

# Service Agreement 2022-23

An agreement between the  
Secretary, NSW Health and  
NSW Ambulance

for the period 1 July 2022 - 30 June 2023



# NSW Health Service Agreement – 2022-23

## Principal purpose

The principal purpose of the Service Agreement is to set out the service and performance expectations for funding and other support provided to NSW Ambulance (the Organisation), to ensure the provision of equitable, safe, high quality and human-centred healthcare services. It facilitates accountability to Government and the community for service delivery and funding.

The agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of high quality, effective healthcare services that promote, protect and maintain the health of the community, in keeping with NSW Government and NSW Health priorities. Additionally, it specifies the service delivery and performance requirements expected of the Organisation that will be monitored in line with the *NSW Health Performance Framework*.

The *Health Services Act 1997* allows the Health Secretary to enter into performance agreements with public health organisations in relation to the provision of health services and health support services (s.126).

Through execution of the agreement, the Secretary agrees to provide the funding and other support to the Organisation as outlined in this Service Agreement.

## Parties to the agreement

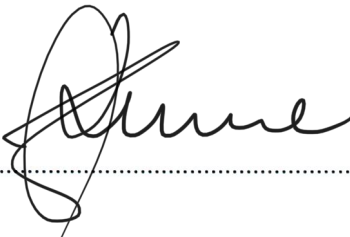
### The Organisation

Dr Dominic Morgan ASM  
Chief Executive  
NSW Ambulance

Date 26/7/22 Signed 

### NSW Health

Ms Susan Pearce  
Secretary  
NSW Health

Date 29/7/22 Signed 

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# 1. Legislation, governance and performance framework

## 1.1 Legislation

Under the *Health Services Act 1997* (the Act) the Health Secretary's functions include: the facilitation of the achievement and maintenance of adequate standards of patient care within public hospitals, provision of governance, oversight and control of the public health system and the statutory health organisations within it, as well as in relation to other services provided by the public health system, and to facilitate the efficient and economic operation of the public health system (s.122).

The legislative provisions for ambulance services in NSW are set out in Chapter 5A of the Act. Under the Act, it is a function of the Health Secretary to provide, conduct, operate and maintain ambulance services (s.67B). Other functions of the Secretary in relation to ambulance services include: adopting and implementing all necessary measures (including systems of planning, management and quality control) as will best ensure the efficient and economic operation and use of resources, monitoring whether objectives in the provision of ambulance services are achieved and, achieving and maintaining adequate standards of ambulance services (s. 67B).

## 1.2 Variation of the agreement

The Agreement may be amended at any time by agreement in writing between the Organisation and the NSW Ministry of Health.

The Agreement may also be varied by the Secretary or the Minister in the exercise of their general powers under the Act, including determination of the role, functions and activities of health agencies (s. 32).

Any updates to finance or activity information further to the original contents of the Agreement will be provided through separate documents that may be issued by the Ministry of Health in the course of the year.

## 1.3 National Agreement

The National Cabinet has reaffirmed that providing universal healthcare for all Australians is a shared priority and agreed in a Heads of Agreement for public hospitals funding from 1 July 2020 to 30 June 2025. That Agreement maintains activity based funding and the national efficient price.

## 1.4 Governance

The Organisation must ensure that all applicable duties, obligations and accountabilities are understood and complied with, and that services are provided in a manner consistent with all NSW Health policies, procedures, plans, circulars, inter-agency agreements, Ministerial directives and other instruments and statutory obligations.

### 1.4.1 Clinical governance

NSW public health services are accredited against the National Safety and Quality Health Service Standards.

The Australian Safety and Quality Framework for Health Care provides a set of guiding principles that can assist health services with their clinical governance obligations.

The NSW Health Patient Safety and Clinical Quality Program (PD2005 608) provides an important framework for improvements to clinical quality.

#### **1.4.2 Corporate governance**

The Organisation must ensure services are delivered in a manner consistent with the NSW Health Corporate Governance and Accountability Compendium.

#### **1.4.3 Procurement governance**

The Organisation must ensure procurement of goods and services complies with NSW Health Goods and Services Procurement Policy (PD2019 028).

#### **1.4.4 Aboriginal Procurement Policy**

The NSW Government support employment opportunities for Aboriginal people, and the sustainable growth of Aboriginal businesses by driving demand via Government procurement of goods, services and construction. NSW Government agencies must apply the Aboriginal Procurement Policy to all relevant procurement activities.

#### **1.4.5 Performance Framework**

Service Agreements are a central component of the NSW Health Performance Framework which documents how the Ministry of Health monitors and assesses the performance of public sector health services to achieve expected service levels, financial performance, governance and other requirements.

## 2. Strategic priorities

The delivery of NSW Health strategies and priorities is the responsibility of the Ministry of Health, health services and support organisations. These are to be reflected in the strategic, operational and business plans of these entities.







It is recognised that the Organisation will identify and implement local priorities to meet the needs of their respective populations taking into consideration the needs of their diverse communities. In doing so they will:

- work together with clinical staff about key decisions, such as resource allocation and service planning
- engage in appropriate consultation with patients, carers and communities in the design and delivery of health services.

Local priorities are documented and monitored through the NSW Ambulance Strategic Plan: Redefining our Future 2021-2026. NSW Health approved the Plan in March 2021, which aligns to key NSW Government and health system strategies including the NSW Premier's priorities and the Future Health: Strategic Framework.

