

2020-21 Service Agreement

AN AGREEMENT BETWEEN:

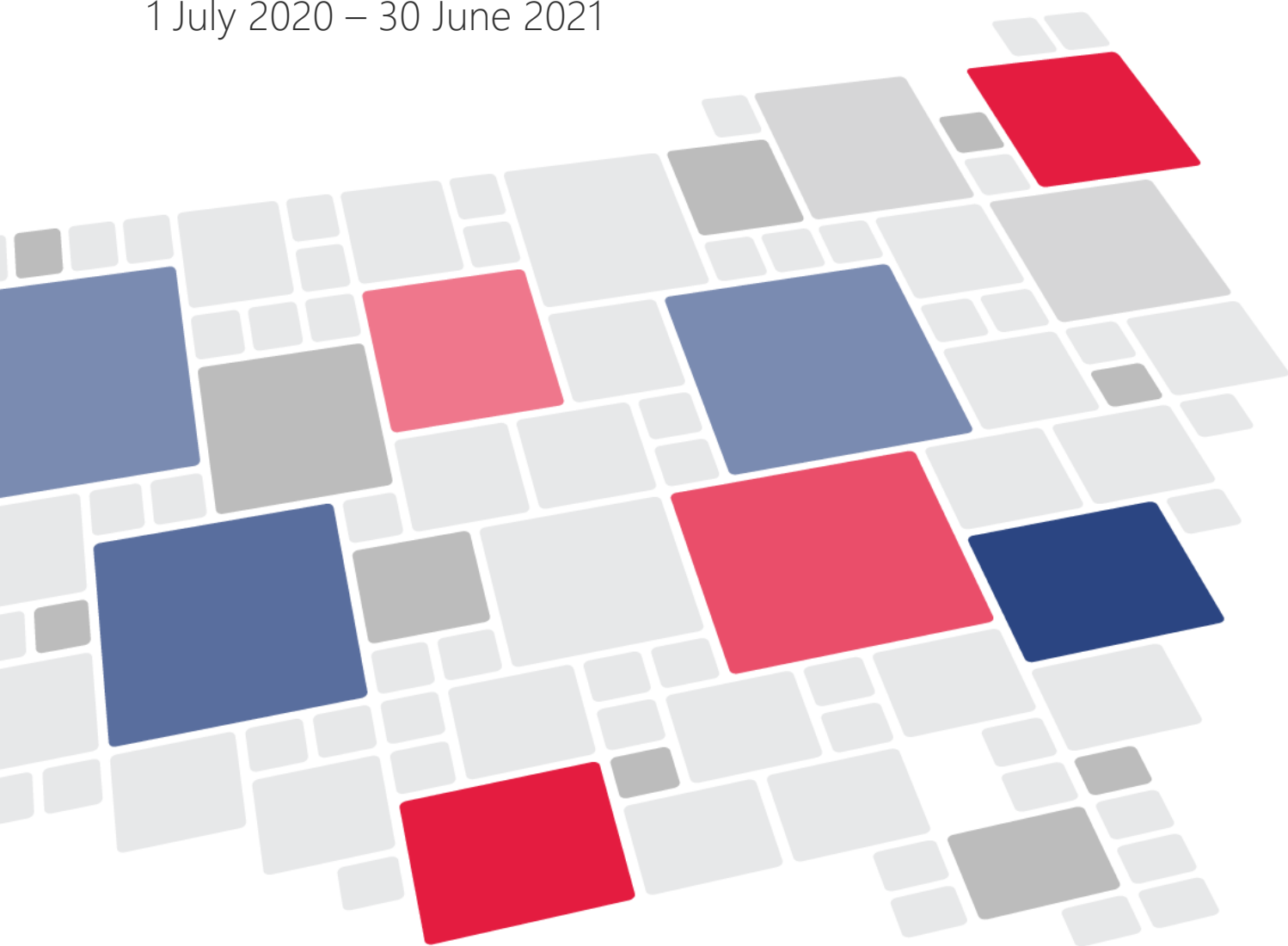
Secretary, NSW Health

AND

NSW Ambulance

FOR THE PERIOD

1 July 2020 – 30 June 2021



NSW Health Service Agreement – 2020-21

Principal Purpose

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

The Agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of 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*.

