year.

c) Net Fair Value

As stated in Note 2(u) all financial instruments are carried at Net Fair Values, the values of which are reported in the Balance Sheet.

d) Derivative Financial Instruments

Ambulance holds no Derivative Financial Instruments.

GPO Box 12
Sydney NSW 2001

INDEPENDENT AUDIT REPORT

AMBULANCE SERVICE OF NEW SOUTH WALES SPECIAL PURPOSE ENTITY

To Members of the New South Wales Parliament

Audit Opinion

In my opinion, the financial report of the Ambulance Service of New South Wales Special Purpose Entity (the *Entity*):

- presents fairly the Entity's financial position as at 30 June 2006 and its performance for the period 17 March 2006 to 30 June 2006, in accordance with Accounting Standards and other mandatory financial reporting requirements in Australia, and

- complies with section 41B of the *Public Finance and Audit Act 1983* (the Act) and *the Public Finance and Audit Regulation 2005*.

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

Scope

The Financial Report and Chief Executive's Responsibility

The financial report comprises the balance sheet, income statement, statement of changes in equity, cash flow statement and accompanying notes to the financial statements for the Entity, for the period ended 30 June 2006.

The Chief Executive of the Entity is responsible for the preparation and true and fair presentation of the financial report in accordance with the Act. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

Audit Approach

I conducted an independent audit in order 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 Standards and statutory requirements, and I:

- assessed the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the Chief Executive in preparing the financial report, and

- examined a sample of evidence that supports the amounts and disclosures in the financial report.

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 Chief Executive had not fulfilled his reporting obligations.

My opinion does *not* provide assurance:

- about the future viability of the Entity,
- that it has carried out its activities effectively, efficiently or economically, or
- about the effectiveness of its internal controls.

Audit Independence

The Audit Office complies with all applicable independence requirements of Australian professional ethical pronouncements. The 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.

Peter Carr
Director, Financial Audit Services

SYDNEY
30 November 2006
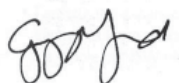
Certification of Special Purpose Entity for Period Ended 30 June 2006
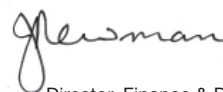
The attached financial statements of the Ambulance Service of NSW Special Purpose Entity for the year ended 30 June 2006:

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

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

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

Chief Executive
Ambulance Service of NSW
29 September 2006

Director, Finance & Data Services
Ambulance Service of NSW
29 September 2006

Income Statement of the Ambulance Service Special Purpose Entity for the period ended 30 June 2006

	2006 $000
Income	
Personnel Services	82,602
Acceptance by the Crown Entity of Employee Superannuation Benefits	2,786
Expenses	85,388
Salaries and Wages	65,170
Superannuation - defined benefit plans	2,786
Superannuation - defined contributions	3,546
Long Service Leave	2,168
Annual Leave	7,596
Sick Leave	2
Redundancies	12
Workers' Compensation Insurance	3,502
Fringe Benefits Tax	606
Total Expenses	85,388
Operating Result	-

Statement of Changes in Equity of the Ambulance Service Special Purpose Entity for the period ended 30 June 2006

	2006 $000
Opening Equity	-
Result for the Year	-
Balance at 30 June 2006	-

Balance Sheet of the Ambulance Service Special Purpose Entity as at 30 June 2006

	Notes	2006 $000
ASSETS		
Current Assets		
Receivables	2	93,651
Total Current Assets		93,651
Non-Current Assets		
Receivables	2	2,137
Total Non- Current Assets		2,137
Total Assets		95,788
LIABILITIES		
Current Liabilities		
Payables	3	8,609
Provisions	4	85,042
Total Current Liabilities		93,651
Non-Current Liabilities		
Provisions	4	2,137
Total Non-Current Liabilities		2,137
Total Liabilities		95,788
Net Assets		-
EQUITY		
Accumulated Funds		-
Total Equity		-

Cash Flow Statement of the Ambulance Service Special Purpose Entity for the period ended 30 June 2006

	2006 $000
Net cash flows from operating activities	-
Net cash flows from investing activities	-
Net cash flows from financing activities	-
Net increase/(decrease) in cash	-
Opening Cash and Cash Equivalents	-
Closing Cash and Cash Equivalents	-

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

AMBULANCE SERVICE SPECIAL PURPOSE ENTITY

Note 1 Summary of Significant Accounting Policies

(a)   **Reporting Entity**

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

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

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

The financial report was authorised by the Chief Executive on 29 September 2006. The report will not be amended and reissued as it has been audited.

(b)   **Basis for preparation**

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

This is the first financial report prepared on the basis of Australian equivalents to International Financial Reporting Standards.

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

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

Management's judgements, key assumptions and estimates made by management are disclosed in the relevant notes to the financial statements.

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

(c) **Comparative Information**

As this is the Entity's first financial report, comparative information for the previous year is not provided.

(d) **Income**

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

(e) **Goods & Services Tax (GST)**

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

> the amount of GST incurred by Ambulance as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense;

> receivables and payables are stated with the amount of GST included.

(f) **Receivables**

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

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

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

(g) **Payables**

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

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

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

(h) **Employee benefit provisions and expenses**

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

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

All Annual Leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then further classified as "Short Term" or "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next twelve months are reported as "Short Term".

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.

> **Long Service Leave and Superannuation Benefits**

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

Long Service Leave provisions are measured on a short hand basis at an escalated rate of 17.4% for short term entitlements and 7.6% for long term entitlements above the salary rates immediately payable at 30 June 2006 for all employees with five or more years of service. Actuarial assessment has found that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

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

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

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

(i) **Accounting standards issued but not yet effective**

The following Accounting Standards are being early adopted from 1 July 2005:

> AASB 2005-4 regarding the revised AAS139 fair value option;
> UIG 9 regarding the reassessment of embedded derivatives; and
> AASB 2005-06, which excludes from the scope of AASB3, business combinations involving entities or business under common control.