## 2.1 Future Health: Strategic Framework

The Future Health Strategic Framework is the roadmap for the health system to achieve NSW Health's vision. It will guide the next decade of care in NSW 2022-32, while adapting to and addressing the demands and challenges facing our system. The framework is also a reflection of the aspirations of the community, our patients, workforce and partners in care for how they envisage our health system by 2031.

Strategic outcomes	Key objectives
 <p><b>Patients and carers have positive experiences and outcomes that matter:</b> People have more control over their own health, enabling them to make decisions about their care that will achieve the outcomes that matter most to them.</p>	<ul style="list-style-type: none"> <li>1.1 Partner with patients and communities to make decisions about their own care</li> <li>1.2 Bring kindness and compassion into the delivery of personalised and culturally safe care</li> <li>1.3 Drive greater health literacy and access to information</li> <li>1.4 Partner with consumers in co-design and implementation of models of care</li> </ul>
 <p><b>Safe care is delivered across all settings:</b> Safe, high quality reliable care is delivered by us and our partners in a sustainable and personalised way, within our hospitals, in communities, at home and virtually.</p>	<ul style="list-style-type: none"> <li>2.1 Deliver safe, high quality reliable care for patients in hospital and other settings</li> <li>2.2 Deliver more services in the home, community and virtual settings</li> <li>2.3 Connect with partners to deliver integrated care services</li> <li>2.4 Strengthen equitable outcomes and access for rural, regional and priority populations</li> <li>2.5 Align infrastructure and service planning around the future care needs</li> </ul>
 <p><b>People are healthy and well:</b> Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.</p>	<ul style="list-style-type: none"> <li>3.1 Prevent, prepare for, respond to and recover from pandemic and other threats to population health</li> <li>3.2 Get the best start in life from conception through to age five</li> <li>3.3 Make progress towards zero suicides recognising the devastating impact on society</li> <li>3.4 Support healthy ageing ensuring people can live more years in full health and independently at home</li> <li>3.5 Close the gap by prioritising care and programs for Aboriginal people</li> <li>3.6 Support mental health and wellbeing for our whole community</li> <li>3.7 Partner to address the social determinants of ill health in our communities</li> </ul>
 <p><b>Our staff are engaged and well supported:</b> Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.</p>	<ul style="list-style-type: none"> <li>4.1 Build positive work environments that bring out the best in everyone</li> <li>4.2 Strengthen diversity in our workforce and decision-making</li> <li>4.3 Empower staff to work to their full potential around the future care needs</li> <li>4.4 Equip our people with the skills and capabilities to be an agile, responsive workforce</li> <li>4.5 Attract and retain skilled people who put patients first</li> <li>4.6 Unlock the ingenuity of our staff to build work practices for the future</li> </ul>
 <p><b>Research and innovation, and digital advances inform service delivery:</b> Clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.</p>	<ul style="list-style-type: none"> <li>5.1 Advance and translate research and innovation with institutions, industry partners and patients</li> <li>5.2 Ensure health data and information is high quality, integrated, accessible and utilised</li> <li>5.3 Enable targeted evidence-based healthcare through precision medicine</li> <li>5.4 Accelerate digital investments in systems, infrastructure, security and intelligence</li> </ul>
 <p><b>The health system is managed sustainably:</b> The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.</p>	<ul style="list-style-type: none"> <li>6.1 Drive value based healthcare that prioritises outcomes and collaboration</li> <li>6.2 Commit to an environmentally sustainable footprint for future healthcare</li> <li>6.3 Adapt performance measurement and funding models to targeted outcomes</li> <li>6.4 Align our governance and leaders to support the system and deliver the outcomes of Future Health</li> </ul>

## 2.2 NSW Premier's Priorities

In June 2019, the NSW Premier set new social priorities to tackle tough community challenges, lift the quality of life for everyone in NSW and put people at the heart of everything the Government does.

NSW Health is leading three priorities for improving the health system:

- **Improving outpatient and community care**  
Reduce preventable hospital visits by 5% through to 2023 by caring for people in the community.
- **Improving service levels in hospitals**  
100% of all triage category 1, 95% of triage category 2, and 85% of triage category 3 patients commencing treatment on time by 2023
- **Towards zero suicides**  
Reduce the rate of suicide deaths in NSW by 20% by 2023.

NSW Health staff will continue to work together to deliver a sustainable health system that delivers outcomes that matter to patients and the community, is personalised, invests in wellness and is digitally enabled.

## 2.3 NSW Health Outcome and Business Plan

The NSW Health Outcome and Business Plan is an agreement between the Minister for Health, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be the focus for the current period.

NSW Health has identified five state outcomes that it will achieve for the people of NSW:

1. Keeping people healthy through prevention and health promotion
2. People can access care in out of hospital settings to manage their health and wellbeing
3. People receive timely emergency care
4. People receive high-quality, safe care in our hospitals
5. Our people and systems are continuously improving to deliver the best health outcomes and experiences

To achieve these outcomes, NSW Health has set a series of ambitious targets and has a comprehensive program of change initiatives in place. These targets have been built into key performance indicators in the Service Agreement, the *NSW Health Performance Framework*, the *NSW Health Purchasing Framework* and the funding model.



## 3. NSW Health services and networks

Each NSW Health service is a part of integrated networks of clinical services that aim to ensure timely access to appropriate care for all eligible patients. The Organisation must ensure effective contribution, where applicable, to the operation of statewide and local networks of retrieval, specialty service transfer and inter-district networked specialty clinical services.

