Ambulance Service of New South Wales

ANNUAL REPORT
2001/02

"We strive to continuously improve the
delivery of pre-hospital care to the
community of New South Wales
and make our Service Best Again"

Contents

Letter to the NSW Health Department

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

Dear Ms Kruk

I have pleasure in submitting the Ambulance Service of New South Wales' Annual Report for the year ended 30 June 2002, 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 NSW Health.

Greg Rochford
Chief Executive Officer

Vision

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

Mission

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

Our Corporate Values

We put our patients first, by:

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

Our Objectives

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

Our Stakeholders

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

- patients and those close to them;
- the community, including special needs groups, interest groups and disadvantaged groups;
- our employees and their families;
- our employees' industrial organisations;
- the Ambulance Service Board;
- all levels of government including the Minister for Health, other members of parliament, and local government;
- other health care providers;
- suppliers of goods and services to the ASNSW;
- other emergency and community services;
- interstate and overseas ambulance services and health authorities.

Guarantee of Service

The ASNSW is committed to:

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

Our History

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

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

Report from the Chairman of the Board and Chief Executive Officer

There has been a great deal of very positive change across the ASNSW for the reporting year 2001/02. Following the release of the Auditor-General's *Performance Audit Report Ambulance Service of New South Wales - Readiness to Respond*, a committee comprising members of staff, management and unions contracted specialist consultants Operational Research in Health Limited and Deloitte Touche Tohmatsu. Their task was to undertake an independent Operational Review with an overall objective to improve the appropriateness and timeliness of services to patients.

The three reports produced for Sydney, Regional NSW and the Operations Centres provided clear confirmation that a number of changes can be made to our current operational regime to improve the timeliness and quality of care we are delivering to the community and to achieve reasonable levels of efficiency. The changes can and will be implemented quickly to improve current performance and to pave the way for future advances. The reports are the foundation for improving performance to all calls, particularly emergency cases, delivering effective and appropriate pre-hospital care to the community.

The reporting year saw a significant eight per cent increase in 000 emergency responses which, compared to the previous period, represents an additional 43,500 priority one emergency responses across the State. In total, the ASNSW transported 572,485 patients and responded to over 858,000 cases - a staggering increase of over 139,000 cases when compared with the previous period.

Christmas 2001 saw the people of NSW faced with the worst bushfire crisis since 1994. The ASNSW evacuated and offered assistance to some of the 10,000 evacuees as well as medical support to the fire fighters. The dedicated staff of the ASNSW generously gave their time and in some instances may have acted beyond the call of duty while providing support in the protection and safety of others - a true testament to the qualities of our staff.

This report would not be complete without acknowledging the thousands of men and women, civilian and emergency service workers, who tragically lost their lives following the terrorist attack in the USA on 11 September 2001. Following the attack the ASNSW increased training, awareness and response capabilities to potential terrorist attacks.

We take this opportunity to thank our committed and professional staff, on-road, operational support and administration, for their continued dedication in the delivery of pre-hospital care. Appreciation also goes to our honorary ambulance officers who play a pivotal role in service delivery in rural and remote locations. We would also like to extend our thanks to Board members, past and present, for their leadership, support and governance and the departmental and ministerial staff for their significant assistance during the year.

Finally, we feel confident that with the foundations laid and implementation plans formulated, as a team we will provide the people of New South Wales with an ambulance service equivalent to any in the world in its quality of care and speed of response. We all aspire to be best again.
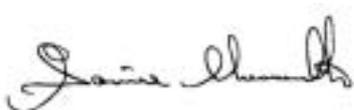
Barrie Unsworth
Chairman

Greg Rochford
Chief Executive Officer

Year in Review

The following graphs and charts provide an overview of the caseload and performance of the ASNSW during 2001/02. Caseload information is derived from the Patient Health Care Record (PHCR) system. Performance information has been obtained from the Computer Aided Dispatch (CAD) system.

The (ASNSW) has achieved improved response times to emergency calls across New South Wales during the year despite significant increases in workload demands.

During the 2001/02 period, the ASNSW responded to a significant 8 per cent increase in 000 emergency response demand. Compared with the previous period, this represents an additional 43,500 priority one emergency responses across the State to over 590,000 cases and more than 570,000 patients transported for the year. In total, the ASNSW responded to over 858,000 cases.

As at the end of June 2002, the ASNSW achieved 53 per cent of all emergency responses within 10 minutes. This compares to 47.6 per cent for the previous period and represents an overall improvement of 11.4 per cent. The improvement in emergency response times is more evident in Sydney where the results show an achievement of 55.7 per cent within 10 minutes compared to 46.9 per cent for the same period last year, an improvement of 18.9 per cent. The average mobilisation time across New South Wales for 2001/02 was 3.1 minutes, compared to 3.3 minutes for the previous period, an improvement of 6.1 per cent.

ASNSW Total Incidents
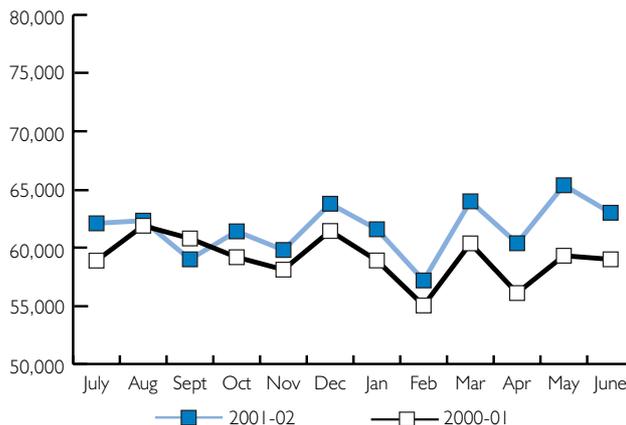
ASNSW Total Responses

ASNSW Mobilisation < 3 Minutes

ASNSW Total Transports

ASNSW Response < 10 Minutes
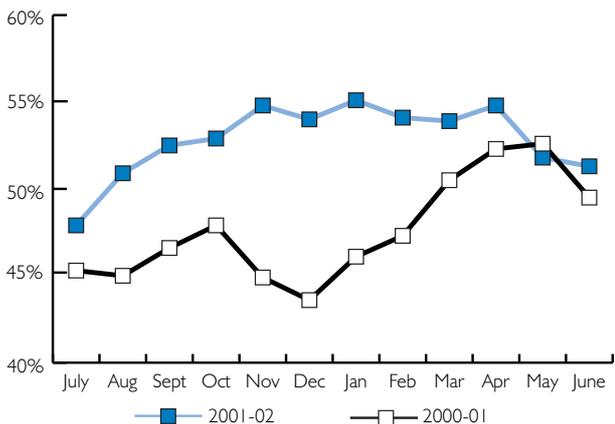
ASNSW Emergency Incidents
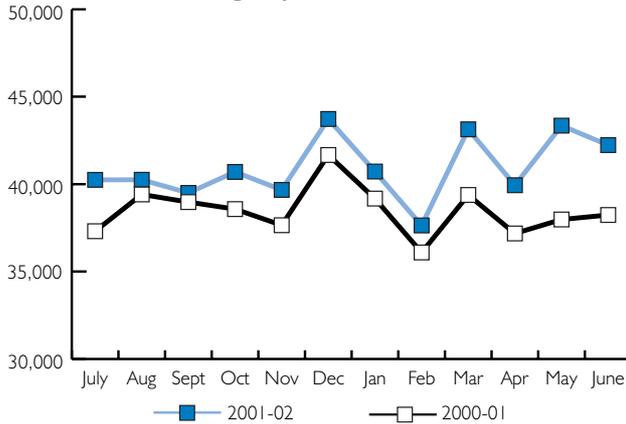
ASNSW Emergency Responses

Legend: 2001-02, 2000-01
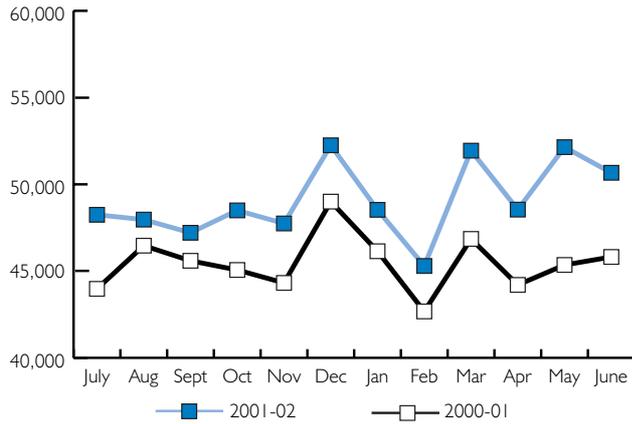
ASNSW Emergency Transports

Legend: 2001-02, 2000-01

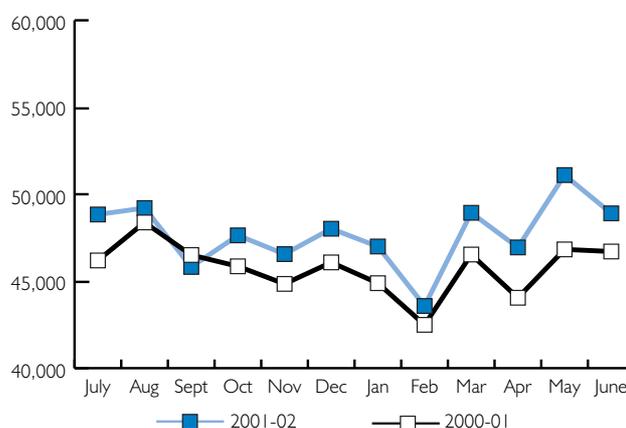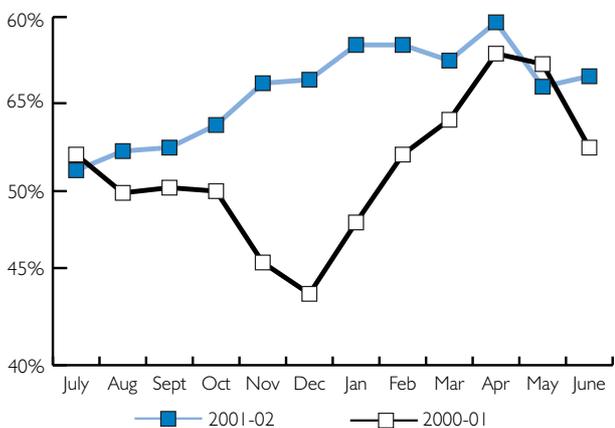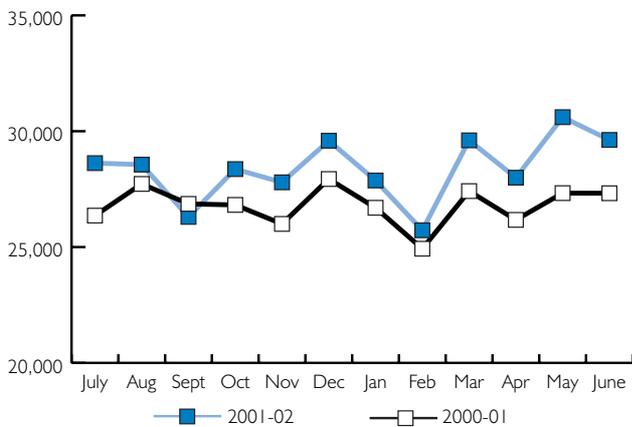| Definitions	
Call:	A call for ambulance assistance or transport entered into the CAD system
Incident:	A call or calls to one specific location for ambulance assistance or transport where at least one ambulance response has been initiated.
Response:	An individual ambulance response to an incident.
Transport: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

Types of cases treated

The types of cases treated by the ASNSW for 2001/02 have been categorised as follows and includes all cases treated by road and air. Half the number of cases have been categorised as 'Other', followed by trauma (17 per cent) and General Medical and Neurological (10 per cent) respectively.

Total Activity - All Cases

Clinical Grouping	Number
Cardiac	44,332
General Medicine	67,953
Neurological	66,110
Respiratory	43,370
Trauma	114,581
Other	339,118
TOTAL	**675,464**

Types of Cases Treated
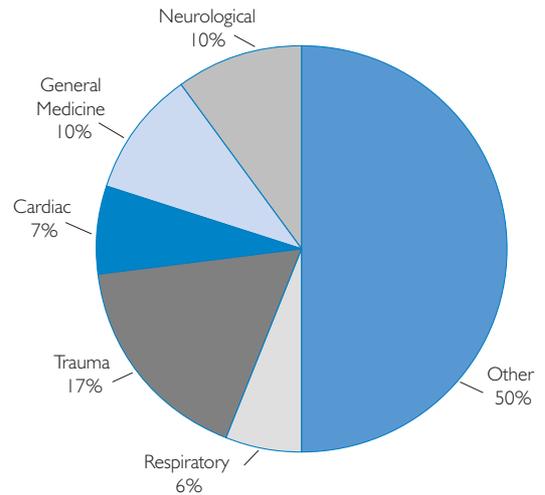
Age and Gender

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

Patients Transported - 2001/02

Gender	Age Group					Total
	0-20	21-40	41-60	61-80	81+	
Male	28,611	49,190	56,052	106,417	45,143	**285,413**
Female	25,114	46,339	43,848	94,657	77,114	**287,072**
Combined Male/Female					Total	572,485

Transports by Age and Gender

Legend: Male, Female
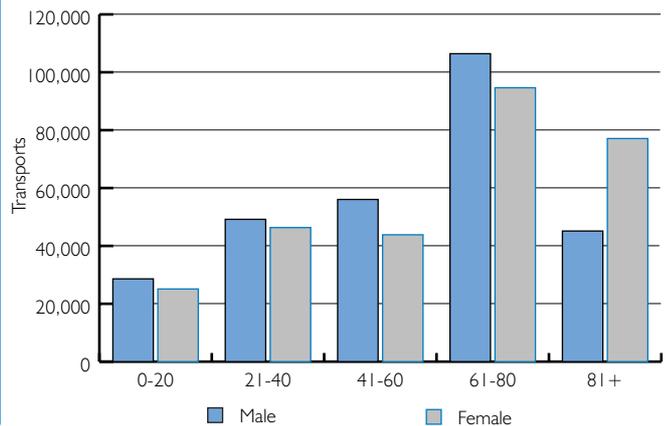
2001/02 NSW Aeromedical and Retrieval Services Data

Activity by Carrier		2001/02			2000/01		
Fixed Winged Air Ambulance		Patients	Flights	Hours	Patients	Flights	Hours
ASNSW Contractors	Air Ambulance	4,490	2,097	5,346.4	4,453	2,063	5,408.6
	RFDS (Dubbo)	844	621	1,114.9	858	602	1,133.5
	Victorian A/A	102	183	173.5	236	201	209.1
Total Fixed Wing Aircraft		**5,436**	**2,901**	**6,634.8**	**5,547**	**2,866**	**6,751.2**

Types of patients transported by Fixed Wing Air Ambulance	2001/02		2000/01	
Air Ambulance - Patient Transport	Patients	Flights	Patients	Flights
Priority 1 - immediate response	743	762	691	717
Priority 2 - within 12 hours to hospital	1,513	939	1,436	924
Priority 3 - at an agreed time	2,234	396	2,326	422
Total Air Ambulance - Patient Transport	**4,490**	**2,097**	**4,453**	**2,063**

Activity by Carrier	2001/02		2000/01	
Air Ambulance - Medical Retrieval	Patients	Flights	Patients	Flights
CareFlight	37	37	25	25
John Hunter	7	7	21	21
NETS	224	224	219	219
Orange	2	2	1	1
SARS	180	180	151	151
SouthCare	1	1	1	1
Tamworth	4	4	5	5
Wagga Wagga	-	-	1	1
Total Air Ambulance - Medical Retrieval	**455**	**455**	**424**	**424**

Activity by Carrier		2001/02			2000/01		
Helicopter Activity		Patients	Flights	Hours	Patients	Flights	Hours
Total		2,220	2,884	4,416.4	2,230	2,836	4,454

Proportion of Patients Transported by Age (Air Ambulance Service of NSW)
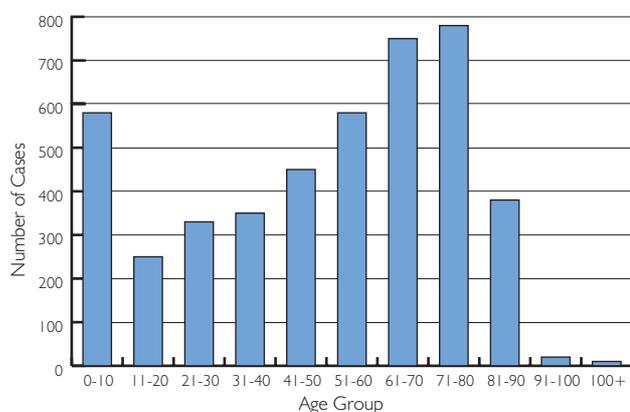
Principal Patient Diagnosis (Air Ambulance Service of NSW)
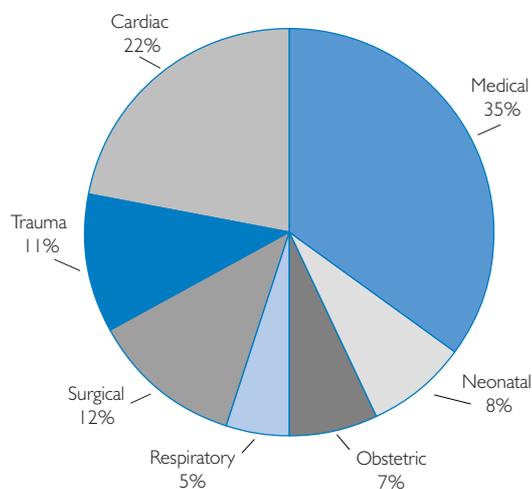
Strategic Directions for Health

The 2001/02 Performance Agreement with NSW Health was based around the planning document Strategic Directions for Health and the key performance areas of Healthier People, Fairer Access, Quality Health Care and Better Value. Examples of ASNSW progress in implementing aspects of the four key areas are provided below.

