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**Government
of South Australia**

SA AMBULANCE SERVICE

2022-23 Annual Report

SA Ambulance Service

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2022-23 ANNUAL REPORT for the Department for Health and Wellbeing (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 the *Public Sector Act 2009*, the *Public Finance and Audit Act 1982*, and the *Health Care Act 2008* 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 SA Ambulance Service by:



Rob Elliott ASM

Chief Executive Officer

SA Ambulance Service

Date: 29 September 2023

From the Chief Executive Officer



2022-23 has been a year to look ahead and plan for SA Ambulance Service's (SAAS) future. With the Operational Growth Plan firmly in place, the \$311.2 million investment from the Government of South Australia means we will see exceptional change and a better ambulance service for the community for many years to come.

We have coined the Operational Growth Plan, 'An ambulance service for our future' and with this investment, SAAS has already welcomed 119 new paramedics, ambulance officers, emergency medical dispatchers and clinical leaders. Land has been selected for SAAS's new stations at Norwood, Edwardstown, Woodville, Golden Grove, Mt Barker, Gawler, Adelaide and the co-located Emergency Operations Centre (EOC) and State Health Control Centre.

Already we have seen the benefits of the plan in our community, with response times to Priority 1 (P1) and Priority 2 (P2) cases on the rise, meaning we are getting to our patients to start lifesaving treatment faster.

Again, as in previous years, our focus has been on finding pathways for patients suited to their needs. While we do need to take some patients to an Emergency Department (ED), it is essential that our patients get the care they need in the best place for them. We are working hard to ensure our patients understand what the ambulance service can do, and ensure they lead the decision making for their healthcare. This collaborative approach to healthcare will help to make the patient's journey a better one and strengthen our continued reputation as one of the most trusted professions.

We also undertook a seven-month pilot introducing a Mental Health Clinician in the EOC with the aim to provide early access to intervention and/or referral to care pathways for mental health consumers accessing Triple Zero (000) in crisis. The result of this pilot has shown positive outcomes in emergency department avoidance and improved patient outcomes.

In this financial year, SAAS joined Ambulance Victoria in becoming a member organisation of GoodSAM and rolling out the GoodSAM Responder mobile app in South Australia. GoodSAM is connected to SAAS's call and dispatch system and alerts registered users who are close to a suspected cardiac arrest. This allows the user to provide time critical Cardiopulmonary Resuscitation (CPR) while an ambulance is on the way. GoodSAM also provides details of nearby Automatic External Defibrillators (AEDs) which have been registered with SAAS. Currently only Australian Health Practitioner Regulation Agency registered practitioners (including registered students) and SAAS staff (both operational and non-operational) can register. However, SAAS will be expanding this further in the community soon.

This year we have turned our attention to drafting the next SAAS Strategic Plan for 2023-2027. The plan focusses on four key areas: an exceptional patient experience; a great place to work and grow; working with our partners and our community; and excellence now and into the future. The Strategic Plan will be the blueprint for our imminent future ambulance service; one that is driven by our exceptional people.

I am incredibly proud to lead SA Ambulance Service and every day I am in awe of our people who work and volunteer for SAAS. The heart of their work is to help others and with a future as bright as ours, our patients are in very good hands.

Rob Elliott

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 and is responsible for providing timely and safe access to appropriate care for each resident of South Australia as part of an integrated health network of clinical services providing:</p> <p>Emergency Services</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 and dispatch of ambulance and specialist resources to emergency incidents. • Out of hospital and pre-hospital emergency and urgent care, treatment and/or transport. • Emergency management services and multi-agency operations. • Aeromedical and medical retrieval services. <p>Other Services</p> <ul style="list-style-type: none"> • Coordination of State Rescue Helicopter Services, via SAAS Emergency Operations Centre (EOC). • Management of the Royal Flying Doctor Services (RFDS) contract for fixed-wing inter-hospital air transfers and

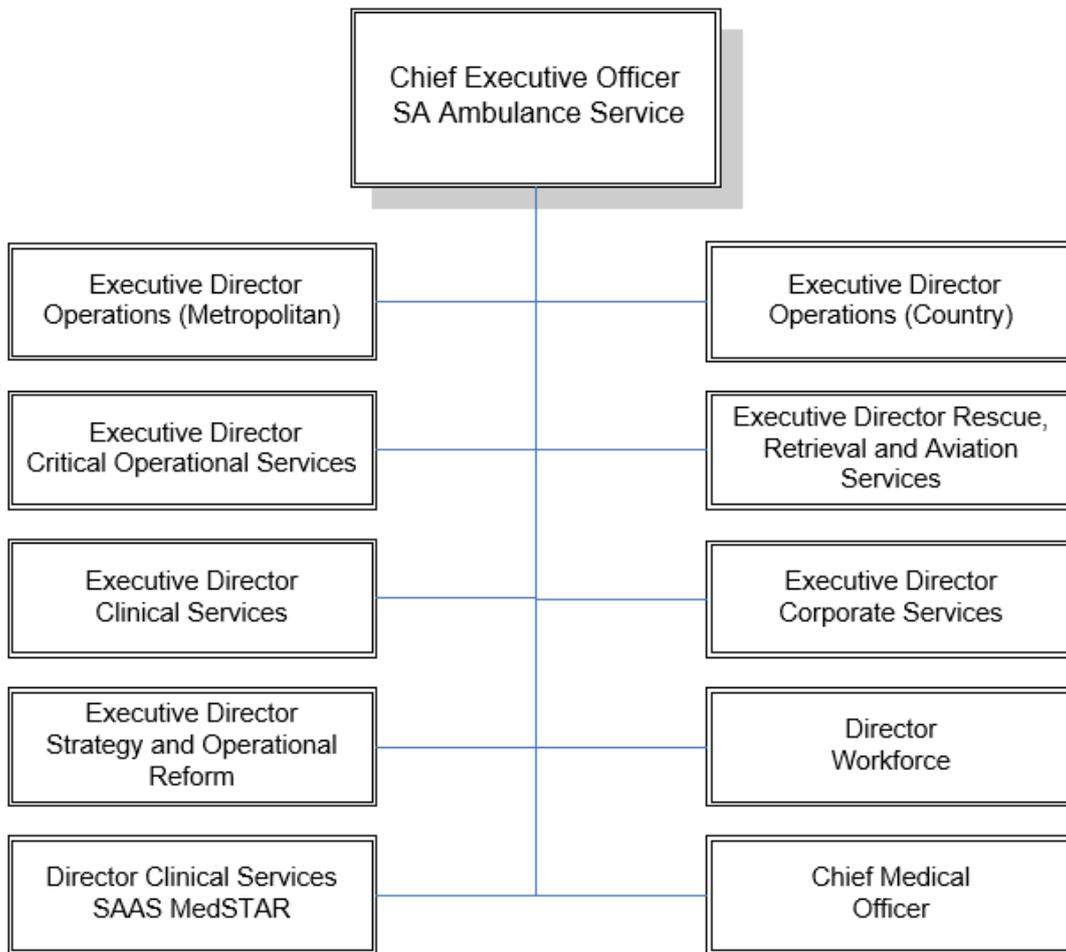
	<ul style="list-style-type: none"> • coordination of medical assistance in rural and remote areas in South Australia. • Coordination of the Patient Transport Service (PTS) for the safe transport of patients from hospital to home, home to hospital, and nursing home to nursing home. • Management of Call Direct, a 24-hour personal monitoring emergency service. • Provision and administration of the Ambulance Cover subscription scheme. <p>SAAS Emergency Operations Centre (EOC)</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 South Australia. • A clinical hub is situated within the EOC comprising of Medical Retrieval Consultants, Nurse Retrieval Consultants and EOC Clinicians providing 24-hour clinical care and advice across the state. <p>SAAS Rescue, Retrieval and Aviation Services (RRAS)</p> <ul style="list-style-type: none"> • SAAS MedSTAR and SAAS MedSTAR Kids deployed highly trained teams of doctors, paramedics and nurses to manage retrievals 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 has rescue capability based in some regional areas managed by suitably skilled career/volunteer staff. <p>Emergency Management and Planning</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 emergency management and Planning including events involves a planning role in a range of major public and sporting events across the state. • It should be noted that whilst management and planning are within budget allocations, actual deployments are not funded. SAAS will capture additional costs of deployments separately to facilitate funding considerations including under Commonwealth arrangements.
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	<p>Metropolitan Operations</p> <ul style="list-style-type: none"> • Metropolitan North, managing all stations in the northern metropolitan suburbs including Single Paramedic Response Intervention (SPRint) team. • Metropolitan Central, managing all stations in the eastern and western metropolitan suburbs, including the central business district. • Metropolitan South, managing all stations in the southern metropolitan suburbs and the Extended Care Paramedic (ECP) team. • Metropolitan Non-Emergency, managing the Emergency Support Service, Patient Transport Service, and other initiatives such as mental health. This service is based in the metropolitan area but also transfers patients in and out of regional areas. <p>Country Operations</p> <ul style="list-style-type: none"> • Emergency ambulance response and patient transfer services in South Australian regional areas are provided by more than 70 stations, with a mix of career (based in major regional centres) and volunteer staff. Of these 70 stations, 21 are in the State’s major regional centres. • There are approximately 100 SAAS trained staff at mining sites across the state who, while employees of specific mine sites, provide a vital service in support of SAAS to those communities in response to emergency situations. <p>Aboriginal Health Services and mainstream services for Aboriginal people</p> <ul style="list-style-type: none"> • Reducing the disparities in health outcomes and life expectancy is one of the main aims of the National Closing the Gap Agreement, under which South Australia has committed to the following clause 58: <ul style="list-style-type: none"> <i>The Parties commit to systemic and structural transformation of mainstream government organisations to improve accountability and respond to the needs of Aboriginal and Torres Strait Islander people.</i> • SA Ambulance Service is responsible for working collaboratively with the Department for Health and Wellbeing’s (DHW) Aboriginal Health, other relevant health services, support organisations and Aboriginal community-controlled health services to continue o implement the regional Aboriginal Health Improvement Plan. <p>Corporate Services and Workforce</p> <ul style="list-style-type: none"> • Corporate and Workforce services continued supporting key performance results across many areas including; finance, staffing, recruitment, procurement, fleet, infrastructure and supported all areas of SAAS.
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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 2023



Changes to the agency

During 2022-23 there were no changes to the agency’s structure and objectives as a result of internal reviews or machinery of government changes.