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 14/12/20 Signed 

NSW Health

Ms Elizabeth Koff
Secretary
NSW Health

Date 16/12/20 Signed 

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1. Objectives of the Service Agreement

- To articulate responsibilities and accountabilities across all NSW Health entities for the delivery of NSW Government and NSW Health priorities.
- To establish with Local Health Districts, Speciality Health Networks and NSW Ambulance (health services) a performance management and accountability system for the delivery of high quality, effective healthcare services that promote, protect and maintain the health of the community, and provide care and treatment to the people who need it, taking into account the particular needs of their diverse communities.
- To develop formal and ongoing, effective partnerships with Aboriginal Community Controlled Health Services ensuring all health plans and programs developed by health services include measurable objectives that reflect agreed Aboriginal health priorities.
- To promote accountability to Government and the community for service delivery and funding.
- To ensure that the CORE Values of Collaboration, Openness, Respect and Empowerment are reinforced throughout NSW Health.
- To ensure health services engage in appropriate consultation with patients, carers and communities in the design and delivery of health services.
- To ensure that health services work together with clinical staff about key decisions, such as resource allocation and service planning.

2. Legislation, Governance and Performance Framework

2.1 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).

2.2 Variation of the Agreement

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

The Agreement may also be varied by the Secretary or the Minister as provided in the *Health Services Act 1997*.

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.

2.3 National Agreement – Hospital funding and health reform

The National Cabinet has reaffirmed that providing universal health care 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. There is a focus on improved patient safety, quality of services and reduced unnecessary hospitalisations. The Commonwealth will continue its focus on reforms in primary care that are designed to improve patient outcomes and reduce avoidable hospital admissions. See <http://www.coag.gov.au/agreements>

2.4 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.

2.4.1 Clinical Governance

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

<https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/>

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.

<https://www.safetyandquality.gov.au/national-priorities/australian-safety-and-quality-framework-for-health-care/>

The NSW Patient Safety and Clinical Quality Program provides an important framework for improvements to clinical quality.

http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_608.pdf

2.4.2 Corporate Governance

The Organisation must ensure services are delivered in a manner consistent with the *NSW Health Corporate Governance and Accountability Compendium* (the Compendium) seven corporate governance standards. The Compendium is at: <http://www.health.nsw.gov.au/policies/manuals/pages/corporate-governance-compendium.aspx>

Where applicable, the Organisation is to:

- Provide required reports in accordance with timeframes advised by the Ministry;
- Review and update the *Manual of Delegations* (PD2012_059) to ensure currency;
- Ensure recommendations of the NSW Auditor-General, the Public Accounts Committee and the NSW Ombudsman, where accepted by NSW Health, are actioned in a timely and effective manner, and that repeat audit issues are avoided.

2.4.3 Procurement Governance

The Organisation must ensure procurement of goods and services complies with the *NSW Health Goods and Services Procurement Policy Directive* (PD2019_028). This policy directive details the requirements for all staff undertaking procurement or disposal of goods and services on behalf of NSW Health.

https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019_028

2.4.4 Safety and Quality Accounts

The Organisation will complete a Safety and Quality Account inclusive of an annual attestation statement as outlined by the *National Safety and Quality Health Service Standards* (Version 2.0). The account documents achievements and affirms an ongoing commitment to improving and integrating safety and quality into their functions.

The Account provides information about the safety and quality of care delivered by the Organisation, including key state-wide mandatory measures, patient safety priorities, service improvements, integration initiatives, and three additional locally selected high priority measures. Locally selected high priority measures must demonstrate a holistic approach to safety and quality, and at least one of these must focus on improving safety and quality for Aboriginal patients.

2.4.5 Performance Framework

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

The performance of a health service is assessed on whether the organisation is meeting the strategic objectives for NSW Health and government, the Premier's Priorities and performance against key performance indicators. The availability and implementation of governance structures and processes, and whether there has been a significant critical incident or sentinel event also influences the assessment.

The Framework sets out responses to performance concerns and management processes that support the achievement of outcomes in accordance with NSW Health and government policies and priorities.