2. Receivables

	2006 $000
Current	
Accrued Income - Personnel Services Provided	93,651
	93,651
Non-Current	
Accrued Income - Personnel Services Provided	2,137
	2,137

3. Payables

Current	
Accrued Salaries and Wages	2,803
Payroll Deductions	5,806
	8,609

4. Provisions

	2006 $000
Current Employee Benefits and Related On-costs	
Employee Annual Leave - Short Term Benefit	22,760
Employee Annual Leave - Long Term Benefit	10,288
Employee Long Service Leave - Short Term Benefit	3,921
Employee Long Service Leave - Long Term Benefit	48,073
	85,042
Non-Current Employee Benefits and Related On-costs	
Employee Long Service Leave - Conditional	2,016
Sick Leave	121
	2,137
Aggregate Employee Benefits and Related On-costs	
Provisions - current	85,042
Provision - non-current	2,137
Accrued Salaries and Wages and On-costs (Note 3)	8,609
	95,788

5. Financial Instruments

(a) Interest Rate Risk

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

Financial Instruments	Floating interest rate	Fixed interest rate maturing in:			Non-Interest bearing	Total carrying amount as per the Balance Sheet	Weighted average effective interest rate *
		1 year or less	Over 1 to 5 years	More than 5 years			
	2006 $000	2006 $000	2006 $000	2006 $000	2006 $000	2006 $000	2006 %
Financial Assets							
Receivables	-	-	-	-	95,788	95,788	N/A
Total Financial Assets	-	-	-	-	95,788	95,788	
Financial Liabilities							
Payables	-	-	-	-	8,609	8,609	N/A
Total Financial Liabilities	-	-	-	-	8,609	8,609	

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

(b) **Credit Risk**

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

Credit Risk by classification of counterparty

	Governments 2006 $000	Banks 2006 $000	Patients 2006 $000	Other 2006 $000	Total 2006 $000
Financial Assets					
Receivables	95,788	-	-	-	95,788
Total Financial Assets	95,788	-	-	-	95,788

(c) **Net Fair Value**
Financial instruments are carried at cost.
The resultant values are reported in the Balance Sheet and are deemed to constitute Net Fair Value.

(d) **Derivative Financial Instruments**
Ambulance holds no Derivative Financial Instruments

End of Audited Financial Statements

Statutory and other information

NSW Divisional Boundaries and Ambulance Station Locations

Western Division

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

First Responder
Gulargambone

Honorary
Goodooga
Ivanhoe
Menindee
Tibooburra
Trangie
Wanaaring
Wilcannia
Yeoval

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

First Responder
Hill End

Honorary
Cudal
Eugowra
Manildra
Trundle

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

Southern Division

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

Honorary
Moulamein
Pooncarie

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

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

Northern Division

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

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

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

Honorary
Coramba
Glen Rae
Nana Glen

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

Statutory and other information

Sydney Division Ambulance Station Locations

South Sydney Sector
Bankstown
Bondi
Bowral
Camden
Campbelltown
Campsie
Caringbah
Engadine
Fairfield
Green Valley
Hurstville
Liverpool
Macquarie Fields
Maroubra
Marrickville
Mascot
Menai
Paddington
Picton
Randwick
Rockdale
Summer Hill
Sydney Ambulance Centre

Honorary Station
Lord Howe Island
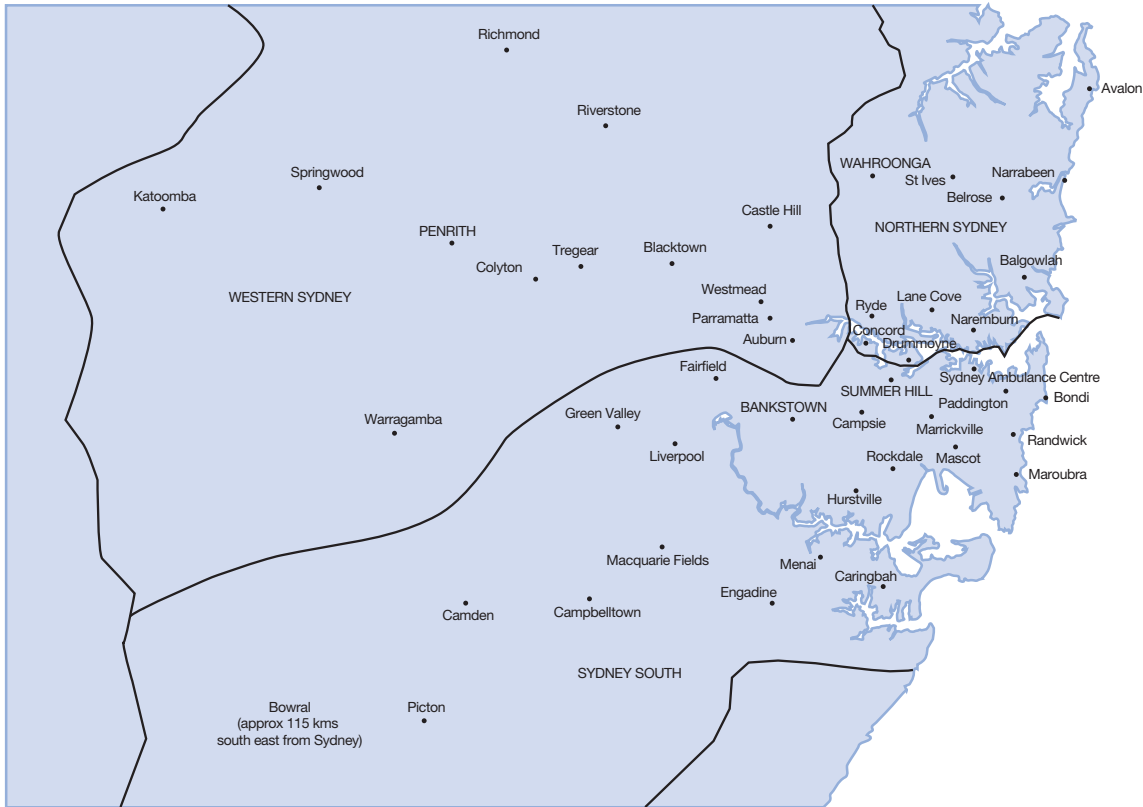
Wentworth & Western Sector
Auburn
Blacktown
Castle Hill
Colyton
Katoomba
Tregear
Parramatta
Penrith
Riverstone
Richmond
Springwood
Warragamba