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

SA Ambulance Service was led by Rob Elliott, Chief Executive Officer, and a team of ten (10) executive positions consisting of:



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 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, Rescue, Retrieval and Aviation Services Keith Driscoll was responsible for the Rescue, Retrieval and Aviation Service including MedSTAR.



Executive Director, Clinical Services (Acting), Cathy Wright was responsible for clinical performance, patient safety and quality, clinical resources, National Safety and Quality Health Services (NSQHS) standards and clinical education.



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



Executive Director, Strategy and Operational Reform, Danielle Jiranek was responsible for supporting the delivery of the operational growth plan relating to SAAS for a portion of 2022-2023. The position remained vacated until end of financial year.



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.



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.



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 area/s 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

The agency's performance

Performance at a glance

On a daily average for 2022-2023 SA Ambulance Service:

- Received 837 Triple Zero (000) calls.
- Received 185 non-emergency calls.
- Transported 684 patients.
- MedSTAR and Special Operations Team responded to 14 incidents.
- Extended Care Paramedics attended 17 incidents.
- Volunteers responded to 67 cases.
- Single Paramedic Response Intervention Team (SPRint) responded to 73 cases.

Agency specific objectives and performance

Agency objectives	Indicators	Performance																		
Emergency Timely access to Care (Access and Flow)	Ambulance Hospital Clearance Time, less than or equal to 20 minutes. Performing Target >95.0%	<p><u>Hospital Clearance Times - Totals</u></p> <table border="1"> <thead> <tr> <th>2021-22</th> <th>2022-23</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>75.5%</td> <td>72.8%</td> <td>↓ 2.7%</td> </tr> </tbody> </table>	2021-22	2022-23	Variance	75.5%	72.8%	↓ 2.7%												
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Timeliness Timely access to Care (Access and Flow)	Triple Zero '000' Calls Percentage (%) of '000' Calls answered in 10 seconds. Performing Target >=95.0%	<p><u>Triple Zero (000) Calls Answered within 10 Seconds</u></p> <table border="1"> <thead> <tr> <th>2021-22</th> <th>2022-23</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>92.9%</td> <td>95.6%</td> <td>↑ 2.7%</td> </tr> </tbody> </table> <p><u>Triple Zero (000) Calls Answered</u></p> <table border="1"> <thead> <tr> <th>2021-22</th> <th>2022-23</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>287,629</td> <td>305,431</td> <td>↑ 6.2%</td> </tr> </tbody> </table> <p><u>Total Number of Triple Zero (000) Calls within 10 Seconds</u></p> <table border="1"> <thead> <tr> <th>2021-22</th> <th>2022-23</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>267,207</td> <td>291,992</td> <td>↑ 9.3%</td> </tr> </tbody> </table>	2021-22	2022-23	Variance	92.9%	95.6%	↑ 2.7%	2021-22	2022-23	Variance	287,629	305,431	↑ 6.2%	2021-22	2022-23	Variance	267,207	291,992	↑ 9.3%
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	Response Time Count (#) of priority 1 incidents where the ambulance responds within 8 minutes of dispatch. Performing Target >=60%	<p><u>Statewide Priority 1 Incidents</u></p> <table border="1"> <thead> <tr> <th>2021-22</th> <th>2022-23</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>59%</td> <td>60%</td> <td>↑ 1.0%</td> </tr> </tbody> </table>	2021-22	2022-23	Variance	59%	60%	↑ 1.0%												
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	Response Time Count (#) of priority 2 incidents where the ambulance responds within 16 minutes of dispatch. Performing Target >=90%	<p><u>Statewide Priority 2 Incidents</u></p> <table border="1"> <thead> <tr> <th>2021-22</th> <th>2022-23</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>51%</td> <td>52.6%</td> <td>↑ 1.6%</td> </tr> </tbody> </table>	2021-22	2022-23	Variance	51%	52.6%	↑ 1.6%												
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Agency objectives	Indicators	Performance												
<p>Timeliness</p> <p>Timely access to Care (Access and Flow)</p>	<p>Response Time</p> <p>Count (#) of priority 1-5 incidents.</p>	<p><u>Emergency Incident Priority 1-5</u></p> <table border="1" data-bbox="928 501 1452 667"> <thead> <tr> <th>2021-22</th> <th>2022-23</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>274,113</td> <td>278,334</td> <td>↑ 4,221</td> </tr> </tbody> </table>	2021-22	2022-23	Variance	274,113	278,334	↑ 4,221						
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<p>Safe Care</p> <p>Safe and Effective Care</p>	<p>STEMI – PCI (Percutaneous Coronary Intervention) Arrival</p> <p>Percentage (%) of metropolitan patients with chest pain including evidence of STEMI who are transported to a hospital with PCI facilities within 60 minutes of ambulance dispatch.</p> <p>Performing Target >=70%</p> <p>STROKE – CSU (Comprehensive Stroke Unit) Arrival</p> <p>Percentage (%) of metropolitan patients with suspected stroke who are transported to a hospital with a CSU within 60 minutes of ambulance dispatch.</p> <p>Performing Target >=80%</p>	<p><u>Financial Year Totals - STEMI</u></p> <table border="1" data-bbox="928 761 1452 927"> <thead> <tr> <th>2021-22</th> <th>2022-23</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>80.1%</td> <td>76.1%</td> <td>↓ 4.0%</td> </tr> </tbody> </table> <p><u>Financial Year Totals - Stroke</u></p> <table border="1" data-bbox="928 1191 1452 1357"> <thead> <tr> <th>2021-22</th> <th>2022-23</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>75.9%</td> <td>68.8%</td> <td>↓ 7.1%</td> </tr> </tbody> </table>	2021-22	2022-23	Variance	80.1%	76.1%	↓ 4.0%	2021-22	2022-23	Variance	75.9%	68.8%	↓ 7.1%
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<p>Workforce</p> <p>Challenging behaviour in the workplace</p>	<p>Challenging Behaviour</p> <p>Count (#) of incidents occurring in the workplace due to challenging behaviour.</p> <p>Performing Target <= previous year</p>	<p>There were 801 total incidents occurring in the workplace and 148 of these were attributed to challenging behaviours.</p> <p>This is an increase of 7% (10 incidents) from the previous financial year.</p>												
<p>SAAS Operational Growth 2022-2023 (from the Election Commitments)</p>	<p>Metropolitan Recruitment Paramedics</p> <p>Norwood - 16 Paramedics</p> <p>Edwardstown - 16 Paramedics</p> <p>Marion - 16 Paramedics</p> <p>Golden Grove - 20 Paramedics</p>	<p>SAAS met the election commitment filling the Paramedic positions at Norwood (16), Edwardstown (16), Marion (16) and Golden Grove (20).</p>												

Agency objectives	Indicators	Performance
<p>SAAS Operational Growth 2022-2023 (from the Election Commitments)</p>	<p>Metropolitan Recruitment Emergency Support Service (ESS) Norwood - 12 ESS Ambulance Officers</p>	<p>SAAS met the election commitment, filling the Emergency Support Services positions at Norwood (12).</p>
	<p>Emergency Operations Centre Recruitment - Dispatch EOC - 10 Emergency Medical Dispatchers</p>	<p>SAAS met the election commitment, filling the Emergency Medical Dispatchers (10) in the SAAS Emergency Operations Centre.</p>
	<p>Country Recruitment - Paramedics Gawler – 12 Paramedics Mt Barker – 12 Paramedics</p>	<p>SAAS met the election commitment, filling Paramedic positions at Gawler (12) and Mt Barker (12). Clinical Leaders statewide. Indicator 8 achieved 5</p>
	<p>Clinical Leaders Statewide – 8 Leaders</p>	<p>SAAS filled five of the eight Clinical Leaders positions.</p>
	<p>Stepney Station Temporary Decamp</p>	<p>Established a temporary decamp at Stepney station to aid in the delivery of the new Adelaide and Norwood new builds and the Campbelltown rebuild. Crewing was implemented before the builds were completed so as to maintain the additional crewing a temporary base was established at the Stepney station.</p>
	<p>Fleet Services Provide nine (9) fully equipped ambulances</p>	<p>SAAS met the election commitment, providing nine (9) fully equipped ambulances with two (2) additional ambulances also commissioned in advance for future crewing increases within the election commitments.</p>
<p>Infrastructure Capital Program</p>	<p>SAAS worked towards developing sustainable infrastructure. Volunteer stations have access to the Country Capital Reserve Fund which is used for sustainment and new stations for volunteers.</p>	<p>Minor facility upgrades were undertaken in Whyalla, Coober Pedy, Campbelltown, Oakden and Prospect at an approximate value of \$266,000 and further \$112,000 at the SAAS Clinical Education site in Salisbury.</p>