### 3.1 Services

NSW Ambulance provides timely and safe access to appropriate care for each resident of NSW as part of an integrated health network of clinical services. No variation to these service provisions should occur without prior agreement with the Ministry of Health.

NSW Ambulance will continue to provide, as part of an integral network:

#### 3.1.1 Emergency Services

- Emergency out of hospital care
- Delivery of high-quality clinical care, and coordination of referral, transport and retrieval services for emergency and time sensitive patients
- Emergency management services and multi-agency operations
- Receipt and triaging of triple zero calls for residents of NSW and dispatch of ambulance and specialist resources to emergency incidents

#### 3.1.2 Trauma Services

- Aeromedical and Medical Retrieval services consisting of the aeromedical control centre, medical retrieval services, fixed and rotary wing and road transport services. The Aeromedical and Medical Retrieval service manages all requests for aeromedical transport and adult medical retrieval

#### 3.1.3 Demand Management

- Delivery of integrated care programs that are focussed on improving the integration and patient connectedness through support of new and already established low acuity pathways in and across Local Health District boundaries
- Development of community health promotion programs

#### 3.1.4 Emergency Management

- Emergency management services and multi-agency operations

#### 3.1.5 Support Services

- Health related transport services (including secondary aeromedical)
- Health related transport: booking, scheduling and dispatch
- Clinical Emergency Response Assistance (CERS Assist).

## 3.2 Cross district referral networks

NSW Ambulance works alongside Districts and Networks as part of a referral network with other relevant services, and must ensure the continued effective operation of these networks, especially the following:

- Critical Care Tertiary Referral Networks and Transfer of Care (Adults) (PD2018 011)
- Interfacility Transfer Process for Adult Patients Requiring Specialist Care (PD2011 031)
- Critical Care Tertiary Referral Networks (Paediatrics) (PD2010 030)
- Children and Adolescents - Inter-Facility Transfers (PD2010 031)
- Tiered Networking Arrangements for Perinatal Care in NSW (PD2020 014)
- Children and Adolescents with Mental Health Problems Requiring Inpatient Care (PD2011 016)
- Adult Mental Health Intensive Care Networks (PD2019 024)
- State-wide Intellectual Disability Mental Health Hubs - (Services provided as per March 2019 Service Level Agreements with Sydney Children's Hospitals Network and Sydney Local Health District).

## 3.3 Supra LHD services

Under the NSW Framework for New Health Technologies and Specialised Services (GL2018 023), Supra LHD services are provided across District and Network boundaries to provide equitable access for everyone in NSW.

The following information is included in all Service Agreements to provide an overview of recognised Supra LHD services and Nationally Funded Centres in NSW.

Supra LHD Services	Measurement Unit	Locations	Service requirement
Adult Intensive Care Unit	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (38 + 2/561 NWAU22) Royal Prince Alfred (51) Concord (16) Prince of Wales (23) John Hunter (26 + 2/561 NWAU22) St Vincent's (21) St George (36)	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> policy.  Units with new beds in 2022/23 will need to demonstrate networked arrangements with identified partner Level 4 AICU services, in accordance with the recommended standards in the NSW Agency for Clinical Innovation's <i>Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit</i>
Neonatal Intensive Care Service	Beds	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (16 + 1/319 NWAU22) Royal Hospital for Women (17) Liverpool (16 + 1/319 NWAU22) John Hunter (19) Nepean (12) Westmead (24)	Services to be provided in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy

Supra LHD Services	Measurement Unit	Locations	Service requirement
Paediatric Intensive Care	NWAU	SCHN Randwick (13) SCHN Westmead (22) John Hunter (5)	Services to be provided in accordance with <i>NSW Critical Care Networks (Paediatrics)</i> policy
Mental Health Intensive Care	Access	Concord - McKay East Ward Hornsby - Mental Health Intensive Care Unit Prince of Wales - Mental Health Intensive Care Unit Cumberland – Yaralla Ward Orange Health Service - Orange Lachlan Intensive Care Unit Mater, Hunter New England – Psychiatric Intensive Care Unit	Provision of equitable access. Services to be provided in accordance with Adult Mental Health Intensive Care Networks policy PD2019_024
Adult Liver Transplant	Access	Royal Prince Alfred	Dependent on the availability of matched organs, in accordance with The Transplantation Society of Australia and New Zealand, <i>Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.6— May 2021</i>
State Spinal Cord Injury Service (adult and paediatric)	Access	Prince of Wales Royal North Shore Royal Rehabilitation Centre, Sydney SCHN – Westmead and Randwick	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> and <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies. Participation in the annual reporting process.
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (38) Westmead (71) Royal Prince Alfred (26) Liverpool (18) Royal North Shore (47) SCHN Randwick (26) SCHN Westmead (26)	Provision of equitable access
Blood and Marrow Transplant Laboratory	Access	St Vincent's - to Gosford Westmead – to Nepean, Wollongong, SCHN Westmead	Provision of equitable access.
Complex Epilepsy	Access	Westmead Royal Prince Alfred Prince of Wales SCHN	Provision of equitable access.
Extracorporeal Membrane Oxygenation Retrieval	Access	Royal Prince Alfred St Vincent's SCHN	Services to be provided in accordance with the NSW Agency for Clinical Innovation's ECMO services – Adult patients: Organisational Model of Care and ECMO retrieval services – Neonatal and paediatric patients: Organisational Model of Care