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

Statutory and other information

Financial Summary

Payment of Accounts	30 June 2006 $000	30 June 2005 $000	30 June 2004 $000
Total dollar value of accounts paid on time	94,028	54,775	30,346
Total dollar amount of accounts paid	135,849	94,075	89,577
Average percentage of accounts paid on time	69%	58%	34%

The timely payment of invoices to creditors continues to improve and Ambulance anticipates further improvement over the next 12 months.

Accounts Payable	30 June 2006 $000	30 June 2005 $000	30 June 2004 $000
Trade Creditors and Accruals	12,582	11,740	10,210
Capital Creditors	1,199	1,230	721
Other	1,396	1,990	326
Salaries & Wages Creditors	3,778	738	735

Accounts Payable - Age Analysis as at 30 June 2006	$000	%
(Includes both recurrent and capital creditors)		
Less than 30 days overdue	8,616	80%
More than 30 and less than 60 days overdue	2,142	20%
More than 60 and less than 90 days overdue	-	0%
More than 90 days overdue	-	0%
Total	**10,758**	**100%**

Ambulance did not pay any interest to creditors due to late payments. There were no creditor invoices greater than 45 days at the end of year of the financial year. Total general creditors monthly average invoice profile is 30 days.

Accounts Receivable - Age Analysis as at 30 June 2006		
Less than 30 days	5,896	45%
More than 30 and less than 60 days	1,615	12%
More than 60 and less than 90 days	978	7%
More than 90 days	4,734	36%
Total	**13,223**	**100%**

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

Receivables have increased by $313K from the previous financial year due in part to an invoice for $940K to Emergency Management Australia concerning recovery of costs by Ambulance and other agencies for the response to the Java earthquake. Ambulance will be distributing the funds, when received, to the other agencies in accordance with invoices received from these agencies.

Many accounts that relate to emergency transports will prove to be uncollectible because:

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

> the accounts will be written off as bad debts.

INVESTMENT MANAGEMENT PERFORMANCE

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

$400,000 for 181 days @ 5.53%, to mature on 22 August 2006

$650,000 for 123 days @ 5.70%, to mature on 23 October 2006

$700,000 for 181 days @ 5.51%, to mature on 15 August 2006

$150,000 for 61 days @ 5.29%, to mature on 14 July 2006

Interest amounting to $88,393.23 was earned on Special Purpose and Trust Fund investments during the financial year.

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

Surplus recurrent funding is invested in an 'At Call' account based on a daily review of Ambulance's financial position. Interest

earned during the 2005/06 financial year on these investments was $300,312.73.

Liability Management Performance

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

Monetary amount of annual leave and long service leave entitlements

Annual leave	$33.048	M
Long Service Leave	$51.994	M

CONSULTANTS ENGAGED

There were six consultancies costing greater than $30,000 in expenditure:

Mingara: Ambulance Telephony Review: $32,734

Recordkeeping Innovation: The writing of a Functional Records Disposal Authority as per State Records Act, 1998 for Ambulance: $33,764

Mercer Human Resources: Review of Operations Realignment for Ambulance: $52,185

Aviation Professional Services Pty Ltd Safety audits, contract preparation and aircraft acceptance for aeromedical arm of Ambulance: $57,342

Operational Research in Health: Study of Ambulance cover in regional NSW and study of rotary wing services: $63,420

Internal Audit Bureau: Internal Audit services: $72,068

There were twenty-six consultancies costing less than $30,000 in expenditure and costing $183,046 in total.

TREASURY MANAGED FUND

> The Workers Compensation premium surplus for Ambulance in 2005/06 was $1,735,148. The deposit premium for workers compensation paid by Ambulance in 2005/06 was $13,284,183 (including GST) and is based on claims experience and total claims costs incurred for the past two calendar years.

> The Motor Vehicle premium surplus in 2005/06 was $9.00. The deposit premium for motor vehicles paid by Ambulance in 2005/06 was $1,505,332 (including GST) .

> Public Liability and Property Insurance premiums continue to remain within NSW Health's overall coverage.

Statutory and other information

Percentage of Total Staff by Level

LEVEL	TOTAL STAFF (Number)	Subgroup as % of total staff at each level			Subgroup as estimated % of total staff at each level				
		Respond-ents	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Religious Minority Groups	People Whose Language First Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work-related Adjustment
< $32,606	4		75%	25%					
$32,606 - $42,824	961	89%	59%	41%	2.3%	5.4%	3.9%	1.4%	0.1%
$42,825 - $47,876	1,951	54%	72%	28%	2.7%	6.7%	5.8%	2.7%	0.6%
$47,877 - $60,583	474	53%	80%	20%	1.6%	3.6%	2.8%	4.7%	0.4%
$60,584 - $78,344	119	22%	66%	34%	3.8%	7.7%	15.4%	7.7%	
$78,345 - $97,932	66	23%	68%	32%		6.7%			
> $97,932 (non SES)	38	13%	87%	13%					
> $97,932 (SES)	1		100%						
TOTAL	3,614	61%	69%	31%	2.4%	5.8%	4.8%	2.5%	0.4%