Performance concerns will be raised with the Organisation for focused discussion at performance review meetings in line with the *NSW Health Performance Framework* available at:

<http://www.health.nsw.gov.au/Performance/Pages/frameworks.aspx>

3. Strategies and Local Priorities

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

3.1 NSW Premier's Priorities

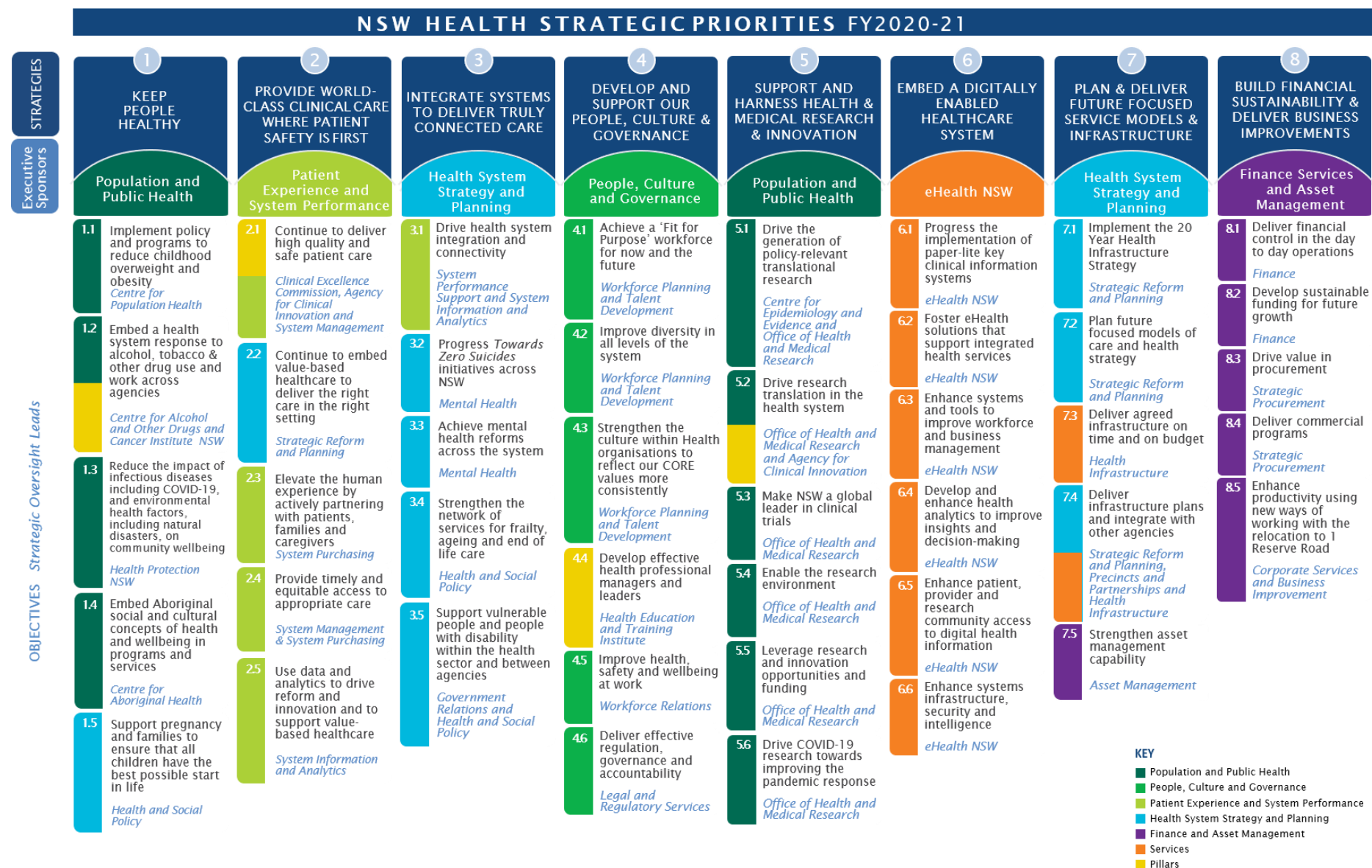
In June 2019, the NSW Premier set new social priorities to tackle tough community challenges, lift the quality of life for everyone in NSW and put people at the heart of everything the Government does.

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



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.

3.2 NSW Health Strategic Priorities 2020-21



3.3 NSW Health Outcome and Business Plan 2019-20 to 2022-23

The NSW Treasury Outcome Budgeting initiative intends to transform the way budget decisions are made, and resources are managed in the NSW public sector. The overarching objective of Outcome Budgeting is to shift the focus of the NSW Government to deliver better outcomes for the people of NSW with increased transparency, accountability and value (TPP 18-09¹).

The *NSW Health Outcome and Business Plan* is an agreement between the Minister for Health and Medical Research, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be focused on over the next four years.

