



**Government
of South Australia**

SA AMBULANCE SERVICE 2021-2022 Annual Report

SA Ambulance Service

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ISSN: 1443-0282

Date approved by the Board: N/A

Date presented to Minister: 29 September 2022

OFFICIAL

2021-2022 ANNUAL REPORT for SA AMBULANCE SERVICE

To:

Hon Chris Picton MP
Minister for Health and Wellbeing

This annual report will be presented to Parliament to meet the statutory reporting requirements of *(insert relevant acts and regulations)* and the requirements of Premier and Cabinet Circular *PC013 Annual Reporting*.

This report is verified to be accurate for the purposes of annual reporting to the Parliament of South Australia.

Submitted on behalf of the SA Ambulance Service by:

Rob Elliott ASM
Chief Executive Officer
SA Ambulance Service

Date: 19 September 2022

Signature:



From the Chief Executive Officer



2021-2022 has been a year of challenges, but also a year of outstanding achievement and progress in ensuring that we continue to provide safe, inclusive and high-quality care for South Australians.

Firstly, I know that this has been another year impacted by COVID-19 and I want to recognise the extraordinary efforts of our people, the care they delivered and the immense commitment they have shown to the communities they serve. I also acknowledge the significant operational challenges and the ever-increasing workload they have faced throughout the year. SA Ambulance Service (SAAS) have dedicated and passionate people across the organisation.

The 2021-22 Annual Report is, of course, a statutory document outlining our financial position, functions and performance but I think it also serves as a journal and a reminder of the unprecedented times we have faced, as well as the resilience of our workforce.

I know that the word unprecedented is used a lot, but the pandemic really has changed the care needs of our community and the way our service operates. It has also changed the way in which we deliver our frontline clinical services.

Throughout the year, we have demonstrated the benefits of working collaboratively with our partners across the health care system to respond to the changing needs of our patients, and to maintain capacity in our own ambulance system.

The extension of alternative pathways rather than hospital Emergency Departments (EDs) included Mental Health Co-Response (MH-Core), the Children and Adolescent Virtual Urgent Care Service (CAVUCS) and the adult Virtual Emergency Service, has been astounding and has meant a total of 21.5% of Triple Zero (000) callers for the year were safely treated at home or transported to other services. This not only supports patients to get the most appropriate care, but it also supports SAAS to maintain our emergency response capacity and reduce potential ramping.

This year we have also rolled out vaccination programs for our workforce, introduced truly innovative technologies, including a clinical reference smartphone app and new defibrillators, re-shaped our palliative care clinical practice and introduced extended scope of practice for some of our senior clinicians. We have supported communities dealing with devastating bushfires and we have welcomed additional paramedics, nurses, doctors and ambulance officers into SAAS, and continued the expansion of our volunteer training program with the launch of a new recruitment campaign.

The challenges have been significant; Triple Zero (000) call volume increased by 6.1%, patients spent 30,880 hours delayed at transfer of care; and we have had many staff and volunteers furloughed during the COVID-19 emergency. Our new strategic plan including delivery of additional crewing will focus on improved operational performance, with staff welfare paramount.

Our patients continue to report that our service provides exceptional care. In the 2021 Council of Ambulance Authorities Patient Experience Survey, 96% of patients reported they were satisfied with the service. We also had one of the highest proportion of respondents reporting being very satisfied with their care. Perhaps most importantly though, 97% said the level of care provided by our paramedics was 'very good'. All this in addition to achieving accreditation through the National Safety and Quality Health Service Standards for the second time, remaining the only ambulance service to do so.

I am regularly amazed by the scale and breadth of our organisation, especially when you consider the geographical area where we operate. We move into 2022-23 with optimism and a clear mandate to commence the delivery of 350 new staff, five new stations, significant capital works including a new Headquarters over the next four years and a service delivery model fit for the future of South Australia.

A handwritten signature in black ink, appearing to read 'Rob Elliott', with a stylized flourish at the end.

Rob Elliott ASM
Chief Executive Officer
SA Ambulance Service

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Overview: about the agency

Our strategic focus

Our Mission	To save lives, reduce suffering, and enhance quality of life, through the provision of accessible and responsive quality patient care.
Our Vision	At the forefront of care for South Australians.
Our Pillars	<p>Our Patients: At the centre of everything we do</p> <p>Our People: Our most important asset</p> <p>Our Partners: Working together for better care</p> <p>Our Enablers: A sustainable future for our business</p>
Our Values	<p>Patient First</p> <p>Accountability and responsibility</p> <p>Trust and confidence</p> <p>Integrity and honesty</p> <p>Empowered leadership</p> <p>No harm</p> <p>Teamwork</p> <p>Flexible and responsive</p> <p>Innovative and research driven</p> <p>Respect and courtesy</p> <p>Safe and high quality</p> <p>Transparent and open communication</p>
Our functions, objectives and deliverables	<p>SAAS is the statutory provider of ambulance services in South Australia (SA) and is responsible for providing timely and safe access to appropriate care for each resident of SA as part of an integrated health network of clinical services providing:</p> <p><u>Emergency Services</u></p> <ul style="list-style-type: none"> • Delivery of high-quality clinical care and coordination of referral, transport and retrieval services for emergency and time sensitive patients. • Triple Zero (000) call receipt, patient triage, dispatch of ambulance and specialist resources to emergency incidents. • Pre-hospital emergency and urgent care, treatment, transport and/or referral to alternate care providers and hospital transport. • Emergency management services and multi-agency operations. <p><u>Trauma Retrieval Services</u></p> <ul style="list-style-type: none"> • Aeromedical and Medical Retrieval services. • Management of State Rescue Helicopter Services, via SAAS Emergency Operations Centre (EOC).

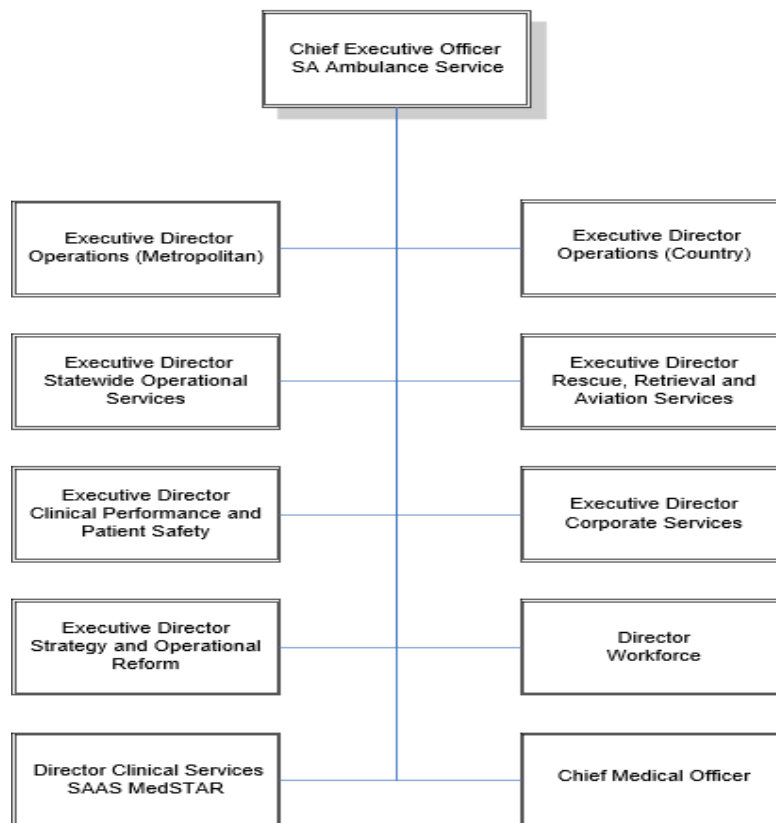
	<ul style="list-style-type: none"> • Management of the Royal Flying Doctor Services (RFDS) contract for fixed-wing inter-hospital air transfers and coordination of medical assistance in rural and remote areas in South Australia. <p><u>SAAS Emergency Operations Centre</u></p> <ul style="list-style-type: none"> • Triple Zero (000) call receipt, patient triage and ambulance dispatch. • Coordination and dispatch of the Patient Transfer Service, moving non-emergency patients around the state. • Coordination of State Rescue Helicopter Services, via SAAS EOC. • Management of the RFDS contract for fixed-wing inter-hospital air transfers. • A clinical hub is situated within the EOC comprising of Medical Retrieval Consultants, Nurse Retrieval Consultants, Paramedic Telehealth Clinicians and EOC Clinicians providing 24-hour clinical care, referral and advice across the state. • Health Navigation services providing brokerage and referral for SAAS Clinicians of our patients to alternative care options located at the SA Virtual Care Service (SA-VCS) at Tonsley Precinct. <p><u>SAAS Rescue, Retrieval and Aviation Services (RRAS)</u></p> <ul style="list-style-type: none"> • SAAS MedSTAR and SAAS MedSTAR Kids deploy highly trained teams of doctors, paramedics and nurses to manage the retrieval of critically ill or injured adults, children and neonates. Patients are retrieved via ambulances, helicopters and fixed-wing aircraft from the metropolitan area, across the state and interstate when needed. • Special Operations Team (SOT) rescue paramedics deliver the specialist technical rescue service for SAAS under the RRAS directorate. SAAS also has rescue capability based in some regional areas managed by suitably skilled career and volunteer staff. <p><u>Emergency and Major Event Management</u></p> <ul style="list-style-type: none"> • SAAS emergency preparedness is integral to the State's emergency response arrangements and includes allocation of suitable SAAS resources and an appropriate command structure. • SAAS major event management involves a planning role in a range of major public and sporting events across the state, many of which SAAS attends. <p><u>Other Services</u></p> <ul style="list-style-type: none"> • Natural disaster and major event management. • Management of a Patient Transport Service (PTS) for the safe transport of patients from hospital to home, home to hospital, and nursing home to nursing home.
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	<ul style="list-style-type: none">• Management of Call Direct, a 24-hour personal monitoring emergency service.• Provision and administration of the Ambulance Cover subscription scheme.
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Our organisational structure

SAAS reports to the Minister for Health and Wellbeing through the Chief Executive, Department for Health Wellbeing (DHW). The SAAS Volunteer Health Advisory Council (SAASVHAC), advocates for, and provides advice to the Minister and the SAAS Chief Executive Officer on matters pertaining to the volunteer sector.

SA Ambulance Service Executive 30 June 2022



Changes to the agency

During 2021-2022 the following changes to the agency's structure and objectives were made as a result of internal reviews or machinery of government changes:

- SAAS Executive Director Operations (Country) and Rescue, Retrieval and Aviation Services position was divided between two Executive Directors.
- Executive Director Strategy and Operational Reform was appointed to support the operational growth plan across SAAS.

Our Minister

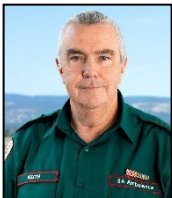


Hon Chris Picton MP is the Minister for Health and Wellbeing in South Australia.

The Minister oversees health, wellbeing, mental health, ageing well, substance abuse and suicide prevention.

Our Executive Team

SAAS was led by Rob Elliott, Chief Executive Officer and a team of Nine (9) executive positions consisting of:



Executive Director, Clinical Performance and Patient Safety, Keith Driscoll was responsible for clinical performance, patient safety and quality, clinical resources, National Safety and Quality Health Services (NSQHS) standards and clinical education. Keith was recently moved to lead the Rescue, Retrieval and Aviation Service including MedSTAR with Cathy Wright leading the directorate during this time as acting Executive Director.



Executive Director, Operations Metropolitan (Interim), Paul Lemmer was responsible for ambulance operations within the Adelaide metropolitan area providing clinical care for patients, emergency and non-emergency transport.



Executive Director, Operations Country (Interim), Robert Tolson was responsible for ambulance operations in regional South Australia providing clinical care for patients, emergency and non-emergency transports.



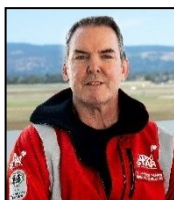
Executive Director, Statewide Operational Services (Interim), Kate Clarke was responsible for the emergency operations centre, operational planning and resourcing, clinical hub, state duty managers, and operations systems (critical Triple Zero (000) ICT system management).



Executive Director, Corporate Services, Robert Cox, was responsible for financial services; infrastructure, procurement and business services; information, communication and technology (ICT); fleet; customer service; records and information; and strategy, risk and governance.



Executive Director, Strategy and Operational Reform (Interim), Danielle Jiranek was responsible for supporting the delivery of the operational growth plan relating to SAAS.



Director, Clinical Services SAAS MedSTAR, Dr Andrew Pearce was responsible for clinical response for patients in need of critical care and transport providing patient focussed pre-hospital and retrieval medicine including, medical retrievals and MedSTAR Kids.



Director, Workforce, Saffron Kennedy was responsible for human resources, work health safety, injury management, WorkFit services, worker health, industrial and employee relations, workforce strategy, organisational development and workforce planning.



Chief Medical Officer (Interim), Dr James Doube was responsible for supporting and implementing the SAAS clinical direction and providing medical input to SAAS delivery, quality and efficiency of healthcare services.

Legislation administered by the agency

Relevant provisions in *Health Care Act 2008*

Other related agencies (within the Minister's areas of responsibility)

Department for Health and Wellbeing

Central Adelaide Local Health Network

Northern Adelaide Local Health Network

Southern Adelaide Local Health Network

Women's and Children's Health Network

Barossa Hills Fleurieu Local Health Network

Eyre and Far North Local Health Network

Flinders and Upper North Local Health Network

Limestone Coast Local Health Network

Riverland Mallee Coorong Local Health Network

Yorke and Northern Local Health Network

Office for Ageing Well

Wellbeing SA

Commission of Excellence and Innovation in Health

The agency's performance

Performance at a glance

On a daily average for 2021-2022 SA Ambulance Service:

- Received 788 Triple Zero (000) calls.
- Received 207 non-emergency calls.
- Responded to 883 incidents transporting 682 patients.
- MedSTAR and Special Operations Team responded to 14 incidents.
- Extended Care Paramedics (ECP) attended 15 incidents.
- Volunteers responded to 66 cases.
- Single Paramedic Response Intervention Team (SPRint) responded to 49 cases.

Agency response to COVID-19

SAAS maintained continuous surveillance on the COVID-19 status within South Australia as the lead agency for the Ambulance and First Aid Functional Support Group (AFAFSG). A specifically appointed Incident Commander, Intelligence and Planning Officer and a State Control Centre SAAS liaison worked fulltime on the response. The SAAS Incident Commander was also engaged in many Governance Committees and working groups alongside SA Health (SAH) colleagues to ensure SAAS interests were considered at times of key decision making.

A full Incident Management Team (IMT) was activated to manage the SAAS response as part of the wider SAH activities across the state. Members of this IMT were instrumental in coordinating the development and implementation of the SAAS COVID-19 Resilience Plan (CRP) that was implemented to manage the significant increase in cases and demands on service delivery that resulted from COVID-19 cases in the community.

In addition to increasing staff numbers across frontline patient facing operations and the EOC, the CRP identified many finite strategies and alternate crewing models that could enable ongoing service delivery across the state. These included, but were not limited to:

- Blended crewing models to maintain our emergency ambulance response capacity.
- Engaging volunteers on short term contracts to ensure coverage in regional areas.
- The implementation of alternate transport teams for COVID-19 positive patients who did not require clinical intervention but did require some supervision.
- Expanding the scope of paramedicine to bolster numbers of staff for COVID-19 vaccination roles.
- Utilising the paramedic and undergraduate workforce to support hotlines for community-based care.
- Administrative staff to support non-urgent patient bookings in the EOC, freeing up staff for Triple Zero (000) call taking.
- Accelerated recruitment and training of Triple Zero (000) call takers.
- Establishment of a senior demand management clinician role in the EOC.

The SAAS IMT, under direction of the SAAS Executive Leadership Team (ELT), also oversaw the following activities:

- Maintenance of SAAS's internal influenza vaccination program.
- SAAS's internal COVID-19 vaccination program for staff, daily health screen monitoring for all staff and contractors present at SAAS facilities.
- Activation of SAAS specific COVID-19 testing sites for staff and volunteers when at the height of the surge, demand for testing was extreme.
- The establishment of an Exemptions Review Panel to risk assess staff to be able to return to operational duties to maintain critical operational services in accordance with protocols provided by the Chief Public Health Officer.
- Increased provision of staff wellbeing support services through the Employee Assistance Program and Peer Support contacts for staff impacted by COVID-19 and embedded a staff wellness subject matter expert into the IMT response.
- Coordinated distribution of State Control Centre – Health communications to AFAFSG partners, St John Ambulance SA and other Emergency Services providers (e.g. State Emergency Services, Metropolitan Fire Service, Country Fire Service) through regular briefing meetings.
- Continuous review and update of documentation relating to SAAS's pandemic plan, infection prevention and control practices including:
 - Personal protective equipment and appropriate utilisation.
 - Operational and clinical guidelines.
 - Protocols and procedures in response to evidence-based practice changes for COVID-19.
 - Patient flow and referral pathways for COVID-19 positive patients as these evolved, gaps were identified and services were stood up.