Percentage of Recruits by Level

LEVEL	TOTAL RECRUITS (Number)	Subgroup as % of total staff at each level			Subgroup as estimated % of total staff at each level				
		Respond-ents	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Religious Minority Groups	People Whose Language First Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work-related Adjustment
< $32,606	2		50%	50%					
$32,606 - $42,824	282	95%	58%	42%	1.9%	3.7%	3.4%	0.7%	0.4%
$42,825 - $47,876	18	78%	39%	61%			14.3%		
$47,877 - $60,583	2	100%		100%					
$60,584 - $78,344	13	38%	46%	54%					
$78,345 - $97,932	4		75%	25%					
> $97,932 (non SES)	5	20%	80%	20%					
> $97,932 (SES)									
TOTAL	326	89%	56%	44%	1.7%	3.5%	3.8%	0.7%	0.3%

Percentage of Total Staff by Employment Level

EMPLOYMENT BASIS	TOTAL RECRUITS (Number)	Subgroup as % of total staff at each level			Subgroup as estimated % of total staff at each level				
		Respond-ents	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Religious Minority Groups	People Whose Language First Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work-related Adjustment
Permanent Full-time	3,408	62%	72%	28%	3%	6%	5%	3%	0%
Permanent Part-time	176	47%	27%	73%	1%	6%	2%		
Temporary Full-time	16	25%	19%	81%					
Temporary Part-time	4	50%	25%	75%					
Contract - SES	1		100%						
Contract Non-SES	9		100%						
Training Positions									
Retained Staff									
Casual									
TOTAL	3,614	61%	69%	31%	2%	6%	5%	3%	4%

Statutory and other information

Number of Full Time Equivalent Staff (FTE) as at June 2006

	June 2006	June 2005	June 2004	June 2003
Medical	3	3	2	3
Nursing	20	18	17	17
Ambulance On-Road Staff	2,720	2,601	2,551	2,435
Ambulance Support Staff	435	418	384	380
Corporate Services	182	179	183	219
Scientific & technical clinical support staff	9	8	8	8
Hotel Services	14	13	14	13
Maintenance & Trades	61	69	69	72
Support Workers	97	85	73	15
Total	3,541	3,394	3,301	3,162
Medical, nursing, ambulance clinicians and ambulance operation staff as a proportion of all staff	89.7	89.6	89.5	89.7

Source: DOH Health Information Exchange & Health Service local data
Notes: 1. FTE calculated as the average for the month of June, paid productive & paid unproductive hours.
2. Includes salaried (FTEs) staff employed with Health Services and NSW Health. All non-salaried staff such as contracted Visiting Medical Officers (VMO) are excluded.

Policy Documents

The following policies and documents are held by Ambulance:

Ambulance Officer Curriculum Guide 2001

Annual Reports 1996/97 to 2004/05

Best again 2002-2007 — The future direction for the Ambulance Service of NSW

Best again 2002-2007—Report card on the first 12 months

Code of Conduct for staff March 2001

Code of Conduct for Board Members

Corporate Plan 2004–2006

Corporate Plan 2005–2007

Disability Action Plan 2000-2003

Draft Final Regional NSW Operational Review

Drug and Alcohol Policy

Equity & Diversity Management Plan 05/06

Information Management and Technology Strategic Plan 2001-2004

Relevant *Instructional Circulars* to Staff

Interim Asset Strategic Plan 2001

NSW HEALTHPLAN 2005—The NSW Health Services Functional Area Supporting Plan to the NSW State Disaster Plan (NSW DISPLAN)

Operational Review—Sydney Interim Report 2001

Operational Review—Sydney Interim Report 2001 summary brochure

Operational Review—Sydney Final Report 2002

Operational Review—Sydney Final Report 2002 summary brochure

Relevant Personnel Policies and Procedures

Policy on Honorary Ambulance Officers 2003

Rotary Wing Review, December 2004

Publications produced

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

> *2004/05 Annual Report* and *Summary*
> *Corporate Plan*
> *Clinical News* and *Clinical Bulletins*
> *Fact sheets* provided in a range of community languages.
> *Dealing with Trauma* brochure
> *Patient Information* brochure
> *Sirens* (staff newsletter)

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

Statement of Affairs

Section 14(1)(a) of the Freedom of Information Act requires a Statement of Affairs of the agency to be published every 12 months. Ambulance's Statement of Affairs and a description of the Ambulance structure and functions are outlined in this Annual Report.

Ambulance has a direct effect on the general public by providing quality emergency clinical care, rescue and patient transport to assist in improving the health and well-being of the people of New South Wales. Ambulance has a number of committees, as listed in this Report, that assist with policy development for 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:

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

Telephone 9320 7609 or fax 9320 7802. Enquiries can be made between 9am and 5pm Monday to Friday.

Applications under the Freedom of Information Act 1989 should be accompanied by a $30 application fee.

Statutory and other information

Freedom of Information

There was a significant increase in the number of personal and non-personal FOI applications received during 2005/06 compared with the previous year. There was no significant impact during the year of FOI requirements on Ambulance'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	2005/06		2004/05	
	Personal	Other	Personal	Other
Granted in full	38	7	14	8
Granted in part	3	2	5	3
Refused	1	8	6	3
Deferred	0	0	0	0
No documents held	12	1	-	-
Completed	54	18	25	14

Costs and fees of requests processed 2005/06 - FOI fees received	
All completed requests	$2,417

Access Refused	2005/06		2004/05	
Granted in part or refused	Personal	Other	Personal	Other
Clause 11 of Schedule 1 Clause 16 of Schedule 1	2	2	3	-
Clause 13(b) of Schedule 1	2	-	-	-
Clause 7(1)(b) of Schedule 1	-	1	-	1
Clause 6(1) of Schedule 1	-	2	3	-
Section 28(1)(b)	12	1	5	5
Section 25(1)(b)(1)	-	1	-	1
Section 22(3)	-	4	-	-

Discounts allowed	2005/06		2004/05	
	Personal	Other	Personal	Other
Financial hardship personal	4	0	2	0

Significant Correction of Personal Records	2005/06		2004/05	
	Personal	Other	Personal	Other
	0	0	0	0

Days to process	2005/06		2004/05	
	Personal	Other	Personal	Other
0-21 days	44	10	23	9
22-35 days	5	4	2	5
Over 35 days	5	4	0	0
Total	54	18	25	14

New FOI requests	2005/06		2004/05	
	Personal	Other	Personal	Other
New	54	18	25	14
Brought forward	0	0	0	0
Total to be processed	54	18	25	14
Completed	54	18	25	14
Transferred out	0	0	0	0
Withdrawn	0	0	0	0
Total processed	54	18	25	14
Unfinished (carried forward)	0	0	0	0

Working in partnership with the community

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

> **Community visits:** Visits by ambulance officers to schools and community groups continued throughout the year. The visits provide an opportunity for the public to interact with ambulance officers, ask questions and to learn about key health messages.