Healthier people

Performance Area	Strategy	Achievements 2001/02
Mental health	Participate in review of the Memorandum of Understanding (MOU) between NSW Health Department and NSW Police Service	• Operations Centres involved in the development of the revised MOU • The flow charts that form the basis for operational local agreements were signed off by 30 June 2002

Quality Health Care

Performance Area	Strategy	Achievements 2001/02
Initiatives in quality management	Establish the ASNSW Quality Improvement Program	• Clinical Governance Board Sub Committee established • Framework for managing the quality of health services in the ASNSW adopted by the Board covering the whole of the ASNSW
Skilled, valued workforce	Develop a flexible and staff oriented strategy focusing on the recruitment of ambulance officers to targeted vacancies state-wide	• Draft policy "Rural Term Transfer" developed • Targeted recruitment commenced in rural and remote NSW (Broken Hill; Nyngan; Walgett; Bourke; Brewarrina; Lightning Ridge; Mungindi and Collarenebri) • Strategy for residents in listed towns and surrounding local communities to provide local permanent employment and increase staff retention
	Develop a flatter, more responsive organisation integrated within the four Ambulance Operational Areas and an Operations Support Area	• Consolidation of the three metropolitan and five rural administration areas into four Divisions commenced March 2002 • Eight former senior superintendent positions converted to four SES (equivalent) positions
	Implement Management Development Program	• Programs implemented:- project management, financial analysis, resume writing and recruitment/selection techniques
	New Education and Training Strategy to upgrade clinical skill levels	• Level 3 upgrade targets achieved • Board endorsed conversion from Level IV to V, possibility of 4 week didactic training course
	Establish and provide ongoing support to eight AACs focusing on staffing, education and training, business opportunities, uniforms, assets, information, communications technology and awards	• Ambulance Advisory Committees (AACs) continue to provide a valuable consultative forum for both staff and management and report regularly to the Peak Consultative Committee • The Clinical and Training AACs have been combined to form one committee, resulting in seven committees continuing in 2002/03
Community engagement and working partnerships	Participation in planning and commissioning of Rural Hospitals Health Services Program (RHHSP)	• Participation in the construction and planning of nine RHHSP facilities • The first RHHSP, at Boggabri, became operational in June 2002
	Participation in planning and commissioning of telephone based call centres	• The Hunter Area Health trial was overtaken by the Department's tender for the provision of a telephone based health advice and health information service • The ASNSW leads a Consortium involving Central Sydney Area Health Service - nursing personnel, Aspect Computing - IT integration and tender bid management, ACM Diagnostics - audit/performance
	The ASNSW participates actively in the Community and Consumer Participation Implementation Coordination Group	• Consumer representation on the Medical Priority Dispatch Procedures Steering Committee

Fairer Access

Performance Area	Strategy	Achievements 2001/02
Service access strategies	Configure available resources in Sydney for optimum efficiency and best response times	• The Sydney Operational Review was completed in March 2002 • Implementation of the Metropolitan Operational Review recommendations commenced in May 2002 • Implementation of Sydney roster changes began in June 2002 to lead to a better match between ambulance deployment and demand and consequently greater efficiency • The draft Rural Operational Review Report issued for staff consultation
	Improve functioning of Operations Centres	• An Operations Centres Review completed in April 2002 • Currently progressing to implement the Review recommendations • An Operations Centres Review Control and Communications Technology Study completed in April 2002
	Introduce medical priority dispatch procedures, a more responsive method of resource deployment to meet patients' needs	• Development of the implementation plan for the installation of software and training of staff
	Conform with Convention of Ambulance Authorities new framework for reporting response times	• Board endorsed A10, E10, E15, R30 & M15 performance indicators • Board set performance targets for Sydney for June 2002 to June 2007
	Develop non-emergency Patient Transport Services (PTS) across the State	• Patient Transport Service became fully operational in the Sydney Area employing 46 patient transport officers
	Mix skills of staff more appropriately to achieve a more equitable service	• The introduction of new rosters beginning in June 2002 seeks to facilitate the establishment of skill mix, by deploying paramedics with general duty ambulance officers
Aboriginal health Aboriginal	Commence cultural awareness training	• The ASNSW implemented a pre-employment program for trainee ambulance officers • Employee Relations tasked with ensuring that links are developed and maintained with the developing network of Aboriginal staff

Better Value

Performance Area	Strategy	Achievements 2001/02
Activity, financial management and efficiency strategies	Achieve targets for: • Net Cost of Service - General Fund • Liquidity Management • Timely payment of creditors	• Strategic Financial Framework provided basis of liquidity management • Creditors over 45 days nil at 30/6/02, after budget supplementation
	Implement finding of financial management and reporting review	• The review identified a need to restructure current arrangements. Implementation of strategies have commenced
	Review current fee structure	• Review and initial consultation with the Independent Pricing and Regulatory Tribunal completed
	Eliminate duplication of services provided by other agencies	• State Rescue Board directed that the ASNSW maintain rescue services
Service development and asset strategy	Asset Strategic Plan	• Interim Asset Strategic Plan completed
	Implementation of the scheduled projects within the approved scope, budget, timeframe and cashflow	• Priorities developed in relation to medical equipment, IT and communications • Stage 1 enhancements have progressed according to plan (Tanilba Bay Station commissioned September; Queanbeyan Station PFP/PDP completed April; new station at Coffs Harbour opened February)
	Replace current Ford F series fleet	• The ASNSW maintains 131 F series fleet vehicles • A Business Case has been prepared to phase out the balance of the "F" series fleet
	Replace aged defibrillators	• 69 defibrillators and associated equipment procured December 2001
	Implementation of an ASNSW Intranet Portal	• Roll out of project commenced
	Review and assess immediate and future communication needs of the ASNSW	• The ASNSW has assessed the minimum requirements • A Business Case is underway for rural requirements

Corporate Governance

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

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

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

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

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

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

Ambulance Board Membership
(1 July 2001 to 30 June 2002)

The Hon Barrie Unsworth
After leaving State politics, former Premier of New South Wales Barrie Unsworth served for eight years as General Manager of radio station 2KY. Prior to entering State Parliament, Barrie worked for the trade union movement as Secretary of the Labor Council of New South Wales. During his time in State Parliament, Barrie served as a member of both the Legislative Council and the Legislative Assembly, and was also Minister for Transport and Minister for Health prior to becoming Premier in 1986. He is also Chairman of the Australia Day Council of NSW and a Director of TAB Limited, Delta Electricity and Tempo Services Pty Ltd.

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

Robert McGregor *BHA (NSW)*
Robert is Deputy Director-General (Operations) of the NSW Health Department. Prior to holding that position, he was Chief Executive Officer of the ASNSW. Robert has extensive experience at a senior management level in the NSW public sector, having occupied four chief executive officer positions in the past 10 years. Prior to that he had 25 years experience in public health service management.

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

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

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

Michael Reid
Michael was appointed as Director-General of the NSW Health Department in March 1997 following two years as Chief General Manager. He brought to NSW Health vast experience across the spectrum of prevention, promotion, cure and care. He has a wealth of experience in health management issues including policy, planning, finance, public health and workforce issues. In November 2001, Michael left the public sector to take up a position with the Institute for International Health based at Sydney University. He officially retired from the Board on 1 January 2002.

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

Michael Wallace

Michael has been employed with the Central Sydney Area Health Service for the past ten years and is the Deputy Chief Executive Officer. Prior to that he was General Manager of the Prince Henry, Prince of Wales, Sydney Children's and South Sydney Hospitals from 1983 to 1993. Before that he was Chief Executive Officer of a number of city and rural hospitals in New South Wales.

Board Membership and Terms of Office

During the year the Board met on 11 occasions. Attendances by Board Directors were:

	Terms of Office	Meetings attended	Total meetings held while in office
Chairman			
Barrie Unsworth	1.07.01 - 30.06.02	11	11
Deputy Chairman			
Jon Isaacs	1.07.01 - 30.06.02	10	11
Chief Executive Officer			
Greg Rochford (ex-officio member)	appointed 16.08.99	11	11
Board Directors			
Robert McGregor	1.07.01 - 30.06.02	5	11
Angeline Oyang	1.07.01 - 30.06.02	10	11
Maria Pethard	1.07.01 - 30.06.02	10	11
Michael Reid	1.07.01 - 01.01.02	1	6
Michael Wallace	13.02.02 - 30.06.02	5	5
Staff Elected Board Director			
Jim Arneman	27.06.00 - 31.07.02	10	11

Resources available to the Board

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

Strategic Direction

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

Code of ethical behaviour

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

Risk Management

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

Committees of the Ambulance Service Board as at 30 June 2002

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

Corporate Governance Committee

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

> Jon Isaacs (Chair)
> Angeline Oyang
> Greg Rochford

Finance Committee

The primary function of the Finance Committee is to assist the Board in fulfilling its responsibilities in respect of the financial management of the ASNSW. Members of this Committee are:

> Maria Pethard (Chair)
> Barrie Unsworth
> Greg Rochford

Audit Committee

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

> Michael Wallace (Chair)
> Robert McGregor
> Jim Arneman
> Greg Rochford

Clinical Governance Committee

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

> Jon Isaacs (Chair)
> Greg Rochford
> Jim Arneman

The committee also comprises representatives from Operations, Corporate Services, Professional Standards and Conduct and Public Affairs. On-road staff, consumers and a general practitioner representative will shortly join the committee.

Organisational Structure

as at 30 June 2002

AMBULANCE SERVICE BOARD

CHIEF EXECUTIVE OFFICER

OPERATIONS

CORPORATE SERVICES

MEDICAL DIRECTORATE

NSW Community

Finance & Data Services
- Management Accounting
- Financial Accounting
- Payroll
- Data Management
- Supply
- Medical Records

Human Resources
- Personnel Services
- Employee Relations
- Risk Management
- Equity & Diversity
- Recruitment Services

Infrastructure & Asset Services
- Capital Planning
- Telecommunications
- Fleet Management
- Maintenance

Information Systems & Support
- AmbCAD System Support
- Information Systems
- MDT Support

AEC
- Education Centres

Health Services D & P
- Clinical Research
- Service Development
- Counter Disaster Unit, NSW Health

Public Affairs
- Media Issues Management
- Communications
- Public Relations

Executive Support
- Records Management
- Freedom of Information
- Briefing Notes
- Ministerial Correspondence
- Ambulance Board Secretariat

Professional Standards & Conduct
- Complaints Management
- Performance Agreement
- Investigation
- Professional Conduct
- Ethics

Sydney Division
- South Eastern & Central Sydney
- South Western Sydney
- Western Sydney
- Northern Sydney
- Sydney Operations Centre

Northern Division
- Central Coast
- Hunter
- Mid North Coast
- Northern Rivers
- Northern Operations Centre

Southern Division
- Greater Murray
- Illawarra
- South Eastern
- Southern Operations Centre

Western Division
- Central West
- Macquarie, Mid & Far West
- New England
- Western Operations Centre

- Aeromedical and Retrieval Services
- Tactical Support Unit

Clinical Quality
- Clinical Quality Assurance
- Clinical Support
- Operational Projects
- Continuing Clinical Professional Development

Clinical Quality Improvement

Strategy

Senior Management

as at 30 June 2002

Greg Rochford
RN, Dip Crim, Dip Law
Chief Executive Officer
Level: SES Level 5

Greg was appointed to the position of Chief Executive Officer on 16 August 1999. He holds qualifications in nursing, law and criminology. Previous positions include a range of clinical and managerial roles in nursing, head of investigations 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.

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

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

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

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

Michael Flynn
D Obs RCOG, D Ven, FRACGP FAFOM
General Manager, Health Services Development and Planning
Salaried Medical Practitioner

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

Dave Hodge
MBA
Director, Operational Strategy
Level: SES Level 2

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

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

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

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

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

Operational Report

The operational issues for the State during 2001/02 are addressed below.

Challenges
- Implementation of a divisional structure
- Implementation of the Sydney Operational Review with new service delivery models
- Reduction in response times
- Responding to the ASNSW 'Operations Centres Review' with a goal to provide metropolitan quality call taking and dispatching performances times in rural and remote NSW
- Respond to community expectations, particularly in regard to timeliness, quality of service and communication of information
- Improve management of human resources, historical roster practices and deployment arrangements in the face of increasing and changing demand patterns
- Improve working relationships with Area Health Services to improve ambulance turnaround times at Emergency Departments
- The 2001 Christmas bush fires
- Management of staff expectation and concerns over the potential impact on the Divisions by the Operational Review for Regional NSW
- Upgrade of radio network
- The aftermath of 11 September highlighted the need to increase training, awareness and response capability to potential terrorist incidents
- Implementation of clinical upgrades for staff including additional skills for Level 3 officers
- The statewide staff workshops and station managers' seminars highlighted the need for more financial responsibility to be accepted by station officers

Response to challenges
- New Divisional structure introduced, with Divisional and Sector Teams established
- Combining the responsibilities of on-road functions and Operations Centre functions into the Divisional structure resulted in more effective and appropriate responses and service delivery
- Introduction of an education and awareness program to reduce response and mobilisation times
- Response times improved throughout the State, despite experiencing significant increases in overall demand
- Information regarding the future direction of the ASNSW was disseminated to staff of all levels regarding State, Division and Sector changes, enabling a smooth transition into the new structure and general acceptance by staff
- Presentations of the Divisional restructure to staff promoted considerable discussion and opened communication channels. Joint Consultative Committee (JCC) meetings continued to progress in a positive light since the restructure took place with a genuine desire on behalf of the sub-branches to resolve issues locally
- Successfully provided coverage for major events, continuing to work with all emergency services and stakeholder agencies in maintaining a state of readiness to combat major incidents

- Across the State there was considerable impact on resources during the bush fire crisis. The ASNSW evacuated a significant number of patients and residents from nursing homes to safety refuges and hospitals, in addition to providing medical coverage to fire crews and maintaining the delivering of operational services to stakeholders
- Work involving Computer Aided Dispatch (CAD) has been undertaken, including training for VisiCAD issues
- Better management of workers compensation for staff affected with workplace injuries
- Majority of staff participated in clinical development programs including Level 3C Training and the use of Zoll defibrillators

Future initiatives
- Ongoing strategies developed to further assist in the reduction of response times
- Further implementation of new rosters to complement the workload patterns identified in the Operational Reviews. This will result in the continuing improvement of ambulance response times.
- Review Draft Rural Operational Review and its full impact on Divisions and develop strategies to work with stakeholders to achieve recommendations.
- Introduction of enhanced numbers of paramedics and skill mix
- Introduction of a new first line management structure. This presents a significant career path opportunity as well as developing a more effective first line management structure
- Continued implementation of Rapid Response program
- Introduction of intranet at station level
- Increased local community interaction, particularly through local public relations activities
- Continue to progress strategies to overcome delays in patient transports and the timely return of nurse escorts
- Continue to monitor fleet management, including a fleet mix review
- Consolidate and develop roles such as rescue and helicopters by promoting a team approach with all bodies involved in the delivery of these services
- Introduce enhanced clinical skills in rural locations
- Introduction of medical priority dispatch procedures for metropolitan and rural operations
- Introduction of station officers' development program

Divisional Boundaries

Map of New South Wales showing divisional boundaries with labelled locations: WESTERN DIVISION, NORTHERN DIVISION, SOUTH DIVISION, SOUTHERN DIVISION, SYDNEY DIVISION and major centres including DUBBO, TAMWORTH, BATHURST, NEWCASTLE, SYDNEY, POINT CLARE, WOLLONGONG, GOULBURN, WAGGA WAGGA, COFFS HARBOUR, LISMORE.

Western Division

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

First Responder
Gulargambone

Honorary
Goodooga
Ivanhoe
Menindee
Tibooburra
Trangie
Wanaaring
Wilcannia
Yeoval

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

First Responder
Hill End

Honorary
Cudal
Eugowra
Manildra
Trundle

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

Southern Division

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

Honorary
Moulamein

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

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

Northern Division

Central Coast
Bateau Bay
Ettalong
Hawkesbury
Point Clare
Terrigal
Toukley
Wyong

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

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

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

Sydney Division Ambulance Station Locations

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

Honorary Station
Lord Howe Island

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

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

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

NEWCASTLE

Richmond

Riverstone

Avalon

WAHROONGA
St Ives
Narrabeen
Belrose

Springwood

Katoomba

Castle Hill
NORTHERN SYDNEY

Penrith
Balgowlah

Tregear
Blacktown
Colyton

WENTWORTH AND
WESTERN SYDNEY

Westmead
Ryde   Lane Cove

PARRAMATTA
Naremburn
Auburn
Concord
Drummoyne   Sydney Ambulance Centre
Fairfield
Summer Hill   Bondi
Paddington

Warragamba
Green Valley
Campsie   Marrickville
RANDWICK
BANKSTOWN
Rockdale   Mascot
Liverpool
Maroubra

HURSTVILLE   Little Bay

Macquarie Fields
Menai   SOUTH EASTERN
Caringbah   AND
Engadine   CENTRAL SYDNEY

Camden   Campbelltown

Picton

SOUTH WESTERN SYDNEY

Bowral

WOLLONGONG

Sydney Division Report

Number of stations	46		
Population	3,701,252		

Average Performance Times

	2001/02	2000/01	Variance
Mobilisation	2.8 minutes	3.1 minutes	9.7%
Response	11.8 minutes	12.9 minutes	8.5%

The % variance is calculated by dividing the difference in minutes between the two years by the 2000/01 result. The fact that average performance improved at the same time as volumes were increasing highlights the outstanding performance of on-road personnel, particularly in Sydney.

Response to challenges

- The merger of the former three Sydney metropolitan areas into one Division had significant beneficial outcomes with a joint focus on improving operational and administrative performance with common performance indicators and processes implemented throughout the Sydney Division
- The introduction of the Patient Transport Service (PTS) has improved the response time for priority 1 calls within ten minutes from 41% to 72% in the Northern Sydney Sector and from 63% to 74% in the South Eastern Sydney Sector
- Rapid Response trial undertaken in the western Sydney locality, as recommended in the Operational Review. Preliminary results indicate that this strategy has the potential to improve response performance
- Numerous staff development programs implemented including a fortnightly clinical development night (Northern Sydney Sector) as well as a program at Sydney Children's Hospital to allow ambulance officers to work with paediatricians to further their knowledge in dealing with paediatric trauma and illness. A similar program at the Royal Women's Hospital gave officers the chance to improve their knowledge of childbirth techniques (South Eastern Sydney Sector).
- Integrating Castle Hill Ambulance Station into a non-purpose built facility. The relocation involved a risk assessment to identify potential occupational health and safety issues that may arise as a result of the relocation. This enabled the Sector to consult with staff and plan for the possibility of remedial work. A template for future relocations to similar sites was developed as part of this exercise.
- The establishment of a working partnership between NSW Health, the ASNSW and a large, diverse group of clinical experts resulted in the development and implementation of the Network Access Project initiative. The primary aim of the project is to improve utilisation of the hospital network and ambulance access to emergency departments through a more equitable distribution of workload across the Sydney emergency department network.

Network Access Coordinator (NAC) positions were created at the Sydney Operations Centre to:
- Constantly monitor the status of all Sydney metropolitan public hospitals' emergency department workload.
- Monitor off stretcher times for all ambulance patients.
- Liaise directly with hospitals to determine how best to minimise delays and identify opportunities for the ASNSW to provide assistance to hospitals in preventing escalations in status.

The Sydney Division has been able to achieve an 8.2 per cent reduction in response times with no deterioration in off stretcher times despite an 11 per cent increase in workload.

Future initiatives

- Improve response times for priority 1 calls within ten minutes to 60% for the Western Sydney and South Western Sydney Sectors
- Development of a Clinical Governance Committee in concert with State guidelines to place a sustained emphasis on best clinical practice and provide an ongoing clinical education forum for all officers
- Initiate Capital Works project for a new station at Campbelltown

Southern Division Report

Number of stations	57		
Population	710,700		

Average Performance Times

	2001/02	2000/01	Variance
Mobilisation	3.7 minutes	3.6 minutes	-2.8%
Response	13.4 minutes	14.1 minutes	5.0%

Response to challenges

- Formation of the Southern Division management team moving away from the existing area based operations. This change included the Southern Operations Centre being incorporated into the Division
- Capital works expenditure included the refurbishment of ambulance stations and the all-terrain over-snow vehicle, which will assist in providing a safe and proper work place. Planning has begun for further station enhancements and the relocation of Queanbeyan Station
- The community development at Kangaroo Valley for a new joint Community Health Centre and Ambulance Station is underway
- Enhanced industrial relations program, which incorporates the development of the Southern Division Forum and sub-committees. This forum has allowed the review of current work-place agreements in order to introduce standardisation throughout the Division
- Supervision issues are being managed in conjunction with the Training and Development Unit. Standardised work practices have been developed through the participation of Senior Operations Centre Officers and Duty Operations Centre Officers in workshops. Extensive training, within both the Operations Centre and across the Division generally, has facilitated the implementation of standardised work practices within the Division
- Renewed snow field operations which have improved the delivery of service to this unique area of operations

Future initiatives

- Ongoing financial management programs at station level to improve the fiscal accountability of station managers. This includes the further devolution of financial responsibility down to station level
- Continual development of Southern Division Forums to ensure a consistent approach to the management of local operations across the Division between management, Health and Research Employees Association (HREA), Operations Centre and Corporate Service representatives
- Introduction of reforms as highlighted in the Rural Operational Review to improve resource/demand matching which will enhance the delivery of service to rural communities.