NSW Health has identified five state outcomes that it will achieve for the people of NSW. The state outcomes cover the broad range of functions and services provided across care settings.

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.

¹ <https://www.treasury.nsw.gov.au/sites/default/files/2018-12/TPP18-09%20Outcome%20Budgeting.pdf>

Alignment of directions and strategies to outcomes



3.4 Local Priorities

Under the *Health Services Act 1997*, Boards have the function of ensuring that health services develop strategic plans to guide the delivery of services, and for approving these plans.

The Organisation is responsible for developing the following plans:

- Strategic Plan
- Clinical Services Plans
- Safety and Quality Account and subsequent Safety and Quality Plan
- Workforce Plan
- Corporate Governance Plan
- Asset Strategic Plan

It is recognised that the Organisation will implement local priorities to meet the needs of their respective populations.

NSW Ambulance's focus over the next four years are highlighted in the NSW Ambulance Strategic Plan 2021-2026. In line with this, the local priorities for 2020-2021 are:

1. Our organisation

Objectives:

- Ensuring our staff are engaged, valued and supported
- Developing the capability of our people
- Maintaining safe systems of work
- Delivering our services in a socially responsible way

2. Our services

Objectives:

- Providing compassionate, high quality care
- Delivering patient-centred critical care
- Using community paramedicine for non-emergency situations
- Developing innovative care models to improve outcomes

3. Our stakeholders and partners

Objectives:

- Creating better connected referral networks
- Engaging with the community and better partnering with the rest of the health system
- Enabling early access to patient information
- Enhancing research and evidence through partnerships

4. Our resources

Objectives:

- Aligning our capability and resources to meet requirements
- Operating within budget commitments
- Maintaining a professional focus on performance
- Leveraging technology and infrastructure

4. NSW Health Services and Networks

4.1 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:

4.1.1 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

4.1.2 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.

4.1.3 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

4.1.4 Emergency Management

- Emergency management services and multi-agency operations

4.1.5 Support Services

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

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.

The Organisation will also maintain up to date details of:

- Non-Government Organisations (NGOs) for which the Commissioning Agency is the Organisation, noting that NGOs for which the Commissioning Agency is the NSW Ministry of Health are included in NSW Health Annual Reports.
- Primary Health Networks with which the Organisation has a relationship.

4.2 Networks and Services Provided to Other Organisations

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.

4.3 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)
- *Critical Care Tertiary Referral Networks (Perinatal)* - (PD2010_069)
- *NSW State Spinal Cord Injury Referral Network* - (PD2018_011)
- *NSW Major Trauma Referral Networks (Adults)* - (PD2018_011)
- *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

4.4 Supra LHD Services

Supra LHD services are provided across District and Network boundaries and are characterised by a combination of the following factors:

- Services are provided on behalf of the State; that is, a significant proportion of service users are from outside the host District's/Network's catchment
- Services are provided from limited sites across NSW
- Services are high cost with low-volume activity
- Individual clinicians or teams in Supra LHD services have specialised skills
- Provision of the service is dependent on highly specialised equipment and/or support services
- Significant investment in infrastructure is required

Ensuring equitable access to Supra LHD services will be a key focus.

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 service	Measurement unit	Locations	Service requirement
Adult Intensive Care Unit	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (36+1/290 NWAU 2020/21) Royal Prince Alfred (51) Concord (16) Prince of Wales (22+1/290 NWAU 2020/21) John Hunter (25+1/290 NWAU 2020/21) St Vincent's (21) St George (36)	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks & Transfer of Care (Adults)</i> policy. Units with new beds in 2020-21 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>
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.
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 1.0</i> —April 2016
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 & Transfer of Care (Adults)</i> and <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (38) Westmead (71) Royal Prince Alfred (26) Liverpool (18) Royal North Shore (26+13/166 NWAU 2020/21) 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

Supra LHD service	Measurement unit	Locations	Service requirement
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	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks & Transfer of Care (Adults)</i> policy
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 1.1—May 2017</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
Neonatal Intensive Care Service	Beds/NWAU	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (16) Royal Hospital for Women (16) Liverpool (14+1/330 NWAU 2020/21) John Hunter (19) Nepean (12) Westmead (24)	Services to be provided in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy
Peritonectomy	NWAU	St George (116) Royal Prince Alfred (60+8/74 NWAU 2020/21)	Provision of equitable access for referrals as per agreed protocols
Paediatric Intensive Care	NWAU	SCHN Randwick (13) SCHN Westmead (22) John Hunter (4+1/289 NWAU 2020/21)	Services to be provided in accordance with <i>NSW Critical Care Networks (Paediatrics)</i> policy