> **Education Programs:** The *Life... Live it, Save it!* Community Education Program is designed for members of the over 55 community to increase awareness and early recognition of the signs and symptoms of acute cardiac emergencies. The *Be an Ambulance Hero: Dial Zero Zero Zero* School Education Program is designed to ensure that every child in New South Wales understands how and when to dial '000' in an emergency. Both programs have been successfully trialled and rollout will commence in early 2007.

> **Community events:** Ambulance attended a range of community events including New Years Eve, Gay and Lesbian Mardi Gras, City to Surf, ANZAC Day, the Country Music Festival, Bathurst 1000, Gunnedah National Field Days, Tamworth Country Music Festival and Mudgee Field Days.

> **Drug and alcohol programs:** Joint agency program initiatives on the Mid-North Coast focussing on alcohol and drug use for teenagers, mental health patients and adults at risk. Drug and alcohol programs have been set up in Bathurst, Orange and Parkes.

> **Rural Health Services:** Ambulance is collaborating with the Greater Southern Area Health Service in formulating proposals for four pilot sites where ambulance officers may contribute to enhancing health services in rural and remote communities.

> **Hatzolah Program:** Continued work with Hatzolah (Hebrew for 'Saves') the community responder program—an initiative developed by the Sydney Jewish community in consultation with Ambulance to facilitate and support the delivery of emergency medical care.

Statutory and other information

Workers' compensation claims

Category	2005/06	2004/05	2003/04	2002/03	2001/02
Body Stress	356	355	316	284	344
Hit by Object(s)	86	74	59	117	100
Fall/Slip	63	77	65	80	75
Exposure (Infectious)	108	95	90	78	68
Vehicle	47	44	32	32	38
Mental Stress	37	40	25	30	28
Bite	7	5	1	0	6
Objects - Moving	5	5	6	8	4
Other/Assaults /General	16	19	27	1	0
Other: — Bites	0	5			
— Exposure	0	1			
— Anaphylactic Reaction	0	1	3		
— Other	0	1	31		
TOTAL	**725**	**722**	**655**	**630**	**663**

(based on Magellan reports)

National Patient Satifaction Survey 2006

The National Patient Satisfaction Survey report details the service quality and satisfaction ratings of ambulance service patients across Australia, measured in 2006. The purpose of this research is to measure the quality of the ambulance service, as perceived by its customers, and to compare these ratings across states, as well as over the years.

Key Findings
The table below presents combined scores for NSW across all dimensions measured. The results are presented as proportion of customers who were 'very dissatisfied' or 'dissatisfied' (column 1), 'neither satisfied, nor dissatisfied' (column 2), and 'satisfied' or 'very satisfied' (column 3).

Also comparison with 2005 results for proportion of 'satisfied' or 'very satisfied' customers is provided in column 4.

Overall satisfaction scores were very high and stable, compared to the results of the 2005 study. There were no significant changes in the overall scores for all dimensions over time.

Satisfaction ratings for NSW	Very dissatisfied or dissatisfied (%)	Neither satisfied, nor dissatisfied, (%)	Satisfied or very satisfied, (%)	
			2006	2005
Call response time	1	1	98	96
Communication staff assistance	2	1	97	96
Ambulance response time	2	3	95	95
Paramedics care	1	1	98	98
Treatment satisfaction	1	0	99	98
Explanation of condition by paramedics	2	2	96	97
Trip/ride satisfaction	2	4	94	92
Overall satisfaction	**1**	**1**	**98**	**97**

Our volunteers

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

Ambulance has appointed four new chaplains and a Senior Chaplain to improve the co-ordination of the Chaplaincy program.

A submission was made for the National Australia Bank's Annual Volunteers Award, regarding the Ambulance chaplains team to recognise their contribution in providing support to Ambulance staff.

PEER SUPPORT OFFICERS
Ambulance has over 100 peer support officers who are uniformed staff that provide an early intervention service, out of hours on most occasions, to colleagues who may experience stress as a result of exposure to traumatic incidents.

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

To improve resources, training and support in emergency pre-hospital care for people in remote outback communities a number of programs have been developed. These include Community First Responders, hospital-based Honorary Ambulance Officer Programs and honorary officers working alongside ambulance officers.

THE AMBULANCE BAND
The Ambulance Band, commissioned in 1985, has performed for Her Majesty Queen Elizabeth II at the opening of Parramatta Stadium, graduation ceremonies at the Ambulance Education Centre Rozelle, St John Investitures at Government House, NSW Health functions and special events in metropolitan and rural NSW.

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

Statutory and other information

Capital Works

Funding for information technology projects in 2005/06 totalled $3.76m. This was allocated to a diverse range of projects including the capital costs for the Rural Data Radio Service, the upgrading of PABX and related equipment at the three rural operations centres, continuing work on providing improved radio coverage in rural areas, upgrading of the TRIM records management application, and replacement of PCs and servers older than five years.