Supra LHD Services	Measurement Unit	Locations	Service requirement
Heart, Lung and Heart Lung Transplantation	Number of Transplants	St Vincent's (106)	To provide heart, lung and heart lung transplantation services at a level where all available donor organs with matched recipients are transplanted. These services will be available equitably to all referrals.  Dependent on the availability of matched organs in accordance with The Transplantation Society of Australia and New Zealand, <i>Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.6— May 2021</i> .
High Risk Maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	Access for all women with high risk pregnancies, in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy
Peritonectomy	NWAU	St George (116) Royal Prince Alfred (68)	Provision of equitable access for referrals as per agreed protocols
Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> , <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies and the NSW Agency for Clinical Innovation's <i>NSW Burn Transfer Guidelines</i> .
Sydney Dialysis Centre	Access	Royal North Shore	In accordance with the Sydney Dialysis Centre funding agreement with Northern Sydney Local Health District
Hyperbaric Medicine	Access	Prince of Wales	Provision of equitable access to hyperbaric services.
Haematopoietic Stem Cell Transplantation for Severe Scleroderma	Number of Transplants	St Vincent's (10)	Provision of equitable access for all referrals as per <i>NSW Referral and Protocol for Haematopoietic Stem Cell Transplantation for Systemic Sclerosis</i> , BMT Network, Agency for Clinical Innovation, 2016.  Participation in the annual reporting process.
Neurointervention Services endovascular clot retrieval for Acute Ischaemic Stroke	Access	Royal Prince Alfred Prince of Wales Liverpool John Hunter SCHN	As per the NSW Health strategic report - <i>Planning for NSW NI Services to 2031</i>  Participation in annual reporting process.

Supra LHD Services	Measurement Unit	Locations	Service requirement
Organ Retrieval Services	Access	St Vincent's Royal Prince Alfred Westmead	Services are to be provided in line with the clinical service plan for organ retrieval. Services should focus on a model which is safe, sustainable and meets donor family needs, clinical needs and reflects best practice.
Norwood Procedure for Hypoplastic Left Heart Syndrome (HLHS)	Access	SCHN Westmead	Provision of equitable access for all referrals
Telestroke	Access for up to 23 referring sites in rural and regional NSW	Prince of Wales	As per individual service agreements Participation in annual reporting process.
High risk Transcatheter Aortic Valve Implantation (TAVI)	Access for patients at high surgical risk	St Vincent's Royal Prince Alfred Royal North Shore South Eastern Sydney Local Health District John Hunter Liverpool Westmead	Delivery of additional procedures, including targets for patients from regional or rural NSW in line with correspondence from NSW Ministry of Health All services must: Be accredited through Cardiac Accreditation Services Limited, including accreditation of the hospital and clinicians. Establish referral pathways to ensure statewide equity of access Include high risk TAVI patients in surgical waitlists Undertake data collection as required by the ACOR registry and collect patient-reported outcomes and experience Participate in the annual reporting and any required evaluation activities
CAR T-cell therapy: Acute lymphoblastic leukaemia (ALL) for children and young adults:  Adult diffuse large B-cell lymphoma (DLBCL)	Access	Sydney Children's Hospital, Randwick Royal Prince Alfred Hospital  Royal Prince Alfred Hospital Westmead hospital	As per individual CAR T cell therapy service agreements. Compliance with the annual reporting process.
Gene therapy for inherited retinal blindness	Access	SCHN	As per individual service delivery agreement currently in development.
Gene therapy for paediatric spinal muscular atrophy	Access	SCHN Randwick	Provision of equitable access for all referrals.

### 3.4 Nationally Funded Centres

Service name	Locations	Service requirement
Pancreas Transplantation – Nationally Funded Centre	Westmead	As per Nationally Funded Centre Agreement - Access for all patients across Australia accepted onto Nationally Funded Centre program
Paediatric Liver Transplantation – Nationally Funded Centre	SCHN Westmead	
Islet Cell Transplantation – Nationally Funded Centre	Westmead	

### 3.5 Other organisations

The Organisation is to maintain up to date information for the public on its website regarding its facilities and services including population health, inpatient services, community health, other non-inpatient services and multipurpose services (where applicable), in accordance with approved role delineation levels.

Where relevant the Organisation is to enter into an annual Service Agreement with Affiliated Health Organisations (AHOs) in receipt of subsidies in respect of services recognised under Schedule 3 of the *Health Services Act 1997*.

