

SA Ambulance Service

Annual Report

2015–16



Government
of South Australia

SA Health



SA
Ambulance
Service

For more information

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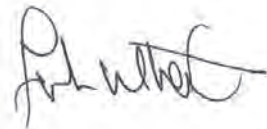
The Hon. Jack Snelling M.P.
Minister for Health

Dear Minister

In accordance with the *Public Sector Act 2009*, the *Public Finance Audit Act 1987* and the *Health Care Act 2008*, I am pleased to submit SA Ambulance Service's 2015–16 Annual Report and financial statements for presentation to Parliament.

This report provides an accurate account of the operations of SA Ambulance Service for the financial year ending 30 June 2016, in compliance with the Department of the Premier and Cabinet Circular PC013 Annual Reporting Requirements.

Yours sincerely



Jason Killens
Chief Executive Officer
30 September 2016



Vision

The community of South Australia is secure in the quality of service provided by their ambulance service.

Mission

To save lives, reduce suffering, and enhance quality of life, through the provision of accessible and responsive quality patient care and transport.

Values

We value our reputation and professional profile and these values influence the way our business is conducted and how our organisation is managed.

We do this with accountability, integrity and innovation.

We value the passion, effectiveness and potential of our people, and their need to feel valued and respected.



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SA Health



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1.0 Chief Executive Officer's report

This year, SA Ambulance Service (SAAS) strengthened its resilience and embraced the need to change how we deliver our service to the community. Shifting demands on the service have inspired SAAS to consider how it will meet the current and future needs of South Australian communities, whether it be in a regional centre like Ceduna in the far north or metropolitan areas experiencing significant population growth like Noarlunga.

In 2015-16 SAAS embarked on developing a new strategic plan for the next three years. A key focus during this period was direct engagement with almost 900 staff and stakeholders at more than 40 planning workshops held across the state. The plan will be driven by our people for both them and our patients and underpin our evolving service delivery model, focusing on clinical excellence, primary health care, access to technology and integration with SA Health.

SAAS also commissioned an independent, state-wide review of service delivery and capacity this year to be completed in the second half of 2016. The review will inform consultation and the development of a service delivery model that best meets the needs of our communities, now and into the future through to 2021. Ultimately, this will help us be a more responsive, effective and efficient ambulance service.

This year SAAS staff, along with our emergency services colleagues, demonstrated an unwavering dedication to the community as the Pinery bushfires ravaged our state's mid-north. SAAS's workforce including volunteers, Emergency Operations Centre staff, support services teams and senior management contributed to the extensive response effort, proving why our number one asset is our people.

On average, SAAS's year-on-year workload increases by approximately four percent. This financial year, while overall workload increased by just over two percent, the number of emergency incidents grew by almost six percent.

To meet this growth in demand we boosted SAAS frontline resources by 46.4 FTE staff in early 2016 when permanent annual funding of \$4.5 million was confirmed. SAAS also recruited an additional six paramedics in June 2016, and will recruit another 23 paramedics later in the year. Further funding has also been committed under the State Government's 'Transforming Health' plan for approximately 72 FTE frontline paramedic and support staff.

SAAS strives to ensure that its service delivery can consistently meet the needs of regional communities, has the flexibility to adapt to changing regional environments, and supports the needs and welfare of staff.

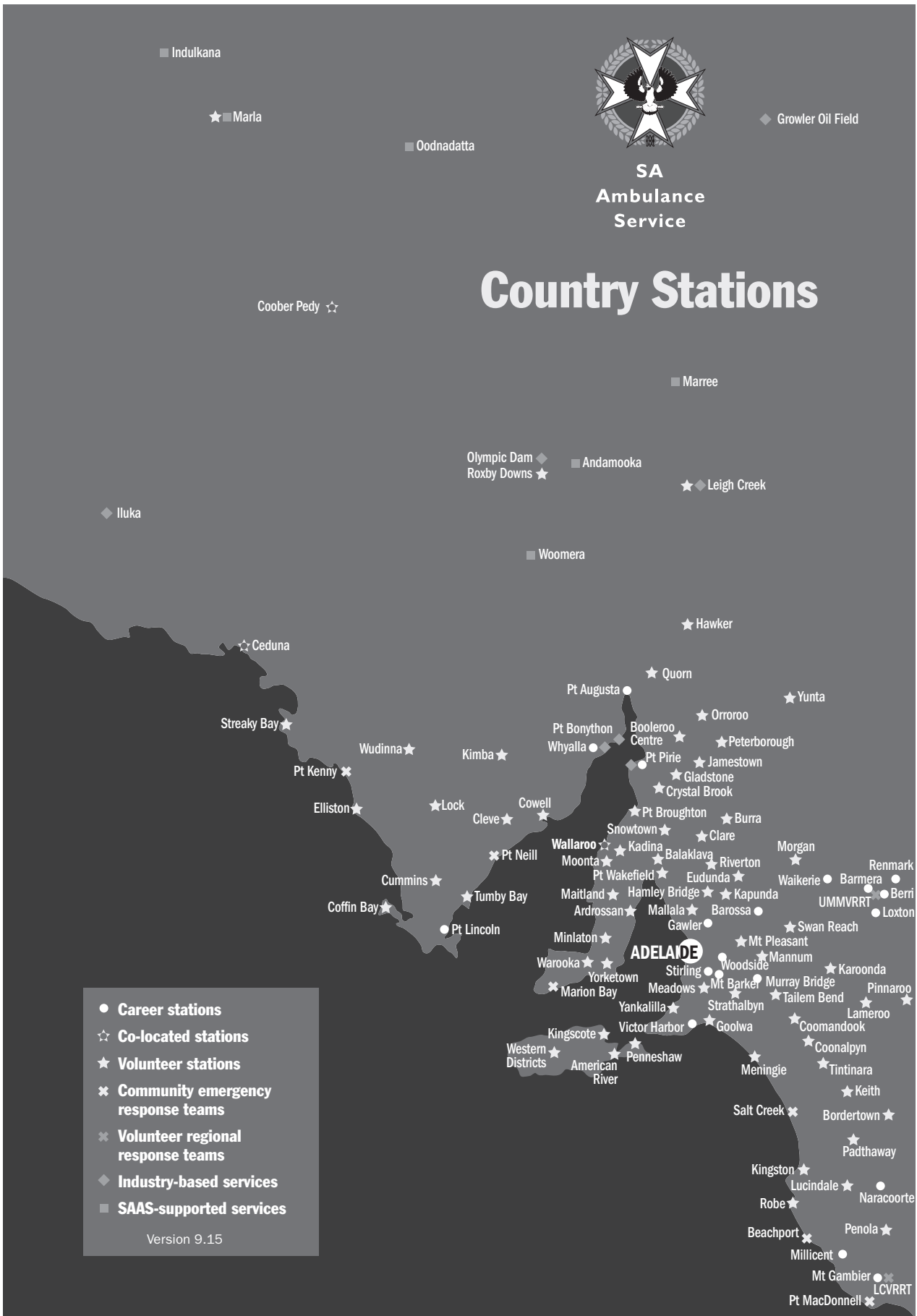
SAAS volunteer staff members are the heart of service delivery in our state's rural and remote communities. This year about 1 450 operational and non-operational volunteer staff members—half of SAAS's entire workforce—gave generously of their time providing over a million hours of roster cover to our country emergency ambulance fleet. Ten of these volunteers were acknowledged for achieving 25 years of service. It's an inspiring achievement and an extraordinary show of altruism.

It has been an exciting year to lead SAAS; we're moving forward, and it's our people who are enabling this progression. We're on the cusp of an important period of transformation that is focused on improving the service that we provide to the patients we care for across all South Australian communities.

Jason Killens

Chief Executive Officer





2.0 Highlights

SA's Health Care Plan promises to reform our health system so that it meets the health challenges of an ageing population, increasing incidence of chronic diseases, and ageing infrastructure. SAAS's annual report 2015–16 provides an ideal opportunity to report on the steps taken by the organisation towards achieving these targets in the last year. Furthermore, SAAS bases its targets on South Australia's Strategic Plan; SAAS's new strategic direction will be guided by the economic and strategic priorities it prescribes.

With the commencement of a new Chief Executive Officer in October 2015 and an increasingly diverse executive leadership team, the 2015–16 financial year set the scene for a progressive, innovative ambulance service. New initiatives including social media platforms, volunteer-focussed projects, gritty public awareness campaigns, introduction of decision support software for Extended Care Paramedics (ECPs) and state-of-the-art resources like the new Ambus all support SAAS's focus on becoming more efficient and effective in delivery of pre-hospital services across the state.

Improvements to infrastructure were key for SAAS this year, with one new ambulance station becoming operational, two entering the construction phase, and plans progressing well for a further two. This infrastructure will play a key role in supporting initiatives under SA Health's Transforming Health plan to improve the state's health care system now, and into the future.

2.1 Our people

- > Since its launch in May 2015, the joint SAAS and SA Health 'Hands off our ambos' campaign contributed to a 33 percent reduction in the number of violence and aggression incidents reported by SAAS staff.
- > Twenty-one new volunteer-specific projects were established to ensure the needs of volunteer staff members are being met, as well as improving volunteer retention and recruitment.
- > A new annual study assistance initiative was introduced offering up to \$5 000 for two volunteer ambulance officers to assist with their paramedic studies.
- > Frontline resources were boosted by 46.4 FTE when permanent annual funding of \$4.5 million was confirmed by SA Health to convert SAAS's temporary Financially Self-Sustainable Surge Capacity Crewing plan to a permanent arrangement.
- > Fourteen new Emergency Medical Dispatch Support Officers (EMDSOs) started in SAAS's Emergency Operations Centre (EOC) to receive triple zero (000) calls and provide life-saving first-aid advice over the phone.
- > In partnership with the Department of Health and Ageing (DHA), SAAS began development of a Disability Access and Inclusion Plan to help improve disability awareness and equip SAAS staff with tools to best care for and support colleagues and patients with disabilities.

2.2 Leadership

- > SAAS's new Chief Executive Officer commenced on 6 October 2015. Two new operations directors also commenced this financial year including:
 - o Director, Operations (Metropolitan) - commenced 3 July 2015
 - o Director, Operations (Country) - commenced 20 July 2015.
- > SAAS held three Senior Leadership Team Briefing events this year providing a forum for team leaders and managers to be informed about, and engage with key organisational issues and upcoming challenges.
- > The SAAS executive management team and senior directors commenced a 12-month leadership development program to further enhance skills across the organisation.

- > The SAAS Young Professionals Group (YPG) were active in their role of empowering and supporting SAAS's young professionals by creating opportunities for growth through professional development and other activities.
- > A number of operational and non-operational management staff were supported in their leadership journey through SAAS contributions to post-graduate study.

2.3 Service delivery

- > SAAS commissioned Australia's first ambulance bus into service with the primary function of transferring multiple patients in one journey between country and metropolitan hospitals.
- > New decision support software was implemented for ECPs operating in the EOC allowing them to assess patient's clinical needs over the phone and identify the most appropriate type of care.
- > The new \$3.6 million Oakden ambulance station was completed and became operational in June. Crewed 24 hours a day, seven days a week, the station will ensure the best possible ambulance response to the growing northern community.
- > Entering its final stages of construction in June 2016, the new \$5.3 million Noarlunga ambulance station is scheduled to be operational by early September 2016. Funding of \$4.5 million was committed to the project with an additional \$0.8 million allocated under Transforming Health for extra facilities.
- > Construction of a new \$0.9 million ambulance station will soon commence on the same site as the Country Fire Service (CFS) station in Seaford.
- > Construction began on the new state-of-the-art aeromedical base for the Rescue, Retrieval and Aviation Services (RRAS) Directorate at Adelaide Airport's Emergency Services precinct.
- > Utilising funding allocated under Transforming Health, land was acquired in Parafield in the metropolitan north for a new ambulance station, and work continues to locate suitable land for a second new station in the western suburbs.
- > SAAS MedSTAR carried out 30 percent more paediatric and neonatal retrieval missions in 2015-16 than in the previous year demonstrating the critical and growing importance of this service for our state's most delicate patients.
- > SAAS began the roll-out of a four year Community Paramedicine pilot program designed to connect more patients to the most suitable community health care option in regional areas.
- > Thanks to \$15.5 million in State Government funding, procurement commenced on the \$24 million SAAS stretcher replacement project.

2.4 Clinical performance and patient safety

- > A revised clinical governance structure was instituted to ensure continuous improvement in the systems and processes for safety and quality in SAAS service delivery.
- > A new committee—the Safety Learning System (SLS) Quality Assurance Group—was created to oversee SLS investigations and outcomes. This committee, chaired by the Chief Medical Officer, meets monthly to ensure timely and appropriate progression of SLS investigations and outcomes with a strong focus on quality assurance.
- > The Clinical Governance Committee and Medical Advisory Committee are now embedded in the organisation and are functioning well, following a structured path to maintain safety and quality in service delivery.
- > Clinical risk management was a key focus this year; development of the overarching risk 'patient safety and quality' will be completed in the second part of 2016.

- > Planning commenced for a range of other clinical initiatives; some driven by needs created under Transforming Health and others identified by frontline staff. These initiatives will ensure that SAAS's clinical service delivery remains safe, efficacious and provides the correct treatment and referral of patients.

2.5 Community

- > SAAS took a significant step forward in launching Twitter and Facebook platforms in March to improve its community outreach and public engagement. SAAS has been able to quickly share important information about its Ambulance Cover product, volunteer recruitment and other key messages, as well as celebrating staff achievements. SAAS has more than 4 000 Facebook likes and over 1 000 Twitter followers demonstrating the high level of uptake and interest in SAAS activities.
- > The SAAS 'Skills for life' volunteer recruitment campaign assisted in the recruitment of 281 new volunteers to help maintain provision of ambulance services in regional communities.
- > During National Volunteer Week in May 2016, the Premier's Certificate of Recognition for Outstanding Volunteer Service was awarded to six SAAS volunteers.
- > SAAS hosted two volunteer conferences, one in the regional south and one in the regional north, giving more than 160 volunteers extra training and support to enhance their skills and knowledge.
- > SAAS's campaign to tackle violence and aggression received a prestigious award in New York in October. The social media campaign won the award for 'Advertising to the consumer/patient in the category of Educational Awareness' at the 2015 Global Awards.
- > SAAS was involved in the planning of several hundred public and sporting events. SAAS also provided medical coverage at the 2015 Schoolies event at Victor Harbor treating 97 patients over the course of the event.

3.0 Role, structure and governance

3.1 Purpose and objectives

As the principal provider of ambulance services across South Australia, SAAS delivers:

- > Triple zero (000) call receipt and patient triage
- > Pre-hospital emergency and urgent care, treatment and/or transport
- > Non-emergency patient care and transport
- > Emergency and major event management
- > Rescue and emergency medical retrieval services.

SAAS also provides the following services:

- > Coordination of State Rescue Helicopter Services, via the SAAS EOC
- > Management of the Royal Flying Doctor Service contract for fixed-wing inter-hospital air transfers
- > Collaboration with Flinders University to deliver the Bachelor of Paramedic Science, the Master of Health Services (Pre-Hospital and Emergency Care), the Graduate Diploma in Intensive Care Paramedic Studies, and the Master of Retrieval Practitioner degree courses
- > Collaboration with James Cook University to deliver the Postgraduate Certificate in Aeromedical Retrieval and Master of Public Health degree courses
- > Provision, as a registered training organisation, of in-house, nationally accredited training to SAAS staff
- > Provision and administration of the Ambulance Cover subscription scheme
- > Management of Call Direct, a 24-hour personal monitoring emergency service.

3.2 Legislation

SAAS is constituted by the *Health Care Act 2008*, under which it is an identifiable incorporated identity. In accordance with the Act, SAAS is managed by a Chief Executive Officer (CEO) who reports to the Chief Executive (CE) of SA Health.

3.3 Structure

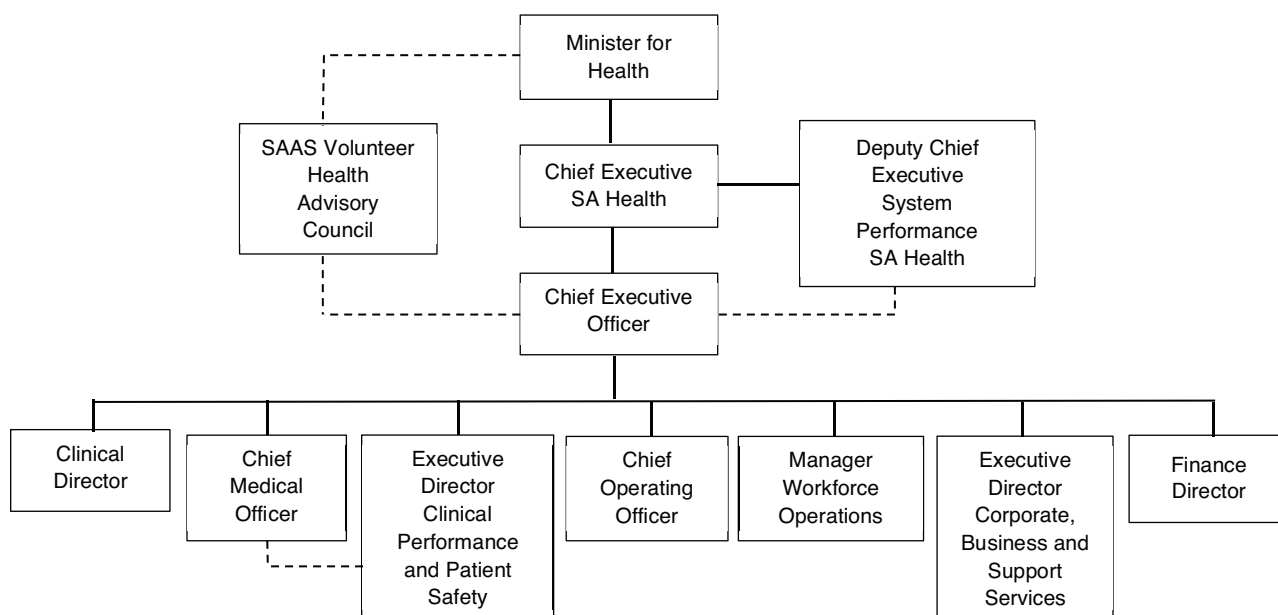
SAAS reports to government through the Department for Health and Ageing (DHA).

SAAS's executive structure in 2015–16 remained in the following organisational configuration:

- > Operations Directorate (incorporating the directorates of Service Performance and Improvement; Rescue, Retrieval and Aviation Services; Country Operations; and Metropolitan Operations)
- > Clinical Performance and Patient Safety Directorate
- > Corporate, Business and Support Services Directorate.

SAAS's CEO and SA Health's CE also work with the SAAS Volunteer Health Advisory Council (SAASVHAC), an independent council that advocates for, and advises on, matters pertaining to the volunteer sector.

At 30 June 2016 SAAS's reporting structure was configured as follows:



3.3.1 Reporting relationships

The CE of SA Health holds overall responsibility for the administration of SAAS and has appointed and delegated appropriate managerial powers to SAAS’s CEO.

At a corporate level, SAAS reports through DHA to the Minister for Health. However, the organisation continues to maintain its status as a separate entity for the purposes of reporting to the Department of Treasury and Finance.

For operational matters, SAAS has a close relationship with the System Performance and Service Delivery Division of SA Health. Issues that have an impact on the operations of the health system are therefore reported to the CE, SA Health via the Deputy CE, System Performance and Service Delivery, DHA.

3.4 Governance

SAAS is committed to the principles of good governance through:

- > **Strategy** - development of plans and structures to support the safe and effective delivery of Ambulance services.
- > **Relationships** - recognising and valuing internal and external relationships to promote and deliver outcomes.
- > **Culture** - organisational leadership and active engagement with staff to create a position and productive workplace characterised by integrity, high performance and transparency.
- > **Performance** - monitoring and measuring of inputs and outputs against performance criteria at all levels across the organisation.
- > **Compliance** - recognition and monitoring of behaviours and activities in accordance with legislative and policy requirements.

Governance is delivered through a range of assurance and approval committees with the ultimate accountable body being the SAAS executive management team.

3.4.1 Executive Management Team

Chief Executive Officer Mr Jason Killens (Chairperson)
Chief Operating Officer Mr Steve Cameron
Executive Director Clinical Performance and Patient Safety Mr Keith Driscoll
Executive Director Corporate, Business and Support Services Ms Denise McMillan-Hall
Finance Director Mr Robert Cox
Chief Medical Officer Dr Stefan Mazur / Dr Cathrin Parsch (*from April 2016*)
Clinical Director Dr Dan Ellis
Manager, Workforce Operations Ms Saffron Kennedy

3.4.2 Governance committees

In addition to the executive management team, SAAS has the following key committees contributing to SAAS governance:

- > **Finance Committee**
Executive Director Corporate, Business and Support Services Ms Denise McMillan-Hall (Chairperson)
Chief Executive Officer Mr Jason Killens
Chief Operating Officer Mr Steve Cameron
Executive Director Clinical Performance and Patient Safety Mr Keith Driscoll
Finance Director Mr Robert Cox
Independent Member with Finance Experience Mr Jamin Woolcock (*to 11 October 2015*) / Ms Belinda Merrett (*from 13 April 2016*)
Independent Member with Health Experience Ms Helen Chalmers

The Finance Committee meets monthly and is responsible for the oversight of all financial decision-making and outcomes.

- > **Procurement Monitoring Unit**
Executive Director Corporate, Business and Support Services Ms Denise McMillan-Hall (Chairperson)
Chief Operating Officer Mr Steve Cameron
General Manager, Infrastructure, Planning and Resourcing Mr Robert Shapcott

The Procurement Monitoring Unit meets monthly at the Finance Committee meeting and is responsible for overseeing, facilitating and reporting on procurement practices and ensures that procurement within SAAS is in accordance with SA Health and SA Government policy.

- > **Risk Management and Audit Committee**
Chairperson Ms Yvonne Sneddon
Independent Member Mr Barry Taylor
Independent Member Dr Peter Chapman (*resigned 9 June 2016*)

The Risk Management and Audit Committee meets on a quarterly basis, and its role is to provide independent advice to SAAS on risk, financial reporting, compliance, internal audit, external audit, and fraud and corruption control. Senior SAAS representatives attend committee meetings but are not committee members.

- > **Clinical Governance Committee**
Executive Director, Clinical Performance and Patient Safety Mr Keith Driscoll (Chairperson)
Chief Medical Officer Dr Stefan Mazur / Dr Cathrin Parsch (*from April 2016*)
Paramedic Clinical Advisory Committee Deputy Chair Mr Neil Clune
Paramedic Clinical Advisory Committee Rep Mr James Bartlett
Nursing Clinical Advisory Committee Chair Mr Dan Martin
Medical Advisory Committee Member Dr Andrew Pearce
MedSTAR Clinical Director Dr Dan Ellis
MedSTAR Kids Clinical Director Dr Jane Cocks

Quality and Safety Specialist Ms Michele McKinnon
Operations Manager Patient Safety and Quality Mr Richard Larsen
Senior Medical Officer Dr Hugh Grantham
Chief Executive Officer Mr Jason Killens
Senior Pharmacist Mr Peter Hayball
Community Advisory Committee Rep Mr Robert Dann

The purpose of the Clinical Governance Committee is to provide advice to the Chief Executive Officer through the executive management team on issues relating to clinical practice, scope of practice and credentialing for SAAS.

3.4.3 SAAS Volunteer Health Advisory Council

SAASVHAC is an unincorporated body that provides advice on behalf of SAAS volunteers to the Minister for Health via the CE of SA Health and SAAS's CEO.

SASVHAC consists of delegates from zones across the state who meet regularly, with SAAS managers and financial services staff members attending meetings in a consultative capacity.

Presiding Member

Mr Greg Joseph

Central Zone

Ms Ann Redden
Mr David Gibb (*resigned December 2015*)
Mr Ian Pay (*appointed April 2016*)

Fleurieu/KI Zone

Mr Jon Jaensch
Ms Jenny Mackenzie

Limestone Coast Zone

Mr Tim Oldfield
Ms Denise Gower

Murray Mallee Zone

Mr Rob Berlin
Mr John Holland

North Zone

Mr David Mott
Ms Julie Langshaw

West Zone

Mr Sam Bass (*resigned April 2016*)
Liz Guerin (*resigned December 2015*)
Mrs Arminda Graves (*appointment pending 30 June 2016*)

Yorke Zone

Mr Greg Joseph
Ms Alexandra Wakefield

4.0 Our people

Our people are our most valuable resource. Across the organisation, from administrative and technical staff to education, frontline and support staff, SAAS's people work together to deliver a high-quality ambulance service for the people of South Australia.

SAAS's executive and senior leadership structure ensures there is an appropriate governance and change management framework to lead SAAS's staff and volunteers successfully through the transitions the organisation must continue to make over the next few years to evolve in alignment with the Transforming Health plan for South Australia.

4.1 Workforce numbers and status

The human resources information which follows may be augmented with information available on the Commissioner for Public Sector Employment website: <http://dpc.sa.gov.au/about/annual-reports>

It should be noted that all workforce data provided in this section includes only employees paid within the SAAS ABN for 2015–16. SAAS MedSTAR nurses and doctors, who are currently paid under other ABNs, are therefore not included in this data.

4.1.1 Number of employees by age bracket and gender

Age Bracket	Male	Female	Other	Total	Percent of Total	2014 Workforce Benchmark*
15 – 19	2	1		3	0.21	5.5%
20 – 24	18	48		67	4.77	9.7%
25 - 29	73	108		181	12.87	11.2%
30 - 34	91	114		205	14.58	10.7%
35 - 39	96	83		179	12.73	9.6%
40 - 44	103	85		188	13.37	11.4%
45 - 49	104	91		195	13.87	11.1%
50 - 54	111	60		171	12.16	11.4%
55 - 59	107	40		147	10.46	9.1%
60 - 64	34	15		49	3.49	6.7%
65+	17	4		21	1.49	3.6%
Total	756	650	0	1406	100	100%

* From Australian Bureau of Statistics Australian Demographic Statistics, 6291.0.55.001 Labour Force Status (ST LM8) by sex, age, state, marital status – employed – total from Feb78 Supertable, South Australia at November 2013

Source: SAAS Workforce Operations

4.1.2 Executives by gender, classification and status

Classification	Ongoing		Term tenured		Term untenured		Total				
	Male	Female	Male	Female	Male	Female	Male	%	Female	%	Total
EXEC0A					5	3	5	62.5	3	37.5	8
EXEC0B					1	0	1	100	0	0	1
EXEC0D					1	0	1	100	0	0	1
Total					7	3	7	70	3	30	10

Source: SAAS Workforce Operations

4.1.3 Employees with disabilities

4.1.3.1 Number of employees with disabilities according to Commonwealth Disability Discrimination Act definition

	Male	Female	Total	Agency percentage
Total	2	2	4	0.3

Source: SAAS Workforce Operations

4.1.3.2 Types of disability (where specified)

Types of disability	Male	Female	Total	Agency percentage
Disability requiring workplace adaptation	2	2	4	0.3
Physical	–	–	–	–
Intellectual	–	–	–	–
Sensory	–	–	–	–
Psychological/psychiatric	–	–	–	–

Source: SAAS Workforce Operations

Disability Access and Inclusion Plan

In 2015–16 SAAS, working in partnership with the DHA, commenced development of a Disability Access and Inclusion Plan (DAIP). This plan will equip SAAS staff with tools to best care for and support colleagues and patients with disabilities, and will take steps to improve awareness of disabilities.