SAAS further actively provided support for the state's response to COVID-19 with ongoing emergency medical response and additional efforts including:

- Assisting medi-hotel interfacility transfers and maintaining quarantine pathways with a dedicated COVID-19 emergency support crew.
- Provision of clinical staff as part of the SAH Rapid Response Team commitment in various communities on the Anangu Pitjantjatjara Yankunytjatjara (APY) lands.
- At an international level SAAS staff deployed as part of AusMAT teams for COVID-19 Responses overseas.
- Rapid stand up of an Ambulance Transport Assist (COVID) team including the procurement of vehicles, the recruitment of staff, service requests and coordination for patients that were COVID-19, however, would not have otherwise required an ambulance (not unwell) but not considered suitable at the time due to infection risk for taxi or private transportation.

SAAS additionally provided ongoing support to SAH in the form of:

- Clinical support and patient supervision for community vaccination programs.
- Clinical leadership on community outreach vaccination program for persons in unstable accommodation and vulnerable community members.

Agency contribution to whole of Government objectives

Patient Transfer Officer – Aboriginal Cadetship

Two new employees commenced a Cadetship in 2021-2022.

SAAS gives priority consideration to candidates who identify as Aboriginal or Torres Strait Islander. In addition to the two employees who commenced a PTS Aboriginal Cadetship, two further Aboriginal persons commenced employment in 2021-2022; one as a Retrieval Consultant, and one as an Ambulance Officer.

Paramedic Internship

SAAS had three Paramedic Intern groups commence in 2021-2022 consisting of 99 Paramedic Interns in total.

Graduated Paramedic Pathway

SAAS had one Graduated Paramedic Pathway intake in 2021-2022 consisting of 12 employees.

Patient Transport Support - Ambulance Transport Assist COVID-19 (ATAC)

ATAC fleet were introduced in the metropolitan area in 2021 and across four country regions for the transport of low acuity COVID-19 positive patients between hospitals and those requiring discharge. This was part of the SAAS COVID-19 resilience planning and was staffed by undergraduate paramedics, registered paramedics and volunteer Ambulance Assist Officers who were placed on short term contracts.

Experienced Paramedics

SAAS engaged 41 experienced Paramedics during 2021-2022 to support the increasing workload and staff numbers across SAAS for patient facing operations. The recruitment drive saw 26 Paramedics placed in regional South Australia and 15 placed within the metropolitan area. SAAS engaged 37 of these Paramedics on an ongoing basis with three engaged temporarily and one engaged as a casual.

Internship Intakes

SAAS commenced three internship intakes during 2021-2022, increasing the groups that started by one (from the standard two). In addition to increasing the number of intakes, SAAS also increased the number of interns within each group, doubling the numbers from 16 interns per intake to 32 interns per intake.

SAAS also brought forward some of the intakes during 2021/22, as part of our response to COVID-19, utilising these graduates within our non-emergency workforce prior to them officially commencing their internship.

Emergency Medical Dispatch Call Takers (EMDSO)

SAAS managed the ongoing recruitment and onboarding of additional EMDSO.

Financials

SAAS works within its budget as allocated by the Department of Treasury and Finance, acknowledging the cost pressure created by COVID-19.

Infrastructure

SAAS undertook a program of works across South Australia in major and minor facility upgrades, asset maintenance and asset sustainment/replacement projects from our Annual Capital Program. This investment into our infrastructure from this program was approximately \$3.5m for the financial year. Our major works program for new ambulance stations in South Australia's regional areas was approximately \$3.4m.

Clinical Telephone Assessment (CTA)

CTA provides proactive assessment and tailored outcomes to our patients and is now embedded in the SAAS service delivery model. There has been a significant increase in patient assessments with the monthly average of 310 cancellations of events for patients not requiring ambulance attendance. Patients also received a tailored ambulance response with planning of appropriate care pathway following face-to-face assessment by SAAS clinicians.

Health Navigation (HN)

HN supports SAAS clinicians to identify and access appropriate care pathways for our patients following clinical assessment. The SAAS' ED avoidance rate consistently exceeds the target of 20%. This role was integrated into the SA VCS in late 2021 to contribute to the development of their multidisciplinary team with the focus of supporting patients to receive their care needs in the most appropriate place, which may not be an ED.

Community Paramedic Programs– Keith, Ceduna and Robe

Community Paramedics continued to develop as an evolving treatment and primary health care option to support communities in regional areas.

The Country SA Primary Health Network (CSAPHN) fully funded the three-month trial from 1 April 2022 to 30 June 2022 for the Keith Community Paramedic (CP). This was part of the Limestone Coast Local Health Network (LHN) proposed Model of Care at the Keith and District Hospital. A full-time CP provided a five-day roster, working Monday to Friday between 0900 – 1700hrs. The CP supported patients with care coordination and patient navigations. Support and treatment to patients within their usual place of residence by the CP resulted in hospital, general practitioner or other health care provider avoidance during 68% of the CP encounters.

The Community Paramedic Program at Ceduna continued to provide primary health care to patients and community members as part of this award-winning program. A full time Community Paramedic provided support over seven days including supporting patients with wound care, primary health care checks, palliative care and medication compliance.

The Robe Community Paramedic program continued to provide primary health care advice and support to a range of patients and community members under the support and guidance of the local medical practice including wound care, palliative care and medication compliance.

Rural Health Workforce Strategy (RWHS)

SAAS received funding from the RWHS for an implementation manager who supported the Rural Support Service in achieving delivery elements of the RHWS. A range of initiatives to support service delivery in regional SA have been undertaken and supported project managers to deliver projects relating to the plan. SAAS commenced a project setting the strategic direction for expanded scope of practice for rural and remote ambulance clinicians based on the needs of their community. The project has potential to provide improved health outcomes for regional communities, through improved integration of the pre-hospital health care system as well as improved patient outcomes.

Volunteer Training Resources

SAAS finalised the review of the volunteer training programs and implemented the changes that allows volunteer recruits to progress to patient facing duties in a timely manner.

Hospital Ambulance Liaison Officer (HALO)

The HALO role is an integral relationship-based role within the Metropolitan LHNs. The role had a preliminary review in collaboration with the Metropolitan LHNs. The review provided a 7 day a week HALO roster enacted at both Southern Adelaide LHN and Central Adelaide LHN to better meet the needs of our Health network partners. The HALO role directly impacted the Women's and Children's Hospital and met the key indicator of improving Transfer of Care times including a number of 'time in motion' studies to deliver improvements in the future. SAAS attended Ambulance Service NSW and observed similar roles to gain a better understanding in the use and functionality of the HALO role going forward.

Single Responder Hospital Avoidance

The SPRINT team trialled targeted response to cases which were determined to have an increased likelihood of referral to other health care providers, or to be treated in their homes. The trial demonstrated that with strong collaboration between CTA, VCS and the solo paramedic clinician – SAAS was able to enhance both patient experience and outcomes, and was a positive step towards changes to service delivery. With the pressure on EDs at unprecedented levels – SAAS's ability to manage patients safely and effectively without attending an ED is a key element of improving patient outcomes whilst having a positive impact on health care systems.

SAAS MedSTAR Review

An independent external review into SAAS MedSTAR was finalised by ZED Consulting and released in April 2022.

Executive Director, Clinical Performance and Patient Safety, Keith Driscoll has recently been seconded to lead RRAS including MedSTAR with the implementation of the review.

Agency specific objectives and performance

SA Ambulance Service strategic plan is framed around four core principles:

- Our patients – at the centre of everything we do.
- Our people – our most important asset.
- Our partners – working together for better care.
- Our enablers – a sustainable future for our business.

During 2021-2022 SAAS was committed to implementing its strategic objectives that ensure SAAS meets its primary purpose; to save lives, reduce suffering and enhance quality of life, through the provision of accessible and responsive quality patient care. The objectives have supporting tasks driven by each Executive Director to ensure SAAS is at the forefront of care for all South Australians. The six domains of quality health care remain a core element of our values and is embedded into our business to ensure:

- Patient safety.
- Patient centred.
- Effectiveness / appropriateness.
- Efficiency.
- Access (equity).
- Timeliness.

Supporting the principles and domains is the SA Health and Wellbeing aim of:

- Trusted – provide safe, reliable, and high-quality care.
- Targeted – priority health needs.
- Tailored – meet the diverse and complex needs of individuals.
- Timely – optimise health and wellness outcomes.

Reconciliation

SAAS continues to contribute to Reconciliation in Australia through its Innovate level of the Reconciliation Action Plan (RAP). The RAP committee meets bi-monthly to oversee the delivery of the RAP strategy, however, organisational pressures to meet service delivery and the work required to implement actions has meant that all commitments have not been achieved within the current plan (June 2020 to June 2022). Despite these challenges, the following have been achieved:

- Developed the prototype mandatory education package 'Asking the Question' to ensure identification of Aboriginal patients at point of care to support Closing the Gap initiatives.
- Developed a cultural safety training program for PTS staff, to support Aboriginal people who are employed by SAAS into the PTS Aboriginal cadetship program.
- Embedded observation of Aboriginal and Torres Strait Islander peoples cultural protocols across the service.
- Increased procurement opportunities by targeting Supply Nation businesses for procurements and contracts.
- Implemented a RAP lapel pin and RAP epaulette to promote reconciliation (designed by Ngarrindjeri artist Jordan Lovegrove).
- First 'Excellence in Reconciliation' award presented to David Jaensch, Community Paramedic (2021 SAAS Excellence Awards ceremony).

- Sponsored Aboriginal staff to attend the Apology Breakfast, SAH Aboriginal Workforce Network forum and National Reconciliation Week breakfast.
- Sponsored Aboriginal staff to participate in the Aboriginal Frontline Leadership Program 2021.
- Supported community engagement activities including Closing the Gap Day and NAIDOC week.
- Participated in the pre-testing phase of the SAH Continuity of Care Protocol for Aboriginal Maternal and Child Health.

White Ribbon

SAAS completed work on outstanding activities to achieve full White Ribbon Workplace Accreditation including:

- Developed a robust managers guide supporting staff identifying as victims of domestic, family or intimate partner violence.
- Developed a detailed inclusive workplace risk management assessment that identified risk and treatment for victims and perpetrators of gendered based violence and domestic, family or intimate partner violence in the workplace.
- Continued to demonstrate support for White Ribbon through online attendance at the 2021 Adelaide White Ribbon breakfast.

SAAS is proud to commit to the values of White Ribbon Australia and takes a zero-tolerance approach to gender-based violence.

Diversity and Inclusion Plan (DIP) – Disability Access and Inclusion Plan (DAIP)

SAAS implemented a Disability, Diversity Access and Inclusion Advisory Committee and Working Group. The Advisory Committee provided high-level advice on issues relating to disability, diversity, and inclusion. They monitored the delivery of the SAAS 2020–2023 DIP with 80% of the actions completed or have had progress made against them. They also monitored the SAAS 2020-2024 DAIP with approximately 75% of the actions completed or have had progress made against them. The Working Group supported the Advisory Committee with the practical implementation of the DIP and DAIP.

Consumer and Community Engagement

SAAS reviewed consumer and community engagement in existing areas and with interdepartmental counterparts to determine best practice. The Consumer Network commenced in May 2021, providing opportunity to build strong consumer involvement. Consumers have been embedded across the organisation, with 12 lived experience consumers being members of the Consumer and Community Advisory Committee (CACAC), in addition to consumers becoming full members with voting rights of; Finance Committee, Service Delivery Committee and Clinical Governance Committee. SAAS continued to ensure a diverse range of people's voices and opinions could be heard to influence the emergency health system outcomes and assist in understanding diverse community needs.

Agency objectives	Indicators	Performance									
<u>Our Patients</u> At the centre of everything we do	<u>Response Times</u> SAAS reached SA's most seriously ill and injured patients within 8 minutes on 59% of occasions.	Response Times 2021-2022									
		<table><tr><th>Priority</th><th>Performance</th><th>Target</th></tr><tr><td>1 - Life threatening</td><td>59% (in 8 min)</td><td>60% (in 8 min)</td></tr><tr><td>2 - Potentially life threatening</td><td>51% (in 16 min)</td><td>90% (in 16 min)</td></tr></table>	Priority	Performance	Target	1 - Life threatening	59% (in 8 min)	60% (in 8 min)	2 - Potentially life threatening	51% (in 16 min)	90% (in 16 min)
		Priority	Performance	Target							
		1 - Life threatening	59% (in 8 min)	60% (in 8 min)							
2 - Potentially life threatening	51% (in 16 min)	90% (in 16 min)									
SAAS narrowly missed the Key Performance Indicators for responding to priority 1 events with a decrease in performance against this target of 16.3%. Whilst there has been a decrease in response times for priority 2, SAAS is performing as expected considering the sustained growth in emergency workload and ambulance capacity issues.											
	<u>Triple Zero (000) Calls</u> Answer Triple Zero (000) calls in under 10 seconds, 95% of the time and to triage the calls according to a prescribed standard.	SAAS answered 92.9% of Triple Zero (000) calls within 10 seconds. <ul style="list-style-type: none">287,629 Triple Zero (000) calls were answered which is an increase of 16,414 calls (6.1%) compared to 2020-2021.SAAS answered 267,207 of the total number of Triple Zero (000) calls within 10 seconds with an increase of 3.3% over the previous year.In addition, the Triple Zero (000) call centre also answered a total of 75,507 non- Triple Zero (000) calls.									
	<u>SAAS Emergency Incidents</u> Priority 1-5 emergency incidents increased by 94 incidents.	<table><tr><th colspan="3">Emergency Incidents</th></tr><tr><th></th><th>2021-2022</th><th>% increase since 2020-2021</th></tr><tr><td>Emergency Incidents (P1-5)</td><td>274,113</td><td>nil</td></tr></table>	Emergency Incidents				2021-2022	% increase since 2020-2021	Emergency Incidents (P1-5)	274,113	nil
Emergency Incidents											
	2021-2022	% increase since 2020-2021									
Emergency Incidents (P1-5)	274,113	nil									

Our Patients At the centre of everything we do	<u>Transports</u> Transports decreased by 19,442.	<table><tr><th colspan="3">Transports</th></tr><tr><td></td><td>2021-2022</td><td>% decrease since 2020-2021</td></tr><tr><td>Transported patients</td><td>249,020</td><td>7.2%</td></tr></table>	Transports				2021-2022	% decrease since 2020-2021	Transported patients	249,020	7.2%														
	Transports																								
		2021-2022	% decrease since 2020-2021																						
Transported patients	249,020	7.2%																							
<u>Retrievals by Transport Mode</u> <u>SAAS MedSTAR</u> Road transport - rapid response vehicles from the RRAS base under emergency driving conditions. Fixed-wing and Jet - RFDS contracted assets and jet services as required.	<table><tr><th colspan="3">Retrievals by Transport Mode</th></tr><tr><td></td><td>2021-2022</td><td>%</td></tr><tr><td>Road</td><td>996</td><td>35</td></tr><tr><td>Helicopter</td><td>681</td><td>24</td></tr><tr><td>Fixed-wing and jet</td><td>697</td><td>25</td></tr><tr><td>Stood down</td><td>372</td><td>13</td></tr><tr><td>Not transported</td><td>97</td><td>3</td></tr><tr><td>Total</td><td>2,843</td><td>100</td></tr></table>	Retrievals by Transport Mode				2021-2022	%	Road	996	35	Helicopter	681	24	Fixed-wing and jet	697	25	Stood down	372	13	Not transported	97	3	Total	2,843	100
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<u>Consultation by Type</u> <u>SAAS MedSTAR</u> SAAS MedSTAR Nurse Retrieval Coordinators and Medical Retrieval Consultants are located in the EOC and provide clinical assessment, advice and support to health professionals across SA via telephone or telemedicine.	<table><tr><th colspan="4">Consultation on Type 2021-2022</th></tr><tr><td></td><td>Total MedSTAR Consult</td><td>RFDS IHT</td><td>Total</td></tr><tr><td>Adults</td><td>4,447</td><td>5,529</td><td>9,976</td></tr><tr><td>Paediatric</td><td>716</td><td>253</td><td>969</td></tr><tr><td>Neonatal</td><td>585</td><td>52</td><td>637</td></tr><tr><td>Total</td><td>5,748</td><td>5,834</td><td>11,582</td></tr></table> <p>Consultations to SAH professionals provided by SAAS MedSTAR’s coordination centre increased by 5% compared to the previous year and the number of facilitated fixed-wing Inter-Hospital Transfers (IHT) decreased by 6% compared to the previous year.</p>	Consultation on Type 2021-2022					Total MedSTAR Consult	RFDS IHT	Total	Adults	4,447	5,529	9,976	Paediatric	716	253	969	Neonatal	585	52	637	Total	5,748	5,834	11,582
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<u>Our Patients</u> At the centre of everything we do	<u>Retrieval Missions</u> <u>SAAS MedSTAR</u>	<table><tr><th colspan="3">Retrieval Missions</th></tr><tr><th></th><th>2021-2022</th><th>% change</th></tr><tr><td>Adults</td><td>1,928</td><td>+2%</td></tr><tr><td>Paediatric (Inc neonatal)</td><td>915</td><td>+8%</td></tr><tr><td>Total</td><td>2,843</td><td>+4%</td></tr></table>	Retrieval Missions				2021-2022	% change	Adults	1,928	+2%	Paediatric (Inc neonatal)	915	+8%	Total	2,843	+4%
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<u>Care Pathways</u> Care pathways are accessed shortly after the point of Triple Zero (000) call via the CTA and EOC Clinician teams, directly from the scene via SAAS Paramedics and Ambulance Officers or with the assistance of our Health Navigators.	SAAS utilised alternative pathways of care in the following areas: <ul style="list-style-type: none">• Southern Adelaide LHN CARE.• Priority Care Centres.• After Hours Crisis Referral Service / Exceptionally Complex Service Needs Crisis Support.• Urgent Mental Health Care Centre.• Hospital Avoidance and Supported Discharge Service.• My Home Hospital.• National Home Doctor Service.• Geriatrician Pathway (SAHLN, CAHLN, NAHLN).• Metro Referral Unit/Country Referral Unit.• Child and Adolescent Virtual Urgent Care Service.• SA Virtual Care Service, Virtual Emergency Service.• General Practitioners. SAAS also utilised COVID-19 related pathways: <ul style="list-style-type: none">• COVID-19 Response and Care Team.• COVID-19 KIDS.• COVID-19 Care Centres.																