Agency objectives	Indicators	Performance
Managing Capacity and Demand	Delayed Transfer of Care Improvement strategies to reduce ambulance handover to Emergency Department clinicians	<ul style="list-style-type: none"> SAAS implemented the Clinical Supervisor, Dispatch and Network Operations role to work closely with the Department for Health and Wellbeing and Local Health Networks regarding ambulance response capacity and delayed transfer of care concerns. A Paramedic Mental Health Clinician role was piloted in the SAAS Emergency Operations Centre to provide mental health consumers calling Triple Zero (000), improved support and access to the most appropriate level of care.
	Ambulance Ramping Strategies to improve hospital flow	SAAS continued to experience delays in transfer of care (ramping) which impacted its ability to meet response Key Performance Indicators. A number of strategies were undertaken which resulted in improvements in response times. These strategies were largely underpinned by the operational growth plan which saw significant increases in resources within the metropolitan area and the formal introduction of key leadership positions, Hospital Ambulance Liaison Officers, and Hospital Relationship Managers, across the metropolitan LHN's. These positions ensured clear communication and escalation pathways to help manage patient flow into and out of public hospitals. This ensured SAAS was able to support the hospitals and had a process to escalate concerns when community response was impacted by delays.

Agency objectives	Indicators	Performance
Managing Capacity and Demand	GoodSAM Responder Integration Program	<p>SAAS completed integration of GoodSAM AED Registry with SACAD (South Australian Computer Aided Dispatch) in September 2022.</p> <p>SAAS launched GoodSAM responder registration and alert activation 12/12/2022 with 925 responders currently registered (614 SAAS personnel, 311 non-SAAS registered health practitioners).</p> <p>GoodSAM alert activation included:</p> <ul style="list-style-type: none"> • 845 alerts issued • 103 alerts accepted by responders • 20 Responders on-scene to support and provide CPR before ambulance arrival <p>SAAS provided GoodSAM awareness training to support Paramedics and Emergency Operations Centre staff.</p>
	<p><u>Community Paramedic – Keith (Upper Limestone Coast)</u></p> <p><u>Community Paramedics – Ceduna & Robe</u></p>	<p>These programs continued their work at these locations during 2022/23.</p> <ul style="list-style-type: none"> • In a collaborative model with the Limestone Coast Local Health Networks, SAAS supported patients with care coordination and patient assessment and treatment working from the Keith Hospital. • Community Paramedics have provided support and treatment to patients within their usual place of residence or other locations. This has resulted in general practitioner, other health care provider and hospital avoidance rates of 82% of the Community Paramedic encounters.

Agency objectives	Indicators	Performance
<p>Managing Capacity and Demand</p>	<p><u>Expand Alternative Pathways</u> Develop further alternative pathways for transport of patients to Priority Care Centres.</p> <p>Care pathways are accessed shortly after the point of Triple Zero (000) call via the Clinical Telephone Assessment and Emergency Operations Centre Clinician teams, directly from the scene via SAAS Paramedics and Ambulance Officers or with the assistance of our Health Navigators.</p>	<p>SAAS utilised alternative pathways of care in the following areas:</p> <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. <p>To support patients to access these services SAAS provided or arranged transport either via a SAAS fleet, private vehicle, or taxi. The use of these pathways continued to expand and contribute to SAAS's hospital avoidance, which remained consistently well above the target of 20% throughout the year. This assisted in ambulances being available for the next emergency in the community.</p>
<p>Reduction in Transfer of Care (TOC)</p>	<p>Ramping Task Force</p>	<p>The SA Health Ramping Taskforce – Clinical Expert Committee was a collaborative partnership with clinicians across the health system as well as experts and representatives external to SA Health and was formed to develop and implement system wide solutions that result in improved access to care for patients.</p>

Agency objectives	Indicators	Performance
Reduction in Transfer of Care (TOC)	<p>Hospital Ambulance Liaison Officer (HALO)</p> <p>Improve TOC processes through the interface between SAAS and Emergency Department (ED).</p>	<p>The HALO triage role was integrated with the Metropolitan LHNs as an integral relationship-based role within the ED working closely with the LHNs ED Level 3 nursing staff and duty co-ordinators. The role worked seven days a week, predominantly through the busiest periods of ED activity for SAAS presentations and assisted with the flow and coordination of patients flow through the emergency department. The HALO had a direct relationship to escalate concerns or facilitate alternate pathways within the ED or LHN specified pathways, at the time of direct patient care. The role had a direct relationship to improving Transfer of Care times at each LHN.</p>
	<p>Health Relationship Manager Roles (HRM)</p> <p>Improve TOC processes through the interface between SAAS and ED.</p>	<p>The HRM role worked in conjunction with the Metropolitan LHNs with a strategic focus of working collaboratively to provide efficiencies in the SAAS – LHN interface. HRM worked primarily with the flow units of each LHN and looked at opportunities to enhance the LHN and SAAS relationship. It identified key issues and worked in conjunction with the LHN to form strategies on how to improve the service for better patient outcomes. Key activities are discharge efficiencies, Non-Emergency patient transport flow and alternate care pathway optimisation. The HRM role was the key link to provide information pertaining to the LHN within the Metropolitan regions. The HRM role was a strategic based role modelled on similar roles observed in New South Wales.</p>

Agency objectives	Indicators	Performance
Reduction in Transfer of Care (TOC)	Single Responder Hospital Avoidance Targeted response to cases	SAAS increased the number of SPrint resources to help manage response times and to provide on scene clinician assessment for patients who may not require attendance at an ED. The provision of these resources helped ensure SAAS was able to improve both their response times and safe referral of patients to alternate pathways. The ability to provide on scene assessment and referral for patients who contact Triple Zero (000) but do not require an ED presentation is a key strategy in helping manage hospital demand.
	<u>Operational Recruitment</u>	SAAS continued to expand its operational workforce to cover attrition and to meet the operational growth commitments. The recruitment was targeted at both Ambulance Officers and Paramedics bringing in excess of 150 more clinicians into SAAS. A range of strategies were used to achieve this number including two Graduate Paramedic Programs, targeting regional South Australians and providing a sponsored opportunity to undertake the relevant degree over a 5 year window, three Paramedic Internships supporting local and interstate graduates to commence their Paramedic career and an external Paramedic recruitment program designed to support ex South Australian Paramedics and other interstate qualified clinicians who were seeking an opportunity to return or work within South Australia.