Consultation on the final draft of the document will be provided by a number of specialist groups including a purpose-formed working group from SAAS, SAAS's Community Advisory Committee (CAC), Council on the Ageing (SA), and the Disability Advocacy and Complaints Service of South Australia Inc (DACSSA). The DAIP will then be submitted for approval and implementation across SAAS in 2016–17.

Supporting staff with disabilities

SAAS is committed to employing people with disabilities and endeavours to develop strategies to ensure all aspects of its services are accessible to people with disabilities. Accordingly:

- > As part of their induction all SAAS staff members are required to undertake disability awareness training designed to raise awareness of disabilities and ensure that advice and services are delivered with awareness and understanding of issues affecting people with disabilities.
- > SAAS interacts with disability advocate groups through its CAC. One of the standing members of the CAC is DACSSA.

Workplace adaptation

As part of its commitment to organisational equity and diversity, SAAS ensures its workplaces and individual work stations are accessible and functional for all staff members with a disability. All building work undertaken across the organisation complies with the Building Code of Australia, which includes strict provisions for disabled access.

Fully operational facilities have been granted an exemption from the provisions for the disabled. However, SAAS ensures all new/refurbished public buildings are accessible to people with disabilities in accordance with the Commonwealth *Disability Discrimination Act 1992*. This commitment is demonstrated by:

- > The presence of electrically operated door openers/closers with remote controls, which allow people with disabilities easy access through secure doorways at SAAS's head office
- > A ramp at the head office entry to allow easy access for all staff and visitors
- > Special-purpose desks provided for staff members with a disability
- > Toilet facilities suitable for people with disabilities
- > Car parking allocated for people with disabilities
- > Building Code of Australia-compliant door widths.

4.2 Leave management

4.2.1 Average days leave taken (per FTE)

Leave type	2015–16	2014–15	2013–14
Sick leave taken	8.62	8.16	8.34
Family carer's leave taken	0.85	1.51	1.56
Miscellaneous special leave	0.27	0.24	0.18

Source: SAAS Workforce Operations

4.3 Performance development

4.3.1 Documented review of individual performance management

Employee reviews	Percentage total agency
A review within the past 12 months*	15.36
A review older than 12 months	45.38
No review	39.26

* Includes all performance development plans established or reviewed in the last twelve months.

Source: SAAS Workforce Operations

Performance review and development for all SAAS staff is facilitated by individual managers within their respective portfolios. Progress on this activity is reported monthly through SAAS's Senior Management Committee.

Operational staff are rostered to attend a series of professional development workshops throughout the year that provide the foundation for reaccreditation of their clinical scope of practise as well as providing ongoing professional development opportunities.

Further human resources information is available from the Commissioner for Public Employment website: <http://dpc.sa.gov.au/about/annual-reports>.

4.4 Leadership and management development

Supporting the ongoing development and education of its staff is embedded in SAAS’s organisational culture.

This financial year, the SAAS executive management team and senior directors commenced a leadership development program to further enhance skills across the organisation.

Ensuring that managers and leaders have the right qualifications, skills and approach to steering people and processes is one of the ways in which SAAS is fulfilling the requirements of NSQHS Standard 1 – Governance for Safety and Quality in Health Service Organisations.

Accordingly, SAAS leaders and managers participate regularly in training courses and development programs, as outlined in the table below.

4.4.1 Leadership and management training expenditure

Expenditure	Total cost 2015–16
Team Leader Induction training – two courses	\$2,994.00
Executive leadership program	\$5,953.45

4.5 Employment opportunity programs

4.5.1 Jobs4Youth trainees

In 2015 the metropolitan operations unit appointed a new trainee in the Aboriginal Traineeship Program who has since completed study to gain a Certificate III in Government through the state-wide Jobs4Youth program facilitated by the Stanton Institute, Department for Communities and Social Inclusion.

The trainee was successful in transitioning to a permanent employee position in May and has been recognised for excelling by backfilling in higher positions across operations over the last 12 months.

A second Jobs4Youth trainee based in the emergency preparedness team successfully completed requirements for the Certificate III in Government and has since gained permanent employment outside of SAAS.

4.5.2 Patient Transport Services Aboriginal Cadetship program

In March, SAAS Patient Transport Services appointed their first cadet under the new Aboriginal Cadetship program. The cadet is required to successfully undertake a Certificate IV in Health Care (Ambulance) and work operationally as a Patient Transport Officer.

4.5.3 Women in the workplace

SA Ambulance Women’s Network (SAAWN) is a cross-functional forum that provides SAAS women with personal and professional development opportunities. While the program of events is designed to benefit women, men play an active support role and are involved in the group as mentors and/or or guest speakers.

SAAS also started its journey to White Ribbon accreditation in line with its commitment to the safety of women in the workplace (see 8.2.5).

4.6 Developing our people: training and ongoing education

4.6.1 People enrolled in or having completed SAAS-delivered clinical training in 2015–16

Course	No. of career students	No. of volunteer students	External clients	Total students	Completed 2015–16
HLT21112 – Certificate II in Emergency Medical Service First Response	2	0	5	7	4
HLT31912 – Certificate III in Ambulance Communications (Call Taking)	16	0	0	16	12
HLT41012 – Certificate IV in Health Care (Ambulance)	17	489	24	530	76
HLT41112 – Certificate IV in Ambulance Communications	8	0	0	8	3
Paramedic Internship	78	0	0	78	46
Intensive Care Paramedic	20	0	0	20	9
Extended Care Paramedic	0	0	0	0	0
Regional Sponsored Degree Program	2	0	0	2	0
Total	143	489	29	661	150

Source: SAAS Clinical Education

Classification	Number of accredited training packages
MCE01P (Cert. III Ambulance Communications (Call Taking))	16
PTS1.1 (Cert. IV Health Care (Ambulance))	17
MCF01P (Cert. IV Ambulance Communications)	8
INT1.1 (Paramedic Intern)	78
ICP3.1 (Intensive Care Paramedic)	20
SPDP1 (Regional Sponsored Degree Program)	2
Volunteer	489
Total	630

4.6.2 People enrolled in non-clinical training

In 2015–16, 38 people participated in SAAS's two-day Project Management training program. Nine staff then utilised the Recognised Prior Learning system between TafeSA and SAAS to successfully obtain their Diploma in Project Management.

4.6.3 Ongoing accreditation

All volunteer ambulance officers and paramedics have mandatory professional development requirements which include participation in clinical practice, reflective case reviews, clinical training and adoption of changes in clinical practice.

4.6.4 Study assistance

Seventeen SAAS staff members applied for and received study assistance from SAAS in 2015–16.

4.6.5 Retrieval registrars

SAAS MedSTAR offers medical retrieval registrar placements for six-month periods. These positions provide opportunities for doctors to train and work in the pre-hospital and retrieval environment.

In 2015–16, SAAS MedSTAR rotated 18 adult registrars/fellows and 10 neonatal/paediatric registrars/fellows, all of whom completed the following required competencies:

- > Clinical care skills course (part of the Postgraduate Certificate in Aeromedical Retrieval at James Cook University)
- > SAAS driver training
- > Helicopter Underwater Escape Training (HUET)
- > Team resource management course
- > Fixed and rotary wing safety accreditation
- > Medical equipment and clinical competencies
- > SAAS MedSTAR clinical governance day presentations.

4.7 Staff support programs

SAAS is committed to providing a safe work environment and to protecting the health, safety and welfare of all its staff. This is achieved via the following programs.

4.7.1 Employee Assistance Program/Peer Support Program

In 2015–16 peer support officers made 2 707 contacts with staff members, representing an increase of 322 contacts compared to the previous financial year.

Peer support officers received training that was facilitated both internally and externally to ensure alignment with current best practice in critical incident stress management and various wellbeing topics. These included:

- > Service delivery coordination in response to potentially traumatic events
- > Treatment guidelines for common mental health disorders
- > Injured employees clinical framework: delivery of health services to injured employees
- > Family and domestic violence education seminar
- > Post-Traumatic Stress Disorder / diagnoses and treatment of PTSD in emergency service workers (new guidelines)
- > Significant bushfires in South Australia – managing the affects
- > Recovering from trauma

To complement the peer support program, two new chaplains will start with SAAS in the second part of 2016. Both chaplains will be non-operational volunteers in this capacity.

4.7.2 SAASfit

The SAASfit health and fitness program continued to provide a range of opportunities and support to help staff maintain a healthy lifestyle, both within and outside the workplace. Along with regular interactive training sessions SAASfit provided exercise-based interventions, which included health and physical activity education, advice and support and lifestyle modification with a strong focus on achieving behavioural change.

SAASfit conducted 191 health assessments in 2015–16. Regular analysis of data collected over the year shows that participants continued to achieve personal goals and overall health improvements during the course of the program.

The SAAS Roadfit Capacity and Wellbeing Evaluations program seeks to ensure staff are fit for work and fit for life. It aims to contribute to a safe work environment by ensuring operational staff have the capacity to undertake their role while decreasing the risk of injury to themselves, their work partner and patients. Significant progress was made this financial year in the development of the program with the employment of a second accredited exercise physiologist, production of a demonstration video and acquisition of a SAASfit vehicle.

SAASfit encouraged and supported staff and volunteers to take part in a variety of fitness-based events and competitions throughout the year.

4.8 Work health and safety and injury management

SAAS is committed to staff safety at work with a focus on:

- > The provision of an environment where all staff members are safe, healthy, valued and respected.
- > The prevention and reduction of work-place injury.
- > Zero harm, early intervention, reduction of manual handling injuries, and stress and fatigue management.

Several committees contribute to and support the effective management and progression of management of work health and safety (WHS) matters at SAAS:

- > WHS Governance Committee
- > WHS Consultative Committee
- > WHS Zone Forum Committees – 13 across the state
- > Senior Worker Health Nurses Committee SA Health.

4.8.1 Work health and safety key achievements 2015–16

SAAS is committed to staff safety at work. This was demonstrated in 2015–16 through the following activities and outcomes:

- > Implementation of the Building Safety Excellence Strategy 2015–20.
- > Implementation of the SA Health WHSIM Governance Frameworks.
- > Improved data reporting for the ongoing monitoring of violence and aggression incidents based on causative factors, location and time to assist in mitigating the risk to staff.
- > Development and implementation of a Blood and Bodily Fluid exposure risk assessment tool for operational staff
- > Completion of 92 worksite inspections across SAAS locations.
- > Audits completed as scheduled with an average compliance rating of 90 percent.
- > A decrease of 17 percent in the number of incidents reported compared to the previous financial year.
- > A 22 percent decrease in the number of new Musculoskeletal (MSI) claims (a reduction of 31 claims).
- > An 11 percent decrease in open claims when comparing June 2015 and June 2016.

4.8.2 Immunisations

Vaccine Preventable Disease program

SAAS implemented a Vaccine Preventable Disease (VPD) program this financial year. This ensures that current operational staff and future applicants seeking employment, placement or observation to clinical contact positions are adequately protected against VPDs at the commencement of their employment, placement or observation shift.

Influenza vaccinations

SAAS continues to provide an annual influenza immunisation program, which this year achieved a 71 percent participation rate; 1 043 career staff and 791 volunteers received a vaccination in 2015–16.

4.8.3 Work health and safety prosecutions, notices and corrective action taken

Number of notifiable incidents pursuant to Work, Health and Safety Act (WHS Act), Part 3	4
Number of notices served pursuant to WHS Act, Section 90, Section 191 and Section 195 (Provisional improvement, improvement and prohibition notices)	0
Number of prosecutions pursuant to WHS Act, Part 2, Division 5	0
Number of enforceable undertakings pursuant to WHS Act, Part 11	0

Source: SAAS Work Health and Safety

4.8.4 Work Health and Safety performance (building safety excellence targets)

Total new workplace injury claims	202
Significant injuries – where lost time exceeds one working week (expressed as frequency rate per 1000 FTE)	68.32
Significant musculoskeletal injuries – where lost time exceeds one working week (expressed as frequency rate per 1000 FTE)	59.48
Significant psychological injuries – where lost time exceeds one working week (expressed as frequency rate per 1000 FTE)	5.63

Source: SAAS Work Health and Safety

The major cause of significant musculoskeletal injuries from the above table was muscular stress while lifting, carrying or putting down objects. A significant proportion of these injuries were sustained to the lower back or shoulder.

The main mechanism for significant psychological injuries was evenly distributed between work pressure and exposure to traumatic events causing post-traumatic stress and anxiety, and/or stress disorders.

4.8.5 Agency gross Workers Compensation expenditure¹ for 2015–16 compared with 2014–15²

Expenditure	2015–16 (\$)	2014–15 (\$)	Variation (\$ + (-))	% Change + (-)
Income support	1 913 656	1 792 123	121 533	6.8
Hospital	159 717	99 136	60 580	61.1
Medical	605 795	551 514	54 281	9.8
Rehabilitation/return to work	12 795	2 560	10 234	399.7
Investigations	10 762	14 839	-4 077	-27.5
Legal expenses	35 742	24 196	11 546	47.7
Lump Sum	747 008	779 930	-32 922	-4.2
Travel	36 213	42 852	-6 639	-15.5
Other	47 908	57 781	-9 872	-17.1
Total Claim Expenditure	3 569 596	3 364 931	204 665	6.1

¹ Before 3rd party recovery

² Information available from the Self Insurance Management System (SIMS)

Source: SAAS Work Health and Safety

4.8.6 Driver Development Unit

The role of Manager, Operational Driving was formalised in early 2016. The position gives SAAS a resource that can advise on, and coordinate all aspects of staff driving. This includes the development of best practice training, policies and procedures.

New course materials have been developed and implemented that provide specific training for SAAS external clients (i.e. mining companies) who can deliver emergency medical services in remote areas on behalf of SAAS when required. The training is tailored to site-specific needs.

This year six Regional Team Leaders attended SAAS's driving instructors course, better placing SAAS to deliver localised driver development in some of our most remote areas.

A significant body of work was undertaken in the review and implementation of the expiation process. This is a collaboration of work between SA Police and SAAS to ensure that our emergency vehicles can go about their tasks in a safe and supported manner while meeting all of the legislative requirements imposed on the driver of an emergency vehicle.

SAAS experienced a decline in the number of vehicle-related adverse incidents in 2015–16. This is in part due to SAAS's coordinated approach to best practice training that is reflected and shaped by policy and procedure, targeting a workforce goal of zero harm.

4.8.7 Helicopter Underwater Escape Training (HUET)

All Rescue, Retrieval and Aviation Services (RRAS) operational staff members require high-level safety training, including HUET, which is undertaken every second year. In 2015–16, 45 medical, nursing and paramedic staff undertook HUET through an external provider.

HUET uses submersible helicopter simulators to teach the necessary skills to survive an emergency water-ditching situation, including the use of the correct emergency and exit procedures, sea survival and sea safety skills encompassing life jacket and life raft training.

Staff members gain accreditation upon successful completion of the training course. HUET has been shown to significantly increase post-accident underwater survival.

4.9 Reward and recognition

SAAS is committed to valuing and respecting staff members for the work they do by providing an environment based on teamwork, mutual support, recognition and common purpose.

This year SAAS continued to take every opportunity to recognise staff members and reward them for their efforts and achievements in serving the community.

4.9.1 Graduation and Presentation Ceremony

This annual ceremony recognises the achievements of SAAS staff members across the state, including attainment of qualifications, long-service recognition, and the conferring of awards and commendations.

The following awards were conferred during the Graduation and Presentation Ceremony held in October 2015. The awards are listed in alphabetical order:

25 Year Service Award (career staff)

This award is given in appreciation of 25 years of commitment and diligent service to SAAS and its predecessor St John Ambulance, as well as to the community of South Australia. In 2015, 51 staff members achieved this significant milestone.

Ambulance Service Medal

Four staff members were awarded the Ambulance Service Medal. The medal recognises distinguished service by the men and women of Australia's ambulance organisations. Two medals were granted for the Australia Day Honours and two for the Queen's Birthday Honours.

CEO Commendation

Recognising outstanding and altruistic behaviour, the CEO Commendation is bestowed upon a SAAS staff member who has demonstrated actions above and beyond the call of duty. The commendation may also be bestowed upon a member of the public who has performed an outstanding act that has aided SAAS in its management of a patient or incident, or with administrative services.

Four CEO Commendations were awarded to staff members at this year's ceremony.

Clinical Excellence Awards

Clinical Excellence in Professional Development

This award recognises clinical leadership through commitment to personal, professional and clinical development, and may be awarded to individuals at any level within SAAS and the profession. In 2015, two staff members were presented with this award.

Clinical Excellence in Practice

Two staff members received this award, which recognises individual or team excellence at any level in clinical care that has had a direct impact on the patient outcome.

Humanitarian Overseas Service Medal

Two SAAS RRAS staff members were awarded the Humanitarian Overseas Service Medal for urban search and rescue response to New Zealand after the 2011 earthquake in Christchurch. A further two SAAS RRAS staff members were also awarded the medal in April 2016 for medical response to Samoa after the 2009 earthquake and tsunami. SAAS will acknowledge this award at its graduation and presentation ceremony in October 2016.

National Medal and Clasps

This award recognises long and diligent service by members of recognised government and voluntary organisations who risk their lives or safety to protect or assist the community in the enforcement of the law or in times of emergency or natural disaster.

The following medals and clasps were granted by the Governor General in 2015:

- > National Medal (15 years) – 54
- > 1st Clasp to the National Medal (25 years) – 40
- > 2nd Clasp to the National Medal (35 years) – 13

SAAS Safe Champions

The SAAS Safe Champions Award recognises staff (either individually or as a team) who have performed diligently in an area of workforce health and safety, or whose actions have contributed to an improved safety culture within SAAS. The award is also for staff and members of the public whose actions have positively contributed to the safe management of a patient or incident.

One SAAS Safe Champions award was presented in 2015.

SA Emergency Services Medal and Ministerial Commendation

These awards are intended for the individuals who have gone even further than that extra mile. Their personal contribution should in some way be considered to be truly extraordinary.

The SA Emergency Services Medal (SAESM) is awarded to an individual who has demonstrated “distinguished and/or meritorious services of the highest order” in recognition of his or her significant contribution to the emergency services in South Australia.

Two staff members were granted this medal in 2015.

The Ministerial Commendation recognises significant effort, bravery or service and is awarded for “meritorious or courageous action”.

Two staff members were granted the commendation in 2015.

SA Health Awards

SAAS had two finalists in 2015 for Research/Education in the Patient/Consumer Safety category: Clinical Governance and Patient Safety, and the MedSTAR Aeromedical Retrieval Orientation Project.

Volunteer Distinguished Service Award

This award recognises outstanding and significant services rendered by volunteers to SAAS or the community, or commitment to ongoing professional development of self or others within SAAS. Three volunteers received this award in 2015, and the contributions of two other volunteers were acknowledged with a Certificate of Merit.

4.9.2 National Volunteer Week

During National Volunteer Week in May 2016, 55 events were held in regional towns to recognise SAAS volunteers in their local communities. Eight of those events were combined events incorporating two or more local teams celebrating together.

During this week, the **Premier's Certificate of Recognition for Outstanding Volunteer Service** was also awarded to six volunteers. The award recognises and celebrates the outstanding efforts of volunteers and also serves to promote the importance of volunteering to the community.

4.9.3 Volunteer 25-Year Dinner

This event is held annually during National Volunteer Week to honour SAAS volunteers who have completed 25 years of service with the organisation. Past recipients of the award, including retired volunteers, are also invited to attend the dinner.

25-Year Service Award (volunteers)

This award, presented during the 25-Year Dinner, is given in appreciation of 25 years of commitment and diligent service to SAAS and its predecessor St John Ambulance and to the community of South Australia. Ten volunteer staff members achieved this significant milestone and award in 2015–16.

4.9.4 Volunteer training and initiatives

SAAS volunteer staff study assistance

This new initiative offers a reimbursement of expenses of up to \$5000 for two volunteer ambulance officers annually to assist them in undertaking paramedic studies within an approved university paramedic degree program.

Volunteer staff study assistance was offered to and accepted by one volunteer in 2015–16.

Volunteer Team Leader training

SAAS continued its leadership development program for volunteer team leaders (VTLs) with four weekend training sessions during 2015–16, focused on conflict management and resolution. Seventy-four VTLs and assistant VTLs attended the sessions located in Whyalla, Murray Bridge, Crystal Brook and Bordertown.

Volunteer sustainability

During 2015-16 a range of volunteer-specific projects were launched with the aim to improve volunteer retention and recruitment through reward and recognition initiatives, roster coverage and improvements to training processes and structures. These projects were initiated with the full endorsement of SAAS Volunteer Health Advisory Council (SAASVHAC) to ensure the needs of volunteers are met and issues are addressed as they arise.

A total of 21 projects were established, with volunteers and SAASVHAC representatives forming part of each of the project teams. The projects include:

- > Recruitment of a Volunteer Development Officer (VDO) position
 - o This position is funded from savings from ceasing television advertising.
 - o The VDO is responsible for implementing a strategic approach to volunteer recruitment and facilitating community focused volunteer recruitment initiatives. This role will develop and maintain strategic partnerships and develop stakeholder engagement strategies as a tool for recruitment. The VDO works closely with volunteer teams to identify opportunities to promote volunteering in their communities.
- > Operational Training Logistics project
 - o This project was established to redesign how training is delivered and scheduled. It's hoped it will enhance the training experience for new volunteers with the aim of improving attendance rates, and providing clarity and consistency of training. Through better course scheduling, improved communication between trainers and students, and a more streamlined training structure, it is intended to reduce the time taken for students to be operationally ready.
- > Rostering-related projects
 - o These projects aim to improve functionality of existing roster systems and volunteer station roster rules.

- This will involve review structures relating to how and where regional response teams are deployed and improve systems to manage and deploy regional response teams. This will support local teams to provide roster coverage across the state.
- > Authority To Practice (ATP) project
 - This project was established to review the current 'one size fits all' approach to ATP and replace it with a model based on the needs of each community.
 - A graduated ATP, along with improved training systems will enable SAAS to train volunteers up to the clinical level required to appropriately respond to the needs of their communities without 'over-training' them in skills not required.
- > Improved volunteer leadership
 - Projects have been established to improve the leadership skills of volunteer leaders. This includes identifying barriers and challenges for volunteers in leadership positions, clarifying and defining the roles of paid versus volunteer leaders, and establishing improved systems/processes for managing unsatisfactory performance.
 - There are plans for an annual leadership development program for VTLs. In the second part of 2016, four weekend sessions will be run for VTLs which will specifically focus on their role in change management and will provide them with the tools to build a strong team culture within their stations.
- > Improved communication with volunteers
 - This project aims to identify limitations to current communication channels with volunteers and implement IT based solutions and direct communication strategies to the volunteer sector.
- > Reward and recognition and volunteer entitlements
 - These projects will enhance existing volunteer reward programs, and implement new ways to provide recognition for volunteers as well as review and improve volunteer reimbursement processes to dispel perceptions of inequities and inconsistencies.
- > Recruitment selection and induction processes
 - These new processes aim to improve the way recruitment selection and induction processes are administered to enable applicants to be processed through the system quickly and efficiently, and be ready to commence their training as soon as possible.

5.0 Leadership

SAAS's robust executive and management structure has helped ensure the organisation has the right framework to apply best-practice governance strategies as per Standard 1 of the National Safety and Quality Health Service Standards (NSQHS). This is reflected in the delivery of activities and events across the year to strengthen and inform SAAS's leadership body.

SAAS Leadership Team Briefing

Three SAAS Leadership Team Briefings were held this financial year in December, March and June. Approximately 100 team leaders and managers attended each event, with a further 10 staff members joining via an online conference.

These full-day meetings allow team leaders and managers to hear first-hand from the executive management team about special projects and key developments in each directorate. Topics included White Ribbon accreditation, strategic plan updates, Transforming Health and National Safety and Quality Health Service Standards.

Team Leader Induction training

One Team Leader Induction training course was held in 2015–16, providing training to 16 staff members from operational and non-operational areas of SAAS. Participants were given an overview of team leader roles and responsibilities and an understanding of the different portfolios that collectively make up the organisation.

The course, which is attended by merit-selected permanent and relieving staff members and potential future leaders, aims to equip staff with the basic knowledge and skills to be successful team leaders at SAAS. The program includes information regarding work health and safety responsibilities, human resource management, staff support programs and portfolio reviews.

Young Professionals Group

In 2015–16 the SAAS Young Professionals Group (YPG) continued to empower and support our organisation's young people to become successful, confident and inspirational young professionals.

Staff members of all ages are welcome to attend YPG events to support the group's objectives through contributing their experience and organisational knowledge.

Key YPG events and activities this financial year included:

- > Development of new SAAS YPG strategic goals.
- > Selection of a team to represent SAAS at the Paramedics Australasia International Conference (PAIC) simulation challenge in Auckland in November 2016 who will compete against other groups from around the world.
- > Organisation of the first SAAS charity quiz night in support of the Sammy D Foundation raising over \$1000 to help towards the education and empowerment of youth to make safe and positive life choices.
- > Sponsorship of multiple YPG members' attendance at various professional development activities including the 2016 Emergency SA and 2016 SA Public Sector Young Leaders conferences.

5.1 Council of Ambulance Authorities Awards

The Council of Ambulance Authorities' (CAA) annual Australasian Ambulance Awards for Excellence acknowledge and encourage innovations from ambulance services throughout Australia, New Zealand and Papua New Guinea. The awards provide a platform for industry members to learn from each other and reduce duplication of effort.