<p><u>Our Patients</u></p> <p>At the centre of everything we do</p>	<p><u>Consumer and Community Engagement</u></p> <p>Reinforce SAAS processes to enhance consumer and community interactions with SAAS.</p> <p>Consumers have been involved in decisions being made at SAAS in relation to funding, resources and services.</p>	<p>Consumers have been engaged in the following key projects:</p> <ul style="list-style-type: none">• Developing the new SAAS website.• Developing 2022-25 Strategic Plan.• Mental health co-response.• Alternative care pathways.• Demand management Triple Zero (000) campaign.• Easy read ambulance cover brochure.• Disability, Access and Inclusion plan.• Multicultural phrasebook / communication board.• Clinical Telephone Assessment.• My home hospital.• Electronic patient care record project.• Vulnerable patient journey.• Cardiac arrest co-response.• Mobility aids procedure and charter.• Consumer recognition statement.• Patient story films.								
<p><u>Our People</u></p> <p>Our most important asset</p>	<p><u>Credentialing and Scope of Clinical Practice</u></p> <p>Under item 1.10 of the NSQHS Standard 1: Governance for safety and quality in health service organisations, SAH is required to implement a system that determines and regularly reviews the roles, responsibilities, accountabilities and scope of practice for the clinical workforce.</p>	<table><tr><th colspan="2">% of SAAS Practitioners with Current Clinical and Scope of Practice</th></tr><tr><td>Paramedics</td><td>91%</td></tr><tr><td>Nurses</td><td>100%</td></tr><tr><td>Medical Practitioners</td><td>100%</td></tr></table> <ul style="list-style-type: none">• Bi-monthly reporting to Clinical Governance Committee on compliance using data stored in the SAH Credentialling system including percentage of SAAS practitioners who are currently credentialled.• Clinical and Scope of Clinical Practice procedure available to SAAS staff.• Maintained credentialling software supporting record keeping and reporting requirements.• Monitored SAAS clinical workforce to ensure compliance against scope of clinical practice granted.	% of SAAS Practitioners with Current Clinical and Scope of Practice		Paramedics	91%	Nurses	100%	Medical Practitioners	100%
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<p><u>Our People</u></p> <p>Our most important asset</p>	<p><u>Registered Training Organisation (RTO 0264)</u></p> <p>SAAS is a training provider registered with the Australian Skills Quality Authority to provide quality assured and nationally recognised qualifications.</p>	<p>During 2021/22 SAAS issued:</p> <ul style="list-style-type: none"> • 104 Certificate II in Medical Services First Response. • 72 Certificate IV in Health Care. • 12 Certificate III in Ambulance Communication (Call Taking). • 6 Certificate IV in Ambulance Communication (Dispatch). <p>On 30 June 2022 there were a number of staff who were actively studying in recognised courses.</p> <ul style="list-style-type: none"> • 63 Certificate II in Medical Services First Response. • 43 Certificate IV in Health Care. • 12 Certificate III in Ambulance Communication (Call Taking). • 4 Certificate IV in Ambulance Communication (Dispatch).
	<p><u>Medical Retrieval Registrar and Fellow Placements</u></p> <p>Medical retrieval registrar and fellow placement for 6 / 12 months were offered by SAAS MedSTAR.</p>	<ul style="list-style-type: none"> • Delivered training and work placements in pre-hospital for 13 adult registrars / fellows. • 10 neonatal / paediatric registrars / fellows.
	<p><u>SAAS Training Intakes</u></p> <p>SAAS provide training across the organisation to upskill and maintain current workload.</p>	<p>Intakes for SAAS in 2021-2022 were:</p> <ul style="list-style-type: none"> • 3 Paramedic Intern groups with a total of 99 Paramedic Interns. • 4 EOC Call Taker and Dispatcher groups with a total of 30 new employees. • 2 PTS Ambulance Officers groups with a total of 30 ambulance officers. • 2 Experienced Paramedic groups with a total of 39 qualified Paramedics. • 1 Graduated Paramedic Pathway intake comprising of 12 new employees. • 112 Ambulance Transport Assist (COVID-19) casual staff.

<u>Our People</u> Our most important asset	<u>Training and Development</u> SAAS provides a variety of operational training tied to different clinical levels.	Completions during 2021/22: <ul style="list-style-type: none">• 119 gained their Volunteer Ambulance Assist Authority to Practice.• 42 gained their Volunteer Ambulance Responder Authority to Practice.• 62 gained their Ambulance Officer Authority to Practice.• 99 gained their Paramedic Authority to Practice.• 11 gained their Intensive Care Paramedic Authority to Practice.• 4 gained their ECP Authority to Practice.• 18 completed their EOC Call taking or Dispatcher training.• 17 completed First Aid / Advanced Resuscitation training.• 2 induction courses for new and returning Registrars, Nurses and Paramedics were held at RRAS.• RRAS facilitated Extended Care, Intern, Intensive Care Paramedic and ultrasound training providing access to facilities, staff and educational equipment.• Education of MedSTAR Kids staff through a procedures laboratory.• Observation program for medical students, nurses, doctors and paramedics providing placements at MedSTAR.												
	<u>SAAS Volunteers</u> Volunteer ambulance officers responded to approximately 24,163 cases, a growth of 1.85% from 2020-21. There were 78 volunteer teams across SA.	<table><tr><td></td><td>2021-2022</td></tr><tr><td>Operational Volunteers</td><td>1,112</td></tr><tr><td>Non-operational Volunteers</td><td>135</td></tr><tr><td>Total Volunteers</td><td>1,247</td></tr><tr><td>Volunteer stations in regional SA</td><td>68</td></tr><tr><td>• Volunteer teams in regional SA</td><td>78</td></tr></table>		2021-2022	Operational Volunteers	1,112	Non-operational Volunteers	135	Total Volunteers	1,247	Volunteer stations in regional SA	68	• Volunteer teams in regional SA	78
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<p><u>Our People</u></p> <p>Our most important asset</p>	<p><u>Rural Health Workforce Strategy</u></p> <p>Improvement of patient care, reduce duplication and transfer delay.</p>	<ul style="list-style-type: none"> • iPhones rolled-out to all country ambulance fleet to support clinician decision making and access to Virtual Care Service. • Improved coordination of medical retrievals project to streamline system for requesting, managing and coordinating interhospital transfers in regional areas.
	<p><u>Safety and Quality Account Report</u></p> <p>The report seeks to ensure that structures, systems and processes are in place to require and foster quality service delivery and ongoing improvement.</p>	<ul style="list-style-type: none"> • Reviewed and updated the Clinical Framework including the Clinical Governance Committee. • Gained second accreditation in National Safety Quality Health Service Standards. • Recognised Accredited Centre of Excellence. • Six Domains of Quality Healthcare measurement framework embedded across SAAS. • SAAS Innovate Reconciliation Action Plan 2020-2022 strategy. • Successful pilot of an amended version of the Institute for Healthcare Improvements Global Trigger Tool. • Piloting OneVault software solution that manages clinical governance and accreditation for healthcare organisations. • SAAS MedSTAR implemented strict aseptic insertion of Central Venous Catheter (CVC) as per the ANZICS CVC Insertion guidelines. • Completed Antimicrobial Stewardship auditing against the Antimicrobial Stewardship Clinical Standards. • Established a Disability Access and Inclusion Advisory Committee and Working Group. • Initiated the development of Aboriginal Cultural Safety unit delivered as part of Patient Transport Service training program. • Palliative Care Project. • Commenced Monitor / Defibrillator devices replacement program.

<p><u>Our People</u></p> <p>Our most important asset</p>	<p><u>Diversity and Inclusion Plan – Disability Access and Inclusion Plan</u></p> <p>SA Ambulance established a Disability, Diversity Access and Inclusion Advisory Committee and Working Group in October 2021 to:</p> <ul style="list-style-type: none"> • Provide advice to SAAS relating to disability, diversity and inclusion. • Oversee the delivery of the SA Ambulance 2020–2023 DIP and SA Ambulance 2020-2024 DAIP. 	<p>The Advisory Committee and Working Group have contributed to:</p> <ul style="list-style-type: none"> • The SAAS Gender Transition and Affirmation Procedure (DIP Goal 3.11). • Development of the Days of Significance Calendar (DIP Goal 4.4). • Establishment of budgets for the Reconciliation Action Plan Committee and Workplace Equity and Respect Working Group. • A proposal for joint annual membership to Pride in Diversity and Pride in Health and Wellbeing.
<p><u>Our Partners</u></p> <p>Working together for better care</p>	<p><u>Community Paramedic – Keith (Upper Limestone Coast)</u></p> <p>A three-month trial for the Keith Community Paramedic ran from 1 April 2022 to 30 June 2022.</p> <p><u>Community Paramedics – Ceduna & Robe</u></p>	<ul style="list-style-type: none"> • Supported patients with care coordination and patient navigations. • Provided support and treatment to patients within their usual place of residence resulting in hospital, general practitioner or other health care provider avoidance during 68% of the CP encounters. • During 2021/22, these programs continued their work at these locations.
	<p><u>Royal Flying Doctor Service</u></p> <p>SAAS managed the Aeromedical Transport Services Agreement with the RFDS on behalf of SAH, covering the cost of patients transferred from country to metropolitan hospitals or between country hospitals.</p>	<ul style="list-style-type: none"> • The agreement covered retrievals, with a MedSTAR specialist critical retrieval team on board, and primarily, lower acuity patients requiring services not available in the rural sector. The patients were transported on the contracted RFDS plane with an RFDS flight nurse, and were assessed, triaged and managed through MedSTAR. • In 2021-2022, the number of patients transported by RFDS from country to metropolitan hospitals was 5,147. This was a slight decrease from the previous financial year (5,201).

<p><u>Our Partners</u></p> <p>Working together for better care</p>	<p><u>Other Emergency Services</u></p> <p>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.</p>	<p>SAAS provided Emergency Management introduction training to three intern Paramedic groups and supported over 35 staff to complete Australasian Interagency Incident Management training.</p> <p>SAAS commenced a review of the Ambulance and First Aid Functional Support Group Plan and had representative involved in review of the SEMP.</p> <p>SAAS responded to:</p> <p>Level 1 Incidents</p> <ul style="list-style-type: none"> • 44 (casualty / non-casualty requiring local resources). <p>Level 2 Incidents</p> <ul style="list-style-type: none"> • 10 (casualty / non-casualty requiring regional resources). <p>Level 3 Incidents</p> <ul style="list-style-type: none"> • 3 (casualty / non-casualty requiring state resources). <p>Level 4 Incidents</p> <ul style="list-style-type: none"> • 1 (state arrangements in place). <p>COVID-19 pandemic response was actively managed as an incident with a dedicated SAAS Incident Commander in place since February 2020 and dedicated IMT roles in place continually throughout the year.</p> <p>Implementation of ATAC crewing specialising in COVID-19 positive transfers.</p> <p>Commenced formal, fully operational IMT from December 2021 to end of January 2022 to manage surge in cases after border opening and increasing furloughed staff numbers. SA State Emergency Services supported SAAS with IMT staff undertaking Intelligence function in SAAS IMT.</p>
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<p><u>Our Partners</u></p> <p>Working together for better care</p>	<p><u>Major Events</u></p> <p>SAAS provided support for major events within South Australia.</p>	<p>COVID-19 impacted some traditional events that were scaled back or cancelled with SAAS providing reduced support to the following key events:</p> <ul style="list-style-type: none"> • Santos festival of cycling – limited capacity event to the annual Tour Down Under (four-day event). • Christmas and New Year celebrations. <p>As COVID-19 impact reduced in early-mid 2022, SAAS supported the following key events:</p> <ul style="list-style-type: none"> • Australian Football League games at full capacity. • Australian Football League – Women’s games at full capacity. • A-League soccer and A-league women soccer at full capacity. • Schoolies operations 2021. • KFC Big Bash League and Women’s Big Bash League games at full capacity. • Men’s and Women’s Ashes Series – training included. • Pro Mx Championship. • The Great Kanku Breakaway’s Marathon. • South Australian National Football League finals. • ASBK Australian Superbikes Championships at The Bend Motorsport Park.
<p><u>Our Enablers</u></p> <p>A sustainable future for our business</p>	<p><u>National Safety and Quality Health Service Standards</u></p> <p>SAAS is the only jurisdictional ambulance service that is accredited in the NSQHS standards.</p>	<ul style="list-style-type: none"> • SAAS upgraded its accreditation against version 2 of the NSQHS Standards for the second time in December 2021. • Maintaining the NSQHS Standards in preparation for the next reaccreditation in 2024.

<p><u>Our Enablers</u></p> <p>A sustainable future for our business</p>	<p><u>Infrastructure</u></p> <p>SAAS worked towards developing sustainable infrastructure.</p> <p>Volunteer stations have access to the Country Capital Reserve Fund which is used for sustainment and new stations for volunteers.</p>	<ul style="list-style-type: none"> • SAAS undertook a program of works across SA in major facility upgrades to SAAS headquarters, Loxton and Berri Ambulance Stations for approximately \$2.2m. • Minor facility upgrades were undertaken in Gladstone, Peterborough, Kangaroo Island, Mallala, Goolwa and Wudinna at an approximate value of \$816,000. • SAAS has invested \$3.17 million commencing new station builds at Strathalbyn and Birdwood due for completion in October and December 2022 respectively.
	<p><u>Business Continuity Plans (BCP)</u></p> <p>SAAS continued to deliver services, at an acceptable pre-determined level following disruptive incidents.</p>	<ul style="list-style-type: none"> • Drafted a SAAS Business Continuity Procedure increasing governance consistency and activity across the organisation. • Drafted a SAAS Business Continuity Status Report Template providing senior management with regular updates on business continuity activity. • Drafted a SAAS procedure for the Testing and Exercising of BCP. • Reviewed and updated some SAAS directorates' Business Impact Analysis. • Completed a business continuity desk top exercise with the Country Operations Senior Management team to assist in identifying priority areas for further development.

Corporate performance summary

Numerous measures are used to understand our performance and the effective delivery of our services. We measure and report on response times, transfer of care times but also, outside of this corporate performance, how our clinical interventions support patients.

This year we have continued to manage an unprecedented COVID-19 emergency response as new variants presented significant challenges.