Agency objectives	Indicators	Performance						
Reduction in Transfer of Care (TOC)	Clinical Telephone Assessment Proactive Assessment and tailored outcomes for patients	<p>The CTA service continued to proactively assess callers to SAAS via Triple Zero (000) and assisted them to access a tailored outcome. Almost 4,000 patients did not require an ambulance following their clinical telephone assessment. This represents an increase of over 5% from the previous year and over 200% since 2020 when the service commenced.</p>						
Response	<p><u>SAAS Volunteers</u></p>	<p><u>Volunteer Response</u></p> <table border="1" data-bbox="927 869 1452 1010"> <thead> <tr> <th>2021-22</th> <th>2022-23</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>24,163</td> <td>24,616</td> <td>↑ 453</td> </tr> </tbody> </table> <p>Volunteer Ambulance Officers responded to 24,616 cases across the state, growth of 1.9% compared to the previous financial year.</p>	2021-22	2022-23	Variance	24,163	24,616	↑ 453
	2021-22	2022-23	Variance					
24,163	24,616	↑ 453						
<p><u>Royal Flying Doctor Service (RFDS)</u></p> <p>SAAS managed the Aeromedical Transport Services Agreement with the RFDS on behalf of SA Health, covering patients transferred from country to metropolitan hospitals or between country hospitals.</p>	<p><u>Patients Transported by RFDS</u> (from country to metropolitan hospitals and return)</p> <table border="1" data-bbox="927 1323 1452 1464"> <thead> <tr> <th>2021-22</th> <th>2022-23</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>5,917</td> <td>6,873</td> <td>↑ 956</td> </tr> </tbody> </table> <p>The agreement with RFDS covers retrievals, with a MedSTAR team on board, and primarily, lower acuity patients requiring services not available in the rural sector.</p> <p>The patients transported on the contracted RFDS plane with an RFDS flight nurse, however, were assessed, triaged, and clinically managed through MedSTAR.</p> <p>Transports from country to metropolitan hospitals continued to increase in 2022-2023 (after a slight decrease in 2021-2022).</p>	2021-22	2022-23	Variance	5,917	6,873	↑ 956	
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Agency objectives	Indicators	Performance																																																
Response	<p><u>Retrievals by Transport Mode SAAS MedSTAR</u></p> <p>Road transport - rapid response vehicles from the RRAS base under emergency driving conditions.</p> <p>Fixed-wing and jet - RFDS contracted assets and jet services as required.</p> <p>Rapid response helicopter response from Babcock provider at airport base.</p> <p><u>Consultation by Type SAAS MedSTAR</u></p> <p>Provide clinical assessment, advice, and support to health professionals across SA via telephone or telemedicine.</p>	<table border="1" data-bbox="922 409 1477 851"> <thead> <tr> <th colspan="3">Retrievals by Transport Mode</th> </tr> <tr> <th></th> <th>2022-2023</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Road</td> <td>1031</td> <td>34</td> </tr> <tr> <td>Helicopter</td> <td>701</td> <td>23</td> </tr> <tr> <td>Fixed-wing and jet</td> <td>781</td> <td>26</td> </tr> <tr> <td>Stood down</td> <td>429</td> <td>14</td> </tr> <tr> <td>Not transported</td> <td>112</td> <td>3</td> </tr> <tr> <td>Total</td> <td>3,054</td> <td>100</td> </tr> </tbody> </table> <table border="1" data-bbox="922 922 1477 1274"> <thead> <tr> <th colspan="4">Consultation on Type 2022-2023</th> </tr> <tr> <th></th> <th>Total MedSTAR Consult</th> <th>RFDS IHT</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Adults</td> <td>4,743</td> <td>5,571</td> <td>10,314</td> </tr> <tr> <td>Paediatric</td> <td>820</td> <td>292</td> <td>1,112</td> </tr> <tr> <td>Neonatal</td> <td>653</td> <td>33</td> <td>686</td> </tr> <tr> <td>Total</td> <td>6,216</td> <td>5,896</td> <td>12,112</td> </tr> </tbody> </table> <p>Consultations to SA Health professionals provided by SAAS MedSTAR's coordination centre increased by 8% compared to the previous year and the number of facilitated fixed-wing Inter-Hospital Transfers increased by 1% compared to the previous year.</p>	Retrievals by Transport Mode				2022-2023	%	Road	1031	34	Helicopter	701	23	Fixed-wing and jet	781	26	Stood down	429	14	Not transported	112	3	Total	3,054	100	Consultation on Type 2022-2023					Total MedSTAR Consult	RFDS IHT	Total	Adults	4,743	5,571	10,314	Paediatric	820	292	1,112	Neonatal	653	33	686	Total	6,216	5,896	12,112
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Electronic Patient Care Records (ePCR)	<p><u>Electronic Patient Care Records (ePCR) Project</u></p> <p>SAAS embarked on a transformational initiative to implement an ePCR System to replace the current paper-based patient records.</p>	<p>A detailed Business Case was developed and approved outlining the costs and benefits associated with implementing an ePCR system.</p> <p>SAAS supported an ongoing tender process for the supply of an ePCR system and conducted activities to prepare for the change associated with implementing an ePCR system.</p>																																																

Agency objectives	Indicators	Performance
<p>Business Continuity Planning</p>	<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"> • Introduced updated procedures relating to business continuity planning, testing, and exercising. • Introduced storage guidelines for business continuity related documentation and implementation of an online BCP library. • Business Impact Analysis process initiated for key business units across SAAS. • Reviewed BCPs for key operational business units. • Quarterly BCP performance reported to SAAS Executive Leadership Team
<p>Emergency and Incident Management</p>	<p><u>Emergency Management and Planning (EMAP)</u></p> <p>Under the <i>SA Emergency Management Act (2004)</i> 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 or ambulance service delivery.</p>	<p>SAAS led the review into the Ambulance and First Aid Functional Support Group Plan as required by the SEMP. This included defining the capacity and capability of the partner agencies and resulted in a name change to the Ambulance Services Functional Support Group.</p> <p>SAAS was supported by SA Country Fire Service in the delivery of the Australian Interagency Incident Management (AIIMS) training for leaders and staff.</p> <p>SAAS reviewed and upgraded major incident training and education material and converted this to online access for all staff.</p> <p>SAAS responded to:</p> <p>Level 1 Incidents</p> <ul style="list-style-type: none"> • 19 (casualty / non-casualty requiring local resources). <p>Level 2 Incidents</p> <ul style="list-style-type: none"> • 4 (casualty / non-casualty requiring regional resources).

Agency objectives	Indicators	Performance
Emergency and Incident Management	<p><u>Emergency Management and Planning including Events</u></p> <p>SAAS provided support for major events within South Australia.</p>	<p>SAAS provided medical support to events throughout South Australia. This is in addition to private event medical providers that are also engaged by event organisers to supply medical resources at events. SAAS resources attended major events including;</p> <ul style="list-style-type: none"> • VAILO Adelaide 500 • Christmas pageant • New Year’s Eve celebrations • Tour Down Under and festival of cycling (multiple days) • WOMADelaide festival • Inaugural AFL Gather Round <p>Event attendance increased across the State and SAAS provided support to:</p> <ul style="list-style-type: none"> • AFL (men’s and women’s games) • A-league Soccer (men’s and women’s games) • Schoolies at Victor Harbor • Motor sport including events at The Bend Motorsport Park at Tailem Bend and Gillman • Test cricket and the Big Bash League (BBL) and One Day International (ODI) series • Multiple local community events • Multiple music events • ANZAC Day celebrations
Safety and Quality	<p><u>Safety and Quality Account Report</u></p> <p>Annually SAAS will complete a Safety and Quality Account report to demonstrate its achievement and ongoing commitment to improving and integrating safety and quality activity.</p>	<ul style="list-style-type: none"> • Strengthened the Clinical Governance Committee by enhancing the ongoing internal quality assurance processes, examining models to improve clinical care, and refining internal audit plan. <ul style="list-style-type: none"> ▫ There has been an important move to the greater use of reliable and contemporary patient data in guiding the Committee’s deliberations.

Agency objectives	Indicators	Performance
Safety and Quality	<p><u>Safety and Quality Account Report Cont.</u></p> <p>Annually SAAS will complete a Safety and Quality Account report to demonstrate its achievement and ongoing commitment to improving and integrating safety and quality activity.</p>	<ul style="list-style-type: none"> • SAAS and its EOC is a recognised Accredited Centre of Excellence (ACE) with International Academies of Emergency Dispatch (IAED). This is a worldwide recognised certification with SAAS being the only recognised ACE within Australia. • Interim demand management strategies were implemented: <ul style="list-style-type: none"> ▫ Integrated crewing in the metropolitan setting. ▫ Response to recommendations from two reports released by the Chief Medical Officer of SA Health. ▫ Improved response time to the 10D (Cardiac Chest Pain) action plan. ▫ Trial of Mental Health Paramedic Clinician. • Ongoing demand management strategies: <ul style="list-style-type: none"> ▫ Exit Scripting: Care pathway and demand management procedure. ▫ Extreme demand dispatch principles procedure. • All Phillips Heartstart MRX monitor/defibrillator units were replaced by 31 December 2022 with new Corpuls units. • Upgrade of the Mobile Data Terminals in both ambulances and light fleet. • Changes to existing medical kits including antimicrobial material to improve infection controls and minimise cross contamination.
Safety and Quality	<p><u>National Safety and Quality Health Service Standards (NSQHSS)</u></p>	<ul style="list-style-type: none"> • SAAS has achieved its second accreditation to the NSQHS Standards and is working towards re-accreditation in 2024.