## 4. Budget

### 4.1 State Outcome Budget Schedule: Part 1

NSW Ambulance	Target Volume (includes ABF and Small Hospitals)	Activity Based Funding (ABF)	Small Hospitals and other Block Funding	2022/23 Initial Budget
<b>State Efficient Price: \$5,095 per NWAU22</b>	<b>NWAU22</b>	<b>\$000</b>	<b>\$000</b>	<b>\$000</b>
<b>Outcome 1: Keeping people healthy through prevention and health promotion</b> <i>Preventive and population health are critical to keeping people healthier. This outcome covers a range of functions NSW Health is responsible for including to protect and promote public health, control infectious diseases, reduce preventable diseases and death, help people manage their own health, and promote equitable health outcomes in the community.</i>	0	\$0	\$0	\$0
<b>Outcome 2: People can access care in out of hospital settings to manage their health and wellbeing</b> <i>Healthcare extends beyond the hospital and needs to connect across settings to reduce the burden of chronic disease, assist people with conditions to live well and avoid complications, support people to recover from illness and injury, and prevent avoidable hospitalisations. NSW Health services funded to achieve this outcome include non-admitted and community based services, sub-acute services, hospital in the home, and dental services.</i>	0	\$0	\$0	\$0
<b>Outcome 3: People receive timely emergency care</b> <i>NSW Health often provides the first point of contact for those needing access to emergency healthcare and is responsible for managing and administering ambulance and emergency services.</i>	0	\$0	\$1,042,672	\$1,042,672
<b>Outcome 4: People receive high-quality, safe care in our hospitals</b> <i>This outcome reflects the State's responsibility to manage and administer public hospitals. When people are admitted to a hospital in NSW they can expect world-class medical and surgical care within clinically recommended timeframes.</i>	0	\$0	\$0	\$0
<b>Outcome 5: Our people and systems are continuously improving to deliver the best health outcomes and experiences</b> <i>A skilled workforce with access to world leading education and training, and a system that harnesses research and digital innovation are essential to continuously improve outcomes and experiences of care across the system. These enablers are delivered by a range of statutory bodies and system managers.</i>	0	\$0	\$0	\$0
<b>A TOTAL OUTCOME BUDGET ALLOCATION</b>	<b>0</b>	<b>\$0</b>	<b>\$1,042,672</b>	<b>\$1,042,672</b>

NSW Ambulance	2022/23 Initial Budget \$000
<b>B Provision for Specific Initiatives &amp; TMF Adjustments (not included above)</b>	<b>\$12,138</b>
<i>2022/23 New Initiatives</i>	
Enhancing end of life care	\$150
<i>Other Initiatives &amp; Adjustments</i>	
Better paramedic coverage for regional and metropolitan NSW	\$7,069
IntraHealth Adjustments 22/23	(\$1,450)
Supporting multi-disciplinary end of life - Workforce Enhancement	\$31
TMF Adjustment 22/23	\$6,338
<b>C Restricted Financial Asset Expenses</b>	<b>\$350</b>
<b>D Depreciation (General Funds only)</b>	<b>\$98,827</b>
<b>E TOTAL EXPENSES E=(A+B+C+D)</b>	<b>\$1,153,987</b>
<b>F Other - Gain/Loss on disposal of assets etc</b>	<b>\$13,232</b>
<b>G LHD Revenue</b>	<b>(\$1,217,204)</b>
<b>H NET RESULT (H=E+F+G)</b>	<b>(\$49,986)</b>



## 4.2 State Outcome Budget Schedule: Part 2

		2022/23 Initial Budget
		\$000
<b>Government Contributions:</b>		
<b>A</b>	Subsidy*	\$0
<b>B</b>	In-Scope Services - Block Funded	\$0
<b>C</b>	Out of Scope Services - Block Funded	(\$835,149)
<b>D</b>	Capital Subsidy	(\$104,259)
<b>E</b>	Crown Acceptance (Super, LSL)	(\$19,770)
<b>F</b>	<b>Total Government Contributions (F=A+B+C+D+E)</b>	<b>(\$959,179)</b>
<b>Own Source Revenue:</b>		
<b>G</b>	GF Revenue	(\$257,613)
<b>H</b>	Restricted Financial Asset Revenue	(\$413)
<b>I</b>	<b>Total Own Source Revenue (I=G+H)</b>	<b>(\$258,025)</b>
<b>J</b>	<b>TOTAL REVENUE (J=F+I)</b>	<b>(\$1,217,204)</b>
<b>K</b>	Total Expense Budget - General Funds	\$1,153,637
<b>L</b>	Restricted Financial Asset Expense Budget	\$350
<b>M</b>	Other Expense Budget	\$13,232
<b>N</b>	<b>TOTAL EXPENSE BUDGET (per Outcome Budget Schedule Part 1) (N=K+L+M)</b>	<b>\$1,167,219</b>
<b>O</b>	<b>NET RESULT (O=J+N)</b>	<b>(\$49,986)</b>
<b>Net Result Represented by:</b>		
<b>P</b>	Asset Movements	(\$7,961)
<b>Q</b>	Liability Movements	\$57,946
<b>R</b>	Entity Transfers	\$0
<b>S</b>	<b>TOTAL (S=P+Q+R)</b>	<b>\$49,986</b>
<b>NOTES:</b>		
* The subsidy amount does not include items E and G, which are revenue receipts retained by the LHDs/SHNs and sit outside the National Pool.		
** This includes the 25% upfront subsidy payment for Deferred Care to enable health entities to commence the work immediately.		
The minimum cash buffer for unrestricted cash is now zero. All payments-out from local bank accounts are now ceased, and payments are to be managed via the Shared Services accounts payable or payroll teams. All General Fund bank accounts will be swept to zero in line with the published schedule.		