MAJOR WORKS IN PROGRESS

Ryde Ambulance Station Redevelopment

Estimated total cost	$1,238,000
Cost to date	$183,000
Estimated completion date:	August 2007

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

Paddington Ambulance Station Redevelopment

Estimated total cost	$2,607,000
Cost to date	$2,540,000
Estimated completion date:	August 2006

The project will be sufficiently complete for occupation in July 2006.

Port Macquarie Ambulance Station Redevelopment

Estimated total cost	$1,721,000
Cost to date	$116,000
Estimated completion date:	June 2007

Invitation of tenders has been delayed pending resolution of environmental requirements associated with rezoning.

Gunnedah Ambulance Station

Estimated total cost	$737,000
Cost to date	$698,000
Estimated completion date:	July 2006

MINOR CAPITAL WORKS

> **Completed:** Goulburn Station; Batemans Bay Station; Perisher Valley Station. Queanbeyan Station; Albury Station; and Ulladulla Station.

> **Deferred projects:** Ambulance has had to defer projects at Helensburgh, Griffith and Hillston. These projects will be reviewed next financial year in light of state-wide priorities.

> **Ongoing:** Major renovations at Wollongong Ambulance Station are almost complete as a result of a large bequest from a member of the public. MPS centres are being constructed at Walcha, Dunedoo and Tottenham with completion expected in 2007. Planning is underway for MPS centres at Bingara, Warialda and Nyngan.

Major Assets

The Services major assets, other than landholdings, are listed below. Major assets are those valued at over $500,000. Major assets acquired during 2005/06 are listed separately.

Buildings

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

Plant & Equipment

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

Assets acquired during 2005/06

Campbelltown Station
Yamba Station
Telstra Wide Area Network
Mobile Digital Radios
Portable Digital Radios

Fleet

Each ambulance is required to undergo an ambulance conversion, which is classified as a capsule. Leased vehicles are changed over at a maximum of three years, to take advantage of residual prices and warranty periods. The capsules last at least nine years and are changed over to the new leased vehicle. There is a significant changeover cost, ranging from $15,000 to $18,000 per vehicle.

Real Property Disposals

Property disposals: Two properties were disposed of during the financial year for a total of $341,000. The two properties were surplus to operational requirements and comprised residences at Dubbo and Tumbarumba. No properties valued at over $5,000,000 were sold. Sales proceeds after costs will be used to support capital investment and asset maintenance programs.

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

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

Statutory and other information

Privacy information for patients

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

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

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

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

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

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

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

Committees of the Ambulance Service

COMMITTEES OF THE AMBULANCE SERVICE AS AT 30 JUNE 2006

Corporate Governance Committee
The primary function of the Corporate Governance Committee is to assist the Chief Executive in effectively and efficiently fulfilling the governance and statutory functions of the Service.

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

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

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

* This is the only Advisory Council committee where membership includes community and other representatives. Only the attendance of Board Members is reported here.

BOARD/COMMITTEE MEMBERS AND ATTENDANCES

Board/Committee Members & Total meetings	Board Meetings 4 *	Corporate Governance 3 *	Finance 12 *	Audit 3 *	Clinical Governance 3 *
Barrie Unsworth	(C) 4	-	(C) 10	-	-
Jon Isaacs	4	(C) 3	-	-	(C) 3
Jim Arneman	4	-	-	3	3
Angeline Oyang	4	3	-	-	-
Maria Pethard	4	-	10	(C) 3	-
Linda Barach	4	-	-	3	-
Greg Rochford	4	3	11	-	3

* Represents the total number of meetings held between 1 July 2005 and 30 June 2006.   (C) = Chair

Overseas visits

> **Evaluating Definitive Care Models:** Graham McCarthy, Manager, Education, engaged in a study tour to the United Kingdom to view the UK experience and document findings in order to inform the development of educational programs that will facilitate the expansion of decision making skills and referral capacity of ambulance officers within NSW.

> **Evaluating fault-tolerant servers:** Roger Hanssen, Director Information Systems and Support, travelled to Las Vegas for the three-day StratusWorld Conference. The purpose of the visit was to evaluate the suitability of Stratus fault-tolerant servers for running the computer aided dispatch system. This was achieved by evaluating the presentations, and interviewing key users of the technology.

Research

> **New research committee:** Ambulance welcomes research undertaken in pre-hospital care as a significant way of achieving its mission and fulfilling its vision. The Ambulance Research Committee has been established to ensure appropriate governance of research activity involving Ambulance. The Committee's first major task has been the development of a research framework and procedures.

> **Premiers Department Research Project: Social Infrastructure Assessment Group (Hunter)**
This project is analysing the predicted growth in population for the lower Hunter region and will work with lead agencies including Ambulance and the Department of Health to identify the processes required to identify and cost the social and capital infrastructure requirements of the State government agencies in relation to the lower Hunter regional strategy.

Statutory and other information

Clinical staff courses

Course	Courses	Students
Initial Training		
Patient Transport	3	43
Induction	6	259
Inservice 1	8	135
Inservice 2	10	155
Paramedic	2	38
Paramedic 1st Recertification	5	84
Total	34	714
Recertification & Upgrades		
Patient Transport Recertification	6	37
Recertification (Streams 1 & 2)	249	755
P1 Upgrade - Regional	206	573
3c Upgrade		33
Pain Management Geographic Pkg	12	16
Clinical Assistance Programs	15	14
Total	488	1428
Other courses		
4x4 Driver Training	47	156
First Aid Training	11	60
Distance Education	21	91
Voluntary Tutorials	215	594
Outside Organisations	75	1788
Training Needs Analysis	10	10
Volunteer Officer Training	23	87
Volunteer Officer recertification	12	54
Rural Orientation	4	25
Online courses	10	168
Total	428	3033
Grand total	**951**	**5175**