Agency objectives	Indicators	Performance								
Safety and Quality	National Safety and Quality Health Service Standards (NSQHSS) Cont.	<ul style="list-style-type: none"> SAAS is the only jurisdictional ambulance service that is accredited in the NSQHS Standards. SAAS has five NSQHS Standards Working Groups that engaged in quality activities that contribute to improved service delivery outcomes by focusing on patient safety, quality of care, accountability, and transparency in decision-making processes to stimulate continuous improvement across the eight Standards. All the NSQHS Standards Working Groups are overseen and supported by a Steering Committee comprised of the SAAS Executive Leadership Team who is responsible for identifying and actioning quality improvement initiatives relating to the Standards. 								
Safety and Quality	<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, SA Health 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 border="1" data-bbox="927 1227 1465 1496"> <thead> <tr> <th colspan="2" data-bbox="927 1227 1465 1346">% of SAAS Practitioners with Current Clinical and Scope of Practice</th> </tr> </thead> <tbody> <tr> <td data-bbox="927 1346 1273 1395">Paramedics</td> <td data-bbox="1273 1346 1465 1395">94%</td> </tr> <tr> <td data-bbox="927 1395 1273 1444">Nurses</td> <td data-bbox="1273 1395 1465 1444">100%</td> </tr> <tr> <td data-bbox="927 1444 1273 1496">Medical Practitioners</td> <td data-bbox="1273 1444 1465 1496">100%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Bi-monthly reporting to Clinical Governance Committee on compliance using data stored in the SA Health Credentialing system including percentage of SAAS practitioners who are currently credentialled. Clinical and Scope of Clinical Practice procedure available to SAAS staff. Maintained credentialing software supporting record keeping and reporting requirements. 	% of SAAS Practitioners with Current Clinical and Scope of Practice		Paramedics	94%	Nurses	100%	Medical Practitioners	100%
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Agency objectives	Indicators	Performance
Safety and Quality	<u>Credentialing and Scope of Clinical Practice Cont.</u>	<ul style="list-style-type: none"> • Monitored SAAS clinical workforce to ensure compliance against scope of clinical practice granted.
Training and Development	<u>Registered Training Organisation (RTO 0264)</u> SAAS is a training provider registered with the Australian Skills Quality Authority to provide quality assured and nationally recognised qualifications.	During 2022/23 SAAS issued: <ul style="list-style-type: none"> • 49 Certificate II in Medical Services First Response. • 79 Certificate IV in Health Care. • 33 Certificate III in Ambulance Communication (Call Taking). • 9 Certificate IV in Ambulance Communication (Dispatch). On 30 June 2023 there were a number of staff who were actively studying in recognised courses. <ul style="list-style-type: none"> • 118 Certificate II in Medical Services First Response. • 62 Certificate IV in Health Care. • 8 Certificate III in Ambulance Communication (Call Taking). • 3 Certificate IV in Ambulance Communication (Dispatch).
	<u>Observation Program</u> Medical students, nurses, doctors, and paramedics placements at MedSTAR	Observer program 2022/23: <ul style="list-style-type: none"> • 9 medical student observers • 8 nursing observers as part of the Nursing Incentive and Rotation Program (NIRP) • The NIRP is a succession planning and career development program, and is broken into 2 parts: <ol style="list-style-type: none"> 1. Nursing Incentive – observer program 2. Rotation Program – 18-month secondment with SAAS MedSTAR in any of the 3 nursing speciality streams

Agency objectives	Indicators	Performance
<p>Training and Development Training and Development</p>	<p><u>SAAS Training and Development</u> SAAS provides tailored operational training for different clinical levels.</p>	<p>Completions during 2022/23:</p> <ul style="list-style-type: none"> • 152 gained their Volunteer Ambulance Assist Authority to Practice. • 95 gained their Volunteer Ambulance Responder Authority to Practice. • 87 gained their Ambulance Officer Authority to Practice. • 105 gained their Paramedic Authority to Practice. • 15 gained their Intensive Care Paramedic Authority to Practice. • 7 gained their Extended Care Paramedic Authority to Practice. • 42 completed their Emergency Operations Centre Call Taking or Dispatcher training. • 63 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. • Education of MedSTAR Kids staff through a simulation laboratory. • Medical retrieval registrar and fellow placement for 6 or 12 months were offered by SAAS MedSTAR.
	<p><u>SAAS Training Intakes</u> SAAS provided training across the organisation to upskill and maintain current workload.</p>	<p>Intakes for SAAS in 2022-2023 were:</p> <ul style="list-style-type: none"> • 4 Paramedic Intern groups with a total of 113 Paramedic Interns. • 5 EOC Call Taker and Dispatcher groups with a total of 38 new employees. • 2 PTS Ambulance Officers (AO) groups with a total of 27 AOs. • 3 Experienced Paramedic groups with a total of 37 qualified Paramedics. • 1 Graduated Paramedic Pathway intake comprising of 5 new staff.

Corporate performance summary

SA Ambulance Service provides emergency and non-emergency ambulance services across South Australia. The service, comprised of more than 3,500 staff, is supported by clinical operational staff (career and volunteer), non-operational support staff, emergency operations centre staff and MedSTAR staff.

The SAAS 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.

Supporting the SAAS principles is the SA Health and Wellbeing aims 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.

To successfully achieve the overall strategy, the strategic objectives and measurable actions supported the SAAS vision to be ‘at the forefront of care for all South Australians.’

Operational Growth Plan

The Government of South Australia committed \$311.2 million over four years to SA Ambulance Service to improve ambulance service delivery for all South Australians. The investment in SAAS was provided to deliver new and rebuilt ambulance stations with additional staff for better response times, more capacity and improved care. Progress for the 2022-2023 financial year included;

- Four new ambulance stations:
 - Site acquisition confirmed for all new stations
 - Community consultation completed for 3 of the 5 stations
 - Building contractors appointed for Edwardstown, Norwood, and Woodville
- Rebuilding five stations
 - Concept design near completion for 4 rebuilds
- Upgrading ten stations
 - Scope confirmed and contractors engaged for 2 stations
 - Upgrades scoped for remaining stations
- A new SAAS Headquarters (Emergency Operations Centre/State Health Control Centre)
 - Masterplan is well developed
 - User groups established
 - ICT/Technical scoping commenced
 - Operational Readiness and Transition (ORAT) planning commenced
- New ambulances
 - 11 new ambulances procured, commissioned and in use
 - New livery developed and deployed
- Recruitment of new SAAS roles
 - 119 of the 350 new roles recruited.

Reconciliation Action Plan (RAP)

SAAS continues working on objectives set out in our Innovate level 2020–2022 Reconciliation Action Plan. A strategy to transition reconciliation objectives into business as usual was approved by the SAAS Executive Leadership Team. The business-as-usual model establishes ‘reconciliation commitments’ on the SAAS strategic plan as a high-level objective. This ensures SAAS has governance oversight and a pathway for reconciliation initiatives to be prioritised and resourced. This creates long term sustainability for SAAS to continue contributing to reconciliation in Australia within its sphere of influence.

The RAP committee met quarterly to maintain oversight, monitoring and reporting responsibility for the RAP strategy. In April 2023, SAAS released an ‘Asking the Question’ training package, designed specifically for SAAS staff. The package is to be completed by all clinicians as part of their 2023 mandatory eLearning requirements and has been added to the ongoing mandatory induction and onboarding packages for new clinicians. The training package upskilled clinicians to know how to ask each patient if they are of Aboriginal and/or Torres Strait Islander origin and to record their response consistently and accurately. If a patient identifies, the clinician can consider the clinical need and context of care of the patient and the data captured will enable SAAS to collaborate and develop improved services, within our sphere of influence, to ‘Close the Gap.’ SAAS has undertaken other reconciliation opportunities including:

- Attendance as an exhibitor at the Closing the Gap Day (Wayville).
- Sponsored Aboriginal staff and volunteers to attend the Reconciliation SA National Reconciliation Week and Apology breakfast.
- Signed up as a Reconciliation SA gold member to strengthen partnering opportunities with key stakeholders across South Australia.
- Continued its Aboriginal Patient Transfer Service cadetship program.
- Sponsored two Aboriginal employees to complete the Aboriginal Leadership Program.
- Incorporated SAAS RAP artwork into the design of the new Birdwood and Strathalbyn ambulance stations, and refurbishment of SAAS headquarters.
- Promoted National Reconciliation Week and NAIDOC week, encouraging SAAS staff to engage in cultural events.
- Continued our participation in the SA Health Continuity of Care Protocol for Aboriginal Maternal and Child Health.

White Ribbon

SAAS proudly engaged in several activities to support White Ribbon Australia and demonstrate ongoing commitment to zero-tolerance towards gender-based violence.

- Executive and senior leadership training in ‘Responding to staff disclosure of Domestic Violence.’
- Participated in fund raising events that supported White Ribbon objectives.
- Fundraising events for White Ribbon Australia and Catherine House.

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

A number of initiatives have been delivered across SAAS as part the SAAS Diversity and Inclusion plan and the SAAS Disability Access and Inclusion Plan including;

- Introduction of the Gender Transition and Affirmation Procedure and Toolkit and the Introduction of the Gender Transition and Affirmation Training:
 - Three live Gender Awareness Training Sessions were held to support the launch of the Gender Transition and Affirmation Procedure and Toolkit including an in-person session attended by members of the SAAS Executive Leadership Team. A recording of this training was created and converted into an e-learning module with 177 staff who accessed the training.
- Organisational participation in Lesbian, Gay, Bi-sexual, Transgender, Intersex, Queer, Asexual, and other sexually or gender diverse (LGBTIQA+) Pride March in November 2022.
- Acknowledgement of the International Day of Older People with the creation of a video examining the experiences of long-tenured staff in SAAS.
- Regular SAASnews articles and social media posts promoting dates of significance including International Day for People with a Disability.
- 2022/23 organisational membership with Pride in Diversity and Pride in Health & Wellbeing.

Consumer and Community Engagement

SAAS continued to build strong relationships with the South Australian community in 2022-23. The SAAS Consumer and Community Advisory Committee met monthly to learn about SAAS projects and provided a consumer perspective, as well as raised issues or asked questions about the service. This helped SAAS to continuously improve consumer and community care by truly understanding the consumer perspective. There are now consumer representatives on most SAAS Governance Committees, bringing a much needed and respected voice to decision making at the highest level in the service.

SAAS also attended multiple events including school visits when practicable. Events with SAAS ambulance attendance gave community members an opportunity to learn about the service, how and when to call Triple Zero (000) and strengthen trust between clinicians and vulnerable people. SAAS held two ambulance station openings, at Birdwood and Strathalbyn, which were well attended by the local communities. The events included a Smoking Ceremony and Welcome to Country by Indigenous Elders, speeches from the Minister for Health and Wellbeing, sausage sizzle, bouncy castle, facepainting, and vintage and new ambulance displays.