Southern Division Ambulance Stations by Sector

Greater Murray	*South Eastern*	*Illawarra*
Albury	Batemans Bay	Bomaderry
Ardlethan	Bega	Bulli
Balranald	Bermagui	Culburra
Barham	Bombala	Dapto
Batlow	Boorowa	Helensburgh
Berrigan	Braidwood	Huskisson
Coleambally	Cooma	Kangaroo Valley
Cootamundra	Crookwell	Kiama
Corowa	Eden	Ulladulla
Deniliquin	Goulburn	Warilla
Finley	Harden	Warrawong
Griffith	Jindabyne	Wollongong
Gundagai	Merimbula	
Hay	Moruya	
Hillston	Narooma	
Holbrook	Perisher Valley	
Jerilderie	Queanbeyan	
Junee	Yass	
Leeton	Young	
Lockhart		
Narrandera		
Temora		
Tumbarumba		
Tumut		
Wagga Wagga		
West Wyalong		

Honorary
Moulamein
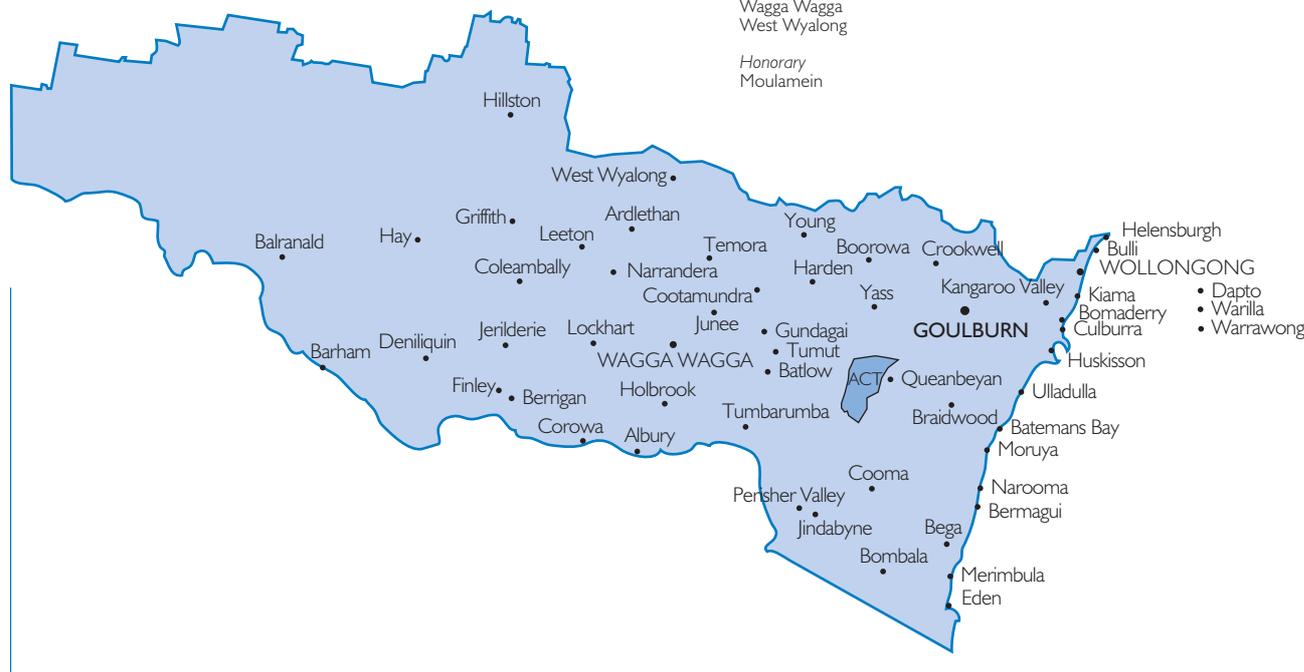
Northern Division Report

Number of stations	60		
Population	1,400,137		

Average Performance Times

	2001/02	2000/01	Variance
Mobilisation	3.3 minutes	3.3 minutes	-
Response	14.1 minutes	14.2 minutes	0.7%

Response to challenges

- Formation of the Northern Division, which involved the move of the Central Coast Sector, formerly part of Sydney Division, to the Northern Division. The Northern Division now reflects the area of State operations controlled through the Northern Operations Centre.
- A number of new ambulance facilities were commissioned including three new ambulance stations located at Morisset, Tanilba Bay and South West Rocks. Coffs Harbour Ambulance Station and Sector Office were relocated to the grounds of the new Coffs Harbour Base Hospital.
- Improvements in response times across the Division as a result of improvements in resource coordination
- Government Radio Network enhancements, training and activation of Mobile Data Terminals in Hunter Sector

Future initiatives

- Clinical and quality assurance will be enhanced through a commitment to the establishment of Divisional Clinical Governance in line with State initiatives
- Continued improvement in response performance through the progress of reforms highlighted in the Rural Operational Review. This is particularly relevant in the Hunter Sector
- Work will begin on major capital works projects including the refurbishment of Doyalson and Hamilton Stations and station officers' residences at Scone and Singleton
- Introduction of management development programs designed to facilitate the devolution of accountability and responsibility of the new Divisional management team
- Continual involvement with community programs in partnership with the Mid North Coast Area Health Service such as Safe Communities Project, focusing on alcohol and drugs; Traffic Offenders Program; and Falls Prevention

Northern Division Ambulance Stations by Sector

Central Coast
Bateau Bay
Ettalong
Hawkesbury
Point Clare
Terrigal
Toukley
Wyong

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

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

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

Western Division Report

| Number of stations | 56 |
| Population | 477,600 |

Average Performance Times

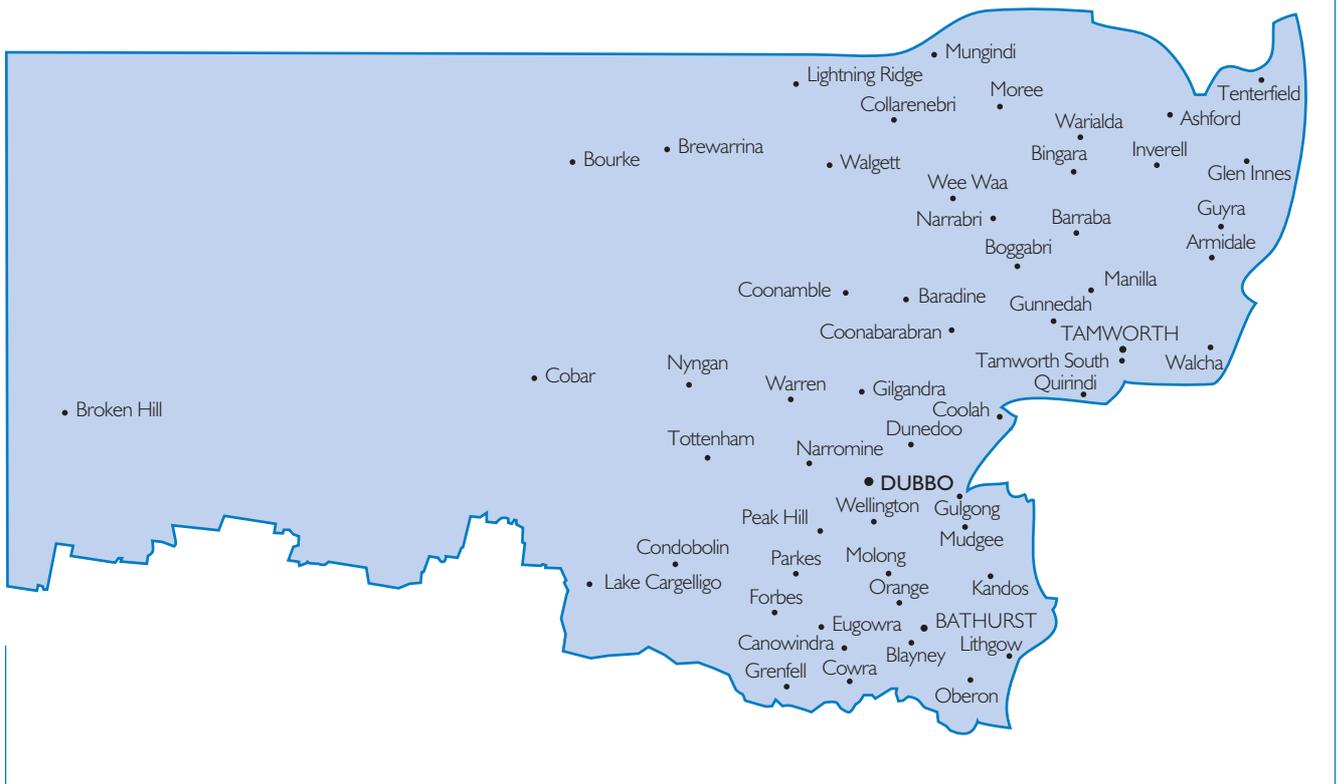|	2001/02	2000/01	Variance
Mobilisation	3.8 minutes	4.0 minutes	5.0%
Response	11.6 minutes	11.8 minutes	1.7%

Response to challenges

- Progressed the realignment of the New England Sector into the Western Division, ensuring each operational sector controlled by the Western Operations Centre is managed in a consistent format
- Creation of a focused management team in line with the principles of divisionalisation. Management forums have been held on a regular basis, enhancing the communication and support process for rural and remote managers
- The development and implementation of detailed data analysis of core business functions of the Western Operations Centre. A key feature of the analysis is the development of performance improvement programs to improve response times to emergency calls
- Development of rural health initiatives in line with NSW Health's Rural Hospital Health Service Program at Rylstone, Kandos and Boggabri

Future initiatives

- Continue to develop partnerships with the broader health system through participation in the Rural Hospital Health Service Program for Stations at Barraba, Walcha, Guyra and Warialda
- Progress of the divisional management structure through enhancements to line management including the devolution of accountability and responsibility
- Improve operational performance through the implementation of reforms outlined in the Rural Operational Review, including a more equitable distribution of advanced clinical skills in rural locations

Western Division Ambulance Stations by Sector

Macquarie & Far West	*Mid West*	*New England*
Baradine	Bathurst	Armidale
Bourke	Blayney	Ashford
Brewarrina	Canowindra	Barraba
Broken Hill	Condobolin	Bingara
Cobar	Cowra	Boggabri
Collarenebri	Forbes	Glen Innes
Coolah	Grenfell	Gunnedah
Coonabarabran	Kandos	Guyra
Coonamble	Lake Cargelligo	Inverell
Dubbo	Lithgow	Manilla
Dunedoo	Molong	Moree
Gilgandra	Oberon	Mungindi
Gulgong	Orange	Narrabri
Lightning Ridge	Parkes	Quirindi
Mudgee	Peak Hill	Tamworth
Narromine	Tottenham	Tamworth South
Nyngan		Tenterfield
Walgett	*First Responder*	Walcha
Warren	Hill End	Warialda
Wellington		Wee Waa
	Honorary	
First Responder	Cudal	
Gulargambone	Eugowra	
	Manildra	
	Trundle	
Honorary		
Goodooga		
Ivanhoe		
Menindee		
Tibooburra		
Trangie		
Wanaaring		
Wilcannia		
Yeoval		

Sports and Services

Challenges
- Provision of service for sporting and special events and ensuring the provision of sports and services does not impact on the normal operating level of the ASNSW
- Manage increasing demand for assets and services
- Base charges on recovery of avoidable costs
- Comply with the principle of competitive neutrality as part of the State Government's commitment to national competition policy reform

Response to challenges
- Decentralise sports and services from State Headquarters to Divisions
- Each Division to establish sports and services guidelines and agreements with local organisers based on fundamental agreements established by State Headquarters
- Development of "user charges" policy for sporting and special events, based on whole of Government approach
- Develop a service level agreement with established sporting bodies in order to provide a more permanent service
- Advise event organisers on service level requirements for special events, based on risk assessment

Future initiatives
- Implementation of "user charges" policy
- Implementation of service level agreement with established sporting bodies
- Implement strategies to further minimise the impact of service provision to sporting and special events on normal operations

Performance Management Unit

The Performance Management Unit (PMU) was established to ensure improved management of information capabilities and processes within the ASNSW and has three key functions: statistical compilation; performance evaluation and operational planning and research.

The role of the unit is to produce and distribute statistical information in a timely and accurate manner to internal and external stakeholders. This information is used as the basis for the development and improvement of operational and organisational strategies, plans and actions that are intended to increase the efficiency and effectiveness of ambulance services to the community.

Challenges
- Project office established in September 2001 to assist specialist consultants Operational Research in Health Limited and Deloitte Touche Tohmatsu to undertake a review of the ASNSW with the overall objective of the Operational Reviews to improve the appropriateness and timeliness of services
- Undertake a review for Sydney and Regional NSW to ensure that distinct geographical areas were categorised as being urban dominated, urban/rural mix or rural dominated

- In phase one, concentrate on improving efficiency and effectiveness of service provision by recommending changes to the operational regime to deliver improved emergency response times within current resources
- During phase two, focus on the future and what the ASNSW needs to do to move towards more challenging response standards
- Ensure that widespread consultation on Sydney Operational Review recommendations is undertaken with staff, unions and stakeholders including:
  - Better matching of resources to demand (re-rostering)
  - Improving mobilisation of ambulance crews
  - Providing an adequate staffing relief rate
  - Introduction of a dedicated rapid response tier
  - Enhance the patient transport service tier
  - Introduction of greater skill mix crewing
  - Development of "hub and spoke" model of service provision
  - Introduction of community ambulance officers in low workload/remote areas

Response to challenges
- Consultation undertaken with staff, unions and stakeholders on the recommendations detailed in the Sydney Operational Review
- Commenced implementing improvements to the operational regime to ensure quality and timely provision of services to the community of New South Wales
- Participated in a working party comprising of NSW Health and ASNSW representatives to develop a proposal for a continuous quality improvement project to improve access to ambulances in metropolitan emergency departments
- Provided assistance and management of the Emergency Department Network Access project where the ASNSW now has best practice 'real time' reliable information to gauge comparative work in emergency departments across Sydney. The collection and presentation of this data allows the ASNSW to make informed decisions on the preferred hospital for crews to attend
- Significant improvements were made to the quality of information provided to the ASNSW through:
  - Enhancement of existing performance and activity reports
  - Development of new daily performance monitoring reports for managers
  - Development of a large number of ad-hoc reports for specific areas of operations
  - Assessment of data quality issues to ensure accurate information reporting
  - Trialing of new reporting and data mining software to improve information capabilities
- Operating 'on time' and within budget in meeting the requirements of all ASNSW information stakeholders

Future initiatives
- Continue to assist in achieving the outcomes of the Operational Reviews
- Continue to assist in achieving the outcomes of the Emergency Department Network Access project
- Implementation of web-enabled information system
- Enhanced executive and Ambulance Service Board reporting with data mining

Aeromedical and Retrieval Services

Aeromedical and Retrieval Services comprises four units, namely the Aeromedical Operations Centre, Medical Retrieval Unit, Fixed Wing (Air Ambulance) Operations and Helicopter Operations. The ASNSW coordinates and manages the whole of retrieval and air activities across New South Wales, which includes the tasking of air resources across a number of providers. This service forms a critical link between rural and metropolitan health service providers.

The Aeromedical Operations Centre provides a call taking service for emergency and routine patient transport bookings, prepares flight schedules and coordinates aeromedical services. All bookings and medical retrieval requests, statewide, are received via a single local call number. This centre monitors intensive care bed status throughout Sydney in order to facilitate a streamlined process for the inter-hospital transfer of acute care patients, at the time of request.

The Medical Retrieval Unit (MRU) is collocated with the Aeromedical Operations Centre and has operational and administrative components with the operation component responsible for statewide medical retrieval coordination and the provision of clinical advice and support to the Aeromedical Operations Centre.

Helicopters provide emergency primary (scene) and emergency secondary (inter-hospital transfer) responses. In Sydney, full-time ambulance SCAT paramedics and medical personnel are assigned to the helicopters. Ambulance officers and retrieval teams are responded to the non-Sydney helicopters on a needs basis.

The ASNSW contracts out helicopter services. Bases are located at:
- Lismore (Northern Region Helicopter Rescue Service)
- Newcastle (Northern Region Helicopter Rescue Service)
- Tamworth (Northern Region Helicopter Rescue Service)
- Prince Henry Hospital in Sydney (Southern Region Helicopter Service)
- Wollongong (Southern Region Helicopter Service)
- Westmead Hospital (CareFlight)
- Orange (CareFlight)
- The Children's Hospital at Westmead (Childflight)
- Australian Capital Territory (SouthCare)

In regards to fixed wing aeromedical services, certain components of the services are provided under contract. In Sydney, whilst the aircraft and medical staff are provided by the ASNSW, aviation support, in the form of pilots and engineering, is provided by Pearl Aviation Australia Pty Ltd under contract. In Dubbo, the entire operation is contracted to the Royal Flying Doctor Service (South Eastern Section), with its normal operations being contained to the north west sector of New South Wales. Both services are tasked by the ASNSW.

Challenges
- Development of new equipment and performance criteria for a new seven-year aviation contract commencing 2003
- Improve efficiency of flight nursing services
- Develop Memorandum of Understanding for the transportation of mentally ill patients by air

Response to challenges
- 2378 inter-hospital retrievals conducted by the authorised NSW Adult Retrieval Service by road ambulance, helicopter and fixed-wing aircraft.
- Development of an integrated approach to the provision of critical care services by:
  - Increased involvement of MRU consultants in the provision of clinical advice and bed-finding in the wake of increasing critical care bed pressures
  - Facilitating the development across a number of Area Health Services of critical care pathways to streamline clinical decision making
  - The provision of critical care patient transfer data to all NSW Area Health Services to facilitate Area planning and provide an overview of service
  - Further consolidation of Rotary Wing and Retrieval Team tasking arrangements
- Upgrading of medical equipment including cardiac monitors
- A dedicated motor vehicle positioned at the Air Ambulance Base at Sydney Airport to facilitate the expeditious return of the flight nurse and equipment to cover the increasing need for flight nurse escorts from Sydney Airport to receiving hospitals
- Memorandum of Understanding agreed between the ASNSW, NSW Police Service, Far West Area Health Service and the Royal Flying Doctor Service (RFDS) for the transportation of mentally ill patients by air
- Monitor performance criteria for helicopter operations

Future initiatives
- The implementation of a new seven-year aeromedical contract
- Procurement of four new aircraft and the development of new equipment and fit-out of aircraft, including the replacement of existing patient lifting systems
- Commencement of aviation audits on all fixed-wing and helicopter aviation contractors
- Renewal of RFDS contract, expiring in 2003, in consultation with NSW Health

The Aeromedical and Retrieval Service operates four Beechcraft King Air B200C pressurised, twin-engine, turbo-prop, fixed-wing aircraft with an operating range of 850 nautical miles and a cruising speed of 500 kilometres per hour. These craft are predominantly used for the transport of patients between hospitals as well as transport of retrieval teams.

Operational Strategy

The Director, Operational Strategy is a new position that was introduced under the revised management structure. The purpose of the role is to provide expert advice to senior operational managers in regard to evidence and best practice, both nationally and internationally, in pre-hospital care as well as the development of broader strategic initiatives on clinical governance and plans for future services.