The SAAS Clinical Performance and Safety Team along with Ambulance Service New South Wales were awarded the Clinical Capability award for ECP management of patients with behavioural and psychological symptoms of dementia (BPSD) within Residential Aged Care Facility (RACFs).

Typically, residents experiencing these symptoms of dementia are transported to a public hospital emergency department for treatment. This act of relocating residents living with dementia from their familiar environment can dramatically increase their confusion leading to further cognitive and functional decline. Ideally, treatment of BPSD patients should be coordinated to support treatment within their RACF rather than relocating them to another treatment facility.

ECPs have the skills to safely treat BPSD patients within community settings such as RACFs. They are able to provide high quality health care that not only supports patients but also assists carers and families.

5.2 SA Health Awards

SAAS MedSTAR were finalists in the 2015 SA Health Awards in the category of Research/Education in Patient/Consumer Safety. Additionally, the SAAS MedSTAR Aeromedical Retrieval Orientation Program reached the final stages of judging.

5.3 Partnerships with external organisations

In 2015–16, SAAS continued its partnerships with the following external organisations:

- > **James Cook University** - SAAS MedSTAR conducts a postgraduate certificate subject and induction course with James Cook University, which is part of the Postgraduate Certificate in Aeromedical Retrieval and can be credited towards a Master's degree in Public Health.
- > **Flinders University** - In collaboration with Flinders University, SAAS assists in delivering the Bachelor of Paramedic Science, the Master of Health Services (Pre-Hospital and Emergency Care), the Graduate Diploma in Intensive Care Paramedic Studies, and the Master of Retrieval Practitioner degree courses.
- > **Australian Medical Assistance Team (AUSMAT)** - This partnership is facilitated via the National Critical Care Trauma and Response Centre in Darwin, and DHA's Emergency Management Unit
- > **Urban Search and Rescue (USAR)** - This partnership occurs via SAFECOM SA.

AUSMAT

One SAAS MedSTAR staff member was deployed to Fiji in February 2016 as a team leader following Cyclone Winston.

Partnership in education programs

SAAS MedSTAR staff either assist with, or provide the following education programs:

- > Education courses for nursing staff in rural areas
- > Advanced Paediatric Life Support
- > Early Management of Severe Trauma
- > South Australian Postgraduate Medical Education Association's rural emergency medical education program.

6.0 Service delivery

6.1 Transforming Health

SAAS are continuing to actively progress initiatives being developed and enacted to improve the state's health care system now and in to the future under the Transforming Health plan, as follows:

Infrastructure

- > Expansion of facilities at the new Noarlunga ambulance station (due for commission September 2016).
- > Acquisition of land for a new ambulance station in the north (Kings Road, Parafield).
- > Pending acquisition of land for a new ambulance station in the west.

Clinical initiatives

SAAS has been working with SA Health and Local Health Networks (LHNs) to create and maintain a sustainable health care system in line with Transforming Health principles and initiatives. To put these principles into practice, SAAS has developed pre-hospital destination triage tools and accompanying training packages which will be implemented across workforce, including:

- > New Clinical Practice Guidelines (CPGs)
- > Updates to existing CPGs
- > Possible changes to drug licenses and equipment procurement.

SAAS's Operational Intelligence Unit has modelled the flow of patients as a result of planned changes and service realignments under Transforming Health. This will ensure SAAS can enable appropriate patient access and flow.

Fleet and personnel

The appropriate mix of vehicles and staff is still being modelled and is dependent upon the outcomes of Transforming Health service realignments.

Financially, SA Health has committed up to \$25 million (including the cost of new ambulance stations) to support SAAS in delivering on Transforming Health goals. This funding will be released in stages to meet reform targets.

6.2 new Royal Adelaide Hospital (nRAH)

As the nRAH approaches completion, SAAS continues to partner with SA Health through various committees and working groups to plan for the relocation of services and the safe transfer of patients to the new site.

To guarantee best care is provided during the move, significant planning is underway to build expected patient profiles and understand the clinical acuity of each patient to ensure we provide the right clinicians and equipment for the move.

SAAS will implement a dedicated management structure and operational roster for the move utilising a range of staff from across the organisation and numerous ambulance resources including the Ambus, bariatric vehicles and twin-stretcher vehicles.

SAAS representatives will continue to meet with clinicians from various directorates within the Royal Adelaide Hospital nRAH project team to plan for the logistical and clinical challenges some of their patients may create.

6.3 The Emergency Operations Centre

SAAS's Emergency Operations Centre (EOC) is responsible for receiving and responding to triple zero (000) calls for emergency ambulance assistance across South Australia. The EOC also coordinates aeromedical responses for SAAS MedSTAR and Royal Flying Doctors Service (RFDS) as well as non-emergency transports like inter hospital transfers.

SAAS's highly trained emergency medical dispatch support officers (EMDSOs) and emergency medical dispatchers (EMDs) play a vital role in the health system, as they are often the first point of contact that patients have not only with the ambulance service, but also the South Australian health system. It is their job to ensure the right ambulance response reaches the patient in the right timeframe to meet their clinical needs. The EOC also has a clinical hub consisting of ECPs, nurses and doctors to provide a comprehensive level of medical care to the community of South Australia.

SAAS reached Adelaide's most seriously ill and injured patients within eight minutes 72 percent of the time this financial year. The key performance indicator (KPI) for priority 1 (life-threatening) emergency cases is to achieve this response time 60 percent of the time in urban centres. While this result reflects a slight drop in performance from 77.7 percent in 2014-15, SAAS is performing well considering a growth in emergency workload of 5.9 percent, or an additional 7 440 cases, since last year.

SAAS upgraded to version 9.3 of the SA Computer Aided Dispatch System software in May 2016 to enhance capabilities within the EOC. Some system issues were detected after implementation; work to resolve these issues commenced immediately and will be finalised in the second part of 2016.

6.3.1 Demand for ambulance services

6.3.1.1 Total incidents

Incidents	2015-16	2014-15	Percentage incr/decr
Emergency	132 997	125 557	5.9
Urgent	86 508	86 405	0.1
Non-urgent	60 869	62 141	-2.0
Total	280 374	274 103	2.3

Source: SAAS Operational Information Unit

Total ambulance responses

For every incident that SAAS attends, there may be more than one ambulance resource dispatched. The figures in the table below show the number of all resources dispatched, including those that may not have arrived on scene as a result of being diverted to another incident.

6.3.1.2 Ambulance resources dispatched

Priority level	2015-16	2014-15	Percentage incr/decr
Emergency	187 782	177 134	6.0
Urgent	117 326	118 575	-1.1
Non-urgent	79 831	82 197	-2.9
Total	384 939	377 906	1.9

Source: SAAS Operational Information Unit

Patients treated and transported

The total number of patients treated and transported by SAAS in 2015–16 was 231 506. This is an increase of 3.8 percent compared to last year's figure of 222 970 patients.

Patients treated but not transported

Treat-no-transport cases numbered 26 620 in 2015–16. Compared to 28 712 patients the previous year, this represents a 7.3 percent decrease.

Ambulance response times

Each year SAAS and SA Health agree upon response-time targets as part of the Health Service Level Agreement.

In 2015–16 ambulance response time targets for SAAS in metropolitan centres (based on Australian Bureau of Statistics urban centres) were set as per the information in the following table. Actual performance statistics are also reflected in the table.

Although SAAS did not meet its targets for all priorities, that these targets are challenging by both national and international standards, and are ambitious in their aim to ensure that SAAS is constantly striving to reach patients more quickly to administer life-saving support.

While the agreed performance targets continue to be focused on response times, the evaluation and balancing of response time performance against the quality of patient treatment and outcomes remains a consideration for SAAS.

6.3.1.3 Ambulance response time performance and targets*

Priority level	2015–16		2014-15	
	Performance: percentage ambulance intervention within minutes	Target: percentage ambulance intervention within minutes	Performance: percentage ambulance intervention within minutes	Target: percentage ambulance intervention within minutes
Priority 1 (life-threatening)	72% within 8 minutes	60% within 8 minutes	77.7% within 8 minutes	60% within 8 minutes
Priority 2 (potentially life-threatening)	89.8% within 16 minutes	95% within 16 minutes	92.6% within 16 minutes	95% within 16 minutes
Priority 3 (urgent but not life-threatening)	68.7% within 30 minutes	92% within 30 minutes	75% within 30 minutes	92% within 30 minutes

*Response time targets are only applied to urban centres. South Australian urban centres are Adelaide, Gawler, Bridgewater-Crafers, Murray Bridge, Mount Gambier, Port Pirie, Port Augusta and Port Lincoln.

Source: SAAS Operational Information Unit

Extended care paramedic responses

As part of the SA Health Service Level Agreement, SAAS has a performance indicator for attendances that do not result in transportation to an emergency department. For patients attended by SAAS's ECPs, the target is to avoid transport to a hospital emergency department 70 percent of the time. As at 30 June 2016 SAAS had achieved this key performance indicator in 66.5 percent of ECP attendances.

Although this represents an increase in the number of patients transported to an emergency department, the ECP workload over the past financial year has increased due to greater attendance by ECPs in supporting roles at cases tasked to other crews. This practice is in place to provide additional care for patients where needed (previously, ECPs were dispatched only to cases regarded as likely hospital avoidance cases).

6.3.1.4 Total SAAS MedSTAR retrieval missions

The critical and growing importance of the SAAS MedSTAR emergency medical retrieval service is demonstrated each year with consistent growth in the number of retrieval missions undertaken. In 2015–16, SAAS MedSTAR retrieved an extra 474 adult and paediatric patients compared to the year before, which is an increase of 20 percent. The table below shows total retrieval missions for 2015-16:

Retrieval missions	2015–16	2014–15	Percentage incr/decr
Adults	1 895	1 637	16
Paediatric (incl. neonatal)	945	729	30
Total	284	2 366	20

Source: SAAS MedSTAR

The outcomes of these retrieval missions were as follows:

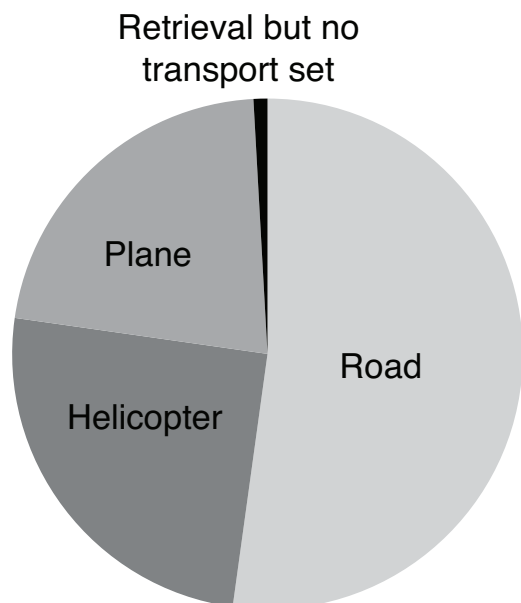
Patient Outcome	2015–16
Retrieved or transferred	2 236
Stood down	454
Treat, no transfer	95
Patient death	46
Palliation	6
Patient refusal	3
Total	2 840

Source: SAAS MedSTAR

The below table shows SAAS MedSTAR retrievals by transport mode, showing a large majority are tasked by road:

Transport mode	2015–16
Road	1 482
Helicopter	712
Plane	612
Not set - stood down	25

Source: SAAS MedSTAR



Source: SAAS MedSTAR

6.3.2 Responding to triple zero (000) calls

SAAS recruited 14 new EMDSOs this financial year which helped support extra workload created by a four percent increase in the number of triple zero (000) calls since last year. EOC staff responded to 95.31 percent of triple zero calls within 10 seconds, achieving very well against a target of 90 percent.

6.3.2.1 SAAS EOC performance standard averages – medical, compared to IAED ACE averages

In January 2015 the SAAS EOC achieved ACE accreditation under the International Academies of Emergency Dispatch (IAED), in recognition of EOC staff’s consistently high standards of emergency call-taking. The EOC maintained this certification across the past 12 months achieving a high degree of compliance, as shown in the below table:

Degree of compliance	SAAS ACE performance	IAED ACE average performances
High compliance	82.45	68.04
Compliant	9.91	18.58
Partial compliance	2.73	5.20
Low compliance	0.82	1.17
Non-compliant	4.27	6.74

Source: IAED

6.3.2.2 SAAS total percentage of deviations from performance standard – medical

To maintain IAED accreditation, SAAS must comply with an accepted percentage of deviations from medical performance standards set by IAED.

SAAS measures its performance against these criteria via audits performed throughout the year based on EMDSO staff members’ use of the Computer Aided Dispatch system, as well as patient safety measures.

SAAS performance in 2015–16 is tabled below:

	Critical deviation	Major deviation	Moderate deviation	Minor deviation
Total percentage of SAAS deviation from performance standards	0.47%	0.25%	0.48%	0.36%
IAED percentage of deviation from performance standards accepted	3%	3%	3%	3%

Source: IAED

6.3.2.3 Calls received by EOC in 2015–16

The increase in triple zero (000) calls tabled below is consistent with the trend observed over the past few years:

Type of call	Number of calls 2015–16	Percentage change from 2014–15
Triple zero	192 125	4.0
Other inbound	276 534	-6.2
Outbound	201 227	-2.8
Total	669 886	

Source: SAAS EOC

6.3.2.4 SAAS MedSTAR consultations 2015–16

During 2015–16 the number of telephone consultations* to South Australian health professionals provided by SAAS MedSTAR's coordination centre increased by 23 percent compared to the previous year. These consultations have been steadily increasing each year.

The total number of SAAS MedSTAR consultations (including telephone and SAAS MedSTAR-facilitated fixed-wing inter-hospital transfers) increased by 14 percent compared to the previous year. This number has also been steadily increasing year-on-year.

Consultation type	2015–16 telephone consultations	2015–16 inter-hospital transfers	Total for 2015–16
Adult	4 504	5 531	100 35
Paediatric	766	252	1 018
Neonatal	601	27	628
Total	5 871	5 810	116 81

* A consultation involves a discussion about a patient's presenting condition and the anticipated treatment interventions associated with a request for retrieval and/or transfer of a patient. It also includes providing advice about management strategies until the retrieval/transfer can be effected. A nurse retrieval coordinator initiates the discussion, which can be escalated to a medical retrieval consultant (MRC) as required.

Source: SAAS MedSTAR

6.4 Operations

6.4.1 Metropolitan Adelaide

SAAS's metropolitan services extend from Aldinga in the south to Playford in the north and encompass 1 406 operational and non-operational staff working from 20 ambulance stations and the head office.

The metropolitan portfolio is divided into four key functions:

- North West region and Single Paramedic Response Intervention (SPRINT), managing all emergency ambulance crews in the northern and western metropolitan suburbs.
- South East region and Extended Care Paramedic (ECP) program, managing all emergency ambulance crews in the southern and eastern metropolitan suburbs, including the Adelaide central business district.
- Patient Transport Services and Emergency Support Services, managing the response and transport of non-emergency patients. Although this service is based in the metro area, it often transfers patients in and out of regional areas.
- State-wide rostering department.

New ambulance stations

The new Oakden ambulance station was formally opened by the Hon. Jack Snelling M.P., Minister for Health on 19 June 2016. This state-of-the-art facility is now operational providing increased ambulance response capabilities to the north eastern suburbs and sets the standard for the upcoming builds of other new metropolitan stations.

A new regional headquarters ambulance station in Noarlunga is due for commission in September 2016. This station will provide a new purpose-built regional centre for staff working in southern Adelaide, boasting state-of-the-art training facilities and modern accommodation areas for crews to utilise between emergency response. It will also provide a new administrative centre for the south.

A site in Seaford has now been secured for a new station alongside our colleagues in the Country Fire Service (CFS) on the site of their existing fire station. The build of this ambulance station is due to commence in the 2016–17 financial year.

A site has also been secured for a new regional headquarters station in Parafield to the north of Adelaide. This station will also boast modern facilities including specialised training and accommodation areas. Work continues to identify and secure a site for a new station in the western suburbs.

SAAS Ambus

A new and exciting initiative was delivered this year that saw Australia's first ambulance bus commissioned into service. The Ambus is a 64-seater coach liner converted to carry six stretchered and six sitting patients and includes all of the required patient treatment and monitoring equipment.

The primary function of the Ambus is to transfer multiple patients in one journey to and from metropolitan and country hospitals. This new resource will reduce the number of single-stretcher ambulance journeys normally required to undertake these transfers. The Ambus has been up and running since May 2016 as part of an operational trial and commenced full operation in July 2016.

ECP Manchester Triage System

This year SAAS implemented decision support software for ECPs operating in our EOC. The tool allows ECP staff to effectively and safely assess patient's needs over the phone and identify the most appropriate type of clinical care required. This may range from dispatch of an emergency ambulance, to ECP assessment and treatment at the patient's home, to advice on self-care or referral to another health care service that is more appropriate to the patient's needs.

This valuable approach enables SAAS to coordinate the most appropriate type of care without always having to dispatch an emergency ambulance and is in line with new evolving international models of ambulance service delivery.

6.4.2 Regional South Australia

Ambulance stations in South Australian regional areas are largely staffed by volunteers, with 80 volunteer teams across 18 regional team leader areas and six operational management regions. There are 22 regional career ambulance stations staffed by paid paramedics across the state. Volunteer ambulance officers and paid paramedics frequently work together on cases, as required.

This year, the number of operational volunteers increased by 32 people and the number of new volunteer recruits remained relatively stable at 281. While the number of non-operational volunteers decreased by 53 people, volunteer resignations overall decreased by 71 people compared to last year. Fifteen volunteers transitioned to career paramedic positions.

6.4.2.1 Numbers of volunteer staff

Volunteer staff	2015-16	2014-15	2013-14
Operational volunteers	1 300	1 268	1 283
Non-operational volunteers	141	194	188
LAC members	77	71	40
New, resigned, transitioned volunteers (incl. in no's above)			
New volunteers	281	284	240
Resignations	210	281	279
Transitions to career positions	15	16	19

Source: SAAS Volunteer Support Unit

Volunteer Support Unit (VSU)

The VSU continued to provide assistance to the SAAS volunteer sector this year through the provision of recruitment and administrative support, reward and recognition initiatives and the ongoing development and review of policies and procedures.

Local Ambulance Committees (LACs)

LACs provide an opportunity for individuals and community organisations to participate in the promotion, enhancement and expansion of ambulance services in their local community. This year the Wallaroo volunteer ambulance team were added to the list of communities with a LAC to support volunteers.

Volunteer Exchange Program

Volunteer exchanges enhance relationships between the organisations involved and reward the selected volunteers for their valuable contribution to their communities. The SAAS exchange program also provides volunteers with opportunities to expand their personal and professional knowledge and to share new ideas and concepts.

Volunteer Tri-state Exchange Program

In the fourth year of the Volunteer Tri-state Exchange Program, two of our volunteers visited Victoria and SAAS hosted two volunteers from Tasmania. Ambulance Victoria, Ambulance Tasmania and SAAS all participate in the program.

SAAS–St John New Zealand Volunteer Exchange Program

Four SAAS volunteers visited New Zealand for 14 days this financial year. SAAS reciprocated by hosting four New Zealand volunteers.

6.4.3 SAAS Rescue, Retrieval and Aviation Services (RRAS)

At the SAAS RRAS operational base at Adelaide Airport, highly trained teams of doctors, paramedics and nurses are ready around the clock for retrieval and transport of critically ill or injured adults, children and neonates. Patients are retrieved via ambulance, helicopter and fixed-wing aircraft from the metropolitan area, across the state and interstate as required.

The year's highlights appear below:

- > Clinical governance days (CGDs) continued to be well attended by both SAAS staff and external interested parties. CGDs are held on a monthly basis, with weekly audits supplementing continuous teaching and audit practices at RRAS. This contributes to NSQHS Standard 1 (undertaking regular clinical audits).
- > The SAAS Medical Credentialing and Scope of Clinical Practice Committee was established and all SAAS medical officers credentialed.
- > SAAS MedSTAR successfully competed in the simulation challenge (Sim Cup) at the Aeromedical Society of Australasia and Flight Nurses Australia (ASA/FNA) annual conference in Darwin in August, winning for the second time.
- > Replacement helicopters were acquired as part of contract renewals with helicopter providers.
- > Planning for the new RRAS operational base within Adelaide Airport's Emergency Services precinct continued, adjoining the existing helicopter base.

Special Operations Team (SOT)

SOT rescue paramedics deliver SAAS's specialist technical rescue service, using two purpose-built four-wheel-drive vehicles and a rescue truck. The SOT is also responsible for the deployment of SAAS's Tactical Support Unit to major and complex events.

In 2015–16 the SOT provided additional support to SAAS crews by responding to 2 443 incidents, including the Pinery bush fire. Compared to the 1 966 incidents the SOT attended in 2014–15, this represents a 24 percent increase in the provision of specialist services such as hazardous incident response, confined space and difficult extrication, helicopter rescue, and out-of-hospital response.

Five RRAS SOT staff were also deployed to Tasmania to assist the CFS during the Tasmanian bushfires in February 2016.

The integration of SOT with the RRAS has also provided a further opportunity for paramedics to undertake a rotating roster arrangement, shared between SOT rescue and SAAS MedSTAR retrieval staff. As the paramedics are practising in dual roles, they have undertaken further education and training in the critical care retrieval discipline.

Urban Search and Rescue

SAAS's SOT is an active and productive member of the USAR Task Force, which provides rescue services for structural collapse events in South Australia. The SOT also plays a lead role in the medical component of the federal USAR service. SAAS has 23 SOT members qualified as category 2 USAR technicians and provides instructors for category 2 technician and vertical rescue training courses.

SAAS MedSTAR provides specialist medical support by way of medical retrieval consultants for the USAR teams, as per International USAR Advisory Group guidelines.

SAAS REMOTE

The SAAS REMOTE team continues to operate in selected country areas, providing suitably skilled SAAS career and volunteer staff to supply early medical assistance to patients requiring rescue. Team members maintain technical rescue skills to reach patients safely and quickly, including vertical access and steep incline training provided by the SOT. SAAS REMOTE teams are located in the west, Murray and Limestone Coast regional zones.

Key SAAS REMOTE events and achievements this year include:

- > All team members maintained currency in rescue and retrieval operations.
- > Ongoing skills maintenance of SAAS REMOTE members was achieved, including selection and training of four new members to backfill vacated positions.
- > Achievement of project management diplomas by three team members, and upgrades from training and assessment qualifications to training and education qualifications by five team members.

6.5 Enhancing vehicles and equipment for patient care

This year SAAS purchased 39 Mercedes Sprinter 319 ambulances for use in the metropolitan and country regions, replacing 39 outdated vehicles.

A mix of 22 new light fleet vehicles were leased as part of SAAS's normal replacement program, with 22 returned through efficiencies.

Funding was received for the Community Paramedicine program and an additional five light fleet were added for this project.

6.5.1 Stretcher Replacement Project

The State Government approved funding of \$15.5 million towards a \$24 million project to upgrade and replace stretchers and loading/unloading equipment in all SAAS stretcher-carrying fleet.

The procurement process commenced late 2015, with phased training and roll-out across metropolitan and country areas scheduled to commence in the 2016–2017 financial year.

SAAS expects the new powered stretchers will make a significant contribution to decreasing the number of body stressing injuries suffered by our ambulance clinicians whilst also improving patient safety and comfort.

6.6 Major events

During 2015–16 SAAS was involved in the planning of several hundred public and sporting events. SAAS personnel attended and supported many of these.

The organisation attended a range of motorsport events, music festivals and community events across the state in addition to major annual events such as the Tour Down Under, BUPA Community Challenge Tour, Clipsal 500 and the Adelaide Christmas Pageant. Resources deployed included paramedics in standard ambulances, first-responder paramedics utilising SPRINT cars, bicycles and motorbikes, and the SAAS Tactical Support Unit complete with local command teams and centralised command roles as part of multi-discipline event management teams.

Several SAAS resources were dedicated to New Year's Eve events in the metropolitan region in collaboration with other emergency services. Throughout the state additional resources were rostered during the festive season to cover the increased workload often experienced at this time of year.

Paramedic resources were also provided for major events at the Adelaide Oval, including all Australian Football League fixtures, interstate and international cricket training and matches, and other major events scheduled at the facility throughout the year.

SAAS again provided medical coverage, including treatment and triage, at the Schoolies event in Victor Harbor treating 97 patients over the course of the event.

SAAS continued to provide ambulance support for five camps run by the Operation Flinders Foundation, a charity that provides a world-leading wilderness adventure program in the Flinders Ranges for young offenders and young people at risk. SAAS also provided paramedic support to the SA Police Youth Leadership Camp.

6.7 Emergency preparedness

Under the SA Emergency Management Act (2004) and the State Emergency Management Plan (SEMP), SAAS must demonstrate that it plans for and can deal with a wide range of major incidents that may affect our communities.

Continuing to improve ambulance service capability to respond to and recover from these incidents is the responsibility of SAAS's emergency preparedness team. This year, the team committed to working more closely with key stakeholders and clinicians to ensure an effective, resilient and coordinated response to minimise the impact of major incidents, and to ensure rapid resumption of normal service delivery and adequate organisational recovery.

On a number of occasions this year SAAS's plans were put to the test through several exercises, and particularly through involvement in a number of major incidents summarised below:

- > **Level 1 incidents** (*casualty or non-casualty requiring local resources*): 15 incidents
- > **Level 2 incidents** (*casualty or non-casualty requiring regional resources*): one incident
- > **Level 3 incidents** (*casualty or non-casualty requiring state resources*): one incident
- > **Level 4 incidents** (*state arrangements in place*): one incident.

SAAS led the ambulance and first-aid response activities during the Pinery bushfire in November with services and staff managed by the Ambulance and First Aid Functional Service State Controller.

SAAS staff also assisted in state response activities to heatwaves, bushfires and floods.

We continue to learn from these experiences and use feedback and lessons learned to ensure we continually improve our preparedness for extreme emergencies.

Emergotrain

SAAS continued to work with DHA in the planning and conduct of Emergotrain (simulation) exercises for SAAS staff in various country and metropolitan locations. This facilitated exposure to and skills in mass casualty incident management in the out-of-hospital environment, as well as giving hospital staff experience in managing increased hospital surge capacity.