Employment opportunity programs

Program name	Performance
Patient Transfer Officer Aboriginal Cadetship	One (1) new employee commenced an Aboriginal Cadetship in 2022-2023.
Graduated Paramedic Pathway	SAAS had two Graduated Paramedic Pathway intakes in 2022-2023 with 16 employees commencing in November 2022 and 6 employees commencing in March 2023, all of whom were targeted for rural South Australian stations.
SAAS gives priority consideration to candidates who identify as Aboriginal or Torres Strait Islander. In addition to the employee who commenced a Patient Transport Services Aboriginal Cadetship, a further four Aboriginal persons commenced employment in 2022-2023 as a Paramedic Intern, EMDSO (Emergency Medical Dispatch Support Officer), Ambulance Officer and Trainer/Assessor.	

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 improvement. 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 monthly to enable them to monitor compliance.</p>	<p>There were 808 PRD discussions recorded in 2022-2023 and further analysis showed;</p> <ul style="list-style-type: none"> • 478 employees (19%) had been recorded as completing the PRD process from 1/7/2022 to 31/12/2022. • 330 employees (13%) had been recorded as completing the PRD process from 1/1/2023 to 30/6/2023. <p>SAAS worked on automations of recording PRD to better reflect the actual participation in PRD, believing these figures are under stated</p>

<p>Work health, safety and return to work programs Injury Management</p>	<ul style="list-style-type: none"> • New claims activity for the 2022-23 financial year (FY) was lower than the same period in 2021-22, with 217 new claims received compared to 256 in 2021-22 FY (15% ↓). • The total cost of new claims for the 2022-23 FY decreased by \$955,550 (32% ↓) when compared to 2021-22 FY. • New musculoskeletal (MSI) claims decreased in 2022-23 FY, with 117 new MSI claims received compared to 140 claims in 2021-22 FY (16% ↓). New MSI claims accounted for 54% of all new claims received. • New psychological (PSY) claims decreased in 2022-23 FY, with 14 new PSY claims received compared to 38 claims in 2021-22 FY (63% ↓). New PSY claims accounted for 6% of all new claims received. • New slip trip fall (STF) claims increased in 2022-23 FY, with 27 new STF claims received compared to 22 claims in 2021-22 FY (23% ↑). New STF claims accounted for 12% of all new claims received. • Open claims as of June 2023 decreased by 3 (2% ↓) when compared to June 2022 (169 to 166). 83 of the 166 open claims (50%) currently have active RTW services in place. • The top 5 mechanisms of injury consisted of: Body stressing (117 claims), slips, trips, and falls (27 claims), mental stress (14 claims), biological factors (13 claims) and being hit by moving objects which includes challenging behaviour incidents (eg patient assaults on staff) (8 claims).
<p>Injury Prevention</p>	<ul style="list-style-type: none"> • Reviewed and updated the Incident Report and Quick Assessment procedure and form and the Hazard Report procedure and form to streamline and improve reporting. • Project commenced to convert the IRQA (Incident Report and Quick Assessment) form to a digital form to enable immediate and mobile incident reporting and improved data reporting and analysis.

<p>Injury Prevention Cont.</p>	<ul style="list-style-type: none"> • Manual Tasks Instructor training was reviewed and updated to address body stressing injury trends. • Manual Tasks Instructor workshops were delivered (13 sessions of 8-hours) across the state (8 metro, 5 regional). As a result, Operations Managers and Team Leaders had scheduled time during Professional Development Workshops (PDW) training to present a condensed workshop to refresh staff and introduce new techniques. • 47 hours of practical training has been provided by the Manual Tasks Manager and WorkFit Consultant during PDWs between January 2023 and June 2023, and over 170 hours of Manual Tasks Training was provided during the 2022-2023 FY. • Work Health Safety (WHS) training provided to the Patient Transport Services group, Graduate Paramedic Pathway and SPARK Leadership Program training sessions. • Provided expertise and feedback to injured workers following incident investigations; reviewed and confirmed effectiveness of corrective actions. • SAASfit, Peer Support and Employee Assistance Program provided injury prevention opportunities through: <ul style="list-style-type: none"> • 3,068 x Peer Support Officer (PSO) contacts. • 515 hours of PSO contact time. • 837 x contracted Mental Health Professionals contacts. • 1 x PSO induction course. • 281 x SAASfit assessments. • 235 x Fitness Passport, primary members. • 342 x Sprout enrolments. • 15 x Holistic Wellbeing sessions (physical & psychological health). • 16 x SAASfit presentations. • 4 x Peer support/psychological wellbeing presentations. • 2 x Peer support workshops. • 1 x Emergency Services wellbeing seminar.
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OFFICIAL

2022-23 ANNUAL REPORT for the Department for Health and Wellbeing (SA Ambulance Service)

Workplace injury claims	2022-23	2021-22	% Change (+ / -)
Total new workplace injury claims	217	256	-15.2%
Fatalities	0	0	0.0%
Seriously injured workers*	0	0	0.0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	56.12	80.69	-30.4%

*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	2022-23	2021-22	% Change (+ / -)
Number of notifiable incidents (<i>Work Health and Safety Act 2012, Part 3</i>)	3	2	+50.0%
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**	2022-23	2021-22	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$6,341,541	\$7,320,943	-13.4%
Income support payments – gross (\$)	\$4,034,723	\$4,550,672	-11.3%

**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
SAES 2	1
SAES 1 (noting three staff in interim roles)	3

Data for previous years is available at

<https://data.sa.gov.au/data/dataset/f8948c42-d04c-47f9-949f-89ddc3d5b173>

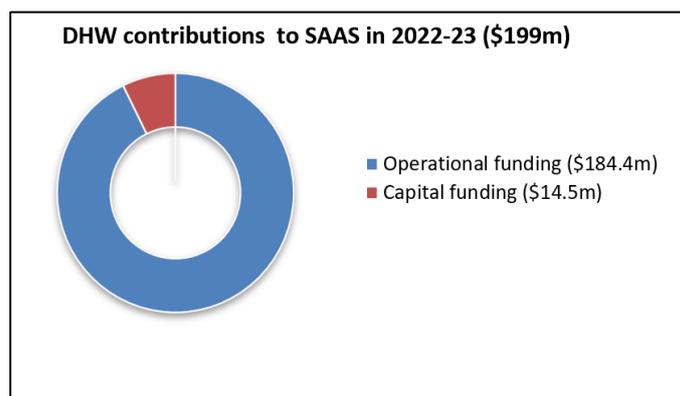
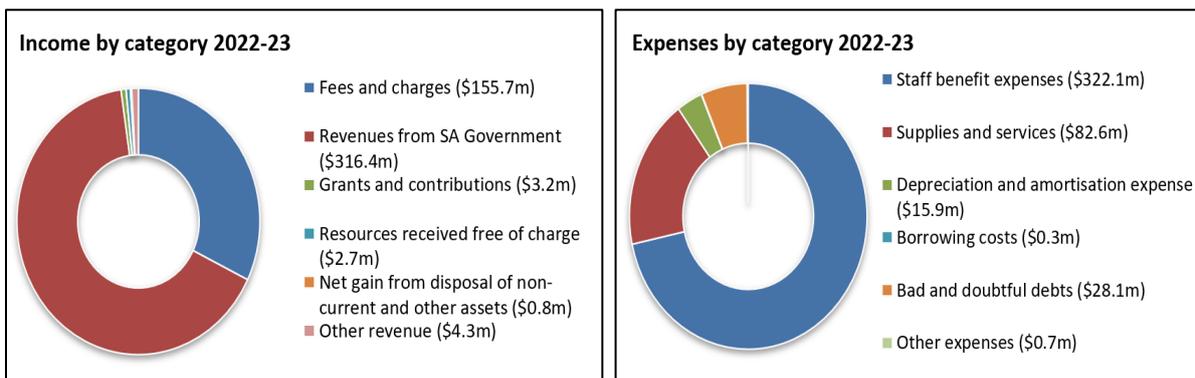
The [Office of the Commissioner for Public Sector Employment](#) has a [workforce information](#) page that provides further information on the breakdown of executive gender, salary, and tenure by agency.

Financial performance

Financial performance at a glance

The following is a brief summary of the overall financial position of the agency. The information is unaudited. Full audited financial statements for 2022-2023 are attached to this report.