### 4.3 State Outcome Budget Schedule: NHRA Clause A95(b) Notice: Part 3

#### National Health Funding Body Service Agreement

2022-23 Outcomes Budget Schedule						
NSW Ambulance	ABF NWAU	\$000	Block \$000	Total \$000	C'wealth Contribution \$000	%
Acute Admitted	0	\$0			\$0	
Mental Health - Admitted (Acute and Sub-Acute)	0	\$0			\$0	
Sub-Acute Services - Admitted	0	\$0			\$0	
Emergency Department	0	\$0			\$0	
Non Admitted Patients (Including Dental)	0	\$0			\$0	
Teaching, Training and Research			\$0		\$0	
Mental Health - Non Admitted			\$0		\$0	
Other Non Admitted Patient Services - Home Ventilation			\$0		\$0	
Block-funded small rural & standalone MH			\$0		\$0	
High cost, highly specialised therapies			\$0		\$0	
Public Health			\$0		\$0	
<b>In-Scope for Commonwealth &amp; State NHRA Contributions Total</b>	<b>0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
Acute Admitted	0	\$0				
Mental Health - Admitted (Acute and Sub-Acute)	0	\$0				
Sub-Acute Services - Admitted	0	\$0				
Emergency Department	0	\$0				
Non Admitted Patients (Including Dental)	0	\$0				
<b>State &amp; Other Funding Contributions Total</b>	<b>0</b>	<b>\$0</b>		<b>\$0</b>		
<i>State Only Block</i>			\$1,054,810	\$1,054,810		
<i>Restricted Financial Asset Expenses</i>			\$350	\$350		
<i>Depreciation (General Funds only)</i>			\$98,827	\$98,827		
<b>Total</b>	<b>0</b>	<b>\$0</b>	<b>\$1,153,987</b>	<b>\$1,153,987</b>	<b>\$0</b>	<b>0.0%</b>

#### Budget

2022–23 Service Agreement

#### 4.4 State Outcome Budget Schedule: Capital program

Ambulance Service NSW										
PROJECTS MANAGED BY HEALTH SERVICE  2022/23 Capital Projects	Project Code	Reporting Silo	Estimated Total Cost 2022/23	Estimated Expenditure to 30 June 2022	Cost to Complete at 30 June 2022	Capital Budget Allocation 2022/23	2022/23 Capital Budget Allocation by Source of Funds			
							MOH Funded 2022/23	Local Funds 2022/23	Revenue 2022/23	Lease Liabilities 2022/23
			\$	\$	\$	\$	\$	\$	\$	\$
MAJOR NEW WORKS 2022/23										
NSW Ambulance Stay Safe and Keep Operational	P56980	Other	20,000,000		20,000,000	10,000,000	10,000,000	-	-	-
NSW Ambulance Virtual Clinical Care Centre - NSWA	P56960	Other	5,000,000		5,000,000	-	-	-	-	-
TOTAL MAJOR NEW WORKS			25,000,000	-	25,000,000	10,000,000	10,000,000	-	-	-
WORKS IN PROGRESS										
Asset Refurbishment / Replacement Strategy (State-wide)	P55345	ARRP	19,431,716	17,929,974	1,501,742	2,670,705	2,670,705	-	-	-
Emergency Call Recording	P56796	LFI	2,000,000	1,166,985	833,015	833,015	-	833,015	-	-
Replacement of Fleet & Medical Items & Equipment	P56809	LFI	39,000,000	12,000,000	27,000,000	27,000,000	-	27,000,000	-	-
Minor Works and Equipment>\$10k<\$250K	P51069	MWE	-	-	-	3,976,000	3,173,000	803,000	-	-
Critical Communications Enhancement Program Terminal Refresh and Change Management Costs	P56398	Other	36,527,000	34,110,423	2,416,577	2,416,576	2,416,576	-	-	-
Mobile Clinician Devices Program	P56792	Other	41,340,878	12,548,000	28,792,878	27,941,000	27,941,000	-	-	-
NSW Ambulance Relocation to Homebush	P56794	Other	68,000,000	12,000,000	56,000,000	56,000,000	56,000,000	-	-	-
Regional Response - Intensive Care Paramedics	P56788	Other	2,858,000	800,000	2,058,000	2,058,000	2,058,000	-	-	-
TOTAL WORKS IN PROGRESS			209,157,594	90,555,382	118,602,212	122,895,296	94,259,281	28,636,015	-	-
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY Ambulance Service NSW			234,157,594	90,555,382	143,602,212	132,895,296	104,259,281	28,636,015	-	-
PROJECTS MANAGED BY HEALTH INFRASTRUCTURE  2022/23 Capital Projects	Project Code	Reporting Silo	Estimated Total Cost 2022/23	Estimated Expenditure to 30 June 2022	Cost to Complete at 30 June 2022	Capital Budget Allocation 2022/23	Budget Est. 2023/24	Budget Est. 2024/25	Budget Est. 2025/26	Balance to Complete
			\$	\$	\$	\$	\$	\$	\$	\$
MAJOR NEW WORKS 2022/23										
NSW Ambulance Virtual Clinical Care Centre - HI	P56961	HI Silo	10,000,000		10,000,000	10,000,000	-	-	-	-
TOTAL MAJOR NEW WORKS			10,000,000	-	10,000,000	10,000,000	-	-	-	-
MAJOR WORKS IN PROGRESS										
Rural Ambulance Infrastructure Reconfiguration Program	P56052	HI Silo	232,120,000	157,861,130	74,258,870	68,138,000	6,021,292	-	-	99,578
Sydney Ambulance Metropolitan Infrastructure Strategy	P55344	HI Silo	184,000,000	183,723,051	276,949	276,949	-	-	-	-
TOTAL MAJOR WORKS IN PROGRESS			416,120,000	341,584,181	74,535,819	68,414,949	6,021,292	-	-	99,578
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY HEALTH INFRASTRUCTURE			426,120,000	341,584,181	84,535,819	78,414,949	6,021,292	-	-	99,578

**Notes:**

Expenditure needs to remain within the Capital Expenditure Authorisation Limits (CEAL) indicated above

## 4.5 Outcome and performance payment schedule

The schedule below lists indicative additional funding for targeted programs to deliver on key performance indicators and specified outcomes. This funding is not included in the *State Outcome Budget Schedule: Parts 1-3* and will be paid to the Organisation according to the Outcome performance metric described in this schedule.