Other key activities in 2015–16

- > *Exercise Wounded Bird* – a discussion exercise examining the response to, and management of an armed offender incident at Parafield Airport.
- > *Exercise Team Spirit* – a discussion exercise to test the state's response to, and management of a cyber terrorist attack. The exercise encouraged participants to think about the consequences of information technology failure.
- > *Exercise Safe Containment* – a discussion exercise to test response to, and management of an incident in state prisons to expose participants to the complexity this type of incident would create.
- > *Exercise Exchange* – a whole of Health functional exercise to practice and evaluate response to, and management of a mass casualty incident.
- > *Exercise Turn Back* – a field exercise to practice an aircraft crash at Adelaide Airport.
- > Multi-agency simulated aircraft crash exercises were attended at various South Australian regional airports.
- > A new version of SAAS's Major Incident Response Plan (MIRP) was developed, and action cards implemented to assist staff who perform key roles during the response and management of mass-casualty events.

- > SAAS managers attended state advisory, planning and response group meetings as part of state emergency management arrangements.
- > A Forward (Bronze) Commander course was delivered to SAAS team leaders. This will assist them in providing leadership and direction to staff during major incidents.

6.8 Consultation with carers

SAAS is committed to recognising and supporting carers and their role in the community, as provided for in the *Carer's Recognition Act 2005*.

Through its Community Advisory Committee (CAC), which includes representation from key consumer groups, SAAS consults with carers' organisations to help improve service quality, equity and management.

SAAS's ECPs also liaise and consult with carers daily to ensure the needs of their patients are met. The ECP program supports people with clinically appropriate conditions such as disabilities or chronic illness to stay in their homes, aligning with SA's Health Care Plan to achieve improved management of chronic diseases.

Within the organisation, SAAS fosters a supportive culture that recognises and accommodates employees who have caring responsibilities; for example, by offering alternative work arrangements such as flexi-time, part-time, job-sharing, flexible rostering or compressed hours.

6.9 Support services

6.9.1 Customer services

The SAAS customer services department comprises three areas:

- > Customer Service Centre (CSC)
- > Billing and Collections
- > Ambulance products, including Ambulance Cover and Call Direct.

The CSC responds to telephone and email enquiries regarding Ambulance Cover, account payments, Call Direct (SAAS's 24-hour monitored alarm service), administrative tasks including the installation and servicing of Call Direct units, lost property, donations or bequests, commendations, complaints and all other general enquiries. In addition the CSC staff members also manage head office reception.

The Billing and Collections unit processes patient care records (case cards) to raise transport account invoices and enter patient clinical details. The unit also manages the debt recovery process. A total of 303 828 case cards generated a total value of \$161 360 721 in 2015–16.

The CSC received 210 363 telephone calls this financial year, a decrease of 3 125 compared to last year's figures. This reduction is attributed to the increased uptake of new channels like interactive voice response technology including a payment portal (bPOINT). The CSC also received 11 915 emails.

A total of 282 567 people subscribed to SAAS Ambulance Cover in 2015–16 representing a drop of around two percent, or 5 100 subscribers compared to the previous financial year.

Call Direct members numbered 3 858 which is a slight decrease of 238 members compared to the previous financial year.

6.9.2 Other support services

A wide range of other staff play an integral role in supporting SAAS through the full range of business functions in the departments of Corporate Planning and Project Management, Risk Management and Business Continuity, Infrastructure Planning and Resourcing, Corporate Communications, and Records and Information Management.

7.0 Clinical performance and patient safety

The Clinical Performance and Patient Safety (CP&PS) directorate is responsible for the clinical governance of operational service delivery. In an effort to ensure a system-wide approach to patient safety SAAS has been engaged in the project of seeking accreditation under the 10 National Safety and Quality Health Service standards (NSQHS standards). This is a key project for SAAS.

SAAS has also been a key participant in the planning and execution of the Transforming Health plan; the CP&PS directorate has been extensively involved in consultation and implementation planning for the clinical initiatives that will enable Transforming Health to achieve its objectives.

7.1 Collaboration with SA Health

This year collaboration between SAAS, SA Health and LHNs has intensified. Once again the patient care continuum will benefit as SAAS ensures its service delivery and clinical regimens are consistent with SA Health best practice. Areas such as Transforming Health and winter workload demand management planning have provided fertile ground for the consultation and implementation of initiatives within SAAS that are in partnership with the relevant LHNs.

7.2 Palliative Care Shared Care model

The General Practitioner Palliative Shared Care (GP PSC) program was established in 2015 as a result of an initiative by SA Health and GP partners Australia, and supported by the SA Palliative Care Clinical Network. The program plays an important role in building the capacity and skills of general practitioners to support patients with a life-limiting illness within the community setting.

The GP PSC program provides adults who have a life-limiting illness and have been referred to an SA Health public metropolitan specialist palliative care service with the option to obtain shared palliative care with a participating GP.

As a part of this program, SAAS clinicians work collaboratively with specialist palliative care services to respond to and minimise acute symptom issues, with the aim of keeping patients at their place of residence. This aligns with SA's Health Care Plan to expand palliative care services to make it easier for people at the end of life to receive palliative care either at home or in hospital. Access is via triple zero (000) or following discussion with a member of the specialist palliative care team.

7.3 Health and Community Services Complaints Commissioner

SAAS via the CP&PS directorate has been meeting regularly with the Health and Community Services Complaints Deputy Commissioner to assist in developing procedures for external agencies to meet their reporting requirements to the HCSCC. Alongside this work SAAS has been developing its own reporting procedures and processes for responding to information requests from the Deputy Commissioner during HCSCC investigations.

This collaborative approach has seen SAAS become well positioned to meet its responsibilities to the HCSCC in relation to its workforce who are largely unregulated health practitioners. This will provide an easier transition to regulation for the profession when it occurs during 2018.

7.4 Community Paramedicine model

Resulting from a 2014 State Government election commitment, SAAS introduced a Community Paramedicine pilot program in 2016 designed to connect more patients to the most suitable community health care option. Five community paramedics will be placed in country areas of the state in the second half of 2016 using specialist vehicles. This will include two community paramedics based in Ceduna, two on the Limestone Coast and further exploration of a pilot for Kangaroo Island. These clinicians will supplement existing SAAS resources in these areas and will allow an even greater provision of service delivery to these communities.

This financial year SAAS clinicians collaborated closely with CHSALHN to co-design a quality system calculated to enable patients to transition smoothly between the community and the hospital. As a part of this, community paramedics will treat and refer low-acuity patients in the community instead of taking them to hospital, where appropriate, and reduce their length of stay in hospital by providing timely support within the community setting.

Community paramedics will work in a setting that is not usual for paramedics as they will be embedded into local health care delivery to support and provide capacity to the robust initiatives that are already in place, as well as providing senior clinical support to local ambulance services, most of which are provided by volunteers.

Partnering with primary health services is also a key component of the community paramedicine program model. Through this partnership, community paramedics will be able to support GP service delivery as guided by local GPs, as well as primary health care screening and education tailored to the needs of each local community. This collaboration will also deliver a great opportunity for community paramedics to work closely with the health care providers currently supporting the needs of Aboriginal and Torres Strait Islander people.

7.5 Paramedic STEMI activation

SAAS has been using its eLearning system to complement training over the last couple of years, moving the workforce to a combination of self-directed learning and reinforcement through face-to-face interaction. This has been rolled out through Professional Development Workshops (PDWs).

A decision to increase paramedic practice to include STEMI (heart attack) activation procedure in 2015 meant that a significant training package was required for all paramedics. Learning and training examples were provided to all paramedics on USB, with an exam and authority to practice (ATP) certificate conducted on SAAS's eLearning platform. A face-to-face session was conducted at PDWs to reinforce and answer any questions on the package.

At the time of this report 296 paramedics have attempted the exam and 283 have now received ATP to activate the STEMI procedure. Paramedics can work through the training and ATP at their own pace and confidence; it is not mandated for all paramedics to complete this in a specified timeframe.

7.6 Patient clinical records

After significant internal and external consultation, a redesign of the SAAS patient clinical record (PCR) was implemented with state-wide education from February 2016. A coordinated changeover to the new PCR in country locations commenced in late May, with metropolitan locations commencing use as supply of the old style of PCR was depleted.

The redesign aims to improve safety and outcomes for all SAAS patients. Incorporation of the SA Health adult rapid detection and response (RDR) observation chart and escalation of care criteria to the PCR aligns SAAS with other health services in SA, SA Health policy and the National Safety and Quality Health Service Standards.

7.7 Clinical audit and research

Clinical audits provide the opportunity for making recommendations for quality improvement. Several clinical practice and procedure audits were initiated during the year, including:

- > Rapid Rhino (epistaxis device)
- > Amiodarone
- > Blood glucose level in paediatrics
- > Paediatric Treat no Transport (TNT)
- > Patient identification

Several other audits have commenced and will be reported in the 2016-17 calendar year:

SAAS is currently participating in the rEduction of oXygen After Cardiac arresT (The EXACT Study) and contributes data from our Cardiac Arrest Registry to the Australian Resuscitation Outcomes Consortium (Aus-ROC). Aus-ROC is a Centre for Research Excellence that conducts research into out-of-hospital cardiac arrest with a specific focus on improving rates of survival.

SAAS also supports an increasing number of research projects being undertaken by researchers in SA and across Australia.

7.8 Clinical risk management

In 2015–16 SAAS recorded a total of 1 314 incidents via the Safety Learning System (SLS), which signifies a 21.5 percent increase compared to the previous year's figures.

This increase is largely attributable to continuous staff education and heightened awareness of safety and quality which reflects that new initiatives applied by the CP&PS directorate have had a positive impact on patient safety and quality systems. The data collected in the SLS includes near misses and system failures; this provides SAAS with valuable causal information that can be used to promote organisational learning.

Improvements in safety and quality are ultimately integrated into patient care to enhance the patient journey. SAAS's work to recognise, report and analyse accidents and near-accidents is in line with NSQHS Standard 1 – Governance for Safety and Quality in Health Service Organisations, which requires health service organisations to manage incidents and complaints with the aim of improving safety systems.

7.9 Pharmacy

SAAS's principal pharmacist provides a comprehensive pharmacy service to the organisation with the aims of:

- > enhancing safe and efficacious use of medicines to our patients
- > ensuring the paramedic workforce is educated on best-practice, current pre-hospital pharmacotherapeutics.

This year a range of medicine administration guidelines were developed and specialist education and training in medicines delivered across all SAAS clinical levels including the new community paramedic workforce. SAAS's pharmacist also ensures that controlled drug management and medicine management more generally is embedded into effective programs for service improvement and modernisation.

There has been a considerable improvement in drug accountancy and compliance by paramedics with controlled drugs as measured by audits. Service delivery is achieved with a linkage to SA Pharmacy which offers powerful networking opportunities and specialist in-house medicine advice.

Work in 2015–16 continued to focus on optimising clinical care with the use of medicines by striving for safe, effective, evidence-based use of medicines in accordance with legislative requirements, also aligning with SAAS and SA Pharmacy's strategic and operational objectives.

As well as serving on a range of clinical and governance committees within SAAS, the principal pharmacist contributes to a range of external committees including the Clinical Governance Committee of St John Ambulance Australia and the South Australian Medicine Safety Advisory Group, and was recently appointed as an Adjunct Associate Professor in the School of Pharmacy and Griffith University on the Gold Coast, Queensland.

Other activities included:

- > Delivery of an invited plenary at the annual Council of Ambulance Authorities meeting in Melbourne in October addressing behavioural and psychological symptoms of dementia (BPSD) and a proposed model of care by ECPs.
- > Presentation of a multidisciplinary poster entitled, “Ethylene glycol poisoning treatment pre-hospital and hospital” (A. Gaekwad and PJ Hayball) at the Royal Australasian College of Physicians Annual Congress in Adelaide in May.

7.10 Patient satisfaction

7.10.1 CAA National Patient Satisfaction survey

The Council of Ambulance Authorities (CAA) National Patient Satisfaction Survey is conducted annually to determine service quality and satisfaction ratings of ambulance services across Australia. The purpose of the research is to measure the quality of ambulance service as perceived by its customers (patients or carers).

Respondents are asked to evaluate their experience of using ambulance services on a number of dimensions: timeliness, telephone assistance, treatment received, paramedic care, journey quality, and overall satisfaction associated with using the ambulance service.

SAAS sent 1 400 surveys to patients who used the organisation’s services over the last number of months. The table below shows that the 2016 survey respondents experienced a high degree of overall satisfaction with the service delivered by SAAS.

7.10.1.1 CAA National Patient Satisfaction survey results for 2016

Question	Explanation	Satisfied or very satisfied 2016	Satisfied or very satisfied 2015
Call response	Satisfaction with time taken to answer triple zero (000) call	98%	98%
Telephone assistance	Satisfaction with call taker	97%	98%
Ambulance response	Satisfaction with ambulance arrival time	94%	96%
Care	Satisfaction with paramedics’ care while attending	99%	99%
Treatment	Satisfaction with the standard of treatment provided	98%	98%
Communication	Satisfaction with explanations about what was happening and why	96%	97%
Trip/ride	Satisfaction with the conditions of the trip when being transported by ambulance	95%	94%
Overall	Overall satisfaction with the ambulance service	98%	98%

Source: Council of Ambulance Authorities

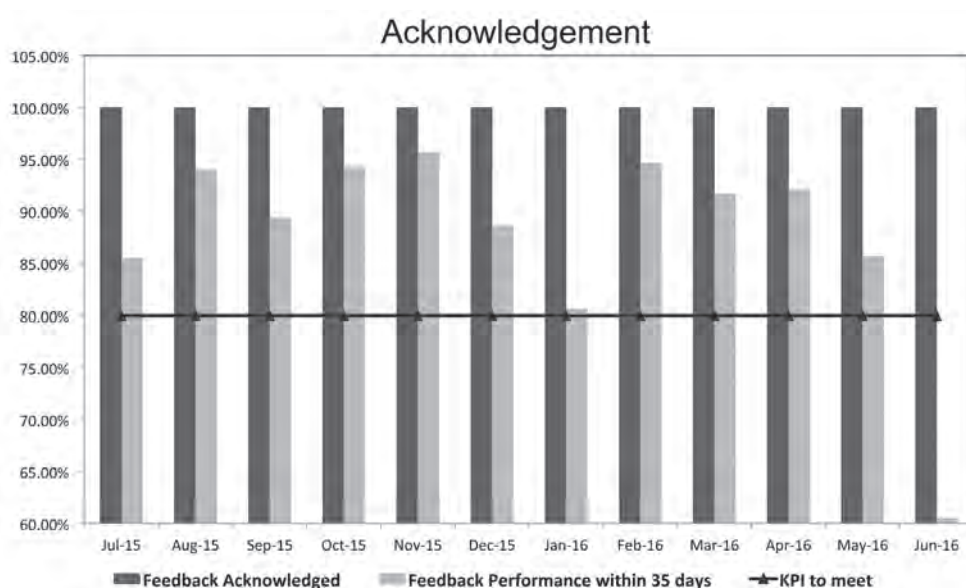
7.10.2 Consumer feedback – public complaints and compliments

In 2015–16 SAAS received 291 compliments and 475 complaints. SAAS records all consumer feedback (compliments and complaints) in the Safety Learning System (SLS). The SLS key performance indicator requires 80 percent of feedback to be acknowledged within two business days from receipt and following investigation, a response should be supplied within 35 business days. Learning outcomes are actioned as required.

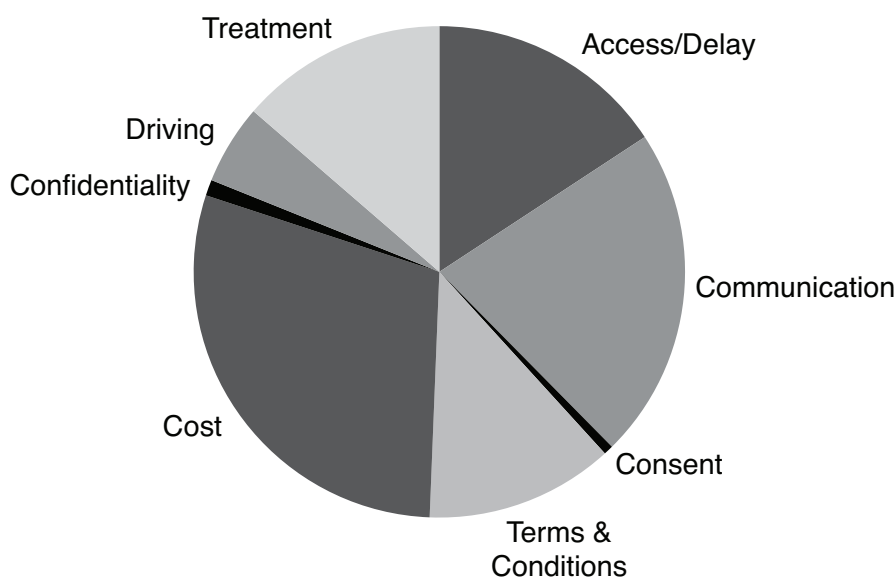
SAAS’s consumer performance feedback is shown in the chart below. A delay in providing individual responses to consumers about changes to the SAAS Ambulance Cover terms and conditions meant SAAS was not able to meet its Key Performance Indicator (KPI) in June 2016 for providing consumer responses within 35 days 80 percent of the time.

A whole of SA Health response will be provided in the 2015–16 Department for Health and Ageing Annual Report, which can be accessed at the following link: <http://www.sahealth.sa.gov.au>.

7.10.2.1 Consumer feedback acknowledgement and response



7.10.2.2 Primary subjects for consumer feedback acknowledgement and response




7.11 National Safety and Quality Health Service Standards (NSQHS)


The NSQHS Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) to provide a nationally consistent statement of the minimum level of care consumers should be able to expect from health services.


The NSQHS Standards drive the implementation and use of safety and quality systems and have resulted in widespread improvements in the quality of health service provision in Australia.


The standards are not mandated for ambulance services at this time. However, SAAS is committed to providing better patient outcomes and improved service delivery so the organisation’s executive management team made a commitment in 2014 to undertake accreditation in the ten standards.


The ten standards are:


- 


Standard 1: Governance for Safety and Quality in Health Service Organisations
Implementing robust and safe systems
- 


Standard 2: Partnering with Consumers
Creating a consumer centred ambulance service
- 


Standard 3: Preventing and Controlling Healthcare Associated Infections
Protecting patients, staff and the community from infections
- 


Standard 4: Medication Safety
Safe and effective patient administration, handling, recording and storage of medicines
- 

Standard 5: Patient Identification and Procedure Matching
Active identification checks and matching patients to their care plans
- 

Standard 6: Clinical Handover
Effective clinical communication including handover, referrals and care plans
- 

Standard 7: Blood and Blood Products
The safe use and management of valuable blood products
- 

Standard 8: Preventing and Managing Pressure Injuries
Strategies to reduce the risk of, and manage, pressure injuries while in our care
- 

Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care
Identify patient deterioration and initiate care or clinical support
- 

Standard 10: Preventing Falls and Harm from Falls
Manage falls in the community with appropriate referral and reduce risk of patients falling while in SAAS care

The planning stage of the project commenced in 2015 and the formal three year journey with health care assessment and accreditation provider, the Australian Council on Healthcare Standards (ACHS), began in 2016.

7.0 Clinical performance and patient safety

In early 2016 a steering committee was established to oversee five standards committees, each of which were assigned a specific cluster of standards to manage. Their role is to address any issues identified from a gap analysis review of the ten standards undertaken by SAAS in 2015. This means that the criteria for each standard must be met, along with the actions required for that criteria.

Accreditation will only be achieved if all core action items are suitably addressed. The project's focus for 2016 is to complete this process and succeed with ACHS's first year assessment – a desktop review of how SAAS is progressing towards meeting the standards - scheduled for December 2016.

Successful accreditation by 2018 will confirm that:

- > SAAS is committed to a strong focus on patient safety and quality care.
- > SAAS has achieved improved (minimum) standards of best practice with its service delivery.

SAAS is the first ambulance service in Australia to achieve accreditation in the ten standards. In 2016 SAAS, along with other Health Service Organisations, provided feedback to the Commission on a revised version of the standards (version 2) for proposed implementation in 2018–2019.

8.0 Community

8.1 Community engagement

Consistent with SAAS's annual community engagement commitment, staff carried out several community education sessions across the state this financial year. These took place in child care centres, kindergartens, schools, aged care facilities, at conferences, and for community groups.

SAAS was once again involved with the Street Smart High event, a driver awareness event for students aged 15-18 years. Each year the Royal Automobile Association (RAA), state emergency services, community representatives and SAAS come together to warn young people of the dangers of inattentive driving. For this two-day event SAAS provided a team leader, two ambulance crews and a motorbike response unit for the 'live' crash scenario. The event was also narrated by a senior staff member from SAAS MedSTAR.

SAAS also engaged with the community through a variety of mediums as follows:

- > Health topics such as cardiac arrest, hydration during hot weather and the festive season, and snake safety, were published by various media outlets.
- > 'Calling an ambulance/CPR checklist' cards were handed out at events such as Street Smart High and careers expos.
- > Flash cards and promotional materials were used for school visits, advising when to call triple zero (000) in an emergency and what children should expect when they talk to a call-taker.
- > Successful launch of SAAS dedicated social media accounts on Facebook and Twitter. SAAS obtained social media to reach a wider audience, celebrate staff achievements, communicate important community health and safety messaging, and amplify messages of other emergency service agencies and government departments.

8.1.1 Hands off our ambos campaign

The 'Hands off our ambos' anti-violence and aggression public awareness campaign continued throughout the year. Aimed at reducing violence and aggression towards ambulance officers and paramedics, the viral social media video reached 2.3 million people across 13 countries. A radio advertisement was also aired, as well as posters in pubs and clubs.

The campaign went on to win a prestigious award in New York at the 2015 Global Awards in October taking out the 'Advertising to the consumer/patient' section of the 'Educational Awareness' category. The Global Awards are the internationally recognised awards for healthcare and wellness advertising.

This is an excellent outcome and something that's been reflected in a decreasing number of violence and aggression incidents. Since the campaign launched in May 2015, SAAS has seen a 33 percent reduction in the number of incidents reported.

8.2 Corporate social responsibility

8.2.1 Tonga Ambulance development project

SAAS, in partnership with Rotary International, assisted in the fit-out of a van purchased during 2016 resulting in a vehicle specifically suited to the delivery of ambulance services in Tonga. Staff from the SAAS fleet workshop provided invaluable assistance for completing the vehicle fit-out.

The vehicle will be delivered to the Tonga Ministry of Health in the next 12 months and will be a key milestone in SAAS's Tonga assistance project. SAAS staff continue to visit Tonga to provide ambulance services training and advice.

8.2.2 Emergency Services Blood Challenge

SAAS promoted this year's challenge through internal publicity and by allowing donors to take time out of their working hours to donate. There were 118 blood donations in the 2015 Red Cross Emergency Services Blood Challenge which was an increase of 30 donations from the previous year. These donations potentially helped to save 354 lives.

8.2.3 Operation Flinders

This charitable organisation organises and runs team-building camps in a remote area of the Flinders Ranges for approximately 300 young adults each year. Multi-day exercises take place during the camps, and SAAS sponsors these by releasing paramedics or nurses (two per exercise for the duration) from their roster positions to be able to attend the camps in a professional capacity. Five camps were held this financial year with two SAAS staff members attending each camp.

8.2.4 One Life program

In Australia, the likelihood of surviving an out-of-hospital cardiac arrest (OHCA) is between five and 20 percent. This has remained relatively unchanged over the last decade or more¹. It is widely acknowledged that bystander CPR and early defibrillation increases the likelihood of restoring spontaneous circulation (ROSC) in the pre-hospital setting (a key outcome in OHCA survival). However it is currently estimated that less than 40 percent of bystander-witnessed OHCA's in South Australia receive basic life support measures, representing the weakest link in the chain of survival².

The chain of survival³ refers to a sequence of interventions which when undertaken quickly, increase the likelihood of surviving a cardiac arrest. While the delivery of any one of the life-preserving measures in the chain of survival is welcomed, literature shows that this may, at best, only marginally improve cardiac arrest survival rates.

The One Life program is a state-wide initiative which strives to improve OHCA survival to hospital discharge rates in South Australia through a universal approach which looks at improvement measures across the entire chain. The Community CPR-30 project is one of five key projects convened under the One Life program.

The Community CPR-30 project seeks to improve community resilience and health by providing free 30 minute non-accredited awareness and training sessions for recognising cardiac arrest, hands-only CPR and the use of Automated External Defibrillators (AEDs). To date over 350 people in the South Australian community have been trained in these life-saving skills, encouraging many communities to now purchase their own public access defibrillators.

The One Life program aligns with NSQHS Standard 1 - Governance for Safety and Quality in Health Service Organisations. It also complies with Standard 2 - Partnering with Consumers Through implementation of the program's strategic engagement framework, and Standard 9 - Recognising and Responding to Clinical Deterioration through its ongoing delivery of public and internal education.

¹ Cadogan, M and Middleton, P (2014) Take Heart Australia. Life in The Fast Lane viewed 23 June 2016, <http://lifeinthefastlane.com/take-heart-australia/>

Sasson, C. Rogers, M. Dahl, J. Kellerman, A. (2009) Predictors of Survival from Out-of-Hospital Cardiac Arrest. A Systematic Review and Meta Analysis. Circulation Cardiovascular Quality and Outcomes. American Heart Association, viewed 14 June 2016 at <http://circoutcomes.ahajournals.org>

Urquhart, C. Martin, J. Ross, M. (2015) Outcomes Following Cardiac Arrest In Remote Areas Of The Northern Territory. 13th National Rural Health Conference. Pp 1-9

² Grmec, S. Križmarič, M. Mally, S. Koželj, A. Špindler, M. Lešnik, B. (2007) Utstein style analysis of out-of-hospital cardiac arrest – Bystander CPR and end expired carbon dioxide, viewed 22 June, 2016 <http://dx.doi.org/10.1016/j.resuscitation.2006.07.012>

Delft University of Technology Applied Design Labs. (2016) Ambulance Drone, viewed 23 June 2016 <http://www.io.tudelft.nl/onderzoek/delft-design-labs/applied-labs/ambulance-drone/>

Zeitz, K. Grantham, H. Elliot, R. Zeitz, C. (2010) Out of Hospital Cardiac Arrest – Review of Demographics in South Australia to Inform Decisions About the Provision of Automated External Defibrillators in the Community. Prehospital and Disaster Medicine, viewed 12 June, 2016 <http://dx.doi.org/10.1017/S1049023X00008700>

Urquhart, C. Martin, J. Ross, M. (2015) Outcomes Following Cardiac Arrest In Remote Areas Of The Northern Territory. 13th National Rural Health Conference. Pp 1-9

³ Newman, M (1989) "The Chain of Survival Takes Hold" Journal of Emergency Medical Services, 14: 11-13, viewed 10 June, 2016, https://en.wikipedia.org/wiki/Chain_of_survival

8.2.5 White Ribbon

SAAS is committed to working with the community to end violence against women and is currently undertaking an accreditation program with charity organisation White Ribbon. Accreditation is expected to be achieved in 2017 and SAAS has been working hard to ensure we have the systems, policies and resources in place to support any staff member who is the victim of domestic or workplace violence.