During the first four months following appointment, the position has been responsible for establishing a clinical quality assurance and improvement framework and assisting in the implementation of the project plan to introduce a world recognised prioritisation system into ASNSWs operations centres. This will ensure that the most urgent cases receive the quickest and most appropriate responses.

Over the next year, the position will take on responsibility for strategic operational planning, the Performance Management Unit, and continuing clinical development strategies.

Challenges
- Prepare for implementation of State medical prioritisation dispatch procedures
- Build upon the ASNSW Quality Improvement Program by implementing recommendations included in NSW Health's 'Managing the Quality of Clinical Care in NSW' document
- Position the ASNSW to bid for NSW Health Advice and Information Service (HAS) tender
- Improving and increasing the range of performance indicators
- Clinical and Education Ambulance Advisory Committee (AAC) to develop proposals for paramedic selection processes and recertification of ambulance officers

Response to challenges
- There has been significant clinical development within the ASNSW over the past 12 months. The ASNSW and union representatives have worked together as the Clinical and Education Ambulance Advisory Committee (AAC) to develop procedures for paramedic selection and ambulance officer recertification.
- Consistent with NSW Health's strategy for clinical quality assurance and improvement, the Board endorsed the establishment of a Clinical Governance Committee (CGC) and Divisional Clinical Quality Committees. The CGC agreed on a selection process for ambulance officer members to the Committee and also undertook to recruit consumer and general practitioner members.
- Following Board endorsement for the procurement and implementation of medical prioritisation dispatch procedures, key committees, including staff representation and consumer membership, have been established. Once implemented, the system will provide reliable methodology in which 000 calls are triaged to ensure the most urgent cases receive the quickest response.

- In response to NSW Health's request for tenders in March 2002, the Board endorsed an ASNSW consortium led bid to provide the NSW Health Advice and Information Service (HAS). The Consortium comprised Central Sydney Area Health Service, Aspect Computing, and ACM Diagnostics. The ASNSW led consortium gave a presentation to the Department of Public Works and Services in June 2002.
- The ASNSW has significantly enhanced the development and reporting of key performance indicators to internal and external users of ambulance operational data. A complete range of time interval performance indicators, which occur throughout a typical ambulance attendance and transport, and activity levels are now reported regularly on a daily and monthly basis to ambulance staff, managers, the Ambulance Service Board and NSW Health. This information is provided on a State, Divisional and Station level and has resulted in improved management information capabilities and processes.

Future initiatives
- Finalise implementation of medical prioritisation dispatch procedures across New South Wales
- The introduction of medical prioritisation dispatch procedures will ensure that life-threatening emergencies receive priority and therefore quicker responses
- The Clinical Governance framework will provide assurances to users in regard to the quality of care and develop and monitor improvement strategies designed to address shortfalls identified in the audit process
- Establish 'Clinical News' as the official clinical newsletter of the ASNSW
- Establish divisional clinical quality committees in Sydney, Western, Northern and Southern Divisions, and Aeromedical Retrieval operational areas
- Finalise and implement the Clinical Governance Communications Strategy
- Recruit consumer and general practitioner representatives for the Clinical Governance Committee and the Divisional Clinical Quality Committees
- Establish effective clinical risk reporting procedures
- Determine appropriate clinical indicators against which to measure the ASNSW clinical performance
- Disseminate the ASNSW clinical performance against indicators
- Develop a clear recruitment strategy for undergraduates in pre-hospital care
- Clinical and Education AAC to review action plan and develop key milestones for 2002/03
- Establishing a framework for future service delivery
- A clear undergraduate recruitment strategy will assist the ASNSW in contributing to the body of knowledge for pre-hospital care by increasing the number of staff who have studied research methods and retain an interest in research.

Changes to reporting arrangements
The Directorate of Operational Strategy was established in February 2002 and now includes clinical quality improvement, continuing professional development, operational project management and service planning.

Health Services Development and Planning

Challenges

This year has seen a number of functional changes in the unit in keeping with the reform program being undertaken by the ASNSW. These include:

- Engagement of the ASNSW with all other aspects of health care delivery in the State, particularly in the light of developments outlined in the Government Action Plan for Health (GAP) and the ongoing reform program in the ASNSW. The GAP is the overarching framework for implementing the recommendations of the 2000 Health Council (Menadue) and the Rural Health (Sinclair) Reports
- Appropriate responses to whole of government planning requirements consequent to the terrorist attacks in the United States on 11 September 2001

Response to Challenges

Clinical Development

- Working through the Clinical Protocol and Medical Advisory Committees, the range of available protocols and pharmacologies available to ambulance officers providing clinical care in the challenging pre-hospital environment has been kept under continual review. Experience has been drawn from that of the latest evidence based practice from interstate and overseas ambulance services.
- Complete revision of ASNSW Protocols and Pharmacologies (November 2001), allowing update of protocols on a continuing basis. With the support of the Ambulance Education Centre (AEC), the ASNSW is well advanced towards the introduction of a CD ROM version. Along with other initiatives, including the commissioning of the statewide intranet capability, this should further enhance the ability of the ASNSW to upgrade treatment policies and procedures in the most timely manner across the State.
- Ambulance officers have been involved in a wide-ranging series of collaborative research activities. These have included, inter alia:
  - Contribution to the provision of data allowing prediction of heroin use/abuse patterns at both State and National levels
  - Occupational exposure studies to the analgesic agent methoxyflurane
  - Patient analgesia - enhanced pain management
  - Patient management - pharmacological control of patients who are cerebrally irritated or psychologically disturbed where other means of control are ineffective
  - Retrospective analysis of the management of trauma in the Sydney Metropolitan and Hunter Areas (1995 - 2000)
- A Heroin Project Officer was appointed in August 2001, a direct initiative of the 2000 NSW Drug Summit, developing a number of initiatives including:
  - Establishment of routine reporting of ambulance officer attendance at overdose situations where naloxone has been administered
  - Provision of information to assist in the analysis of ambulance officer attendance at overdoses
  - Preparation of a research proposal to trial intranasal naloxone
  - Dissemination of information to ambulance officers on the introduction of buprenorphine for treatment of narcotic dependency

- Development of resource packages and educational training programs covering education of ambulance officers in addiction, information for use by ambulance officers when attending a heroin overdose and educational programs focused on the attitudes and values of ambulance officers when treating heroin overdose
- Provision of drug education resources, statistics and information to ambulance officers for community drug education
- Implementation of community drug education programs to schools and the community
- Modification of the performance agreement between the Ambulance Service Board and the Acting Director-General of Health for the two-year period 2001-2003. This involved the realignment of departmental reporting requirements to reflect more accurately the ASNSW strategic priorities.
- Support for continuing professional research and development provided by the board through its Clinical Governance sub-committee, by the Convention of Ambulance Authorities (CAA), the Australian College of Ambulance Professionals (ACAP) and through its association with tertiary institutes providing undergraduate studies in pre-hospital care.
- The ASNSW continues to receive invaluable advice from senior clinicians serving on the Medical Advisory Committee (MAC) in an honorary capacity. The reporting period saw the resignation from this committee of two long-standing members. Professor Michael O'Rourke, AM has been associated with the ASNSW for over 30 years. Dr Tony O'Connell has served the ASNSW with distinction over the past 10 years, six of these as Chairman of the MAC.
- After seven years as Medical Director, Dr Barbara-Ann Adelstein left the ASNSW in February 2002 to take up a research position at the School of Public Health, University of Sydney.
- The Medical Director has been actively involved with a number of statewide planning committees tasked with charting the long-term development of a range of health care services, including:
  - Critical Care Council (CCC)
  - Emergency Department Clinical Implementation Group (EDCIG)
  - Trauma Services Advisory Committee (TSAC)
  - Institute for Clinical Excellence (ICE)
  - Greater Metropolitan Transition Taskforce (GMT2)
  - State Infection Control Committee and
  - Medical Retrieval Committee

Counter Disaster Unit
The ASNSW took on responsibility for the administrative management of the NSW Health Counter Disaster Unit in February. Prior to this, the Health Services Disaster Control Centre (HSDCC) at Rozelle had been activated frequently from October 2001 in response to "white powder" incidents, and from 24 December until 16 January to coordinate the health response to the State's bush fires.

- Over the period December 2001 to January 2002, a total of seven aged care facilities were evacuated, with over 700 clients being relocated to temporary accommodation. In total, eight disaster medical teams were deployed, with six medical commanders and four nurse commanders for over 10,000 evacuees.
- Members of the unit have been actively involved with the development of Emergency Management and Disaster Medicine at both State and national levels. The Acting Director of the CDU and Tactical Support Officer represented New South Wales at the annual meeting of the Australian Disaster Medicine Group (ADMG) in Auckland in April 2002.
- With the resumption of responsibilities as Health Services Functional Area Coordinator (NSW State HSFAC) and State Medical Controller, the Medical Director and CDU staff perform a key role in the timely and accurate dissemination of information about incidents which have the potential to cause mass casualties. The Unit has contributed to the development of a number of policies to meet emerging scenarios at State and National levels.

Changes to the unit during the reporting period included:
- New State health services tasking for Emergency Management and Disaster Medicine in the light of the 11 September attacks in the United States
- The formal acceptance of responsibility (from NSW Health) for the administrative management of NSW Health Counter Disaster Services (February 2002)
- Transfer of prime responsibility for Clinical Governance to the Operations Division (Director, Operational Strategy)
- Transfer of responsibility for performance monitoring and reporting to the Professional Standards and Conduct Unit (PSCU) reporting through the Corporate Governance sub-committee of the Board, and
- Devolution of responsibility for general policy development of Standard Operating Policy & Procedures (SOPP) to Divisions

Future initiatives
- Fostering of pre-hospital care research
- Enhanced MAC oversight of implementation of evidence based clinical protocols in the challenging pre-hospital health care environment
- Support for the move towards acceptance of ambulance professionalism in the wider health community
- Further integration and development of the NSW Health CDU into the ASNSW with enhancement of its capacity to undertake statewide training and operational commitments

Executive Support Unit

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

Challenges
- Coordinating and editing advice on a wide range of matters including draft replies to Ministerial correspondence, answers to parliamentary questions, and briefings for NSW Health and the Minister
- Acting as a quality control point for reliable advice to NSW Health and the Minister
- Meeting non-negotiable and often urgent deadlines
- Providing an efficient secretariat function for the Ambulance Service Board meetings
- Undertaking direct supervision of the ASNSWs Mail and Records Section in the absence of a Records Manager for an extended period
- Assisting in the transition of the Mail and Records Section from the Executive Support Unit to Corporate Services
- Assuming responsibility for the Freedom of Information function previously located within the Employee Relations Unit

Response to challenges
- Processed 427 Ministerial letters and briefings for NSW Health and the Minister
- Issued guidelines to ASNSW staff on the preparation of Ministerial correspondence and briefings
- Prepared a summary of each Ambulance Service Board meeting for publication in the staff newsletter
- Supervised a consultant undertaking a review of the Mail and Records Section and the development of new records management policies and procedures
- Attended an external program on Freedom of Information and Privacy and Personal Information Protection and participated in regular meetings of the FOI and Privacy Practitioners Network Group

Future initiatives
- Streamline the process and presentation of Board papers
- Review the guidelines for staff on the preparation of Ministerial correspondence and briefings

Professional Standards and Conduct Unit

"The Independent Commission Against Corruption considers the establishment of the Professional Standards and Conduct Unit was a valuable initiative as it can coordinate the Service's approach to build corruption resistance and organisational integrity."

"The Ambulance Service has developed a sound Code of Conduct that sets down its basic aim of conveying the obligations and standards of behavior accepted and of helping staff resolve ethical issues....." (ICAC)

"The training on ethics and professional standards provided by the Professional Standards and Conduct Unit appears to provide excellent reinforcement of the Code by connecting the Ambulance Service guiding principles to the day-to-day work and responsibilities of the staff....." (ICAC)

The ASNSWs Professional Standards and Conduct Unit (PSCU) continues to provide a specific focus raising awareness of cultural, ethical and professional conduct issues.

Challenges
- Consolidating the position of the PSCU as the arm of the organisation promoting and strengthening ethical work practice and professional conduct across the ASNSW
- Respond to and manage the reporting on the ICAC's Corruption Resistance Review including providing detailed reports and responses to this review of the ASNSWs preparedness to face corrupt conduct
- Produce guidelines for applying for and approving secondary employment
- Develop comprehensive fact-finding investigation and disciplinary guidelines
- Manage the Professional Standards and Conduct Committee

Responses to Challenges
- Feedback from the ICAC Corruption Prevention Resistance Review indicates the commissioner found that the ASNSW has in place many of the key strategies the commission considers essential for building and maintaining corruption resistance. Furthermore, the ASNSW already has in place a solid foundation on which to build an effective corruption resistance framework. In addition to those strategies already in place:
  - A Business Risk Assessment Plan has been adopted by the Board as an overarching risk management plan that integrates the audit and review features with proactive strategies to reduce and control corruption risks and to enhance ethical behaviour
  - A framework for a corruption resistance policy is being researched and developed containing elements for planning, supporting, and reviewing corruption resistance in the ASNSW as part of the overarching risk management plan
  - Information gained from internal complaints from consumers has been analysed and reported to the Professional Standards and Conduct Committee to assist in its work in developing corruption resistance
  - An amnesty on compliance with the Ambulance Service Regulation and policy on secondary employment was undertaken
  - Information packages regarding Protected Disclosures

have been distributed to staff to encourage reporting of corrupt conduct
- Released a new Code of Conduct and Ethics for the ASNSW
- Trained 845 staff in Code and Ethical Practice generally (627 ambulance officers, 111 new recruits, 29 patient transport officers, 41 call taker trainees and 37 managerial or administrative staff)
- The unit began training corporate and operational managers on ethical leadership in recognition of the need to provide a strong focus on the importance of leadership and modelling behaviours by supervisors in strengthening ethical conduct and practice by all staff
- The PSCU coordinated responses to nine protected disclosures, compared with 11 in the previous financial year. Being the central coordinating body for protected disclosures ensures that staff reporting matters pursuant to the Protected Disclosures Act obtain the protection envisaged by the Act
- Produced comprehensive fact-finding investigation and disciplinary guidelines, which govern our responses to serious complaints or concern about our service or our staff
- In 2001/02 managed and finalised 30 fact-finding or disciplinary matters* of which 13 had adverse findings against staff. This compares to the previous year where 52 such matters were commenced by the ASNSW, of which 32 had adverse findings against staff
- Managed the Professional Standards and Conduct Committee, including a review of its terms of reference and membership
- Managed the Corporate Governance Committee of the Ambulance Service Board at a time of changes to Board membership

Future initiatives
- Consider how policies relating to the Code of Conduct can be more widely and effectively promoted
- Ensure the ASNSWs Conflict of Interest policy, and the potential for conflicts of interest to compromise the decision-making processes, are more clearly promoted to staff
- The training of corporate and operational managers and supervisors on ethical leadership will continue in 2002/03. Training will also be provided to new recruits and in-service staff
- The concept of training managers in investigation and complaints-handling will be pursued
- The ASNSWs review of its complaints- handling procedure will commence in earnest, with the establishment of a Reference Group
- The involvement of the PSCU in the ASNSWs Clinical Governance initiatives will include further comprehensive analysis of complaints data
- A further initiative to be explored is the development of a policy to deal with officers who have drug and alcohol problems

* Preliminary or fact-finding inquiries and disciplinary matters range in seriousness and degree, depending on the circumstances, and consequently so does the ASNSWs response. They also relate to conduct on and off duty, and on occasions, officers facing serious criminal charges.

Complaints Data

The PSCU managed the reporting of complaints-handling data to NSW Health under the statewide Complaints Data Collection system.

This year the ASNSW handled a total of 373 complaints, compared with 524 received for the previous financial year. It is important to note the number of complaints received - compared with the level of operational activity - is very low at around 0.04 per cent of a total of 858,000 cases responded to by the ASNSW.

Furthermore, over 60 per cent of complaint issues are resolved by explanation and/or apology, with a further 26 per cent being offered a service. The remaining complaints were dealt with by way of conciliation. This is consistent with the complaint resolution mechanisms employed in 2000/01 and demonstrates a strong level of informal complaints resolution.

Public Affairs Unit

32 publications, 150 childcare visits, 1390 media grabs,
75 television interviews, 4200 traffic updates and
8600 calls responded to by switchboard

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

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

Challenges
- Ensuring that all staff are aware and informed on ASNSW initiatives
- Overseeing the dissemination of information on major incidents likely to attract media attention to the senior executive of the ASNSW and NSW Health personnel
- Managing the communication of major ASNSW initiatives and accurately informing the community on the role of the ASNSW
- Continuing to develop ongoing relationships with other emergency service agencies
- Ad-hoc style for ASNSW presentations
- Recruitment to positions within Public Affairs not finalised

Response to challenges
- Produced and disseminated 32 publications including the ASNSWs future direction document 'Best Again'!
- Development and implementation of strategies to assist employees in understanding the Sydney Operational Review, including executive roadshows around the State

- Streamlined staff communication channels with the introduction of fax stream and "Service Developments"
- Participation on the ASNSW Intranet Committee
- Introduction of email and SMS messages to allow for immediate update on major incidents
- Updating the ASNSWs internal media guidelines
- Development of media plans for major ASNSW initiatives such as the sale and lease-back of ambulance stations, the Christmas bushfires, New Year celebrations and the Mardi Gras
- Educating the community on the role of ambulance officers through media stories. This includes "A Current Affair" and the "Big Arvo" and the importance of clearing the way for ambulances through the Traffic Network.
- Undertaking visits (Billy-Be-Safe) to over 150 child care centres and primary schools and 12 lectures to school students on the dangers of drink driving and drugs
- Providing over 1,390 media grabs and 75 television interviews on incidents attended by the ASNSW
- Issuing over 50 media releases on ASNSW related issues
- Providing protocol advice, script review and attending filming of 64 television programs portraying the role of ambulance officers
- Providing over 4,200 updates to the Traffic Network on accidents in the Sydney metropolitan area
- Coordinating the launch and media activities surrounding the opening of new stations at South West Rocks, Tanilba Bay and Coffs Harbour
- Participation and promotion of events such as the 2002 Parliament opening, "Thank You" bushfire parade, Jeans 4 Genes, the importance of blood donation and participation in events such as a charity golf day for the Royal Deaf & Blind Society
- Commenced update of the ASNSWs website content
- Responded to over 8,600 calls to the State Headquarters switchboard
- Coordinated the ASNSW participation in the Police Games and Australian & New Zealand Games
- Implementation of a standard format for ASNSW presentations
- Recruitment to positions of Public Affairs completed

Future initiatives
- Implement strategies to assist employees and the community in understanding the Rural Operational Review, call prioritisation dispatch procedures and clinical governance
- Complete a comprehensive review of the ASNSWs website
- Ensure that resources are appropriately allocated to projects that will provide benefit to the people of NSW
- Develop guidelines for consumer involvement in State level committees
- Develop and issue ASNSW guidelines on fundraising, sponsorship, advertising, publications and filming
- Develop a style guide for the ASNSW
- Coordinate 2002 Convention of Ambulance Authorities conference
- Improve the dissemination of information to non-English speaking communities
- Disseminate safety messages to participants in major events such as City to Surf and New Year celebrations

Corporate Services

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

The following summarises the principal works and achievements by Corporate Services during 2001/02.