Program	Strategic Outcome	\$ '000	NWAU22	FTE	Outcome and performance metric
<b>Workforce - Building and sustaining the rural health workforce</b>	4	12,854	-	-	Funding based on delivery of production of evidence of incentivised positions and improvement in key measures (monitored monthly): <ul style="list-style-type: none"> <li>• Critical vacancy reduction</li> <li>• Premium labour reduction</li> <li>• Reduction in overtime</li> </ul>
<b>Workforce - COVID-19 Recovery and Workforce Resilience</b>	4	-	-	241	Funding based on production of evidence of improvement in key measures (monitored monthly): <ul style="list-style-type: none"> <li>• Excess leave</li> <li>• Reduction in excess leave</li> <li>• Reduction in overtime</li> <li>• Return premium labour to base year levels</li> <li>• Increase in labour costs above baseline levels</li> </ul> Evidence of recruitment to backfill leave
<b>Ambulance Virtual Clinical Care Centre (VCCC)</b>	-	-	-	40	Funding based on production of evidence of allocation of staff to this initiative
<b>NSW Ambulance Staffing – Tranche 1</b>	-	-	-	579	Funding based on production of evidence of recruitment to new stations

## 5. Purchased services

NSW Ambulance provides timely and safe access to appropriate care for each resident of NSW as part of an integrated network of clinical services. No variation to these service provisions should occur without prior agreement with the Ministry of Health.

SERVICE NAME	NOTES
Teaching and training	<ul style="list-style-type: none"> <li>Ambulance Education Centre</li> <li>Emergency management and counter terrorism training</li> <li>Learning &amp; development</li> </ul>
Emergency Response	<ul style="list-style-type: none"> <li>Emergency pre- and out of hospital care</li> <li>Triple zero call taking and dispatch</li> <li>Emergency services and emergency response capacity (including primary aeromedical)</li> <li>Emergency management services and multi-agency operations</li> </ul>
Retrieval	<ul style="list-style-type: none"> <li>Medical retrieval services (excludes aviation staff but includes all medical staff employed by NSW Ambulance)</li> <li>Delivery of high quality clinical care, and coordination of referral, transport and retrieval services for emergency and time critical patients</li> <li>Health related transport: services (including secondary aeromedical)</li> <li>Health related transport: booking, scheduling and dispatch</li> </ul>
Demand Management	<ul style="list-style-type: none"> <li>Delivery of integrated care programs that are focussed on improving the integration and patient connectedness through support of new and already established low acuity pathways in and across Local Health District boundaries</li> </ul>
Interagency Support	<ul style="list-style-type: none"> <li>Clinical Emergency Response Assistance (CERS Assist)</li> <li>Referral Pathways</li> </ul>
Events	<ul style="list-style-type: none"> <li>Major event planning</li> <li>Specialists operations such as snowfield and rescue</li> </ul>
Health Transport Services	<ul style="list-style-type: none"> <li>Non-Emergency Patient Transport*</li> </ul> <p>* Over the course of this agreement NSW Ambulance will continue to work with HealthShare NSW and Local Health Districts in reducing reliance on the emergency fleet for non-emergency patient transport in rural NSW.</p>
Primary and Community Health Support	<ul style="list-style-type: none"> <li>Develop and support staff to lead, manage and deliver pre hospital care</li> <li>Community education</li> </ul>


## 6. Performance against strategies and objectives

### 6.1 Key performance indicators

The performance of the Organisation is assessed in terms of whether it is meeting key performance indicator targets for NSW Health strategic priorities.

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement. See: [http://hird.health.nsw.gov.au/hird/view\\_data\\_resource\\_external\\_information.cfm?ItemID=47648](http://hird.health.nsw.gov.au/hird/view_data_resource_external_information.cfm?ItemID=47648)

**Outcome Indicators:** These key performance indicators are reported to NSW Treasury under the *NSW Health Outcome and Business Plan*.

2 Safe care is delivered across all settings 				
Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ⚠	Performing ✓
All cases where STEMI is confirmed and patient meets Pre-hospital Assessment for Primary Angioplasty (PAPA) criteria and who arrive at the designated cardiac catheterisation laboratory facility within 60 minutes (%)	95	<85	≥85 and <95	≥95
Major trauma patients managed as per protocol T1 by either direct transport to a Trauma Service OR with Aeromedical Retrieval Service notification (%)	95	<85	≥85 and <95	≥95
Eligible Stroke FAST positive patients transported to a 24/7 Acute Thrombolytic Centre within the 4.5 hour clinical window from time of call for Metropolitan Sydney (%)	90	<80	≥ 80 and <90	≥90
Eligible Stroke FAST positive patients transported to a 24/7 Acute Thrombolytic Centre or Acute Stroke Unit within the 4.5 hour clinical window from time of call for Regional NSW (%)	80	<70	≥70 and <80	≥80
Mental Health patients who have a mental health assessment completed and documented (%)	70	<60	≥60 and <70	≥70
Triple Zero call answer time – calls answered in ≤ 10 seconds (%)	90	<80	≥80 and <90	≥90
<b>Outcome 3 Indicator</b>				
Transfer of care – Patients transferred from ambulance to ED ≤ 30 minutes (%)	90	<80	≥80 and <90	≥90
Make Ready Time Priority 1 & Priority 2 cases ≤ 30 minutes (%)	90	< 80	≥ 80 and < 90	≥ 90