Financial performance					
Financial overview					
The following table and charts provide a brief summary of the overall financial performance of SAAS. The Unaudited 2022-23 Financial Statements are attached to this report.					
SAAS three-year financial summary					
Three-year financial summary (\$000)	2022-23	%	2021-22	%	2019-20
		↑↓		↑↓	↑↓
Total income	483 204	↑32.0%	364 070	↑15.7%	366 045
Total expenses	449 655	↑22.5%	359 405	↑6.6%	367 082
Net result for the period	33 549	↑3335.2%	4 665	↑120.8%	(1 037)
Net cash provided by operating activities	18 077	↓-31.0%	23 722	↑719.7%	26 184
Total assets	271 537	↑21.8%	252 977	↑46.5%	222 864
Total liabilities	154 116	↑0.2%	157 831	↓-1.9%	153 879
Net assets	117 421	↑70.2%	95 146	↑708.9%	68 985



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
KPMG	Professional fees rendered for the cost model update for years 2020-22	\$39,486
Peter Hibbert Family Trust	Community paramedic external evaluation.	\$35,400
O'Connor Marsden & Associates Pty Ltd	Procurement probity advisor SAAS ePCR project probity.	\$24,417
Mercer Consulting	AASB119 reporting for SA Ambulance Superannuation Scheme as at 30 June 2023.	\$19,200
	Total	\$118,503

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	\$188,183

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

Contractors	Purpose	\$ Actual payment
WIPRO/JMTECH	SAAS Billing Replacement Project	\$486,065
GRS Agency	Temporary staff assignments	\$435,883
Talent International (SA) Pty Ltd	Temporary staff assignments	\$361,114
FSE Consulting	ePCR Project Management	\$297,600
HAYS Specialist Recruitment (Australia) Pty Ltd	Temporary staff assignments	\$198,132
DB AERO Pty Ltd	Aviation Specialist Consultancy	\$137,127
RM Psychology Administration Services	Counselling and evaluation services (Psychologist)	\$101,830
Australian Driving Institute	SAAS External Drive Program	\$87,588
Paxus Australia Pty Ltd	Project Manager, CTA Phase 2	\$54,240
AA Automotive	Mechanical services for SAAS fleet	50,687
J Magliaro Pty Ltd	Clinical & Organisational Psychologist	50,000
ALI Rinaldi Pty Ltd	Consultation services (Clinical Psychologist)	\$45,150
RING911Installs	Installation services to fleet vehicles	\$42,208
Akkodis Australia Talent Pty Ltd	Temporary staff assignments	\$34,839

Contractors	Purpose	\$ Actual payment
Radlink Pty Ltd	Provision of radio and technical solutions to fleet vehicles	\$26,400
Carter Corporation Pty Ltd	Asbestos Register Review	\$13,480
Chamonix IT Consulting	SAAS ePCR Project	12,338
	Total	\$2,434,681
	Grand Total	\$2,622,864

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 provided 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.

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, consistent with whole of Government policies.

SAAS followed the DHW’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. 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
Suspected misuse of Government resources (medication and equipment)	Nil
Suspected theft of SAAS property (drugs) for own personal use	Nil

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 complimented the Public Sector code and provided SAAS volunteers with guidance for performance and professional conduct. SAAS undertook an annual review of fraud risk and controls to prevent fraud.

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 SA Health'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 Executive Leadership Team (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 are reported if applicable, by SAAS to SA Health's Fraud Control Coordinator. All allegations of fraud are thoroughly investigated in a confidential and discreet manner unless disclosure and reporting are required by legislative obligations. SAAS takes appropriate disciplinary action where allegations of fraud and corruption are 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 SA Health 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, South Australia Police 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 2022-23
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	86
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	22
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	6
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	45
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	11
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	10
Policy	Policy application	Incorrect policy interpretation; incorrect policy applied; conflicting policy advice given	0

OFFICIAL

2022-23 ANNUAL REPORT for the Department for Health and Wellbeing (SA Ambulance Service)

Complaint categories	Sub-categories	Example	Number of Complaints 2022-23
Policy	Policy content	Policy content difficult to understand; policy unreasonable or disadvantages customer	0
Service quality	Information	Incorrect, incomplete, out-dated 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	1
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	74
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	2
Service quality	Service responsiveness	Service design does not meet customer needs; poor service fit with customer expectations	11
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	0
		Total	277

Additional Metrics	Total
Number of positive feedback comments	330
Number of negative feedback comments	622
Total number of feedback comments	964
% complaints resolved within policy timeframes	46.51%

Data for previous years is available at:

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

Service Improvements

SA Ambulance Service used the Safety Learning System (SLS) to manage compliments, complaints, advice, and suggestions generated from consumers and the community. The data was aligned against the Australian Charter of Healthcare Rights and used to identify trends, emerging risks, and areas for quality improvement.

This data was reported quarterly to the SAAS Clinical Governance Committee and the Consumer and Community Advisory Committee. Significant complaints were discussed monthly at the SLS Quality Assurance Group meeting which was established as a quality assurance initiative.

SAAS developed an internal Consumer Complaints Management Framework. The framework provided SAAS management and staff with a concise overview of the complaint management process and the underlying principles and core values. This consolidated best practice and was based on the overarching SA Health Consumer, Carer and Community Feedback and Complaints Management strategic framework 2021-2024.

This framework is prefaced on the core guidelines from the National Better Practice Guidelines on Complaint Management for Health Care Services. When combined, these two initiatives aim to improve SAAS's complaints management processes and outcomes for our consumers.

The Patient Safety and Quality team worked in conjunction with Clinical Education to start the development of a comprehensive e-Learning module for all emerging team leaders to complete prior to their involvement in complaints management.

SAAS started developing an anonymous consumer experience survey that is now in its final stages. The survey aims to capture overall satisfaction from consumers.

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 2022-23



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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 2023.

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 2023, 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 2023
- a Statement of Financial Position as at 30 June 2023
- a Statement of Changes in Equity for the year ended 30 June 2023
- a Statement of Cash Flows for the year ended 30 June 2023
- notes, comprising material accounting policy information 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 2023.

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.



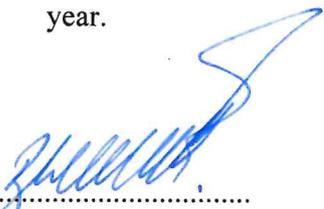
Andrew Richardson
Auditor-General

21 September 2023

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 15 September 2023

SA AMBULANCE SERVICE INC
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2023

	Note	2023 \$'000	2022 \$'000
Income			
Revenues from SA Government	2	316,411	198,877
Fees and charges	3	155,676	155,688
Grants and contributions	4	3,187	3,289
Interest	11	67	-
Resources received free of charge	5	2,723	2,625
Net gain from disposal of non-current assets	10	845	271
Other revenues/income	6	4,295	5,295
Total income		483,204	366,045
Expenses			
Staff benefits expenses	7	322,086	251,668
Supplies and services	8	82,631	72,554
Depreciation and amortisation	15,16	15,851	14,613
Borrowing costs	19	252	242
Impairment loss on receivables and contract assets	12,14	4,118	7,020
Other expenses	9	24,717	20,985
Total expenses		449,655	367,082
Net result		33,549	(1,037)
Other Comprehensive Income			
Items that will be reclassified subsequently to net result when specific conditions are met			
Gains or losses recognised directly in equity	20.3	(11,274)	27,198
Total other comprehensive income		(11,274)	27,198
Total comprehensive result		22,275	26,161

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 CHANGES IN EQUITY
For the year ended 30 June 2023

	Asset revaluation surplus \$ '000	Other reserves \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2021	40,321	93,029	(64,365)	68,985
Net result for 2021-22	-	-	(1,037)	(1,037)
Gain/(loss) on revaluation of defined benefit fund liability	20.3	27,198	-	27,198
Total comprehensive result for 2021-22	-	27,198	(1,037)	26,161
Balance at 30 June 2022	40,321	120,227	(65,402)	95,146
Net result for 2022-23	-	-	33,549	33,549
Gain/(loss) on revaluation of defined benefit fund liability	20.3	(11,274)	-	(11,274)
Total comprehensive result for 2022-23	-	(11,274)	33,549	22,275
Balance at 30 June 2023	40,321	108,953	(31,853)	117,421

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

SA AMBULANCE SERVICE INC
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2023

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 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 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 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 cash flows.

1.4 Continuity of Operations

As at 30 June 2023, SAAS had working capital deficit of \$1.019 million (\$3.050 million deficit). The SA Government is committed and has consistently demonstrated a commitment to the ongoing funding of SAAS to enable it to perform its functions.

SA AMBULANCE SERVICE INC
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2023

Contracts with Customers disaggregated by pattern of revenue recognition and type of customer	2023 Goods/Services transferred at a point in time	2023 Goods/Services transferred over a period of time	2022 Goods/Services transferred at a point in time	2022 Goods/Services transferred over a period of time
Ambulance cover	-	31,528	-	31,179
Ambulance transport	89,096	-	87,011	-
Call Direct	-	633	-	773
Commissions revenue	11	-	12	-
Fees for health services	49	-	112	-
Training revenue	353	-	235	-
Other user charges and fees	647	-	1,912	-
Total contracts with external customers	90,156	32,161	89,282	31,952
Ambulance transport	29,159	-	30,802	-
Fees for health services	24	-	-	-
Training revenue	133	-	25	-
Other user charges and fees	4,043	-	3,627	-
Total contracts with SA Government customers	33,359	-	34,454	-
Total contracts with customers	123,515	32,161	123,736	31,952

SAAS recognises contract liabilities for consideration received in respect of unsatisfied performance obligations and reports these amounts as other 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 notes 14 and 12 respectively).

SAAS recognised revenue (contracts 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 transportation. 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 emergency and 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.

Call Direct services will cease in 2023-24.