White Ribbon workplaces are centres of respect and proactivity in relation to the safety of women in the workplace, and are members of a truly leading edge cohort, both nationally and internationally. The program is an award-winning initiative which is complementary to women's' empowerment initiatives and strengthens the organisation's stance in relation to anti-bullying legislation. Key benefits include:

- > driving of social change
- > improved office safety and morale
- > increased staff knowledge and skills to address this issue
- > improved retention rates and lower staff turnover
- > risk mitigation
- > improved work productivity and reduced absenteeism
- > improved reputation
- > becoming an employer of choice.

8.3 Community Advisory Committee

SAAS is committed to being inclusive, engaging the community early and enabling people to have a say in the development of our ambulance service. The Community Advisory Committee (CAC) is a partnership with community organisations to improve our service quality, equity and management.

The CAC supports SAAS's objectives in meeting the requirements of the 10 National Safety and Quality Health Service (NSQHS) standards in relation to partnering and engaging with the consumers of our services. Enhancing the input of SAAS's consumers and considering their experiences provides many opportunities for SAAS to enhance its clinical and operational performance to improve the services we provide to the community.

The current Chairperson for CAC is Mirsia Bunjaku, from the Migrant Resource Centre of South Australia. The remaining membership includes Council on the Ageing, Disability Advocacy and Complaints Service of South Australia Inc., Aboriginal Health Council of SA Inc, Drug and Alcohol Service South Australia, Carers SA, Local Government Association and the Health Consumers Alliance. During 2015–16 the CAC Mental Health representative position was vacant and a new representative is being sought.

During 2015–16 CAC met on four occasions addressing the following standing items:

- > SAAS Patient Safety and Quality Senior Management Committee report
- > Clinical Governance Committee update
- > Transforming Health update
- > National Safety and Quality Health Service Standards update.

8.0 Community.....

Information sessions were provided to and comment sought from CAC members on:

- > White Ribbon accreditation project
- > Secondary triage
- > Salisbury walk-in service
- > Measuring consumer experience
- > New SAAS Disability Access and Inclusion Plan
- > Transportation of mobility aids
- > SA Health open disclosure policy
- > SA Health staff survey on patient safety
- > Community Paramedicine project
- > New Acknowledgement of Medical Advice (AMA) form and new Patient Clinical Record
- > Update on report to Health and Community Services Complaints Commissioner.

9.0 Asset management

9.1 Assets under SAAS management

Assets	2015–16
Properties from which SAAS operates	139
Ambulances (incl. eight training vehicles)	261
Other vehicles	169
Stretchers	390
GRN vehicle radios	528
GRN handheld radios	890
GRN pagers	2045
Mobile telephones	712
Satellite telephones	222
Wireless devices	35
Electro-medical equipment	959
Training manikins	247
Oxygen gauges (active and stock)	1594
MDT systems (CPU, GPS, screens)	388
GPS units	430
Automatic vehicle location units	354

Source: SAAS Infrastructure Planning and Resourcing

9.2 Ambulances

Metropolitan ambulances	2015–16
Mercedes 315	1
Mercedes 318	0
Mercedes 319	121
Mercedes 519 and 518 (bariatric and twin-stretcher vehicles)	4
Total	126

Source: SAAS Infrastructure Planning and Resourcing

Country ambulances	2015–16
Mercedes 316 4x4	1
Mercedes 318	2
Toyota troop carrier	10
Mercedes 319	122
Total	135

Source: SAAS Infrastructure Planning and Resourcing

9.3 Other vehicles

Vehicle	2015–16
Command unit	1
Trailers	8
Caravan	1
Forklift	1
ECP vehicles	9
First response country	7
Volunteer recruitment vehicle (promotional vehicle – Mercedes Sprinter 316)	0
SAAS MedSTAR vehicles (including SAAS MedSTAR Kids)	7
Special Operations Team vehicles	2
SPRINT vehicles	6
Motorcycles	4
Other light fleet	108
Bicycle response	1
Mental health transport	1
Ambulance bus	1
Historical vehicles	5
Training vehicles	7
Total	169

Source: SAAS Infrastructure Planning and Resourcing

10.0 Other matters

10.1 Overseas travel

Travel, including overseas travel, is an important part of SA Health's business allowing employees to participate in professional development opportunities including attending and presenting at cutting-edge conferences, seminars and workshops. Employees are supported through investment in training and development and SA Health is committed to the ongoing professional development of medical officers through the relevant industrial instruments.

Overseas travel allows the sharing of knowledge from one jurisdiction to another and is an opportunity for employees to advance SA Health's priorities and benefit the South Australian public health system by improving services.

Information on overseas travel acquitted by SAAS employees during 2015–16 is available at <http://www.saambulance.com.au/NewsPublications/Annualreports.aspx>

10.2 Whistleblowers Protection Act 1993

The *Whistleblowers Protection Act 1993* provides an opportunity for public interest information to be disclosed to a responsible officer of SA Health.

Within SAAS, the CEO and Manager Workforce are the responsible officers for the purposes of the *Whistleblowers Protection Act 1993* pursuant to section 7 of the *Public Sector Act 2009*. No instances of disclosure were reported to a responsible officer this financial year.

10.3 Sustainability

The SAAS contribution to sustainability has been included in a whole-of-SA Health response. This response can be found in the DHA 2015–16 Annual Report on the [SA Health website](#).

10.4 Urban Design Charter

The SAAS contribution to the South Australian Urban Design Charter has been included in a whole-of-SA Health response. This response can be found in the DHA 2015–16 Annual Report on the [SA Health website](#).

10.5 Aboriginal reconciliation

As part of SA Health, SAAS reaffirms its commitment to Aboriginal reconciliation and works towards a united Australia which respects this land, values the Aboriginal and Torres Strait Islander heritage, and provides justice and equity for all. (Vision of the Council of Aboriginal Reconciliation, 1997)

SAAS commits to providing cultural awareness training for all new SAAS staff as part of their standard online induction course.

11.0 Finances

11.1 Contractual arrangements

This information can be found on SA Health's Tenders and Contracts website located at <https://www.tenders.sa.gov.au/tenders/index.do>.

11.2 Fraud prevention

All SAAS employees were required to read and acknowledge compliance with the Code of Ethics for the SA Public Sector which came into effect in July 2015. In September 2015, SAAS developed a new Code of Ethics and Conduct for volunteers which complemented the public sector code and provided SAAS volunteers with guidance for performance and professional conduct.

All SAAS staff are also required to comply with requirements of the SA Health Fraud and Corruption Policy. SA Health's corruption control consultant held fraud awareness sessions for senior leadership and executive in March and May 2016. In addition, SAAS is in the process of rolling out a revised conflict of interest/pecuniary interest register which will further reinforce staff's responsibilities in relation to business practices and ethical behaviour.

SAAS has identified five key areas of potential fraud risk which are recorded in the existing risk register. Along with strategic and operational risks, these fraud risks are monitored and reviewed by SAAS's executive management team and senior management committee on a monthly basis as part of the overall risk management program. SAAS has a process where any fraudulent or corrupt behaviour risk would be tabled along with proposed response and treatments to the Risk Management and Audit Committee.

In 2015-16, there were three investigations into suspicion of theft of drugs by employees. Two of these three staff resigned from their roles with SAAS, and a third investigation is ongoing.

11.3 Consultants

Consultancy Fee Range	Number or Name of Consultancies	Services Provided	Cost \$
Below \$10,000	2		6 921.61
Above \$10,000	Deloitte Touché Tohmatsu Ltd	Financial review of the Revenue Funding Model.	94 717.00
	PriceWaterHouseCoopers Legal	Analysis and evaluation of recent trends and demands to support case to increase permanent staff levels.	50 761.58
	PriceWaterHouseCoopers Legal	Project Strategy for the Electronic Patient Care Reporting (ePCR) assessing risk to provide a procurement and project approach.	57 610.20
	PriceWaterHouseCoopers Legal	Independent review of the SAAS Ambulance Cover scheme.	53,594.26
	PriceWaterHouseCoopers Legal	Analysis and review of the provision of Patient Transport Services to the Local Health Networks, private healthcare providers and individuals.	70 892.70
	Integrated Safety Support	Review and report on workplace environment.	44 747.50
	Mercer Consulting (Australia) Pty Ltd	Actuarial Report for 2014-2015 per Australian Accounting Standards Board (AASB119) Employee Benefits for the South Australian Ambulance Service (SAAS) Superannuation Scheme.	17 500.00
Total paid/payable to consultants engaged	9		396 744.85

Source: SAAS Financial Services

11.4 Independent Auditor's Report

INDEPENDENT AUDITOR'S REPORT



Government of South Australia
Auditor-General's Department

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To the Chief Executive Officer SA Ambulance Service Inc

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987* and section 55(2) of the *Health Care Act 2008*, I have audited the accompanying financial report of the SA Ambulance Service Inc for the financial year ended 30 June 2016. The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2016
- a Statement of Financial Position as at 30 June 2016
- a Statement of Changes in Equity for the year ended 30 June 2016
- a Statement of Cash Flows for the year ended 30 June 2016
- notes, comprising a summary of significant accounting policies and other explanatory information
- a Certificate from the Chief Executive Officer and the Chief Finance Officer.

The Chief Executive Officer's responsibility for the financial report

The Chief Executive Officer is responsible for the preparation of the financial report that gives a true and fair view in accordance with the Treasurer's Instructions promulgated under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards, and for such internal control as the Chief Executive Officer determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

My responsibility is to express an opinion on the financial report based on the audit. The audit was conducted in accordance with the requirements of the *Public Finance and Audit Act 1987* and Australian Auditing Standards. The auditing standards require that the auditor comply with relevant ethical requirements and that the auditor plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

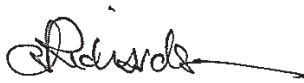
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Chief Executive Officer, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

My report refers only to the financial statements described above and does not provide assurance over the integrity of publication of the financial report on SA Ambulance Service Inc’s website nor does it provide an opinion on any other information which may have been hyperlinked to/from these statements.

Opinion

In my opinion, the financial report gives a true and fair view of the financial position of the SA Ambulance Service Inc as at 30 June 2016, its financial performance and its cash flows for the year then ended in accordance with the Treasurer’s Instructions promulgated under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards.



Andrew Richardson
Auditor-General
 22 September 2016

11.5 Certification of the financial statements

Certification of the financial statements

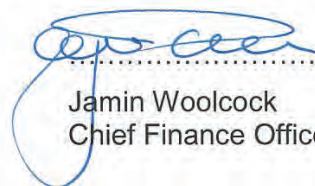
We certify that the:

- financial statements of the SA Ambulance Service Inc.:
 - are in accordance with the accounts and records of the authority; and
 - comply with relevant Treasurer’s instructions; and
 - comply with relevant accounting standards; and
 - present a true and fair view of the financial position of the authority at the end of the financial year and the result of its operations and cash flows for the financial year.

- Internal controls employed by the SA Ambulance Service Inc. over its financial reporting and its preparation of the financial statements have been effective throughout the financial year.



.....
Jason Killens
Chief Executive Officer



.....
Jamin Woolcock
Chief Finance Officer

Date 16/9/2016

11.6 Financial statements

SA AMBULANCE SERVICE INC
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2016

	Note	2016 \$'000	2015 \$'000
Expenses			
Staff benefit expenses	4	173,420	158,311
Supplies and services	5	64,422	63,055
Depreciation and amortisation expense	6	10,503	9,195
Bad and Doubtful Debts	7	16,295	14,161
Other expenses	7	1,450	1,693
Total expenses		266,090	246,415
Income			
Revenue from fees and charges	9	125,189	114,228
Grants and contributions	10	1,000	-
Interest revenue	11	56	210
Resources received free of charge	12	4,271	91
Net gain/(loss) from disposal of non-current and other assets	13	378	177
Other revenue	14	2,659	2,211
Total income		133,553	116,917
Net cost of providing services		132,537	129,498
Revenue from SA Government			
Revenue from SA Government	15	127,992	127,202
Total revenue from SA Government		127,992	127,202
Net result		(4,545)	(2,296)
Other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment asset revaluation surplus		-	2,857
Items that will be reclassified subsequently to net result when specific conditions are met			
Gains or losses recognised directly in equity	24	(28,689)	(3,729)
Total other comprehensive income		(28,689)	(872)
Total comprehensive result		(33,234)	(3,168)

The net result and total comprehensive result are attributable to the SA Government as owner

The above statement should be read in conjunction with the accompanying notes.

SA AMBULANCE SERVICE INC
STATEMENT OF FINANCIAL POSITION
As at 30 June 2016

	Note	2016 \$ '000	2015 \$ '000
Current assets			
Cash and cash equivalents	16	19,631	19,625
Receivables	17	20,838	16,172
Inventories	18	272	245
Other assets	19	4	46
Total current assets		40,745	36,088
Non-current assets			
Receivables	17	1,577	1,408
Property, plant and equipment	20	82,642	75,372
Intangible assets	21	1,845	2,935
Total non-current assets		86,064	79,715
Total assets		126,809	115,803
Current liabilities			
Payables	23	6,002	7,078
Staff benefits	24	38,654	34,162
Provisions	25	3,439	2,567
Other liabilities	26	699	927
Total current liabilities		48,794	44,734
Non-current liabilities			
Payables	23	2,360	2,035
Staff benefits	24	81,533	41,029
Provisions	25	4,669	4,844
Total non-current liabilities		88,562	47,908
Total liabilities		137,356	92,642
Net assets		(10,547)	23,161
Equity			
Asset revaluation surplus	27	12,058	12,058
Other reserves	27	8,305	36,994
Retained earnings	27	(30,910)	(25,891)
Total equity		(10,547)	23,161

The total equity is attributable to the SA Government as owner

Unrecognised contractual commitments 29

Contingent assets and liabilities 31

The above statement should be read in conjunction with the accompanying notes.

SA AMBULANCE SERVICE INC
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2016

	Note	Asset			Retained earnings	Total equity
		Contributed capital	revaluation surplus	Other reserves		
		\$ '000	\$ '000	\$ '000	\$ '000	\$ '000
Balance at 30 June 2014		6,298	12,950	40,833	(33,590)	26,491
Prior Period Adjustment		(6,298)	(3,749)	-	10,047	-
Restated balance at 30 June 2014		-	9,201	40,833	(23,543)	26,491
Net result for 2014-15		-	-	-	(2,296)	(2,296)
Gain/(loss) on revaluation of property during 2014-15	20	-	2,767	-	-	2,767
Gain/(loss) on revaluation of plant and equipment during 2014-15	20	-	90	-	-	90
Loss on revaluation of Defined Benefit Fund Liability		-	-	(3,729)	-	(3,729)
Total comprehensive result for 2014-15		-	2,857	(3,729)	(2,296)	(3,168)
Transfer between equity components		-	-	(110)	110	-
Transactions with SA Government as owner						
Net assets received from an administrative restructure	30	-	-	-	(162)	(162)
Balance at 30 June 2015	27	-	12,058	36,994	(25,891)	23,161
Error correction		-	-	-	-	-
Restated balance at 30 June 2015	27	-	12,058	36,994	(25,891)	23,161
Net result for 2015-16		-	-	-	(4,545)	(4,545)
Loss on revaluation of Defined Benefit Fund Liability		-	-	(28,689)	-	(28,689)
Total comprehensive result for 2015-16		-	-	(28,689)	(4,545)	(33,234)
Transactions with SA Government as owner						
Net assets received from an administrative restructure	30	-	-	-	(474)	(474)
Balance at 30 June 2016	27	-	12,058	8,305	(30,910)	(10,547)

All changes in equity are attributable to the SA Government as owner

The above statement should be read in conjunction with the accompanying notes.

SA AMBULANCE SERVICE INC
STATEMENT OF CASH FLOWS
For the year ended 30 June 2016

	Note	2016 \$ '000	2015 \$ '000
Cash flows from operating activities			
Cash outflows			
Staff benefit expenses		(156,439)	(151,301)
Payments for supplies and services		(68,788)	(70,893)
Payments for paid parental leave scheme		(408)	(368)
Other payments		(17,809)	(15,926)
Cash used in operations		<u>(243,444)</u>	<u>(238,488)</u>
Cash inflows			
Fees and charges		122,035	116,726
Grants and contributions		1,000	-
Interest received		56	218
GST recovered		2,462	2,299
Receipts for paid parental leave scheme		425	359
Other receipts		2,510	2,854
Cash generated from operations		<u>128,488</u>	<u>122,456</u>
Cash flows from SA Government			
Receipts from SA Government		126,996	127,818
Cash generated from SA Government		<u>126,996</u>	<u>127,818</u>
Net cash provided by / (used in) operating activities		<u><u>12,040</u></u>	<u><u>11,786</u></u>
Cash flows from investing activities			
Cash outflows			
Purchase of property, plant and equipment		(12,417)	(7,161)
Cash used in investing activities		<u>(12,417)</u>	<u>(7,161)</u>
Cash inflows			
Proceeds from sale of property, plant and equipment		383	540
Cash generated from investing activities		<u>383</u>	<u>540</u>
Net cash provided by/(used in) investing activities		<u><u>(12,034)</u></u>	<u><u>(6,621)</u></u>
Net increase/(decrease) in cash and cash equivalents		6	5,165
Cash and cash equivalents at the beginning of the period		19,625	14,460
Cash and cash equivalents at the end of the period	32	<u><u>19,631</u></u>	<u><u>19,625</u></u>
Non-cash transactions	32	(5,854)	(8,662)

The above statement should be read in conjunction with the accompanying notes.

SA AMBULANCE SERVICE INC
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2016

1 Objectives of SA Ambulance Service Inc

The SA Ambulance Service Inc (SAAS) is an incorporated association under the *Health Care Act 2008* (the Act).

Health Services incorporated under the Act are funded from various sources. In addition to fees charged for services provided other funding can be obtained from the Department for Health and Ageing (the Department), the Commonwealth Government, public donations, private practice funds, foundations and other sources.

The Act was proclaimed on 1 July 2008 and repealed the *Ambulance Services Act 1992*. Under the provisions of the Act, SAAS ceased to be an association under the *Associations Incorporation Act 1985* but continues in existence as the same body corporate but now constituted under the Act. As a result of these legislative changes, administration of the body corporate changed from the previous Ambulance Board to the Chief Executive Officer of the Department for Health and Ageing who in turn has delegated day to day operational responsibilities to the Chief Executive Officer of SAAS.

The Act also provides for the establishment of local Health Advisory Councils (HACs). The SA Ambulance Service Volunteer Health Advisory Council (SAASVHAC) was established on 1 July 2008 as an unincorporated body. The role of the council is to provide advice and advocacy on SAAS volunteer matters to the Minister for Health and Ageing and the Chief Executive Officer and management of SAAS.

Users of these financial statements should note that the South Australian Government funds a significant part but not the entire operations of SAAS.

SAAS is the principal provider of emergency ambulance services in South Australia. This includes:

- out-of-hospital emergency care and transport;
- a non-emergency ambulance transport service;
- emergency and major events management; and
- medical retrieval services.

To complement the provision of ambulance services, SAAS also:

- collaborates with Flinders University to deliver the Bachelor of Paramedic Sciences and the Master of Paramedic Sciences;
- administers the contract for inter-hospital patient transfer by the Royal Flying Doctor Service;
- promotes and administers the Ambulance Cover subscription scheme; and
- promotes and manages Call Direct - a 24-hour personal monitoring emergency service.

SAAS's objectives are to provide a high quality pre-hospital care and patient transport.

1.1 Administrative restructures

2015-16

Following a review of Departmental functions, effective 1 July 2015, the Chief Executive of the Department approved the transfer of operational employees within the Workforce division of the Department to the SA Ambulance Service Inc (SAAS).

2014-15

Following a review of Departmental functions, effective 1 June 2015, the Chief Executive of the Department approved the transfer of Financial Business Advisory and Hospital based Revenue Services employees within Finance to SAAS.

Details of the assets, rights and liabilities that transferred are provided in Note 30.

2 Summary of significant accounting policies

2.1 Statement of compliance

These financial statements have been prepared in compliance with section 23 of the *Public Finance and Audit Act 1987*.

The financial statements are general purpose financial statements. The accounts have been prepared in accordance with relevant Australian Accounting Standards and comply with Treasurer's Instructions and Accounting Policy Statements promulgated under the provisions of the *Public Finance and Audit Act 1987*, and the requirements of the Act.

SAAS has applied Australian Accounting Standards that are applicable to not-for-profit entities, as SAAS is a not-for-profit entity.

Except for AASB 2015-7 Amendments to *Australian Accounting Standards - Fair Value Disclosures of Not-for-Profit Public Sector Entities* which SAAS has early adopted, Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet effective have not been adopted by SAAS for the period ending 30 June 2016. Refer to Note 3.

SA AMBULANCE SERVICE INC
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2016

2.2 Basis of preparation

The preparation of the financial statements requires:

- the use of certain accounting estimates and requires management to exercise its judgment in the process of applying SAAS's accounting policies. The areas involving a higher degree of judgment or where assumptions and estimates are significant to the financial statements are outlined in the applicable notes;
- accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events are reported; and
- compliance with Accounting Policy Statements issued pursuant to section 41 of the *Public Finance and Audit Act 1987*. In the interest of public accountability and transparency the Accounting Policy Statements require the following note disclosures, that have been included in this financial report:
 - a) revenues, expenses, financial assets and financial liabilities where the counterparty/transaction is with an entity within the SA Government as at reporting date, classified according to their nature;
 - b) expenses incurred as a result of engaging consultants;
 - c) staff targeted voluntary separation package (TVSP) information;
 - d) staff whose normal remuneration is equal to or greater than the base executive remuneration level (within \$10,000 bandwidths), and the aggregate of the remuneration paid or payable or otherwise made available, directly or indirectly by the entity to those staff; and
 - e) board/committee member and remuneration information, where a board/committee member is entitled to receive income from membership other than direct out of pocket reimbursement.

SAAS's Statement of Comprehensive Income, Statement of Financial Position and Statement of Changes in Equity have been prepared on an accrual basis and are in accordance with historical cost convention, except for certain assets that were valued in accordance with the applicable valuation policy.

The Statement of Cash Flows has been prepared on a cash basis.

The financial statements have been prepared based on a 12 month period and are presented in Australian currency.

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2016 and the comparative information presented.

2.3 Reporting entity

SAAS was incorporated under the *Associations Incorporation Act 1985* on 1 July 1993 under the name SA St John Ambulance Service Incorporated. The service continued in existence with the name SA Ambulance Service Incorporated under the *Ambulance Services Act 1992* until it was repealed on 10 April 2008. From this date the service has continued under the *Health Care Act 2008*.

SAAS's financial statements includes the operations of the SA Ambulance Development Fund. This fund is a Charitable Trust administered by SAAS pursuant to a Declaration of Trust. The fund receives donations, gifts and bequests from the public which are applied by the Trustee to improve the services offered by SAAS. The funds cannot be used for the day to day operating expenses of SAAS.

SAAS does not control any other entity and has no interests in unconsolidated structured entities. In forming this view, SAAS considered its involvement with a number of different entities and determined that it does not control any of them.

In making this assessment, SAAS considered its power over the entities, its exposure or rights (eg protective and substantive rights) to variable returns from its involvement with the entities and the ability to use its power to affect return amounts (eg ability to direct relevant major activities).

SAAS has not entered into any contractual arrangements which involve the sharing of control or significant influence over another entity.

2.4 Comparative information

The presentation and classification of items in the financial statements are consistent with prior periods except where specific accounting standards and/or accounting policy statements have required a change, or as otherwise noted.

Where presentation and classification of items in the financial statements have been amended, comparative figures have been adjusted to conform to changes in presentation or classification in these financial statements unless impracticable.

The restated comparative amounts do not replace the original financial statements for the preceding period.

2.5 Rounding

All amounts in the financial statements are rounded to the nearest thousand dollars (\$'000).

SA AMBULANCE SERVICE INC
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
 For the year ended 30 June 2016

2.6 Taxation

SAAS is not subject to income tax. SAAS is liable for fringe benefits tax (FBT) and goods and services tax (GST).

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

- when the GST incurred on a purchase of goods or services is not recoverable from the Australian Taxation Office (ATO), in which case the GST is recognised as part of the cost of acquisition of the asset or as part of the expense item applicable; and
- receivables and payables, which are stated with the amount of GST included.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the Statement of Financial Position.

Cash flows are included in the Statement of Cash Flows on a gross basis, and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the ATO is classified as part of operating cash flows.

Unrecognised contractual commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the ATO. If GST is not payable to, or recoverable from, the ATO, the commitments and contingencies are disclosed on a gross basis.

Effective 1 January 2014, the Department, incorporated Hospitals and SAAS were grouped for GST purposes with the ATO. All transactions between the GST group members are not subject to GST. The Department acts as an agent on behalf of the incorporated Hospitals and SAAS for the purpose of remitting GST to, and recovering GST from, the ATO.

2.7 Expenses

Expenses are recognised in SAAS's Statement of Comprehensive Income when, and only when, it is probable that the flow of economic benefits from SAAS will occur, and can be reliably measured.

Expenses have been classified according to their nature, and have not been offset unless required or permitted by a specific accounting standard, or where offsetting reflects the substance of the transaction or other event.

The following are the specific recognition criteria:

Resources provided free of charge

Resources provided free of charge are recorded as expenditure in the Statement of Comprehensive Income at their fair value; and in the expense line items to which they relate

Contributions paid

Contributions payable will be recognised as a liability and expense when SAAS has a present obligation to pay the contribution and the expense recognition criteria are met.

Loss from disposal of non-current assets

Loss from the disposal of non-current assets is recognised when control of the asset has passed to the buyer, and is determined by comparing proceeds with the carrying amount. When revalued assets are sold, any identified revaluation increments are transferred to retained earnings.

Borrowing costs

Borrowing costs are recognised as an expense when incurred.

Staff benefits expenses

Staff benefit expenses include all costs related to employment including wages and salaries, non-monetary benefits and leave entitlements. These are recognised when incurred.

Superannuation

The amount charged to the Statement of Comprehensive Income represents the contributions made by SAAS to the superannuation plan in respect of current services of current SAAS staff. The Department of Treasury and Finance (DTF) centrally recognises the superannuation liability in the whole-of-government financial statements. Please refer to Note 2.23 for details regarding the SAAS Defined Benefit Superannuation Scheme.