## 2 Safe care is delivered across all settings



Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ↘	Performing ✓
Make Ready Time Priority 3 cases ≤ 20 minutes (%)	90	<80	≥80 and <90	≥90
Response Time– Ambulance response times to Priority 1A Incidents (50th Percentile – minutes)	10	>12	>10 and ≤12	≤10
Frequent User Management Program Monitoring - reduction in the number of 000 calls from the Top 20 callers currently enrolled (%)	50% change from 2015/16 baseline	<25%	≥25% and <50%	≥50%
Complaints Management: Complaints resolved within 35 days (%)	80	<70	≥70 and < 80	≥80
Death Review: Witnessed deaths reviewed within 45 days (%)	100	<90	≥90 and <100	100
Serious Adverse Events Reviews completed within 60 days (%)	100	<90	≥90 and <100	100
Clinical Incidents Management- Clinical Incidents with Harm Score 2, 3, 4 (Not SAER) completed within 45 days (%)	85	<75	≥75 and <85	≥85

## 4 Our staff are engaged and well supported



Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ↘	Performing ✓
Workplace Culture - People Matter Survey Culture Index- Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Take action - People Matter Survey take action as a result of the survey- Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
<b>Outcome 5 Indicator</b> Staff Engagement - People Matter Survey Engagement Index - Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Staff Engagement and Experience – People Matter Survey - Racism experienced by staff Variation from previous survey (%)	≥5% decrease on previous survey	No change or increase from previous survey.	>0 and <5% decrease on previous survey	≥5% decrease on previous survey
Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90

#### 4 Our staff are engaged and well supported



Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ↘	Performing ✓
Recruitment: Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days)	≤10	>10	No change from previous year and >10	≤10
Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	3	<1.8	≥1.8 and <3	≥3
Compensable Workplace Injury Claims (% of change over rolling 12 month period)	0	Increase	≥0 and <5% decrease	≥5% decrease or maintain at 0
Annual reduction in premium labour (\$ Million)	≥4	<2	≥2 and ≤4	≥4

#### 5 Research and innovation, and digital advances inform service delivery



Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ↘	Performing ✓
Research Governance Application Authorisations – Site specific within 60 calendar days - Involving greater than low risk to participants - (%)	75	<55	≥55 and <75	≥75

#### 6 The health system is managed sustainably



Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ↘	Performing ✓
Expenditure Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
Own Sourced Revenue Matched to Budget - General Fund - Variance (%)				
Net Cost of Service (NCOS) Matched to Budget - General Fund - Variance (%)				
Asset maintenance Expenditure as a proportion of asset replacement value (%)	2.15	<1.5	≥1.5 and <2.15	≥2.15
Capital renewal as a proportion of asset replacement value (%)	1.4	<0.8	≥0.8 and <1.4	≥1.4
Annual Procurement Savings Target Achieved – (% of target achieved)	Individual – See Data Supplement	<90%	≥90% and <95%	≥ 95%



## 6.2 Performance deliverables

Key deliverables will also be monitored, noting that process indicators and milestones are held in the detailed operational plans developed by the Organisation.

Strategic outcome	Deliverable in 2022-23	Due by
Safety and Quality Accounts		
2	The Organisation will complete a Safety and Quality Account inclusive of an annual attestation statement as outlined by the <i>National Safety and Quality Health Service Standards</i> (Version 2.0).	31 Oct 2022
Value Based Healthcare (VBHC)		
Integrated care		
2	Alternate Referral Pathways for Aged Care, Mental Health, Hospital in the Home – engage in partnership with MOH to facilitate pathways to manage low acuity community calls to ambulance.	30 July 2022
2	Alternate Referral Pathways for Palliative Care, Disability – engage in partnership with MOH to facilitate pathways to manage low acuity community calls to ambulance.	30 October 2022
Data Governance Reform		
5	Ensure all data custodians have completed the following learning modules accessed through My Health Learning: <ul style="list-style-type: none"> <li>Privacy – It's Yours to Keep</li> <li>Privacy – Handling Personal &amp; Health Information</li> <li>Cyber Security Fundamentals</li> </ul>	Sep 2022
5	Data custodians will be required to complete the Data Custodian Induction Program and the 5 Safes Framework Assessment Tool module.	Sep 2022
5	Implement a process and system that will capture when data requests have been received and when they are fulfilled. This will include information and reasons why requests have been declined.	Dec 2022
Procurement Reform		
6	The Organisation will comply with NSW Government Procurement Policy Framework and NSW Health Procurement Policy. Any breaches in compliance will need to be reported to the Ministry of Health's Strategic Procurement Branch.	Quarterly
Asset maintenance		
6	The organisation will complete an annual review and submission of the local Strategic Asset Management Plan and Asset Management Plan which will inform future asset related decision making.	30 Jun 2023
6	The organisation will complete an annual Asset Management Maturity Assessment to support the development of its Asset Management Framework Implementation Plan.	30 Jun 2023
6	The organisation will evaluate and report annual progress against the local Asset Management Framework Implementation Plan.	30 Jun 2023

Strategic outcome	Deliverable in 2022-23	Due by
6	The organisation will incorporate a whole of lifecycle approach to decision making for maintenance, renewal and future investments based on a balance of cost risk and performance.	30 Jun 2023
Workplace culture		
4	The National Medical Training Survey will be used to monitor the quality of training and supervision medical officers receive and to identify areas where the Organisation can improve its management of doctors in training to provide a safe working environment to deliver high quality care.	30 Jun 2023