Staff development courses

Course	Courses	Students
Advanced Access	2	6
Advanced Excel	4	20
Advanced Power Point	2	11
Advanced Word	3	15
Assertiveness and Conflict Resolution	5	63
Code of Conduct	1	59
Computer Skills Power Point Introduction	2	12
Fundamentals for Supervisors	6	79
Giving and Receiving Feedback	5	40
Intermediate Access	1	7
Intermediate Excel	4	29
Intermediate Word	4	23
Introduction to Access	2	15
Introduction to Computers	4	25
Introduction To Excel	5	33
Introduction to Word	4	28
Managing Performance	4	32
Meeting Skills	2	17
Microsoft Project	1	8
MMIN - Minute Taking	1	8
OH&S Representative Training	3	35
Presentation Skills	2	16
Privacy Training	13	359
Recruitment & Staff Selection	1	17
Time Management	1	12
TRIM Essentials	3	26
Workplace Conflict Management	5	74
Workplace Evacuation & Firefighting	3	30
Total	**93**	**1099**

Other staff training and initiatives

RISK MANAGEMENT OCCUPATIONAL HEALTH AND SAFETY EDUCATION

> Conducted a statewide training needs analysis and developed annual training plans which also address individual Divisional needs.

> Through the Educators, developed and/or strengthened relationships between the Risk Management Unit and OH&S Committees.

> Developed and/or redesigning various training packages and programs, such as *Attending Violent Scenes, Ergonomics, Manual Handling, Mental Health* and *Health & Wellbeing.*

> Conducted risk assessments on carry chairs, workshops, hospitals, mega-lift unit, snow fields and Sydney Ambulance Centre (in conjunction with other State agencies).

Occupational Health and Safety Courses

Courses	Students
Manual Handling 1	634 staff
Manual Handling 2	327 staff
Ergonomic Assessment	96 staff
Risk Assessment	213 staff
OH&S and Ergonomics Induction for CAD	6 courses / 30 students
OH&S Consultation for OH&S Committee Representatives:	4 courses / 43 students
OH&S Induction for PTOs	2 courses / 16 students
OH&S Induction for TAOs	6 courses / 262 students

Statutory and other information

Honours and Merit Awards

AUSTRALIAN HONOURS
Australian Ambulance Service Medal (ASM)
FERGUSON Daniel
KIEHNE Geoffery
MITCHELL Kathryn

HUMANITARIAN OVERSEAS SERVICE MEDAL (HOSM)
CLOUGHESSY, Elizabeth
FLYNN, Dr Michael
GILCHRIST, Jeffery
HUMPHREY, Adrian

NATIONAL MEDAL
For recognition of 15 years diligent service by uniformed officers
AINSWORTH Stephen
ALDER James Albert
BECKEDAHL James Carl
BEGAUD Matthew Alexander
BRAMBLE Graham Victor
BRAY Michael John
CHANEY Scott Raymond
CHERRY Albert Peter
CLARK Matthew Lloyd
CLARK Philip John
CLARKE Peter Gordon
CRAWLEY Terrance Ernest
CUTLER Martin Andrew
DENT Allan William
DIAMOND Melinda
DONNELLY Anthony Gerard
DONNELLY Brian Harold
DOYLE Shireen
DOYLE Elizabeth
EDWARDS Paul Douglas
FIELD Gail Mary
FITZPATRICK Russell William
FOX Robert Mark
FRAME John Mitchell
FURNER Mark Brian
GREEN Robert Bruce
HADDON Jeffrey Ronald
HALL Gregory Sydney
HANLON Kim Patrick
HANNA Ian Gordon
HANSEN Kenneth Frederick
HARDING Glenn Michael
HARKER David Mathew
HINTON Deborah Anne
HOLMAN Warren David
HUGHES Carpet Gregory
HUME Francis Michael
JENNISON Grant
KELLY Mark Francevic
KERNICK Paul John
KIRKNESS Patrick Colin
KNOECHEL Peter Leslie
KOPSCHEWA Michael Peter
LOBLEY Steven Alan

MAYFIELD John Henry
MCCABE Peter William
MCCLENNAN Lee
MCGREGOR Angela Joy
MIJIC Diana
MOUNTSTEPHEN Linda Gaye
PARKER David John
PARSELL Brian Joseph
PATEN Christopher Glenn
REIHER David John
RUSSELL David Charles Stuart
SHEPHERD Neil
SLATTERY Louise Rachel
SMITH Tracy Dawn
STEBBING Christopher Sydney
STUDDERT Adam John
SYMONDS Anne Marie
THOMPSON Dallas Roy
THOMPSON Paul James
TONGE Paul
TURNER David Alan
VANDERWOLF Collon
VIDLER Glen Alan
WHITE Gregory Noel
WICKMAN Jeffrey
WILSON Muriel Veronica

IST CLASP
For recognition of 25 years diligent service by uniformed officers
ALFORD Raymond Victor
ANDERSON Gregory John
BAGGER Steen
BARCLAIRE Paul Adrian
BEESLEY Mark
BENSON George William
BORNSTEIN John Raymond
BRAMBLE Graham Victor
BRENNAN Sean Patrick
BROTHERHOOD Arthur John
BROWN Kenneth Douglas
BROWNING Peter Raymond
CONNELLY Michael Patrick
COUVEE Michael John
CUTLER Martin Andrew
DANIEL Peter Barry
DAVIS Bernard Leslie
DENT Allan William
DONOGHUE Mark Lawrence
DRYSDALE David James
EADES Gerard Michael
EWIN John Ian
FORRESTER Lindsay Francis
FUDGE Geoffrey Lloyd
GARVEY Brett James
GATT Harry Anthony
GILES Andrew William
GILMOUR Barry John
GOFF Mark Joseph
GOODALL Warren
GRZAZEK Peter Leonard
HALL Ronald Barry
HAMILTON Ian James
HANSHAW Adrian John