Finance and Data Services

Challenges
- Liquidity management
- Financial management of a statewide service across several locations
- Implementation of Patient Health Care Record System
- Implementation of Health Information Exchange - NSW Health data warehousing
- Data management
- Improving debt collection

Response to challenges
- Providing financial management training for staff
- Enhancing management reporting at all levels within the ASNSW
- Addressing data standards and quality
- Development of key performance indicators in debt collection

Future initiatives
- Restructure of Finance and Data Services
- Major upgrade of financial system
- Further enhance management reporting
- Further enhance management financial training
- Further develop the shell base of Finance and Data Services staff

Employee Relations Unit
Achievements in key areas

Personnel Services
- Appointment of a Personnel Services Coordinator to address issues such as workforce planning, staff development, performance management, recruitment and retention strategies and development of decentralised personnel services
- Development and implementation of a new Secondment Policy, to provide more equity in access to career development opportunities and improve workforce planning and management
- Restructuring of the following work areas, to ensure improved functionality and better alignment with the ASNSWs role and responsibilities:
  - Finance and Data Services
  - Public Affairs
  - Counter Disaster

- Information Systems and Support
- Assets and Infrastructure
- Communications
- Performance Management
- Employee Relations
- Executive and administrative support for senior executive and operational management
- Restructure and realignment of senior operational management and the creation of the following SES positions:
  - Divisional Managers for Sydney, Western, Northern and Southern NSW
  - Director, Operational Strategy
  - Director, Operational Services
- Release of new chaplaincy services policy to ensure better promotion, corporate support and coordination of the ASNSW chaplaincy services within the broader context of the Employee Assistance Program
- The executive team granted in-principle endorsement for a peer support policy and improvements to the ASNSWs peer support program
- To ensure the emotional wellbeing of operational staff and patients involved in large incidents, the role of Peer Support Officers and ASNSW chaplains has been written into the ASNSWs Major Incident/Disaster Plan
- Information kit and new procedures developed for processing statewide applications under the Transferred Officers Award
- Comprehensive performance management program developed and commenced for all members of the ASNSW senior executive team to measure performance against specific business (and two human resource-related) objectives, as well as behavioural competencies
- 7.1 per cent of staff were found to be using the Employee Assistance Program during the year. This is greater than in previous years (5.6 per cent) and higher than average for other Australian emergency services (6 per cent), giving testimony to the effectiveness of promotion and awareness amongst employees about the availability of services

Uniformed Recruitment and Selection
- 222 officers were employed. They included 166 trainee ambulance officers, nine former ambulance officers and 47 patient transport officers.
- To increase diversity amongst the operational workforce, the Trainee Ambulance Officer Recruitment Campaign during 2002 offered additional and specific entry pathways for:
  - Aboriginal and Torres Strait Islanders
  - People with a first language other than English
  - Pre-hospital care graduates and registered nurses
  - Patient transport officers
  - Qualified interstate and overseas ambulance officers
- Additionally, migrants registered with the NSW State Government's Migrant Career Development Program and who had overseas medical/nursing and allied health qualifications, were targeted for trainee ambulance officer positions

- A grant of $12,500 was received from the NSW Premier's Department for the employment of two Aboriginal ambulance officers and one Aboriginal patient transport officer. A further $170,701 grant was received from the NSW Department of Education and Training for the future employment of Aboriginal ambulance and patient transport officers in 2002
- Application information packages were disseminated via electronic format to better manage the volume of applicants applying for positions
- Career information sessions conducted for students enrolled in pre-hospital degrees to market and promote the ASNSW as an employer of choice

Equal Employment Opportunity
- Equity and Diversity Management Plan 2001-2004 completed and implemented to facilitate the strategic management of equal employment opportunity across the ASNSW
- Quarterly reporting of the results of staff exit questionnaires was made to the senior executive, with recommendations on strategies to address issues raised
- The Spokeswomen's Program was redeveloped, including the appointment of a new Women's Liaison Officer and election of five new spokeswomen, to promote career development and participation of women on equal terms in the workplace
- A new policy was released on the prevention of bullying/ harassment in the workplace
- Training on Harassment Free Workplace and Organisation Awareness was conducted with all new uniformed employees
- Training was held for various staff groups on carer responsibilities and related leave options, equity, and reasonable adjustment principles for the recruitment of people with disabilities
- Support and assistance provided to staff who acquired a disability in the course of employment, including grievance management, integrity and staff selection, appeal options and performance management
- Benchmarking of the ASNSWs workforce profile was undertaken against the NSW Public Sector Workforce Profile 2000, indicating a highly stable workforce of permanent employees, a younger workforce and lower separation rates than other government agencies
- All new trainee ambulance officers and patient transport officers received Aboriginal cultural awareness training, to help promote the special cultural and patient care needs of Aboriginal people
- The ASNSW promoted employment opportunities to Aboriginal people at the Health Careers Residential Workshop for high school students and the Rural Health Careers Expo

Disability Action Plan
- Ongoing commitment under our Disability Action Plan to the needs of disabled employees and clients resulted in improved physical access to two new Ambulance Service buildings and two refurbished buildings. Consultants from the Department of Public Works were used in the building design process to produce buildings that comply with the Australian Building Code Standards for access for people with a disability.

Ethnic Affairs
- Review of workforce multilingual skills base completed to ensure expertise exists in community languages to facilitate service delivery. A substantial number of employees use their language skills to aid better service delivery in patient care, ambulance billing and ambulance dispatch
- New project commenced to further increase cultural diversity in the workforce by targeting specialist migrant employment agencies to help promote trainee ambulance officer and patient transport officer vacancies
- Work is underway to develop strategies to ensure effective communication with ethnic communities by targeting media outlets that broadcast or publish in community languages

Occupational Health and Safety (OHS)
- The ASNSW OHS Management System was reviewed to ensure compliance with the NSW OHS Act 2000 and OHS Regulation 2001, which commenced in September 2001
- External consultants "Workability" engaged to assess patient manual handling tasks and will follow up in the coming year with a review of materials to enable comprehensive training programs to be implemented
- New policy and procedures implemented for reporting work-related injury/illness to WorkCover NSW and the Government Insurance Office, to meet the requirements of the Workplace Injury Management and Workers Compensation Act 1988. Work commenced on the redesign of the accident reporting system, to improve the efficiency and quality of data recording, collation, analysis and reporting
- OHS training during the year included OHS Induction, Accident Investigation, Numerical Profile Auditing, and OHS Consultation. A self-learning package on Hazardous Substances, including a computer-based program developed by Risk Management and the Ambulance Education Centre, was distributed to staff
- OHS consultative arrangements were maintained with regular meetings of local area OHS Committees and the Sydney Division (formerly Metropolitan Area) OHS Consultative Committee. The Rural OHS Consultative Committee was discontinued due to workforce restructuring
- The ASNSW was represented on NSW WorkCover's Government, Administration and Education Industry Reference Group (IRG) and Emergency Services sub-group, and the NSW Health's Violence Taskforce and its Tobacco Network
- WorkCover NSW issued one Prohibition Notice for the mega-lift stretcher (later withdrawn) and two Improvement Notices relating to the mega-lift stretcher and security issues. There was one prosecution under the OHS Act 2000 relating to manual handling
- During 2001/02, 1,726 Accident/Incident Hazard reports were received, compared with 1,919 the previous reporting year. The major causes of injury were physical exertion, weight of patient, slip/trip/fall and contact with infectious diseases/body fluids

Occupational Rehabilitation
- During 2001/02, the average number of employees on rehabilitation was 2.7 per cent of total employee numbers. This is a decrease of one per cent on the previous year's average

Industrial Relations
- On 18 December 2001, the Industrial Relations Commission handed down a decision granting an increased annual leave entitlement for ambulance officers who work shift work under the *Operational Ambulance Officers (State) Award*. Subsequently, from 4 February 2002, the existing annual leave entitlement increased from five weeks leave with seven weeks pay to six weeks leave with eight weeks pay
- Twelve-hour rosters were introduced at Broken Hill after a six-month trial. The rosters provide for extended coverage and supervisory staff are no longer utilised as relief
- The Industrial Relations Commission determined payment of a 3 per cent pay increase for administrative and clerical staff from 1 January 2002 under the *Administrative and Clerical Employees Award*

Future initiatives
A number of initiatives will be undertaken next year to meet the following Employee Relations strategic goals
- Ensure equipment and vehicles (fit-out and design) meet sound ergonomic criteria
- Ensure compliance with the OHS Act, Regulations and related corporate policies, procedures and standards
- Ensure clinical resources are matched to operational needs through the development and implementation of workforce planning, policy and procedures
- Career planning policy and procedures developed for operational staff
- Provide industrial support to enable senior operational management to effect workplace reforms
- Achieve continuous improvement in statewide Operational Divisions' workers compensation costs by achieving a 20 per cent reduction in lost-time injury and a 20 per cent reduction in workers compensation claims
- Provision of safe and healthy working conditions by training Operational Divisions' supervisors and managers in OHS awareness, manual handling and hazardous substances
- Implement the Strategic Learning and Development Management Plan (2002-2004) to provide:
  - A computerised "Learning and Development Management System" providing intranet learning and development tools
  - Self-development to be incorporated in all performance management processes
  - Executive and senior management development and leadership policy and program
  - Frontline supervisory practices program
  - Generic training and development programs to support all workforce sectors
- Establish shared management values in the organisation which focus on business and industrial reform, continuous improvement, rewarding innovation, service quality, and employee participation

- Build individual and organisational capacity by:
  - Roll-out of the Performance Planning, Development and Review Scheme to Operational and Corporate Services managers including appropriate reviews and feedback
  - Staff appraisal and review for Operational and Corporate Services staff
  - Develop an effective succession planning policy and procedure
- Improve the quality of human resource policies, systems and processes by:
  - Uploading the corporate intranet site as a reference point to support the management of people
  - Service level agreements to evaluate the effectiveness of HR interventions

Risk Management
The ASNSWs internal auditors, in consultation with executive management, developed a Risk Management Plan that identified the key business risks, both strategic and operational, facing the ASNSW. These include risks identified in external reviews by the Audit Office and ICAC.

Actions being taken in response to the plan include:
- Inclusion of the most significant risks in the ASNSWs Internal Audit Plan
- Addressing risks in performance agreements for executive staff
- Researching Risk Management Models to expand actions taken

Learning and Development (non clinical)
Challenges
- Develop training programs in response to requests from line management and operational requirements
- Develop professional opportunities for all staff

Response to Challenges
- Executive assessment program, to establish relative management strengths and weaknesses - both as individuals and as a management team
- Managers offered opportunity to develop individual learning and development plans to support ongoing professional development
- Training programs conducted in response to requests from line management and operational requirements include:
  - An internal program on Recruitment and Selection Techniques Workshops with 20 participants
  - Project Management Workshop with 19 attendees
  - How to Place an Expression of Interest and Interview Techniques Seminar with 48 potential candidates attending in anticipation of the paramedical recruitment campaign
- Coordination of training programs for administrative and support services:
  - Analysing and Interpreting Financial Data with 15 participants
  - Code of Conduct for managers with 15 participants
  - Code of Conduct for personnel with 37 attendees

- In line with the appointment of the Learning and Development consultant a series of information seminars were presented throughout the year to senior and regional managers explaining:
  - Role of Learning and Development consultant
  - Learning and development requirements of specific work force categories including frontline managers of operations centres and station managers
- Participation by the ASNSW in two NSW Health management development programs: Health Executive Leadership Program (HELP) and the Executive Development Support Centre (EDSC)
- The ASNSW participated in the Management Development Program for the Australian College of Health Service Executives providing training, development and work experience for Naomi Woods, Management Trainee

Proposed initiatives
- Introduction of traineeships in pre-hospital care and administration
- Introduce and publish training calendar of scheduled courses including
  - Computer Courses
  - Writing Skills
  - Negotiation Skills
  - Code of Conduct
  - Analysing and Interpreting Financial Data
  - Telephone Management and Customer Service (for managers)
  - Telephone Management and Customer Service (for personnel)
  - Change Management Training Course
  - Station Manager Training

Ambulance Education Centre (AEC)

Challenges
- A number of courses were re-scheduled due to increased operational demands, resulting in the AEC experiencing difficulties in seconding operational staff to assist with training
- Map current ambulance officer training competencies against the new health training package competencies as required to obtain registration as a Registered Training Organisation through the Vocational Education and Training Accreditation Board (VETAB)
- Implement further clinical education and training programs such as Level 3C course in response to the Operational Review
- Implement strategies to upgrade rural and metropolitan training facilities
- Participate more actively in tertiary institutions involved in pre-hospital care education
- Training a record 204 new recruits without an increase in physical or human resources available for staff training

Response to Challenges
- Increase in student numbers necessitated the reallocation of resources away from curriculum improvement and development of Distance Education packages and Blended Learning

- Acquisition of five new technical educator positions in response to the increasing training demands placed on the AEC
- A number of initiatives were implemented to transfer expertise to rural areas including:
  - An increased use of videoconferencing between training units in order to facilitate clinical training lectures and reduce the need to travel
  - Commenced e-learning initiative, delivering training via different modalities, with some course material now available on CD-ROM
  - Expansion of the Telehealth network to include Hamilton and Goulburn, linking all rural training units to State Headquarters based at Rozelle
- Commenced mapping of the new National Training Package against the ambulance officer curriculum in preparation for accreditation through VETAB
- Commenced the rollout of Clinical Skills Strategy with the Level 3C course
- New training unit at Hamilton replacing Morisset Training Unit, continued refurbishment of the AEC at Rozelle and refurbishment of Macksville and Gilgandra Training Units
- Bi-monthly educator workshops to ensure consistency in course curriculum and delivery
- Introduced a Trainee Ambulance Officer Clinical Experience Overview and Practicum Guide to assist on-road trainers
- Commenced a review of the Driver Training Program, which will assist with the development of a statewide Driver Management Program
- Charles Sturt University student placements with the ASNSW as part of an agreement to facilitate practical learning and gain pre-employment qualifications

Future initiatives
- Continue to develop and implement Distance Education packages and Blended Learning modality to increase the use of e-learning
- Continue the development of the Driver Training Program
- Establish the education web page and protocols produced on CD-ROM
- Distribute the new Paediatric Drug Dose Calculator
- Continue to progress the 'Certificate to Practice' concept
- Reintroduction of paramedic training program over the next three years
- Anticipation of the rollout of a new skills manual

Information Systems and Support

Challenges
- Computer Aided Dispatch (CAD) system hardware upgrade
- Ambulance Electronic Patient Record (AEPR) pilot and trial
- Mobile Data Terminal (MDT) implementation
- Patient Health Care Record (PHCR) system
- Information Management and Technology Strategic Plan
- Business Continuity Plan

Response to challenges

- As part of the CAD system upgrade, replacement of cluster servers, interface servers and radio network controllers at each Operations Centre was progressed during 2002, providing a platform for future enhancements to the AmbCAD system. Rozelle and Charlestown were the first centres to go live with the new cluster servers prior to the end of the reporting year.
- Funding sought and provided by the Office of Information Technology to conduct an Ambulance Electronic Patient Record Pilot at Concord, followed by a live trial at Concord, Grafton and Liverpool to demonstrate the suitability of collecting patient information at the time of treatment
- Mobile data terminals implemented at Northern Sydney, South Western Sydney and Outer Hunter areas
- A new PHCR database for collecting patient information was developed to accommodate significant changes to the form completed by ambulance officers for each patient episode
- The Information Management & Technology Strategic Plan for 2001-2003 was adopted by the ASNSW
- A Business Continuity Plan was developed for each of the major information systems to ensure continuity of operation within established timeframes and priorities

Future initiatives

- Conclude CAD hardware upgrades for Warilla, Sydney and Dubbo
- Following the commissioning of the new radio data network, complete the MDT implementation for Sydney
- Plan for the upgrade of AmbCAD to the latest version
- Implement the AEPR technology in one Area Health Service as a live pilot, subject to funding allocation
- Facilitate the expansion of the Ambulance data network to each ambulance station through the NSW Health SuperNet - a whole of NSW Health private voice and data network

Infrastructure and Asset Services

Challenges

- Preparation and implementation of a strategy to assess requirements and formulate processes to replace the existing Air Ambulance fleet
- Paddington Ambulance Station site owned by the Department of Defence who intend to sell the site
- Maintained ten-year motor vehicle replacement program on an annual basis within the constraints of available resources
- Increased call on human and asset infrastructure resources

Response to challenges

- Air Ambulance fleet tender issued for a total contract for the supply, operation and maintenance of the aircraft, with clinical services to be provided by the ASNSW. Tenders received, evaluated and referred to the State Contracts Control Board
- Negotiations underway with the Department of Defence for the procurement of the existing Paddington Ambulance Station site

- Replacement of 102 Commodore ambulances and 120 operational support cars, the introduction of an additional 21 patient transport ambulances, and the installation of medical soft packs in all new vehicles
- In conjunction with the maintenance of existing assets, the ASNSW opened new stations at Bowral, Coffs Harbour, South West Rocks, and Tanilba Bay
- The medical equipment replacement program progressed, including the introduction of a further 69 replacement defibrillators
- Completion of Property Asset Strategy Review and implementation

Future initiatives

- New contract for the supply, operation and maintenance of the Air Ambulance fleet
- Replacement of the remaining Ford F series ambulances to reduce operating costs and bring the overall fleet closer to being less than three-years old
- Construction of new stations at Wellington and Queanbeyan, and re-development of stations at Finley and Doyalson
- Opening of new stations in association with the NSW Health Rural Hospital and Health Program, including the Boggabri Ambulance Station
- Planning for the replacement of the fire-damaged station at Forbes, and for replacement stations at Campbelltown, Liverpool, Port Macquarie and Dubbo
- Finalisation of a business case for the installation of a dedicated data network in rural areas, to allow greater efficiency of data download to vehicles and therefore free-up valuable voice space on the frequency. This will facilitate full functionality of the CAD system and its related benefits in rural areas
- Restructure of the Telecommunications Unit and formalisation of a Communications System Plan to facilitate a more strategic and cohesive development of services

Financial Performance

Statement of Financial Performance

The ASNSW ended the 2001/02 financial year with a favourable result of $11m. This was an improvement over the previous financial year, however was inflated by Gain on Disposal of Non-Current Assets of $10.5m as the result of the sale of property in the Sydney metropolitan area.

Significant Movements

Employee Related
Includes 3 per cent award increases from January 2002 and full year impact of the previous year's increase of 3 per cent, effective from January of that year. Also impacting was leave revaluations and a Treasury Managed Fund hindsight surplus for the 1999/00 financial year.

Goods and Services
Fleet leasing costs increased due to the full year impact of moving from purchasing to leasing frontline ambulances. Aeromedical costs also escalated by an average of 6.5 per cent.

Maintenance
Maintenance costs were lower than the previous year, however the previous year was impacted upon by several projects that were once off in nature.

Depreciation
The increase was due to the recognition of the write off of vehicle modules that were disposed of with vehicles in the previous year.

Sale of Goods and Services
A more successful year with regard to Inter-Hospital Transports and an overall increase in revenue from other transports.

Grants and Contributions
In August 2001, the Late Ms I McAndrew from the Illawarra left in her will a very generous bequest of $0.5m as a financial donation to the Wollongong Ambulance Station. This bequest has been placed into the Station's Special Projects account and will be utilised to fund refurbishments and fittings for the station.

Notation:
The donation has not been classified as a "restricted asset" (See Note 21 of Financial Statements) as no externally imposed conditions, other than that the donation was for Wollongong Ambulance Station, were imposed by the donor.

Gain on Disposal of Non-Current Assets
Several properties were sold within the Sydney metropolitan area. Funds from these sales are for investment in ASNSW infrastructure projects.