SA AMBULANCE SERVICE INC
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2016

2.8 Income

Income is recognised in SAAS's Statement of Comprehensive Income when, and only when, it is probable that the flow of economic benefits to SAAS will occur, and can be reliably measured.

Income has been classified according to its nature, and has not been offset unless required or permitted by a specific accounting standard, or where offsetting reflects the substance of the transaction or other event.

The following are the specific recognition criteria:

Fees and charges

Revenues from fees and charges are derived from the provision of goods and services to other SA government agencies and to the public. This revenue is recognised upon delivery of the service to the clients or by reference to the stage of completion.

Ambulance transport revenue

Ambulance transport revenue comprises revenue earned from the provision of patient transport, and is recognised when the service is provided or when the fee in respect of services provided is receivable.

Ambulance cover revenue

SAAS operates the Ambulance cover scheme whereby members pay a subscription to cover themselves against the cost of ambulance transport. Ambulance cover revenue is brought to account as services are provided.

Call direct revenue

Call Direct revenue comprises the sale of alarm monitoring units, accessories and monitoring income. Units and accessories revenue are recognised at point of sale. Monitoring income is brought to account as services are provided.

Gain from disposal of non-current assets

Income from the disposal of non-current assets is recognised when control of the asset has passed to the buyer, and is determined by comparing proceeds with the carrying amount. When revalued assets are sold, any identified revaluation increments are transferred to retained earnings.

Resources received free of charge

Resources received free of charge are recorded as revenue in the Statement of Comprehensive Income at their fair value.

Contributions received

Contributions are recognised as an asset and income when SAAS obtains control of the contributions or obtains the right to receive the contributions and the income recognition criteria are met.

Other revenue

Other income consists of training revenue, donations, and Emergency Services Levy revenue.

2.9 Revenue from SA Government

The Department provides recurrent and capital funding under a service level agreement (SLA) to SAAS for the provision of general health services.

Contributions from the Department are recognised as revenues when SAAS obtains control over the funding. Control over the funding is normally obtained upon receipt.

2.10 Current and non-current classification

Assets and liabilities are characterised as either current or non-current in nature. SAAS has a clearly identifiable operating cycle of 12 months. Therefore, assets and liabilities that are to be sold, consumed or realised as part of the normal operating cycle will be classified as current assets or current liabilities. All other assets and liabilities are classified as non-current.

Where asset and liability line items combine amounts expected to be realised within 12 months and more than 12 months, SAAS has separately disclosed the amounts expected to be recovered or settled after more than 12 months.

2.11 Assets

Assets have been classified according to their nature and have not been offset unless required or permitted by a specific accounting standard, or where offsetting reflects the substance of the transaction or other event.

SA AMBULANCE SERVICE INC
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
 For the year ended 30 June 2016

2.12 Cash and cash equivalents

Cash and cash equivalents in the Statement of Financial Position includes cash at bank and on hand, deposits at call and other short-term, highly liquid investments with maturities of three months or less, that are readily converted to cash, and which are subject to insignificant risk of changes in value.

Cash and cash equivalents in the Statement of Cash Flows consist of cash and cash equivalents as defined above, net of bank overdrafts. Cash is measured at nominal value.

2.13 Receivables

Receivables include amounts receivable from goods and services, GST recoverable, prepayments and other accruals.

Receivables arise in the normal course of selling goods and services to other agencies and to the public. SAAS's trading terms for receivables are generally 30 days.

Other debtors arise outside the normal course of selling goods and services to other agencies and to the public.

Doubtful Debts

Collectability of receivables is reviewed on an ongoing basis. An allowance for doubtful debts is raised when there is objective evidence that SAAS will not be able to collect the debt. Bad debts are written off only after all reasonable effort has been made to collect the debt.

Due to the nature of ambulance operations, particularly Community Service Obligations, SAAS has a substantial number of doubtful debts for Ambulance Transport. The provision for doubtful debts is adjusted on a regular basis to ensure that it sufficiently covers the latest estimate of debts that may prove to be uncollectable.

2.14 Inventories

Inventories held for distribution at no or nominal consideration, are measured at the lower of average weighted cost and replacement cost. Inventories (other than those held for distribution at no or nominal consideration) are measured at the lower of average weighted cost or their net realisable value.

The amount of any inventory write-down to net realisable value/replacement cost or inventory losses are recognised in the Statement of Comprehensive Income as an expense in the period the write-down or loss occurred. Any write-down reversals are also recognised in the Statement of Comprehensive Income as an expense reduction.

Inventories include:

- Inventory imprest stock

2.15 Non-current asset acquisition and recognition

Non-current assets are initially recorded at cost or at the value of any liabilities assumed, plus any incidental cost involved with the acquisition. Non-current assets are subsequently measured at fair value after allowing for accumulated depreciation. Where assets are acquired at no value, or minimal value, they are recorded at their fair value in the Statement of Financial Position. Where assets are acquired at no or nominal value as part of a restructure of administrative arrangements, the assets are recorded at the value held by the transferor public authority prior to the restructure.

SAAS capitalises all non-current tangible property, plant and equipment and intangible assets that it controls valued at or greater than \$10,000. Assets recorded as works in progress represent projects physically incomplete as at the reporting date. Componentisation of complex assets is generally performed when the complex asset's fair value at the time of acquisition is equal to or greater than \$5 million for infrastructure assets and \$1 million for other assets.

2.16 Revaluation of non-current assets

In accordance with Accounting Policy Framework III *Asset Accounting Framework*:

- all non-current tangible assets are valued at written down cost (a proxy for fair value);
- SAAS revalues all land, buildings and site improvements triennially via a Certified Practising Valuer;
- triennial revaluation of other non-current assets by a Certified Practising Valuer is only performed when the assets fair value at the time of acquisition is greater than \$1 million, and the estimated useful life exceeds three years;
- if at any time, management considers that the carrying amount of an asset greater than \$1 million materially differs from its fair value, then the asset will be revalued regardless of when the last valuation took place; and
- non-current tangible assets that are acquired between revaluations are held at cost, until the next valuation, when they are revalued to fair value.

SA AMBULANCE SERVICE INC
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Any revaluation increase is credited to the revaluation surplus, except to the extent that it reverses a revaluation decrease of the same asset class previously recognised as an expense, in which case the increase is recognised as income.

Any revaluation decrease is recognised as an expense, except to the extent that it offsets a previous revaluation increase for the same asset class, in which case the decrease is debited directly to the revaluation surplus to the extent of the credit balance existing in revaluation reserves for that asset class.

Revaluation increases and revaluation decreases relating to individual assets within a class of property, plant and equipment, are offset against one another within that class, but are not offset in respect of assets in different classes.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amounts of the assets and the net amounts are restated to the revalued amounts of the asset.

Upon disposal or derecognition, any asset revaluation surplus relating to that asset is transferred to retained earnings.

2.17 Impairment

All non-current tangible and intangible assets are tested for indication of impairment at each reporting date. Where there is an indication of impairment, the recoverable amount is estimated. The recoverable amount is determined as the higher of the asset's fair value less costs of disposal and depreciated replacement cost. The amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss. For revalued assets, an impairment loss is offset against the revaluation surplus for that class of assets, to the extent that the impairment loss does not exceed the amount in the respective asset revaluation surplus.

2.18 Depreciation and amortisation of non-current assets

All non-current assets, that have a limited useful life, are systematically depreciated/amortised over their useful lives in a manner that reflects the consumption of their service potential. Amortisation is used in relation to intangible and leasehold assets, whilst depreciation is applied to physical assets such as property, plant and equipment.

The useful lives, depreciation and amortisation methods of all major assets held by SAAS are reassessed on an annual basis.

Changes in expected useful life or the expected pattern of consumption of future economic benefits embodied in the asset are accounted for prospectively by changing the time period or method, as appropriate, which is a change in accounting estimate.

The value of leasehold improvements is amortised over the estimated useful life of each improvement, or the unexpired period of the relevant lease, whichever is the shorter.

Land and non current assets held for sale are not depreciated.

Depreciation/amortisation is calculated on a straight line basis over the estimated or revised remaining useful life of the following classes of assets as follows:

<u>Class of asset</u>	<u>Useful life (years)</u>
Buildings and improvements	40 - 80
Leasehold improvements	Life of lease
Plant and equipment:	
• Medical, surgical, dental and biomedical equipment and furniture	5 - 15
• Computing equipment and software	3 - 5
• Vehicles	2 - 25
• Other plant and equipment	3 - 25
Intangibles	5 - 10

2.19 Intangible assets

An intangible asset is an identifiable non-monetary asset without physical substance. Intangible assets are measured at cost. Following initial recognition, intangible assets are carried at cost less any accumulated amortisation and any accumulated impairment losses.

The useful lives of intangible assets are assessed to be either finite or indefinite. SAAS only has intangible assets with finite lives. The amortisation period and the amortisation method for intangible assets is reviewed on an annual basis.

The acquisition of, or internal development of software, is capitalised only when the expenditure meets the definition criteria (identifiability, control and the existence of future economic benefits) and recognition criteria (probability of future economic benefits and cost can be reliably measured) and when the amount of expenditure is greater than or equal to \$10,000.

Capitalised software is amortised over the useful life of the asset.

SA AMBULANCE SERVICE INC
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
 For the year ended 30 June 2016

2.20 Fair value measurement

AASB 13 *Fair Value Measurement* defines fair value as the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants, in the principal or most advantageous market, at the measurement date.

SAAS classifies fair value measurement using the following fair value hierarchy that reflects the significance of the inputs used in making the measurements, based on the data and assumptions used in the most recent revaluation:

- Level 1 – traded in active markets, and is based on unadjusted quoted prices in active markets for identical assets or liabilities that the entity can access at measurement date.
- Level 2 – not traded in an active market, and are derived from inputs (inputs other than quoted prices included within Level 1) that are observable for the asset, either directly or indirectly.
- Level 3 – not traded in an active market, and are derived from unobservable inputs.

The valuation processes and fair value changes are reviewed at each reporting date.

Non-financial assets

In determining fair value, SAAS has taken into account the characteristic of the asset (e.g. condition and location of the asset and any restrictions on the sale or use of the asset); and the asset's highest and best use (that is physically possible, legally permissible and financially feasible).

SAAS's current use is the highest and best use of the asset unless other factors suggest an alternative use. As SAAS did not identify any factors to suggest an alternative use, fair value measurement was based on current use.

The carrying amount of non-financial assets with a fair value at the time of acquisition that was less than \$1 million or an estimated useful life that was less than three years are deemed to approximate fair value.

2.21 Liabilities

Liabilities have been classified according to their nature and have not been offset unless required or permitted by a specific accounting standard, or where offsetting reflects the substance of the transaction or other event.

2.22 Payables

Payables include creditors, accrued expenses, GST payable, staff on-costs and Paid Parental Leave Scheme payable.

Creditors represent the amounts owing for goods and services received prior to the end of the reporting period that are unpaid at the end of the reporting period. Creditors include all unpaid invoices received relating to normal operations of SAAS.

Accrued expenses represent goods and services provided by other parties during the period that are unpaid at the end of the reporting period, and where an invoice has not been processed/received.

The Paid Parental Leave Scheme payable represents amounts which SAAS has received from the Commonwealth Government to forward onto eligible staff via SAAS's standard payroll processes. That is, SAAS is acting as a conduit through which the payment to eligible staff is made on behalf of the Family Assistance Office.

All payables are measured at their nominal amount, are unsecured, and are normally settled within 30 days from the date of the invoice or date the invoice is first received.

Staff benefits on-costs include superannuation contributions in respect of outstanding liabilities for salaries and wages, long service leave, annual leave and skills and experience retention leave.

SAAS makes contributions to several State Government and externally managed superannuation schemes. These contributions are treated as an expense when they occur. There is no liability for payments to beneficiaries as they have been assumed by the respective superannuation schemes. The only liability outstanding at reporting date relates to any contributions due but not yet paid to the South Australian Superannuation Board and externally managed superannuation schemes.

SA AMBULANCE SERVICE INC
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
 For the year ended 30 June 2016

2.23 Staff benefits

These benefits accrue for staff as a result of services provided up to the reporting date that remain unpaid. Long-term staff benefits are measured at present value, and short-term staff benefits are measured at nominal amounts.

Salaries, wages, annual leave, skills and experience retention leave and sick leave

The liability for salary and wages is measured as the amount unpaid at the reporting date at remuneration rates current at reporting date.

The annual leave liability and the skills and experience retention leave (SERL) liability is expected to be payable within 12 months and is measured at the undiscounted amount expected to be paid. In the unusual event where salary and wages, annual leave and SERL liability are payable later than 12 months, the liability will be measured at present value.

No provision has been made for sick leave, as all sick leave is non-vesting, and the average sick leave taken in future years by staff is estimated to be less than the annual entitlement for sick leave.

Long service leave

The liability for LSL was determined through an actuarial assessment undertaken by Mercer Consulting (Australia) Pty Ltd, in accordance with AASB 119 *Employee Benefits*. The following assumptions were made by the Actuary when performing the assessment:

- Salary increases of 4 percent; and
- Discounting of 2.05 percent per annum based on the gross 10 year Commonwealth bond rate prevailing at 30 June 2016.

The estimated liability for LSL is based on actuarial assumptions over expected future salary and wage levels, experience of employee departures and periods of service. These assumptions are based on employee data over the health sector across government.

Expected future payments are discounted using market yields at the end of the reporting period on government bonds with durations that match, as closely as possible, the estimated future cash outflows.

The unconditional portion of the long service leave provision is classified as current as the consolidated entity does not have an unconditional right to defer settlement of the liability for at least 12 months after reporting date. The unconditional portion of long service leave relates to an unconditional legal entitlement to payment arising after 10 years of service.

Superannuation funds

A number of SAAS's staff are members of the SA Ambulance Service Superannuation Scheme (the "Scheme"). These staff are eligible to receive a benefit from the Scheme. A benefit is payable on retirement, death, disablement or leaving SAAS, in accordance with the Scheme's trust deed and rules. The Scheme provides lump sum benefits based on a combination of defined benefits which depend on years of service and final salary and accumulation benefits which depend on the accumulation of member and employer contributions adjusted for appropriate earnings and expenses. The liability for this Scheme has been determined via an actuarial valuation by Mercer Investment Nominees Limited using the projected unit credit method. The South Australian Superannuation Board was appointed Trustee of the Scheme effective 1 July 2006. The Scheme was closed to new members as at 30 June 2008. From 1 July 2008 new staff join an accumulative Triple S Scheme.

The defined benefit liability has been recognised in the Statement of Financial Position in accordance with AASB 119 *Employee Benefits*. The expected payment to settle the obligation has been determined using national government bond market yields with terms and conditions that match, as closely as possible, to estimated cash outflows.

Refer to Note 24.

Actuarial gains and losses are recognised in other comprehensive income in the Statement of Comprehensive Income, in the period in which they occur. The superannuation expense comprising interest cost and other costs of the defined benefit plan is measured in accordance with AASB 119 *Employee Benefits* and is recognised as and when contributions fall due.

For a small proportion of the workforce, SAAS pays its contributions in accordance with the relevant award or contracts of employment to other nominated Superannuation funds in compliance with the superannuation guarantee legislation. Contributions are charged as expenditure as they are made. Members are not required to make contributions to these funds.

SA AMBULANCE SERVICE INC
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
 For the year ended 30 June 2016

2.24 Provisions

Provisions are recognised when SAAS has a present obligation as a result of a past event, it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

SAAS is an exempt employer under the Return to Work Act 2014. Under a scheme arrangement, SAAS is responsible for the management of workers rehabilitation and compensation, and is directly responsible for meeting the cost of workers' compensation claims and the implementation and funding of preventive programs.

Although the Department provides funds to SAAS for the settlement of lump sum and redemption payments, the cost of these claims, together with other claim costs, are met directly by SAAS, and are thus reflected as an expense from ordinary activities in the Statement of Comprehensive Income.

The workers compensation provision is an actuarial estimate of the outstanding liability as at 30 June 2016 provided by a consulting actuary engaged through the Office of the Public Sector (a division of the Department of the Premier and Cabinet). The provision is for the estimated cost of ongoing payments to staff as required under current legislation. The liability covers claims incurred but not yet paid, incurred but not reported and the anticipated direct and indirect costs of settling these claims. The liability for outstanding claims is measured as the present value of the expected future payments reflecting the fact that all claims do not have to be paid in the immediate future.

With respect to the workers compensation liability, SAAS includes an amount receivable for the lump sum and redemption portion of the workers compensation claims which is specifically funded by the Department.

Change of Accounting estimate

The Actuary's allocation methodology is intended to provide an equitable basis for spreading the Department's liabilities amongst individual Health entities. The Actuary has advised that the allocating of deemed seriously injured (SI) claims to individual Health entities has been undertaken for the first time this year, as there were no deemed SI claims in prior years. The allocating of deemed SI claims to individual Health entities and the use of each Health entity's claims experience in the allocation methodology means that there can be some considerable variation in the Health entity's liabilities from one year to the next if the claims experience changes significantly, or a Health entity's deemed SI claims change. The impact of this change is not quantifiable.

2.25 Specific Purpose Funds

SAAS receives specific purpose funds from various sources including government, private sector and individuals. The amounts are controlled by SAAS, and are used to help achieve SAAS objectives, notwithstanding that specific uses can be determined by the grantor or donor. Accordingly, the amounts are treated as revenue at the time they are earned or at the time control passes to SAAS.

2.26 Leases

The determination of whether an arrangement is or contains a lease is based on the substance of the arrangement.

SAAS has only entered into operating leases and has no finance lease arrangements in place.

Operating leases

For operating leases, the lessor retains substantially the entire risks and rewards incidental to ownership of the leased assets. Operating lease payments are recognised as an expense in the Statement of Comprehensive Income on a basis which is representative of the pattern of benefits derived from the leased assets or on a straight-line basis over the lease term. The straight-line basis is used when it is representative of the pattern of benefits derived from the leased assets.

2.27 Professional indemnity and general public insurance

Professional indemnity and general public liability claims arising from SAAS's operations are managed as part of the State Government Insurance Program. SAAS pays an annual premium to the Department. The Department and the SA Government Financing Authority, SAICORP Division are responsible for meeting the cost of any claims. Consequently, no provision for these claims is recognised in SAAS's financial statements.

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2.28 Unrecognised contractual commitments and contingent assets and liabilities

Commitments include operating, capital and outsourcing arrangements arising from contractual or statutory sources, and are disclosed at their nominal value. Contingent assets and contingent liabilities are not recognised in the Statement of Financial Position, but are disclosed by way of a note and, if quantifiable, are measured at nominal value.

Unrecognised contractual commitments and contingencies are disclosed net of the amount of GST recoverable or payable. If GST is not recoverable or payable, the commitments or contingencies are disclosed on a gross basis.

2.29 SA Government/Non-SA Government disclosures

SAAS has adopted the requirements of Accounting Policy Framework II *General Purpose Financial Statements Framework* where SAAS must disclose by way of a note, whether transactions are with entities that are within, or external to, the SA Government. These transactions are classified by their nature, and relate to revenues, expenses, financial assets and financial liabilities.

2.30 Continuity of Operations

As at 30 June 2016, SAAS had working capital deficiency of \$8.049 million (\$8.646 million deficiency). The Government is committed and has consistently demonstrated a commitment to the ongoing funding of SAAS to enable it to perform its functions.

2.31 Events after the reporting period

Adjustments are made to amounts recognised in the financial statements, where an event occurs after 30 June and before the date the financial statements are authorised for issue, where those events provides information about conditions that existed at 30 June.

Note disclosure is made about events between 30 June and the date the financial statements are authorised for issue, where the events relate to a condition which arose after 30 June, and which may have a material impact on the results of subsequent years.

2.32 Correction of a prior period error

SAAS Contributed Capital - Equity transfer

SA Ambulance Service Inc has been reporting contributed capital in the Statement of Financial Position and Statement of Changes in Equity. DTF have confirmed that there is no evidence of contributed capital by SA Government. We do not consider it appropriate that we continue to report contributed capital. This amount (\$6.298 million) has consequently been reported as a prior period error this year.

SAAS Actuarial Recalculation for Prior Year Long Service Leave

During the 2015-16, it was identified that the SA Ambulance Service Inc long service leave provision was understated. The Actuary has calculated the effect of the understatement, and this has been reflected as an error correction in the statements for the prior year. The impact of these corrections are long service leave, and other non-current employment on costs (\$4.600 million).

SAAS Asset Revaluation Reserve - Equity transfer

SA Ambulance Service Inc has been reporting Asset Revaluation surplus - Leasehold Improvement and Asset Revaluation Surplus - Comms in the Statement of Financial Position and Statement of Changes in Equity. SAAS no longer revalue these Asset classes. These amounts (\$3,749 million) have been reported as a prior period error this year.

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The correction of these errors in 2014-15 have resulted in certain account balances for 2014-15 being restated as follows:

Note	Description	2014-15 Reported Balance (\$'000)	Prior Period Error (\$'000)	Prior Period Reclass- ification (\$'000)	2014-15 Restated Balance (\$'000)
Equity ¹	Contributed capital	6,298	(6,298)		-
Equity ⁴	Asset revaluation surplus	15,807	(3,749)		12,058
Equity ^{1,2,4}	Retained Earnings	(31,338)	5,447		(25,891)
Staff benefits expense ²	Long service leave (LSL)	1,915	4,301		6,216
Staff benefits expense ²	Staff on-costs superannuation	16,239	297		16,536
Staff benefits expense ²	Other staff related expenses	240	2		242
Staff benefits ²	Non current Long service leave	20,695	4,034		24,729
Staff benefits ²	Current Long service leave	2,168	267		2,435
Staff benefits expenses ³	Workers compensation	4,008		(2)	4,006
Supplies and Services ³	Legal	79		2	81
Payable ²	Current Staff on-costs	2,218	20		2,238
Payable ²	Non current Staff on-costs	1,756	279		2,035
Cash and cash equivalents ³	Cash at bank or on hand non- government financial institutions	19,611		(9,864)	9,747
Cash and cash equivalents ³	Deposits with Treasurer			9,864	9,864

¹ Adjustment to Contributed Capital

² Actuarial recalculation to Long Service Leave

³ Comparative Change

⁴ Adjustment to Asset Revaluation Surplus

3 New and revised accounting standards and policies

Accounting Standards

Accounting Standards issued or amended but not yet effective

Except for AASB 2015-7 which SAAS has early adopted, Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet effective, have not been adopted by SAAS for the period ending 30 June 2016. SAAS has assessed the impact of the new and amended standards and interpretations and considers there will be no impact on the accounting policies or the financial statements of SAAS, except as outlined below.

Reference	Title	Summary	Application date of standard	Impact on financial statements	Application date for SAAS
AASB 2015-6	<i>Amendments to Australian Accounting Standards – Extending Related Party Disclosures to Not-for-Profit Public Sector Entities [AASB 10, AASB 124 and AASB 1049]</i>	This amending standard amends AASB 124 Related Party Disclosures to extend its scope to include not-for-profit public sector entities.	1 July 2016	SAAS is a not-for-profit entity and accordingly the revised AASB 124 will apply. This revised standard will require SAAS to include a range of disclosures about the remuneration of key management personnel, transactions with related parties/entities and relationships between parent and controlled entities.	1 July 2016

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Reference	Title	Summary	Application date of standard	Impact on financial statements	Application date for SAAS
AASB 16	<i>Leases</i>	<p>This new standard introduces a single lessee accounting model. It requires a lessee to recognise assets and liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value.</p> <p>A lessee is required to recognise a right-of-use asset representing its right to use the underlying leased asset and a lease liability representing its obligations to make lease payments.</p> <p>AASB 16 substantially carries forward the lessor accounting requirements in AASB 117</p>	1 January 2019	AASB 16 Leases will apply for the first time to our 30 June 2020 financial report. This standard will require us to recognise all leased items in the statement of financial position as assets to represent the value of what we lease, and liabilities to represent expected future lease payments. Depending on what lease arrangement we have entered into at the time, this could see significant assets and liabilities being recognised and over the lease term amortised.	1 July 2019
AASB 2015-2	<i>Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 101 [AASB 7, AASB 101, AASB 134 and AASB 1049]</i>	<p>This amending standard provides clarity regarding disclosures in AASB 101. The standard clarifies that entities can use judgement when applying a standard in determining what information to disclose in financial statements.</p>	1 January 2016	<p>These amendments will have a minor impact on the financial report of SAAS.</p> <p>As a result of the amending standard, the financial report may include some terminology changes eg ‘summary of significant accounting policies’ to ‘significant accounting policies’; and possibly grouping or ordering of similar items in the notes.</p> <p>In addition, the standard clarifies that where some standards specify information that is required to be disclosed, these need not be provided if not material.</p>	1 July 2016

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4 Staff benefit expenses

	2016	2015
	\$'000	\$'000
Salaries and wages	122,172	114,392
TVSP (refer below)	42	-
Long service leave (LSL)	11,314	6,216
Annual leave	17,034	16,484
Skills and experience retention leave (SERL)	505	423
Staff on-costs - superannuation	17,810	16,536
Workers compensation	4,162	4,006
Board and committee fees	10	12
Other staff related expenses	371	242
Total staff benefit expenses	173,420	158,311

	2016	2015
	\$'000	\$'000
Targeted voluntary separation packages (TVSPs)		
Amount paid during the reporting period to separated staff:		
TVSPs	42	-
Annual leave, LSL and SERL paid to those employees	25	-
	67	-

Number of staff who received a TVSP during the reporting period	1	-
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	2016	2015
	\$'000	\$'000
Expenses recognised in the Statement of Comprehensive Income in respect of the defined benefit scheme are as follows:		
Current service cost	9,033	8,779
Interest cost	632	530
Total included in staff benefit expenses	9,665	9,309

Service cost does not include the cost of 3% Award contributions for some members

Remuneration of staff

	2016	2015
	No.	No.
The number of staff whose remuneration received or receivable falls within the following bands:		
\$141,500 - \$145,000*	na	29
\$145,001 - \$155,000	80	57
\$155,001 - \$165,000	50	59
\$165,001 - \$175,000	56	61
\$175,001 - \$185,000	36	43
\$185,001 - \$195,000	39	20
\$195,001 - \$205,000	15	17
\$205,001 - \$215,000	6	6
\$215,001 - \$225,000	10	7
\$225,001 - \$235,000	2	2
\$235,001 - \$245,000	2	1
\$245,001 - \$255,000	1	1
\$255,001 - \$265,000	-	1
Total	297	304

	\$'000	\$'000
Total remuneration received or due and receivable by staff included above:	50,992	51,420

* This band has been included for the purposes of reporting comparative figures based on the executive base level remuneration rate for 2014-15.