State-wide demand for SAAS service have been increasing by 2.3 percent per annum over the past five years. In 2020-2021 there was a 6.1% increase in growth in overall calls to Triple Zero (000), which equated to an increase of 16,414 more than the previous year. There was also a 1.9% increase in all workload including emergency and non-emergency cases. During some reporting periods, SAAS saw calls to Triple Zero (000) increased by up to 26% in some reporting periods during the year. Increasing COVID-19 cases towards the end of 2020 and winter 2022 saw demand increase, placed significant pressures on SAAS and on the broader health system.

SAAS contributes significantly to decreasing the pressure on the health system and improving patient outcomes by arranging care for patients in their home and transporting other patients to care pathways other than EDs. This includes referrals to mental health services (such as MH-Core and Urgent Mental Health Care Centre) and the recently introduced Virtual Emergency Service and Child and Adolescent Virtual Urgent Care Service. In the 2021-2022 financial year this resulted in an overall decrease in patients transported by SAAS by 7.2%. A total of 21.5% of patients for the year were safely treated at home or transported to care pathways. This resulted in 156 patients per day on average avoiding the emergency department. ED Avoidance included:

- Care pathway referrals.
- See and treat.
- Hear and treat.
- Treat no transport.
- MH-Core.
- CAVUCS and SAVCS.
- ECP referral/attendance.

SAAS ECPs also continued to ensure patients not requiring hospital attendance receive appropriate treatment in the community as SAAS most significant hospital avoidance strategy. ECPs attended cases during the financial year.

The Clinical Hub in SAAS began utilising CTA in July 2020 and this service has continued to improve our support for low acuity patients by providing them with clinical assessment sooner than if they waited for an ambulance and streamlining their access to a wider range of care options. CTA gives us capacity to increase our usage of care

pathways and that has obvious benefits for patients because a hospital ED isn't always the most appropriate option for low acuity patients.

The MH-CORE program is a critical alternative pathway and in 2021-2022 SAAS assessed and attended to 2,043 cases in the metropolitan region and the majority received home or community-based care or care at the Urgent Mental Health Care Centre.

Additionally, since the SA - VCS opening on 8 December 2021, SAAS referred 5,284 patients to the Virtual Emergency Service in 2021-2022.

There have previously been steady increases in demand of RFDS transport from country to metropolitan hospitals. In 2021-2022 this demand remained stable. The number of patients transported by RFDS to metropolitan hospitals was 5,147 in 2021-2022 as compared to 5,201 in 2020-2021.

SAAS continues to strive for excellence during these challenging times so that it can meet the needs of all South Australians no matter where they live and as our values in our strategic plan states, our patients are at the centre of everything we do.

Employment opportunity programs

Program name	Performance
Patient Transfer Officer – Aboriginal Cadetship	Two new employees commenced a Cadetship in 2021-2022.
Graduated Paramedic Pathway	SAAS had one Graduated Paramedic Pathway intake in 2021-2022 of 12 employees for rural South Australian stations.
SAAS gives priority consideration to candidates who identify as Aboriginal or Torres Strait Islander. In addition to the two employees who commenced a PTS Aboriginal Cadetship, a further two Aboriginal persons commenced employment in 2021-2022 as a Retrieval Consultant, and Ambulance Officer.	

Agency performance management and development systems

Performance management and development system	Performance
<p>The Performance Review and Development (PRD) process is an organisation wide process designed to enable managers and their staff to discuss current performance and opportunities that may contribute to future performance. PRDs are to be undertaken every six months.</p> <p>Managers complete a PRD form, the date of which is then recorded in the Human Resources system, CHRIS21. PRD numbers are reported to senior managers on a monthly basis to enable them to monitor compliance.</p>	<p>There were 690 PRD discussions recorded in 2021-2022 and further analysis showed;</p> <ul style="list-style-type: none"> • From 1/7/2021 to 31/12/2021 375 employees (16%) had been recorded as completing the PRD process. • From 1/1/2022 to 30/6/2022 315 employees (13%) had been recorded as completing the PRD process.

Work health, safety and return to work programs

Program name	Performance
Injury Prevention	<ul style="list-style-type: none"> • Review of the Chemical Risk Register; assisted with the engagement of new cleaning contractor and risk assessment of cleaning chemicals prior to rollout across SAAS sites. • Provided expertise to the Clinical Education team and the Manual Task Instructor, to review current manual task educational content. Updated content to reflect current recommended best practice. Provided the SAAS Manual Tasks Local Instructor workshop to 13 groups across SA, including both metropolitan and country locations. • Achieved the target of 90% for annual worksite inspections completed with a result of 98%. Risk treatment programs established with corrective actions for all zones, monitored quarterly by the local Work Health and Safety Zone Forum Committees. • Commenced development of infographic (currently under consultation) to assist in engaging with the wider workforce on workplace health and safety issues. • Contributed to the Mobility Aids Transportation Focus Group; assisted with the development of a Transport of Mobility Aids Procedure (currently under development).

Program name	Performance
Injury Prevention	<ul style="list-style-type: none"> • Provided expertise and feedback to injured workers following incident investigations; Reviewed and confirmed effectiveness of corrective actions. • Developed a risk assessment to assist with White Ribbon Reaccreditation (Workplace Risk Assessment – Workplace Gendered Violence and Domestic, Family and Intimate Partner Violence in the Workplace); White Ribbon Accreditation achieved. • Heat Risk Management Framework and associated documents developed to manage the risk to staff who may be impacted by heat when undertaking duties; participated in the development of the SAAS Thermal Self-Assessment application to support framework. Heat Risk Management Framework being integrated into Incident Report and Quick Assessment forms and incident reporting procedure. • Provided expertise to the Clinical Education team and the Manual Task Instructor to assist in the development of the Corpuls Frequently Asked Questions document and reintroduction of straps to the Corpuls kits. • Provided expertise to business analyst with regards to best practice procurement of Personal Protective Equipment; provided feedback and endorsement of decision paper with regards to prescription safety glasses for SAAS employees.
Injury Management	<ul style="list-style-type: none"> • New claims activity for the 2021-2022 financial year (FY) was lower than the same period in 2020-21, with 256 new claims received compared to 277 in the 2020-21 FY (8 percent decrease). • Musculoskeletal (MSI) claims decreased in 2021-2022 FY, with 139 new MSI claims received compared to 161 claims in the 2020-2021 FY (14 percent decrease). New MSI claims accounted for 54 percent of all new claims received. • The number of open claims as of June 2022 decreased by 38 (18 percent decrease) when compared to June 2021 (207 to 169). 83 of the 169 open claims (49 percent) currently have active Return to Work (RTW) services in place. This has decreased from 127 active RTW services in the 2020-2021 FY (35 percent decrease).

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2021-2022 ANNUAL REPORT for SA AMBULANCE SERVICE

Workplace injury claims	2021-2022	2020-21	% Change (+ / -)
Total new workplace injury claims	256	277	-7.6%
Fatalities	0	0	0.0%
Seriously injured workers*	0	2	-100.0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	71.80	82.27	-12.7%

**number of claimants assessed during the reporting period as having a whole person impairment of 30% or more under the Return-to-Work Act 2014 (Part 2 Division 5)*

Work health and safety regulations	2021-2022	2020-21	% Change (+ / -)
Number of notifiable incidents (<i>Work Health and Safety Act 2012, Part 3</i>)	2	3	-33.3%
Number of provisional improvement, improvement and prohibition notices (<i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i>)	0	0	0.0%

Return to work costs**	2021-2022	2020-21	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$7,320,943	\$6,384,099	+14.7%
Income support payments – gross (\$)	\$4,550,672	\$3,842,685	+18.4%

***before third-party recovery*

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/ff5511d7-66f0-49b6-85e1-73a52f290a6c>

Executive employment in the agency

Executive classification	Number of executives
SAES2	1
SAES1	4

Data for previous years is available at <https://data.sa.gov.au/data/dataset/f8948c42-d04c-47f9-949f-89ddc3d5b173>

The [Office of the Commissioner for Public Sector Employment](#) has a [workforce information](#) page that provides further information on the breakdown of executive gender, salary and tenure by agency.

Financial performance

Financial performance at a glance

Financial performance

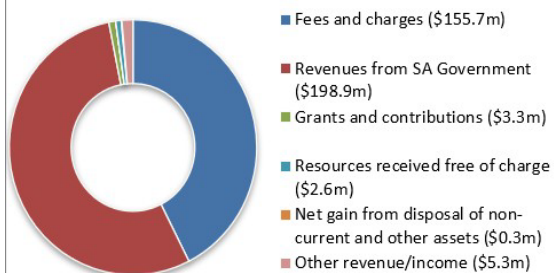
Financial overview

The following table and charts provide a brief summary of the overall financial performance of SAAS. The Audited 2021-22 Financial Statements are attached to this report.

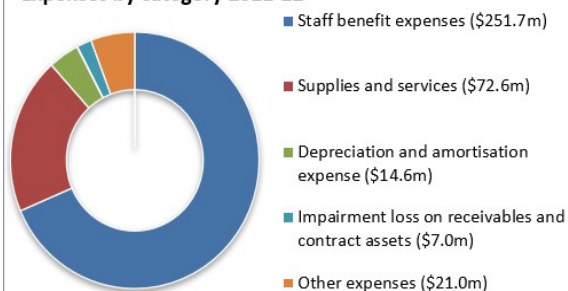
SAAS three-year financial summary

Three-year financial summary (\$'000)	2021-22	%	2020-21	%	2019-20	%
		↑↓		↑↓		↑↓
Total income	366 045	↑10.7%	330 531	↑2.3%	323 120	↑2.7%
Total expenses	367 082	↑2.1%	359 405	↑8.2%	332 036	↓-1.5%
Net result for the period	(1 037)	↑96.4%	(28 874)	↓-223.8%	(8 916)	↑60.2%
Net cash provided by operating activities	23 722	↓-9.4%	26 184	↑119.7%	11 917	↑311.8%
Total assets	252 977	↑13.5%	222 864	↑20.1%	185 620	↑7.5%
Total liabilities	157 831	↑2.6%	153 879	↓-8.4%	168 044	↑4.4%
Net assets	95 146	↑37.9%	68 985	↑292.5%	17 576	↑49.4%

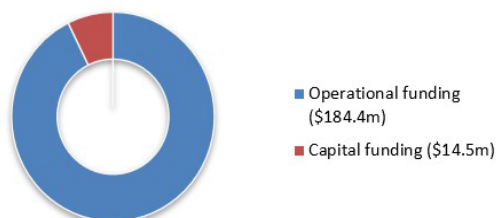
Income by category not including 2021-22



Expenses by category 2021-22



DHW contributions to SAAS in 2021-22 (\$199m)



Consultants disclosure

The following is a summary of external consultants that have been engaged by the agency, the nature of work undertaken, and the actual payments made for the work undertaken during the financial year.

Consultancies with a contract value below \$10,000 each

Consultancies	Purpose	\$ Actual payment
All consultancies below \$10,000 each - combined	N/A	Nil

Consultancies with a contract value above \$10,000 each

Consultancies	Purpose	\$ Actual payment
Peter Hibbert Family Trust	Community Paramedic External Evaluation.	\$66,600
Intuito Pty Ltd	Creative Concept Testing Research for SAAS	\$29,800
ZED Management Consulting	Co-designing and undertaking of an objective analysis of the Emergency Medical Retrieval Services. Includes the gathering and analysis of Medstar core activities, preparation of a report and recommendations.	\$21,048
Mercer Consulting	AASB119 reporting for SA Ambulance Superannuation Scheme at 30 June 2022.	\$18,800
O'Connor Marsden & Associates Pty Ltd	Procurement Probity Advisor SAAS ePCR Project Probity	\$12,017
	Total	\$148,265

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/ac1909b3-3c28-4b46-883a-56d9ede16cba>

See also the [Consolidated Financial Report of the Department of Treasury and Finance](#) for total value of consultancy contracts across the South Australian Public Sector.

Contractors disclosure

The following is a summary of external contractors that have been engaged by the agency, the nature of work undertaken, and the actual payments made for work undertaken during the financial year.

Contractors with a contract value below \$10,000

Contractors	Purpose	\$ Actual payment
All contractors below \$10,000 each - combined	Various	\$148,715

Contractors with a contract value above \$10,000 each

Contractors	Purpose	\$ Actual payment
Talent International (SA) Pty Ltd	Temporary staff assignments	\$521,425
HAYS Specialist Recruitment (Australia) Pty Ltd	Temporary staff assignments	\$378,464
RM Psychology Administration Services	Counselling and evaluation services (Psychologist)	\$98,243
Chamonix IT Consulting	SAAS ePCR Project	\$80,577
FSE Consulting	ePCR Project Management	\$73,600
Paxus Australia Pty Ltd	Project Manager, CTA Phase 2	\$62,910
ALI Rinaldi Pty Ltd	Consultation services (Clinical Psychologist)	\$61,576
DB AERO Pty Ltd	Aviation Specialist Consultancy	\$59,981
J Magliaro Pty Ltd	Clinical & Organisational Psychologist	\$50,297
Hudson Global Resources (AUST) Pty Ltd	Temporary staff assignments	\$41,344
RING911Installs	Provision of Fleet Services	\$34,420
Architects Ink	Survey stations to enable details to be updated in Infrastructures SAMIS system for Lower Mid North Metro (Balaklava, Eudunda, Hamley Bridge, Port Wakefield and Snowtown).	\$28,325

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Contractors	Purpose	\$ Actual payment
MODIS Staffing Pty Ltd	Temporary staff assignments	\$27,106
Survcad	Survey stations to enable details to be updated in Infrastructures SAMIS system.	\$25,650
Andrew Perry	Emergency Medicine Education and Training	\$25,200
We Are Crew	Community Program Paramedics Video	\$24,550
Abitare Interior Design	SAAS HQ Infrastructure	\$15,747
Ryan Kennedy	Emergency Medicine Education and Training	\$13,020
Christopher Marlow	Emergency Medicine Education and Training	\$12,936
Meinhardt SA Pty Ltd	Building and structural remodelling at SAAS Headquarters	\$12,580
Schiavello Systems (Sa) Pty Ltd	SAAS HQ Infrastructure	\$11,400
HCI Professional Services Pty Ltd	Volunteer training resources	\$10,580
	Total	\$1,669,936
	Grand Total	\$1,818,651

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/fff52df2-07db-4cee-bbcb-e30a9a36a1ed>

The details of South Australian Government-awarded contracts for goods, services, and works are displayed on the SA Tenders and Contracts website. [View the agency list of contracts](#).

The website also provides details of [across government contracts](#).

Other financial information

Nil

Other information

These financial results for SAAS include the support and operating costs associated with volunteers who provide ambulance services throughout many regional areas of South Australia. SAASVHAC provides advice to the SAAS Chief Executive Officer and the Minister on volunteer related ambulance matters and advocated on behalf of volunteers. Whilst SAASVHAC does not have any financial assets or transactions they do provide a separate Annual Report on their operations.

These financial results for SAAS include the transactions and balances of the SA Ambulance Development Fund. The fund is a charitable trust which receives donations and bequests from the public to be applied for projects aimed at improving the services offered by SAAS to the public but excludes day to day operating expenses of the Service. SA Ambulance Development Fund received \$491,000 of donations and made payments of \$162,000 for approved projects during 2021-22. The fund balance was \$1.576 million as of 30 June 2022.

Risk management

Risk and audit at a glance

SAAS established, maintained and monitored risk management practices in accordance with the principles of ISO 31000:2018, Risk Management – Guidelines, and consistent with whole of Government policies.

SAAS followed the Department for Health and Wellbeing's Risk Appetite Statement. Risk appetite is the amount and type of risk that SAAS was willing to accept or retain to achieve its objectives. Generally, SAAS had a low-risk appetite particularly in areas of clinical, probity, governance and public reputation. Risk tolerance levels set the boundaries of risk taking outside of which SAAS was not prepared to venture in pursuit of its long-term objectives.

SAAS was committed to developing and maintaining a risk culture where risk management was seen as integral to the achievement of objectives at all levels across the organisation.

To ensure that SAAS gained the most value from its internal audit projects, resources allocated to these projects were directed towards the most significant auditable risks faced by the organisation. SAAS's Internal Audit Plan included the audit projects to be performed for the financial year and was endorsed by its Assurance and Risk Committee and approved by SAAS Executive.

Fraud detected in the agency

Category / nature of fraud	Number of instances
Attempted deceptive claim for reimbursement of expenses	0
Suspected misuse of Government resources (medication and equipment)	0
Suspected theft of SAAS property (drugs) for own personal use	0

NB: Fraud reported includes actual and reasonably suspected incidents of fraud.