Supra LHD service	Measurement unit	Locations	Service requirement
Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks & Transfer of Care (Adults)</i> , <i>NSW Burn Transfer Guidelines</i> (ACI 2014) and <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies
Sydney Dialysis Centre	Access	Royal North Shore	In accordance with 2013 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.
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>
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	Prince of Wales	As per individual service agreements
CAR T-cell therapy:	Access		As per individual service agreements
<ul style="list-style-type: none"> Acute lymphoblastic leukaemia (ALL) for children and young adults: 		Sydney Children's Hospital, Randwick Royal Prince Alfred Hospital	
<ul style="list-style-type: none"> Adult diffuse large B-cell lymphoma (DLBCL) 		Royal Prince Alfred Hospital	

4.5 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	

5. Budget

5.1 State Outcome Budget Schedule: Part 1

NSW Ambulance Service	Target Volume (Includes ABF and Small Hospitals)	Activity Based Funding (ABF)	Small Hospitals / Block Funding / Gross-Up	Transition Grants	2020/21 Initial Budget
State Price: \$4,727 per NWAU20	NWAU20	\$000	\$000	\$000	\$000
Outcome 1: Keeping people healthy through prevention and health promotion <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 preventive diseases and death, help people manage their own health, and promote equitable health outcomes in the community.</i>	0	\$0	\$0	\$0	\$0
Outcome 2: People can access care in out of hospital settings to manage their health and wellbeing <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	\$0
Outcome 3: People receive timely emergency care <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	\$922,907	\$0	\$922,907
Outcome 4: People receive high-quality, safe care in our hospitals <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	\$0
Outcome 5: Our people and systems are continuously improving to deliver the best health outcomes and experiences <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	\$0
A TOTAL OUTCOME BUDGET ALLOCATION	0	\$0	\$922,907	\$0	\$922,907
B Provision for Specific Initiatives & TMF Adjustments (not included above)					\$41,916
Efficiency and Procurement Savings					(\$2,210)
Better paramedic coverage for regional and metropolitan NSW					\$27,032
IntraHealth - eHealth 20/21 Adjustment					\$2,407
NETS 20/21 IntraHealth Adjustment					(\$529)
Government Radio Network Incremental Costs					\$7,651
TMF Adjustment - Workers Compensation					\$7,174
TMF Adjustment - Property					\$215
TMF Adjustment - Motor Vehicle					\$176
C Restricted Financial Asset Expenses					\$350
D Depreciation (General Funds only)					\$90,610
E TOTAL EXPENSES (E=A+B+C+D)					\$1,055,783
F Other - Gain/Loss on disposal of assets etc					\$13,232
G LHD Revenue					-\$1,050,529
H NET RESULT (H=E+F+G)					\$18,487

Note:

The above schedule represents the NSW Treasury's transition to Outcome Budgeting (TPP 18-09) and aligns to the NSW Health Business Plan 2019-20 to 2022-23. The NSW Treasury Outcome Budgeting initiative intends to transform the way budget decisions are made, and resources are managed in the NSW public sector. The initiative aims to shift the focus of the NSW Government to deliver better outcomes for the people of NSW (TPP 18-09).

As this transition will take place across several years, figures listed in this schedule are currently unable to accurately be carried through from LHD/SHN budgets to each facility. Some facility figures will therefore be consolidated at a LHD/SHN level with investment allocation managed locally.

Figures included in this schedule do not include 2020-21 stimulus funding in response to the COVID-19 pandemic.