The table includes all staff who received remuneration equal to or greater than the base executive remuneration level during the year. Remuneration of staff reflects all costs of employment including salaries and wages, superannuation contributions, FBT and any other salary sacrifice benefits.

Where staff have left SAAS, the remuneration reflects lump sum long service leave, annual leave and termination benefits.

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Staff whose remuneration was equal to or greater than the base executive remuneration level can be categorised by employment group as follows:

- Executive remuneration \$1.743 million, 9 staff (\$1.067 million, 5 staff);
- Operational remuneration \$48.951 million, 286 staff (\$49.648 million, 295 staff);
- Non-medical (i.e. administration) remuneration \$0.298 million, 2 staff (\$0.705 million, 4 staff).

The total remuneration received by these staff for the year was \$50.992 million (\$51.420 million).

For the purpose of this note, remuneration does not include amounts in payment or reimbursement of out of pocket expenses incurred for the benefit of the entity or a controlled entity.

5 Supplies and services

	2016	2015
	\$'000	\$'000
Administration	245	276
Advertising	371	508
Communication	2,797	2,897
Computing	2,331	2,386
Contractors	17	109
Contractors - agency staff	14,576	13,075
Consultants	397	154
Contract of services	201	150
Cost of goods sold	188	190
Drug supplies	413	238
Electricity, gas and fuel	733	799
Finance lease contingent rentals	3	-
Food supplies	46	42
Health surveys	9	-
Housekeeping	1,822	1,853
Insurance	1,495	1,496
Internal SA Health SLA payments	1,835	3,450
Legal	70	81
Medical, surgical and laboratory supplies	3,450	3,655
Minor equipment	785	1,128
Motor vehicle expenses	3,753	3,617
Occupancy rent and rates	2,120	2,012
Patient transport	14,977	13,338
Payments to Shared Services SA	1,875	1,852
Periodical, journals and publications	34	26
Postage	671	609
Printing and stationery	760	628
Rental expense on operating lease	1,534	1,498
Repairs and maintenance	1,745	2,115
Security	12	24
Staff training and development	406	558
Staff travel expenses	2,560	2,286
Waste removal	9	-
Other supplies and services	2,182	2,005
Total supplies and services	64,422	63,055

The number and dollar amount of consultancies paid/payable (included in supplies and services expense) that fell within the following bands:	2016		2015	
	No.	\$'000	No.	\$'000
Below \$10,000	2	7	1	4
Above \$10,000	7	390	3	150
Total paid/payable to consultants engaged	9	397	4	154

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6 Depreciation and amortisation expense

	2016	2015
	\$'000	\$'000
Depreciation		
Buildings and improvements	1,308	1,034
Site improvements	60	59
Computing equipment	85	326
Medical, surgical, dental and biomedical equipment	1,296	543
Motor vehicles	5,436	5,008
Power generation and transmission	21	21
Other plant and equipment	766	653
Total depreciation	8,972	7,644
Amortisation		
Leasehold improvements	441	441
Intangible assets	1,090	1,110
Total amortisation	1,531	1,551
Total depreciation and amortisation	10,503	9,195

7 Other expenses

	Note	2016	2015
		\$'000	\$'000
Bad and doubtful debts	17	16,295	14,161
Bank fees and charges		48	78
Other		1,402	1,615
Total other expenses		17,745	15,854

8 Auditor's remuneration

Audit fees paid/payable to the Auditor-General's Department relating to the audit of financial statements	2016	2015
	\$'000	\$'000
Auditor fees - auditing financial statements	100	119
Total audit fees	100	119

No other services were provided by the Auditor-General's Department.

Auditor's remuneration costs are recognised in the Statement of Comprehensive Income and included in the balance of 'Other expenses – Other' (refer Note 7).

9 Revenue from fees and charges

	2016	2015
	\$'000	\$'000
Ambulance cover	24,440	23,752
Ambulance transport	94,025	83,993
Call direct	1,177	1,309
Insurance recoveries	-	247
Recoveries	3,398	2,898
Other user charges and fees	2,149	2,029
Total fees and charges	125,189	114,228
Ambulance transport		
Fees raised	189,874	174,551
Less:		
Ambulance cover concessions	55,627	52,477
Pensioner concessions	40,222	38,081
Ambulance transport	94,025	83,993

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10 Grants and contributions	2016	2015
	\$'000	\$'000
10.1 Grants and contributions from SA Government agencies		
Other grants and contributions from SA Government agencies	1,000	-
Total grants and contributions from SA Government agencies	1,000	-
Total grants and contributions	1,000	-
11 Interest revenue	2016	2015
	\$'000	\$'000
Interest from SAFA	-	47
Bank interest	1	132
Interest on Special Purpose Funds (SPF)	55	31
Total interest revenue	56	210
12 Resources received free of charge	2016	2015
	\$'000	\$'000
Plant and equipment	4,271	91
Total resources received free of charge	4,271	91
Resources received free of charge includes 251 MRx Defibrillators that were replaced during the year. These items were replaced under warranty.		
13 Net gain/(loss) from disposal of non-current and other assets	2016	2015
	\$'000	\$'000
Land and buildings:		
Proceeds from disposal	-	-
Less net book value of assets disposed	-	(221)
Less other costs of disposal	-	-
Net gain/(loss) from disposal of land and buildings	-	(221)
Plant and equipment:		
Proceeds from disposal	438	620
Less net book value of assets disposed	(5)	(142)
Less other costs of disposal	(55)	(80)
Net gain/(loss) from disposal of plant and equipment	378	398
Total assets:		
Total proceeds from disposal	438	620
Less total value of assets disposed	(5)	(363)
Less other costs of disposal	(55)	(80)
Total net gain/(loss) from disposal of non-current and other assets	378	177
14 Other revenue	2016	2015
	\$'000	\$'000
Training revenue	448	513
Emergency services levy	1,318	1,286
Donations received	502	105
Bad debts recovered	75	54
Other	316	253
Total other revenue	2,659	2,211

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15 Revenue from SA Government

	2016	2015
	\$'000	\$'000
Revenue from SA Government (DHA contributions for the provision of health services)		
Recurrent funding	114,832	118,346
Capital funding	13,160	8,856
Total revenue from Department for Health and Ageing	127,992	127,202
Total revenue from SA Government	127,992	127,202

16 Cash and cash equivalents

	2016	2015
	\$'000	\$'000
Cash at bank or on hand - non-government financial institutions	234	9,747
Deposits with Treasurer	19,385	9,864
Imprest account/cash on hand	12	14
Total cash	19,631	19,625

Interest rate risk

Cash on hand is non-interest bearing. Interest rate risk exposure is detailed in Note 28. The carrying amount of cash and cash equivalents represents fair value.

	2016	2015
	\$'000	\$'000
Included in the above cash amounts are the following specific purpose funds :		
Country Capital Reserve Fund	9,209	9,209
Country Branch Reserves	1,321	1,348
Development Fund	1,971	1,635
Total	12,501	12,192

17 Receivables

	2016	2015
	\$'000	\$'000
Current		
Workers compensation provision recoverable	1,643	809
Prepayments	643	1,092
Debtors	29,726	23,926
Receivables	32,012	25,827
Less: allowance for doubtful debts	(16,980)	(13,544)
Sundry receivables and accrued revenue	5,742	3,722
GST recoverable	64	167
Total current receivables	20,838	16,172
Non-current		
Workers compensation provision recoverable	1,526	1,364
Debtors	51	44
Receivables	1,577	1,408
Total non-current receivables	1,577	1,408
Total receivables	22,415	17,580

Interest rate and credit risk

Receivables are raised for goods and services provided for which payment has not been received. SAAS's trading terms for receivables are generally 30 days. Trade receivables, prepayments and accrued revenues are non-interest bearing. Other than as recognised in the allowance for doubtful debts, it is not anticipated that counterparties will fail to discharge their obligations. The carrying amount of receivables approximates net fair value due to being receivable on demand. There is no concentration of credit risk.

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Categorisation and maturity analysis of financial instruments, ageing analysis of financial assets and risk exposure information

Refer to Note 28.

Bad and doubtful debts

SAAS has recognised a bad and doubtful debt expense of \$16.295 million (\$14.161 million) in the Statement of Comprehensive Income.

Movement in the allowance for doubtful debts

The allowance for doubtful debts (allowance for impairment loss) is recognised when there is objective evidence that a receivable is impaired.

An allowance for impairment loss has been recognised in other expenses in the Statement of Comprehensive Income for specific debtors and debtors assessed on a collective basis for which such evidence exists.

	2016	2015
	\$'000	\$'000
Movements in the allowance for doubtful debts (impairment loss)		
Carrying amount at the beginning of the period	13,544	13,175
Amounts written off	(12,859)	(13,792)
Amounts recovered during the year	(75)	(54)
Increase/(Decrease) in allowance recognised in the Statement of Comprehensive Income	16,370	14,215
Carrying amount at the end of the period	16,980	13,544

18 Inventories

	2016	2015
	\$'000	\$'000
Current - held for distribution		
Materials at cost:		
Inventory imprest stock	272	245
Total current inventories - held for distribution	272	245

19 Other assets

	2016	2015
	\$'000	\$'000
Current		
Other	4	46
Total current other assets	4	46
Total other assets	4	46

20 Property, plant and equipment

	2016	2015
	\$'000	\$'000
Land and buildings		
Land only holdings at fair value	1,694	1,694
Site land at fair value	15,738	15,738
Land and buildings	17,432	17,432
Buildings and improvements at fair value	22,509	20,162
Site improvements at fair value	2,421	2,301
Buildings and improvements under construction (work in progress)	4,054	570
Buildings and improvements	28,984	23,033
Accumulated depreciation - buildings and improvements	1,569	201
Accumulated amortisation/depreciation	1,569	201
Total land, buildings and improvements	44,847	40,264
Leasehold improvements		
Leasehold improvements at fair value	13,338	13,338
Accumulated amortisation	2,819	2,378
Total leasehold improvements	10,519	10,960

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	2016	2015
	\$'000	\$'000
Plant and equipment		
Computing equipment at cost (deemed fair value)	1,944	1,842
Medical, surgical, dental and biomedical equipment at cost (deemed fair value)	8,814	8,572
Motor vehicles at cost (deemed fair value)	38,231	35,695
Power generation and transmission at cost (deemed fair value)	449	449
Plant and equipment - major at cost (deemed fair value)	617	617
Other plant and equipment at cost (deemed fair value)	2,774	2,774
Plant and equipment under construction (work in progress)	5,995	5,530
Total plant and equipment	58,824	55,479
Accumulated depreciation - computing equipment	1,702	1,631
Accumulated depreciation - medical, surgical, dental and biomedical equipment	3,234	6,117
Accumulated depreciation - motor vehicles	24,255	22,013
Accumulated depreciation - power generation and transmission	159	138
Accumulated depreciation - other plant and equipment	2,198	1,432
Accumulated amortisation/depreciation	31,548	31,331
Total plant and equipment	27,276	24,148
Total property, plant and equipment	82,642	75,372

Valuation of land and buildings

An independent valuation of land and buildings, including site improvements, was performed in May 2015 by a Certified Practising Valuer from Liquid Pacific Holdings Pty Ltd, as at 1st June 2015.

The valuer arrived at the fair value of unrestricted land using the market approach. The valuation was based on recent market transactions for similar land and buildings (non-specialised) in the area and includes adjustment for factors specific to the land and buildings being valued such as size, location and current use.

The valuer used depreciated replacement cost for specialised land and buildings, due to there not being an active market for such land and buildings. The depreciated replacement cost considered the need for ongoing provision of government services; specialised nature of the assets, including the restricted use of the assets; the size, condition, location and current use of the assets. The valuation was based on a combination of internal records, specialised knowledge and the acquisition/transfer costs.

Valuation of plant and equipment

All items of plant and equipment that had a fair value at the time of acquisition less than \$1 million have not been revalued in accordance with Accounting Policy Framework III Asset Accounting Framework. The carrying value of these items are deemed to approximate fair value. These assets are classified in Level 3 as there has been no subsequent adjustments to their value, except for management assumptions about the asset condition and remaining useful life.

SAAS's plant and equipment assets with a fair value greater than \$1 million were revalued using the fair value methodology, as at 1 June 2015, based on independent valuations performed by Simon O'Leary, AAPI, C.P.V, Australian Valuation Solutions Pty Ltd.

Reconciliation of land and improvements

The following table shows the movement of land and improvements during 2015-16

	Land	Buildings and improvements	Leasehold improvements	Capital works in progress	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	17,432	22,262	10,960	570	51,224
Additions	-	-	-	5,951	5,951
Revaluation increment/(decrement)	-	-	-	-	-
Depreciation and amortisation	-	(1,368)	(441)	-	(1,809)
Transfers between asset classes	-	2,467	-	(2,467)	-
Carrying amount at the end of the period	17,432	23,361	10,519	4,054	55,366

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Reconciliation of land and improvements

The following table shows the movement of land and improvements during 2014-15

	Land \$'000	Buildings and improve- ments \$'000	Leasehold improve- ments \$'000	Capital works in progress \$'000	Total \$'000
Carrying amount at the beginning of the period	16,647	18,829	11,622	2,454	49,552
Additions	-	16	-	644	660
Write-off non-current assets	-	-	(221)	-	(221)
Revaluation increment/(decrement)	785	1,982	-	-	2,767
Depreciation and amortisation	-	(1,093)	(441)	-	(1,534)
Transfers between asset classes	-	2,528	-	(2,528)	-
Carrying amount at the end of the period	17,432	22,262	10,960	570	51,224

Land includes land only holdings at fair value and site land at fair value

Buildings and improvements include buildings and improvements at fair value, site improvements at fair value

Reconciliation of plant and equipment

The following table shows the movement of plant and equipment during 2015-16

	Medical/ surgical/ dental/ biomedical \$'000	Computer equipment \$'000	Capital works in progress \$'000	Other plant and equipment \$'000	Total \$'000
Carrying amount at the beginning of the period	2,455	211	5,530	15,952	24,148
Additions	103	116	6,234	13	6,466
Assets received free of charge	4,271	-	-	-	4,271
Disposals	-	-	-	(5)	(5)
Revaluation increment/(decrement)	-	-	-	-	-
Depreciation and amortisation	(1,296)	(85)	-	(6,223)	(7,604)
Transfers between asset classes	47	-	(5,769)	5,722	-
Carrying amount at the end of the period	5,580	242	5,995	15,459	27,276

Reconciliation of plant and equipment

The following table shows the movement of plant and equipment during 2014-15

	Medical/ surgical/ dental/ biomedical \$'000	Computer equipment \$'000	Capital works in progress \$'000	Other plant and equipment \$'000	Total \$'000
Carrying amount at the beginning of the period	1,610	1,248	5,228	15,615	23,701
Additions	645	-	6,314	-	6,959
Assets received free of charge	-	91	-	-	91
Disposals	-	-	-	(64)	(64)
Write-off non-current assets	-	-	-	(78)	(78)
Revaluation increment/(decrement)	-	-	-	90	90
Depreciation and amortisation	(543)	(326)	-	(5,682)	(6,551)
Transfers between asset classes	743	(802)	(6,012)	6,071	-
Carrying amount at the end of the period	2,455	211	5,530	15,952	24,148

Other plant and equipment includes motor vehicles at cost, plant and equipment - major at cost, power generation and transmission and other plant and equipment at cost

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21 Intangible assets

	2016	2015
	\$'000	\$'000
Computer Software		
Other computer software	5,553	5,553
Accumulated amortisation (Other computer software)	(3,708)	(2,618)
Total computer software	1,845	2,935
Total intangible assets	1,845	2,935

Impairment

There were no indications of impairment of intangible assets at 30 June 2016.

Reconciliation of intangibles

The following table shows the movement of intangibles during 2015-16

	Other computer software \$'000	Other intangibles \$'000	Total \$'000
Carrying amount at the beginning of the period	2,935	-	2,935
Amortisation	(1,090)	-	(1,090)
Carrying amount at the end of the period	1,845	-	1,845

Reconciliation of intangibles

The following table shows the movement of intangibles during 2014-15

	Other computer software \$'000	Other intangibles \$'000	Total \$'000
Carrying amount at the beginning of the period	4,045	-	4,045
Amortisation	(1,110)	-	(1,110)
Carrying amount at the end of the period	2,935	-	2,935

22 Fair Value Measurement

Fair Value Hierarchy

The fair value of non-financial assets must be estimated for recognition and measurement or for disclosure purposes. SAAS categorises non-financial assets measured at fair value into hierarchy based on the level of inputs used in measurement as follows:

Fair value measurements at 30 June 2016

	Level 2 \$'000	Level 3 \$'000	Total \$'000
Recurring fair value measurements			
Land (Note 20)	17,432	-	17,432
Buildings (Note 20)	-	23,361	23,361
Leasehold improvements (Note 20)	-	10,519	10,519
Plant and equipment (Note 20)	-	21,281	21,281
Total recurring fair value measurements	17,432	55,161	72,593
Total	17,432	55,161	72,593

Fair value measurements at 30 June 2015

	Level 2 \$'000	Level 3 \$'000	Total \$'000
Recurring fair value measurements			
Land (Note 20)	17,432	-	17,432
Buildings (Note 20)	-	22,262	22,262
Leasehold improvements (Note 20)	-	10,960	10,960
Plant and equipment (Note 20)	-	18,618	18,618
Total recurring fair value measurements	17,432	51,840	69,272
Total	17,432	51,840	69,272

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Valuation techniques and inputs

Land fair values were derived by using Level 2 valuation inputs, being recent sales transactions of other similar land holdings within the region, adjusted for differences in key attributes such as property size, zoning and any restrictions on use.

Due to the predominantly specialised nature of health service assets, the majority of building and plant and equipment valuations have been undertaken using a cost approach (depreciated replacement cost), an accepted valuation methodology under AASB 13. The extent of unobservable inputs and professional judgement required in valuing these assets is significant, and as such they are deemed to have been valued using Level 3 valuation inputs.

Unobservable inputs used to arrive at final valuation figures included:

- Estimated remaining useful life, which is an economic estimate and by definition, is subject to economic influences;
- Cost rate, which is the estimated cost to replace an asset with the same service potential as the asset undergoing valuation (allowing for over-capacity), and based on a combination of internal records including: refurbishment and upgrade costs, historical construction costs, functional utility users, industry construction guides, specialised knowledge and estimated acquisition/transfer costs;
- Characteristics of the asset, including condition, location, any restrictions on sale or use and the need for ongoing provision of Government services;
- Effective life, being the expected life of the asset assuming general maintenance is undertaken to enable functionality but no upgrades are incorporated which extend the technical life or functional capacity of the asset; and
- Depreciation methodology, noting that AASB 13 dictates that regardless of the depreciation methodology adopted, the exit price should remain unchanged.

Although there were some buildings valued using Level 2 inputs, the fair value of these was immaterial in comparison to the whole class, therefore all buildings have been classified as Level 3.

The following table is a reconciliation of fair value measurements using significant unobservable inputs (Level 3).

Reconciliation of Level 3 recurring fair value measurements at 30 June 2016

	Buildings and site/ leasehold improve- ments \$'000	Plant and equipment \$'000	Total \$'000
Carrying amount at the beginning of the period	33,222	18,618	51,840
Additions	-	232	232
Assets received free of charge	-	4,271	4,271
Disposals	-	(5)	(5)
Transfer into Level 3	2,467	5,769	8,236
Gains/(losses) for the period recognised in net result:			
- Revaluation increment/(decrement)	-	-	-
- Depreciation and amortisation	(1,809)	(7,604)	(9,413)
Total gains/(losses) recognised in net result	(1,809)	(7,604)	(9,413)
Carrying amount at the end of the period	33,880	21,281	55,161

Reconciliation of Level 3 recurring fair value measurements at 30 June 2015

	Buildings and site/ leasehold improve- ments \$'000	Plant and equipment \$'000	Total \$'000
Carrying amount at the beginning of the period	30,451	18,473	48,924
Additions	16	645	661
Assets received free of charge	-	91	91
Disposals	-	(64)	(64)
Write-off non-current assets	(221)	(78)	(299)
Transfer into Level 3	2,528	6,012	8,540
Gains/(losses) for the period recognised in net result:			
- Revaluation increment/(decrement)	1,982	90	2,072
- Depreciation and amortisation	(1,534)	(6,551)	(8,085)
Total gains/(losses) recognised in net result	448	(6,461)	(6,013)
Carrying amount at the end of the period	33,222	18,618	51,840

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SAAS's policy is to recognise transfers into and out of fair value hierarchy levels as at the end of the reporting period. In 2016, certain land was transferred from Level 3 (existing use basis) to Level 2 (market value basis) due to restrictions on the use of the land being removed by the SA Government.

Assets transferred into Level 3 comprise capitalisation of assets from work in progress.

Buildings and improvements includes leasehold improvements but excludes works in progress.

Plant and equipment includes computer, medical, surgical, dental, biomedical and other plant and equipment but excludes works in progress.

23 Payables

	2016	2015
	\$'000	\$'000
Current		
Creditors and accrued expenses	3,269	4,472
Paid Parental Leave Scheme payable	17	1
Employment on-costs	2,340	2,238
Other payables	376	367
Total current payables	6,002	7,078
Non-current		
Employment on-costs	2,360	2,035
Total non-current payables	2,360	2,035
Total payables	8,362	9,113

As a result of an actuarial assessment performed by Department of Treasury and Finance, the percentage of the proportion of long service leave taken as leave has remained at 51%. Further, Mercer Consulting (Australia) Pty Ltd has determined that the average factor for the calculation of employer superannuation cost on-cost has decreased from 13.94% in 2015 to 13.75%. These rates are used in the employment on-cost calculation. The net financial effect of the above changes in the current financial year is a decrease in the employment on-cost of \$0.653 million. The estimated impact on 2017 and 2018 is \$0.679 million and \$0.706 million respectively.

Interest rate and credit risk

Creditors and accruals are raised for all amounts billed but unpaid. Sundry creditors are normally settled within 30 days. Staff on-costs are settled when the respective staff benefits that they relate to is discharged. All payables are non-interest bearing. The carrying amount of payables approximates net fair value due to the amounts being payable on demand.

Categorisation of financial instruments, maturity analysis of borrowings and risk exposure information

Refer to Note 28.

24 Staff benefits

	2016	2015
	\$'000	\$'000
Current		
Annual leave	20,226	18,841
Long service leave	2,479	2,435
Accrued salaries and wages	469	-
Skills and experience retention leave	800	741
Superannuation - defined benefit scheme	14,677	12,145
Other	3	-
Total current staff benefits	38,654	34,162
Non-current		
Long service leave	35,111	24,729
Superannuation - defined benefit scheme	46,422	16,300
Total non-current staff benefits	81,533	41,029
Total staff benefits	120,187	75,191

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AASB 119 *Employee Benefits* contains the calculation methodology for long service leave liability. The actuarial assessment performed by the Department of Treasury and Finance has provided a basis for the measurement of long service leave. AASB 119 requires the use of the yield on long term Commonwealth Government bonds as the discount rate in the measurement of the long service leave liability. The yield on long term Commonwealth Government bonds has decreased from 2015 (3.0%) to 2016 (2.05%).

This decrease in the bond yield, which is used as the rate to discount future long service leave cash flows, results in an increase in the reported long service leave liability. The net financial effect of the change in the current financial year is an increase in the reported long service leave liability of \$3.251 million and staff benefits expense of \$0.228 million. The impact on the future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions - a key assumption is the long-term discount rate.

As a result of the actuarial assessment performed by Mercer Consulting (Australia) Pty Ltd, the salary inflation rate increased from 3% per annum in 2015 to 4% per annum in 2016. The net financial effect of the change in the current financial year is a decrease in the reported long service leave liability of \$3.461 million and staff/employee benefit expense of \$0.243 million.

The defined benefit liability has been recognised in the Statement of Financial Position in accordance with AASB 119 and is held in SAAS.

Defined benefit superannuation scheme	2016	2015
Reconciliation of the present value of the defined benefit obligation:	\$'000	\$'000
Opening balance of defined benefit obligation	245,554	219,473
Current service cost	9,033	8,779
Interest cost	6,929	7,428
Contributions by scheme participants	5,806	5,022
Actuarial losses	28,003	13,621
Benefits paid	(7,371)	(7,115)
Taxes, premiums and expenses paid	(1,787)	(1,899)
Transfers in	315	245
Closing balance of defined benefit obligation	286,482	245,554
	2016	2015
Reconciliation of the fair value of scheme assets:	\$'000	\$'000
Opening balance of scheme assets	217,109	197,155
Interest Income	6,297	6,898
Actual return on Scheme assets less Interest Income	(686)	9,891
Contributions from the employer	5,700	6,912
Contributions by scheme participants	5,806	5,022
Benefits paid	(7,371)	(7,115)
Taxes, premiums and expenses paid	(1,787)	(1,899)
Transfers in	315	245
Closing balance of scheme assets	225,383	217,109
The amount included in the Statement of Financial Position arising		
Present value of defined benefit obligations	286,482	245,554
Fair value of scheme assets	(225,383)	(217,109)
Net liability arising from defined benefit obligations	61,099	28,445
Included in the Statement of Financial Position:		
Current provision for employee benefits - defined benefit obligations	14,677	12,145
Non-current provision for employee benefits - defined benefit	46,422	16,300
Closing balance of defined benefit obligation	61,099	28,445

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	% invested by asset class	
	2016 %	2015 %
Australian equity	28	25
International equity	20	18
Fixed income	35	30
Property	9	10
Cash	8	17
Total	100	100

In accordance with the revised AASB 119 the discount rate assumption is used to determine interest income and the expected return on assets assumption is no longer used. The actual return on scheme assets was a gain of \$5.611 million (\$16.800 million). Employer contributions of \$5.861 million are expected to be paid to the scheme for the year ending 30 June 2017. Expected employer contributions reflect the current 12.00% of salary contributions.

	2016 % pa	2015 % pa
Principal actuarial assumptions used (and expressed as weighted)		
Discount rate (Defined benefit cost)	3.1	3.6
Discount rate (Defined benefit obligation)	2.1	3.1
Expected rate of salary increase	4.0	3.0
	2016 \$'000	2015 \$'000
Movement in net defined benefit liability		
Net defined benefit liability at start of year	28,445	22,318
Defined benefit cost	9,665	9,309
Remeasurements	28,689	3,729
Employer contributions	(5,700)	(6,911)
Net defined benefit liability at end of year	61,099	28,445

Sensitivity Analysis

The defined benefit obligation as at 30 June 2016 under several scenarios is presented below.