Strategies implemented to control and prevent fraud

SAAS was committed to the principles of integrity, respect and accountability in accordance with the *Public Sector Act 2009*, the *Public Sector (Honesty and Accountability) Act 1995* and the Code of Ethics for the South Australian Public Sector which includes the prevention, detection and control of fraud in the workplace. Furthermore, SAAS developed a 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 employees complied with reporting obligations to the Office for Public Integrity in accordance with the *Independent Commissioner Against Corruption Act 2012*. In

addition, SAAS was required to comply with SAH's System-Wide Corruption Control Policy Directive. Members and attendees of SAAS's Committees were required to complete a Conflict-of-Interest Declaration Form which reinforces responsibilities in relation to business practices and ethical behaviour.

Four key areas of potential fraud risk were identified and recorded in SAAS's Risk Register. Along with strategic and operational risks, these fraud risks were monitored and reviewed by SAAS's ELT and Assurance and Risk Committee as part of the overall risk management program. In addition, the fraud risks were considered in the formulation of the annual internal audit plan for SAAS.

All instances of suspected fraudulent behaviour have / will be reported by SAAS to SAH's Fraud Control Coordinator. All allegations of fraud have / will be thoroughly investigated in a confidential and discreet manner unless disclosure and reporting are required by legislative obligations. SAAS have / will take appropriate disciplinary action where allegations of fraud and corruption have been substantiated.

SAAS's zero tolerance approach to fraud matches the embedding of internal controls into the organisation's decision-making culture and practices. Specific examples of fraud related internal controls include (this is an indicative list rather than an exhaustive list);

- System-wide Corruption Control policy directive and plan.
- Education and training.
- Risk assessments / workshops.
- Instrument of financial delegation authorisation.
- Gifts and benefits register.
- Pre-employment screening checks and relevant risk assessment.
- Pre-employment recruitment questions and relevant risk assessment.
- Procurement contract management system with related controls and procedures.
- Internal and external audits.
- Management, initiated audits, reviews and investigations.
- Budget, forecasting and variance analyses of financial expenditure.
- Suite of policies and procedures on accountability over drugs and controlled substances which have been approved by the Clinical Governance Committee.
- Controlled substance register.
- Stock reconciliations.
- Physical security and access control.
- Utilisation of STOPline as an independent, confidential and anonymous hotline managed by an external provider on behalf of SAH entities for reporting unacceptable workplace behaviour.

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/6d184c27-c4dc-4138-9306-b58367817eac>

Public interest disclosure

Number of occasions on which public interest information has been disclosed to a responsible officer of the agency under the *Public Interest Disclosure Act 2018*:

Nil

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/a4fca543-e345-4bfc-b1a3-b86105a07d8a>

Note: Disclosure of public interest information was previously reported under the *Whistleblowers Protection Act 1993* and repealed by the *Public Interest Disclosure Act 2018* on 1/7/2019.

Reporting required under any other act or regulation

Nil

Reporting required under the *Carers' Recognition Act 2005*

The *Carers' Recognition Act 2005* is deemed applicable for the following: Department of Human Services, Department for Education, Department for Health and Wellbeing, Department for Innovation and Skills, Department of Planning, Transport and Infrastructure, SAPOL and TAFE SA.

Section 7: Compliance or non-compliance with section 6 of the Carers Recognition Act 2005 and (b) if a person or body provides relevant services under a contract with the organisation (other than a contract of employment), that person's or body's compliance or non-compliance with section 6.

Public complaints

Number of public complaints reported

Complaint categories	Sub-categories	Example	Number of Complaints 2021-2022
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	92
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	46
Professional behaviour	Staff knowledge	Lack of service specific knowledge; incomplete or out-of-date knowledge	0
Communication	Communication quality	Inadequate, delayed or absent communication with customer	9
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	49

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Complaint categories	Sub-categories	Example	Number of Complaints 2021-2022
Service delivery	Systems / technology	System offline; inaccessible to customer; incorrect result/information provided; poor system design	8
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities	6
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	6
Policy	Policy application	Incorrect policy interpretation: incorrect policy applied; conflicting policy advice given	0
Policy	Policy content	Policy content difficult to understand; policy unreasonable or disadvantages customer	0
Service quality	Information	Incorrect, incomplete, outdated or inadequate information; not fit for purpose	1
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English	2
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	61
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	7
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	5
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	0
		Total	292

Additional Metrics	Total
Number of positive feedback comments	259
Number of negative feedback comments	653
Total number of feedback comments	931
% Complaints resolved within policy timeframes	57.32%

Data for previous years is available at:

<https://data.sa.gov.au/data/dataset/eb1d34b4-7fda-4f0a-a943-f766872ca6f1>

Service Improvements

Regular reports are provided to the SAAS Clinical Governance Committee. The Committee is responsible for overseeing and monitoring the performance of our complaint management system and associated key performance indicators for complaint acknowledgment and response.

In response to feedback regarding the SAAS billing process and ambulance cover, we have listened to our consumers and implemented several quality improvements. The Customer Service Centre has introduced the function of auto attend to select when enquiring about ambulance cover. This dedicated line has streamlined the process, improving both access and waiting times for consumers.

SAAS Corporate Services have updated ambulance cover cards to facilitate a faster renewal process. This has improved turnaround times for new and existing members. Our billing process has also been improved with the extension on account due by dates. These have been increased from 28 to 42 days followed by a final invoice date 14 days later, enabling consumers increased time for payment. Hardship packages are also available to consumers where required.

Compliance Statement

SA Ambulance Service is compliant with Premier and Cabinet Circular 039 – complaint management in the South Australian public sector.	Y
SA Ambulance Service has communicated the content of PC 039 and the agency's related complaints policies and procedures to employees.	Y

Appendix: Audited financial statements 2021-2022



Our ref: A22/261

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www.audit.sa.gov.au

Mr R Elliott
Chief Executive Officer
South Australian Ambulance Service
216 Greenhill Road
EASTWOOD SA 5063
email: rob.elliott@sa.gov.au

Dear Mr Elliott

Audit of SA Ambulance Service Inc for the year to 30 June 2022

We have completed the audit of your accounts for the year ended 30 June 2022. Two key outcomes from the audit are the:

- 1** Independent Auditor's Report on your agency's financial report
- 2** audit management letter recommending you address identified weaknesses.

1 Independent Auditor's Report

We are returning the financial report for SA Ambulance Service Inc, with the Independent Auditor's Report. This report is unmodified.

My annual report to Parliament indicates that we have issued an unmodified Independent Auditor's Report on your financial report.

2 Audit management letter

During the year, we sent you an audit management letter detailing the weaknesses we noted and improvements we considered you need to make.

Significant matters related to:

- work still required to correct historical errors in staff leave balances
- improvements needed to manual timesheet processes
- delays in generating patient transport invoices
- password complexity rules are not enforced in the invoicing system
- inappropriate segregation of duties in the ambulance transport and ambulance cover team

- weaknesses identified in the South Australian Computer Aided Dispatch System controls.

We have received a response to our letter and will follow this up in the 2022-23 audit.

I have also included summary comments about these matters in my annual report. These identify areas we assessed as not meeting a sufficient standard of financial management, accounting and control.

What the audit covered

Our audits meet statutory audit responsibilities under the *Public Finance and Audit Act 1987* and the Australian Auditing Standards.

Our audit covered the principal areas of the agency's financial operations and included test reviews of systems, processes, internal controls and financial transactions. Some notable areas were:

- cash
- payroll
- supplies and services and accounts payable
- procurement and contract management
- revenue and accounts receivable
- fixed assets
- general ledger.

Particular attention was given to payroll, including the historical errors in staff leave balances and the new *SA Ambulance Service Agreement 2022*, which was approved in August 2022, and revenue, including the value of outstanding patient transport invoices as at 30 June 2022. We concluded that the financial report was prepared in accordance with the financial reporting framework in this respect.

I would like to thank the staff and management of your agency for their assistance during this year's audit.

Yours sincerely



Andrew Richardson

Auditor-General

23 September 2022

enc



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To the Chief Executive Officer South Australian Ambulance Service

Opinion

I have audited the financial report of the SA Ambulance Service Inc for the financial year ended 30 June 2022.

In my opinion, the accompanying financial report gives a true and fair view of the financial position of the SA Ambulance Service Inc as at 30 June 2022, its financial performance and its cash flows for the year then ended in accordance with relevant Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards.

The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2022
- a Statement of Financial Position as at 30 June 2022
- a Statement of Changes in Equity for the year ended 30 June 2022
- a Statement of Cash Flows for the year ended 30 June 2022
- notes, comprising material accounting policies and other explanatory information
- a Certificate from the Chief Executive Officer and the Executive Director Corporate Services.

Basis for opinion

I conducted the audit in accordance with the *Public Finance and Audit Act 1987* and Australian Auditing Standards. My responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial report' section of my report. I am independent of the SA Ambulance Service Inc. The *Public Finance and Audit Act 1987* establishes the independence of the Auditor-General. In conducting the audit, the relevant ethical requirements of APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* have been met.

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

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

In preparing the financial report, the Chief Executive Officer is responsible for assessing the entity's ability to continue as a going concern, taking into account any policy or funding decisions the government has made which affect the continued existence of the entity. The Chief Executive Officer is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

Auditor's responsibilities for the audit of the financial report

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987* and section 36(2) of the *Health Care Act 2008*, I have audited the financial report of the SA Ambulance Service Inc for the financial year ended 30 June 2022.

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of

expressing an opinion on the effectiveness of the SA Ambulance Service Inc's internal control

- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Chief Executive Officer
- conclude on the appropriateness of the Chief Executive Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify the opinion. My conclusion is based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause an entity to cease to continue as a going concern
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

My report refers only to the financial report described above and does not provide assurance over the integrity of electronic publication by the entity on any website nor does it provide an opinion on other information which may have been hyperlinked to/from the report.

I communicate with the Chief Executive Officer about, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during the audit.



Andrew Richardson
Auditor-General

23 September 2022

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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.



Rob Elliott
Chief Executive Officer

Robert Cox
Executive Director Corporate Services

Date 14 September 2022

SA AMBULANCE SERVICE INC
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2022

	Note	2022 \$'000	2021 \$'000
Income			
Revenues from SA Government	2	198,877	194,013
Fees and charges	3	155,688	157,774
Grants and contributions	4	3,289	3,252
Interest			1
Resources received free of charge	5	2,625	2,727
Net gain from disposal of non-current and other assets	10	271	561
Other revenues/income	6	5 295	5 742
Total income		366,045	364,070
Expenses			
Staff benefits expenses	7	251,668	253,741
Supplies and services	8	72,554	63,914
Depreciation and amortisation	15,16	14,613	13,477
Borrowing costs	19	242	271
Impairment loss on receivables and contract assets	12.2,14	7,020	2,228
Other expenses	9	20,985	25,774
Total expenses		367,082	359,405
Net result		(1,037)	4,665
Other Comprehensive Income			
Items that will be reclassified subsequently to net result when specific conditions are met			
Gains or losses recognised directly in equity		27,198	46,744
Total other comprehensive income		27,198	46,744
Total comprehensive result		26,161	51,409

The accompanying notes form part of these financial statements. The net result and total comprehensive result are attributable to the SA Government as owner.

SA AMBULANCE SERVICE INC
STATEMENT OF FINANCIAL POSITION
As at 30 June 2022

	Note	2022 \$'000	2021 \$'000
Current assets			
Cash and cash equivalents	11	20,814	16,678
Receivables	12	31,645	25,108
Inventories	13	725	561
Contract assets	14	11,905	23,248
Other assets		<u>18</u>	<u>23</u>
Total current assets		<u>65,107</u>	<u>65,618</u>
Non-current assets			
Receivables	12	35,331	9,241
Property, plant and equipment	15,16	152,159	147,695
Intangible assets	15.5	<u>380</u>	<u>310</u>
Total non-current assets		<u>187,870</u>	<u>157,246</u>
Total assets		<u>252,977</u>	<u>212,864</u>
Current liabilities			
Payables	18	15,320	12,292
Financial liabilities	19	2,389	2,350
Staff benefits	20	39,860	37,712
Provisions	21	6,267	3,387
Contract liabilities and other liabilities	22	<u>4,321</u>	<u>3,616</u>
Total current liabilities		<u>68,157</u>	<u>59,357</u>
Non-current liabilities			
Payables	18	1,685	1,884
Financial liabilities	19	11,816	12,915
Staff benefits	20	40,566	47,562
Provisions	21	<u>35,607</u>	<u>32,161</u>
Total non-current liabilities		<u>89,674</u>	<u>94,522</u>
Total liabilities		<u>157,831</u>	<u>153,879</u>
Net assets		<u>95,146</u>	<u>68,985</u>
Equity			
Retained earnings		(65,402)	(64,365)
Asset revaluation surplus		40,321	40,321
Other reserves		<u>120,227</u>	<u>93,029</u>
Total equity		<u>95,146</u>	<u>68,985</u>

The accompanying notes form part of these financial statements. The total equity is attributable to the SA Government as owner.

SA AMBULANCE SERVICE INC
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2022

	Note	Asset revaluation surplus \$ '000	Other reserves \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2020		402321	46,285	(721892)	131714
Prior period adjustment				3,862	3,862
Restated balance at 1 July 2020		40,321	46,285	(69,030)	171576
Net result for 2020-21			-	4,665	4,665
Gain/(loss) on revaluation of defined benefit fund liability			46,744		46,744
Total comprehensive result for 2020-21		-	46,744	4,665	51,409
Balance at 30 June 2021		40,321	93,029	(642365)	68,985
Net result for 2021-22				(1,037)	(1,037)
Gain/(loss) on revaluation of defined benefit fund liability			27,198		27 198
Total comprehensive result for 2021-22		-	271198	{1,037}	261161
Balance at 30 June 2022		40,321	120,227	'(652402)	95,146

The accompanying notes form part of these financial statements. All changes in equity are attributable to the SA Government as owner.

SA AMBULANCE INC
STATEMENT OF CASH FLOWS
For the year ended 30 June 2022

	Note	2022 \$'000	2021 \$'000
Cash flows from operating activities			
Cash inflows			
Receipts from SA Government		218,907	217,224
Fees and charges		123,921	110,037
Grants and contributions		3,402	3,324
Interest received			1
GST recovered from ATO		5,559	5,019
Other receipts		833	1,022
Cash generated from operations		352,622	336,627
Cash outflows			
Staff benefits payments		(222,672)	(228,017)
Payments for supplies and services		(84,974)	(56,335)
Interest paid		(242)	(271)
Other payments		(21,012)	(25,820)
Cash used in operations		(328,900)	(310,443)
Net cash provided by operating activities		23,722	26,184
Cash flows from investing activities			
Cash inflows			
Proceeds from sale of property, plant and equipment		529	852
Cash provided by investing activities		529	852
Cash outflows			
Purchase of property, plant and equipment		(17,507)	(17,998)
Purchase of intangible assets		(972)	(35)
Cash used in investing activities		(17,604)	(18,103)
Net cash used in investing activities		(17,075)	(17,181)
Cash outflows			
Repayment of lease liabilities		(2,511)	(2,688)
Cash used in financing activities		(2,511)	(2,688)
Net cash used in financing activities		(2,511)	(2,688)
Net increase in cash and cash equivalents		4,136	6,315
Cash and cash equivalents at the beginning of the period		16,678	10,363
Cash and cash equivalents at the end of the period	11	20,814	16,678
Non-cash transactions	23		

The accompanying notes form part of these financial statements.

SA AMBULANCE SERVICE INC
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2022

1. About SA Ambulance Service

SA Ambulance Service Inc (SAAS) is a not-for-profit incorporated entity established under section 49 of the *Health Care Act 2008*. The financial statements include all the controlled activities of SAAS. This includes SAAS and the SA Ambulance Development Fund. SAAS does not control any other entity and has no interests in unconsolidated structured entities.

The SA Ambulance Development 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.

1.1 Objectives and activities

SAAS is committed to save lives, reduce suffering and enhance quality of life, through the provision of accessible and responsive quality patient care and transport. SAAS is the principal provider of ambulance services in South Australia, is part of SA Health and is responsible to the the Minister for Health and Wellbeing (the Minister).

SAAS works in partnership with their health and emergency service colleagues, and other government agencies to ensure the best outcomes for all South Australians. SAAS is structured to contribute to the outcomes for which the portfolio is responsible by providing pre-hospital medical emergency care and patient transport.

The Chief Executive Officer administers and manages SAAS under delegation from the Chief Executive of the Department for Health and Wellbeing (the Department) and is accountable to the Chief Executive of the Department.