5.2 State Outcome Budget Schedule: Part 2

		2020/21 Initial Budget
		\$000
Government Contributions:		
A	Subsidy*	\$0
B	In-Scope Services - Block Funded	\$0
C	Out of Scope Services - Block Funded	-\$743,244
D	Capital Subsidy	-\$33,443
E	Crown Acceptance (Super, LSL)	-\$21,005
F	Total Government Contributions (F=A+B+C+D+E)	-\$797,692
Own Source Revenue:		
G	GF Revenue	-\$252,424
H	Restricted Financial Asset Revenue	-\$413
I	Total Own Source Revenue (I=G+H)	-\$252,837
J	TOTAL REVENUE (J=F+I)	-\$1,050,529
K	Total Expense Budget - General Funds	\$1,055,433
L	Restricted Financial Asset Expense Budget	\$350
M	Other Expense Budget	\$13,232
N	TOTAL EXPENSE BUDGET (per Outcome Budget Schedule Part 1) (N=K+L+M)	\$1,069,015
O	NET RESULT (O=J+N)	\$18,487
Net Result Represented by:		
P	Asset Movements	-\$65,372
Q	Liability Movements	\$46,886
R	Entity Transfers	
S	TOTAL (S=P+Q+R)	-\$18,487
NOTES:		
The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for FY 2020/21 to \$1.3m. Based on final June 2020 cash balances, adjustments will be made from July 2020 to ensure alignment with the cash buffer requirements of NSW Treasury Circular TC15_01 Cash Management – Expanding the Scope of the Treasury Banking System. The minimum weekly cash buffer relates to cash held in General Fund bank accounts only and will be used to determine subsidy cash sweep amounts in line with the schedule advised by the Ministry of Health.		
The Ministry will closely monitor cash at bank balances during the year to ensure compliance with this NSW Treasury policy.		
* 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.		

5.3 State Outcome Budget Schedule: Part 3

2020/21 Initial Budget	
	\$000
HS Charges:	
HS Service Centres	\$4,860
HS Ambulance Make Ready	\$4,117
HS Service Centres Warehousing	\$13,822
HS Enable NSW	\$0
HS Food Services	\$0
HS Soft Service (Cleaning) Charges	\$0
HS Linen Services	\$221
HS IPTAAS	\$0
HS Fleet Services	\$29,265
HS Patient Transport Services (NEPT)	\$0
HS MEAPP (quarterly)	\$0
Total HealthShare Charges	\$52,285
eHealth Charges:	
EH Corporate IT & SPA	\$10,453
EH Recoups	\$3,859
Total eHealth Charges	\$14,312
Interhospital Charges:	
Interhospital Ambulance Transports	-\$112,054
Interhospital Ambulance NETS	-\$6,397
Total Interhospital Charges	-\$118,451
Interhospital NETS Charges - SCHN	\$0
Payroll (including SGC, FSS)	\$487,664
PAYG	\$159,046
Loans:	
MoH Loan Repayments	\$0
Energy Efficient Loans (Treasury)	\$0
Total Loans	\$0
Blood and Blood Products	\$0
NSW Pathology	\$28
Compacts (HSSG)	\$0
TMF Insurances (WC, MV & Property)	\$47,206
Creditor Payments	\$382,048
Energy Australia	\$882
TOTAL	\$1,025,021
NOTES:	
This schedule represents initial estimates of Statewide recoveries processed by the Ministry on behalf of Service Providers. LHD's/Health Entities are responsible for regularly reviewing these estimates and liaising with the Ministry where there are discrepancies. The Ministry will work with LHD's/Health Entities and Service Providers throughout the year to ensure cash held back for these payments reflects actual trends. Consistent with prior years procedures, a mid year review will occur in January with further adjustments made if required.	
Note: GST is included in the above amounts where applicable and should be considered by Health Entities in the process of reconciling to intrahealth budget allocations	