HAWKINS David Barry
HOLMES William John
HOULAHAN Jason Gwydir
HUBBARD Peter Thomas
HUMPHREY Adrian
HUTCHINSON Keith Richard
IRELAND Patrick Alan
KERNAGHAN Brian Frederick
KIEHNE Geoffrey Bruce
KING George
LYNCH John Arthur
MANGAN David
MARSDEN Neville Edward
MCCLINTOCK Graham Leslie
MITCHELL Steven David
MORLEY Gregory Walter
MUTTON George Francis
NILSSON Christopher Edward
O'BRIEN Kelly Dominic
O'CONNOR Sean William
PARSONS Craig Anthony
PATEN Christopher Michael
PHILLIPS Peter James
PINKERTON Robert Stanley
PITTAWAY William Robert
PRENDERGAST Grant Daniel
PROUST Phillip Peter
ROBINSON Peter Michael
ROSER Donald Graham
RYAN Anthony Robert
SCHRADER Brett
SENIOR Geoffrey Brian
SOPNIEWSKI Peter Robert
TAYLOR William Ernest
TOTTERDELL Ian Gregor
TOWNSEND Raymond Terrence
TURNER David Keith
VERSLUIS Peter Malcolm
WESTLEY Robert Edwin
WILSON David Bruce
YOUNG Larry Noel

2ND CLASP
For recognition of 35 years diligent service by uniformed officers
BOOTH Warwick
DENT Allan William
GUDGEON Trevor George
HUTCHINSON Edward Wilson
LAWLOR Leo Patrick
LYNCH John Arthur
MARMONT Robert James
MOORE Phillip John
MORRIS James Gordon
MORRISON Darryl
PETRIE Graham Henry
PRINCE Gary
REES Malcolm
STRAW Christopher
TAYLOR William Ernest

Statutory and other information

3RD CLASP
For recognition of 45 years diligent service by uniformed officers
ALTHOFFER Rodney George

SERVICE AWARDS
General Manager Operations Commendation—Courage
CLEMENTS Cheryl
CORLIS Michael
DAWSON Stephen
DENNIS Maxine
HALL Andrew
HANNA Ian
HIGGS Larry
JULIUS Jack
KELLEHER Noel
LUCAS Jeff
MARINOS Anthony
MORROW Terry
MUTTON George
REES Mark
ROBBIE Christopher
SHEPHERD Neil
STEPHENS Andrew
TINDALE Bruce
URBAN Maria
WHEATLEY Rodney
WISE Glenn

General Manager Operations Commendation—Service
ALFORD John
ALEXANDER Paul
BARKER Anthony
BARROW Paul
DUNN Robert
GARDINER Mark
HAUSLER Christine
JOHANSON Peter
LOUDFOOT Allan
MAIDEN Baden
NOLAN Lynda
PLAYFORD John
RAWLINGS Steve
TANNER David
WAITE Malcolm
WESTLAKE Janene
WESTLAKE Terence
ZUIDERWYK Paul

LONG SERVICE MEDALS
For recognition of 15 years diligent service by corporate staff
BARNETT Melinda
CORMACK Judith
CRISANTE Sergio
CUMMINS Melissa
DABRON Jeanette
DICKENS Stacey
HART Dennis
LEE Trevor
MITCHELL Judith
MITCHELL Stephen
O'CONNOR Kerri
SMITH Ailsa
SWAN John
TEDESCO Charlie
TRIPCONY William
VLAZOVSKI Richard

CLASP TO THE LONG SERVICE MEDAL
For recognition of 25 years diligent service by corporate staff
COLEMAN Danny
CORMACK Judith
COX Glenn
HART Dennis

GENERAL MANAGER OPERATIONS UNIT CITATION—SERVICE
POLKINGHOME Debra
WILSON Muriel

GENERAL MANAGER OPERATIONS CERTIFICATE OF RECOGNITION
RICHARDS Robert

ST JOHN AMBULANCE (NSW) EMERGENCY SERVICES AWARD
AYRTON Gregory
CAMPBELL Victoria
DILKES Warren
KANNE John

Legislation

NSW legislation which impacts on, or has relevance to Ambulance includes:

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

WRAPP Waste report

Ambulance has continued its commitment to the State Government's Waste Reduction and Purchasing Policy (WRAPP) initiatives during 2005/06. Paper and cardboard recycling practices are in place at Ambulance facilities throughout the State in order to reduce greenhouse gas emissions from waste deposited to landfill.

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

Index

Contacts

Dial 000 in an emergency 24 hours a day 7 days a week

OFFICE HOURS
9.00am to 5.00pm
Monday to Friday.

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

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

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

SYDNEY DIVISION
75 Carlton Crescent
Summer Hill NSW 2130
Telephone: (02) 8752 0444
Facsimile: (02) 8752 0429

Sydney Division Sector Offices:

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

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

Western Sydney
668 High Street
Penrith NSW 2750
Telephone: (02) 4731 2167
Facsimile: (02) 4731 4501

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

Northern Division Sector Offices:

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

Hunter
75 Denison Street, Hamilton
Postal Address: PO Box 17
Hamilton NSW 2303
Telephone: (02) 4921 7540
Facsimile: (02) 4961 4549

Mid North Coast
345 Pacific Highway
Coffs Harbour NSW 2450
Postal Address: PO Box 271
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

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
663 Dean Street
Albury NSW 2640
Telephone: (02) 6021 7833
Facsimile: (02) 2041 2051

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

WESTERN DIVISION
62 Windsor Parade, Dubbo
Postal Address: PO Box 15
Dubbo NSW 2830
Telephone: (02) 5804 6733
Facsimile: (02) 5804 6738

Western Division Sector Offices:

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) 5804 6716
Facsimile: (02) 5804 6717

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

AMBULANCE > THE MOST TRUSTED PROFESSION

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

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

Ambulance officers are highly trained health professionals who work day and night, in many adverse conditions responding by road, air, over snow and by sea. They are entrusted with their patient's health and well being and are invited into people's homes and private lives every day.

During 2005/06 the Ambulance Service of New South Wales provided an average of 2,737 responses per day, equivalent to a call for assistance every 31 seconds.