The SA Ambulance Service Volunteer Health Advisory Council (SAASVHAC) was established pursuant to the *Health Care Act 2008*. The role of the Council is to provide advice and advocacy on SAAS volunteer related matters to the Minister and the Chief Executive Officer and management of SAAS. The Council has no powers to direct or make decisions with respect to the management and administration of SAAS.

1.2 Basis of preparation

These financial statements are general purpose financial statements prepared in accordance with;

- section 23 of the *Public Finance and Audit Act 1987*;
- Treasurer's Instructions and Accounting Policy Statements issued by the Treasurer under the *Public Finance and Audit Act 1987*; and
- relevant Australian Accounting Standards.

The financial statements have been prepared based on a 12 month period and presented in Australian currency. All amounts in the financial statements and accompanying notes have been rounded to the nearest thousand dollars (\$'000). Any transactions in foreign currency are translated into Australian dollars at the exchange rates at the date the transaction occurs. The historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured.

Assets and liabilities that are to be sold, consumed or realised as part of the normal operating activities have been classified as current assets or current liabilities. All other assets and liabilities are classified as non-current.

Significant accounting policies are set out below or throughout the notes.

1.3 New and amended standards adopted by SAAS

SAAS has early adopted AASB 2021-2 *Amendments to Australian Accounting Standards - Disclosure of Accounting Policies and Definition of Accounting Estimates* which clarifies the requirements for disclosure of material accounting policy information and clarifies the distinction between accounting policies and accounting estimates. There has been no impact on SAAS's financial statements.

1.4 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 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 cashflows.

SA AMBULANCE SERVICE INC
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1.5 Continuity of Operations

As at 30 June 2022, SAAS had a working capital deficiency of \$3.050 million (\$6.261 million surplus). The SA Government is committed and has consistently demonstrated a commitment to ongoing funding of SAAS to enable it to perform its functions. This ongoing commitment is ultimately outlined in the annually produced and published State Budget Papers which presents the SA Government's current and estimated future economic performance, including forward estimates of revenue, expenses and performance by Agency.

1.6 Equity

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.

Other reserves include branch reserves, country capital reserves and defined benefit fund remeasurement.

1.7 Impact of COVID-19 pandemic on SA Health

The COVID-19 pandemic continues to have an impact on SAAS's operations. This includes an increase in costs associated with COVID capacity and preparation, increased demand for personal protective equipment, and increased staffing costs (including agency) to ensure necessary compliance measures are followed. Net COVID-19 specific costs for SAAS was \$13.783 million (\$4.086 million).

1.8 Change in accounting policy

SAAS did not change any of its accounting policies during the year.

2. Revenues from SA Government

	2022	2021
	\$'000	\$'000
Operational funding	184,387	177,586
Capital projects funding	141,490	162,427
Total revenues from Department for Health and Wellbeing	198,877	194,013

The Department provides recurrent and capital funding under a service level agreement to SAAS for the provision of general health services. Contributions from the Department are recognised as revenue when SAAS obtains control over the funding. Control over the funding is normally obtained upon receipt.

Transactions with the SA Government as owner are set out in Statement of Changes in Equity.

3. Fees and charges

	2022	2021
	\$'000	\$'000
Ambulance cover	31,179	31,013
Ambulance transport	117,813	121,967
Call Direct	773	922
Commissions revenue	12	14
Fees for health services	112	208
Training revenue	260	400
Other user charges and fees	5,539	3,250
Total fees and charges	155,688	157,774

SAAS measures revenue based on the consideration specified in a contract with a customer and excludes amounts collected on behalf of third parties. Revenue is recognised either at a point in time or over time, when (or as) SAAS satisfies performance obligations by transferring the promised goods or services to its customers.

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Contracts with Customers disaggregated by pattern of revenue recognition and type of customer	2022 Goods/Services transferred at a point in time	2022 Goods/Services transferred over a period of time	2021 Goods/Services transferred at a point in time	2021 Goods/Services transferred over a period of time
Ambulance cover		31,179		31,013
Ambulance transport	87,011		90,287	
Call Direct		773		922
Commissions revenue	12		14	
Fees for health services	112		59	
Training revenue	235		358	
Other user charges and fees	1,912		1,037	
Total contracts with external customers	89,282	31,952	91,755	31,35
Ambulance transport	30,802		31,680	
Fees for health services			149	
Training revenue	25		42	
Other user charges and fees	3,627	-	2,213	
Total contracts with SA Government customers	34,454	-	34,084	
Total contracts with customers	123,736	31,952	125,839	31,935

SAAS recognises contract liabilities for consideration received in respect of unsatisfied performance obligations and reports these amounts as contract liabilities (refer to note 22). Similarly, if SAAS satisfies a performance obligation before it receives the consideration, SAAS recognises either a contract asset or a receivable, depending on whether something other than the passage of time is required before the consideration is due (refer to note 14 and 12 respectively).

For 2022, revenue includes \$3.760 million (\$3.643 million) included in the contract liability balance at the beginning of the period, and \$15.749 million (\$30.279 million) from performance obligations satisfied (or partially satisfied) in previous periods. SAAS recognises revenue (contract with customers) from the following major sources:

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 is paid in advance for a twelve-month period commencing on the day after the date of joining for emergency transportation and two months after the date of joining for non-emergency transports. Ambulance cover revenue is recognised as the performance obligation is discharged, which is on a time proportionate basis over the membership period.

Ambulance transport revenue

Ambulance transport revenue comprises revenue earned from the provision of first aid and patient transportation that are considered non-emergency and are not covered by Medicare. Ambulance transport revenue recognition occurs under AASB 15 *Revenue from Contracts with Customers* at the point in time that the performance obligation is discharged, which will be once the service is provided.

Call Direct revenue

Call Direct revenue comprises the sale of alarm monitoring units, accessories and monitoring income. Call Direct revenue relating to units and accessories will be recognised once control of the goods passes to the customer. Call Direct rental and monitoring revenue is recognised as the performance obligation is discharged, which is as services are provided.

4. Grants and contributions

	2022 \$'000	2021 \$'000
Emergency Services Levy	1,527	1,490
Other SA Government grants and contributions	1,061	1,040
Private sector grants and contributions	701	722
Total grants and contributions	3,289	3,252

The grants received are usually subject to terms and conditions set out in the contract, correspondence, or by legislation.

SA AMBULANCE SERVICE INC
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5. Resources received free of charge

	2022	2021
	\$'000	\$'000
Land and buildings		155
Plant and equipment	113	
Services	21512	22572
Total resources received free of charge	2,625	2,727

Contributions of services are recognised only when a fair value can be determined reliably, and the services would be purchased if they had not been donated. SAAS receives Financial Accounting, Taxation, Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge valued at \$2.042 million (\$2.02 million) and JCT services from the Department of Premier and Cabinet (DPC) valued at \$0.470 million (\$0.458 million), following Cabinet's approval to cease intra-government charging.

In addition, although not recognised, SAAS receives volunteer services associated with ambulance duties in regional SA. There are around 38 volunteer crews across six regions in SA, whom provide support services to individuals using SAAS's ambulance services.

6. Other revenues/income

	2022	2021
	\$'000	\$'000
Donations	515	137
Health recoveries	4,530	4,820
Other	250	785
Total other revenues/income	5,295	5,742

7. Staff benefits expenses

	2022	2021
	\$'000	\$'000
Salaries and wages	187,505	176,706
Targeted voluntary separation packages	100	
Long service leave	(4,152)	923
Annual leave	29,488	28,124
Skills and experience retention leave	828	980
Staff on-costs - superannuation*	23,137	23,009
Staff on-costs - other	(10)	
Workers compensation	14,639	23,801
Board and committee fees	26	31
Other staff related expenses	107	167
Total staff benefits expenses	251,668	253,741

*The superannuation employment on-cost charge represents SAAS's contribution to superannuation plans in respect of current services of staff. The Department of Treasury and Finance (DTF) centrally recognises the superannuation liability in the whole-of-government financial statements except for those SAAS staff who are members of the SAAS defined benefit scheme.

Defined benefit scheme expenses recognised in the profit and loss totalled \$7.905 million (\$9.250 million), comprising current service cost of \$8.020 million (\$9.024 million) and interest revenue of \$0.115 million (interest cost \$0.226 million).

SA AMBULANCE SERVICE INC
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7.1 Key Management Personnel

Key management personnel (KMP) of SAAS includes the Minister, the Chief Executive of the Department, the Chief Executive Officer of SAAS and the nine (eight) members of the Executive Management Group who have responsibility for the strategic direction and management of SAAS.

The compensation detailed below excludes salaries and other benefits received by:

The Minister. The Minister's remuneration and allowances are set by the *Parliamentary Remuneration Act 1990* and the Remuneration Tribunal of SA respectively and are payable from the Consolidated Account (via DTF) under section 6 of the *Parliamentary Remuneration Act 1990*; and

The Chief Executive of the Department. The Chief Executive is compensated by the Department and there is no requirement for SAAS to reimburse those expenses.

	2022	2021
Compensation	\$'000	\$'000
Salaries and other short term employee benefits	2,245	1,780
Other long term employment benefits	43	
Post-employment benefits	670	549
Total	21958	2,329

SAAS did not enter into any transactions with KMP or their close family during the reporting period that were not consistent with normal procurement arrangements.

7.2 Remuneration of Board and Committees

	2022	2021
\$0	13	17
\$1 - \$20,000	18	18
Total	31	35

The total remuneration received or receivable by members was \$0.021 million (\$0.031 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits and fringe benefits and related fringe benefits tax paid. In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year.

Unless otherwise disclosed, transactions between members are on conditions no more favourable than those that it is reasonable to expect the entity would have adopted if dealing with the related party at arm's length in the same circumstances.

Refer to note 30 for members of boards/committees that served for all or part of the financial year and were entitled to receive income from membership in accordance with APS 124.B.

7.3 Remuneration of staff

	2022	2021
The number of staff whose remuneration received or receivable falls within the following bands:	Number	Number
\$154,001 - \$157,000*	na	16
\$157,001 - \$177,000	120	118
\$177,001 - \$197,000	117	126
\$197,001 - \$217,000	46	33
\$217,001 - \$237,000	14	12
\$237,001 - \$257,000	8	7
\$257,001 - \$277,000	4	8
\$277,001 - \$297,000	5	8
\$297,001 - \$317,000	3	2
\$317,001 - \$337,000	3	3
\$337,001 - \$357,000	7	1
\$357,001 - \$377,000	1	
\$437,001 - \$457,000	1	
\$497,001 - \$517,000		
\$577,001 - \$597,000		
\$597,001 - \$617,000	1	
Total	330	336

* This band has been included for the purposes of reporting comparative figures based on the executive base level remuneration rate for 2021.

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, payments in lieu of leave, superannuation contributions, salary sacrifice benefits and fringe benefits and any related fringe benefits tax.

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7.4 Remuneration of staff by classification

The total remuneration received by these staff, included above:

	2022		2021	
	No.	\$'000	No.	\$'000
Executive	5	1,060	5	1,117
Medical (excluding Nursing)	29	8,402	29	7,778
Non-medical (i.e. administration)			1	162
Nursing	21	3,807	20	3,479
Operational	275	51,427	281	51,638
Total	330	64,696	336	64,174

7.5 Targeted voluntary separation packages

	2022	2021
	\$'000	\$'000
Amount paid to separated staff:		
Leave paid/payable to separated employees	61	
<u>Targeted voluntary separation packages</u>	<u>100</u>	
Net cost to SAAS	161	

The number of staff who received a TVSP during the reporting period 2

TVSPs include 2 (Nil) separations resulting from the Workforce Rejuvenation Program.

8. Supplies and services

	2022	2021
	\$'000	\$'000
Administration	191	169
Advertising	266	306
Communication	4,031	4,040
Computing	4,636	3,392
Consultants	148	261
Contract of services	218	214
Contractors	1,819	468
Contractors - agency staff	2,635	3,285
Cost of goods sold	14	40
Drug supplies	762	682
Electricity, gas and fuel	716	991
Fee for service	3	
Food supplies	104	63
Housekeeping	3,030	2,403
Insurance	1,706	1,631
Legal	388	248
Low value lease expense	59	52
Medical, surgical and laboratory supplies	6,137	4,918
Minor equipment	3,898	2,413
Motor vehicle expenses	5,908	5,179
Occupancy rent and rates	874	978
Patient transport	21,669	19,760
Postage	1,029	997
Printing and stationery	847	810
Repairs and maintenance	2,681	3,701
Security	68	118
Services from Shared Services SA	2,068	2,214
Training and development	1,082	860
Travel expenses	488	319
Other supplies and services	51,079	31,402
Total supplies and services	721,554	631,914

*Includes volunteer expenses of \$1.304 million (\$1.431 million).

SAAS recognises lease payments associated with short term leases (12 months or less) and leases for which the underlying asset is low value (less than \$15,000) as an expense on a straight line basis over the lease term. Lease commitments for short term leases is similar to short term lease expenses disclosed.

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Consultants

The number of consultancies and the dollar amount paid/payable (included in supplies and services expense) to consultants that fell within the following bands:

	2022		2021	
	No.	\$'000	No.	\$'000
Above \$10 000	5	148	5	261
Total	5	148	5	261

9. Other expenses

	2022	2021
	\$'000	\$'000
Debts written off	20,305	25,088
Bank fees and charges	134	117
Other*	546	569
Total other expenses	20,985	25,774

*Includes audit fees paid/payable to the Auditor-General's Department relating to work performed under the *Public Finance and Audit Act 1987* of \$0.12 million (\$0.104 million). No other services were provided by the Auditor-General's Department.

10. Net gain/(loss) from disposal of non-current and other assets

Land and buildings:	2022	2021
	\$'000	\$'000
Proceeds from disposal		
Less carrying amount of assets disposed	(108}	{11}
Net gain/(loss) from disposal of land and buildings	(108}	{11}
Plant and equipment:		
Proceeds from disposal	598	875
Less carrying amount of assets disposed	(150)	(280)
Less other costs of disposal	{69}	{23}
Net gain/(loss) from disposal of plant and equipment	379	572
Total assets:		
Total proceeds from disposal	598	875
Less total carrying amount of assets disposed	(258)	(291)
Less other costs of disposal	{69}	{23}
Total net gain/(loss) from disposal of non-current and other assets	271	561

Gains or losses on disposal are recognised at the date control of the asset is passed from SAAS and are determined after deducting the carrying amount of the asset from the proceeds at that time. When revalued assets are disposed, the revaluation surplus is transferred to retained earnings.

11. Cash and cash equivalents

	2022	2021
	\$'000	\$'000
Cash at bank or on hand	338	332
Deposits with Treasurer: general operating	17,787	13,983
Deposits with Treasurer: special purpose funds	21,689	21,363
Total cash and cash equivalents	201814	161678

Cash is measured at nominal amounts. 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.

SAAS only earns interest on the special deposit account which was nil in 2021-22 (\$0.001 million).

12. Receivables

		2022	2021
	Note	\$'000	\$'000
Current			
Debtors		54,113	37,149
Less: allowance for impairment loss on receivables	12.1	(31,222)	(21,015)
Prepayments		5,801	7,052
Workers compensation provision recoverable		1,854	1,208
Sundry receivables and accrued revenue		734	610
GST input tax recoverable		365	104
Total current receivables		31,645	25,108
Non-current			
Debtors		984	930
Workers compensation provision recoverable		3,986	2,442
Superannuation - defined benefit scheme	20.3	30,361	5,869
Total non-current receivables		35,331	9,241
Total receivables		66,976	34,349

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 after the issue of an invoice or the goods/services have been provided under a contractual arrangement. Receivables, prepayments and accrued revenues are non-interest bearing. Receivables are held with the objective of collecting the contractual cash flows and they are measured at amortised cost.

Other than as recognised in the allowance for impairment loss on receivables, 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.

12.1 Impairment of receivables

SAAS has adopted the simplified impairment approach under AASB 9 and measured lifetime expected credit losses on all trade receivables using an allowance matrix as a practical expedient to measure the impairment provision.

Movement in the allowance for impairment loss on receivables:

	2022	2021
	\$'000	\$'000
Carrying amount at the beginning of the period	21,015	24,460
Increase/(Decrease) in allowance recognised in profit or loss	10,207	(3,445)
Carrying amount at the end of the period	31,222	21,015

Impairment losses relate to receivables arising from contracts with customers that are external to the SA Government. Refer to note 28 for details regarding credit risk and the methodology for determining impairment.