5.4 State Outcome Budget Schedule: Capital Program

Ambulance Service NSW										
PROJECTS MANAGED BY HEALTH SERVICE 2020/21 Capital Projects	Project Code	Reporting Silo	Estimated Total Cost 2020/21	Estimated Expenditure to 30 June 2020	Cost to Complete at 30 June 2020	Capital Budget Allocation 2020/21	2020/21 Capital Budget Allocation by Source of Funds			
							MOH Funded ¹ 2020/21	Local Funds 2020/21	Revenue 2020/21	Lease Liabilities 2020/21
			\$	\$	\$	\$	\$	\$	\$	\$
WORKS IN PROGRESS										
Asset Refurbishment/Replacement Strategy - Statewide	P55345	ARRP	13,757,940	10,770,373	2,987,567	3,266,895	3,266,895	-	-	-
Charlestown Northern Control Centre Expansion	P56549	LFI	2,000,000	175,320	1,824,680	1,825,000	-	1,825,000	-	-
ASNSW Minor Works & Equipment	P51069	Minor Works	28,820,034	24,844,034	3,976,000	3,976,000	3,172,900	803,100	-	-
Ambulance Infrastructure ICT Technology Infrastructure ¹	P55008	OTHER	24,602,963	24,486,021	116,942	54,096	51,690	-	-	-
Ambulance Fleet Replacement Program - Next phase ¹	P55045	OTHER	57,135,000	50,238,942	6,896,058	6,896,058	10,375,349	-	-	-
Ambulance Medical Equipment Replacement Program - Next Phase ¹	P55046	OTHER	17,500,000	13,005,089	4,494,911	2,468,578	2,411,978	-	-	-
Critical Communications Enhancement Program – Terminal Refresh and Change Management Costs	P56398	OTHER	36,527,000	19,855,162	16,671,838	14,164,044	14,164,044	-	-	-
Ambulance Equipment Purchases and Upgrades – COVID 19	P56632	OTHER	17,391,336	14,794,070	2,597,266	2,597,266	-	2,597,266	-	-
EEGP- Design and Install of 759kW solar PV system at various locations	P56655	OTHER	1,085,924	-	1,085,924	1,085,924	-	1,085,924	-	-
Right of Use Asset <\$250K	P56509	ROU	23,674,644	18,487,148	5,187,496	5,187,496	-	-	-	5,187,496
TOTAL WORKS IN PROGRESS			222,494,841	176,656,158	45,838,682	41,521,357	33,442,856	6,311,290	-	5,187,496
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY Ambulance Service NSW			222,494,841	176,656,158	45,838,682	41,521,357	33,442,856	6,311,290	-	5,187,496

¹ Includes 2019-2020 End of Year Subsidy Adjustment

PROJECTS MANAGED BY HEALTH INFRASTRUCTURE	Project Code	Reporting Silo	Estimated Total Cost 2020/21	Estimated Expenditure to 30 June 2020	Cost to Complete at 30 June 2020	Capital Budget Allocation 2020/21	Budget Est. 2021/22	Budget Est. 2022/23	Budget Est. 2023/24	Balance to Complete
2020/21 Capital Projects			\$	\$	\$	\$	\$	\$	\$	\$
MAJOR NEW WORKS 2020/21										
Rural Ambulance Infrastructure Program - Iluka Ambulance Station	P56646	HI Silo	10,000,000	-	10,000,000	5,000,000	5,000,000	-	-	-
Rural Ambulance Infrastructure Program Stage 2 - Phase 1	P56725	HI Silo	100,000,000	-	100,000,000	18,500,000	81,500,000	-	-	-
TOTAL MAJOR NEW WORKS			110,000,000	-	110,000,000	23,500,000	86,500,000	-	-	-
MAJOR WORKS IN PROGRESS										
Rural Ambulance Infrastructure Reconfiguration Program	P56052	HI Silo	122,120,000	98,447,202	23,672,798	7,151,718	13,902,135	2,618,945	-	-
Sydney Ambulance Metropolitan Strategy (SAMIS)	P55344	HI Silo	184,000,000	160,940,432	23,059,568	15,024,408	2,462,757	5,572,403	-	-
TOTAL MAJOR WORKS IN PROGRESS			306,120,000	259,387,634	46,732,366	22,176,126	16,364,892	8,191,348	-	-
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY HEALTH INFRASTRUCTURE			416,120,000	259,387,634	156,732,366	45,676,126	102,864,892	8,191,348	-	-

Notes:

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

The above budgets do not include Right of Use Assets (Leases) entered into after 30 September 2020. These budgets will be issued through a separate process

Minor Works & Equipment >\$10,000 Program is an annual allocation. Estimated Total Cost is calculated as Prior Year expenditure plus FY21 Budget Allocation

6. 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"> Ambulance Education Centre Emergency management and counter terrorism training Learning & development
Emergency Response	<ul style="list-style-type: none"> Emergency pre- and out of hospital care Triple zero call taking and dispatch Emergency services and emergency response capacity (including primary aeromedical) Emergency management services and multi-agency operations
Retrieval	<ul style="list-style-type: none"> Medical retrieval services (excludes aviation staff but includes all medical staff employed by NSW Ambulance) Delivery of high quality clinical care, and coordination of referral, transport and retrieval services for emergency and time critical patients Health related transport: services (including secondary aeromedical) Health related transport: booking, scheduling and dispatch
Demand Management	<ul style="list-style-type: none"> 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
Interagency Support	<ul style="list-style-type: none"> Clinical Emergency Response Assistance (CERS Assist) Referral Pathways
Events	<ul style="list-style-type: none"> Major event planning Specialists operations such as snowfield and rescue
Health Transport Services	<ul style="list-style-type: none"> Non-Emergency Patient Transport* <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"> Develop and support staff to lead, manage and deliver pre hospital care Community education

7. Performance against Strategies and Objectives

7.1 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.