	2001/02	2000/01	Movement	
	$000	$000	$000	%
Expenses				
Employee Related	214,971	203,505	11,466	6%
Goods and Services	60,900	55,883	5,017	9%
Maintenance	14,485	15,774	(1,289)	(8%)
Depreciation	13,921	12,803	1,118	9%
Grants and Subsidies	352	337	15	4%
Borrowing Costs	261	231	30	13%
Total Expenses	**304,890**	**288,533**	**16,357**	**6%**

	2001/02	2000/01	Movement	
Revenues				
Sale of Goods and Services	63,670	62,709	961	2%
Investment Income	764	942	(178)	(19%)
Grants and Contributions	1,384	734	650	89%
Other	618	834	(216)	(26%)
Total Revenues	**66,436**	**65,219**	**1,217**	**2%**

	2001/02	2000/01	Movement	
Gain on Disposal of Non- Current Assets	10,506	27	10,479	38,811%
Net Cost of Services	**227,948**	**223,287**	**4,661**	**2%**

Financial Statements

Ambulance Service of New South Wales
Financial Statements for the Year Ended 30 June 2002

Certification of Financial Statements

The attached financial statements of the Ambulance Service of New South Wales for the year ending 30 June 2002:

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

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

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

(iv)   do not include the impact of finance leases entered into by the Ambulance Service of NSW for certain modules fitted to Ambulance vehicles as detailed in Note 27. No approval was obtained from the Treasurer for these financing arrangements, under the provisions of the *Public Authorities (Financial Arrangements) Act* which applied at that time.
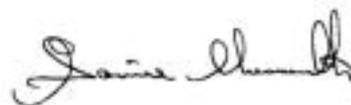
Greg Rochford   Barrie Unsworth
Chief Executive Officer   Chairman

Independent Audit Report

GPO BOX 12
SYDNEY NSW 2001

INDEPENDENT AUDIT REPORT

AMBULANCE SERVICE OF NEW SOUTH WALES

To Members of the New South Wales Parliament

Scope

I have audited the accounts of the Ambulance Service of New South Wales for the year ended 30 June 2002. The members of the Board of the Ambulance Service of New South Wales are responsible for the financial report consisting of the statement of financial position, statement of financial performance, statement of cash flows and program statement - expenses and revenues, together with the notes thereto, and information contained therein. My responsibility is to express an opinion on the financial report to Members of the New South Wales Parliament based on my audit as required by the *Public Finance and Audit Act 1983* (the PF&A Act) and the *Charitable Fundraising Act 1991* (the CF Act). My responsibility does not extend to an assessment of the assumptions used in formulating budget figures disclosed in the financial report.

My audit has been conducted in accordance with the provisions of the PF&A Act and Australian Auditing Standards to provide reasonable assurance whether the financial report is free of material misstatement. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. I have also performed procedures, including obtaining an understanding of the internal control structure for fundraising appeal activities and examination, on a test basis, of evidence supporting compliance with the accounting and associated record keeping requirements for fundraising appeal activities pursuant to the CF Act.

These procedures have been undertaken to form an opinion:

(a)   whether, in all material respects, the financial report is presented fairly in accordance with the PF&A Act, Accounting Standards and other mandatory professional reporting requirements and statutory requirements, in Australia, so as to present a view which is consistent with my understanding of the Service's financial position, the results of its operations and its cash flows; and

(b)   on the matters required by section 24(2) of the CF Act.

The audit opinion expressed in this report has been formed on the above basis.

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 complies with section 45E of the PF&A Act and presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements the financial position of the Service as at 30 June 2002 and the results of its operations and its cash flows for the year then ended.

Audit Opinion Pursuant to the *Charitable Fundraising Act 1991*

In my opinion:

i)   the accounts of the Ambulance Service of New South Wales show a true and fair view of the financial result of fundraising appeals for the year ended 30 June 2002;

ii)   the accounts and associated records of the Ambulance Service of New South Wales have been properly kept during the year in accordance with the CF Act;

iii)   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

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

P Carr, FCPA
Director of Audit

SYDNEY
18 September 2002

	Notes	Actual 2002 $000	Budget 2002 $000	Actual 2001 $000
Expenses				
Operating Expenses				
Employee Related	3	214,971	215,586	203,505
Goods and Services	4	60,900	60,198	55,883
Maintenance	5	14,485	14,374	15,774
Depreciation	6	13,921	13,872	12,803
Grants and Subsidies	7	352	354	337
Borrowing Costs	8	261	328	231
Total Expenses		**304,890**	**304,712**	**288,533**
Revenues				
Sale of Goods and Services	9	63,670	63,086	62,709
Investment Income	10	764	663	942
Grants and Contributions	11	1,384	749	734
Other Revenue	12	618	901	834
Total Revenues		**66,436**	**65,399**	**65,219**
Gain/(Loss) on Disposal of Non-Current Assets	13	10,506	400	27
NET COST OF SERVICES		**(227,948)**	**(238,913)**	**(223,287)**
Government Contributions				
NSW Health Department Recurrent Allocations	2(a)	198,059	198,059	190,322
NSW Health Department Capital Allocations	2(a)	9,206	9,206	9,490
Asset Sale Proceeds transferred to the NSW Health Department	2(u)	(19,005)	-	-
Acceptance by the Crown Entity of Superannuation Liability	2(c)	15,622	15,634	15,136
Total Government Contributions		**203,882**	**222,899**	**214,948**
RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES	26	**(24,066)**	**(16,014)**	**(8,339)**
Total Revenues, Expenses and Valuation Adjustments Recognised Directly in Equity		-	-	-
TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS		**(24,066)**	**(16,014)**	**(8,339)**

The accompanying notes form part of these Financial Statements

	Notes	Actual 2002 $000	Budget 2002 $000	Actual 2001 $000
ASSETS				
Current Assets				
Cash	16	2,670	631	2,528
Other Financial Assets	17	1,000	1,000	1,000
Receivables	18(a)	6,056	10,191	10,191
Inventories	19	1,249	1,262	1,261
Total Current Assets		10,975	13,084	14,980
Non-Current Assets				
Property, Plant and Equipment				
Land and Buildings	20	81,528	92,204	91,562
Plant and Equipment	20	46,129	44,450	53,874
Receivables	18(a)	511	517	517
Total Non-Current Assets		128,168	137,171	145,953
Total Assets		139,143	150,255	160,933
LIABILITIES				
Current Liabilities				
Payables	22	10,031	13,800	11,550
Interest Bearing Liabilities	23(a)	1,792	2,020	1,891
Employee Entitlements and Other Provisions	24(a)	24,641	23,935	25,295
Other	25	599	368	368
Total Current Liabilities		37,063	40,123	39,104
Non-Current Liabilities				
Interest Bearing Liabilities	23(b)	2,649	2,649	2,778
Employee Entitlements and Other Provisions	24(b)	36,780	36,780	32,122
Other	25	-		212
Total Non-Current Liabilities		39,429	39,429	35,112
Total Liabilities		76,492	79,552	74,216
NET ASSETS		62,651	70,703	86,717
EQUITY				
Accumulated Funds	26	55,731	63, 783	79,797
Asset Revaluation Reserve	26	6,920	6,920	6,920
TOTAL EQUITY		62,651	70,703	86,717

The accompanying notes form part of these Financial Statements

	Notes	Actual 2002 $000	Budget 2002 $000	Actual 2001 $000
CASH FLOWS FROM OPERATING ACTIVITIES				
Payments				
Employee Related		(195,346)	(196,654)	(183,599)
Grants and Subsidies		(352)	(354)	(1,129)
Borrowing Costs		(261)	(328)	(231)
Other		(74,633)	(74,572)	(71,416)
Total Payments		(270,592)	(271,908)	(256,375)
Receipts				
Sale of Goods and Services		60,389	63,086	53,723
Grants and Contributions		1,384	749	734
Interest Received		764	663	270
Other		7,563	901	6,922
Total Receipts		70,100	65,399	61,649
Cash Flows From Government				
NSW Health Department Recurrent Allocations		198,059	198,059	190,322
NSW Health Department Capital Allocations		9,206	9,206	9,490
Asset Sale Proceeds transferred to the NSW Health Department		(19,005)	-	-
Net Cash Flows from Government		188,260	207,265	199,812
NET CASH FLOWS FROM OPERATING ACTIVITIES	31	**(12,232)**	**756**	**5,086**
CASH FLOWS FROM INVESTING ACTIVITIES				
Purchases of Land and Buildings, Plant and Equipment		(8,084)	(5,090)	(5,471)
Proceeds from Sale of Land and Buildings, Plant and Equipment		20,941	400	1,794
NET CASH FLOWS FROM INVESTING ACTIVITIES		**12,857**	**(4,690)**	**(3,677)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Repayment of Borrowings		-	(212)	-
NET CASH FLOWS FROM FINANCING ACTIVITIES		**-**	**(212)**	**-**
NET INCREASE / (DECREASE) IN CASH		625	(4,146)	1,409
Opening Cash and Cash Equivalents		1,637	1,637	228
CLOSING CASH AND CASH EQUIVALENTS	16	**2,262**	**(2,509)**	**1,637**

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	
	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000
Expenses										
Operating Expenses										
Employee Related	61	-	212,252	201,059	100	-	2,558	2,446	214,971	203,505
Goods and Services	18	-	59,923	54,933	100	-	859	950	60,900	55,883
Maintenance	1	-	13,987	15,729	-	-	497	45	14,485	15,774
Depreciation	-	-	13,856	12,744	-	-	65	59	13,921	12,803
Grants and Subsidies	-	-	352	337	-	-	-	-	352	337
Borrowing Costs	-	-	261	231	-	-	-	-	261	231
Total Expenses	**80**	**-**	**300,631**	**285,033**	**200**	**-**	**3,979**	**3,500**	**304,890**	**288,533**
Revenue										
Sale of Goods and Services	-	-	63,670	62,620	-	-	-	89	63,670	62,709
Investment Income	-	-	764	942	-	-	-	-	764	942
Grants and Contributions	-	-	1,384	734	-	-	-	-	1,384	734
Other Revenue	-	-	551	834	-	-	67	-	618	834
Total Revenue	**-**	**-**	**66,369**	**65,130**	**-**	**-**	**67**	**89**	**66,436**	**65,219**
Gain/(Loss) on Disposal of Non-Current Assets	-	-	10,506	27	-	-	-	-	10,506	27
NET COST OF SERVICES	**(80)**	**-**	**(223,756)**	**(219,876)**	**(200)**	**-**	**(3,912)**	**(3,411)**	**(227,948)**	**(223,287)**

The name and purpose of each program is summarised in Note 15.

1. The Ambulance Service of New South Wales

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

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

2. Summary of Significant Accounting Policies

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

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

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

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

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

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

(a) NSW Health Department Allocations

Payments are made by the NSW Health Department on the basis of the net allocation for the Ambulance Service as adjusted for approved supplementations mostly for salary agreements and approved enhancement projects. This allocation is included in the Statement of Financial Performance before arriving at the "Result For The Year From Ordinary Activities" on the basis that the allocation is earned in return for the ambulance services provided in 2001/02 on behalf of the Department. Allocations are normally recognised upon the receipt of Cash.

(b) Employee Entitlements

Wages and Salaries, Annual Leave, Long Service Leave, Sick Leave and On-Costs.

Liabilities for wages and salaries, annual leave, and vesting sick leave and related on-costs are recognised and measured as the amount unpaid at the reporting date at current pay rates in respect of employees' services up to that date.

Long Service Leave is measured on a nominal basis and is based on the remuneration rates at year end for all employees with five or more years of service. It is considered that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

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

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

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

(c) Superannuation

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

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 (i.e., Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e., State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

(d) Insurance

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

(e) Borrowing Costs

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

(f) Revenue Recognition

Revenue is recognised when the Ambulance Service has control of the good or right to receive, it is probable that the economic benefits will flow to the Ambulance Service and the amounts of revenue can be measured reliably.

Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(k) Revaluation of Physical Non-Current Assets

Buildings, plant and equipment and infrastructure systems (excluding land) are valued based on the estimated written down replacement cost of the most appropriate modern equivalent replacement facility having a similar service potential to the existing asset. Land is valued on an existing use basis, subject to any restrictions or enhancements since acquisition.

In accordance with Treasury policy, the Ambulance Service has applied the AASB 1041 "Revaluation of Non-Current Assets" transitional provisions for the public sector and has elected to continue to apply the existing revaluation basis, while Treasury's policy on fair value is finalised. It is expected, however, that in most instances the current valuation methodology will approximate fair value.

Revaluations are made at least every 5 years and with sufficient regularity to ensure that the carrying amount of each asset in the class does not differ materially from its fair value at reporting date. Valuations are determined in accordance with an independent valuation.

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

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

The recoverable amount test has not been applied as the agency is a not-for-profit entity whose service potential is not related to the ability to generate net cash inflows.

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

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

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

(l) 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.

(m) Leased Assets

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

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

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

(n) Inventories

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

(o) Other Financial Assets

"Other financial assets" are generally recognised at cost.

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

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

(p) Financial Instruments

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

In accordance with Australian Accounting Standard AAS33, "Presentation and Disclosure of Financial Instruments", information is disclosed in Note 36 in respect of the credit risk and interest rate risk of financial instruments. All such amounts are carried in the accounts at net fair value. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

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

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

Terms and conditions: Monies on deposit attract an effective interest rate of approximately 4.17% as compared to 5.1% in the previous year.

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

Terms and conditions: Accounts are issued on 21 day terms.

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

Terms and conditions: Short term deposits have an average maturity of 4 days (4 days in 2000/01) and an effective interest rate of 4.42% as compared to 5.72% in the previous year. Fixed term deposits have an average maturity of 274 days (212 days in 2000/01) and effective interest rates of 4.9% to 5.2% as compared to 4.7% to 6.4% in the previous year.

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

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

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

Terms and conditions: Non interest bearing loans of $211,750 are repayable in a gross monthly installment of $17,645.83 with the final instalment due in June 2003. Repayments concerning interest bearing loans of $3,032,806.69 will be $383,686 in total during 02/03 at $31,973.83 per month. The interest rate charged on these loans is 7.75%, the same rate charged in the previous year.

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

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

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

(r) Interest bearing liabilities
All loans are valued at current capital value.

(s) Reclassification of Financial Information
"Lease and Rental Income" was recognised in prior year statements as Sale of Goods & Services whereas, from 2001/02, the Ambulance Service's reporting has been amended to comply with Whole of Government reporting and bring the revenue to account under Investment Income.

As a result of these changes the amounts for 2000/01 have been reclassified to ensure comparability.

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

(u) Proceeds on Sale and Leaseback of Ambulance Stations
The proceeds of the sale and leaseback of Ambulance Stations have been lodged to the credit of the NSW Health Department on behalf of the Ambulance Service of NSW. The proceeds will be used to fund infrastructure projects. The proceeds have been deducted from the Government Contributions in the Statement of Financial Performance.

	Actual 2002 $000	Actual 2001 $000
3. Employee Related Expenses		

Employee related expenses comprise the following:

	Actual 2002 $000	Actual 2001 $000
Salaries and Wages	166,887	158,913
Long Service Leave {see Note 2(b)}	5,038	4,115
Annual Leave {see Note 2(b)}	15,910	14,790
Sick Leave {see Note 24}	27	2
Redundancies	172	76
Workers' Compensation Insurance	11,312	10,327
Superannuation {see Note 2(c)}	15,622	15,136
Fringe Benefits Tax	3	146
	214,971	**203,505**

Salaries and Wages includes $82,006.16 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 2001.

The payments have been made within the following bands -

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

	Actual 2002 $000	Actual 2001 $000
Fees/Other benefits paid to Board Members excluding payments made in the nature of normal employee salary.	1	56

4. Goods and Services

	Actual 2002 $000	Actual 2001 $000
Cleaning and Laundry	1,037	986
Fuel, Light and Power	849	836
General Expenses	28,363	24,338
Insurance	1,024	2,289
Medical supplies	4,692	4,206
Postal and Telephone Costs	3,591	3,203
Printing and Stationery	566	510
Rental Rates and Charges	1,028	971
Staff Related Costs	215	214
Aeromedical	18,909	17,737
Travel Related Costs	626	593
	60,900	**55,883**

(a) General Expenses include:

	Actual 2002 $000	Actual 2001 $000
Catering Costs	329	333
Contractors	2,166	1,894
Consultancies - Operating Activities	585	710
Debt Collection	213	90
External Audit Fees	81	79
Fuel and Oil	3,864	4,652
Internal Audit Fees	71	158
Legal Expenses	112	118
Officers Uniforms	1,391	1,457
Operating Lease Expense	10,182	6,042
Doubtful Debts Expense	5,999	5,677
Rates	273	282
Relocation Costs	985	931
Vehicle Registration	558	522
Waste Disposal	199	174

	Actual 2002 $000	Actual 2001 $000
5. Maintenance		
Replacements and Additional Equipment less than $5,000	5,728	899
Renovations and Additional Works	2	10,448
Repairs & Routine Maintenance	8,755	4,427
	14,485	15,774
6. Depreciation Expense		
Depreciation - Buildings	4,175	4,008
Depreciation - Motor Vehicles and Aircraft	6,389	5,196
Depreciation - Plant and Equipment	3,357	3,599
	13,921	12,803
7. Grants and Subsidies		
Non-Government Organizations	352	337
8. Borrowing Costs		
Interest	261	231
9. Sale of Goods and Services		
Patient Transport Fees	61,911	60,789
Use of Ambulance Facilities	1,759	1,920
	63,670	62,709
10. Investment Income		
Interest	235	270
Lease and Rental Income	529	672
	764	942
11. Grants and Contributions		
Contributions	1,384	734
12. Other Revenue		
Other Revenue comprise the following:-		
Sundry Revenue	151	466
Subpoena/FOI	167	250
Bad Debts Recovered	300	118
	618	834
13. Gain/(Loss) on Disposal of Non-Current Assets		
Land and Buildings	13,743	1,226
Other Assets	11,552	7,146
Less Accumulated Depreciation	(16,100)	(7,336)
Written Down Value	9,195	1,036
Less Proceeds from Sale	19,701	1,063
Gain/(Loss) on Disposal of Non-Current Assets	10,506	27

14. Conditions on Contributions

	Purchase of Assets $000	Health Promotion Education & Research $000	Other $000	Total $000
Contributions recognised as revenues during current year for which expenditure in manner specified had not occurred as at balance date.	121	-	10	131
Contributions recognised in previous years which were not expended in the current financial year.	38	-	3	41
Total amount of unexpended Contributions as at balance date.	159	-	13	172

(Comment on restricted assets appears in Note 21)

15. Programs/Activities of the Agency

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

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

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

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

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

	Actual 2002 $000	Actual 2001 $000
16. Current Assets-Cash		
Cash at Bank and on Hand	267	48
Deposits at Call	2,403	2,480
	2,670	**2,528**

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

Cash (per Statement of Financial Position)	2,670	2,528
Bank Overdraft	(1,408)	(1,891)
Other Financial Assets - Cash Deposits	1,000	1,000
Closing Cash and Cash Equivalents (per Statement of Cash Flows)	**2,262**	**1,637**

17. Other Financial Assets

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

Cash Deposits	1,000	1,000

	Actual 2002 $000	Actual 2001 $000
18. Current/Non-Current Receivables		
Current		
(a) Sale of Goods and Services		
Patient Transport Fees	11,704	13,845
Prepayments	452	330
Other	971	1,271
NSW Health Department (asset sale proceeds)	32	1,271
	13,159	16,717
Less Provision for Doubtful Debts	(4,057)	(4,027)
Less Provision for Write backs	(3,046)	(2,499)
	6,056	**10,191**
Non-Current		
Prepayments	**511**	**517**
(b) Bad debts written-off during the year - current receivables	**5,969**	**5,075**
19. Inventories		
Current - at cost		
Uniform	284	296
Medical Supplies and Equipment	406	315
Fuel and Oil	244	248
Motor Vehicle Parts and Other	315	402
	1,249	**1,261**

20. Property, Plant and Equipment

	Land $000	Buildings $000	Capital Works In Progress $000	Plant and Equipment $000	Vehicles and Aircraft $000	Total $000
Gross Carrying Amount 1 July 2001						
At Valuation date Dec '97	30,440	125,276	-	-	-	**155,716**
At Cost	407	11,679	5,462	43,995	67,452	**128,995**
Revaluation adjustment	-	-	-	-	-	**-**
Asset adjusted on disposal	-	-	-	-	-	**-**
Adj. re. asset written-off	-	-	-	-	-	
Capital Expenditure/Donations {see note 2(i)}	-	-	5,337	-	-	**5,337**
Reclassifications	-	2,612	(8,536)	2,319	3,605	**-**
Disposals	(4,025)	(9,718)	-	-	(11,552)	**(25,295)**
At Valuation date Dec '97	26,415	115,558	-	-	-	**141,973**
At Cost	407	14,291	2,263	46,314	59,505	**122,780**
Balance at 30 June 2002	**26,822**	**129,849**	**2,263**	**46,314**	**59,505**	**264,753**
Accumulated Depreciation Balance 1 July 2001						
At Valuation date Dec '97	-	75,940	-	-	-	**75,940**
At Cost	-	300	-	20,755	42,280	**63,335**
Charge for the year {see note 2(j)}	-	4,175	-	3,357	6,389	**13,921**
Asset adjusted on disposal	-	-	-	-	-	**-**
Adj. re. asset written-off	-	-	-	(4)	-	**(4)**
Adjustment for disposals	-	(5,272)	-	-	(10,824)	**(16,096)**
Revaluation adjustment	-	-	-	-	-	**-**
At Valuation date Dec '97	-	74,843	-	-	-	**74,843**
At Cost	-	300	-	24,108	37,845	**62,253**
Balance at 30 June 2002	**-**	**75,143**	**-**	**24,108**	**37,845**	**137,096**
Carrying Amount at 30 June 2002	**26,822**	**54,706**	**2,263**	**22,206**	**21,660**	**127,657**

(i) Land and buildings include land owned by the NSW Health Department and administered by the Ambulance Service of NSW [See Note 2(h)].