13. Inventories

Inventories held for distribution at no or nominal consideration were \$0.725 million (\$0.561 million) and are measured at the lower of average weighted cost and replacement cost. The amount of any inventory write-down to net realisable value/replacement cost or inventory losses are recognised as an expense in the period the write-down or loss occurred. Any write-down reversals are also recognised as an expense reduction.

14. Contract assets

	2022	2021
	\$'000	\$'000
Contract assets	15,749	30,279
Less: allowance for impairment loss on contract assets	(3,844)	(7,031)
Total contract assets	11,905	23,248

Contract assets primarily relate to SAAS's rights to consideration for work completed but not yet billable at the reporting date on ambulance transport. Any amount previously recognised as a contract asset is transferred to receivables when the rights become unconditional (i.e. at the point at which it is invoiced to the customer).

14.1 Impairment of contract assets

	2022	2021
	\$'000	\$'000
Carrying amount at the beginning of the period	71031	11358
Increase/(Decrease) in allowance recognised in profit or loss	(3,187)	5,673
Carrying amount at the end of the period	3!844	7!031

15. Property, plant and equipment and intangible assets

15.1 Acquisition and recognition

Property, plant and equipment owned are initially recorded on a cost basis, and are subsequently measured at fair value. 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 owned property, plant and equipment with a value equal to or in excess of \$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.

15.2 Depreciation and amortisation

The residual values, useful lives, depreciation and amortisation methods of all major assets held by SAAS are reviewed and adjusted if appropriate on an annual basis. Changes in the 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.

Depreciation and amortisation is calculated on a straight line basis. Property, plant and equipment and intangible assets depreciation and amortisation are calculated over the estimated useful life as follows:

Class of asset	Useful life
Buildings and improvements	40 - 80
Right-of-use buildings	Lease term
Accommodation and leasehold improvements	Lease term
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
Right-of-use plant and equipment	Lease term
Intangibles	5 - 10

15.3 Revaluation

All non-current tangible assets are subsequently measured at fair value after allowing for accumulated depreciation (written down current cost).

Revaluation of non-current assets or a group of assets is only performed when the owned asset's fair value at the time of acquisition is greater than \$1.500 million, and the estimated useful life exceeds three years. Revaluations are undertaken on a regular cycle. Non-current tangible assets that are acquired between revaluations are held at cost until the next valuation, where they are revalued to fair value. If at any time management considers that the carrying amount of an asset greater than \$1.500 million materially differs from its fair value, then the asset will be revalued regardless of when the last valuation took place.

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.

15.4 Impairment

SAAS holds its property, plant and equipment and intangible assets for their service potential (value in use). Specialised assets would rarely be sold and typically any costs of disposal would be negligible, accordingly the recoverable amount will be closer to or greater than fair value. Where there is an indication of impairment, the recoverable amount is estimated. For revalued assets, fair value is assessed each year.

There were no indications for impairment of property, plant and equipment or intangibles as at 30 June 2022.

15.5 Intangible assets

Intangible assets are initially measured at cost and are tested for indications of impairment at each reporting date. Following initial recognition, intangible assets are carried at cost less any accumulated amortisation and any accumulated impairment losses.

The amortisation period and the amortisation method for intangible assets with finite useful lives are reviewed on an annual basis. SAAS has intangibles with indefinite useful lives, amortisation is not recognised against these intangible assets.

The acquisition of, or internal development of, software is capitalised only when the expenditure meets the definition criteria and recognition criteria, 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.

The carrying amount of computer software at the end of the period was \$0.380 million. The computer software has a gross carrying amount of \$6.096 million with accumulated depreciation of \$5.780 million. Amortisation during the year was \$0.100 million (\$0.092 million).

15.6 Land and buildings

An independent valuation of owned land and buildings owned by SAAS was performed in March 2018, within the regular valuation cycle, by a certified practising valuer from Jones Lang Lasalle (SA) Pty Ltd as at June 2018. Consistent with Treasurer's Instructions, a public authority must at least every 6 years obtain a valuation appraisal from a qualified valuer, the timing and process of which will be considered in the 2022-23 financial year.

Fair value of unrestricted land was determined 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. For land classified as restricted in use, fair value was determined by applying an adjustment to reflect the restriction.

Fair value of buildings and other land was determined using depreciated replacement cost, due to there not being an active market. The depreciated replacement cost considered the need for ongoing provision of government services; specialised nature and restricted use of the assets; their size, condition, and location. The valuation was based on a combination of internal records, specialised knowledge and acquisitions/transfer costs.

15.7 Plant and equipment

SAAS's plant and equipment assets with a fair value greater than \$1.500 million or had an estimated useful life of greater than three years were revalued using fair value methodology, as at 1 June 2018, based on independent valuations performed by a Certified Practising Valuer from Jones Lang Lasalle Pty Ltd. The value of all other plant and equipment has not been revalued. In accordance with APS 116D, the carrying value of these items is deemed to approximate fair value. These assets are classified in Level 3 as there have been no subsequent adjustments to their value, except for management assumptions about the asset condition and remaining useful life.

15.8 Leased property, plant and equipment

Right-of-use assets (included concessional arrangements) leased by SAAS as lessee are measured at cost, and there were no indications for impairment. Additions to right of use assets during 2021-22 were \$1.451 million (\$2.589 million). Short-term leases of 12 months or less and low value leases where the underlying asset value is less than \$15,000, are not recognised as right-of-use assets. The associated lease payments are recognised as an expense and disclosed at Note 8.

Major lease activities include the use of:

- Properties -The major properties leased includes property at Eastwood, Parkside, Ashford, Port Adelaide, Aldgate, Angaston, Gepps Cross and Edwardstown. Generally, property leases are from the private sector and are non-cancellable with many having the right of renewal. Rent is payable in arrears, with increases generally linked to CPI increases. Prior to renewal, most lease arrangements undergo a formal rent review linked to market appraisals or independent valuers.
- Motor vehicles - leased from the South Australian Government Financing Authority (SAFA) through their agent LeasePlan Australia. The leases are non-cancellable and the vehicles are leased for a specified time period (usually three years) or a specified number of kilometres, whichever occurs first.

SAAS has not committed to any lease arrangements that commence from 1 July 2022, which not are included in the lease liability maturity analysis. SAAS has not entered into any sub-lease arrangements and has no concessional lease arrangements.

The lease liabilities related to the right-of-use assets (and the maturity analysis) are disclosed at note 19. Expenses related to right-of-use assets including depreciation and borrowing costs are disclosed at note 16 and 19. Cash outflows related to right-of-use assets are disclosed at note 23.

16. Reconciliation of property, plant and equipment

The following table shows the movement :

2021-22	Land and buildings:				Plant and equipment:					Total \$'000
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommod ation and Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right-of- use plant and equipment \$'000	Capital works in progress plant and equipment \$'000	
Carrying amount at the beginning of the period	17,226	72,436	13,578	(568)	7,906	8,166	13,559	1,359	14,033	147,695
Additions	253		114	6,939		68		1,337	10,597	19,308
Disposals					(108)		(150)			(258)
Transfers between asset classes		2,377		(2,262)	401	6,377	10,746		(17,712)	(73)
Subtotal:	17,479	74,813	13,692	4,109	8,199	14,611	24,155	2,696	6,918	166,672
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation		(2,185)	(1,763)		(421)	(2,701)	(6,576)	(867)		(14,513)
Subtotal:		(2,185)	(1,763)		(421)	(2,701)	(6,576)	(867)		(14,513)
Carrying amount at the end of the period	17,479	72,628	11,929	4,109	7,778	11,910	17,579	1,829	6,918	152,159
Gross carrying amount										
Gross carrying amount	17,479	81,087	16,749	4,109	14,942	29,313	53,856	3,384	6,918	227,837
Accumulated depreciation / amortisation		(8,459)	(4,820)		(7,164)	(17,403)	(36,277)	(1,555)		(75,678)
Carrying amount at the end of the period	17,479	72,628	11,929	4,109	7,778	11,910	17,579	1,829	6,918	152,159

All property, plant and equipment are classified in level 3 of the fair value hierarchy except for right-of-use buildings, land and buildings (classified as level 2) and capital works in progress (not classified). Refer to note 19 for details about the lease liability for right-of-use assets.

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2020-21	Land and buildings:				Plant and equipment:					Total \$'000
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommod- ation and Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right-of- use plant and equipment \$'000	Capital works in progress plant and equipment \$'000	
Carrying amount at the beginning of the period	16,993	72,942	13,231	453	8,680	8,703	10,651	1,974	7,579	141,206
Additions	156	121	2,217	1,171		17		372	16,280	20,334
Assets received free of charge	77	78								155
Disposals					(11)		(280)	(80)		(371)
Transfers between asset classes		1,382		(2,192)	328	1,243	8,723		(9,826)	(342)
Remeasurement			98							98
Subtotal:	17,226	74,523	15,546	(568)	8,997	9,963	19,094	2,266	14,033	161,080
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation		(2,087)	{1,968}		(1,091)	{1,797}	{5,535}	{907}		{13,3852}
Subtotal:		(2,087}	(11968}		(120912}	(1,797}	(5,535}	(907}		(13,385}
Carrying amount at the end of the period	17,226	72,436	13,578	(568)	7,906	8,166	13,559	1,359	14,033	147,695
Gross carrying amount										
Gross carrying amount	17,226	78,711	17,101	(568)	14,703	23,271	47,398	2,690	14,033	214,565
Accumulated depreciation / amortisation		(6,275}	{3,5232}		(6,797}	(15,1052}	{33,839}	(1,3312}		(66,870}
Carrying amount at the end of the period	17,226	72,436	13,578	(568)	7,906	8,166	13,559	1,359	14,033	147,695

All property, plant and equipment are classified in level 3 of the fair value hierarchy except for right-of-use buildings, land and buildings (classified as level 2) and capital works in progress (not classified). Refer to note 19 for details about the lease liability for right-of-use assets.

17. Fair value measurement

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.

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.

Refer to notes 15 and 17.2 for disclosure regarding fair value measurement techniques and inputs used to develop fair value measurements for non-financial assets.

17.1 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 2022

	Level 2 \$'000	Level 3 \$'000	Total \$'000
Recurring fair value measurements (Note 16)			
Land	1,120	16,359	17,479
Buildings and improvements	4,322	66,626	70,948
Leasehold improvements		7,778	7,778
Plant and equipment		29,489	29,489
Total recurring fair value measurements	5,442	120,252	125,694

Fair value measurements at 30 June 2021

	Level 2 \$'000	Level 3 \$'000	Total \$'000
Recurring fair value measurements (Note 16)			
Land	1,120	16,106	17,226
Buildings and improvements	4,438	67,998	72,436
Leasehold improvements		7,906	7,906
Plant and equipment		21,725	21,725
Total recurring fair value measurements	5,558	113,735	119,293

There are no non-recurring fair value measurements.

SAAS's policy is to recognise transfers into and out of fair value hierarchy levels as at the end of the reporting period.

During 2022 and 2021, SAAS had no valuations categorised into Level 1.

In 2018 all land, excluding land at the Hauteville Terrace carpark and Greenhill Road site, was transferred from level 2 to level 3 as 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.

Buildings and improvements at the Hauteville Terrace carpark and Greenhill Road site have been categorised as Level 2 as there are recent market transactions for similar properties and the valuations are based on the amounts for which the properties could be exchanged between willing parties in an arm's length transactions, based on current prices in the active market for similar properties.

17.2 Valuation techniques and inputs

The Hauteville Terrace carpark and Greenhill Road land have been valued using the market approach based on direct comparison with market data, adjusted for key attributes such as property size and zoning. These properties are classified as having been valued using level 2 valuation inputs.

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Other land values were derived by using the replacement cost approach, being recent sales transactions of other similar land holdings within the region (or adjacent regions where limited sales evidence was available), adjusted for differences in key attributes such as property size, zoning and any restrictions on use, and then adjusted with a discount factor. For this reason, they are deemed to have been valued using Level 3 valuation inputs.

Due to the predominantly specialised nature of health service assets, the majority of building 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 judgment 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.

18. Payables

	2022 \$'000	2021 \$'000
Current		
Creditors and accrued expenses	11,082	8,419
Paid Parental Leave Scheme	11	6
Staff on-costs*	3,871	3,472
Other liabilities	356	395
Total current liabilities	15,320	12,992
Non-current		
Staff on-costs*	1,685	1,884
Total non-current liabilities	1,685	1,884
Total liabilities	17,005	14,876

Payables are measured at nominal amounts. Creditors and accruals are raised for all amounts owed and unpaid. Sundry creditors are normally settled within 30 days from the date the invoice is first received. Staff on-costs are settled when the respective staff benefits that they relate to are discharged. All payables are non-interest bearing. The carrying amount of payables approximates net fair value due to their short term nature.

*Staff on-costs include Return to Work SA levies and superannuation contributions and are settled when the respective staff benefits that they relate to is discharged. 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.

As a result of an actuarial assessment performed by the DTF, the portion of long service leave taken as leave is unchanged at 38% and the average factor for the calculation of employer superannuation on-costs has increased from the 2021 rate (10.1%) to 10.6% to reflect the increase in the superannuation guarantee. These rates are used in the staff on-cost calculation. The net financial effect of the changes in the current financial year is an increase in the staff benefit expense of \$0.225 million. The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

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19. Financial liabilities

	2022 \$'000	2021 \$'000
Current		
Lease liabilities	2 389	2 350
Total current financial liabilities	2,389	2,350
Non-current		
Lease liabilities	11 816	12 915
Total non-current financial liabilities	11,816	12,915
Total financial liabilities	141205	15,265

Lease liabilities have been measured via discounting lease payments using either the interest rate implicit in the lease (where it is readily determined) or Treasury's incremental borrowing rate. There were no defaults or breaches on any of the above liabilities throughout the year. Borrowing costs associated with leasing activities were \$0.242 million (\$0.271 million).

Refer to note 28 for information on risk management.

Refer note 16 for details about the right of use assets (including depreciation).

19.1 Concessional lease arrangements

SAAS has no concessional lease arrangements.

19.2 Maturity analysis

A maturity analysis of lease liabilities based on undiscounted gross cash flows is reported in the table below:

	2022 \$'000	2021 \$'000
Lease Liabilities		
1 to 3 years	4,584	4,805
3 to 5 years	4,052	4,410
5 to 10 years	2,969	3,613
More than 10 years	2,128	2,624
Total lease liabilities (undiscounted)	13,733	15,452

20. Staff benefits

	2022 \$'000	2021 \$'000
Current		
Accrued salaries and wages	1,879	1,949
Annual leave	32,579	29,733
Long service leave	3,590	4,181
Skills and experience retention leave	1,804	1,846
Other	8	3
Total current staff benefits	39,860	37,712
Non-current		
Long service leave	40,566	47,562
Total non-current staff benefits	40,566	47,562
Total staff benefits	80,426	85,174

Staff benefits accrue 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.

20.1 Salaries and 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 liability are expected to be payable within 12 months and are measured at the undiscounted amount expected to be paid.

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As a result of the actuarial assessment performed by DTF, the salary inflation rate has decreased from the 2021 rate (2.0%) to 1.5% for annual leave and skills and experience retention leave liability. As a result, there is a decrease in the staff benefits liability and staff benefit expenses of \$0.146 million.

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.

20.2 Long service leave

The liability for long service leave is measured as the present value of expected future payments to be made in respect of services provided by employees up to the end of the reporting period using the projected unit credit method.

AASB 119 *Employee Benefits* contains the calculation methodology for long service leave liability. The actuarial assessment performed by the DTF has provided a basis for the measurement of long service leave and is based on actuarial assumptions on expected future salary and wage levels, experience of employee departures and periods of service. These assumptions are based on employee data over SA Government entities and the health sector across government.

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 increased from 2021 (1.50%) to 3.75%. This increase in the bond yield, which is used as the rate to discount future long service leave cash flows, results in a decrease in the reported long service leave liability. The actuarial assessment performed by DTF left the salary inflation rate at 2.5% for long service leave liability. As a result, there is no net financial effect resulting from changes in the salary inflation rate.

The net financial effect of the changes to actuarial assumptions is a decrease in the long service leave liability of \$8.923 million, payables (staff on-costs) of \$0.360 million and staff benefits expense of \$9.283 million. The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions - a key assumption being the long-term discount rate.

20.3 Superannuation funds

A number of SAAS employees 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 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.

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 and is recognised as and when contributions fall due.

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. For those staff who are not members of the Scheme, SAAS pays contributions in accordance with the relevant award or contract 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.