Scenarios A and B relate to discount rate sensitivity. Scenarios C and D relate to salary increase rate sensitivity.

Scenario A: 0.5% p.a. lower discount rate assumption

Scenario B: 0.5% p.a. higher discount rate assumption

Scenario C: 0.5% p.a. lower salary increase rate assumption

Scenario D: 0.5% p.a. higher salary increase rate assumption

	Base Case	Scenario A	Scenario B	Scenario C	Scenario D
		-0.5% pa discount rate	+0.5% pa discount rate	-0.5% pa salary increase rate	+0.5% pa salary increase rate
Discount Rate	2.1%	1.6%	2.6%	2.1%	2.1%
Salary increase rate	4.0%	4.0%	4.0%	3.5%	4.5%
Defined benefit obligation (\$000s)	286,482	297,783	276,008	277,363	296,209

Description of the regulatory framework

The Superannuation Industry (Supervision) (SIS) legislation governs the superannuation industry and provides the framework within which superannuation schemes operate. The SIS regulations require an actuarial valuation to be performed for each defined benefit superannuation Scheme every three years, or every year if the Scheme pays defined benefit pensions unless an exemption has been obtained.

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Description of other entities' responsibilities for the governance of the Scheme

The Scheme's trustee is responsible for the governance of the Scheme. The trustee has a legal obligation to act solely in the best interests of Scheme beneficiaries. The trustee has the following roles:

- administration of the Scheme and payment to the beneficiaries from Scheme assets when required in accordance with the Scheme rules;
- management and investment of the Scheme assets; and
- compliance with superannuation law and other applicable regulations.

The prudential regulator, the Australian Prudential Regulation Authority (APRA), licences and supervises regulated superannuation schemes.

Description of risks

There are a number of risks to which the Scheme exposes the employer. The more significant risks relating to the defined benefits are:

Investment risk

The risk that investment returns will be lower than assumed and the employer will need to increase contributions to offset this shortfall.

Salary growth risk

The risk that wages or salaries (on which future benefit amounts will be based) will rise more rapidly than assumed, increasing defined benefit amounts and thereby requiring additional employer contributions.

Legislative risk

The risk that legislative changes could be made which increase the cost of providing the defined benefits.

The scheme assets are invested in the Funds SA Balanced Investment option. The assets are diversified within this investment option and therefore the Scheme has no significant concentration of investment risk.

Funding arrangements

The financing objective adopted at the 30 June 2014 actuarial investigation of the Scheme in a report dated 15 May 2015, is to maintain the value of the Scheme's assets at least equal to:

- 100% of accumulation account balances, plus
- for defined benefits, the greater of 100% of vested benefits and 100% of the actuarial value of accrued benefits.

In that valuation, it was recommended that the employer contribute to the Scheme as follows:

- Defined Benefit members:
 - 12.00% of salary for all defined benefit members until 30 June 2015, then
 - 9.50% of salary for all defined benefit members after 1 July 2015, plus
 - Any additional employer contributions agreed between the employer and a member.
- Accumulation members:
 - 9.50% of ordinary time earnings, plus
 - Any additional employer contributions agreed between the employer and a member.

Maturity profile of defined benefit obligation

The weighted average duration of the defined benefit obligation as at 30 June 2016 is nine years.

25 Provisions

		2016	2015
	Note	\$'000	\$'000
Current			
Provision for workers compensation	25.1	3,439	2,567
Total current provisions		3,439	2,567
Non-current			
Provision for workers compensation	25.1	4,669	4,844
Total non-current provisions		4,669	4,844
Total provisions		8,108	7,411

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25.1 Reconciliation of workers compensation

	2016	2015
	\$'000	\$'000
The following table shows the movement of workers compensation:		
Carrying amount at the beginning of the period	7,411	8,068
Additional provisions recognised	1,444	123
Reductions arising from payments/other sacrifices of future economic benefits	(747)	(780)
Carrying amount at the end of the period	8,108	7,411

A liability has been reported to reflect unsettled workers compensation claims. The workers compensation provision is based on an actuarial assessment performed by the Office for the Public Sector (a division of the Department of the Premier and Cabinet). These claims are expected to be settled within the next financial year.

26 Other liabilities

	2016	2015
	\$'000	\$'000
Current		
Unclaimed monies	92	111
Unearned revenue	601	816
Other	6	-
Total current other liabilities	699	927
Total other liabilities	699	927

27 Equity

	2016	2015
	\$'000	\$'000
Asset revaluation surplus	12,058	12,058
Other reserves	8,305	36,994
Retained earnings	(30,910)	(25,891)
Total equity	(10,547)	23,161

The asset revaluation surplus is used to record increments and decrements in the fair value of land, buildings and plant and equipment to the extent that they offset one another. Relevant amounts are transferred to retained earnings when an asset is derecognised.

During 2015-16 it was identified that the SAAS Asset revaluation reserve included balances related to superseded Communications equipment (\$2.117 million), last revalued in 2001, and Leasehold improvements (\$1.632 million) which have not been revalued since 2009. It is inappropriate to continue to carry these balances forward and therefore these have been shown in Retained earnings as an error correction in the annual Financial Statements.

Other Reserves include Branch Reserves, Country Capital Reserves and Defined Benefit Fund Remeasurement.

28 Financial instruments / financial risk management

28.1 Financial risk management

Risk management is managed by the Department's Risk and Assurance Services section and risk management policies are in accordance with the *Risk Management Policy Statement* issued by the Premier and Treasurer and the principles established in the *Australian Standard Risk Management Principles and Guidelines*.

SAAS is exposed to financial risk – liquidity risk, credit risk and market risk. There have been no changes in risk exposure since the last reporting period.

28.2 Categorisation of financial instruments

Details of the significant accounting policies and methods adopted including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised with respect to each class of financial asset, financial liability and equity instrument are disclosed in Note 2.

Refer to Table 28.3 for the carrying amounts of each of the following categories of financial assets and liabilities: Held-to-maturity investments; loan and receivables; and financial liabilities measured at cost.

SAAS does not recognise any financial assets or financial liabilities at fair value, but does disclose fair value in the notes. All of the resulting fair value estimates are included in Level 2 as all significant inputs required are observable.

- The carrying value less impairment provisions of receivables and payables is a reasonable approximation of their fair values due to the short-term nature of these (refer Notes 2, 17 and 23).
- Borrowings are initially recognised at fair value, plus any transaction cost directly attributable to the borrowings, then subsequently held at amortised cost. The fair value of borrowings approximates the carrying amount, as the impact of discounting is not significant (refer Notes 2 and 24).

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- Held-to-maturity investments are initially recognised at fair value, then subsequently held at amortised cost. This is the most representative of fair value in the circumstances (refer Notes 2 and 19).

28.3 Liquidity risk

Liquidity risk arises from the possibility that SAAS is unable to meet its financial obligations as they fall due. The continued existence of SAAS is dependent on State Government policy and on continued funding from the Department for Health and Ageing for SAAS's administration and program delivery. SAAS settles undisputed accounts within 30 days from the date of the invoice or the date the invoice is first received. In the event of a dispute, payment is made 30 days from resolution.

SAAS's exposure to liquidity risk is insignificant based on past experience and current assessment of risk.

The carrying amount recorded in Table 28.3 represent SAAS's maximum exposure.

Cash flows realised from financial assets reflect management's expectation as to the timing of realisation. Actual timing may differ from that disclosed. The timing of cash flows presented in the table to settle financial liabilities reflects the earliest contractual settlement dates.

The following table discloses the carrying amount of each category of financial instrument held by SAAS including the contractual maturity analysis for financial assets and liabilities (ie liquidity risk).

Table 28.3 Categorisation and maturity analysis of financial assets and liabilities

	Notes	Carrying amount/ Fair value \$'000	Contractual maturities			
			Current \$'000	Within 1 year \$'000	1 - 5 years \$'000	More than 5 years \$'000
2016						
Financial assets						
Cash and equivalent						
Cash and cash equivalents	16, 32	19,631	19,631	-	-	-
Loans and receivables						
Receivables (1) (2)	17	18,470	18,470	-	-	-
Total financial assets		38,101	38,101	-	-	-
Financial liabilities						
Financial liabilities at cost						
Payables (1)	23	3,548	3,548	-	-	-
Other liabilities	26	98	98	-	-	-
Total financial liabilities		3,646	3,646	-	-	-

	Notes	Carrying amount/ Fair value \$'000	Contractual maturities			
			Current \$'000	Within 1 year \$'000	1 - 5 years \$'000	More than 5 years \$'000
2015						
Financial assets						
Cash and equivalent						
Cash and cash equivalents	16, 32	19,625	19,625	-	-	-
Loans and receivables						
Receivables (1) (2)	17	14,090	14,090	-	-	-
Total financial assets		33,715	33,715	-	-	-
Financial liabilities						
Financial liabilities at cost						
Payables (1)	23	4,720	4,720	-	-	-
Other liabilities	26	111	111	-	-	-
Total financial liabilities		4,831	4,831	-	-	-

- (1) Receivable and payable amounts disclosed here exclude amounts relating to statutory receivables and payables (e.g. Commonwealth taxes; Auditor-General's Department audit fees etc). In government, certain rights to receive or pay cash may not be contractual and therefore in these situations, the requirements will not apply. Where rights or obligations have their source in legislation such as levies, tax and equivalents etc they would be excluded from the disclosure. The standard defines contract as enforceable by law. All amounts recorded are carried at cost (not materially different from amortised cost).
- (2) Receivables amount disclosed here excludes prepayments. Prepayments are presented in Note 17 as trade and other receivables in accordance with paragraph 78(b) of AASB 101. However, prepayments are not financial assets as defined in AASB 132 as the future economic benefit of these assets is the receipt of goods and services rather than the right to receive cash or another financial asset.

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28.4 Credit risk

Credit risk arises when there is the possibility of SAAS's debtors defaulting on their contractual obligations resulting in financial loss to SAAS. SAAS measures credit risk on a fair value basis and monitors risk on a regular basis.

SAAS has minimal concentration of credit risk. SAAS does not engage in high risk hedging for its financial assets. No collateral is held as security and no credit enhancements relate to financial assets held by SAAS.

Allowances for impairment of financial assets are calculated on past experience and current and expected changes in client credit rating. Other than receivables, there is no evidence to indicate that financial assets are impaired. Refer to Note 17 for information on the allowance for impairment in relation to receivables.

The carrying amount of financial assets as detailed in Table 28.3 represents SAAS's maximum exposure to credit risk.

The following table discloses the ageing of financial assets that are past due but not impaired and impaired financial assets.

Table 28.4 Aging analysis of financial assets

2016	Carrying amount	Not past due and not impaired	Past due but not impaired			Impaired financial assets
			Overdue for < 30 days	Overdue for 30 - 60 days	Overdue > 60 days	
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Cash and cash equivalents	19,631	19,631	-	-	-	-
Receivables (1)	18,470	14,242	3,018	1,154	56	(16,980)
	38,101	33,873	3,018	1,154	56	(16,980)
2015						
Cash and cash equivalents	19,625	19,625	-	-	-	-
Receivables	14,090	10,029	2,659	1,328	74	(13,544)
	33,715	29,654	2,659	1,328	74	(13,544)

(1) Receivable amounts disclosed here exclude amounts relating to statutory receivables (amounts owing to Government). They are carried at cost.

28.5 Market risk

Market risk for SAAS is primarily through interest rate risk. Exposure to interest rate risk may arise through its interest bearing liabilities, including borrowings. Any exposure to foreign currency risks is managed by SAFA.

28.6 Sensitivity disclosure analysis

A sensitivity analysis has not been undertaken for the interest rate risk of SAAS as it has been determined that the possible impact on comprehensive income or total equity from fluctuations in interest rates is immaterial.

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29 Unrecognised contractual commitments

29.1 Operating lease expenditure commitments

	2016	2015
Commitments in relation to operating leases contracted for at the reporting date but not recognised as liabilities in the financial statements, are payable as follows:	\$'000	\$'000
Within one year	1,533	1,676
Later than one year but not longer than five years	2,417	3,242
Later than five years	1,412	2,320
Total operating lease commitments	5,362	7,238
Representing:		
Non-cancellable operating leases	5,362	7,238
Total operating lease commitments	5,362	7,238

SAAS has a number of lease agreements. Lease terms vary in length. Each lease agreement has renewal options for a determined period, exercisable by both the lessor and lessee.

SAAS has a number of operating lease arrangements for the use of properties. The major commitments are for properties at Eastwood, Parkside, Bedford Park, Ashford Hospital, Netley, Port Adelaide, Aldgate, Angaston, Gepps Cross, Edwardstown and Nuriootpa. SAAS has a number of other operating leases for the use of property. The value of these leases is immaterial.

29.2 Expenditure commitments

Capital commitments	2016	2015
Capital expenditure contracted for at the reporting date but are not recognised as liabilities in the financial statement, are payable as follows:	\$'000	\$'000
Within one year	134	337
Total capital commitments	134	337

SAAS's capital commitments are for plant and equipment ordered but not received.

Expenditure commitments	2016	2015
Other expenditure contracted for at the reporting date but are not recognised as liabilities in the financial statements, are payable as follows:	\$'000	\$'000
Within one year	875	143
Later than one year but not longer than five years	298	-
Later than five years	-	-
Total other commitments	1,173	143

SAAS expenditure commitments are for agreements for goods and services ordered but not received.

30 Transferred functions

Transferred in
2015-16

- Following a review of Departmental functions, effective 1 July 2015, the Chief Executive of the Department approved the transfer of operational employees within the Workforce division of the Department to the Local Health Networks and SA Ambulance Service Inc (SAAS).

2014-15

- Following a review of Departmental functions, effective 1 June 2015, the Chief Executive of the Department approved the transfer of Financial Business Advisory and Hospital based Revenue Services employees within Finance to the Local Health Networks and SAAS.

Total income and expenses that transferred were:

	2016	2015
	\$'000	\$'000
Staff benefit expenses	-	29
Total expenses	-	29
Net result	-	(29)

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Liabilities transferred to SAAS were:

	2016 \$'000	2015 \$'000
Payables	34	8
Provisions	-	154
Staff benefits	440	-
Total liabilities	474	162
Total net assets transferred	(474)	(162)

Net assets assumed by SAAS as a result of the administrative restructure are at the carrying amount of those assets in the transferor's Statement of Financial Position immediately prior to the transfer. The net assets transferred were treated as a contribution by the Government as owner.

31 Contingent assets and liabilities

The current Enterprise Bargaining agreement has a preserved date of 1 January 2015 for the effective date of any subsequent Agreement to apply. The Agreement negotiations are about to commence and any increase will be back dated to 1 January 2015.

32 Cash flow reconciliation

	2016 \$'000	2015 \$'000
Reconciliation of cash and cash equivalents at the end of the reporting period:	\$'000	\$'000
Cash and cash equivalents disclosed in the Statement of Financial Position	19,631	19,625
Cash as per Statement of Financial Position	19,631	19,625
Balance as per the Statement of Cash Flows	19,631	19,625
Reconciliation of net cash provided by operating activities to net cost of providing services:		
Net cash provided by (used in) operating activities	12,040	11,786
Department for Health and Ageing contributions for the provision of health services	(127,992)	(127,202)
Add/less non-cash items		
Depreciation and amortisation expense of non-current assets	(10,503)	(9,195)
Gain/loss on sale or disposal of non-current assets	378	177
Assets acquired at no cost or nominal consideration	4,271	91
Capital revenues	-	271
Other	-	(6)
Movement in assets and liabilities		
Increase (decrease) in receivables	4,835	(2,416)
Increase (decrease) in inventories	27	221
Increase (decrease) in other current assets	(42)	(39)
(Increase) decrease in staff benefits	(15,867)	(7,908)
(Increase) decrease in payables and provisions	88	5,409
(Increase) decrease in other liabilities	228	(687)
Net cost of providing services	(132,537)	(129,498)

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33 Transactions with SA Government

The following table discloses revenues, expenses, financial assets and liabilities where the counterparty/transaction is with an entity within the SA Government as at the reporting date, classified according to their nature.

Note	SA Government		Non-SA Government		Total	
	2016 \$'000	2015 \$'000	2016 \$'000	2015 \$'000	2016 \$'000	2015 \$'000
4 Staff benefit expenses	338	206	173,082	158,105	173,420	158,311
Salaries and wages	-	-	122,172	114,392	122,172	114,392
TVSP (refer below)	-	-	42	-	42	-
Long service leave (LSL)	-	-	11,314	6,216	11,314	6,216
Annual leave	-	-	17,034	16,484	17,034	16,484
Skills and experience retention leave (SERL)	-	-	505	423	505	423
Employment on-costs - superannuation	-	-	17,810	16,536	17,810	16,536
Workers compensation	-	-	4,162	4,006	4,162	4,006
Board and committee fees	-	-	10	12	10	12
Other employee related expenses	338	206	33	36	371	242
5 Supplies and services	31,215	30,332	33,207	32,723	64,422	63,055
Administration	1	12	244	264	245	276
Advertising	25	16	346	492	371	508
Communication	1,564	1,531	1,233	1,366	2,797	2,897
Computing	1,674	1,841	657	545	2,331	2,386
Contractors	-	-	17	109	17	109
Contractors - agency staff	14,009	12,586	567	489	14,576	13,075
Consultants	-	-	397	154	397	154
Contract of services	-	-	201	150	201	150
Cost of goods sold	-	-	188	190	188	190
Drug supplies	236	100	177	138	413	238
Electricity, gas and fuel	3	1	730	798	733	799
Finance lease contingent rentals	-	-	3	-	3	-
Food supplies	40	34	6	8	46	42
Health surveys	-	-	9	-	9	-
Housekeeping	86	93	1,736	1,760	1,822	1,853
Insurance	1,439	1,421	56	75	1,495	1,496
Internal SA Health SLA payments	1,835	3,450	-	-	1,835	3,450
Legal	62	81	8	-	70	81
Medical, surgical and laboratory	2,556	2,761	894	894	3,450	3,655
Minor equipment	81	99	704	1,029	785	1,128
Motor vehicle expenses	640	642	3,113	2,975	3,753	3,617
Occupancy rent and rates	87	37	2,033	1,975	2,120	2,012
Patient transport	2,792	1,599	12,185	11,739	14,977	13,338
Payments to Shared Services SA	1,875	1,852	-	-	1,875	1,852
Periodical, journals and publications	1	7	33	19	34	26
Postage	-	-	671	609	671	609
Printing and stationery	295	140	465	488	760	628
Rental expense on operating lease	1,534	1,498	-	-	1,534	1,498
Repairs and maintenance	108	127	1,637	1,988	1,745	2,115
Security	2	1	10	23	12	24
Staff training and development	120	225	286	333	406	558
Staff travel expenses	-	6	2,560	2,280	2,560	2,286
Waste removal	-	-	9	-	9	-
Other supplies and services	150	172	2,032	1,833	2,182	2,005

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Note	SA Government		Non-SA Government		Total	
	2016 \$'000	2015 \$'000	2016 \$'000	2015 \$'000	2016 \$'000	2015 \$'000
6 Depreciation and amortisation expense	-	-	10,503	9,195	10,503	9,195
Buildings and improvements	-	-	1,308	1,034	1,308	1,034
Site improvements	-	-	60	59	60	59
Computing equipment	-	-	85	326	85	326
Medical, surgical, dental and biomedical equipment	-	-	1,296	543	1,296	543
Motor vehicles	-	-	5,436	5,008	5,436	5,008
Power generation and transmission	-	-	21	21	21	21
Other plant and equipment	-	-	766	653	766	653
Leasehold improvements	-	-	441	441	441	441
Intangible assets	-	-	1,090	1,110	1,090	1,110
7 Other expenses	17	26	17,628	15,709	17,645	15,735
Bad and doubtful debts	-	-	16,295	14,161	16,295	14,161
Bank fees and charges	-	-	48	78	48	78
Other (excluding audit fees)	17	26	1,285	1,470	1,302	1,496
8 Auditor's remuneration	100	119	-	-	100	119
Auditor fees - auditing financial statements	100	119	-	-	100	119
TOTAL EXPENSES	31,670	30,683	234,420	215,732	266,090	246,415
INCOME						
9 Revenue from fees and charges	33,887	29,902	91,302	84,326	125,189	114,228
Ambulance cover	-	-	24,440	23,752	24,440	23,752
Ambulance transport	29,635	26,675	64,390	57,318	94,025	83,993
Call direct	-	-	1,177	1,309	1,177	1,309
Insurance recoveries	-	116	-	131	-	247
Recoveries	3,381	2,794	17	104	3,398	2,898
Other user charges and fees	871	317	1,278	1,712	2,149	2,029
10 Grants and contributions	1,000	-	-	-	1,000	-
Other grants and contributions from SA Government agencies	1,000	-	-	-	1,000	-
11 Interest revenue	55	78	1	132	56	210
Interest from SAFA	-	47	-	-	-	47
Bank interest	-	-	1	132	1	132
Interest on Special Purpose Funds (SPF)	55	31	-	-	55	31
12 Resources received free of charge	-	-	4,271	91	4,271	91
Plant and equipment	-	-	4,271	91	4,271	91
13 Net gain/(loss) from disposal of non-current and other assets	-	-	378	177	378	177
Total proceeds from disposal	-	-	438	620	438	620
Less total value of assets disposed	-	-	(5)	(363)	(5)	(363)
Less other costs of disposal	-	-	(55)	(80)	(55)	(80)
14 Other revenue	1,450	1,420	1,209	791	2,659	2,211
Training revenue	115	86	333	427	448	513
Emergency services levy	1,318	1,286	-	-	1,318	1,286
Donations received	-	-	502	105	502	105
Bad debts recovered	-	-	75	54	75	54
Other	17	48	299	205	316	253
15 Revenue from SA Government	127,992	127,202	-	-	127,992	127,202
Recurrent funding	114,832	118,346	-	-	114,832	118,346
Capital funding	13,160	8,856	-	-	13,160	8,856
TOTAL INCOME	164,384	158,602	97,161	85,517	261,545	244,119

SA AMBULANCE SERVICE INC
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2016

Note	SA Government		Non-SA Government		Total	
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	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
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35 Events after the reporting period

SAAS is not aware of any material events occurring between the end of the reporting period and when the financial statements were authorised.

12.0 Acronyms and abbreviations

ACE	Accredited Centre of Excellence
AUSMAT	Australian Medical Assistance Team
CAA	Council of Ambulance Authorities
CAC	Community Advisory Committee
CE	Chief executive
CEO	Chief executive officer
DAIP	Disability access and inclusion plan
DDU	Driver Development Unit
DHA	Department for Health and Ageing
ECP	Extended care paramedic
EOC	Emergency Operations Centre
FTE	Full-time equivalent
GPS	Global positioning system
GRN	Government radio network
HUET	Helicopter Underwater Escape Training
IAED	International Academies of Emergency Dispatch
ICP	Intensive care paramedic
LHN	Local Health Network
MRC	Medical retrieval consultant
NSQHS	National Safety and Quality Health Service [Standards]
MPDS	Medical Priority Dispatch System
RRAS	Rescue, Retrieval and Aviation Services
SAAS	SA Ambulance Service
SAASVHAC	SAAS Volunteer Health Advisory Council
SACAD	South Australian Computer-Aided Dispatch
SLS	Safety Learning System
SOT	Special Operations Team
USAR	Urban Search and Rescue
WHS	Work health and safety
WHSIM	Work health, safety and injury management
YPG	Young Professionals Group

13.0 Glossary of terms

Bariatric

Bariatric vehicles are specially adapted vehicles used to transport bariatric patients (significantly overweight and obese patients).

Council of Ambulance Authorities

National body of all ambulance services in Australia.

Country Regional Response Team

Volunteer ambulance officers, based in metropolitan Adelaide and city fringe, who are deployed across the state to support country volunteer teams to fill rosters.

Emergency Operations Centre

The SAAS centre where triple zero (000) calls are received and ambulance responses coordinated and dispatched.

Extended care paramedic

SAAS's most senior clinicians. Trained to treat patients in their home surrounds (including nursing homes), provide tailored health care and, where possible, avoid unnecessary hospital admissions.

Government radio network

The South Australian Government Radio Network is a trunked radio network used by SAAS and other South Australian emergency services as well as several other government agencies and some private companies. It is used throughout metropolitan and country South Australia.

Intensive care paramedic

Intensive Care Paramedics provide senior clinical input and support to case management and accept clinical responsibility for patient management. They are required to provide a clinical leadership role in the development and implementation of clinical practice policies, procedures, standards and guidelines.

Local Ambulance Committees

LACs consist of members from the community who wish to take an active interest in their local ambulance service. The role of the LAC is to represent the community on matters affecting the provision of ambulance services and advise SAAS of the community's expectations for their ambulance service.

Medical Priority Dispatch System

The system used by triple-zero call-takers and dispatchers to triage and prioritise patients, and dispatch the most appropriate ambulance resource for each patient.

Motorbike Response Unit

A team of single response paramedics capable of navigating through traffic easily and responding to patients quickly.

Peer support officers

Staff who are trained to support their colleagues in times of trauma, stress or distress—both work-related and personal.

SAAS MedSTAR

South Australia's 24-hour emergency medical retrieval service. 'MedSTAR' is an acronym for Medical Statewide Trauma/Transport, Advice and Retrievals.

SAAS REMOTE

A program involving a group of paramedics that provide remote rescue paramedic services in regional South Australia.

Southern Adelaide Health Alliance

The Southern Adelaide Health Alliance brings together health and community providers in a partnership with the consumers of southern Adelaide to better design, coordinate and integrate patient care.

Single Paramedic Response and INTervention (SPRINT)

Single response paramedics—either in all-wheel-drive vehicles or on motorbikes—dispatched to emergency cases to start emergency life-saving treatment quickly.

Special Operations Team

SAAS’s team of rescue paramedics who are trained to respond to specialised emergencies such as cliff rescues, confined-space rescues, etc.

Treat no transport

An ambulance clearance code for cases where any clinical assessment or clinical treatment has been provided, including advice on further treatment options or advice that no further treatment is required. This also includes lifts and referral for ongoing care. Transport to a medical or other facility is not provided.

Volunteer Regional Response Team

A team of ‘fly-in fly-out’ paramedics drawn from the Bachelor of Paramedic Science program at Flinders University. The degree students can choose to be part of a team that provides support to volunteer teams across South Australia by filling gaps in their rosters, while also gaining on-the-ground experience in ambulance operations.

For more information

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