(ii) Land and buildings were valued by the State Valuation Office on 31 December 1997 [See Note 2(k)].

(ii) Plant and equipment other than motor vehicles were valued by the Ambulance Service as at 30 June 2002 on the basis of depreciated cost.

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

	$000	Quantity
Ambulance Vehicles	11,695	183
Computer Equipment	3,566	12
Plant and Equipment	9,031	811
	24,292	1,006

(v) Amounts written-off from Work In Progress directly to the Statement of Financial Performance during the 01/02 financial year amounted to $8.595M. These write-off's occurred because the individual amounts were less than the $5,000 limit set by the Ambulance Service for capitalisation. The write-off's have not been included in the above analysis.

	Actual 2002 $000	Actual 2001 $000
21. Restricted Assets		
The Ambulance Service's financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions. Funds are to be spent on activities and equipment.	172	100

Category	Brief details of externally imposed conditions including Asset Category affected		
Activities	Funds to be spent as specified by donors	13	5
Equipment	Funds to be spent as specified by donors	159	95
		172	100

22. Payables		
Trade Creditors	8,676	7,552
Other Creditors		
- Capital Works	1,033	3,780
- Other	322	218
	10,031	11,550

23.Current/Non-Current Interest Bearing Liabilities		
(a) Current		
Other Loans and Deposits	384	-
Bank Overdraft	1,408	1,891
	1,792	1,891
(b) Non-Current		
Other Loans and Deposits	2,649	2,778

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

Repayments for the interest bearing loan of $3,032,806.69 will be $31,973.83 per month for the 02/03 financial year.

The Ambulance Service of NSW did not have the Treasurer's approval in terms of the Public Authorities (Financial Arrangements) Act, 1987 to loans of $2,990,000 at 30 June 2001 and $3,184,000 as at 30 June 2000.

Repayment of Borrowings

	Actual 2002 $000	Actual 2001 $000
Not later than one year	1,792	1,891
Between one and two years	384	2,778
Between two and five years	2,265	-
Total Borrowings at face value	4,441	4,669

24. Current/Non-Current - Employee Entitlements and Other Provisions		
(a) Current		
Employee Annual Leave	15,094	17,090
Employee Long Service Leave	3,259	2,673
Accrued Salaries and Wages	5,836	4,942
Taxation and Other Payroll Deductions	452	590
Aggregate employee entitlements	24,641	25,295
(b) Non-Current		
Employee Annual Leave	3,431	-
Employee Long Service Leave	33,175	31,975
Sick Leave	174	147
Aggregate employee entitlements	36,780	32,122

	Actual 2002 $000	Actual 2001 $000
25. Other Liabilities		
Current		
Income in Advance	387	156
Advances from NSW Health Department	212	212
	599	368

Income in Advance includes the following grants:
Evaluation of Cardiopulmonary Resucitation Training
Approaches, $10,637.50 - Donor: National Heart Foundation of Australia
Biphasic Trial, $17,000 - Donor: The Laerdal Foundation for Acute Medicine

Non Current		
Advances from NSW Health Department	-	212
	-	212

The final payments for non interest bearing loans of $211,750 from the NSW Health Department are due by 30 June 2003.

26. Equity

	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000
Balance at the beginning of the financial year	79,797	88,136	6,920	6,920	86,717	95,056
Result for the year from ordinary activities	(24,066)	(8,339)	-	-	(24,066)	(8,339)
Balance at the end of the financial year	**55,731**	**79,797**	**6,920**	**6,920**	**62,651**	**86,717**

	Actual 2002 $000	Actual 2001 $000
27. Commitments for Expenditure		
(a) Capital Commitments		
Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:		
Not later than one year	2,050	1,781
Total Capital Expenditure Commitments (including GST)	**2,050**	**1,781**

Of the commitments reported at 30 June 2002 it is expected that none will be met from locally generated moneys.

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

Not later than one year	1,220	774
Total Other Expenditure Commitments (including GST)	**1,220**	**774**

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

Not later than one year	12,912	11,227
Later than one year and not later than five years	43,134	37,015
Later than five years	16,224	18,710
Total Operating Lease Commitments (including GST)	**72,270**	**66,952**

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 $6.867M that are expected to be recoverable from the Australian Taxation Office.

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

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

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

The interim hindsight adjustment has now been effected for the 1998/99 year and resulted in a reduction in expenses of $2,375,745.

A contingent liability/asset may now exist in respect of the 1999/2000 and 2000/01 Workers' Compensation Fund years. The Treasury Managed Fund provides estimates as at 30 June each year and the latest available, viz those advised as at 30 June 2001 estimate that a liability of $595,641 is applicable as detailed below:

> 1999/00 Asset $386,219 to be received in 2002/03
> 2000/01 Liability $981,860 to be payable in 2003/04

This estimate however is subject to further actuarial calculation and a better indication of quantum will not be available until the last quarter of 2002.

(c) Fringe Benefits Tax
The Ambulance Service reported in the previous financial year that significant uncertainty existed as to the quantum of the financial liability that the Ambulance Service might incur concerning the Fringe Benefits Tax. The uncertainty involved the question of whether the Ambulance Service had the status of a Public Benevolent Institution and the matter was still before the courts. The Ambulance Service has now received advice that the Court has found in favour of the Australian Taxation Office.

The Ambulance Service completed its FBT return for the 01/02 FBT Year on the basis that the Ambulance Service would hold the same status as a public hospital, and the Ambulance Service will now consider the implications of the Court's decision on the 01/02 FBT return and future FBT returns. At this stage it is not possible to quantify the financial implications of the decision.

29. Charitable Fundraising Activities
The Ambulance Service of NSW did not conduct any direct fundraising activities during 2001/2002.

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

31. Reconciliation of Net Cost of Services to Net Cash Flows from Operating Activities	2002 $000	2001 $000
Net Cash Flows From Operating Activities	**(12,232)**	**5,086**
Adjustment for Items not involving Cash and Government Payments:		
Depreciation	(13,921)	(12,803)
Provision for Bad and Doubtful Debts	(5,999)	(4,477)
Acceptance by the Crown Entity of Superannuation Liability	(15,622)	(15,136)
Increase/(Decrease) in Inventories	(12)	(149)
Increase/(Decrease) in Receivables	3,281	8,986
Increase/(Decrease) in Prepayments	(184)	1,115
(Increase)/Decrease in Creditors	(1,459)	(1,301)
(NSW Health Department Recurrent Allocations)	(198,059)	(190,322)
(NSW Health Department Capital Allocations)	(9,206)	(9,490)
Asset Sale Proceeds Transferred to the NSW Health Department	19,005	-
Provision for Employee Entitlements	(4,003)	(4,805)
Net Gain/(Loss) on Disposal of Non-Current Assets	10,506	27
Borrowing costs	(43)	(18)
Net Cost of Services	**(227,948)**	**(223,287)**

32. 2001/2002 Voluntary Services

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

33. Unclaimed Monies

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

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

34. Budget Review

Net Cost of Services
The actual net cost of services was lower than budget by $10.97M mainly due to gain on disposal of land and buildings with increases in revenue offset by increases in goods and services.

Result for the Year from Ordinary Activities
The movement in accumulated funds for the year was higher than budget by $8.05M due to net cost of service movements, offset by asset sales proceeds transferred to the NSW Health Department.

Assets and Liabilities
Current Assets was lower than budget by $2.11M due to decreased receivables partly offset by an increase in cash.

Non-Current Assets was lower than budget by $9.00M due to disposal of land and buildings.

Current Liabilities was lower than budget by $3.06M due to a decrease in net payables and interest bearing liabilities.

Non-Current Liabilities was on budget.

Cash Flows
Net cash flows from operating activities was less than budget by $12.99M due to asset sales proceeds transferred to the NSW Health Department partly offset by increased receipts - other after GST gross-up.

Net cash flows from investing activities was $17.55M above budget due to increased sales of assets.

Movements in the level of NSW Health Department recurrent Allocation that have occurred since the time of the initial allocation on 31 August 2001 are as follows:

	$000
Initial Allocation, 31 August 2001	172,911
Award Increases	2,801
Helicopters	935
Metropolitan and Rural Initiatives	3,000
Transfer from Capital - RMR	2,603
Transfer from Capital Motor Vehicle Lease	5,397
Financial Framework	4,440
Other	5,972
Balance as per Statement of Financial Performance	198,059

35. After Balance Date Events

a) Awards
There will be a 4% salary increase from the first full pay period in January 2003. This will effect all Ambulance Awards in line with previously agreed to salary increases for Public Sector employees excluding Trades staff.

Trades staff will receive a 3% salary increase from the first full pay period after 1 July 2002.

36. Financial Instruments

(a) Interest Rate Risk

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

| Financial Instruments | Floating interest rate | | Fixed interest rate maturing in: | | | | | | Non-interest bearing | | Total carrying amount as per the Statement of Financial Position | | Weighted average effective interest rate* | |
| | | | 1 year or less | | Over 1 to 5 years | | More than 5 years | | | | | | | |
	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000	2002 %	2001 %
Financial Assets														
Cash	-	-	2,623	2,480	-	-	-	-	47	48	2,670	2,528	4.13	4.05
Receivables	-	-	-	-	-	-	-	-	6,567	10,708	6,567	10,708	N/A	N/A
Other Financial Assets	-	-	1,000	1,000	-	-	-	-	-	-	1,000	1,000	4.97	5.09
Total Financial Assets	-	-	3,623	3,480	-	-	-	-	6,614	10,756	10,237	14,236		
Financial Liabilities														
Borrowings - Other	1,408	1,891	-	-	3,033	2,778	-	-	212	424	4,653	5,093	7.75	7.75
Payables	-	-	-	-	-	-	-	-	10,031	11,550	10,031	11,550	N/A	N/A
Total Financial Liabilities	1,408	1,891	-	-	3,033	2,778	-	-	10,243	11,974	14,684	16,643		

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

b) Credit Risk

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

Credit Risk by classification of counterparty.

	Governments		Banks		Patients		Other		Total	
	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000
Financial Assets										
Cash	47	48	2,623	2,480	-	-	-	-	2,670	2,528
Receivables	32	1,271	-	-	4,601	7,319	1,934	2,118	6,567	10,708
Other Loans and Deposits	-	-	1,000	1,000	-	-	-	-	1,000	1,000
Total Financial Assets	**79**	**1,319**	**3,623**	**3,480**	**4,601**	**7,319**	**1,934**	**2,118**	**10,237**	**14,236**

There is no significant concentration of credit risk.

c) Net Fair Value

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

d) Derivative Financial Instruments

The Ambulance Service holds no Derivative Financial Instruments.

37. Compliance with Public Authorities (Financial Arrangements) Act 1987

Certain leases, disclosed as operating leases in Note 27 are considered to be finance leases. The impact on the Statement of Financial Performance and Statement of Financial Position is not considered to be material.

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

End of Audited Financial Statements.

Statutory and Other Information

Financial Summary

Payment of Accounts	30 June 02 $000	30 June 01 $000	30 June 00 $000
Total dollar amount of accounts paid on time	15,599	35,904	62,847
Total dollar amount of accounts paid	79,091	92,769	124,419
Average percentage of accounts paid on time	21%	36%	50%

Accounts Payable	30 June 02 $000	30 June 01 $000	30 June 00 $000
Trade Creditors and Accruals	8,676	7,552	6,533
Capital Creditors	1,033	3,780	2,049
Other	322	218	-
Salaries & Wages Creditors	390	359	735

Accounts Payable - Age Analysis as at 30 June 2002 (Includes both recurrent and capital creditors)	$000	%
Current and less than 30 days overdue	5,434	81%
30/60 days overdue	1,243	19%
60/90 days overdue	0	0%
Over 90 days overdue	0	0%
Total	**6,677**	**100%**

Accounts Receivable - Age Analysis as at 30 June 2002	$000	%
Current and less than 30 days	3,506	36%
More than 30 and less than 60 days	1,828	18%
More than 60 and less than 90 days	866	9%
More than 90 days	3,632	37%
Total	**9,832**	**100%**

The accounts receivable figures relate to patient transports fees and reflect the "gross" position (i.e., excluding the provision for doubtful debts) and unlike in previous years 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 $1.893M from the previous financial year due to an increase in the volume of patient transports and an increase in the charge rate for road transports. This will not necessarily equate to an increase in cash as many of the accounts that relate to emergency transports will prove to be uncollectable because:

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

- the accounts will be written off as bad debts.

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

- $583,000 for 1 month @4.50%, to mature on 4 July 2002

- $700,000 for 12 months @ 5.20%, to mature on 17 July 2002

- $350,000 for 90 days @ 4.50%, to mature on 12 August 2002

- $300,000 for 183 days @ 4.85%, to mature on 19 November 2002

Interest amounting to $75,922.86 was earned on Special Purpose and Trust Fund investments during the financial year.

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

Liability Management Performance
The 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 $18.525M
Long Service Leave $36.434M

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

- *RCC Consultants Limited* - technical support to an Operations Centres Review: $35,166
- *Lewis Cadman Consulting* - recruitment program: $59,380
- *Deloitte Touche Tohmatsu* - professional fees associated with Operations Centres Review: $115,352
- *Axis Technology* - Information management and technology services concerning the Patient Health Care Records system: $285,224

Number of Consultancies costing less than $30,000 in expenditure: 14 Consultancies costing $89,602 in total.

Overseas Visits
George Smith
2002 Australian Disaster Medicine Group Conference (NZ). 18/4/02 to 19/4/02

Dr Michael Flynn
2002 Australian Disaster Medicine Group Conference (NZ). 18/4/02 to 19/4/02

David Cooper
2002 Australian Disaster Medicine Group Conference (NZ). 18/4/02 to 19/4/02

Peter Pilon
The Advanced Medical Priority Dispatch Systems Conference, study tour and site visits (USA). 24/8/01 to 14/9/01

Graeme Malone
Study Tour and Ambex 2002 Conference (UK). 19/6/02 to 1/7/02

Publications of the ASNSW
The ASNSW produces a variety of community education brochures, posters and booklets in addition to the main publications listed below, many of which are published on the ASNSWs website at www.asnsw.health.nsw.gov.au
- Annual Report
- Best Again!
- Code of Conduct
- Sirens
- Recruitment Application Information Pack
- Summary of Operational Review Draft Interim Report for Sydney
- Summary of Operational Review for Sydney
- Summary of Operational Review for Rural New South Wales
- NSW Telehealth Newsletter titled "Telehealth with the Ambulance Service of New South Wales"

Legislation

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

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

Consumer Response

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

Waste Reduction and Purchasing Policy (WRAPP)

Legislation was introduced in October 2001 under the Waste Avoidance and Recovery Act to support the NSW Government's program of waste reforms. Schedule 3 of the Act requires all State Government agencies to provide a statement on the implementation of WRAPP within their annual report, including information on measures taken and progress in reducing the generation of waste, resource recovery and the use of recycled material.

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

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

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

The use of recycled material (purchase of recycled content materials)
- identify opportunities to substitute virgin products with recycled content alternatives

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

The ASNSW participates in a recycling program at administrative offices, operational offices and stations throughout the State where recycling contractors are available. During 2001/02, approximately 35 tonnes of paper and paper products and approximately 829 toner cartridges were collected from ASNSW facilities for recycling.

Senior Executive Service Positions

The ASNSWs senior management structure contained nine Senior Executive Service (SES) positions as at 30 June 2002. Included are details of their period in the position.