4. Grants and contributions

	2023 \$'000	2022 \$'000
Emergency Services Levy	1,565	1,527
Other SA Government grants and contributions	992	1,061
Private sector grants and contributions	630	701
Total grants and contributions	3,187	3,289

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

SA AMBULANCE SERVICE INC
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2023

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.

	2023	2022
	\$'000	\$'000
Compensation		
Salaries and other short term employee benefits	2,585	2,245
Other long term employment benefits	-	43
Post-employment benefits	725	670
Total	3,310	2,958

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

	2023	2022
\$0	15	13
\$1 - \$20,000	21	18
Total	36	31

The total remuneration received or receivable by members was \$0.037 million (\$0.026 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

	2023	2022
	Number	Number
The number of staff whose remuneration received or receivable falls within the following bands:		
\$157,001 - \$160,000*	-	19
\$160,001 - \$180,000	227	120
\$180,001 - \$200,000	223	106
\$200,001 - \$220,000	102	38
\$220,001 - \$240,000	79	15
\$240,001 - \$260,000	70	7
\$260,001 - \$280,000	33	4
\$280,001 - \$300,000	17	5
\$300,001 - \$320,000	12	3
\$320,001 - \$340,000	3	4
\$340,001 - \$360,000	8	6
\$360,001 - \$380,000	4	1
\$380,001 - \$400,000	3	-
\$420,001 - \$440,000	1	-
\$440,001 - \$460,000	-	1
\$460,001 - \$480,000	2	-
\$560,001 - \$580,000	1	-
\$600,001 - \$620,000	-	1
Total	785	330

* This band has been included for the purpose of reporting comparative figures based on the executive base-level remuneration rate for 2021-22.

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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9. Other expenses

	2023	2022
	\$'000	\$'000
Debts written off	23,973	20,305
Bank fees and charges	111	134
Other*	633	546
Total other expenses	24,717	20,985

*Includes Audit fees paid/payable to the Auditor-General's Department relating to work performed under the *Public Finance and Audit Act 1987* of \$0.121 million (\$0.112 million). No other services were provided by the Auditor-General's Department.

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

Land and buildings:	2023	2022
	\$'000	\$'000
Proceeds from disposal	-	-
Less carrying amount of assets disposed	(65)	(108)
Net gain/(loss) from disposal of land and buildings	(65)	(108)
Plant and equipment:		
Proceeds from disposal	983	598
Less carrying amount of assets disposed	(56)	(150)
Less other costs of disposal	(17)	(69)
Net gain/(loss) from disposal of plant and equipment	910	379
Total assets:		
Total proceeds from disposal	983	598
Less total carrying amount of assets disposed	(121)	(258)
Less other costs of disposal	(17)	(69)
Total net gain/(loss) from disposal of non-current assets	845	271

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

	2023	2022
	\$'000	\$'000
Cash at bank or on hand	298	338
Deposits with Treasurer: general operating	18,881	17,787
Deposits with Treasurer: special purpose funds	2,652	2,689
Total cash and cash equivalents	21,831	20,814

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 \$0.067 million in 2022-23 (nil).

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14. Contract assets

	2023 \$'000	2022 \$'000
Contract assets	17,024	15,749
Less: allowance for impairment loss on contract assets	(4,281)	(3,844)
Total contract assets	12,743	11,905

Contract assets primarily relate to SAAS's rights to consideration for work completed but not yet billable at the reporting date on ambulance transport. This is a management estimate based on best available information at the time. 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

	2023 \$'000	2022 \$'000
Carrying amount at the beginning of the period	3,844	7,031
Increase/(Decrease) in allowance recognised in profit or loss	437	(3,187)
Carrying amount at the end of the period	4,281	3,844

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:

<u>Class of asset</u>	<u>Useful life (years)</u>
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

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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 2023, 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.

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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

Property, plant and equipment are classified in level 3 of the fair value hierarchy, some land and buildings at level 2 of the fair value hierarchy, 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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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.

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

	2023	2022
	\$'000	\$'000
Current		
Creditors and accrued expenses	5,498	11,082
Paid Parental Leave Scheme	(14)	11
Staff on-costs*	4,928	3,871
Other payables	370	356
Total current payables	10,782	15,320
Non-current		
Staff on-costs*	1,936	1,685
Total non-current payables	1,936	1,685
Total payables	12,718	17,005

Payables are measured at nominal amounts. Creditors and accruals are recognised for all amounts owed and unpaid. Contractual payables 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 are discharged. These on costs primarily relate to the balance of leave owing to staff. 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 2022 rate (10.6%) to 11.1% 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 \$0.202 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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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.

As a result of the actuarial assessment performed by DTF, the salary inflation rate has increased from the 2022 rate (1.5%) to 2.0% for annual leave and skills and experience retention leave liability. As a result, there is an increase in the staff benefits liability and staff benefit expense of \$0.165 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 2022 (3.75%) to 4.0%. 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 increased the salary inflation rate from 2022 (2.5%) to 3.5% for long service leave liability resulting in an increase in the reported long service leave liability.

The net financial effect of the changes to actuarial assumptions is a decrease in the long service leave liability of \$0.924 million, payables (staff on-costs) of \$0.039 million and staff benefits expense of \$0.963 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 net assets arising from defined benefit obligations have been recognised in the Statement of Financial Position in accordance with AASB 119 and is held in SAAS.

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	2023	2022
Principal actuarial assumptions used (and expressed as weighted averages):	% pa	% pa
Discount rate (Defined benefit cost)	3.6	1.4
Expected rate of salary increase (Defined benefit cost)	2.5	2.5
Discount rate (Defined benefit obligation)	4.0	3.6
Expected rate of salary increase (Defined benefit obligation)	3.5	2.5
Movement in net defined benefit liability	\$'000	\$'000
Net defined benefit liability at start of year	(30,361)	(5,869)
Defined benefit cost	4,719	7,905
Remeasurements	11,274	(27,198)
Employer contributions	(5,685)	(5,199)
Net defined liability at end of year	(20,053)	(30,361)

The net financial effect of the changes in the discount rate in the current year is a decrease in the superannuation – defined benefits scheme and other comprehensive income expense loss of \$4.554 million. The impact on future periods is impracticable to estimate as the superannuation – defined benefits scheme 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 2023 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	4.0%	3.5%	4.5%	4.0%	4.0%
Salary increase rate	3.5%	3.5%	3.5%	3.0%	4.0%
Defined benefit obligation (\$'000)	263,935	270,173	258,892	259,575	269,270

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.

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22. Contract liabilities and other liabilities

	2023	2022
	\$'000	\$'000
Current		
Unclaimed monies	8	-
Unearned revenue	95	556
Contract liabilities	3,638	3,760
Other	(23)	5
Total current contract liabilities and other liabilities	3,718	4,321
Total contract liabilities and other liabilities	3,718	4,321

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

	2023	2022
	\$'000	\$'000
Reconciliation of cash and cash equivalents at the end of the reporting period:		
Cash and cash equivalents disclosed in the Statement of Financial Position	21,831	20,814
Cash as per Statement of Financial Position	21,831	20,814
Balance as per Statement of Cash Flows	21,831	20,814
Reconciliation of net cash provided by operating activities to net result:		
Net cash provided by (used in) operating activities	18,077	23,722
Add/less non-cash items		
Capital revenues	22,270	350
Depreciation and amortisation expense of non-current assets	(15,851)	(14,613)
Gain/(loss) on sale or disposal of non-current assets	845	271
Gain/(loss) on valuation of defined benefits	11,274	(27,198)
Resources received free of charge	-	113
Movement in assets and liabilities		
Increase/(decrease) in contract assets	838	(11,343)
Increase/(decrease) in receivables	(7,328)	32,627
Increase/(decrease) in inventories	104	164
Increase/(decrease) in other current assets	9	(5)
(Increase)/decrease in staff benefits	(12,379)	4,848
(Increase)/decrease in payables and provisions	15,087	(9,268)
(Increase)/decrease in other liabilities	603	(705)
Net result	33,549	(1,037)

Total cash outflows for leases is \$2.928 million (\$2.812) 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 Contractual commitments to acquire property, plant and equipment

	2023	2022
	\$'000	\$'000
Within one year	3,233	11,998
Total capital commitments	3,233	11,998

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

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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. 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 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 \$28.755 million and \$5.747 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.

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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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
Assurance and Risk Committee	-	Beilby J Professor (Chair), Deally Y, McIlroy A (appointed 15/03/2023), Thompson K(Chair) (end date 01/10/2022)
Clinical Governance Committee	11	Beilby J Professor, Hibbert P, Squirrel D (end date 16/11/2022), Marshall J
Consumer and Community Advisory Committee	1	Ashley I, Caldwell B, Chester M, Cook C, Earle-Bandaralage L, Kirk P, Marshall J, McDonald B (end date 12/08/2022), Mercer K, Pietsch A, Pilkington I, Saunders C, Squirrel D (end date 16/11/2022), Vega L, Whiteway L, Burgess A
Finance Committee	-	Murray R, McIlroy A (appointed 15/03/2023)
ICT Governance Committee	-	Deally Y
NSQHS Steering Committee	-	Kirk P
Service Delivery Committee	-	Braund S

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