	Performing	Performance at, or better than, target
	Underperforming	Performance within a tolerance range
	Not performing	Performance outside the tolerance threshold

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=23857

Strategy 2 Provide world class clinical care where patient safety is first

Strategic Priority	Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
2.4	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
2.4	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
2.4	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
2.4	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
2.4	Mental Health patients who have a mental health assessment completed and documented(%)	50	<40	≥40 and <50	≥50
2.1	Complaints Management: Complaints resolved within 35 days (%)	80	<70	≥70 and < 80	≥80
2.1	Death Review: Witnessed deaths reviewed within 45 days (%)	100	<90	≥90 and <100	100
2.1	Root cause analysis: NSW Ambulance Internal RCAs completed in 70 days (%)	100	<90	≥90 and <100	100
2.1	Clinical Incidents Management: Clinical incidents completed within 28 days (%)	85	<75	≥75 and <85	≥85
2.4	Triple Zero call answer time – calls answered in ≤ 10 seconds (%)	90	<80	≥80 and <90	≥90
2.4	Transfer of Care: patients transferred from Ambulance to ED ≤ 30 minutes (%)	90	<80	≥80 and <90	≥90
2.4	Make Ready Time ≤ 20 minutes (%)	90	<80	≥80 and <90	≥90
2.3	Response Time – – Ambulance response times to Priority 1A Incidents (50th Percentile – minutes)	10	>12	> 10 and ≤12	≤10

Strategy 3: Integrate systems to deliver truly connected care

Strategic Priority	Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
3.1	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%




Strategy 4: Develop and support our people and culture

4.3	Workplace Culture - People Matter Survey Culture Index- Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1
4.3	Take action - People Matter Survey take action as a result of the survey- Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1
4.1	Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
4.1	Recruitment: 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
4.2	Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	1.8	Decrease from previous year	No change	Increase on previous year
4.5	Compensable Workplace Injury - Claims (% change)	≥10 Decrease	Increase	≥0 and <10 Decrease	≥10 Decrease

Outcome 5 Our people and systems are continuously improving to deliver the best health outcomes and experiences

4.3	Staff Engagement - People Matter Survey Engagement Index - Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1
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Strategy 5: Support and harness health and medical research and innovation

Strategic Priority	Measure	Target	Not Performing 	Under Performing 	Performing 
5.4	Research Governance Application Authorisations – Site specific within 15 calendar days - Involving more than low risk to participants - (%)	95	<75	≥75 and <95	≥95

Strategy 7: Deliver Infrastructure for impact and transformation

Improvement Measures only – See Data Supplement

Strategy 8 Build financial sustainability and robust governance

8.1	Expenditure Matched to Budget - General Fund -Variance (%)	On budget or favourable	>0.5% Unfavourable	>0 and ≤0.5% Unfavourable	On budget or favourable
8.1	Own Sourced Revenue Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% Unfavourable	>0 and ≤0.5% Unfavourable	On budget or favourable
8.1	Expenditure Projection: Actual compared to forecast (%)	Favourable or equal to forecast	Variation >2.0% to Forecast	Variation >1.5% and ≤2.0%	Variation <1.5% to forecast
8.1	Revenue Projection: Actual compared to forecast (%)	Favourable or to forecast	Variation >2.0% to forecast	Variation >1.5% and ≤2.0	Variation <1.5% to forecast

7.2 Performance deliverables

Key deliverables under the NSW Health Strategic Priorities 2020-21 will also be monitored, noting that process indicators and milestones are held in the detailed operational plans developed by the Organisation.

7.2.1 Workplace culture

Determine how change can be affected at an individual, organisational and system level to improve workplace culture and practices:

- The results of the People Matter Employee Survey will be used to identify areas of best practice and improvement opportunities.
- The Junior Medical Officer Your Training and Wellbeing Matters Survey will monitor the quality of supervision, education and training provided to junior medical officers and their welfare and wellbeing.
- The Australian Medical Association, in conjunction with the Australian Salaried Medical Officers Association, will undertake regular surveys of senior medical staff to assess clinical participation and involvement in local decision making to deliver human centred care.