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

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Defined benefit superannuation scheme	2022	2021
Reconciliation of the present value of the defined benefit obligation:	\$'000	\$'000
Opening balance of defined benefit obligation	297,072	298,309
Current service cost	8,020	9,024
Interest cost	3,801	2,144
Contributions by scheme participants	2,974	3,208
Actuarial (gains)/losses	(29,615)	1,958
Benefits paid	(15,303)	(16,452)
Taxes, premiums and expenses paid	(1,239)	(1,358)
Transfers in	143	239
Closing balance of defined benefit obligation	265,853	297,072

	2022	2021
	\$'000	\$'000
Reconciliation of fair value of scheme assets:		
Opening balance of scheme assets	302,941	261,027
Interest Income	3,916	1,918
Actual return on scheme assets less Interest Income	(2,417)	48,702
Contributions from the employer	5,199	5,657
Contributions by scheme participants	2,974	3,208
Benefits paid	(15,303)	(16,452)
Taxes, premiums and expenses paid	(1,239)	(1,358)
Transfers in	143	239
Closing balance of scheme assets	296,214	302,941

	2022	2021
	\$'000	\$'000
The amount included in the Statement of Financial Position arising from SAAS's obligations in respect of its defined benefit scheme is as follows:		
Present value of defined benefit obligations	265,853	297,072
Fair value of scheme assets	(296,214)	(302,941)
Net (asset)/liability arising from defined benefit obligations	(30,361)	(5,869)

	2022	2021
	\$'000	\$'000
Included in the Statement of Financial Position:		
Superannuation - defined benefit scheme	(30,361)	(5,869)
Closing balance of defined benefit obligation	(30,361)	(5,869)

	2022	2021
	%pa	%pa
Australian equity	27	27
International equity	28	30
Fixed income	10	6
Property	11	10
Diversified Strategies Income	8	8
Diversified Strategies Growth	9	9
Alternatives/Other	5	5
Cash	2	5
Total	100	100

In accordance with the revised AASB 119 the percentage invested in each asset class as at 30 June 2022 is adjusted to be comparable to 30 June 2021. This adjustment is made to align with the new approach where Diversified Strategies Growth and Diversified Strategies Income are identified as separate asset classes.

The actual return on scheme assets was \$1.49 million (\$50.62 million), a gain of \$27.198 million resulting from investment returns being significantly higher than previously assumed. Employer contributions of \$4.747 million are expected to be paid to the scheme for the year ending 30 June 2022. Expected employer contributions reflect the current 9.5% of salary contributions.

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	2022	2021
Principal actuarial assumptions used (and expressed as weighted averages):	%pa	% pa
Discount rate (Defined benefit cost)	1.4	0.8
Expected rate of salary increase (Defined benefit cost)	2.5	2.5
Discount rate (Defined benefit obligation)	3.6	1.4
Expected rate of salary increase (Defined benefit obligation)	2.5	2.5
	2022	2021
Movement in net defined benefit liability	\$'000	\$'000
Net defined benefit liability at start of year	(5,869)	37,282
Defined benefit cost	7,905	9,250
Remeasurements	(27,198)	(46,744)
Employer contributions	(5,199)	(5,657)
Net defined liability at end of year	(30,361)	(51,869)

The net financial effect of the changes in the discount rate in the current year is an increase in the superannuation- defined benefits scheme liability and other comprehensive income gain of \$28,945 million. The impact on future periods is impracticable to estimate as the superannuation - defined benefits scheme liability is calculated using a number of assumptions - a key assumption being the long-term discount rate.

Sensitivity analysis

The defined benefit obligation as at 30 June 2022 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	3.6%	3.1%	4.1%	3.6%	3.6%
Salary increase rate	2.5%	2.5%	2.5%	2.0%	3.0%
Defined benefit obligation (\$'000)	265,853	270,808	262,375	262,963	269,986

Description of the regulatory framework

The scheme operates in accordance with its Trust Deed. The scheme is considered to be an exempt public sector scheme.

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

The scheme's trustee (South Australian Superannuation Board) 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.

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.

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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 2020 actuarial investigation of the scheme in a report dated 20 April 2021, is to maintain the value of the scheme's assets at least equal to:

- 100% of accumulation account balances, plus
- 105% of defined benefit vested 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 2021, then
- 9.50% of salary for all defined benefit members after 1 July 2021, plus
- Any additional employer contributions agreed between the employer and a member.

Accumulation members:

- 9.50% of ordinary time earnings from 1 July 2020 to 30 June 2021, increasing in line with future Superannuation
- Guarantee rates from 1 July 2021; plus
- Any additional employer contributions agreed between the Employer and a member (e.g. additional salary sacrifice contributions).

Maturity profile of defined benefit obligation

The weighted average duration of the defined benefit obligation as at 30 June 2022 is 8 years.

21. Provisions

21.1 Workers Compensation

Provisions consist of only workers compensation provision.

Reconciliation of workers compensation (statutory and non-statutory)

	2022	2021
	\$'000	\$'000
Carrying amount at the beginning of the period	35,548	18,355
Increase/(decrease) in provisions recognised		2,245
Reductions arising from payments/other sacrifices of future economic benefits	(1,702)	(1,109)
Increase resulting from re-measurement or settlement without cost	8,028	16,057
Carrying amount at the end of the period	41,874	35,548

Total workers compensation contains current provision of \$6.267 million (\$3.387 million) and non-current provision of \$35.607 million (\$32.161 million).

Workers compensation provision (statutory and additional compensation schemes)

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.

Accordingly, a liability has been reported to reflect unsettled workers compensation claims (statutory and additional compensation schemes). The workers compensation provision is based on an actuarial estimate of the outstanding liability as at 30 June 2022 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment.

The additional compensation provision provides continuing benefits to workers who have suffered eligible work-related injuries and whose entitlements have ceased under the statutory workers compensation scheme. Eligible injuries are non-serious injuries sustained in circumstances which involved, or appeared to involve, the commission of a criminal offence, or which arose from a dangerous situation.

There is a significant degree of uncertainty associated with estimating future claim and expense payments, and also around the timing of future payments due to the variety of factors involved. The liability is impacted by agency claim experience relative to other agencies, average claim sizes and other economic and actuarial assumptions.

In addition to these uncertainties, the additional compensation scheme is impacted by the limited claims history and the evolving nature of the interpretation of, and evidence required to meet, eligibility criteria. Given these uncertainties, the actual cost of additional compensation claims may differ materially from the estimate.

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Measurement of the workers compensation provision as at 30 June 2022 includes the impacts of the decision of the Full Court of the Supreme Court of South Australia in *Return to Work Corporation of South Australia vs Summerfield* (Summerfield decision). The Summerfield decision increased the liabilities of the Return to Work Scheme (the Scheme) and the workers compensation provision across government.

Legislation to reform the *Return to Work Act 2014* was proclaimed in July 2022, with the reforms expected to reduce the overall liability of the Scheme. The impacts of these reforms on the workers compensation provision will be considered when measuring the provision as at 30 June 2023.

22. Contract liabilities and other liabilities

	2022	2021
	\$'000	\$'000
Current		
Contract liabilities	4,321	3,616
Total current contract liabilities and other liabilities	4,321	616
Total contract liabilities and other liabilities	4,321	3,616

Revenue relating to maintenance services for call direct and ambulance cover is recognised over time although the customer pays up front in full for these services. A contract liability is recognised for revenue relating to ambulance cover at the time of the initial sales transaction and is released over the service period. All performance obligations from these existing contracts (deferred service income) will be satisfied during the next reporting period and accordingly all amounts will be recognised as revenue.

23. Cash flow reconciliation

Reconciliation of cash and cash equivalents at the end of the reporting period:	2022	2021
	\$'000	\$'000
Cash and cash equivalents disclosed in the Statement of Financial Position	20,814	16,678
Cash as per Statement of Financial Position	20,814	16,678
Balance as per Statement of Cash Flows	20,814	16,678
Reconciliation of net cash provided by operating activities to net result:		
Net cash provided by (used in) operating activities	23,722	26,184
Add/less non-cash items		
Capital revenues	350	12
Depreciation and amortisation expense of non-current assets	(14,613)	(13,477)
Gain/(loss) on sale or disposal of non-current assets	271	561
Gain/(loss) on valuation of defined benefits	(27,198)	(46,744)
Resources received free of charge		155
Movement in assets and liabilities		
Increase/(decrease) in contract assets	(11,343)	18,161
Increase/(decrease) in receivables	32,627	5,892
Increase/(decrease) in inventories	164	98
Increase/(decrease) in other current assets	(5)	4
(Increase)/decrease in staff benefits	4,848	33,182
(Increase)/decrease in payables and provisions	(9,155)	(19,390)
(Increase)/decrease in other liabilities	(705)	27
Net result	(1,037}	41665

Total cash outflows for leases is \$2.812 million (\$3.011 million).

24. Unrecognised contractual commitments

Commitments include operating, capital and outsourcing arrangements arising from contractual or statutory sources, and are disclosed at their nominal value.

24.1 Capital commitments

	2022	2021
	\$'000	\$'000
Within one year	11,998	6,808
Total capital commitments	11,998	21808

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

24.2 Expenditure commitments

	2022	2021
	\$'000	\$'000
Within one year	3,653	1,639
Later than one year but not longer than five years	332	255
Total expenditure commitments	3,985	1,894

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

25. Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the Statement of Financial Position, but are disclosed within this note and, if quantifiable are measured at nominal value.

25.1 Contingent Assets

SAAS is not aware of any contingent assets.

25.2 Contingent Liabilities

The terms of offer for a new SAAS Enterprise Agreement (EA) were presented on 31 May 2022, contingent on the finalisation of formal terms of the EA, acceptance by a majority of eligible staff who vote through the ballot process and requisite approval by the South Australian Employment Tribunal (SAET) pursuant to the *Fair Work Act 1994*. In accordance with the terms of the new EA eligible staff are entitled to salary increases of 2.5% per annum, back dated to the first full pay period after 31 December 2018. The financial impact of backpay cannot be reliably measured at this stage.

26. Events after balance date

On 22 July 2022, members of the Ambulance Employees Association (AEA) supported the terms for a new Enterprise Agreement. On 9 August 2022, the SAET approved the *SA Ambulance Service Enterprise Agreement 2022*, which came into force on and from that date and has a nominal life extending until 31 December 2024. Also refer to note 25.2.

27. Impact of Standards and Statements not yet implemented

SAAS has assessed the impact of the new and amended Australian Accounting Standards and Interpretations not yet implemented and changes to the Accounting Policy Statements issued by the Treasurer.

- Amending Standard AASB 2020-1 *Amendments to Australian Accounting Standards - Classification of Liabilities as Current or Non-current* will apply from 1 July 2023. SAAS continues to assess liabilities e.g. long service leave and whether or not SAAS has a substantive right to defer settlement. Application of this standard is not expected to have a material impact. Where applicable these liabilities will be classified as current.

28. Financial instruments/financial risk management

28.1 Financial risk management

Risk management is managed internally at SAAS. 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's exposure to financial risk (liquidity risk, credit risk and market risk) is low due to the nature of the financial instruments held.

Liquidity Risk

SAAS is funded principally by the SA Government via the Department. The Department works with DTF to determine the cash flows associated with the SA Government approved program of work and to ensure funding is provided through SA Government budgetary processes to meet the expected cash flows.

Refer to note 1.5 for further information.

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Credit risk

SAAS has policies and procedures in place to ensure that transactions occur with customers with appropriate credit history. SAAS has minimal concentration of risk. No collateral is held as security and no credit enhancements relate to financial assets held by the SAAS.

Refer to notes 12 for further information.

Market risk

SAAS does not engage in high risk hedging for its financial assets. Exposure to interest rate risk may arise through interest bearing liabilities, including borrowings. SAAS's interest bearing liabilities are managed through SAFA and any movement in interest rates are monitored on a daily basis. There is no exposure to foreign currency or other price risks.

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 the respective financial asset / financial liability note.

The carrying amounts of each of the following categories of financial assets and liabilities: financial assets measured at amortised cost; financial assets measured at fair value through profit or loss; financial assets measured at fair value through other comprehensive income; and financial liabilities measured at amortised cost are detailed below. All of the resulting fair value estimates are included in Level 2 as all significant inputs required are observable.

Financial assets and financial liabilities are measured at amortised cost and carrying amount/fair values throughout the statements. Amounts relating to statutory receivables and payables (e.g. Commonwealth taxes; Auditor-General's Department audit fees etc.) and prepayments are excluded as they are not financial assets or liabilities. Receivables and Payables at amortised cost are \$23.812 million and \$11.326 million respectively.

28.3 Credit risk exposure and impairment of financial assets

Loss allowances for receivables are measured at an amount equal to lifetime expected credit loss using the simplified approach in AASB 9. Loss allowances for contract assets are measured at an amount equal to an expected credit loss using a 12 month method. No impairment losses were recognised in relation to contract assets during the year.

An allowance matrix is used to measure the expected credit loss of receivables from non-government debtors. The expected credit loss of government debtors is considered to be nil based on the external credit ratings and nature of the counterparties. Impairment losses are presented as net impairment losses within net result, subsequent recoveries of amounts previously written off are credited against the same line item.

The carrying amount of receivables approximates net fair value due to being receivable on demand. Receivables are written off when there is no reasonable expectation of recovery and not subject to enforcement activity. Indicators that there is no reasonable expectation of recovery include the failure of a debtor to enter into a payment plan with SAAS.

To measure the expected credit loss, receivables are grouped based on shared risk characteristics and the days past. When estimating the expected credit loss, SAAS considers reasonable and supportive information that is relevant and available without undue cost and effort. This includes quantitative and qualitative information and analysis based on SAAS's historical experience and informed credit assessment including forward-looking information.

The assessment of the correlation between historical observed default rates, forecast economic conditions and expected credit losses is a significant estimate. SAAS's historical credit loss experience and forecast of economic conditions may not be representative of customers' actual default in the future.

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Loss rates are calculated based on the probability of a receivable progressing through stages to write off based on the common risk characteristics of the transaction and debtor. The following table provides information about the credit risk exposure and expected credit loss for non-government debtors:

	30 June 2022			30 June 2021		
	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000
Days past due						
Current	0.6-24.6%	17,163	7,687	0.7-23.2%	11,007	5,157
<30 days	1.2-27.7%	7,968	2,203	1.3-26.1%	3,426	894
31-60 days	2.7-48.1%	3,270	1,571	2.9-45.2%	1,973	891
61-90 days	4.2-62.2%	3,370	2,090	4.5-57.3%	1,931	1,090
91-120 days	5.3-69.0%	2,517	1,737	5.5-63.3%	1,878	1,128
121-180 days	7.4-74.5%	1,942	1,426	7.5-67.7%	1,355	903
181-360 days	11.2-78.4%	12,755	10,962	10.8-71.3%	10,755	7,608
361-540 days	31.7-97.1%	2,638	2,483	31.2-89.3%	2,738	2,429
>540 days	49.6-100%	1,132	1,063	42.6-98.8	953	915
Total		52,755	31,222		36,016	21,015

29. Significant transactions with government related entities

SAAS is controlled by the SA Government.

Related parties of SAAS include all key management personnel and their close family members; all Cabinet Ministers and their close family members; and all public authorities that are controlled and consolidated into the whole of government financial statements and other interests of the Government.

Significant transactions with the SA Government are identifiable throughout this financial report. SAAS received funding from the SA Government via the Department (note 2), and incurred expenditure via the Department for medical, surgical and laboratory supplies, computing and insurance (note 8). SAAS incurred expenditure with the Attorney General's Department for Medstar patient transport (MAC Rescue Helicopter) of \$5.631 million (\$4.600 million) and for the SA Government Radio Network of \$4.600 million (\$1.900 million).

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30. Board and committee members

Members of boards/committees that served for all or part of the financial year, and were entitled to receive income from membership in accordance with APS 124.B were:

Board/Committee name:	Government employee members	Other members
Insurance and Risk Committee	-	Thompson K (Chair), Beilby J, Deally Y
Adverse Events Committee	3	Whiteway L, Hibbert P, Davies G, Cadzow M
Consumer and Community Advisory Committee	2	Kirk P (Co-Chair), Squirrell D, Bunjaku M, Mercer K, Vega L, McDonald B, Chester M, Saunders C, Whiteway L, Pietsch A, Burgess A, Bock A, Marshall J, Earle-Bandaralage L,
Finance Committee	-	Ashley I, Murray R
Service Delivery Committee	-	Meegan J, Braund S
Clinical Approvals Committee	-	Beilby J (Chair), Squirrell D, Hibbert P, Cusack M, Thompson N
NSQHS Steering Committee	-	KirkP

Refer to note 7.2 for remuneration of board and committee members .