Greg Rochford,
Chief Executive Officer, SES level 5
(16/08/99 - 30/06/02)
Strategic initiatives
- "Best Again" - future directions strategy completed, endorsed by Board and released to staff
- Organisational restructure progressed to Divisional level with recruitment and senior executive appointments completed
- The ASNSWs first full Asset Strategic Plan completed and reinvestment strategy successfully implemented
- Full review of Ambulance operations completed in concert with staff and union. Implementation of the Sydney reforms has advanced, regional recommendations and review of the four operations centres released to staff
- Risk Management Plan developed and endorsed
- Corruption Resistance undertaken with ICAC with positive findings

Management accountability
- Response times within 10 minutes improved across NSW by 11.4 per cent while managing a 5.6 per cent increase in total activity
- Performance management system for senior managers, incorporating annual review against agreed objectives
- Improved industrial environment maintained in cooperation with unions through a network of eight Ambulance Advisory Councils for engaging stakeholders on key reform areas
- Ongoing commitment to open staff communication reinforced through statewide workshops

Robert Gray,
General Manager, Corporate Services, SES level 3
(31/05/99 - 30/06/02)
Steve Whinfield,
General Manager, Operations, SES level 3
(05/02/01 - 30/06/02)
Mike Willis,
Director, Operational Services, SES level 2 (equivalent)
(14/10/2000 - 30/06/02)
David Hodge,
Director, Operational Strategy, SES level 2 (equivalent)
(25/02/02 - 30/06/02)
Eric Marks,
Divisional Manager, Sydney Division, SES level 1 (equivalent)
(12/05/02 - 30/06/02)
Allan Loudfoot,
Divisional Manager, Northern Division, SES level 1 (equivalent)
(11/03/02 - 30/06/02)
Denis Beavan,
Divisional Manager, Southern Division, SES level 1 (equivalent)
(25/02/02 - 30/06/02)
Dennis Willis,
Divisional Manager, Western Division, SES level 1 (equivalent)
(25/02/02 - 30/06/02)
Michael Flynn,
General Manager, Health Services Development and Planning, Salaried Medical Practitioner
(19/02/01 - 30/06/02)

Statement of Affairs

Section 14(1)(a) of the Freedom of Information Act requires a Statement of Affairs of the agency to be published every 12 months. The ASNSW's Statement of Affairs is incorporated within this Annual Report as is a description of the ASNSW's structure and functions. The ASNSW has a direct effect on the general public by providing quality emergency clinical care, rescue and patient transport to assist in improving the health and well being of the people of New South Wales. The ASNSW has several committees, as listed in this Report, which assist with policy development within the ASNSW. The Freedom of Information Act allows a member of the public the right to apply for records to be amended if they are out of date, misleading, incorrect or incomplete. Members of the public can request to have records amended by applying in writing to:

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

Freedom of Information

FOI applications during 2001/02 decreased by 11 compared with the previous year. There was no significant impact during the year of FOI requirements on the ASNSW'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

	2001/02		2000/01	
	Personal	Other	Personal	Other
Granted in full	22	1	26	1
Granted in part	0	0	2	0
Refused	6	1	9	3
Deferred	0	0	0	0
Completed	28	2	37	4

Costs and fees of requests processed

	2001/02		2000/01	
	Assessed costs	FOI fees received	Assessed costs	FOI fees received
All completed requests	22	1	26	1

Access Refused - FOI requests granted in part or refused

	2001/02		2000/01	
	Personal	Other	Personal	Other
Basis				
Section 16(a)(111)	-	-	0	2
Section 25(1)(c)	3	0	-	-
Section 27(6)	2	1	-	-
Section 28 (1)(b)	1	0	9	1

Discounts allowed

	2001/02		2000/01	
	Personal	Other	Personal	Other
Financial hardship - personal	2	0	1	0

Significant Correction of Personal Records

	2001/02		2000/01	
	Personal	Other	Personal	Other
	0	0	0	0

Days to process

	2001/02		2000/01	
	Personal	Other	Personal	Other
0 - 21 days	28	1	29	4
22 - 35 days	0	1	3	0
Over 35 days	0	0	5	0
Total	28	2	37	4

New FOI requests

	2001/02		2000/01	
	Personal	Other	Personal	Other
New	28	2	37	4
Brought forward	0	0	0	0
Total to be processed	28	2	37	4
Completed	28	2	37	4
Transferred out	0	0	0	0
Withdrawn	0	0	0	0
Total processed	28	2	37	4
Unfinsihed (carried forward)	0	0	0	0

Workforce Statistics
Full Time Equivalent

Staff	2001/02*	2000/01	1999/00	1998/99
Uniformed	2,701	2,662	2,585	2,524
Non Uniformed	279	272	390	434
Senior Executives	3**	8**	2	3
Total	2,983	2,942	2,977	2,961

Notes:

* Supernumerary staff are not reflected in the above figures.

** Senior Executives for 2000/01 included Senior Executive Service and equivalent positions, plus a Senior Medical Specialist and the Director, Finance and Data Services. Senior Executives now only include the Senior Executive Service positions of CEO, General Manager (Corporate Services) and General Manager (Operations).

The number and percentages of employees by employment category as at 30 June 2002 are shown in the table below:

Uniformed	% of Workforce	Number
Ambulance Officers	71.7%	2,139
Station Officers	8.8%	262
Assistant Operational Managers	1.7%	51
Air Ambulance Coordinators	0.3%	9
Operational Managers	1.8%	54
Patient Transport Officers	2.3%	69
Educators	0.6%	18
Flight Nurses	0.6%	18
Communications Assistants	2.7%	81
Sub Total	90.5%	2,701
Non-Uniformed		
Sub Total	9.4%	279
Senior Executives	0.1%	3
TOTAL	100%	2,983

Table A details the profile of the ASNSW workforce and EEO groups by salary level.
Table B illustrates the improved recruitment ratios of each EEO group.
Both tables exclude SES and SES equivalent.

Table A: Percentage of Total staff by Salary Level

Level	Total Staff	Subgroup as a Percentage of Total Staff at each Level							
		Staff responding to EEO data form (Respondents) only)	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
< $26,802	.5%	43%	86%	14%					
$26,802 - $35,202	14.7%	65%	57%	43%	2.1%	7%	7%	2%	
$35,203 - $39,354	30.5%	46%	67%	33%	0.7%	8%	6%	3%	0.2%
$39,355 - $49,799	50.0%	50%	86%	14%	1.7%	4%	2%	5%	1.5%
$49,800 - $64,400	2.9%	58%	80%	20%	2.0%	14%	4%	8%	4.0%
$64,401 - $80,499	.5%	69%	44%	56%		27%	18%	27%	18.2%
> $80,499 (non-SES)	.9%	63%	88%	13%				7%	
> $80,499 (SES)									
TOTAL	100%	51%	75%	25%	1.5%	6%	4%	5%	1%

Note: Salary levels signify base wage levels. Approximately 80% of the workforce would average an additional 20% loading for shift work.

Table B: Total Percentage of Staff Recruited during the Period by Salary Level

Level	Total Recruits (Number)	Subgroup as a Percentage of Total Staff at each Level			Subgroup as Estimated Percentage of Total Staff at each Level				
		Respondents	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Religious Minority Groups	People whose Language first Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work -related Adjustment
< $26,802	3.6%	29%	29%	71%		50%			
$26,802 - $35,202	87%	90%	54%	46%	3.3%	10%	6%		
$35,203 - $39,354	2.6%	40%	80%	20%					
$39,355 - $49,799	2.1%	50%		100%		50%	50%		
$49,800 - $64,400	3.1%	67%	33%	67%		25%			
$64,401 - $80,499									
> $80,499 (non-SES)	1.6%	100%	100%						
> $80,499 (SES)									
TOTAL	**100%**	**85%**	**53%**	**47%**	**2.9%**	**12%**	**6%**		

Note: Salary levels signify base wage levels. Approximately 80% of the workforce would average an additional 20% loading for shift work.

Workers' Compensation

During 2001/02 there were 663 workers compensation claims lodged which are categorised below:

Category	2001/02 Number	2000/01 Number
Body Stress	344	444
Hit by Object(s)	100	98
Fall/Slip	75	63
Exposure (Infectious)	68	63
Vehicle	38	33
Mental Stress	28	51
Bite	6	11
Objects - Moving	4	9
Other	-	8
Total	663	780

Treasury Managed Fund

- The Workers Compensation premium deficit for the ASNSW in 2001/02 was $1,487,936. The deposit premium for workers compensation paid by the ASNSW in 2001/02 was $13,687,759 and is based on claims experience and total claims costs incurred for the past two financial years.
- The Motor Vehicle premium surplus for the ASNSW in 2001/02 was $869,897. The deposit premium for motor vehicles paid by the ASNSW in 2001/02 was $7,446,524.
- Public Liability and Property Insurance premiums continue to remain within NSW Health's overall coverage.

Courses conducted for Clinical Staff 2001/02

Course	No. of Courses	No. of Students
Patient Transport	2	47
Induction	5	157
Level Two (Inservice 1)	8	140
Level Three (Inservice 2)	9	176
Re-employment	1	10
Total Primary Care	**25**	**530**
Advanced Life Support	2	32
Paramedic	0	0
Level 4/5 1st Recert	3	38
Total	**5**	**70**
Level 3/4/5 1st Recert	57	531
Sydney Combined Recert	42	318
Level 3 Upgrade	-	358
Clinical Assistance Programs	29	31
4x4 Driver Training	8	58
Bushcraft	0	0
Voluntary Tutorials	28	43
Outside Organisations	16	124
First Aid Training	4	18
Clinical Support Groups (QA)	0	0
CBR	10	147
Attendance at Meetings (station)	45	-
Training Needs Analysis	6	6
Special Training Courses	53	222
Train the Trainer	1	11
Total Clinical other	**299**	**1,867**

Major Outside Organisation Lectures (AEC)

- Charles Sturt University
- University of New South Wales
- University of Sydney - College of General Practitioners
- Newcastle University
- New South Wales Police Service
- Royal Life Saving Society

Capital Works

Major Works in Progress

Redevelopment of Queanbeyan Ambulance Station on Queanbeyan Health Service site

Estimated total cost: $800,000
Cost to date: $26,000
Estimated completion date:
September 2003

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

Real Property Disposals

Eleven properties were disposed of during the financial year for a total value of $17,587,500. These include a replaced ambulance station at Bowral, surplus workshop premises at Kelso and vacant land at Bourke. Ambulance station premises at Ryde and Castle Hill were no longer suitable locations for delivery of services and were also sold.

Ambulance stations at Avalon, Balgowlah, Bankstown, Katoomba, Lane Cove, Marrickville, Richmond and St Ives were sold under a sale and long term lease back program. The sale and lease back program was implemented following a property asset review conducted in response to the Auditor-General's report, which suggested that the ASNSW's asset base could be better managed. Consequently, the purpose of the property asset review was to establish the appropriateness of the ASNSW's existing property assets in relation to the needs of the ASNSW and to identify commercial opportunities that may relate to specific properties.

No properties valued at over $5,000,000 were sold. There are no family or business connections between purchasers of the properties and the person responsible for approving the disposals. Sales proceeds after costs will be used to support maintenance programs and improve the ASNSW's infrastructure stock generally.

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

Major Assets

The ASNSWs major assets, other than landholdings, are listed below. Major assets are those valued at over $500,000. Major assets acquired or transferred to the ASNSW during 2001/02 are separately listed.

Vehicles & Aircraft

Aircraft - Beechcraft B200C - VH AMB
Aircraft - Beechcraft B200C - VH AMM
Aircraft - Beechcraft B200C - VH AMR
Aircraft - Beechcraft B200C - VH AMS

Buildings

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

Plant & Equipment

MDT-AVL
Communications Network - Northern
Computer Aided Call Taking
 and Dispatch System
Communications Network - Sydney
Communications Network - Western NSW
Communications Network - Northern NSW
Communications Network - Southern NSW

Assets acquired or transferred during 2001/02

Bowral Station
Coffs Harbour Station Complex

Committees of the ASNSW

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

Management Strategy Committees
- Area Health Service Committees
- Bed Management Committees
- CAD Steering Committee
- Central Sydney Operations Group
- Convention of Ambulance Authorities
- Corruption Prevention Network
- Critical Care Committee
- Emergency Department Implementation Steering Committee
- Integrated Bed Management Committees
- Medical Advisory Committee
- Mental Health Liaison Committees
- Medical Priority Dispatch Grid Determination Committee
- Medical Priority Dispatch Review Committee
- Medical Priority Dispatch Change Management Committee
- Occupational Health & Safety Committee
- Perfecting Health Care Delivery Committee
- Protocol Committee
- Retrieval Advisory Group
- Rozelle Hospital Response Committee
- State Emergency Management Committee
- State Rescue Board
- Statewide Complaints Data Collection Management Committee
- Statewide Trauma Services Advisory Committee

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

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

Ad-hoc Committees
- 2001/02 Annual Report Steering Committee
- ANSTO Local Liaison Working Party
- Australian Ambulance Education Council
- Charles Sturt University Courses Committee
- Doyalson Project Committee
- Eastern Distributor Emergency Planning Committee
- Education & Training Professional Standards Group
- Hamilton Refurbishment Team
- MARDAP Committee
- M5 East Extension Committee
- Mooney Mooney Wharf Steering Committee
- Premier's Executive Planning Committee
- Professional Standards and Conduct Committee
- Sydney University & University of NSW Emergency Management Committees
- Trainee Support Committee

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

A/O	Norman ALDEN
A/O	John BARTLEY
A/O	Peter BARTON
A/O	Raymond BLOOMFIELD
A/O	Carol BOND
A/O	Warren BOSTOCK
A/O	Jacobus BRONKHURST
A/O	Graham CATHRO
A/O	Grieg CHAPMAN
A/O	Guy CHRISTENSEN
A/O	Cheryl CLEMENTS
A/O	Warren COCHRAN
A/O	John COLQUHOUN
A/O	Adrian DATE
A/O	Graham DAVIES
A/O	Graham DEBENHAM
A/O	John DIXON
A/O	Peter DUMAS
A/O	Gary DYSON
A/O	Malcolm EADIE
A/O	Stephen ELLIOTT
A/O	Nicole FLETCHER
A/O	Barbara FORD
A/O	Beverley FORT
A/O	Walter GEORGE
S/O	Stephen GILES
A/O	Peter HANDLER
A/O	Rodney HANNAN
A/O	Gerard HAYES
A/O	Brian HEAPY
A/O	Cristoph HENNING
A/O	Peter HIGGINS
A/O	Digby HOLDSWORTH
A/O	Arthur HURST
A/O	Tania HURST
A/O	Stephen KARGER
A/O	Andrew KESHWAN
A/O	Stephen MARKS
A/O	Karen MARTIN
A/O	Andrew MAYER
A/O	Tina McCARTHY
A/O	Thomas McDONALD
A/O	Warren McINERNEY
A/O	Paul MERCHANT
A/O	Joan MOFFETT
A/O	David MORAN
S/O	Dominic MORGAN
A/O	Carolyn MOSHER
A/O	Kenneth NOWLAND
A/O	Raymond O'BRIEN
A/O	Craig PACKER
A/O	Laurence PARKER
A/O	Darren PENNY
S/O	James PORTER
A/O	Gregory POWELL
A/O	Wayne POWER

S/O	Colin RAMPLING
A/O	Mark REES
A/O	Andrew RENGGER
A/O	Joanne ROGERSON
A/O	Dean SMITH
A/O	Nigel SMITH
A/O	Paul SMITH
A/O	Anthony STEEDMAN
A/O	Mark STEER
A/O	Andrew STEPHENS
A/O	Faye STOCKMAN
A/O	Allan SUMMERS
A/O	Stephen TALBOT
A/O	Norman TALLON
A/O	Kerry THOMPSON
S/O	Kim TONKIN
A/O	Murray TRAYNOR
A/O	Neil WALKER
A/O	Graeme WATTS
A/O	Christopher WEBB
A/O	Peter WEST
A/O	Eric WOOD

1st Clasp to the National Medal
For recognition of 25 years diligent service by uniformed officers.

S/O	Graham BELL
S/O	David BICKLEY
A/O	Ralph BLACK
A/O	John BROSZ
A/O	Gerard BUCKLEY
A/O	John CLARY
S/O	Robert CRAMPTON
A/O	Edward CRAWFORD
A/O	Ian DUDDY
A/O	Garry FRANCIS
S/O	Jeffrey GAMBLE
D/O	Geoffrey GARRETT
A/O	Howard GASMIER
S/O	Terry GODING
S/O	Robert GREENTREE
S/O	Colin HONEYMAN
A/O	Alan JENKINS
S/O	Raymond JOHNSTON
A/O	Phillip JONES
A/O	Brian JONES
A/O	Brian KERNAGHAN
A/O	Leo KEYS
A/O	Charles KIMMINGS
A/O	Robert KNIGHT
A/O	Russell LEWIS
A/O	Richard MacFARLANE
A/O	Roderick MARKS
A/O	Paul McCURDY
A/O	Alistair McGREGOR
A/O	James McNEILL
A/O	Leslie McTACKETT
A/O	Christopher MILLER
A/O	Allen MOORE
S/O	Terry MOORE

A/O	George MULLER
Supt	Peter PILON
A/O	John PLAYFORD
A/O	John POLAK
S/O	Daniel PRATT
S/O	Keith REES
S/O	John RISPEN
A/O	Peter SAUER
S/O	Allan SIMPKINS
S/O	Norman SPALDING
Supt	John STONESTREET
A/O	Anthony VELLA
A/O	Brian WINDOW
A/O	David WINTON

2nd Clasp to the National Medal
For recognition of 35 years diligent service by uniformed officers.

A/O	David ANTAW
S/O	Rodney BLACKBURN
D/O	Geoffrey GARRETT
A/O	Robert GILBERT
A/O	George KEANE
Supt	Terry MCDERMOTT
S/O	Ronald SAWYER
A/O	Graham SYMES
S/O	Trevor THOMPSON
S/O	Kenneth WHEELER

3rd Clasp to the National Medal
For recognition of 45 years diligent service by uniformed officers.

S/O	Phillip GOODWIN
A/O	Kenneth McLENNAN

Ambulance Service Medal
For recognition of 15 years diligent service by non-uniformed staff.

Wendy ARTHUR - Payroll Clerk
Maxwell HARRIS - Debt Recovery Officer
Edward JOHNS - Mechanic
Rodney JONES - Artisan
Anna LUU - Records Clerk
Thomas LYNCH - Storeman
Paul MERCER - Mechanic
Sharda MUDALIAR - Finance Clerk
Gregory OWENS - Mechanic
Peter RAZOV - Records Clerk
Geoffrey RYAN - Mechanic
Shauna SCOTT - Communications Assistant
Marie STRAITON - Debtor Supervisor
Michael TOBIN - Flight Nurse
Stephen WHEELER - L/Hand Mechanic

1st Clasp to Ambulance Service Medal
For recognition of 25 years diligent service by non-uniformed staff.

Ian BENNETT - Mechanic
John COOK - Admin Manager
Darcy KENNEDY - Relief Clerk
Janet MAUGHAN - CAD Assistant
John ROCKLIFF - Mechanic
Roslyn SOLOMON - EDP Coordinator
Anne SWEENEY - Receptionist
Margaret TOBIN - Payroll Clerk

Ambulance Service Medal (ASM) of the Order of Australia

Supt Graham WEBSTER (Retired)
Supt Graeme MALONE (AEC)
A/O Keith WILLIAMS

General Manager Operations Commendation

A/O Dean ALCHIN
A/O Harry GATT
A/O Kerry MONTGOMERY
A/O John NINNES
A/O Tim THISTLETON

Distinguished Service Medal
A/O Ben MEADLEY

Royal Humane Society of NSW Awards

S/O Paul FEATHERSTONE
A/O Alexander LAW
S/O Murray TRAYNOR
A/O Chris WILKINSON

Royal Life Saving Society (NSW)
Awarded to those who have displayed outstanding initiative, expertise and empathy towards their fellow human beings by applying life saving skills, mostly in emergency situations and sometimes at risk to themselves.

A/O Brian LAWSON

St John Ambulance Australia (NSW)
Emergency Services Award
In recognition of extraordinary first aid services executed while on duty.

D/O John ELLEMS
A/O Trevor GREEN
Norm GULLICK
(on behalf of ASNSW Band)

Volunteer Services
The ASNSW has 32 peer support officers, who are uniformed staff that provide an early intervention service, out-of-hours on most occasions, to colleagues who experience stress as a result of exposure to traumatic workplace incidents. Peer support officers spent around 1,000 hours providing support during the year.

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

In regional and rural areas, a workforce of 86 honorary ambulance officers provide first aid to the sick and injured and first response to incidents in remote areas where back up is not always readily available.

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

Ambulance Service of New South Wales Band
In 1985, the then Health Minister, commissioned the Ambulance Service of New South Wales Band at the opening of a wing in the St. George Hospital.

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

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

Contact Details

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

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

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

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

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

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

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

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

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

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

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

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

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

Northern Rivers
212-220 Keen Street
Lismore NSW 2480
Telephone: (02) 6621 2128
Facsimile: (02) 6622 1606

Northern Operations Centre
1A Dudley Road
Charlestown NSW 2290
Postal Address: PO Box 17,
Hamilton NSW 2303
Telephone: (02) 4947 5441
Facsimile: (02) 4947 5448
24 hours - 7 days a week

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

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

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

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

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

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

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

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

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

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

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

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

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

Index